



Supportive supervision on IPC at IFRC SARI ITC in camp 7 by WHO team





Emergency: Rohingya Crisis

Situation Report #11

Date of issue: 24 June 2020

Period covered: Week 25
(15 to 21 June 2020)

Location: Cox's Bazar, Bangladesh.

	Host Community	Rohingya refugee/FDMN
 Total confirmed cases in Cox's Bazar	2,008	45
 Total person in isolation in Cox's Bazar	1,282	33
 Total number of tests conducted	12,110	460
 Total deaths due to COVID-19	29	4

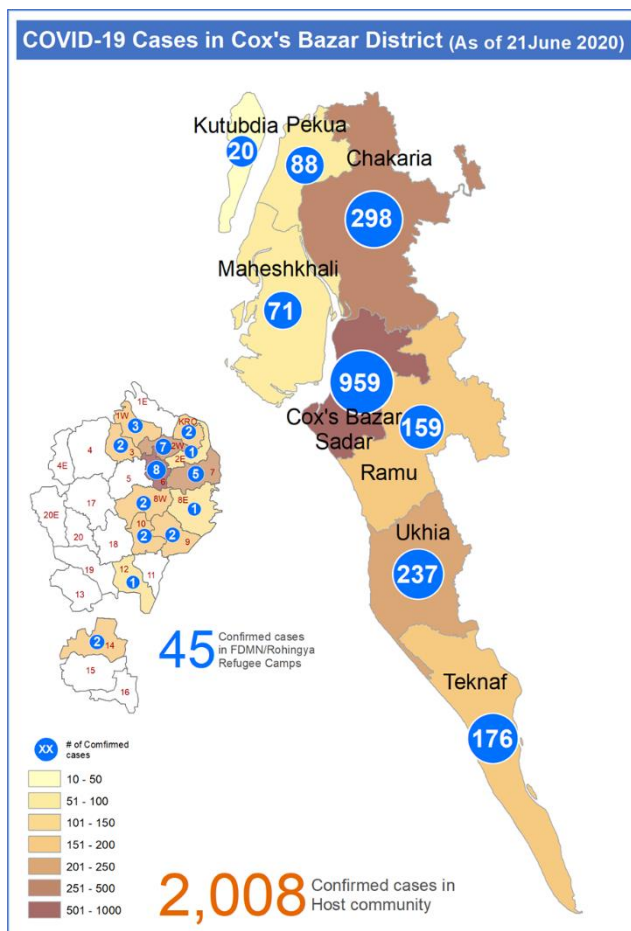
**Updated as of 21 June 2020; FDMN = Forcibly Displaced Myanmar Nationals*

HIGHLIGHTS

- A total of 2,053 COVID-19 positive cases have been reported in Cox's Bazar district (including Rohingya camps) as of 21 June 2020 as per Civil Surgeon Office, Cox's Bazar
- 45 confirmed cases have been reported in Rohingya camps as of 21 June 2020. A total of 34 individuals are in institutional quarantine in the camps
- WHO and the health sector together with CWC (Communicating with Communities) have drafted a joint strategy to address misinformation and rumours surrounding COVID-19 testing, isolation and quarantine among the FDMN/Rohingya refugees that has led to low sample collection and testing in the camps

