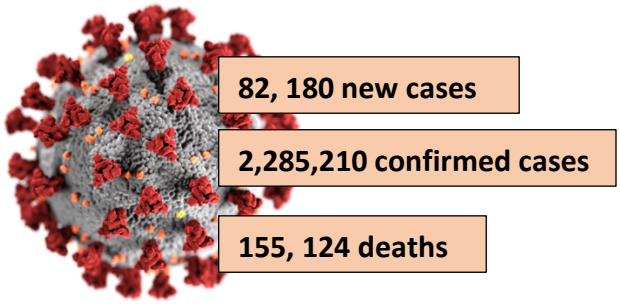
**Situation Update 1**

**21st April 2020**

# Covid-19 outbreak scales up in South Asia

Prepared by Community World Service Asia's Communication Office

The Novel Coronavirus (2019-nCoV) with its first confirmed case in the Chinese city of Wuhan, has now abruptly reached **210 countries** over the world. The World Health Organisation (WHO) declared the Coronavirus as a pandemic on March 11th, 2020 due to its fast-spreading and possibly fatal nature.




COVID-19 has already surpassed the death toll of the more recent outbreaks of Ebola, MERS and SARS.

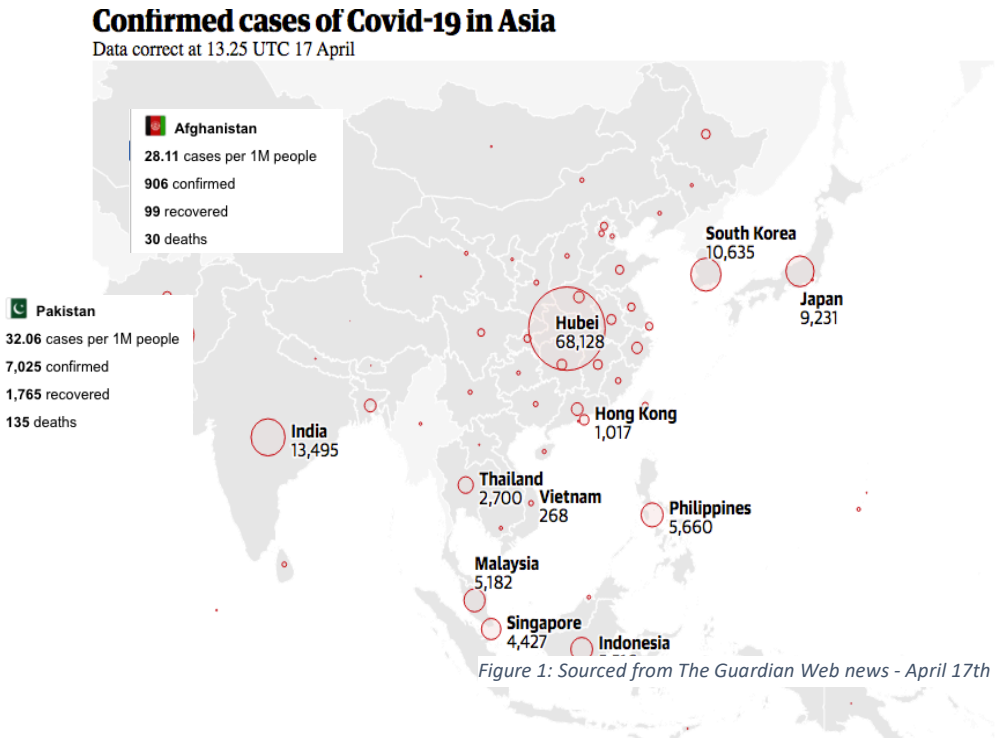
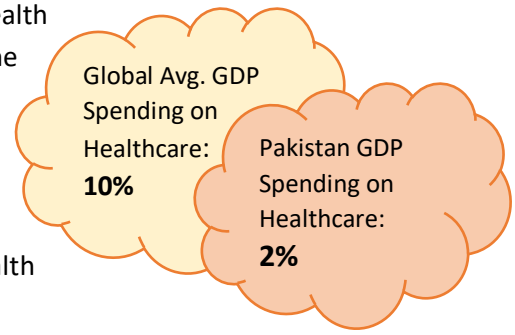



