



COVID-19 ADRA Asia

SitRep #3 | as of April 23, 2020



COVID-19 CASES AND DEATHS BY COUNTRY

Countries in Asia where ADRA is responding

COUNTRY	#CASES	#DEATHS
CAMBODIA	122	0
SRI LANKA	310	7
INDONESIA	7,135	616
PHILIPPINES	6,599	437
SOUTH KOREA	10,694	238
NEPAL	42	0
THAILAND	2,826	49
TIMOR-LESTE	23	0
BANGLADESH	3,382	110
MONGOLIA	34	0
LAOS	19	0
JAPAN	11,496	277

*WHO Situation Report #93 | April 22, 2020

SITUATION OVERVIEW

Information on the Emergency

The Coronavirus (COVID-19) outbreak began in Wuhan Province, China when 44 patients were reported to show symptoms of an unknown disease in December 2019. On 11 March 2020, the World Health Organisation declared COVID-19 a pandemic. As of 22 April 2020 according to WHO, the number of confirmed cases globally has risen to more than 2,471,136 individuals and 169,006 deaths.

Of these, in the Asian countries included in this SitRep, the number of confirmed cases is 42,682 and 1,734 deaths.

Humanitarian Situation

- Elderly Populations being more vulnerable than other groups, has increased the number of challenges faced by them.
- Most Health care facilities and institutions have requested for support towards addressing COVID-19.
- Uncertainty of livelihoods, especially in terms of daily laborer's
- Most countries and their respective health institutions lack adequate resources to effectively address COVID-19. I.e. PPE, Disinfecting material etc
- Families and Communities living under Quarantine are facing challenges acquiring essential items such as food and hygiene material needed to combat spread of COVID-19.
- Many organizations have stepped in to raise awareness and to share messages on COVID-19 and precautions that need to be taken.

Gaps in Humanitarian Assistance

- Increased support is needed to ensure the most vulnerable population (elderly) are able to safeguard themselves.
- The number of families living under quarantine is increasing and are in need of nutritional and hygiene support.
- Support towards the managing quarantine centers (Food, hygiene items etc).
- Psychological Support for communities and families of infected/dead individuals.
- While much support is being channeled towards Health care facilities/ institutions and organizations, there is still a gap in available resources of the countries to effectively respond/curtail COVID-19.

ADRA'S RESPONSE

Needs Assessment

Due to restrictions placed, ADRA has been unable to carry out their own needs' assessment. Due to this reason, ADRA has been in frequent contact with the MOH officers who have conveyed the needs for the Districts that have not yet been met.

Funding Opportunities

The ADRA Network is working with various donors at an international and local level. Some of our donors/ potential donors within the region are; LDS charities, UN agencies, EU delegations, KirkinActie, BMZ, Global Affairs Canada, DFAT, CFGB, Australian Aid, MFAT, DFAT, Various Embassies and Seventh Day Adventist Church Missions and Unions

ADRA's Response Activities

While having a strong focus on WASH, Health, Food Security, Cash Transfer and Voucher assistance, our offices have also been highly involved in Risk Communication. Our offices are currently making plans for early recovery and linking to development.



RESPONSE COORDINATION

Coordination with other Organisations

Coordination is being carried out at respective country levels through clusters and HCTs where applicable. ADRA Asia has been conducting weekly coordination meetings to understand needs of countries, pool resources, share learnings and identify potential regional funding. ADRA Asia has also been representing in the UN OCHA regional calls on a weekly basis and participating in various working groups and in ADRA's activated global coordination.

Cluster Meetings

Many of the relevant ADRA working groups and Technical Learning Labs have met to discuss potential support that needs to be provided towards the Country Offices. The Steering Committee of the Learning Labs have initiated discussions on the COVID-19 in order to encourage the TLLs to work towards identifying ways to support the country offices.

