







PHOTO: Following the recent increase in COVID-19 cases in Cox's Bazar, WHO is mobilizing partners to scale up case management capacities for both host as well as refugee population. Supportive supervision visits are conducted to different SARI ITCs, including the Isolation and Treatment Center in Bahar-chara at Sadar Upazila on 13 April 2021.

HIGHLIGHTS

- WHO and Health Sector partners are working to increase their preparedness for an observed increase in COVID-19 cases, ensuring advocacy on prevention measures and distribution of masks, case management capacity strengthening, increases in sentinel testing sites and laboratory testing operations, refreshers/trainings on IPC, and other COVID-19 specific measures, while also ensuring continuity of essential health services.
- WHO continues to support the Government of Bangladesh (GoB) in the preparation for the COVID-19 vaccination campaign for the Rohingya community, scheduled to start in the coming weeks, pending the revised arrival date of the allocation of vaccines from the COVAX facility for Bangladesh.
- WHO Immunization and Vaccine Development (IVD) team designed a community preparedness assessment tool for the COVID-19 vaccination campaign in the camps.
- WHO conducted IPC supportive supervision visits in six SARI ITCs in the camps as part of the quarterly quality assurance and quality control efforts to improve health workers and patient's safety.
- **SUBJECT IN FOCUS:** WHO Monsoon and Cyclone Preparedness & Response Readiness in Cox's Bazar - Building resilience through health systems synergies to anticipate the needs and challenges during emergencies.

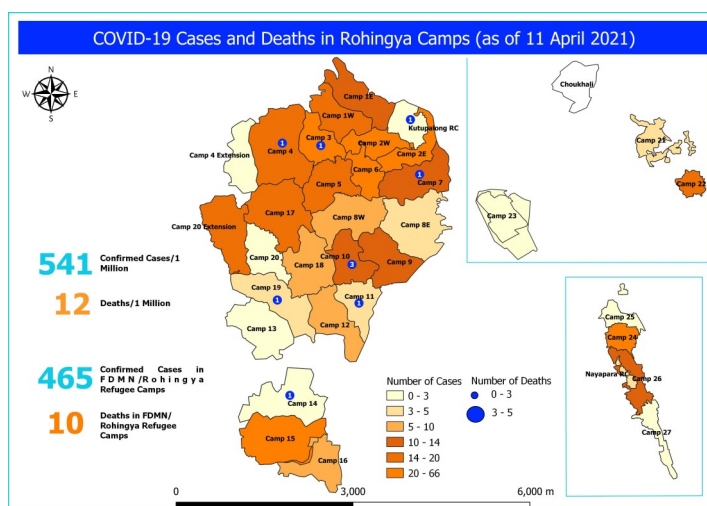
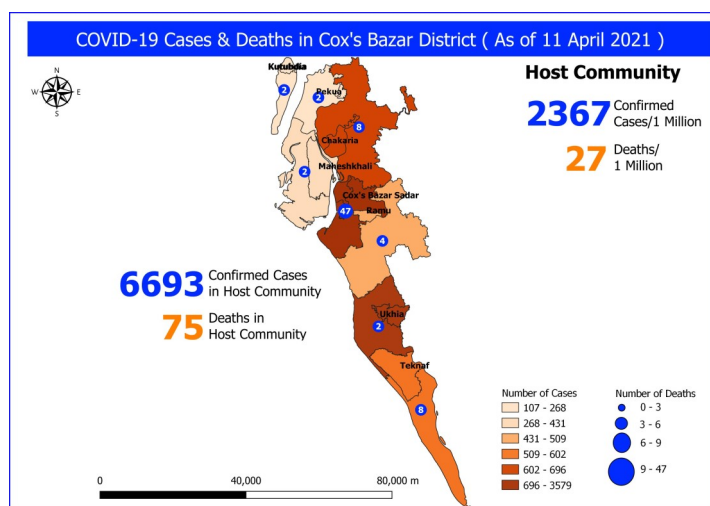
	Host Community	Rohingya refugees
 Total confirmed COVID-19 cases in Cox's Bazar	6 693	465
 Total cases in isolation in Cox's Bazar	654	34
 Total number of tests conducted	73 927	35 793
 Total deaths due to COVID-19	75	10

WHO, together with the Ministry of Health and Family Welfare (MoHFW) and Refugee Relief and Repatriation Commissioner office (RRRC) continues to provide leadership, coordination, supportive supervision and collaborative support to all health partners and sectors responding to the COVID-19 emergency.

In response to the massive fire incident on 22 March 2021 in Rohingya refugee camps 8E, 8W and 9 in Cox's Bazar, Health Sector coordination team re-activated the Mobile Medical Team Working Group (MMT WG) as a part of the WHO and IOM co-chaired Emergency Preparedness and Response Technical Committee. Currently, five Mobile Medical Teams are deployed at different strategic locations to curb the higher patient load of functional health facilities nearby the affected camps. Under the coordination of Health Sector Mental Health and Psychosocial Support Working Group (MHPSS WG), MHPSS staff and Community Health Workers (CHWs) continue providing mental health support across the camps.

A review of the response is ongoing along with preparations for the upcoming monsoon and cyclone season. Discussions on reconstruction are currently ongoing, with the re-establishment of most health facilities expected shortly. In parallel, under the supervision of Health Sector, quarterly monitoring of health facilities in all 34 camps for the first quarter of 2021 will start shortly. Further advocacy for improvement in quality of health service delivery, in line with agreed minimum standards, will be carried out to the health partners based on the monitoring outcomes.