*Figure 1: Sourced from The Guardian Web news - April 17th*

*"In Pakistan,* ***one out of every 10 people*** *tested for COVID-19 up till now has returned a positive report,"* revealed Dr Ma Minghui[1]. *"This is much higher than Xinjiang, where only one in 100 people tested for the virus reported positive."*

Outbreaks of such scale expose gaps and fractures in the underlying healthcare system in the region[2]. This can be related to the timely detection of disease, availability of basic healthcare, tracing contacts, quarantine and isolation procedures, and preparedness beyond the health sector. Healthcare workers in the region are voicing concerns about the inability of the healthcare system to cope if the number of COVID-19 patients continue to rise exponentially. According to an unreleased WHO report, at least **179 health workers** have been diagnosed with COVID-19 in the region but the real number could be much higher. This is also attributed to the unavailability of sufficient protective gear for health workers.




The less number of reported cases in the region[3] is attributed to the weak testing capacity of the health departments. Afghanistan is likely to be significantly affected due to its weak health system and limited capacity to deal with major disease outbreaks. Afghanistan's close proximity to the Islamic Republic of Iran – a global hotspot for the virus – puts the country at heightened risk, with tens of thousands of people and commercial movements across the border from Iran each day. High internal displacement, low coverage of vaccination required for stronger immune systems and augmented ability to fight viral and bacterial infections), in combination with weak health, water and sanitation infrastructure, only worsen the situation.

It is pertinent to note that Afghans are presently the **second-largest refugee group** after Syrian refugees and almost 95 percent of Afghan refugees are living either in Iran or in Pakistan. Since the Covid-19 outbreak, almost **200,000 Afghan refugees** have returned from Iran and Pakistan, two of the worst affected countries affected by the pandemic in the region. Due to gaps in screening and lack of resources, the risk of the virus spreading among host communities and the returnees has increased many folds. A reported 41 health workers, treating infected patients, have already tested positive due to unavailability of protective gear for health workers in the country. The World Health Organization (WHO) issued in a brief on April 9th, "*More people have now acquired the virus inside Afghanistan than have brought it from other affected countries.*" It also maintained that "*cases are expected to increase rapidly over the weeks ahead as community transmission escalates, creating grave implications for Afghanistan's economy and people's well-being".*

[1] Deputy director general of the Xinjiang Uygur Autonomous Region Medical Products Administration
[2] Pakistan & Afghanistan
[3] Specifically in Afghanistan

No reliable COVID-19 modelling for a country with Afghanistan's unique characteristics and vulnerabilities currently exists but WHO is working with experts to predict the likely spread. It is considered almost certain that the virus will spread to other provinces, beyond those already affected with a significant impact on the country's estimated population of almost 38 million people (plus an additional two million Kuchi[4]). Laboratory testing capacity is currently being expanded. While Afghanistan has recently received deliveries of diagnostic kits from UAE and China, diagnostic testing is still stretched given the increasing demand.

In response to the outbreak, the Government of Afghanistan has developed a master response plan for the health sector and has established a High-Level Emergency Coordination Committee in the area of health with various technical working groups and efforts are ongoing to establish sub-national coordination structures particularly in Hirat province which has the highest number of confirmed cases to date. The Government has also decided to close all schools until 30 April.

**22·8 skilled health workers per 10 000 people are required for most countries to execute all essential health interventions**

WHO's Global Health Workforce Alliance

Governments in both Afghanistan and Pakistan are making efforts, but critical gaps remain in public awareness raising both in Afghanistan and Pakistan. More, and adapted information on the importance of practical safety measures, how and where to report suspected cases, as well as how to contain suspected cases at the house-hold level, is needed with a view to targeting the poor, illiterate and food insecure portions of each countries' societies.


**Most at-risk Communities**

- Urban & Rural poor
- Daily wage labourers
- Migrant labourers
- Micro business families

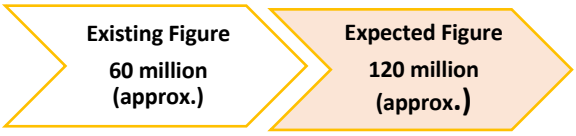
Health officials and local NGOs also need partners to strengthen the surveillance and response system as well engage with communities to innovate awareness building around this public health issue that is both relevant and doable for poor local populations.

