



Following training on maintaining essential reproductive, maternal, newborn, child and adolescent health services during COVID-19, health providers have become more aware and comfortable on how to respond to COVID-19.
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Asia and the Pacific Region

COVID-19 Situation Report No. 11

United Nations Population Fund



Reporting Period: 1 - 31 December 2020

Regional Situation

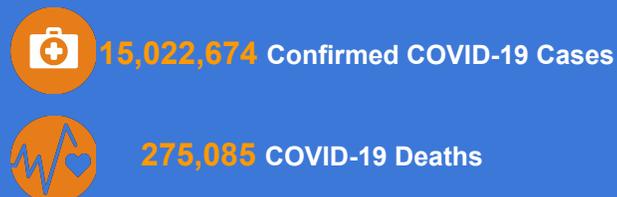
- With over 10.5 million confirmed cases, **India** continues to have the highest number of COVID-19 cases in the region and the second highest globally. Whereas transmission has reduced over the last few months, India still sees a significant number of daily new cases.
- The pandemic continues to spread across other countries in Asia and the Pacific. **Iran** and **Indonesia** are still seeing 5,000-8,000 new cases per day, followed by Pakistan and Malaysia, which each had around 2,000 new cases per day in December.
- In the past month, Thailand saw a sudden increase of cases following months with limited local transmission.
- Among the countries in the Pacific covered by UNFPA, COVID-19 has now been confirmed in Fiji, Vanuatu, Solomon Islands and Marshall Islands.

UNFPA Regional Results Highlights (January - November* 2020)

- 233,952 people trained on sexual and reproductive health (SRH), including the Minimum Initial Service Package (MISP) for SRH in emergencies.
- 19,940 people trained on gender-based violence (GBV), including areas such as clinical management of rape.
- 4,307 youth facilitators, peers and volunteers trained on SRH and GBV.
- More than 43 million people reached with SRH/GBV information and awareness activities across the region.
- At least 1,794,611 women of reproductive age reached with SRH services across the region.

* Figures for December 2020 are currently being finalized.

Situation in Numbers

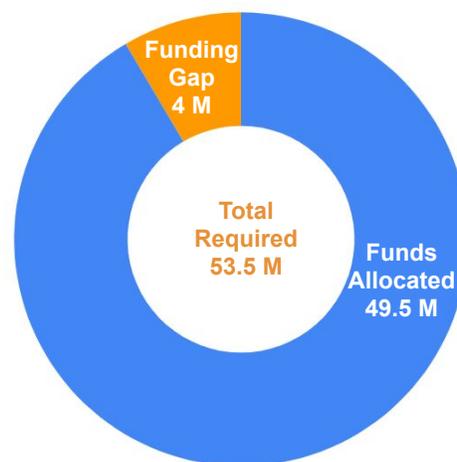


Source: WHO, 15 January 2021

Key Population Groups



Funding Status for Region (US\$)



Regional Response Summary

Coordination

National level:

- UNFPA's activities are in support of government response plans and are conducted in partnership with the UN country team, humanitarian country team and/or disaster management team. Activities are coordinated through national and sub-national coordination mechanisms, including through the cluster/sector system where activated.
- UNFPA leads or co-leads the GBV and SRH sub-sectors/clusters or working groups in most countries, as well as co-leads selected pillars of the UN's framework for the socio-economic response to COVID-19 in several countries.

Regional level:

- UNFPA co-leads the regional Protection against Sexual Exploitation and Abuse (PSEA) task team. UNFPA also co-leads the UNITE working group on eliminating violence against women and the Risk Communication sub-group on Vulnerable and Marginalized Populations.
- UNFPA chairs the H6 platform for the countries in the WHO South East Asia region to coordinate support on sexual and reproductive, maternal, neonatal, child and adolescent health. UNFPA is a member of several regional inter-agency working groups, including the COVID-19 Working Group, Gender in Humanitarian Action Working Group and the Logistics Working Group as well as Issue Based Coalitions.
- UNFPA hosts the inter-agency Regional Emergency GBV Advisor (REGA) team providing specialized support to countries in Asia and the Pacific, including in the GBV information management system. In November, the REGA team collaborated with the regional Cash Working Group, CARE and the Gender in Humanitarian Action group to lead a session on GBV risk mitigation as part of a regional two-day workshop on Gender and Cash and Voucher Assistance with 57 participants. In December, support was extended to Iran and Pakistan. The REGA team convened the third ad-hoc regional GBV in emergencies meeting to facilitate inter-agency information sharing and coordination of the GBV response to COVID-19.
- UNFPA Pacific Sub-Regional Office¹ co-leads the mental health and psychosocial support cell, the health services delivery cell and telehealth sub cell.