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
- Misinformation and rumours surrounding COVID-19 testing, isolation and quarantine among the FDMN/Rohingya refugees has led to low sample collection and testing in the camps. WHO and the health sector together with CWC (Communicating with Communities) have drafted a joint strategy to address community concerns and fears. The strategy aims to manage the expectations of the community by providing accurate information as well as COVID-19 testing, contact tracing, treatment and different types of care. WHO and Health Sector have drafted an action plan to be taken forward by partner agencies in their health facilities.
- As a part of providing supportive supervision and improving quality of health services, Camp Health Focal Points (CHFPs) are conducting supportive supervision and monitoring of health facilities in camps. So far 30 PHCs and 60 HPs have been visited providing supportive supervision and collecting data for monitoring.
- Health sector together with Dispatch and Referral Unit (DRU) team held a meeting with health facility partners to mobilize additional ambulances for COVID-19 patient management. Partners having ambulances in their program have been encouraged to join under overall coordination of DRU to utilize existing resources and fill gaps for COVID-19 patient management.
- The health sector shared with respective working group coordinators, key actions in the gender action plan for implementation by the specific technical groups. Specific actions include generating and reporting laboratory confirmed cases of COVID-19 by age, and sex, establishing gender responsive SARI ITCS and isolation centers through sex-segregated areas/rooms, engaging women leaders and other groups to raise their awareness of the SARI and isolation facilities, close monitoring of provision of GBV health services and ongoing gender analysis and using them to amend responses.
- An orientation on cross cutting themes was provided by health sector coordination to 14 WHO staff who are directly involved in conducting or organizing COVID-19 related health partners trainings. Health sector trainings on COVID-19 will integrate one slide on each of the following cross cutting themes; Protection, Gender, GBV, Child protection and PSEA. The orientation package was developed through a collaborative effort between health sector and the five working groups. Health sector has since shared feedback from the orientation with each of the working groups bilaterally and in turn received lists of camp focal points for each thematic area to be included in the orientation package.



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 Communication with Community (CWC) mechanisms
- WHO is supporting translation of essential technical materials into local language to improve uptake of messages and support behavioral impact
- Between 11 and 17 June 2020 through CwC partners, 181,900 people in the FDMN/Rohingya camps were reached with COVID-19 messages through 43,435 neighbourhood-based sessions; 39,720 people were consulted on COVID-19 key messages through 9,297 community meetings; 1,450 listener group sessions were organized for 9,338 people; and 410 video/film show sessions held on COVID-19.
- Within the host community, 13,403 people were reached through 3,176 community awareness session on COVID 19. Four information service centers continue to receive community's feedback and complains. COVID 19 messages are being announced through loudspeaker and megaphone on CNG/Tomtom auto-rickshaw in Cox's Bazar Sadar, Pekua, Maheshkhali and Kutubdia.

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 21 June 2020, a total of 2,008 persons from the host community in Cox's Bazar district have tested positive for COVID-19: 298 from Chokoria, 176 from Teknaf, 71 from Maheshkhali, 959 from Sadar, 237 from Ukhia, 159 from Ramu, 88 from Pekua and 20 from Kutubdia
- As of 21 June, 45 cases have been reported from the camps: three cases from camp 1W, one from camp 2E, seven from camp 2W, two from camp 3, nine from camp 6, five from camp 7, one from camp 8E, two from camp 8W, two from camp 9, two from camp 10, one from camp 12, two from camp 14, one from camp 22, three from camp 24, two from Kutupalong RC and two from Nayapara RC
- Since April 20 to date, all 34 camps have completed the cascaded contact tracing training with 305 contact tracers in the camps being trained. The training covers contact tracing process, stepwise approach of contact tracing, contact listing, contact follow-up form including hands-on contact listing and follow-up form with basic measures in Infection Prevention and Control. Contact tracing supervisor who participated in TOT for contact tracing and surveillance network by WHO are facilitating the training.