During the reporting period, Health Sector finalized 'Gender Action Plan 2021' aligning its objectives with the draft Joint Response Plan (JRP) 2021. Progress against the objectives will be monitored in regular intervals by the Health Sector coordination team in collaboration with partners.



Between weeks 13 and 14, a total of seven (07) camp level Health Sector coordination meetings were held at Ukhiya and Teknaf Upazilas. These meetings were engaged by partner agencies including Government agencies, UN agencies and NGOs. Key challenges, achievement, and areas requiring support, strengthening coordination, collaboration, and liaison among partners and government authorities were discussed. Issues on camp-level health service activities, epidemiological updates and the increasing trend on COVID-19 cases, as well as updates on key public health programs such as routine immunization and health promotion were addressed, among others, during the meetings. Health Sector partners are working to increase their preparedness for an observed increase in COVID-19 cases, ensuring advocacy on prevention measures and distribution of masks, case management capacity strengthening, increases in sentinel testing sites and laboratory testing operations, refreshers/trainings on IPC, and other COVID specific measures, while also ensuring continuity of essential health services.

Additionally, a total of 11 ad-hoc camp level coordination meetings were conducted in fire-affected camps 8E, 8W & 9 to discuss emergency humanitarian needs, challenges and way forwards. These meeting were attended by Government representatives, Camp in Charges (CiCs) and humanitarian partners. During the reporting period, a Health Sector Dashboard has been developed integrating available health sector and its working groups' data. It will be accessible to all health partners when endorsed by the Government of Bangladesh (GoB).

SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION

WHO continues to provide epidemiological data to support operational decision making for the COVID-19 response in Cox's Bazar. As of 11 April 2021, a total of 6693 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 622 in Chokoria, 107 in Kutubdia, 418 in Moheshkhali, 238 in Pekua, 457 in Ramu, 3579 in Sadar, 561 in Teknaf and 711 in Ukhiya.

While the overall positivity of the sample tested in the district is 9.1%, an increasing trend in the positive cases among the host community has been observed in the past few weeks. In week 12, 203 cases came out positive in comparison with the 62 positive cases registered in week 10. The number of cases has increased to 453 in week 14, reaching the highest weekly case count since the onset of the pandemic.

The test positivity has risen from 3.5% in week 10 to 16.3% in week 14. Most cases increased in the municipality and Sadar Upazila area, with a 2-fold rise of new cases contributing by the other upazilas collectively in the district. Case distribution by age and sex remains similar to 2020. In the past weeks, an increasing trend in the number of deaths has also been registered across the country. However, this upward trend has not yet been observed in the district nor in the refugee camps. To date, a total of 75 deaths have been reported in the host community, with a case fatality ratio of 1.1%.

In response to the increase in number of cases among the host community, the Government of Bangladesh and the Office of the Refugee Relief and Repatriation Commissioner (RCCC) in Cox's Bazar have imposed movement restrictions and other mitigation measures in district and camp areas. All tourist activities remain suspended in the district for the upcoming weeks.

Currently, 517 general isolation beds are functional in the 14 Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centers (ITCs) located in the camps with provision of oxygen to assist both the Rohingya refugee population and the nearby host communities of Cox's Bazar. The current bed occupancy of these SARI ITCs is ~20%. Moreover, the capacity of general isolation beds in the district is 418. The Intensive Care Unit/High Dependency Unit (ICU/HDU) at the Cox's Bazar Sadar Hospital has a capacity of 38 beds for severe and critical patients. During the past three weeks, a considerable increase in the bed occupancy has been observed, indicating the increased demand of hospitalization due to severe disease presentation during admission.

