



WHO team supporting UNHCR 150 bed SARI ITC operated by Relief International to conduct a mock drill and reinforce IPC

Emergency: Rohingya Crisis





Situation Report #08

Date of issue: 3 June 2020

Period covered: Week 22

(25 to 31 May 2020)

Location: Cox's Bazar, Bangladesh.

	Host Community	Rohingya refugee/FDMN
 Total confirmed cases in Cox's Bazar	673	29
 Total person in Isolation in Cox's Bazar	468	23
 Total number of test conducted	6426	339
 Total deaths due to COVID-19	13	1

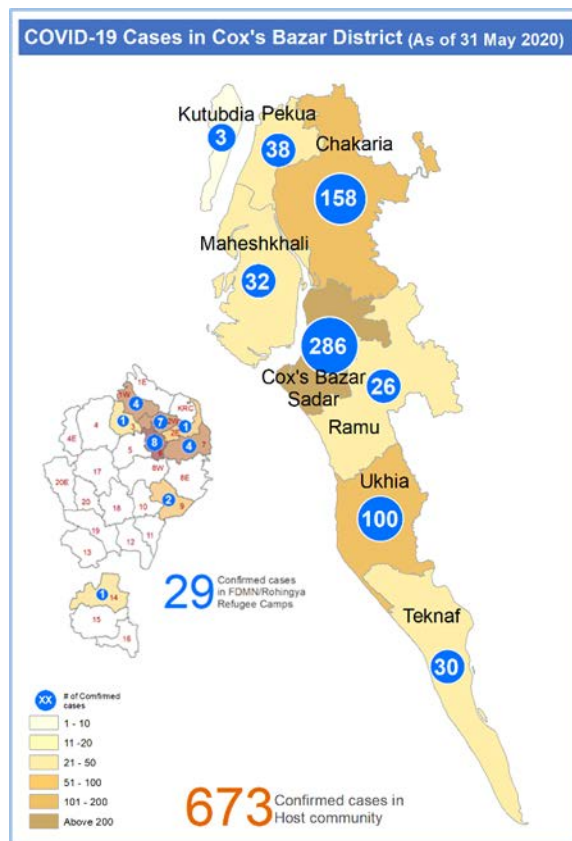
**Updated as of 31 May 2020; FDMN = Forcibly Displaced Myanmar Nationals*

HIGHLIGHTS

- A total of 702 COVID-19 positive cases have been reported in Cox's Bazar district (including Rohingya camps) as of 31 May 2020 as per Civil Surgeon Office, Cox's Bazar
- 29 confirmed cases have been reported in Rohingya camps as of 31 May 2020. A total of 156 individuals are in institutional quarantine in the camps
- The health sector has developed an interim concept note for home care and isolation support for persons with mild and moderate symptoms consistent with COVID-19 when facilities (SARI isolation and treatment centers and isolation units) do not have the capacity to serve mild and moderate COVID-19 cases. Health Sector will collect numbers and designation of health care workers from health posts who can be repurposed for the home-based care team, in collaboration with the community health working group and other community-based volunteers

COORDINATION, PLANNING AND MONITORING:

- 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. Weekly Strategic Advisory Group (SAG) meetings and bi-weekly Health Sector coordination meetings are held and daily updates are shared with partners
- The Health Sector's Camp Health Focal Points (CHFPs) along with camp level stakeholders, health facilities and the Dispatch and Referral Unit (DRU) are ensuring referral pathways are used to identify, detect, refer and test persons with suspected COVID-19 infection
- CHFPs are ensuring safety and security of suspected cases in close collaboration with camp authorities and community leaders. They are actively guiding and assisting the Rapid Investigation Team, CiC office, Site Management and contract tracers at camp level
- The Health Sector is collaborating with UNDP to develop a public service announcement (PSA) on COVID-19 for people with visual impairment to help to ensure persons with disability are catered for in COVID-19 prevention and response. The messaging will go on air on 2 June
- WHO, together with ISCG, conducted supportive visits to SARI facilities facilitated by UNICEF and IRC in Teknaf, and UNHCR SARI ITC in Ukhia, to follow up on operational readiness and provide support
- To strengthen infection prevention and control (IPC) quality assurance, WHO has taken steps to convene an IPC Technical Working Group to review IPC activities at health facilities and support IPC committees
- The joint Health Sector Coordination and Immunization review meeting decided on re-opening of immunization in Teknaf FDMN camps
- The Health Sector Gender action plan on COVID was presented to SAG after incorporating input from ISCG Gender hub. The plan will be finalized in the coming week after receiving input from SAG members
- Health Sector continued to collaborate with working group coordinators from Protection (including Gender Based Violence (GBV) and Child Protection) and gender. Additional input was received on already published quarantine documents and will be considered further by Health Sector
- Health Sector presented findings of interagency GBV quality assurance conducted in seven primary health care facilities in March. Four of the seven facilities had no Clinical Management of Rape/Intimate Partner Violence (CMR/IPV) services for survivors. The next step is to provide written feedback to respective facilities on strengths and gaps, and develop action plans to improve service availability and quality