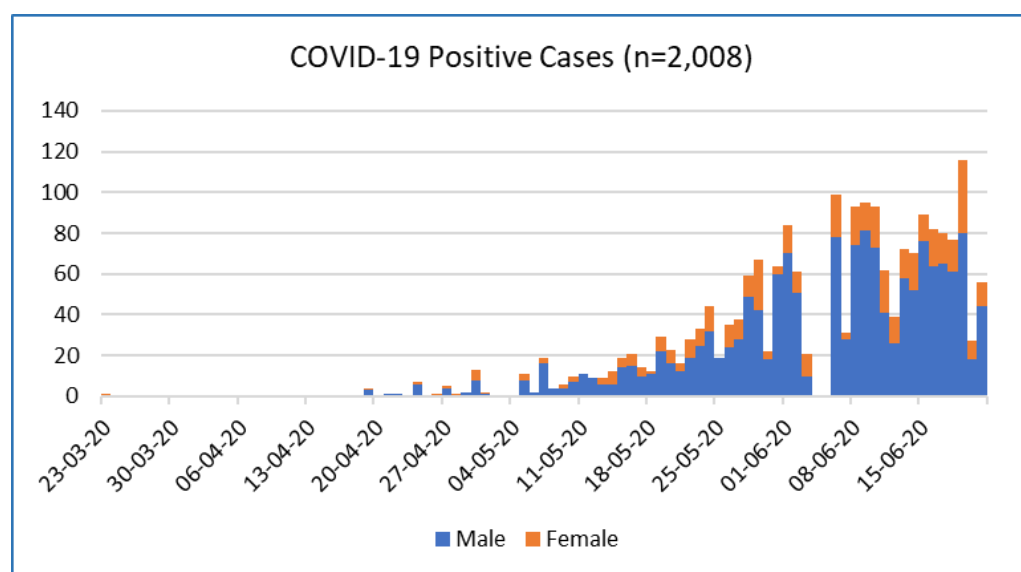


Figure 1: COVID-19 positive case in Cox's Bazar District

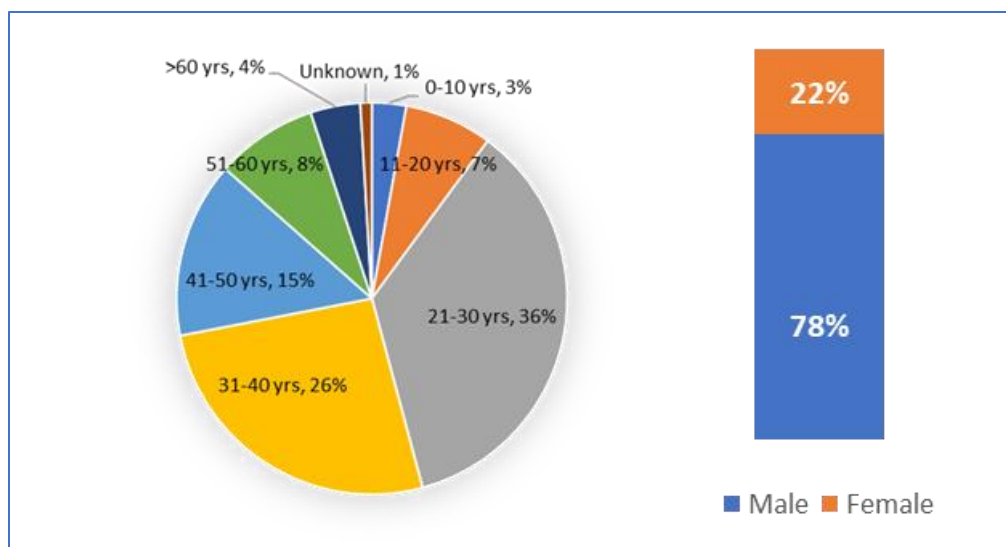


Figure 2: Age and sex distribution of COVID-19 positive cases in Cox's Bazar District

