



200 boxes of TRAUMA A and TRAUMA B kits and one surgical kit donated to Sadah District Hospital





Emergency: Rohingya Crisis

Situation Report #12

Date of issue: 30 June 2020

Period covered: Week 26
(22 to 28 June 2020)

Location: Cox's Bazar, Bangladesh.

	Host Community	Rohingya refugee/FDMN
 Total confirmed cases in Cox's Bazar	2,519	50
 Total person in isolation in Cox's Bazar	1,418	36
 Total number of tests conducted	14,835	538
 Total deaths due to COVID-19	34	5

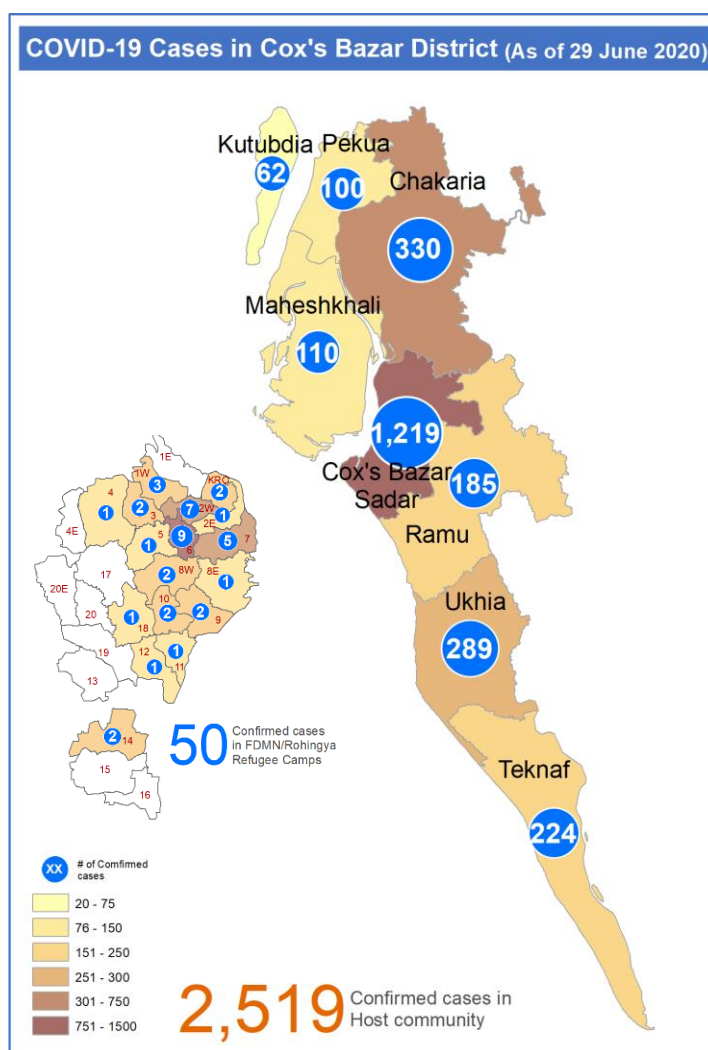
**Updated as of 29 June 2020; FDMN = Forcibly Displaced Myanmar Nationals*

HIGHLIGHTS

- A total of 2,569 COVID-19 positive cases have been reported in Cox's Bazar district (including Rohingya camps) as of 29 June 2020 as per Civil Surgeon Office, Cox's Bazar
- 50 confirmed cases have been reported in Rohingya camps as of 29 June 2020. A total of 39 individuals are in institutional quarantine in the camps
- As of 29 June 2020, six SARI ITCs are active to varying degrees, and can receive patients. This includes the ICU/HDU facility at Sadar Hospital with ten ICU and eight HDU beds. There are 267 and 112 active SARI and isolation beds respectively 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
- Health Sector held its Health Sector Coordination Meeting involving around 70 participants. Current COVID-19 situation, case management, increasing community confidence to health facilities, Immunization, home-based care during widespread transmission was discussed. Appeal was made to all health sector partners to involve more health care workers including recruiting more for home-based care and allocating more ambulances for Dispatch and Referral Unit to transfer COVID-19 cases and contacts.
- Health sector's Strategic Advisory Group (SAG) met to review current COVID-19 outbreak situation, and response. Group agreed to conduct inter-agency supportive supervision and monitoring visits at health facilities in camps with aim of assisting health facilities partners further improving quality of services provided and strengthening health facilities communication with communities in their catchment areas.
- The quarter two camp health focal point (CHFP) monitoring was completed with 34 primary health centers and 77 health posts being assessed. Data cleaning, validation and analysis is ongoing. Seven regular camp level coordination meetings facilitated by CHFPs were held in the past one week with the main focus on COVID-19 response.
- The health sector Standard Operating Procedure on Gender Based Violence for Ukhia and Teknaf camps was finally approved by the civil surgeon. The SOP will be printed and disseminated to health facilities in to guide health service providers while handling GBV survivors.
- The health sector in collaboration with working groups from protection, gender, GBV, child protection and PSEA developed a schedule on creating awareness on each of the topics among health care providers. The one hour online sessions per thematic area will held between July 6 and 15,2020