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- WHO continues to engage with community staff and responders working with national health authorities, and other partners, to develop, implement and monitor an effective action plan for communicating effectively with the public, engaging with communities, local partners and other stakeholders to help prepare and protect individuals, families and the public's health during the early response to COVID-19

- Messages have been developed on COVID-19 in general, risks and vulnerabilities, safe and dignified burials, home based care, isolation and quarantine, isolation and treatment centers and other issues. WHO has provided technical input to responses to rumors and community feedback through CWC mechanisms
- WHO is supporting translation of essential technical materials into local language to ensure the uptake
- Within camps, approximately 56,308 people have been reached with mosque-based Ramadan messages in 158 mosques. A total of 6,546 people (3,338 males and 3,058 females) have been reached through 1,170 Inter-Personal Communication (IPC) sessions with key COVID-19 messages, and 33 girls and 123 females have attended 30 Talim-religious group study-sessions on COVID-19 with a particular focus on GBV issues
- Within the host community, around 250,000 people have been reached by 1,250 religious leaders in 1,150 mosque-based Islamic learning centres and 100 strategically located mosques in Cox's Bazar by Islamic Foundation, Cox's Bazar
- A set of posters in Bengali and English on the cooperation and appreciation to the humanitarian workers have been developed and shared jointly by the ISCG, CWC Working Group, WHO and UNICEF for onward sharing and dissemination with the Deputy Commissioner, Cox's Bazar

SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION:

- WHO continues to provide epidemiological data to continuously inform operational decision making for the COVID-19 response in Cox's Bazar. As of 31 May 2020, a total of 673 persons from the host community in Cox's Bazar district have tested positive for COVID-19: 158 from Chokoria, 30 from Teknaf, 32 from Maheshkhali, 286 from Sadar, 100 from Ukhia, 26 from Ramu, 38 from Pekua and three from Kutubdia.
- To date, 29 cases have been reported from the camps: four from Camp 1W, one from Camp 2E, seven from 2W, one from Camp 3, eight from Camp 6, four from Camp 7, two from Camp 9, one from Camp 14 and one from Nayapara RC
- Cascade training of contact tracers has been conducted in 12 camps training around 150 tracers on contact line listing, follow-up, and counselling for facility quarantine
- The ARI/ILI Sentinel Site Surveillance strategy has been revised after consultation with all relevant partners of Isolation Units and ITCs. It was suggested that the proposed arrangement would now be for the patient to remain in the facility for the duration of period (24-48 hours) until the result has been received from the laboratory. The final decision has not yet been communicated