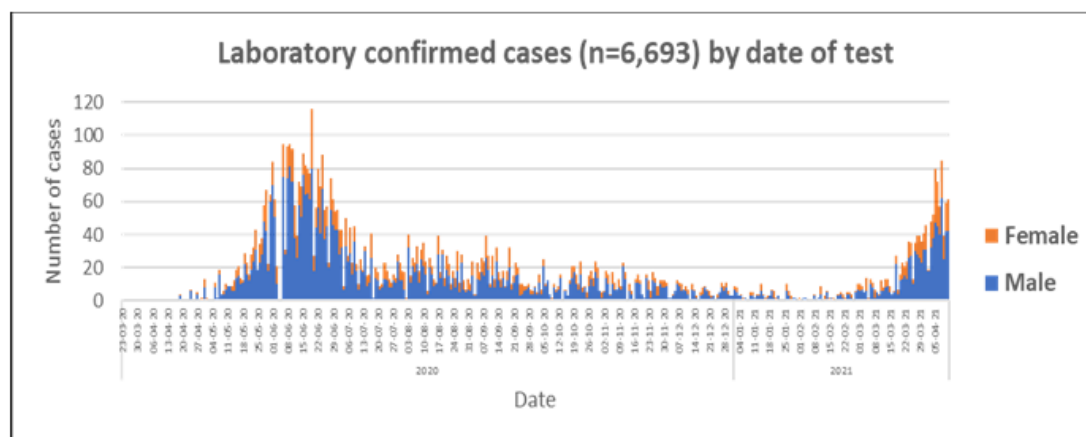


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

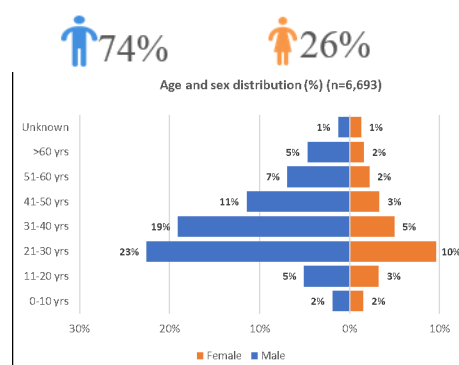


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

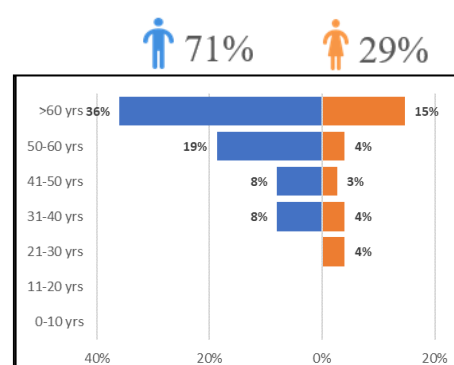


Figure 3: Age and sex distribution of COVID-19 positive cases among host population in Cox's Bazar District

As of 11 April, 2021, a total of 465 COVID-19 cases have been reported among Rohingya/FDMN. With a total of 66 cases, Camp 24 has the highest number of cases to date further ahead from Camp 2W with 49 and Camps 3 and 15 with 35 and 28 cases, respectively. To date, 26 cases were reported from Camp 6, 23 from Camp 2E and 19 from Camp 4. Camps 5 had 18 cases and camp 1W, 20Ext and 22 had 15 cases each. Camps 17 had 14, and 1E and 7 had 13 cases, respectively. Camp 9, 10 and 26 had twelve cases each. As for Camps 16 and 18, ten and nine cases were reported to date. Camp 8W reported eight cases. Camps 12 registered 7 cases while Camps 11, 19, 21 and Naya-para RC have recorded 5 cases. The remainder Camps (Kutupalong RC, 4 Extension, 8E, 14, 20, 23, 25 and 27) have so far had less than 5 cases.

Between weeks 13-14, 27 new confirmed cases were detected from 1,569 samples tested, the test positivity was therefore 1.7%. As of 11 April, 2021 the cumulative incidence is 54.1 per 100 000 people. The overall positivity of samples tested is 1.3%. Among the cases, 6.1% showed severe symptoms at the time of admission while 7.0% reported at least one co-morbidity. The median age of tested and confirmed cases was not changed 10 (0-120) & 18 (0-90) years, respectively and ratio of females among tested and confirmed cases was 55% and 52%, respectively. Though the median age of tested samples remained below 10 years, a significant proportion has been tested among 50+ years: 486 per 10 000 population, following that of 0-9 years with 617 tests per 10 000 population as highest number. The test positivity was highest 1.8% in 30-39 years age cohort followed by 1.6% in 20-29 and the age specific mortality 0.99 per 10 000 population observed among 50+ years during the period. In total, and since the outbreak began, 10 deaths due to Confirmed COVID-19 have been reported in the camps with a case fatality ratio of 2.2%.