Continuity of sexual and reproductive health (SRH) interventions, including protection of health workforce

All 22 UNFPA country offices in Asia Pacific and the PSRO are supporting continuity of SRH interventions by:

- **Ensuring the continuity of and access to quality lifesaving SRH information and services** for women, adolescents and youth.
- **Supporting national- and local-level planning, coordination and monitoring** to ensure access to SRH services. This includes advocacy, provision of technical and programmatic assistance as well as information management support.
- **Strengthening operational and logistics support to global supply chains**, including provision of personal protective equipment (PPE) to health workers and ensuring the supply of modern contraceptives.

In addition:

- 18 country offices and the PSRO are investing in SRH capacity strengthening, including training frontline health workers and partners on maternal and newborn health services, including infection prevention and control.²

Country examples:

- **Afghanistan:** Screening of 87,056 Afghan travelers including returnees from Iran and Pakistan was undertaken between 1 July 2020 to 30 November 2020 through UNFPA-supported clinics. The screening focused on women of reproductive age and pregnant women.
- **Bangladesh:** 15 health facility visits were undertaken by the midwife mentoring team and a total of 30 midwives were mentored on breech (birth) presentation and documentation of cases in December.

¹ Fiji, Kiribati, Federated States of Micronesia, Palau, Marshall Islands, Samoa, Solomon Islands, Tonga and Vanuatu

² Afghanistan, Bangladesh, Bhutan, Cambodia, DPRK, India, Indonesia, Iran, Lao PDR, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Timor-Leste and Viet Nam



UNFPA Mongolia has donated personal protective equipment to frontline health workers to enable them to safely deliver services to affected women and girls.

Continuity of SRH interventions, including protection of health workforce continued.

Country examples continued:

- **Bhutan:** Toll free numbers and mobile services enabled people to continue accessing contraceptives during the nationwide lockdown.
- **Cambodia:** 57 female midwives were trained on Basic Emergency Obstetric and Newborn Care, 61 medical doctors and midwives were trained on the management of postpartum hemorrhage and 51 midwives were trained in management of pre-eclampsia and eclampsia.
- **China:** UNFPA continues to provide technical assistance to various UNFPA country offices on the procurement of PPE for health workers.
- **DPRK:** In 2020, UNFPA supported the Government with provision of lifesaving medicines like Oxytocin and Reproductive Health Kits to ensure continuity of maternal health services for over 360,000 pregnant women.
- **India:** Over 1,000,000 pregnant women, older persons, sanitation workers and tribal populations, among others, have been directly reached with services and information, including referral to other health services and social protection systems where necessary.
- **Indonesia:** 3,238 young people utilized the online SRH services and consultations provided by 46 health providers in Yogyakarta through the UNALA programme supported by UNFPA and the Angsamerah Foundation.
- **Lao PDR:** 79 women have recently benefited from telehealth services for antenatal and postnatal care.
- **Malaysia:** UNFPA together with the National Population and Family Development Board is providing SRHR outreach for low income groups to overcome challenges in accessing services as a result of movement restrictions.
- **Maldives:** A training of trainers on the use of the Safe Delivery App for 46 healthcare workers from all regions was conducted with UNFPA APRO and Safe Motherhood in December 2020.
- **Mongolia:** UNFPA has been working to strengthen the diagnostic capacity for COVID-19 at four hospitals including the National Center for Maternal and Child Health, Ulaanbaatar City Mother and Child Hospital and two hospitals in border provinces.
- **Myanmar:** UNFPA is supporting the continued integration of SRHR, GBV and MHPSS modules in training for 35 schools for nurses and midwives in coordination with the Department of Human Resources for Health and the Ministry of Health and Sports.
- **Nepal:** A total of 4,015 pregnant women were reached with teleconsultation services in 13 districts. Out of the total, 562 women received referral services to the nearby health facilities, with 42 women receiving timely services for obstetric complications.
- **Pakistan:** UNFPA continues to support the medical and health staff through provision of PPE. Thus far, close to 50,000 PPE and hygiene kits and 115,000 masks have been distributed nationwide.
- **Papua New Guinea:** 300 baby bundles and 400 mother bundle packs were delivered to seven primary health facilities in the Western Province to serve as incentives for hospital-based delivery for pregnant mothers.
- **Philippines:** UNFPA deployed four emergency maternity tent facilities and trained staff for the establishment of temporary birthing clinics in the cities of Iloilo and Bacolod.
- **Thailand:** A one-year project on safe delivery targeting vulnerable populations in areas with high maternal vulnerabilities will be implemented by the Ministry of Public Health supported by UNFPA and Reckitt Benckiser.
- **Viet Nam:** In collaboration with the Ministry of Health and a local CSO, a telehealth intervention is being piloted to ensure the continuity of SRH services, including maternal and family planning services, for ethnic minorities and migrant workers.
- **Pacific Sub-regional Office:** In Fiji, UNFPA is supporting the Ministry of Health and Medical Services in their use of digital tools and systems including video applications and phone counselling for wider family planning, antenatal and postnatal care services. This complements existing systems to ensure continuity of SRH services. The telehealth services covers provider-to-provider consultation and patient-to-provider consultation.