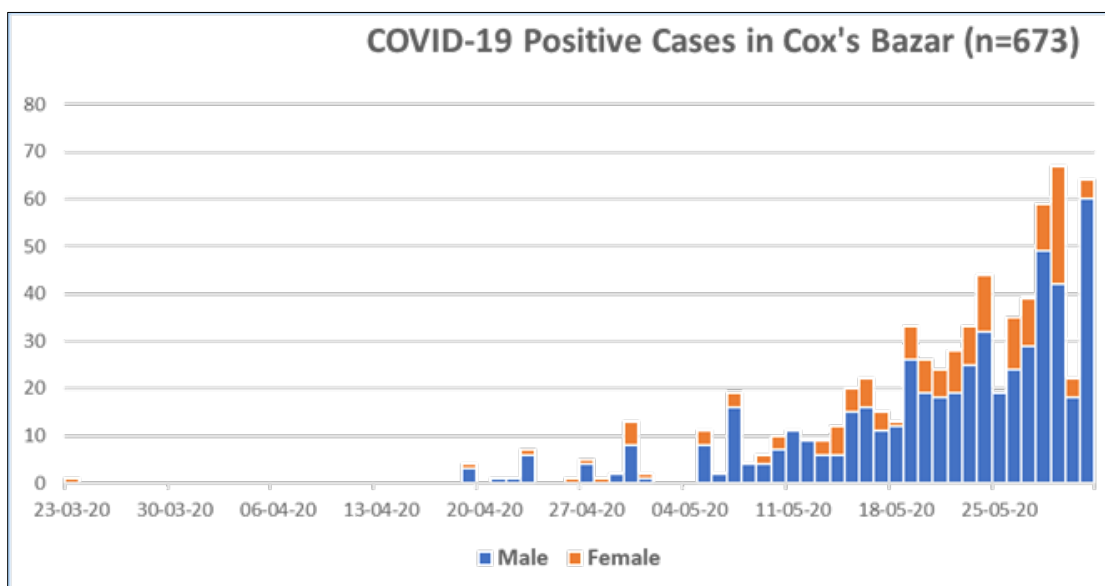


Figure 1: COVID-19 positive case in Cox's Bazar District

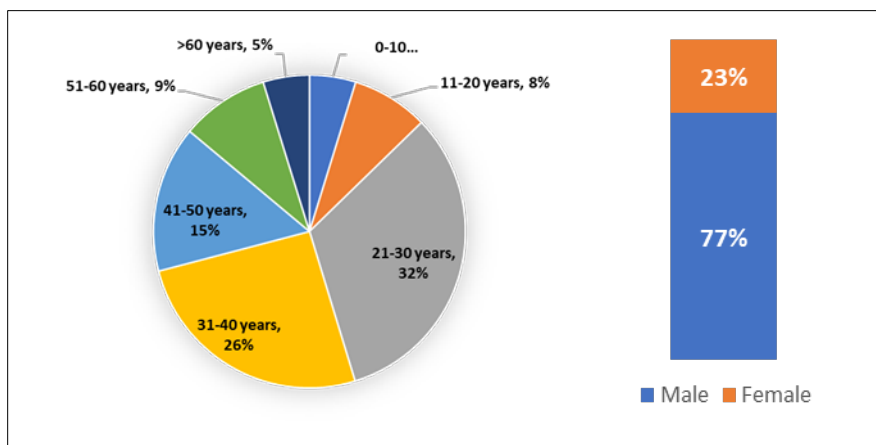


Figure 2: Age and sex distribution of COVID-19 positive cases in Cox's Bazar District