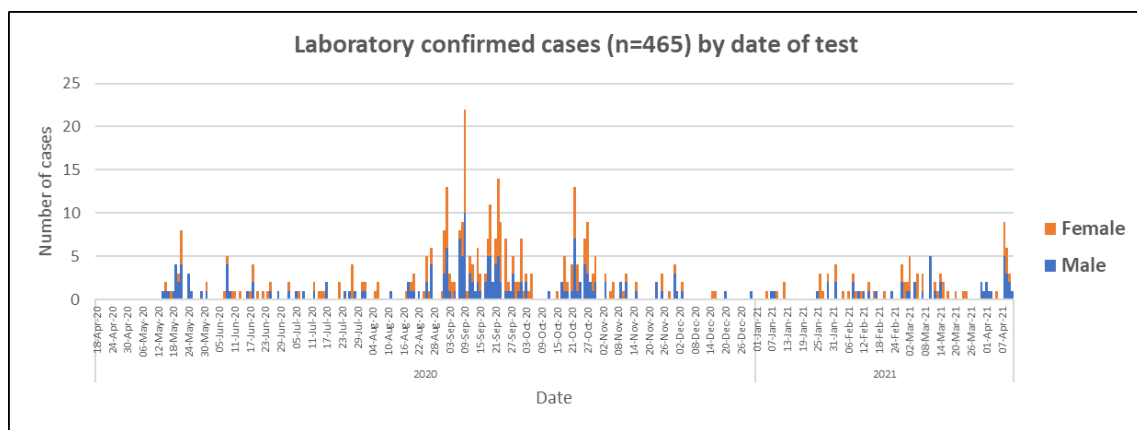


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

47%

53%

50%

50%

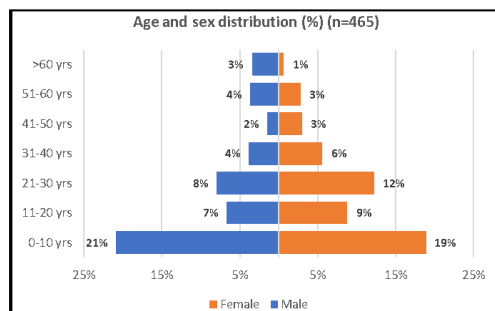


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

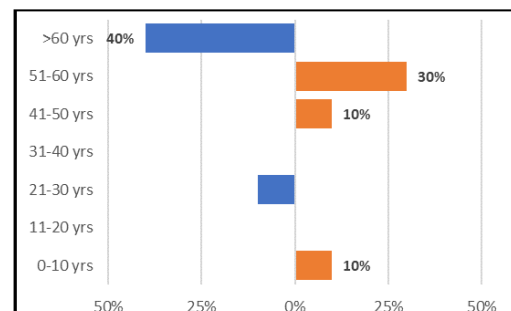


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

A camp wise dedicated Contact Tracing (CT) network (34 supervisors and 311 volunteers) has been embedded in the Rapid Investigation and Response Teams (RIRTs) for COVID-19. A total of 457 confirmed cases (out of 465 to date) have been investigated by RIRTs by 11 April, with contact tracing activities being conducted and captured through Go.data, including the 1802 contacts to be followed up. Out of these, 1474 (82%) contacts have seen their follow up visits completed and were released from quarantine. Twenty-one (1.4%) became confirmed cases during the follow up period. WHO is closely supporting contact tracing through the Camp Health & Disease Surveillance Officers (CHDSOs).

Two (02) Rapid Diagnostic Test (RDT) positive cases for Acute Water Diarrhea (AWD) were reported in the reporting period. The total number of cases reported so far is 15 in 2021: five (05) from the refugee camps and ten (10) from host communities. Out of these, four (04) were culture confirmed and eleven (11) tested negative by culture. In 2020, a total of 28 RDT positive cases for Cholera were detected through sentinel testing, five (05) of which were confirmed by culture - two from Ukhiya host community, one from Teknaf host community and two from the refugee camps. It is important to note that a Cholera outbreak occurred in late 2019 with a reported number of 239 RDT/culture positive cases and in response a mass Oral Cholera Vaccine (OCV) vaccination campaign was conducted with over 160 000 children of 1-<5 years being vaccinated with a 2- doses regimen.

Since the onset of the outbreak in 2017, Diphtheria surveillance is ongoing in the camps. The total number of diphtheria cases reported is 9259 to date (3016 in 2017; 5334 in 2018; 617 in 2019; 226 in 2020 and 73 as of week 14, 2021). In total, 9016 cases were reported in the camps and 243 from the host community, with 47 deaths registered in the refugee camps and none in the host community. While the first Diphtheria case was detected on 10 November 2017, the first death occurred on 29 December 2017 and the last death on 25 October 2019.

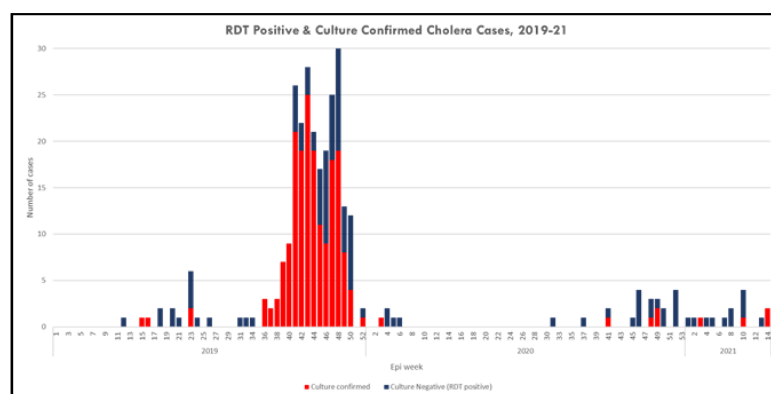
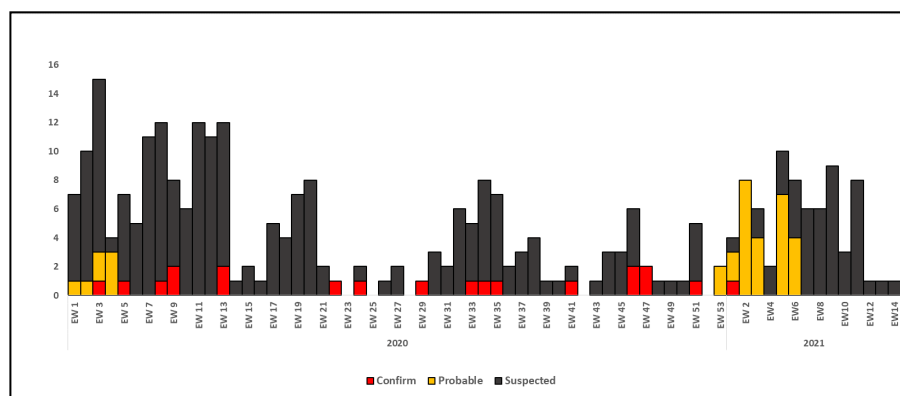


Figure 7: RDT positive and culture confirmed for Cholera cases in 2019-21.



In week 13, one (01) suspected Severe Acute Respiratory Infection (SARI) death were reported. In total 30 deaths have been reported in 2021. All deaths have been investigated by RIRT as a part of COVID-19. Seven (07) deaths have been reclassified as COVID-19 probable death cause. In 2020, a total 49 suspected SARI deaths were reported through community-based mortality surveillance. Of these, all were verified and two (02) considered probable.