## Exacerbating the Food Insecurity and Poverty crisis

With 54 percent of Afghans earning less than **$ 1.9 a day** and with Pakistan ranked **150 out of 189** countries in poverty in the **human development index**, **how would people of these countries fight the corona-virus if it further spreads among the poorest and most vulnerable people?**

[4] nomads

The lingering pandemic COVID-19 is expected to have far reaching negative impact for Pakistan's economy as the number of people living below the poverty line might get doubled.




It is expected that the rate of poverty will become 50 percent and 120 million people will live under the poverty line by the end of this year amid an outbreak of coronavirus.

As the coronavirus is affecting daily-wage labourers, and is halting national, regional and global infrastructural operations, countless people in rural and urban settings have lost their jobs, businesses and sources of income. With businesses, local and international markets hit badly by the pandemic, prices are also fluctuating unreasonably, driving the poorest communities to **starvation and food insecurity.** Many areas of Sindh and Baluchistan provinces in Pakistan are already suffering from **droughts and locust attacks** which has left many agrarian and rural communities food insecure.

In Afghanistan, more than a hundred houses have collapsed due to floods and subsequent earthquakes in 2020 alone. This has lead for many of the families affected to be homeless, without shelters and without any extra money for food or health. These families are those that are left more vulnerable to the serious economic impacts of the Covid-19. These people, along with thousands of other conflict and forced-migration affected families are the ones most at risk of the free market system as they can barely afford to buy food for a single meal a day. With food prices uncontrolled, at least half of the population will suffer from starvation, creating a parallel crisis in the country. Many people have also panic-bought surplus food items which has led to a shortage and a further increase in prices by more than 70 percent. Border closures and export restrictions are squeezing supply lines and pushing food prices upward in Afghanistan, raising fears that **millions already facing emergency levels of food insecurity will be even more at risk as the coronavirus spreads**.

More challenges are anticipated in the upcoming months of Ramadan and after, when demand for fruits and vegetables will increase three-folds in the region. Governments needs to be vigilant at this time and must control food prices and ensure protection of its own food supply to avoid a major crisis of food shortage amid the coronavirus pandemic.

## Women Empowerment takes a back-seat as livelihood opportunities drop and gender-based violence and SRH issues increase

Women make almost half of the population of Pakistan; however, despite contributing significantly to economic and social growth, they generally suffer from multidimensional inequality of opportunities. With already very low indicators of socioeconomic development in the country, an epidemic such as Covid-19 is likely to further compound pre-existing gender inequalities.

Approximately 20 percent of women in Pakistan are currently (were) involved in income generating activities. Most of these women are part of the informal low-wage market. During public health emergencies, such as the Covid-19, it is these low-wage markets that are most adversely affected. Many

women, including domestic workers and those working for small and medium businesses are laid off due to the inability of employers to continue paying wages during lockdown.

**Analysis on Home-based Workers (HBWs) shows that there are currently 12 million HBWs who earn around PKR3000-4000/month and will face multidimensional issues:**

- **Low-income security**
- **Absence of social protection**
- **Highest economic Vulnerability**

In Pakistan, norms dictate that women and girls are the main caretakers of the household. This can mean giving up work to care for children out of school and/or sick household members, impacting their levels of income and heightening exposure to the virus. **It is estimated that with the current lockdown situation the workload of household chores on women and girls will increase substantially and will further shrink their time dedicated for learning and skills development.** This will have serious impediments on the efforts of women empowerment which will not only be seen in the short run but also in medium and long run.

Over the years, Pakistan has seen an increase in the number of women taking microfinance and agricultural loans. As of 2017, 26% of all microfinance loans have been taken out by women.

**In times of public health crises, as women are less fluid in terms of cash flows and savings, the ability to pay back loans may be affected.**

**This could result in higher interest rates, penalties in repayment and reduced access to loans from formal associations in the future**

**In a humanitarian emergency these numbers will worsen if not at least remain the same as mobility of the women will further decrease their access to these financial empowerment instruments**

Women across the globe face a plethora of problems, and among the most serious is violence. Pakistan is no exception in this regard;

**28% of women aged between 15-49 have experienced physical violence since the age of 15**

- 7 % of the women who have ever been pregnant have experienced violence during their pregnancy If there are links to references for all these statistics it would be good to add.

**34% of ever-married women have experienced spousal physical, sexual, or emotional violence**

- The most common type of spousal violence is emotional violence (26%) which is followed by physical violence (23%).

**Evidence suggests that epidemics and stresses involved in coping with the epidemics may increase the risk of domestic abuse and other forms of gender-based violence**[5].