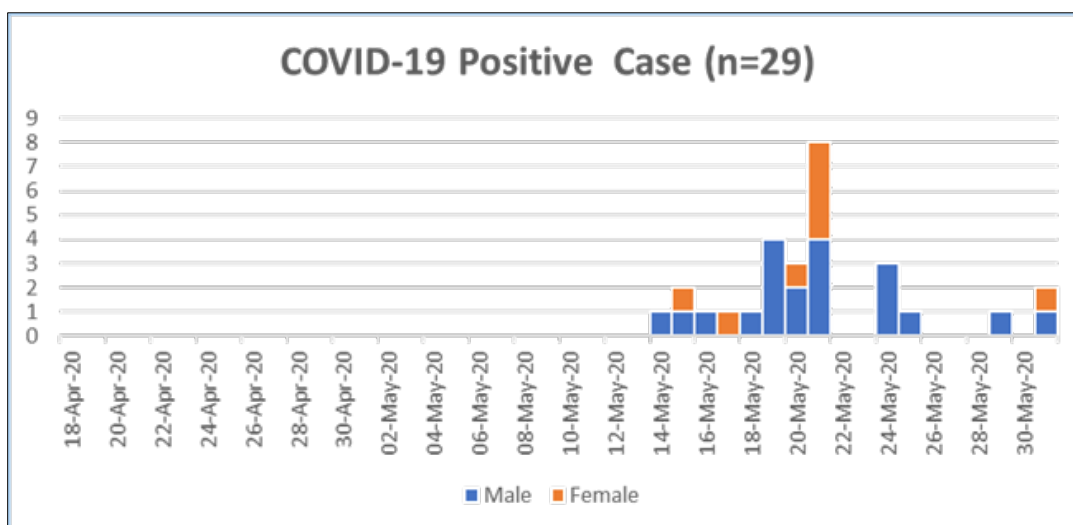


Figure 3: COVID-19 positive case in Cox's Bazar Rohingya refugee/FDMN community

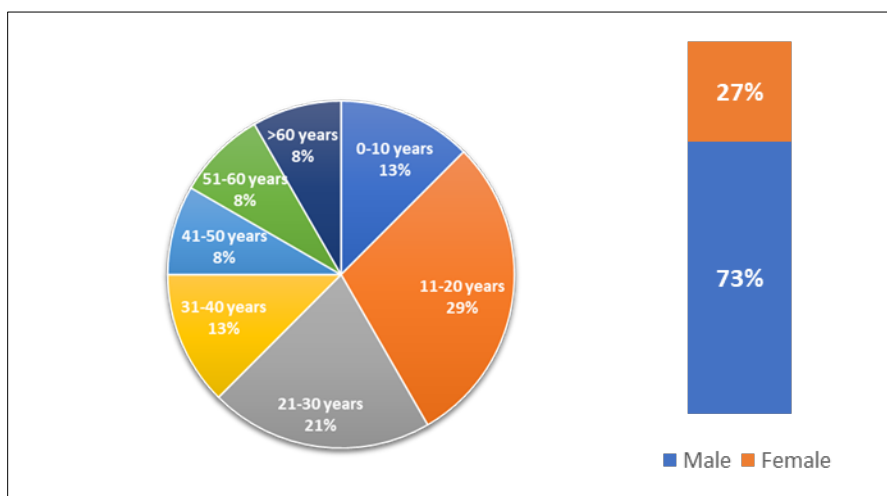


Figure 4: Age and sex distribution of COVID-19 positive cases in Cox's Bazar Rohingya refugee/FDMN community

DISTRICT LABORATORY

- WHO continues to support the Institute of Epidemiology, Disease Control and Research (IEDCR) Field Laboratory in the Cox's Bazar Medical College with human resources, equipment, supplies/consumables and technical and operational expertise. From early April until 31 May, 6,767 tests have been conducted,

mainly for persons from Cox's Bazar district, but also parts of Bandarban and Chittagong district. As of 31 May, a total of 673 tests were positive for COVID-19 in Cox's Bazar from the host community. So far, 339 tests have been conducted for Rohingya refugees/Forcibly Displaced Myanmar Nationals (FDMN), with 29 positive cases to date

- WHO supported refurbishment of the IEDCR laboratory to accommodate the new PCR machine for COVID-19 testing. This will contribute towards improving the number of tests performed per day for both the Rohingya refugees and the host community. The current daily sampling capacity is 180-200 samples
- WHO has completed recruitment of a full quota of laboratory personnel to support near doubling testing capacity at the IEDCR Field Laboratory at Cox's Bazar Medical College. This will support surge testing capacity and meet demand to serve the host community and the camps in Cox's Bazar district

INFECTION PREVENTION AND CONTROL

- WHO is providing training, supplies and technical guidance on Infection Prevention and Control (IPC) to keep patients, staff and the general population safe. So far in 2020, 300 healthcare workers have been trained on IPC, including participants from five government facilities and 36 partner facilities. Specifically relating to COVID-19, WHO trained 43 master trainers in May 2020. During the intensive four-day training, the entire journey of a patient from the community through the Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centers (ITC) until discharge is followed, with key emphasis on IPC considerations
- Participants of the IPC Master Trainers training for COVID-19 have commenced rolling out training for different categories of health care workers. Handwashing, screening and triage was initiated at entry points of Cox's Bazar Sadar Hospital following the training
- WHO continues to support partners as co facilitators/observers of internal cascade trainings conducted by the partners remotely and onsite. This includes supporting Save the children, Food for the Hungry, Relief International, Cox's Bazar Sadar Hospital, during the completed week
- Four healthcare facilities from government and partners have been assessed for COVID-19 IPC using a tool adapted from the WHO IPCAF at facility level, and advice for improvement of IPC was provided to those health facilities. To support facility level supervision and coaching related to IPC and broader water, sanitation and hygiene (WASH) in health facilities, WHO is partnering with NGO "HEKS/EPER", with whom an extensive programme will be rolled out in the coming months
- IPC supplies were reported as a requirement by Government and partners. Since April 2020, 24,600 pairs of examination gloves, 10,599 surgical masks, 107 face shields, 1,436 respirators, 1,652 bottles of hand sanitizer and 416 coverall suits were provided
- WHO conducted a supportive session (see photo) to UNHCR SARI ITC operated by Relief International as part of ongoing support to IPC master trainers as they set up and conduct dry runs at the facility in preparation for admission of persons confirmed with COVID-19