Between early April 2020 and 11 April 2021, a total of 126 636 tests for COVID-19 have been conducted of which 109 720 are from Cox's Bazar district and the remainder from Bandarban and Chittagong districts. A slight decrease in the number of tests conducted among the Rohingya refugees was observed in weeks 13-14 as compared to weeks 11-12, from 1781 to 1569 tests. However, among the host community a significant increase was detected: from 4171 tests in weeks 11-12 to 5067 tests in week 13-14. Currently, 30 sample collection sites are operating for suspected COVID-19 patients.

During the reporting period, WHO conducted a training on “COVID-19 sample collection and transportation” for healthcare professionals working at the UN clinic in Cox’s Bazar with the aim to strengthen testing and sample collection procedures.

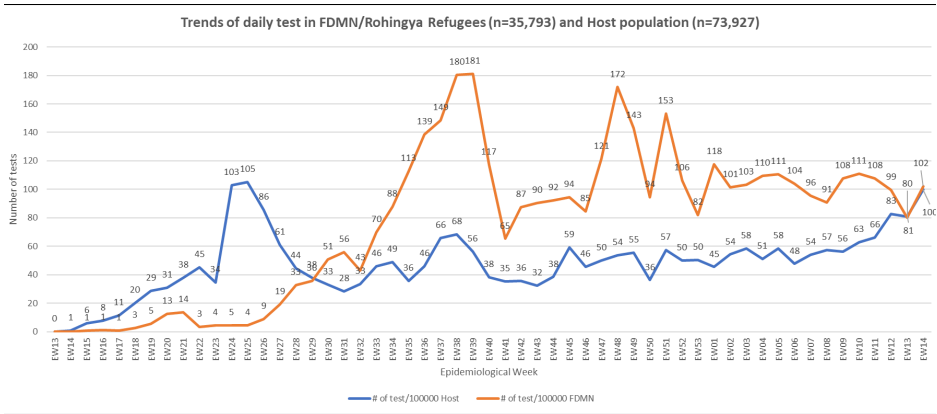


Figure 9: Number of tests conducted per million among the host population and the Rohingya refugees/FDMN

*The Government of Bangladesh refers to Rohingya as “Forcibly Displaced Myanmar Nationals”. The UN system refers to this population as Rohingya refugees, in line with the applicable international framework. In this document both terms are used, as appropriate, to refer to the same population.

INFECTION PREVENTION AND CONTROL

To enhance preparedness for COVID-19 in Cox’s Bazar, WHO has been training healthcare workers on Infection, Prevention and Control (IPC) from Severe Acute Respiratory Infection (SARI) ITC partners and Government facilities. To date, training for Infection, Prevention and Control (IPC) has been provided to 2 390 humanitarian health care workers and government staff from Severe Acute Respiratory Infection (SARI) ITC partners and government facilities.

During the reporting period, IPC supportive supervision visits were conducted in six (06) SARI ITCs in the camps as part of the quarterly quality assurance and quality control efforts implemented by the Infection, Prevention and Control Technical Working Group (IPC TWG) for all SARI ITCs in Cox’s Bazar. These technical visits are also part of the continuous capacity building efforts employed by WHO through the Health Sector to improve health workers and patient’s safety and ensure quality of healthcare.

Further to this, WHO and the IPC TWG initiated bi-annual supportive supervision visits for Primary Health Care (PHC) facilities, field hospitals and health posts. During the reporting period, one (01) PHC and one (01) field hospital were reached to strengthen the implementation of IPC activities in order to improve the quality of care within essential health services.

CLINICAL CASE MANAGEMENT

Since the onset of the outbreak, WHO is coordinating regular weekly Operational, Clinical and Critical care online forums; each with a multidisciplinary panel of health care providers with experience in the clinical management of patients with COVID-19 and other viral infections to foster peer to peer support and knowledge exchange. With the guidance provided by WHO experts, the initiative is serving as a foundation for optimized clinical care to ensure the best possible outcome for patients in Cox’s Bazar. During the reporting period, one (01) working group meeting along with one (01) case conference for SARI ITCs and one (01) case conferences for ICU were conducted. As of mid-April 2021, there are 12 operational SARI ITCs in the camps with a total of 482 functional beds open and 415 on stand by. The SARI ITC bed occupancy is currently 25%. At the 250 Bed District Sadar Hospital, the Intensive Care Unit (ICU) has 10 beds while the High Dependency Unit (HDU) has 8 beds and the Severe Care Unit (SCU) 20 beds functional beds. At the moment, 31 beds are occupied.

ESSENTIAL HEALTH SERVICES

Ensuring the provision of essential health services remains a priority in Cox’s Bazar. Under the coordination of WHO and the Civil Surgeon, Cox’s Bazar, the Health Sector is providing health care to nearly 890 000 Rohingya refugees and 472 000 Bangladeshi living in the surrounding areas of the refugee camps. The health facilities run by Health Sector partners to provide services to the population include 38 primary health care centers (PHCs), 97 Health Posts (HPs), 23 special facilities and three field hospitals.