Since the onset of the COVID-19 pandemic, more than 31.3 million people across the four UNFPA priority States in India have been reached with SRHR and GBV awareness raising messages, through both offline and online platforms.

Addressing Gender-Based Violence

UNFPA country offices are addressing GBV by:

- **Supporting national strategies and response plans** to strengthen GBV prevention and response services through technical and programmatic assistance.³
- **Investing in capacity strengthening of GBV response service providers, including health practitioners**, to provide timely, quality and confidential services to survivors of GBV.⁴ Topics include adapting to remote service delivery modality for case management, psychosocial support, updating referral mechanisms and safe and ethical data gathering.
- **Ensuring the continuity and accessibility of life-saving GBV services** for women and adolescent girls. This includes medical support, psychosocial counselling, hotlines, shelters, one-stop crisis centres, case management, dignity kit distribution and referrals.⁵
- **Leading or co-leading inter-agency coordination mechanisms for GBV** risk mitigation and response.⁶

Country examples:

- **Afghanistan:** Throughout 2020, the Family Protection Units were kept functional and continued providing lifesaving GBV services to women and girls experiencing violence. As a result, 25,323 women and girls were reached with health, psychosocial support, legal support services and referral to other GBV services.
- **Bangladesh:** 156,836 people were reached with GBV services, including prevention, risk mitigation and response services.
- **Bhutan:** UNFPA is currently conducting a mapping of high risk areas of violence cases to be able to provide shelter management training at monasteries where survivors can be housed. Trainings on counseling, referral mechanisms and transportation to referral centers will be conducted for nuns in the monasteries.
- **India:** 8,313 staff and counsellors from one stop centers and shelter homes and officials from the Women and Child Department have been trained on strengthening GBV response services and their role in addressing violence against women and girls.
- **Indonesia:** 5,142 young people were reached with psychosocial support through an online counselling service.
- **Iran:** The Women and Girls' Protection Sub-Sector for Iran held a meeting to coordinate and analyze the updated GBV service mapping and to set priorities for further development and communication of referral pathways.
- **Lao PDR:** UNFPA has extended new protection centers/shelters in the Savannakhet province to provide psychosocial support, counselling and other essential services for GBV survivors.
- **Maldives:** Psychological first aid training was completed for 50 health service providers from the Kulhudufushi Regional Hospital and the Hulhumale Hospital.
- **Mongolia:** UNFPA has supported expansion of access to services through the establishment of 2 new One Stop Service Centers in the capital city of Ulaanbaatar.
- **Myanmar:** UNFPA organized a virtual GBV roundtable with the Myanmar Police Force, the Union Attorney-General's Office, the Supreme Court, the Department of Social Welfare, the Ministry of Health and Sports, CSOs and UN agencies to further strengthen coordination of COVID-19 GBV response.
- **Papua New Guinea:** Remote counseling and provision of mental health and psychosocial support through the Wantok counselling hotline remains available and has been expanded to offer 24 hour service.
- **Philippines:** UNGPA developed and launched a digital application (HerVoice listening platform for GBV survivors and GBV case managers) in collaboration with local governments, to expand reporting mechanisms and address the dramatic drop in GBV cases reported.
- **Timor-Leste:** 122 Dignity Kits were distributed to women and girls staying in government mandatory quarantine facilities in December.
- **Pacific Sub-Regional Office:** The Fiji National University, St. Vincent's Hospital and UNFPA partnered to develop a 12-week online course for Pacific Health Workers to improve the health sector response for survivors of violence during COVID-19. An average of 42 participants attended the sessions across nine Pacific countries.