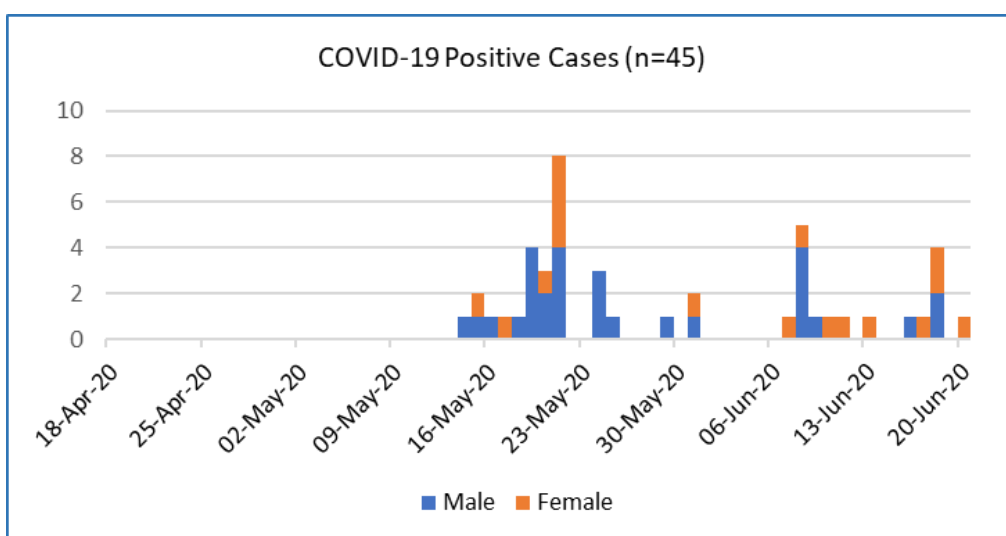


Figure 3: COVID-19 positive case in Cox's Bazar Rohingya refugee/FDMN community

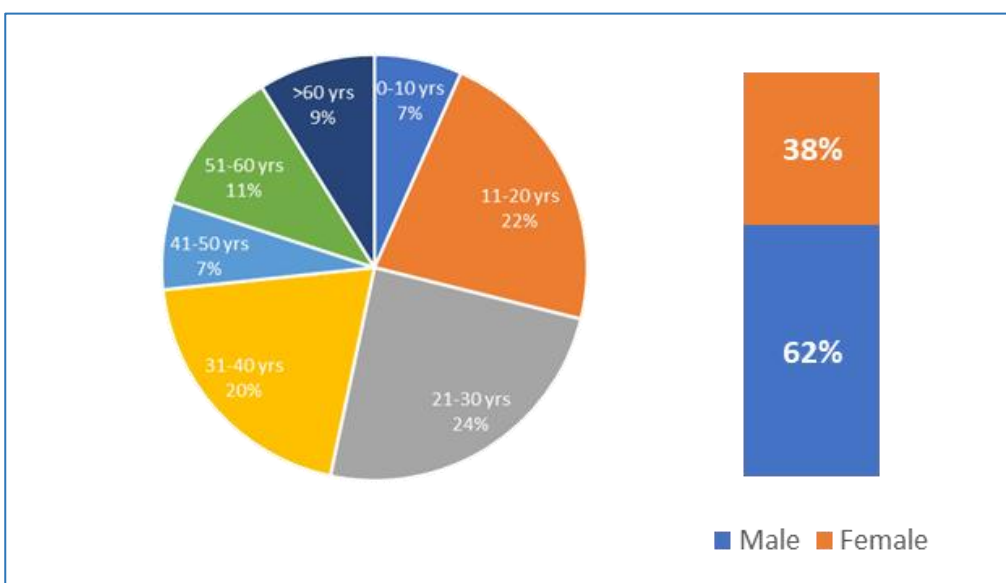


Figure 4: Age and sex distribution of COVID-19 positive cases in Cox's Bazar Rohingya refugee/FDMN community

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 21 June, 12,570 tests have been conducted. As of 21 June, a total of 2,008 tests were positive for COVID-19 in Cox's Bazar from the host community. So far, 460 tests have been conducted for Rohingya refugees/FDMN, with 45 positive cases to date
- WHO is supporting the expansion of the district laboratory for increased testing for Rohingya refugees and host community. The current daily sampling capacity is around 500 samples. The laboratory is supporting Chittagong and Bandarban district besides Cox's Bazar. In total 15,139 tests have been conducted.

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. 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. Modules from the training have been utilized to train different cadres of staff within the SARI ITCs and isolation units reaching over 1,040 health care workers
- WHO continues to support partners as co-facilitators/observers of internal cascade trainings conducted by the partners both remotely and on-site
- WHO conducted IPC training for 34 government health care workers deployed at Sea Princess SARI ITC that is being set up to serve the host community in Cox's Bazar and is part of ongoing efforts improve COVID-19 management capacity in the district.
- As part of implementation of the COVID-19 IPC response plan and quality assurance, WHO continue to conduct supportive supervision visits to isolation facilities and primary health. Areas of focus include patient and healthcare worker flow, hand hygiene, safety of health care workers, use of PPE, administrative controls to reduce overcrowding, and sanitation and hygiene. So far, 10 facilities have been visited and supported.