CONSTRAINTS

Security Constraints

The security constraints remain the same in all countries; ADRA faces a major security constraint due to the risk of staff being infected with COVID-19. In order to minimize the risk, ADRA offices in the 5 countries have taken appropriate steps as per regulations in the respective countries including activating work-from-home, ceasing field activities, provision of training on preventive measures, provision of safety material (masks) etc.

Other Constraints

The lockdowns, imposing curfew measures and the travel restrictions placed in the countries as precautionary and controlling measure is a major constraint for the ADRA teams. This has placed limitations for the teams when attempting to carry out pre-planned activities, identifying & selecting suppliers for emergency response activities and other project activities, ability of ADRA staff to travel to the project locations, having to conduct remote monitoring, inability to interact with the communities in need and more.



CAMBODIA

Supply PPE:

85 - Infrared thermometer guns

14,950 - Masks

29,900 - Gloves

2,550 - Litres of Alcohol/Gel

81 - Infrared Thermometers

4 - Referral Hospitals

73 - Health Centres/Health Posts

Communication and Promotional Campaigns:

90 - Local provincial Radio programming (up to 1 hour per day for 3 months)

3,620 - Brochures

1,810 - Posters

724 - PVC Banners

2 - Video Messages

Support Health Care Workers through the provision of :

650 - Surgical masks

90 - Liters of alcohol

16 - Infrared thermometers

Awareness Raising through:

5,000 - Brochures

800 - Posters

20 - Banners

6 - Latrines installed



PHILIPPINES

Distribution of Supplementary Food Items to Families under Enhanced Community Quarantine:
1,180 - Well milled Rice (25kg)

Provision of Hygiene Items:

1,180 - Soaps (3 each per family)

1,180 - Disinfectant/Bleach (1 liquid solution)

IEC Distribution on COVID-19, Prevention and Usage of Disinfectant Bleach:

1,180 - Leaflets

1,091 - Rice distributions to affected communities of ADRA Project Areas (5-25 kgs per HH)

1 - Provision of Triage Tent to Hospital

80 - Gallons of Alcohol provided to 8 partner Provincial and Local Government Frontliners



JAPAN

COVID19 fundraising through cloud funding, yahoo, donation etc.

Communicate with private sectors for funding opportunities

Update website and social media for fundraising purposes





SRI LANKA

Establish Hand Washing Stations to benefit 1,000 households:

- 7 - Hand washing stations
- 7 - IEC Materials
- 7 - Soap
- 7 - Cleaning Materials (2 per station)

Distribute Hygiene Packs to Households:

- 1,000 - Hand washing Soaps (8 each)
- 1,000 - Cleaning Soaps (2 each)
- 1,000 - Disinfectants (1 each)

Communication/Promotion of Messages/IEC:

- 3,800 - Community members utilising target health education message practices
- 30 - Hygiene promotion activities and messages

Support Disinfecting Process by Local Authorities:

- 40 - Spraying Machines
- 95 - Disinfectants
- 5 - Packs of Gloves
- 60 - Training sessions for Public Drivers on disinfecting and cleaning their vehicles.

Provision of Hygiene Packs for Public Drivers:

- 400 - Sets of spray bottles, disposable gloves and hand sanitiser

Provide PPE kits for Health Care Professionals:

- 50 - PPE Kits
- 350 - Face Shields
- 30 - Pairs of Safety Boots

Distribution of Supplementary Food Packs for Self-quarantined families:

- 1,577 - Supplementary Food Packs



INDONESIA

Cash and Voucher Assistance:

- 205 - Multi Purpose Cash Assistance
- 205 - Electronic Cash Card, IEC Materials, Aprons

Mental Health Psychosocial Support (MHPSS):
Group call for Psychosocial Support (phone credit)

- 905 - Multi-purpose Cash Assistance to Elderly workers and IEC materials
- 200 - Multi-purpose Cash Assistance to Elderly Individuals living as IDPs and IEC Materials

Supply basic PPE to Preah Vihear and Kompong Thom provincial health departments to assist health officials:

- 1,182 - Health staff receive PPE, masks, gloves, sanitising Alcohol/gel, and infrared thermometers to benefit 700,000 beneficiaries



MONGOLIA

Cash Distribution of \$10,000 USD



SOUTH KOREA

Distribution of Supplementary Food Kits to Vulnerable Groups and Cohort Isolation Facilities:

- 800 - Instant Noodles (16 Bags)
- 800 - Sahmyook Soybean Milk (24 Cartons)
- 800 - Rice Bags (10kg)

2,500 - Hand sanitisers and masks distributed to affected areas

- 1,500 - Masks
- 1,500 - Hygiene Kits
- 2,000 - Hygiene Kits
- 72 - Cash Distributions
- 1,500 - Hand sanitisers and masks distributed
- 68 - Cash Distributions
- 32 - Cash Distributions
- 50 - Cash Distributions
- 60 - Blood donations from ADRA, KUC and Sijosa staff



THAILAND

800 - Complementary food kits distributed to vulnerable groups and cohort isolation facilities

2,338 - Hygiene kits distributed to the elderly



NEPAL

Koshi Hospital, Biratnagar supported with:

1 - Ventilator

100 - N95 Masks

1,000 - Medical Masks

1,000 - Medical Gloves

1 - CEONC equipment and fixtures

2 - Health Posts supported with the provision of surgical masks, gloves, sanitizer, phenyl and sprits

10,000 - Awareness posters printed/distributed

PPE items support to Scheer Memorial Adventist Hospital, Banepa, Nepal as follows:

90 - N95 Masks

1,000 - Medical Masks

1,000 - Medical Gloves

PPE items support to Bheri Hospital and 4 Health posts in Baitadi district as follows:

50 - N95 Masks

620 - Medical Masks

42 - Boxes of Medical Gloves

3 - Pieces of Medical Gowns

3 - Pieces of Medical Goggles

2 - Pieces of Infrared Thermometers

32 - Bottles of Sanitiser

13 - Bottles of Disinfectant Solution

40 - Pieces of Soap



LAOS

Risk Communication materials distributed and awareness raising for District Health Office, Health Centres and 44 villages to benefit **25,017 beneficiaries**

Procurement of PPE, Hand Sanitiser, alcohol and cleaning products for Provincial hospitals to benefit **100 beneficiaries**

Procurement of masks, hand sanitiser, and tents for checkpoints setup on district borders to benefit **2,000 beneficiaries**

Beneficiaries are supported through provision of food and hygiene items, PPEs, medical supplies and IEC Materials through donations.



BANGLADESH

8,174 - Households benefit from Awareness Raising posters and hand outs, Health Sessions, and awareness rallies

42,670 - Beneficiaries receive face masks, sets of gloves, hand sanitiser/soap, and wash places installed

Food Pack Distribution for poor families:

500 - families receive food packages



TIMOR-LESTE

4,225 - Households receive Hygiene Promotion

2 - Community Health Centres provided with water access

2,590 - Households provided with Vegetable and Legume Seeds

7 - Public hand washing facilities constructed

438 - Posters with WHO messaging & Tippy Tap hand washing station construction instructions distributed

47 - Community Health Centres provided with cleaning and hygiene materials

38 - Savings and Loan groups receive hygiene promotion training

1,650 - Households receive seeds, tubers, fish fingerlings, etc.

1,000 - People receive business planning for new products

38 - Savings and Loans Groups receive \$500

60 - Product packaging equipment distributed

1 - Market Information System developed

Select - Farmers receive training in local market facilitation

PUBLIC RELATIONS

Media

The ADRA Asia facebook and Instagram accounts continue to be updated daily. The facebook page has 426 likes and 445 followers and Instagram has 320 followers as of 23rd April 2020.

The ADRA Asia website is in the last stages of development and expected to go live next week pending approval and logistics.

14 country offices have confirmed their Communications Focal points and contact has been made to share resources and stories. 3 offices have yet to respond.