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
- CHWG conducted a series of trainings over the past 10 days to supervisors and focal points from other sectors. Altogether 345 staffs from protection, site management and WASH were trained on the new sentinel testing strategy, quarantine and SARI ITCs.
- CHW supervisors rolled out trainings on the enhanced community-based surveillance and new key messages to all CHWs. The remaining trainings are ongoing. CHWs will be trained on identifying patients with COVID-19-like symptoms using simple algorithms. The trainees are expected to provide targeted counselling on testing, quarantine and isolation facilities and refer patients to health facilities. CHWs will visit all households weekly instead of bi-weekly. The new approach aims to address community concerns and fears and enhance uptake of testing and treatment.
- Between 18 and 24 June 2020 through CwC partners, 108,546 people in the FDMN/Rohingya camps were reached with COVID-19 messages through 40,095 neighbourhood-based sessions; 27,869 people were consulted on COVID-19 key messages through 10,831 community meetings; 1,521 listener group sessions were organized for 9,064 people; and 347 video/film show sessions held on COVID-19.
- Within the host community, 8,748 people were reached through 2,716 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 29 June 2020, a total of 2,519 persons from the host community in Cox's Bazar district have tested positive for COVID-19: 330 from Chokoria, 224 from Teknaf, 110 from Maheshkhali, 1,219 from Sadar, 289 from Ukhia, 185 from Ramu, 100 from Pekua and 62 from Kutubdia
- As of 29 June, 50 cases have been reported from the camps: three cases from camp 1W, one from camp 2E, seven from camp 2W, two from camp 3, one from camp 4, one from camp 5, 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 11, one from camp 12, two from camp 14, one from camp 18, one from camp 22, four from camp 24, two from Kutupalong RC and two from Nayapara RC.
- Rapid Investigation and Response Team (RIRT) protocol and mapping of the team members across camps has been finalized with the support of site management sector (SMSD) together with the existing health actors. A one-day training is scheduled for 6 July 2020.
- To strengthen sentinel surveillance and testing in the camps another eight sentinel sites have been added, with consideration of geographical coverage. There are now 20 sentinel sites. Training completed has been completed and other necessary logistics placed to Initiate testing and contributing to revised surveillance strategies.