Studies have also found that unemployment tends to increase the risk of:

- **Depression**
- **Aggression and;**
- **Episodes of violent behavior in men**

Hence, the country may experience a rise in cases of domestic abuse as a result of the COVID-19. **It is reported that the economic repercussions of the Ebola outbreak, led to increased risk of sexual exploitation of women**. Given the current climate of **decreased economic activities, financial uncertainties and a situation of lockdown being faced in Pakistan, heightened tensions could translate into women facing more vulnerabilities**. Organizations such as the Ministry of Human Rights Pakistan have extended support to women experiencing domestic violence by assigning a dedicated helpline. However, it is imperative that this helpline is further promoted during this crisis and provides services in Urdu, English, and regional languages to ensure that it is accessible to women belonging to all backgrounds. Additionally, the AGHS Legal Aid Cell helpline and the Digital Rights Foundation helplines are open as well.

In this region, fewer women have access to adequate healthcare, and at an average only 30% have reported consulting a doctor or a medical professional for health-related problems - providing evidence that women are less likely to seek and receive medical attention. Hindered mobility because of sporadic transport availability, may result in women not receiving timely care for COVID-19. This could lead to serious complications in elderly women and those with weakened immune systems; many of which are spread across the region. **Evidence suggests that in case of outbreak of disease, there is an additional burden of domestic work and disease prevention that falls on women. Women are therefore more likely to be exposed to the virus and continue with their domestic responsibilities even if they fall ill.** The responsibility of women in prevention and care of disease extends outside the household as well. In Pakistan and Afghanistan, a large majority of nurses and health workers are female. These women are at the forefront of identifying and treating patients with COVID-19, and hence at a greater risk of exposure to the infection.

## Covid-19 impacting marginalized group more severely in Pakistan

A complete lockdown is almost impossible in Pakistan as more than 60 percent of the population lives in villages. With the country's diverse geography, from deserts in the south and mountainous regions in

[5] Report on **Gendered Impact and Implications of COVID-19 in Pakistan – Ministry of Health- Pakistan & UN Women**

the north, a forcible lockdown is very difficult which is why the government is urging for a voluntary lockdown. Religious gatherings are mainly suspected of spreading this virus in Pakistan. However, the clergy are still resisting government orders by holding mass prayer gatherings in places of worship.

During the outbreak of Coronavirus (COVID-19) and the subsequent lockdown, **the most underprivileged and daily wage earners are finding it most difficult to make both ends meet.** However, almost all sanitary workers in the country, belonging to religious minority communities such as Christian and Hindu, are still continuing with their daily work. **They are most exposed to risks of the fast-spreading virus. These sanitary workers are working hard every day without any protective gear or precautionary measures in place.** Government and local NGOs are trying to ensure inclusion of vulnerable and most marginalized segments of society, as equal citizens of the state in the response to this crisis.

## Education and Literacy rates suffer across the region

Given the infectious nature of the COVID-19, in order to contain the spread of the virus, the government has instructed public and private schools to shut down across Pakistan. As observed in previous health emergencies such as the Ebola outbreak, the education system in Pakistan with low learning levels and high dropout rates is likely to be severely impacted.


**Vulnerable students, including girls who face the most disproportionately negative impacts**

**Given mobility constraints, when schools are closed, girls are generally given more household responsibilities as compared to boys**

**Prolonged closure could exacerbate the inequalities in educational attainment as this will result in higher rates of female absenteeism and lower rates of school completion**

As adults are confined to home, and are unemployed or working from home, there is a lot of vent up frustration and anxiety that will lead to children being more susceptible to abuse, manual labour and violence. As the schools open a lot of girls will find it difficult to balance schoolwork and increased domestic responsibilities.

**Pakistan's Literacy Rate : 62.3 %**

**Male: 72.5%**

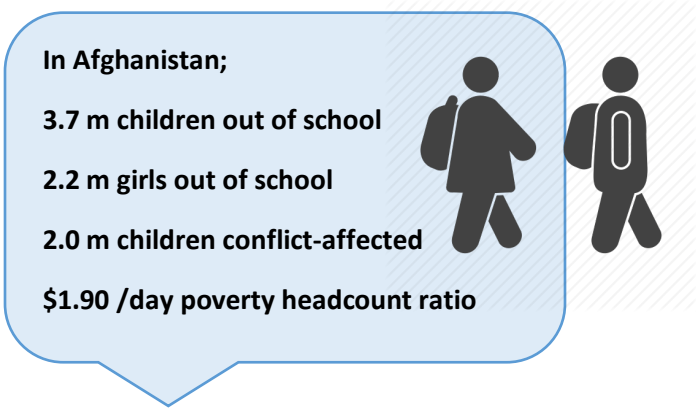
**Female: 51.8%**

Like all other countries, the government in Pakistan has also closed all educational institutions across the country amid the novel coronavirus outbreak from March 13th and has now been extended until May 31st, 2020.