Quotes

“Lord, I am very thankful with ADRA’s Help. It’s heaven sent”.
“Incentives and relief goods can be provided by anyone, but the service for the community during this time of crisis cannot be done by anyone” ~ Mila, Community Health Volunteer (ADRA Philippines)

“10 places (temporary shelters) are receiving loudspeaker messaging at present. The time for messaging is 8am in the morning and 6pm in the evening. Our 3 day training demonstrates handwashing steps with a song for the participants to sing along and prevention methods from spreading the disease”.
~ Jacqueline Nyunt, ADRA Thailand

“As the virus is still thought to come from imported cases, the biggest restrictions are in closing of schools, banning of meetings, including all religious meetings and quarantine of migrant workers coming home”. ~ Ann Stickle, ADRA Cambodia

“We have been able to be involved in the COVID-19 response through PPE supplies material distribution to the community through the Government Health Department”. ~ Phano Kong, ADRA Cambodia

“ADRA Cambodia has allowed all staff to work from home during this COVID-19 outbreak so I am grateful to God that I am able to take care of my sick mother while working from home”.
~ Chork Rany, ADRA Cambodia

Story/News

Most of the people in the rural areas of Bangladesh are poor and illiterate. Amid this pandemic and lockdown situation, they could not afford three meals a day properly. Even they cannot afford masks to protect themselves from the COVID-19. Torments of the poor people in the rural areas of Bangladesh knew no bounds.

Capacity Building of Farmers Family (CBFF) project of ADRA in Bangladesh has taken a wonderful initiative to respond to the COVID-19. Its beneficiaries are preparing masks using clothes in their home and distribute it among the underprivileged community people. “Since we have limited resources and capacities, we can’t do much more for our vulnerable community. Though we have a great desire to help more and assist the distressed people by providing them with PPE, Foods, and Emergency Relief, we are capped due to limited resources,” said Mr. Amol, Project Manager, CBFF.

Some of the project beneficiaries fell into despair thinking of how they could live as they had no work and money. They expressed their situation to Mr. Amol. Then he was brainstorming to find out a way to ease the anxiety and distress of the poor community.

Mr. Amol along with his project staff discussed this issue and came up with a decision that they would help the community people by providing homemade masks. This would help them at least, to stay safe from COVID-19, where they are not using masks at all.

CBFF project staff selected a few beneficiaries from the community group for preparing masks who received tailoring training from the project. CBFF supplied necessary stuff and instructed them on how to prepare the masks.

CBFF has distributed masks it has produced and soap among the distressed community people in coordination with the local authorities. CBFF has also installed a water dispenser in front of the Upazila Parishad, Fulbaria, Mymensingh so the community people can wash their hands and stay safe from COVID-19.

Besides, CBFF has distributed posters and leaflets to raise public awareness of the COVID-19. It has also organized group discussions aiming to aware of the local community from the deadly virus.

Reported By: Mahfuz Syed, ADRA Bangladesh



ADRA Indonesia COVID-19 Response



ADRA Bangladesh COVID-19 Response



ADRA Mongolia COVID-19 Response

CONTACT INFORMATION

REGIONAL DIRECTOR

Mark Webster

Email:

Skype:

Mobile:

Office: +66 2 391 4768

Physical Address: Bangkok, Thailand

REGIONAL EMERGENCY COORDINATOR (REC)

Prabhook Bandaratilleke

Email:

Skype:

Mobile:

Office: 011 284 1940

Physical Address: Colombo, Sri Lanka

RERT PLANNING MANAGER

Bidya Mahat

Email:

Skype:

Mobile:

Office:

Physical Address: Kathmandu, Nepal

RERT COMMUNICATIONS MANAGER

Emma McCrow

Email:

Skype:

Mobile:

Office:

Physical Address: Yangon, Myanmar

The next SitRep #4 will be Circulated on:

Thursday, 30 April 2020