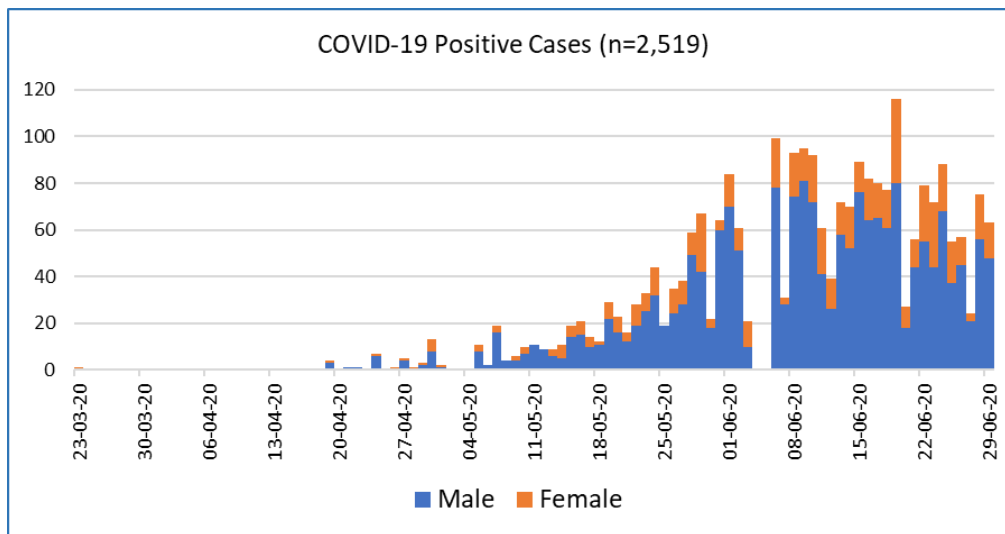


Figure 1: COVID-19 positive case in the host population in Cox's Bazar District

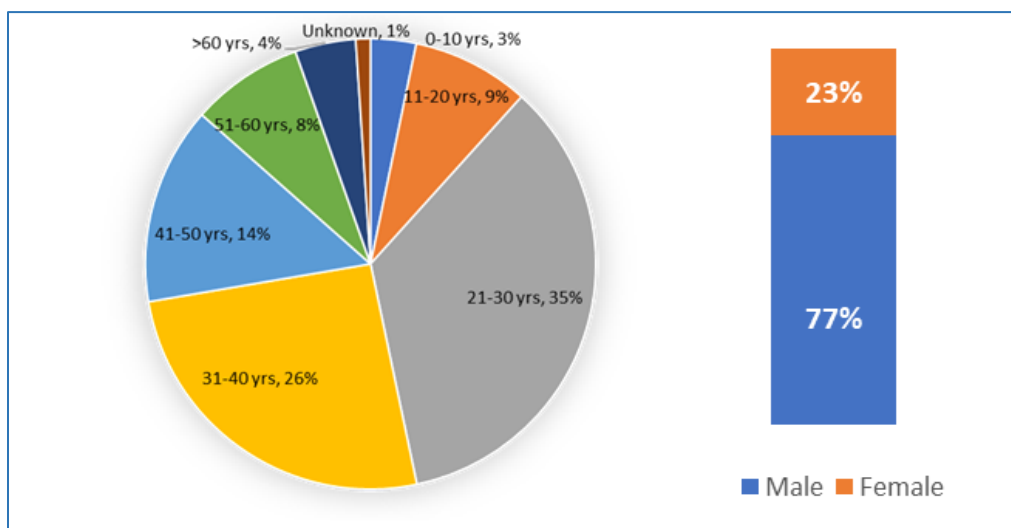


Figure 2: Age and sex distribution of COVID-19 positive cases in the host population Cox's Bazar District

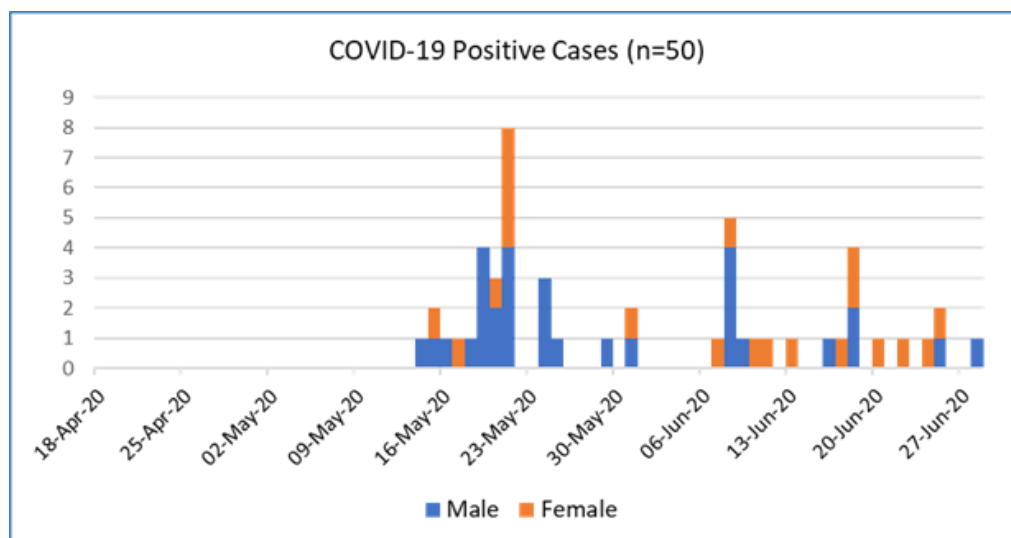


Figure 3: COVID-19 positive case in Cox's Bazar Rohingya refugee/FDMN community

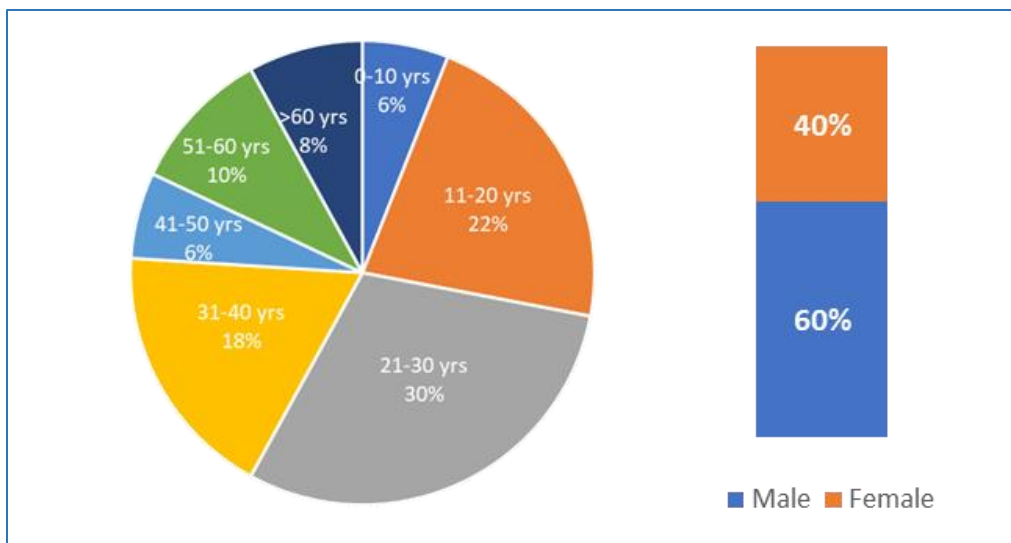


Figure 4: Age and sex distribution of COVID-19 positive cases in Cox's Bazar Rohingya refugee/FDMN community