The Taleem Bachao Action Committee, which comprises 16 state-run school teachers' associations, has urged the Sindh School Education and Literacy Department to conduct the examinations of compulsory subjects instead of promoting students of government schools to upper grades without assessment after the threat of coronavirus ends.

The committee has also suggested that the provincial government should eliminate unnecessary holidays from the next session so that educational loss could be minimised. To maintain the quality of education at the government schools, there was need for close coordination among the relevant officials.

Prime Minister Imran Khan formally launched the country's first education channel in Islamabad on Monday. TeleSchool Channel is a joint project of Pakistan Television Ltd and the Ministry of Education. The channel will be available on satellite, terrestrial and cable. The educational channel will beam programmes from 8am to 5pm every day and deliver content for grades 1 to 12. The initiative aims to help children get education who are staying at home due to closure of schools.




With poverty being the key reason for low literacy rates in the country, Covid-19 is closely following as the second major reason because if the pandemic worsens, parents who could previously afford education will also hold back due to financial constraints. In fact, these children might be forced to work to meet the needs of the families.

In Afghanistan the Government has not been able to come up with a comprehensive plan to provide distance studying opportunity. There is digital divide in the country. Private schools in the main cities who have access to internet are providing classes online. However, 95% of the population do not have access to internet and do not know how to operate a computer. **The literacy rate of the population is 38.2% (males 52% and females 24.2%) which makes it hard for parents to help their children study at home.**

## The need for a strengthened and a new kind of humanitarian response arises

COVID 19 presents unique challenges in relation to understanding of humanitarian organizations and their capacity to respond. This also effects the normal operations of the organizations working to support vulnerable and marginalized communities. Civil Society Organizations, especially those working at grass root levels and working closely with communities, are in a challenging position to develop alternative strategies for responding to the emerging needs of the COVID 19 crisis. There is a growing need to facilitate the humanitarian and aid community, who are frontline responders in such emergencies, to learn, share and adopt new strategies for effective and principled response.

Many organisations are not prepared to handle the impact of a crisis of this nature at an organisational level. There are work disruptions, priorities shifting, deadlines unmet, remote management, to list a few. Working from home is also not easy. Therefore, a need for experience sharing on organisational preparedness and managing internal crisis has arisen**.** This is also a time where humanitarian and development organisations need to enhance their organisational capacity, staff capacity, organisation systems and processes, policies to respond to this new kind of emergency. Often organisations do not have time to dedicate for changing systems, processes, policies related to Quality and Accountability

(Q&A). As in any humanitarian response, there is a need to continuously uphold accountability to the affected populations and organization need to be wary of this in this crucial time.

