Highlights

- All countries in South Asia have reported cases of COVID-19 as of today. A total of 63 confirmed cases have been reported in total, with the highest number in India (43). The situation has rapidly escalated in the first week of March, reporting over 55 cases compared to 8 cases at the end of February.
- As part of preventative action, Bhutan has banned the entry of tourists for two weeks while Nepal and Sri Lanka have suspended the issuance of visas on arrival for tourists coming from the hot spot areas including China. Similarly, the Pakistan government has closed its border with Iran and the Spin Boldak border crossing with Afghanistan.
- Schools have been closed for weeks in Bhutan, Sindh and Balochistan provinces in Pakistan, and Herat Province in Afghanistan as a preventative measure. There are concerns that lengthy closure of schools without alternative learning approaches could negatively impact on the learning outcomes of children.
- UNICEF country offices continue to support governments in promoting risk communication and community engagement to prevent the spread of the disease. So far UNICEF has reached 16 million people with key messages using different social media platforms.
- With the high demand for Personal Protective Equipment (PPEs) combined with export ban from major markets, procurement for these critical supplies for small countries is a major challenge.
- In South Asia, UNICEF is appealing for $10.8 million to reach 25 million people with risk education, critical supplies, adequate health care and continuous education and child protection services.

UNICEF’s Response Budget in South Asia
Funding Overview and Partnerships
UNICEF South Asia appeals for US$ 10.8 million to support government efforts and interventions to prevent the spread of the virus in countries with low caseloads and respond to those that have been affected through provision of critical supplies and adequate health care. UNICEF has so far received $800,000 from the Bill and Melinda Gates Foundation, Asia Development Bank and Facebook Foundation. However, funding is urgently required to support government, communities and children to stop the spread of the virus. To meet the immediate response needs, UNICEF country offices have reallocated some funds from regular resources to kick start the prevention activities and procure urgent emergency supplies.

Situation Overview & Humanitarian Needs
Bangladesh, Bhutan and Maldives became the latest countries in the region to report cases of COVID-2019 over the past week, bringing the total number of cases in the region to 63 confirmed cases; (India 43, Pakistan 6, Afghanistan 4, Maldives 4, Bangladesh 3, and one case each reported in Bhutan, Nepal, and Sri Lanka). The situation in India is escalating rapidly with the total number of cases jumping from 3 cases over a month to 40 cases within a week¹. Nepal was the first country in the region to report the case on the 25th of January, 2020. Most of the cases in the region can be traced from China (Nepal and Sri Lanka cases), Iran (Afghanistan and Pakistan cases), and Italy (Maldives, Bangladesh and India cases).

Source: WHO Daily Sitreps²

Partnership and Coordination
UNICEF regional office and country offices are working in close collaboration and coordination with WHO, governments, Inter Agency taskforces/other UN agencies, Centre for Disease Control, INGOs and other stakeholders including donor agencies. For example in Afghanistan, apart from being a Health Cluster member, UNICEF has taken up a co-leadership role in Risk Communication and Community Engagement (RCCE), WASH and Infection and Prevention Controls (IPC), psychosocial support and community health/primary care. In Bangladesh the government has invited UNICEF together with the WHO and CDC to be part of the High Level Inter-Ministerial Committee on the Coronavirus. In Bhutan, Nepal, India and Sri Lanka, UNICEF is actively engaged in the UNCT coordination mechanism to support the government response.

Summary Analysis of Programme Response
The Regional Office and Country offices response plans have been developed in alignment with the 2020 WHO Global Strategic Preparedness and Response Plan (SPRP), and the 2020 UNICEF COVID-2019 Humanitarian Action for Children Appeal. The key priority for the RO/CO response plans is on the immediate measures that must be undertaken to ensure preparedness and response actions to prevent and respond to the COVID-19 outbreak in each country focusing on the following areas; (1) risk communication and community engagement, (2) critical supply and logistics

and Water, Sanitation and Hygiene (WASH) services, (3) provision of healthcare and nutrition services, (4) access to continuous education and child protection services.

Risk Communication and Community Engagement

Building on UNICEF wide network of offices, ongoing programs and vast network of partners, UNICEF in South Asia stepped up its engagement in risk communication and community engagement relying on its know-how on hygiene promotion, social and behaviour change communication and experience from previous epidemics, including in this region (SARS, H1N1 etc).