In response to the fire incident that took place in the Rohingya refugee camps on 22nd March, WHO organized one in-person training session on fire safety and management of burn for 24 healthcare professionals working in MMTs, primary and secondary health facilities in Cox’s Bazar. The training, organized in collaboration with Civil Surgeon Office, the Refugee Relief & Repatriation Commissioner (RRRC), the Fire Service and Civil Defence Authority, the Cox’s Bazar Medical College and the International Committee of the Red Cross (ICRC), is part of a bigger capacity building programme initiated in February 2021 to enhance the capacity of fire emergency response in Cox’s Bazar.



Photo: A considerable increase in the bed occupancy at the SARI ITCs has been observed in the past weeks, indicating the increased demand of hospitalization due to severe disease presentation during admission.

WHO continues supporting mhGAP trained health professionals working in the camps and in the nearby host communities to handle these stressful times caused by the devastating fire in Camps 8W and 9. A WHO psychiatrist is offering remote stress management and counselling sessions for humanitarian workers in the field. Further to this, WHO organized six (06) supportive supervision visits in camps 8W and 9 to assist staff trained on mhGAP better integrate mental health services and psychosocial support in primary health care services. Additionally, during the reporting period UNHCR and IOM as Co-Chairs of Mental Health and Psychosocial Support (MHPSS) Working Group together with WHO visited the fire affected camps to discuss with different MHPSS actors in the field challenges responding to fire. Six different agencies were visited to discuss their MHPSS response. Additionally, evaluation of need to continue emergency MHPSS teams in the fire affected area was conducted.

Following the fire incident, WHO WASH team is providing technical support to other partner organizations working in the camps for the

restoration of the fire affected health facilities. A comprehensive checklist on WASH basic requirements has been drafted. Additionally, a Standard Operating Procedure (SOP) on Health Care Waste Management (HCWM) with capacity building purposes has been compiled and shared with WASH partners for feedback. WHO and Health Sector partners continue supporting the Government of Bangladesh (GoB) in the preparation for the COVID-19 vaccination campaign for the Rohingya community, scheduled to start in the coming weeks, pending the revised arrival date of the allocation of vaccines from the COVAX facility for Bangladesh. WHO Immunization and Vaccine Development (IVD) team designed a community preparedness assessment tool for the upcoming COVID-19 vaccination campaign in the camps.

Despite the lockdown situation in Cox's Bazar, routine immunization (RI) sessions continue, both fixed and outreach, with WHO's guidance on the operation and sustaining of immunization programs during the COVID-19 pandemic, and a revised strategy and microplan having been reviewed by Government with technical assistance from WHO and other partners based on data collected in 2020. Acute Flaccid Paralysis (AFP) and VPD surveillance also continue during lockdown. During the reporting period, Acute Encephalitis Syndrome (AES) surveillance has been strengthened. A total of 13 samples have been collected in the camps. No Measles and Rubella positive cases have been found during weeks 13 and 14. During the reporting period, WHO, health partner agencies and other stakeholders attended a Tuberculosis (TB) coordination meeting aimed at ensuring good quality TB services in health care facilities in Cox's Bazar for both the Rohingya refugee population and the nearby host communities.

MONSOON AND CYCLONE PREPAREDNESS

The Health Sector, with respective working groups and partners regularly updates its contingency plan for cyclone (March-June) and monsoon (September-November) seasons. Information related to health facility functionality, contingency supplies and locations, mobile medical teams (MMT), ambulance network systems to respond to emergencies and list of camp health focal points is maintained and updated regularly. During the reporting period, WHO and IOM, as co-chairs of the Emergency Preparedness and Response Working Group had a discussion on the reporting mechanism for mass casualty incidents in case of a cyclone or heavy monsoon. A series of activities were agreed for the coming weeks, including the update of service mapping; orientation of the medical hub; appointment of camp health focal persons and Mobile Medical Teams (MMTs) incident commanders; a refresher training for MMTs healthcare professionals; and strengthened collaboration with the Site Management & Site Development (SMSD) sector for first responder volunteers. Further to this, Risk Communication and Communication Engagement (RCCE) messages on COVID-19 and the upcoming monsoon season were drafted and are currently under review by government authorities. As part of the WHO capacity building programme, refresher trainings on preparedness and response readiness to monsoon and cyclone are planned for upcoming weeks.

OPERATIONAL SUPPORT AND LOGISTICS

WHO continues to ensure timely provision of quality and adequate supplies, equipment and consumables for the health emergency operations in Cox's Bazar. WHO Operational Support and Logistics team continues providing support to health partners after the fire incident that broke out on 22nd of March in camp 8W, Camp 8E, Camp 9 and Camp 10. WHO is closely working with the engineers of the Turkish Field Hospital to ensure that the WHO Emergency Preparedness and Response (EPR) stockpiling container is fully functional for the upcoming monsoon and cyclone season.

As part of the preposition of new kits and supplies, WHO provided 5 IEHK kits with medicines and renewable; 17 TESK kits with injection and dressing materials, disinfectants, sutures, anesthesia and other drugs; one cholera kit and eight patient monitors, among other items. Additionally, one IEHK 2017 kit with basic medicines and one IEHK 2017 kit with supplementary medicines were provided to supply the

Medical Camp Kit Tent that WHO handed over to Reaching People in Need (RPN) in the aftermath of the fire to ensure the temporary provision of health services. Other items such as one (01) sphygmomanometer, (01) stethoscope, two (02) thermoflash, five (05) thermometers, two (02) pulse oximeters and 2000 surgical masks were also provided.