³ Afghanistan, Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Iran, Lao PDR, Malaysia, Mongolia, Myanmar, Nepal, Pacific Sub-Regional Office, Pakistan, Philippines, Papua New Guinea, Sri Lanka, Thailand and Timor-Leste

⁴ Bangladesh, Bhutan, India, Indonesia, Lao PDR, Fiji, Maldives, Mongolia, Myanmar, Pacific Sub-Regional Office, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Timor-Leste, Thailand and Viet Nam

⁵ Afghanistan, Bangladesh, Bhutan, Cambodia, India, Indonesia, Iran, Lao PDR, Maldives, Malaysia, Mongolia, Myanmar, Nepal, Pacific Sub-Regional Office, Pakistan, Philippines, Papua New Guinea, Sri Lanka, Thailand, Timor-Leste and Viet Nam

⁶ Afghanistan, Myanmar, Bangladesh (national GBV cluster and Cox's Bazar GBV sub-sector); India (UN sub group on GBV), Indonesia, Iran, Lao PDR, Mongolia, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand and the Pacific region



COMMITTED TO HELP: THE STORIES OF FRONTLINE GBV RESPONDERS

The COVID-19 pandemic has exacerbated existing gender inequalities, making women and girls more vulnerable to gender based violence (GBV). UNFPA's projections in April 2020 showed that if the lockdown continued for 6 months, 31 million additional gender-based violence cases could be expected globally. And that for every 3 months the lockdown continued, an additional 15 million additional cases of gender-based violence could be expected.

This is why frontline GBV responders play a critical role. They work hard to provide lifesaving services for survivors during these challenging times. Here are three GBV frontliners in Indonesia who are the source of hope amid hardship with their commitment to helping survivors.

Ika Putri: “I have a strong urge to help”

At Yayasan Pulih, Ika provides psychological counseling for survivors, provides expert testimonials at the court, helps her clients prepare for court, and accompanies them during trials. She also provides psychoeducation through training and public outreach.

Dr. Boge Priyo Nugroho: “I strive to make my patients feel safe”

Ever since he joined the Tarakan Regional General Hospital in Jakarta in late 2018 Dr. Boge Priyo Nugroho, a forensic and medicolegal specialist, has committed to providing responsive comprehensive services for women and children who are survivors of violence.

Siti Mazumah: “By strengthening the survivors, we strengthen ourselves”

Siti works for LBH Apik Jakarta which provides legal aid for women and children who are survivors of violence. They help violence survivors with litigation services to seek justice. For non-litigation services that address other needs, from psychological counseling to safe houses, they collaborate with partner organisations and institutions such as Yayasan Pulih and the Witness and Victim Protection Agency.

Photo credits: personal photos

INDONESIA

Impact assessment on the health and socioeconomic impact of COVID-19

Afghanistan, Bhutan, Bangladesh, Cambodia, China, India, Indonesia, Lao PDR, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Thailand, Timor-Leste, Viet Nam and PSRO are currently engaged in, or have completed, inter-agency assessments of the socio-economic impact of COVID-19. In many other countries, UNFPA is developing more theme-specific assessments.

APRO has supported UNFPA country offices modelling the prospective potential impacts of COVID-19 on maternal health and family planning indicators across 21 countries in the region.

Risk communication and community engagement

UNFPA country offices are undertaking SRH and GBV risk communications and community engagement activities adapted to the local context and language. This includes sharing key messages and health education materials, GBV and MHPSS information for women of reproductive age, pregnant women, youth, elderly, people with disabilities, LGBTQI communities, female health workers and internally displaced populations; and supporting toll-free hotlines where people can access accurate information.