Afghanistan: UNICEF is supporting the government and health partners in strengthening the surveillance system building on the existing National Disease Surveillance Reporting (NDSR) system of Ministry of Public Health, by training the health professionals and increasing number of sentinel sites; supporting the existing regional hospitals in five regions to ensure better case management for COVID-19 or any other infectious diseases; and developing and promoting integrated awareness messages, promoting better nutrition hygiene, hand washing and health self-care and care of the population. In addition, Information, Education and Communication (IEC) materials have been translated into local languages to increase awareness of the public on COVID-19 whereas hotlines including a toll-free number (166) has been set up and shared for the public generation.

Bangladesh: Working with the Risk Communication Working Group UNICEF has provided support to the Institute of Epidemiology Disease Control and Research (IEDCR) and developed various materials on COVID-19 prevention for general population, poster for immigrant and returnees and flow chart for service providers/health facilities. Messages are currently being translated in Burmese for the Rohingya Refugees. Currently, UNICEF is sharing general messages on hygiene promotion through social media and other platforms while waiting for the approval of the key COVID -19 messages by the government.

Bhutan: UNICEF is supporting the Ministry of Health and other relevant ministries to update the Crisis Communication Strategy and develop IEC materials to promote preventive health and hygiene practices in schools, monastic institutions, nunneries, Early Childhood Care and Development (ECCD) centers, youth centers and communities.

India: UNICEF’s is engaging with the Ministry of Health and Family Welfare as part of the UN preparedness and response strategy that is led by WHO. Through this engagement, UNICEF has taken following actions to date:

- Developed a draft risk communication and community engagement strategy that is shared with WHO
- Developed risk communication materials that are uploaded on the website of National Center for Disease Control [https://ncdc.gov.in/index4.php?lang=1&level=0&linkid=127&lid=432](https://ncdc.gov.in/index4.php?lang=1&level=0&linkid=127&lid=432)
- In collaboration with WHO, CDC, and USAID, UNICEF has developed a national Trainer of Trainer package on risk communication and communication engagement. So far 280 government officials or representatives from states level have been trained to cascade the learning in their respective states.

Maldives: UNICEF has been disseminating the prevention messages developed by the Regional Office and the Government of Maldives. The aim is to promote personal hygiene through social media and mass communication. Since there is a very high internet coverage in the Maldives (around 83% of the total population has access), dissemination of key messages on prevention through social media is vital as the practice among the communities is to share these messages, especially infographics within their smaller, closed networks on Viber, WhatsApp, etc.

Nepal: UNICEF is co-leading a public health risk communication working group and contribute to the other 7 pillars of the public health response of the government. Therefore, UNICEF is supporting the government to develop, pre-test and disseminate messages and information on COVID-2019 through social media, radio broadcasts, and other channels including targeted messaging for key stakeholders and at-risk groups based on community risk perceptions (including children, parents/care givers, pregnant women, health providers, etc.);

Pakistan: UNICEF is providing support at both Federal and Provincial level in developing communication strategies and dissemination of key preventative messages using the existing channels such as the social media and the polio extension services. In addition, UNICEF is supporting call centres where thousands of people are reaching out to express concerns and seek information on the coronavirus.

Sri Lanka: UNICEF works closely with the HCT and WHO to monitor the situation and provide necessary coordination support to the government of Sri Lanka and HCT/UNCT for a comprehensive preparedness packaging. Meanwhile, UNICEF received requests for support from the government directly and via the Resident Coordinator’s Office (RCO).
on disease surveillance. In response to those requests, UNICEF supported the Ministry of Health’s Disaster Preparedness and Response Unit on national early warning and alert systems and COVID-19 outbreak surveillance.

### Funding Status*

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<th>Sector</th>
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**Next SitRep: 17 March 2020**

UNICEF continues to monitor the situation very closely and situation reports will be issued on regular basis as the developments unfold.

### Internal and External Media


Who to contact for further information:

**Jean Gough**
Regional Office for South Asia
Tel: +977 98510 20913
Email: jgough@unicef.org

**Paul Rutter**
Regional Adviser Health
Regional Office for South Asia
Tel: +9779801096877
Email: prutter@unicef.org

**Carmen van Heese**
Regional Adviser Emergency
Regional Office for South Asia
Tel: +9779801030064
Email: cvanheese@unicef.org