During the reporting period, a total of 6.74 MT total volume 28.83 Cubic meters of Medicines were deployed to Cox's Bazar including medicines, PPE and sample collection kits for the diagnosis of COVID-19. WHO continues its logistic support to the IEDCR Field Laboratory with two vehicles providing transportation of COVID-19 sample collection in the camps. Further to this, WHO provided vehicle support to transport Covid-19 samples from Cox's Bazar to Dhaka for quality testing purposes and brought 10 000 VTM from Dhaka IEDCR to Cox's Bazar IEDCR field laboratory.

SUBJECT IN FOCUS: WHO Monsoon and Cyclone Preparedness & Response Readiness in Cox's Bazar - Building resilience through health systems synergies to anticipate the needs and challenges during emergencies

Cox's Bazar is one of the most cyclone-prone areas in Bangladesh due to its coastal location and geo-proximity to the Bay of Bengal, having experienced twelve cyclones of various magnitude since 1970. The risks and devastating consequences of a possible cyclone is of particular concern among the vulnerable Rohingya population living in the refugee camps in Ukhiya and Teknaf and the adjacent host communities. WHO is closely working with government authorities, and health partners to mitigate the impact and respond effectively when needed.

Context

Bangladesh is among the most disaster-prone and climate-vulnerable countries in the world, suffering regularly from floods, droughts and cyclones. Its geographical location, flat topography and monsoon climate combined with its fragile socio-economic situation and high population density are some of the factors that make it particularly vulnerable to natural hazards.

Over the past five decades, Bangladesh have experienced 219 natural disasters, which caused significant mass casualties and major damages to land and livelihoods of hundreds of thousands across the country. The deadliest cyclone registered was in 1970, resulting in over 500 000 deaths. Two decades later, in 1991, another devastating cyclone hit Chittagong district causing 138 000 casualties, destroying one million of homes and leaving 10 million people homeless.

Following these catastrophic events, the Government of Bangladesh, with the support of several humanitarian partners including WHO, has made significant progress in disaster management and risk reduction employing long-term efforts and resources to increase the resilience of populations living in cyclone-prone coastlines.

Disaster vulnerability in the refugee camps in Cox's Bazar

The health impacts of tropical cyclones can vary depending on several factors such as the number of people living in low-lying coastal areas in the storm's direct path, the built environment, including the lead time for warning and evacuation.

Home of over 860 000 Rohingya refugees, the 34 densely populated camps located in Ukhiya and Teknaf Upazilas in Cox's Bazar may face a higher risk of devastating consequences due to the large number of people living in a reduced space, the temporary construction materials of its shelters and the poor accessibility to coordinate a fast evacuation.



Photo: As part of the Monsoon and Cyclone Preparedness and Response plan, Mobile Medical Teams (MMTs) from different health partners will be automatically alerted once cyclone warning is received from the government authorities.

Further to this context, the Rohingya refugee camps are not yet included in the national preparedness and early warning framework of the Government of Bangladesh, increasing the vulnerability of these populations. High winds and flash floods resulted from the tropical storms are likely to destroy the shelters made of bamboo and plastic sheeting despite the efforts made to strengthen these infrastructures. Additionally, the majority of health facilities across the camps are also at risk of being destroyed by a category 1 tropical cyclone. It is unknown to what extent Government facilities at Upazila level can withstand sustained cyclone-level winds. Moreover, in the case of a tropical cyclone, access to the camps may be limited, the logistics center located in Madhuchara inaccessible for days and telecommunications (mobile networks, VHF radios) and power supplies affected for several days to weeks.

WHO Response to Monsoon and Cyclone in Cox's Bazar

Tropical cyclones may directly and indirectly affect the health of local populations in many ways: increasing cases of drowning and other physical trauma; increasing risks of water- and vector-borne diseases; increasing mental health effects associated with emergency situations; disruption in the continuation of health services at fixed sites and outreach points, leaving communities without access to health care when they are needed most; and damaging shelters and community centers for social interaction and the livelihoods. Tropical cyclones in Bangladesh generally occur in two seasons: March through July, and September through December, with the greatest majority of storms arriving in May and October. Given the context of the pandemic, the upcoming cyclone season is even more critical, as it will contribute to worsening the Rohingya humanitarian crisis in Cox's Bazar.

In order to mitigate this risk, WHO as the health sector co-lead and co-chair of the Emergency Preparedness and Response Technical Committee together with IOM has developed the Health Sector Preparedness and Response Plan to Monsoon and Cyclone for the Rohingya camps and the adjacent host population. The 72-hour response plan for an extreme weather event has been designed in cooperation with humanitarian partners working in the camps and under the guidance of the Deputy Commissioner of Cox's Bazar, the Civil Surgeon Office of Cox's Bazar, local administrative and health authorities in Ukhiya and Teknaf, the Bangladesh armed forces, and the Office of the Refugee, Relief and Repatriation Commissioner (RRRC).

Additionally WHO has readied itself and partners through the prepositioning of health emergency logistics and medical supplies to effectively respond to an emergency and is also regularly undertaking field visits and providing technical support to help camp health focal points to develop their contingency plan at camp level.