Country examples:

- **Bangladesh:** During December, 639 calls from young people and their parents and caregivers reached the Alapon helpline counsellors. Topics discussed include condoms, sexually transmitted diseases (STDs), menstruation, sex, domestic and sexual abuse, sexual harassment, bullying, stress, anxiety and anger management, among other topics.
- **Bhutan:** UNFPA engaged 20 local leaders, 40 monks including nuns and local healers, astrologers, 40 young people, and 30 public bus service providers on risk communication for SRH and GBV prevention.
- **Cambodia:** 58,357 migrant workers from Thailand and their families received COVID-19 preventive messages and information, education and communication (IEC) materials, including on how and where to access essential SRH services, including family planning, and GBV response services, during the pandemic.
- **China:** An estimated 4 million people were reached by UNFPA and its partners, the National Center on Women and Children's Health and Xinhua News Agency, with public communication activities and accurate and updated information and messages on infection prevention, hygiene practices, SRHR and gender issues through social and other media platforms.
- **India:** Since the onset of the COVID-19 pandemic, more than 31.3 million people across the four UNFPA priority States in India have been reached with SRHR and GBV awareness raising messages, through both offline and online platforms.
- **Maldives:** The first episode of a twelve episode dialogue series, covering different aspects of GBV, aired on television and radio in December 2020.
- **Nepal:** 22+ million men, women, boys and girls were reached with SRHR risk communication messages disseminated nationally through print, broadcast and digital channels.
- **Pakistan:** 1,224 community health workers engaged and reached out to 600,000 households with COVID-19 messages and offered support to link community members to SRH services.
- **Philippines:** 120 Women/Youth Friendly Space Facilitators and 60 GBV Watch Group Monitors were engaged with cash for work to lead awareness-raising sessions on gender, rights and GBV in the earthquake- and COVID-19 affected communities in North Cotabato.
- **Sri Lanka:** The 'Happy Family' communication package in Colombo, containing over 50 videos designed as training modules for healthcare providers, was launched in collaboration with the Health Promotion Bureau of the Ministry of Health.
- **Pacific Sub-Regional Office:** UNFPA continues to liaise with various Risk Communications and Community Engagement Teams and support the development of contextualized IEC materials targeting women of reproductive age, female headed households, pregnant women, survivors of GBV and older persons.

Mongolia:

- UNFPA handed over 400 Dignity Kits to the General Authority for Development of Persons with Disabilities ([link](#))
- Members of the National Human Rights Commission of Mongolia meet with UNFPA Mongolia ([link](#))
- UNFPA provided Dignity Kits to the General Authority for Health Insurance ([link](#))
- A series of social media cards on COVID-19 and pregnant women ([link](#), [link](#), [link](#), [link](#))
- The economic cost of GBV and SDG 5 ([link](#))
- Mongolia loses 601 billion MNT due to domestic violence ([link](#))
- MNB World: Sightline interview – COVID-19 and GBV ([link](#))
- UNFPA: Intimate partner violence costs Mongolia 247 USD every year ([link](#))

Myanmar:

- GBV helplines deliver critical, life-saving services in northern Myanmar amid COVID-19 ([link](#))

Nepal:

- Pregnancy in the COVID-19 context (1.3 million views) ([link](#))
- Things that pregnant women and new mothers should know during COVID-19 pandemic (802k views) ([link](#))
- SRH helplines in the COVID-19 pandemic (220.8K views) ([link](#))
- Distribution of Reproductive Health Kits ([link](#), [link](#), [link](#), [link](#))
- Various social media stories ([link](#), [link](#), [link](#), [link](#))

Pakistan:

- 139 women across Pakistan received fistula repair surgeries ([link](#))

Pacific Sub-Regional Office:

- UNFPA and the IPPF launches the International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education ([link](#))
- UNFPA responds to Tropical Cyclone Yasa in the midst of a pandemic ([link](#), [link](#))

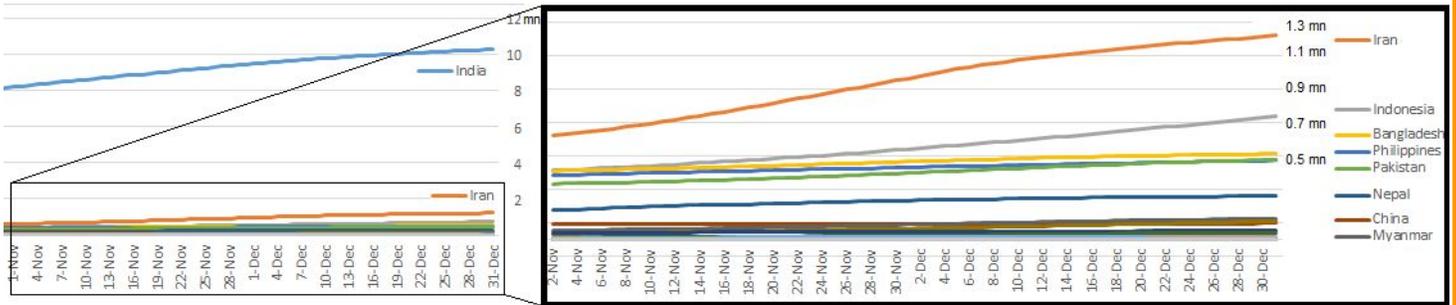
Sri Lanka:

- Fashion with a cause ([link](#))
- Just show up! This is the story of Dr. Nisha Fernando ([link](#))
- More than a call. This is the story of Anoja Maakawita, Counsellor-Coordinator ([link](#))
- A violence free Sri Lanka. This is the story of Janaki Ranasinghe, Programme Officer ([link](#))
- Bringing the shadow pandemic to light ([link](#))

Confirmed Cases

Number of cumulative cases

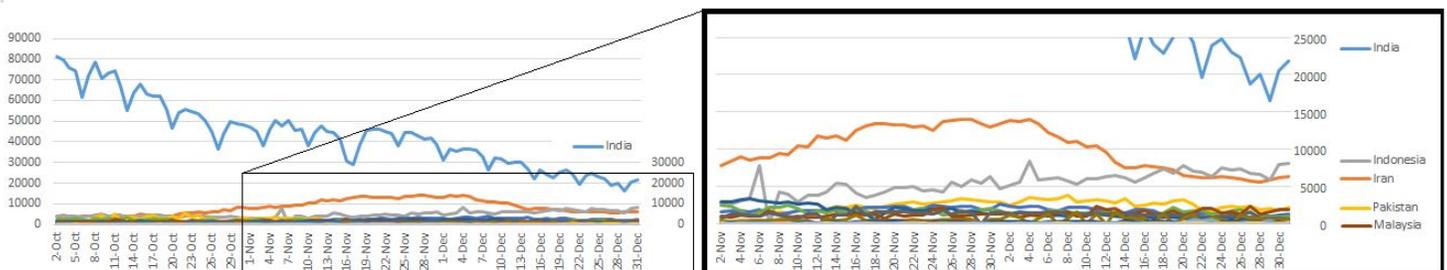
Top 10 countries with highest COVID-19 cumulative caseload in Dec 2020. Duration: Nov - Dec 2020 (WHO, <https://covid19.who.int/>)



- (1) **India** has the most cumulative cases in the Asia Pacific region, reaching more than 10 million cases alone.
- (2) **Iran, Indonesia, Bangladesh** and **Philippines** each has over 400K cases, followed by **Pakistan** and **Nepal**.

Number of new cases per day

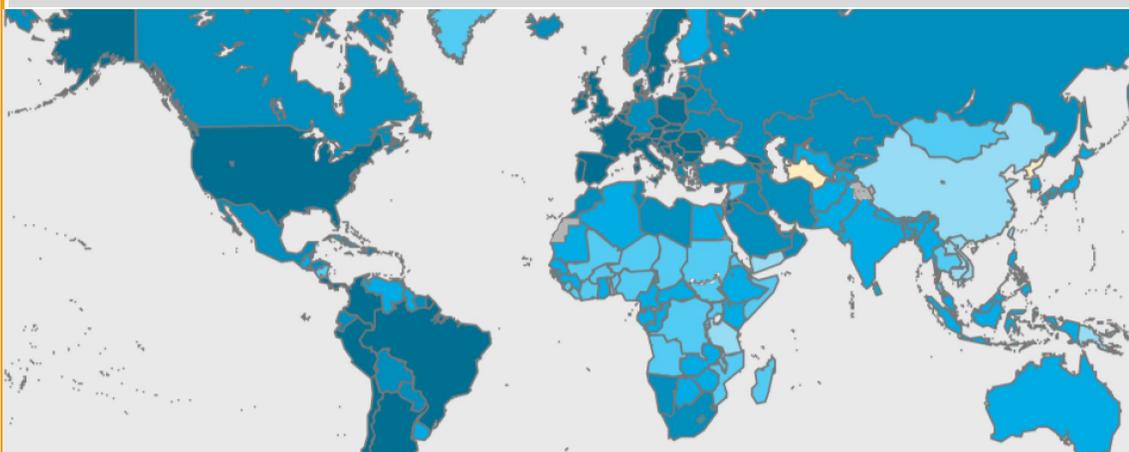
Top 5 countries with highest COVID-19 daily caseload in Dec 2020. Duration: Oct - Dec, 2020 (WHO, <https://covid19.who.int/>)