CASE MANAGEMENT

- WHO is building capacity in Cox's Bazar to meet the anticipated demand for treatment for COVID-19. Under WHO leadership, partners have committed to establishment of 1,080 additional beds in "Severe Acute Respiratory Infection – Isolation and Treatment Centers", or SARI-ITC in Ukhiya and Teknaf. In these facilities, treatment can be provided for mild, moderate and severe cases of COVID-19, including provision of oxygen. The first SARI-ITCs have initiated their operations
- WHO has continued to engage in discussions with partners surrounding health care waste management options for the SARI ITCs. Additionally, the costing for a two-year health care waste management system for Moheshakali Upazilla Health Complex has been completed



A glimpse of ongoing clinical management training by FH/MTI for healthcare staff

- As the TOTs trained earlier by WHO roll out training within their organization, WHO continues to support remotely and on site with updated guidance and training content
- 104 staff have been trained to date in clinical case management (see photo). WHO is supporting training with updated presentations, facilitators' guide, and fully updated guidelines
- Home-based care planning continues, with focus on severe and palliative care guidance and drafting of a respective training package. This has been a collaborative process between Save the Children, UNHCR, CHWG, IOM, MSF, UKEMT, WHO and the health sector. Health Sector will collect numbers and designation of health care workers from health posts who can be repurposed for the home-based care team, in collaboration with the community health working group and other community-based volunteers. Final commitments from partners should be collected by 3 June 2020
- A quarantine pathway draft has been shared with relevant stakeholders for feedback, including UNHCR, WHO epidemiology team, DRU and site management. Further discussions are to be held to clarify movement and counselling of contacts and new arrivals before the pathway will be made public

MONSOON AND CYCLONE PREPAREDNESS

- Health Sector, with support from its working groups and partners, regularly updates its contingency plan for Cyclone (April-May) and Monsoon (Jun-July) seasons. Information and data related to health facility functionality, contingency supplies and locations, mobile medical teams, ambulance network and systems to respond to emergencies and list of camp health focal points is being maintained and accessible through the health sector Google drive. The updated plan and documents will be shared with partners soon
- Contingency supplies such as IEHK, trauma kits, surgical kits, cholera kits, SRH kits and other supplies have been stored at 20 locations in the districts and camps. 1,339 CHWs are being mapped across the camps covering an average 147 Households per CHW. Thirty-nine 24/7 priority health facilities across the camps have been identified, and Health Sector and Mobile Medical Team (MMT) working group with support from IOM has planned a refresher training to MMTs observing physical/social distancing protocols

ESSENTIAL HEALTH SERVICES

- As immunizations are an essential health service that protect susceptible individuals from vaccine-preventable diseases (VPD), WHO continues to provide guidance regarding the operation and sustaining of immunization programs in the context of the COVID-19 pandemic
- A revised Routine Immunization strategy is currently under development and deliberations with government and partners are ongoing. VPD surveillance is being closely monitored by government authorities with support of WHO SIMO network
- An inter-agency team including UNFPA, Swiss Red Cross BDRCS Hope Foundation and Health Sector jointly visited four primary health centres (PHCs) to assess current capacity for isolation holding areas and accommodations for obstetric emergencies during COVID-19
- 60 CHWs and CHW supervisors were trained on COVID-19 contact tracing and Go.Data application by IVD e-SIMOs in FDMN camps



A 4-days old baby girl receiving BCG vaccination

OPERATIONAL SUPPORT AND LOGISTICS

- WHO provided technical support regarding SARI ITC layout design to HOPE Foundation in Camp 4, Ukhiya, and ventilation solutions within SARI wards to UNHCR
- WHO provided expertise to SMAP and WFP regarding the disinfection station at the WFP hubs

- WHO have followed up with implementing partners to address the concerns and challenges of PPE procurement; the suppliers list of PPE is also being updated on a regular basis, with information available on a database for all implementing partners
- WHO is continuing to receive and distribute regular supplies on a routine basis

COVID-19 HIGHLIGHTS: NATIONAL LEVEL, AS OF 2 JUNE 2020 (BANGLADESH)

	Last 24 hours	Total
COVID-19 tests conducted	11,339	320,279
COVID-19 positive cases	2,381	49,534
Number of people released/recovered	816	10,597
COVID-19 deaths	22	672

Hotline at IEDCR for COVID-19 support and information: 01927711784, 01927711785, 01937000011, 01937110011, 01401184551, 01401184554, 01401184555, 01401184556, 01401184559, 014011184560, 01401184563, 01401184568, 01550064901-5

ONLINE COVID-19 Resources:

- 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)
- 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) website for COVID-19 Bangladesh update: <https://www.iedcr.gov.bd/>

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¹ 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 term are used, as appropriate, to refer to the same population.