Monsoon and Cyclone Preparedness and Response Readiness in the refugee camps

Under the guidance of the Government of Bangladesh, WHO as the health sector co-lead finalized the contingency plan for Cyclone and Monsoon season 2021 with support from partners and shared it with all partners working in the refugee camps for its compliance when responding to emergencies. The plan includes information related to health facility functionality, contingency supplies and locations, mobile medical teams (MMT), ambulance network systems to respond to emergencies and list of camp health focal points. It also includes an evacuation plan for the patients at the Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centers (ITCs) and 32 ambulances. A comprehensive checklist of Health Facility Disaster Preparedness logistics is also incorporated for health facilities to ensure optimum preparedness and response readiness to natural hazards.

The plan reflects the arrangement of 22 Camp Health Focal Persons and 22 Incident Commanders in 24 healthcare catchment areas across all the refugee camps to monitor the situation in close collaboration with health sector partners. Additionally, Mobile Medical Teams (MMTs) will be automatically alerted once cyclone warning is received from the government authorities. Currently there are twenty-two MMTs on standby trained to support triage, stabilization, referrals and transport of patients. Each MMT includes a doctor, midwife/nurse and support staff. A referral system will set two communication points in Teknaf and Ukhiya during the cyclone warning period to transfer patients as needed and a dedicated focal point will decide upon evacuation on a case by case basis. These MMTs will undergo refresher training to ensure team members are well briefed and sensitized on their roles and expected critical functions during the emergency.

To anticipate the needs and challenges during emergencies, the Emergency and Preparedness Response (EPR) Technical Committee co-lead by WHO and IOM is also supporting: defining the roles and responsibilities of the Emergency Operations Centre (EOC) and ensuring that it is equipped with the necessary tools and human resources; ensuring camp level mass casualty management and linking with an updated list of hospitals/health facilities by implementing a functional Mass Casualty Incident Response Plan; organizing/participating in simulation/tabletop exercises; and establishing weather monitoring and the early warning system.



Photo: The HOPE Field Hospital located at camp 4 in Ukhiya counts on two Mobile Medical Teams (MMTs) to respond to emergency in the refugee camps.

At least fifty Cyclone Preparedness Programme (CPP) volunteers/safety volunteer units and around 1800 community health volunteers were trained and have been equipped with first aid kits since mid-2018. CPP volunteers and community health volunteers are responsible to provide basic first aid and carry stretchers for injured patients to health facilities and ambulances. This is especially important as they are frontline responders for the Rohingya refugees and host community. The Camp in Charge (CiC) remains responsible for each camp and is expected to assess and report the situation to the Emergency Operations Centre to strategically plan and calibrate the response interventions. In this context, quarterly review of cyclone plans, and early procurement of health emergency logistics and medical supplies are pivotal. Because a large scale cyclone incident might lead to post-landfall emergency response supply chain shortages for several days, life-saving supplies are prepositioned within the camps which include surgical and trauma supplies; First Aid box; Inter-Agency Emergency Health Kits (IEHK) and essential medicines, Malaria and other Disease diagnostics kits; Outbreak response investigation and medicines such as ORS and Cholera kits; Temporary medical facility equipment; Sexual Reproductive Health Emergency kits; Body bags; Stretchers/ wheel chairs and petrol and diesel for generators.

Health Sector Initiatives

The UN and its partner agencies have strategically prepositioned enough stocks of emergency logistics and supplies items such as food, tarpaulins, ropes, floor mats, medicines & health supplies and water purification tablets in strategic warehouses located in Ukhiya, Teknaf, and in the city of Cox's Bazar to ensure rapid access of these emergency supplies for mounting immediate interventions for both Rohingya and adjacent host communities should these populations be affected. WHO continues providing technical support to the Health Sector team to monitor and coordinate the response with health and non-health sectors for the upcoming three months. Awareness raising and continued monitoring is an ongoing process through weather monitoring and anticipating early warnings in coordination with camp management, local Government Unit and relevant stakeholders in Cox's Bazar.

NATIONAL LEVEL HIGHLIGHTS, 14 April 2021 (BANGLADESH)

	Last 24 hours	Total
COVID-19 tests conducted	19 959	5 115 572
COVID-19 positive cases	4192	707 362
Number of people released/recovered	5915	597 214
COVID-19 deaths	94	10 081

WHO global situation report: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

WHO interim guideline on Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings: [https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-\(covid-19\)-for-refugees-and-migrants-in-non-camp-settings](https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-(covid-19)-for-refugees-and-migrants-in-non-camp-settings)

Institute of Epidemiology, Disease Control and Research (IEDCR) for COVID-19 updates in Bangladesh : <https://www.iedcr.gov.bd/>
 COVID-19 Bangladesh situation reports: [https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(covid-19\)-update/coronavirus-disease-\(covid-2019\)-bangladesh-situation-reports](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update/coronavirus-disease-(covid-2019)-bangladesh-situation-reports)

WHO Bangladesh awareness and risk communication materials in Bengali:
[https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(covid-19\)-update](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update)

Previous issues of this Situation Report:
<https://www.who.int/bangladesh/emergencies/Rohingyacrisis/bulletin-and-reports>

COVID-19 Dashboard under WHO Cox's Bazar Data Hub can be accessed here: <https://cxb-epi.netlify.app/>

Write to coord_cxb@who.int to receive COVID-19 updates and situation reports from Cox's Bazar with the subject "Add me to the situation reports and updates mailing list"

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