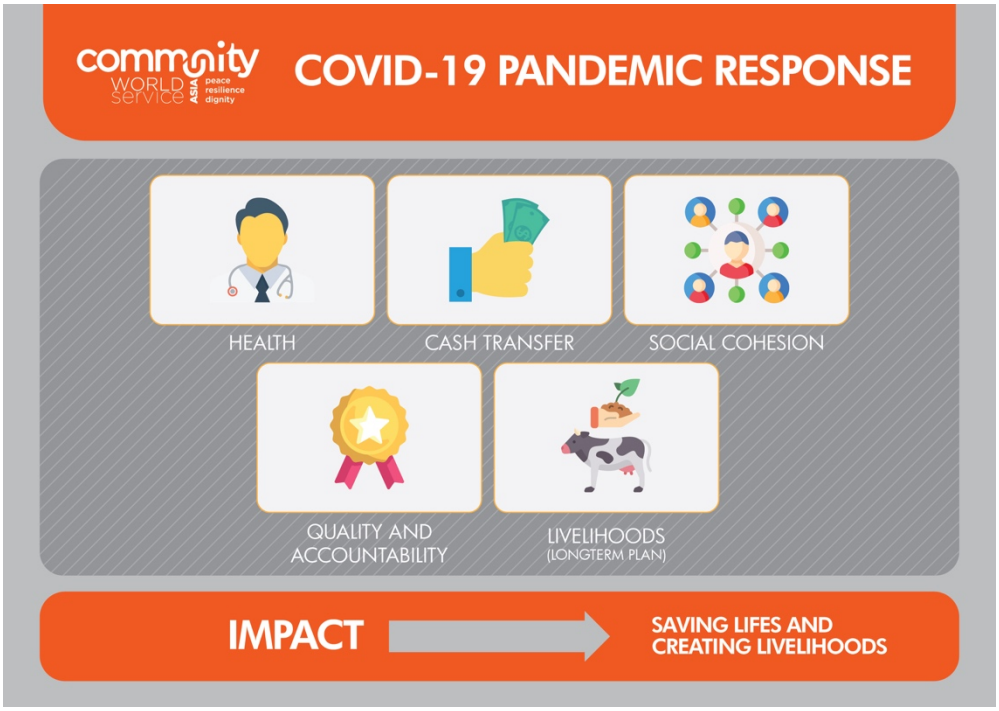
There is a need to create awareness among the amasses and strengthen local capacities for prevention, response and social cohesion against COVID-19 to reduce people's risk and the further spread of the virus.

UNHCR, the UN Refugee Agency, urges greater support to Afghanistan, Pakistan and Iran in the context of the COVID-19 pandemic, warning that leaving Afghans and their host communities behind will have a far-reaching and negative impact on global efforts to fight the virus.

The coronavirus poses a very great threat to developing nations. An outbreak would put extraordinary strain on already fragile local health-care services and likely result in avoidable suffering and death.

As the race against time continues globally, UNHCR appeals to the international community to boost solidarity with all three countries, and have at this critical time to prevent a larger-scale outbreak of the coronavirus among the most vulnerable communities.

## Community World Service Asia's Response




CWSA's strategy is an integrated approach combining social mobilization for mass awareness on health and hygiene to prevent further spread of disease, combined with health services to screen and refer suspected cases to appropriate health care options.

CWSA's health response will include provision of supplies for supportive treatment of Covid-19 to reduce mortality, including oxygen, antibiotics, hydration and fever/pain relief medicines and provision of Personal protective equipment at health care level to reduce transmission. Awareness raising will include development and circulation of materials for the establishment of IPC measures, prioritizing the health facility level, to mitigate the risk of contamination and further disease spread.

Life-saving WASH NFIs will be distributed to the most vulnerable including women, children, the elderly, religious minorities and socially excluded population with appropriate psychosocial support and food

assistance through cash transfers. In addition, activities to strengthen social cohesion will be undertaken to reduce stigma resulting from COVID-19 by utilizing students from some public Universities with which CWSA works. CWSA has started a webinar series on to support organizations at national and regional level in Asia in applying quality and accountability standards given the unique operational challenges of this emergency. We are also supporting organizations in some of the operational challenges of remote management, remote monitoring and leadership approaches required during COVID-19.

| RESPONSE OBJECTIVES |
| --- |
| **•Strengthen local capacities for prevention and control of further spread of COVID-19, through awareness campaigns that work holistically with communities to also prevent deterioration of social cohesion** |
| **•Increase access of vulnerable households to critical food inputs by providing cash for food** |
| **•Establish integrated screening and referral systems for confirmed Covid-19 cases through available health service providers** |
| **•Develop and deliver life-saving messages and critical WASH NFIs to the most vulnerable families for more effective prevention against the spread of COVID-19** |
| **•Provide psychosocial support services to the affected and most at-risk populations for their mental wellbeing.** |
| **•Build local resilience to crises through strengthening local first responder organizations to work collaboratively in adherence to WHO, WFP and CHS guidelines and SOPs.** |
| **•Enhance capacities of under-resourced health facilities in key, eastern provincial areas of return in Afghanistan to respond to Covid-19 and prevent mortality.** |

In addition, CWSA remains in communication with the communities it has been working with through focal points and community structures it has set up over past years. This communication is helping in assessing needs, challenges and capturing some of the best practices being implemented amongst communities in coordination with CWSA teams. CWSA already carried out awareness raising amongst 5000 community members through 67 community-level awareness sessions. It is now supporting them in taking measures to mitigate the impact of COVID-19.

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