- (1) **India** is seeing a trend of steady decrease in daily new cases, from 40K in the beginning of December 2020 to around 20K in the end of December 2020.
- (2) **Iran** has seen a downward trend in new cases in December 2020, bringing the daily caseload down from 15K in early December 2020 to around 6K in late December 2020.
- (3) **Indonesia**, however, is still seeing sustained numbers of new cases since November, with 6,000 - 8,000 new cases per day in the second half of December, 2020.

Number of cumulative cases per 1 million population

Indicative countries in the UNFPA Asia Pacific region with higher confirmed cases per million populations, Dec 2020 (WHO, <https://covid19.who.int/>)

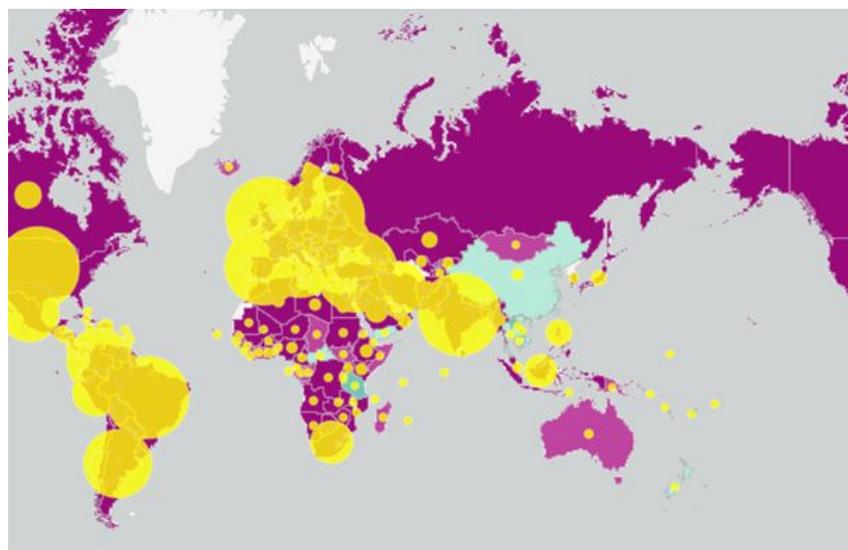


confirmed cases per 1 million population	
Indicative countries	
USA	67,158
UK	45,937
Brazil	38,134
UNFPA AP region*	
Maldives	26,193
Iran	15,389
Nepal	9,104
India	7,593
Philippines	4,467
Indonesia	3,059
Pakistan	2,282
China	66
*countries with top 5 cumulative & daily new cases in Dec 2020	

- (1) **Maldives**, despite having only 13,738 confirmed cases in total up to 31 Dec 2020, has the highest confirmed case per million population (26,193) in the Asia Pacific region.
- (2) Indicative countries in the UNFPA Asia Pacific region with higher confirmed cases per million populations are: **Iran** (15,389), **Nepal** (9,104), **India** (7,593), **Philippines** (4,467), **Indonesia** (3,059) and **Pakistan** (2,282)

Confirmed Cases and Deaths (UNFPA programme countries) WHO, 15 January 2021

Country	Confirmed Cases	Deaths
Afghanistan	53,831	2,324
Bangladesh	525,723	7,849
Bhutan	834	1
Cambodia	426	0
China	98,290	4,803
Democratic People's Republic of Korea	0	0
India	10,527,683	151,918
Indonesia	869,600	25,246
Iran	1,311,810	56,538
Lao People's Democratic Republic	41	0
Malaysia	147,855	578
Maldives	14,325	49
Marshall Islands	4	0
Mongolia	1,479	1
Myanmar	132,865	2,912
Nepal	266,546	1,943
Fiji	53	2
Pakistan	511,921	10,818
Papua New Guinea	834	9
Philippines	494,605	9,739
Solomon Islands	17	0
Sri Lanka	50,899	251
Thailand	11,450	69
Timor-Leste	51	0
Vanuatu	1	0
Viet Nam	1,531	35
TOTAL	15,022,674	275,085



See UNFPA's [COVID-19 Population Vulnerability Dashboard](#) for real-time updates