IPC training at Sea princess SARI ITC: Facility to serve host population

CASE MANAGEMENT

- WHO has continued to engage in discussions with partners surrounding health care waste management options for the SARI ITCs
- 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
- 65 participants drawn from WASH, Site Management and Health joined an online briefing on Vector Control by WHO SEARO. This session complemented the Dengue Clinical Management training held last week in preparation for the dengue season
- In strengthening the MHPSS support and response to stressors in relation to COVID-19, WHO conducted supportive supervision with dedicated On Job Training to some facilities in Camp 4, Camp 4 Extension,



Training for doctors and nurses on clinical Case management of COVID-19 at Sadar Hospital's HDU/ICU unit

Camp 8, Nayapara Registered camp, Kutupalong RC, among others. Enhanced plans for the mhGAP trained doctors and counsellors to support the communities and frontline workers were discussed

- 37 doctors and nurses at UNHCR-supported HDU/ICU units of Cox's Bazar Sadar Hospital completed one-day training on Clinical Case Management of COVID-19, with special focus on critical patient management. This facility, with this level of capacity, is the first of its kind in Cox's Bazar district and is expected to serve as a highest level of COVID-19 clinical care referral for both the FDMN/Rohingya refugees and the host community.

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 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 accessible through the health sector Google drive
- 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. Thirty-nine 24/7 priority health facilities across the camps have been identified.
- Health Sector is working with ISCG and agencies providing health services in camps to update camp level contingency plans. Health Sector and ISCG are in discussion with SARI ITC partners to have contingency plans during monsoon and cyclone season (such as structural assessment, retrofitting, patient relocations to facilities that have permanent structures). Health Sector WhatsApp group is active to receive information and necessary actions such as health facility functionality status, damage of health facility, constraints/obstructions accessing services due to monsoon weather.

ESSENTIAL HEALTH SERVICES

- Immunizations are an essential health service to protect 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 was developed and shared with government and partners. Inputs were received and final version submitted for approval by the Civil Surgeon, MoHFW-CC and RRRC. VPD surveillance is being closely monitored by government authorities with the support of WHO SIMO network
- Routine Immunization micro plan in the context of COVID-19 situation based on health facility-based strategy has been finalized and submitted to government for approval.
- Online IPC training on COVID-19 for 20 health field monitors has been conducted with focus on surveillance and monitoring of VPD and Routine Immunization sessions in FDMN/Rohingya camps.

OPERATIONAL SUPPORT AND LOGISTICS

- Expertise and support on structural, air flow and ventilation, patients and staff flow amongst other aspects was provided to IOM SARI ITCs in Camps 2W and 20 Extension and HOPE Foundation in Camp 4
- Additional COVID-19 trainings for drivers was conducted with the support of Health Operations and WCO trainers
- The shading structures design for preposition storage containers was discussed with SMEP and approved by WHO. Construction is scheduled to commence upon permission by SMEP.

- Food and non-food item kits have been prepared in case of staff members testing positive for COVID-19, and 200 masks with HEPA filter arrived from Dhaka manufacturer and have been distributed to staff
- Distribution of COVID-19 related items are continuing to be conducted daily to both government agencies and implementing partners
- Support work for the IEDCR laboratory in Medical College is ongoing. Additional extension and backup power was provided. Support for transport of test kits supplies from Dhaka to Cox's Bazar.
- Storage in WHO warehouses have been prepared for expected PPE supplies arrival in the amount of 180 cubic meters of volume

POINTS OF ENTRY

- Temperature screening and hand washing stations are operational at 13 points of entry to the camps. Another 6 shelters are being completed for a total of 19 stations. Individuals with fever are sent to the nearest health facility for further screening. Health, WASH, Shelter / NFI and Site Management Sectors contributed to this initiative and multiple organizations are ensuring that the human resource and supplies are provided daily.

COVID-19 HIGHLIGHTS: NATIONAL LEVEL, AS OF 16 JUNE 2020 (BANGLADESH)

	Last 24 hours	Total
COVID-19 tests conducted	15,555	630,719
COVID-19 positive cases	3,480	115,786
Number of people released/recovered	1,678	46,755
COVID-19 deaths	38	1,502

Hotline at IEDCR for COVID-19 support and information: 01927711784, 01927711785, 01937000011, 01937110011, 01401184551, 01401184554, 01401184555, 01401184556, 01401184559, 01401184560, 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/>

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"**

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 terms are used, as appropriate, to refer to the same population.

CONTACTS

Dr Bardan Jung Rana
WHO Representative
WHO Bangladesh
Email: ranab@who.int

Dr Kai v. Harbou
Head of Sub Office
WHO Cox's Bazar
Email: vonharbouk@who.int