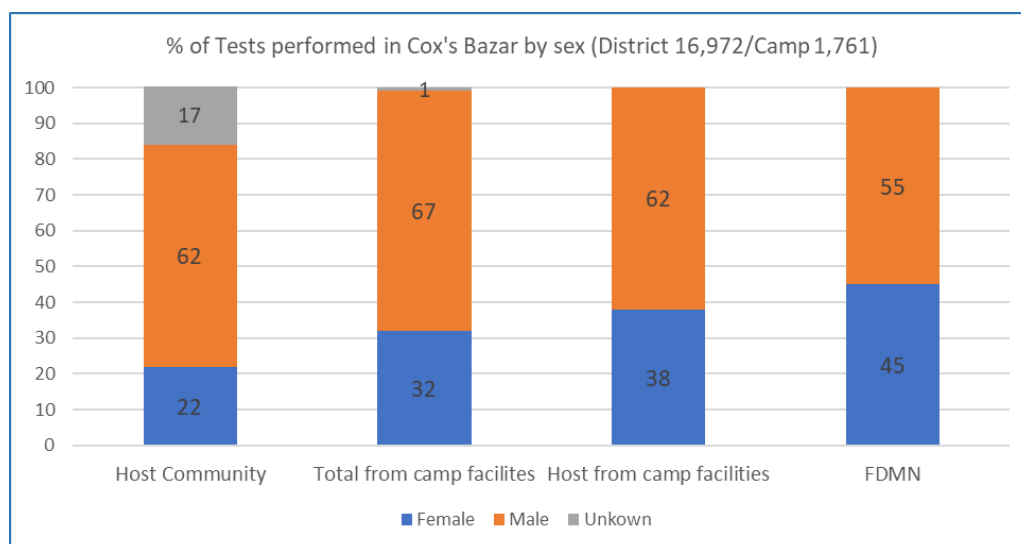


Figure 5: Percentage of tests performed in Cox's Bazar by sex in Host community and Rohingya refugee/FDMN community

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 29 June, 14,835 tests have been conducted. As of 29 June, a total of 2,519 tests were positive for COVID-19 in Cox's Bazar from the host community. So far, 538 tests have been conducted for Rohingya refugees/FDMN, with 50 positive cases to date
- As part of support to sentinel sites' sample collection in the camps, a total of 54 laboratory technicians and other health care workers received training on Biosafety, COVID-19 sample collection and transportation.
- WHO is supporting the expansion of the district laboratory for increased testing for Rohingya refugees and host community. The current daily sampling



Laboratory technicians receiving training on correct and safe COVID-19 sample collection and transportation

capacity is around 500 samples. The laboratory is supporting Chittagong and Bandarban district besides Cox's Bazar. In total 18,733 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 been undertaking rolling out of trainings for different categories of health care workers. 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
- In support to the newly established HDU/ICU facility at Sadar Hospital, WHO trained 32 Doctors and Nurses and other health care workers on Infection Prevention and Control.



Training at IOM Leda SARI ITC facility by WHO on health care waste management

- 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, 22 facilities have been visited and supported
- WHO is engaging with partners on health care waste management options for the SARI ITCs.
- WHO, in the reporting week, conducted health care waste management training for 13 medical staff members (cleaners and waste handlers) on proper health care waste management at the IOM SARI facility in Leda.
- A joint walk through supportive visit was conducted at ICRC/BDRCS SARI ITCs in Camp 2E and Camp 7 with dedicated support on facility layouts, infection prevention and control administrative and engineering controls, waste management, staff health among others. Once operational, these facilities will provide additional active beds to the health sector for admission of SARI patients.

CASE MANAGEMENT

- WHO has provided training of trainers for Government and partners in the camps and host community. 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
- In strengthening the MHPSS support and response to stressors in relation to COVID-19, WHO conducted supportive supervision with dedicated On Job Training at Quarantine centres and two facilities in , Kutupalong RC Enhanced plans for the mhGAP trained doctors and counsellors to support the communities and frontline workers were discussed. . So far nine facilities have been visited.
- In collaboration with the Protection Sector, 32 health care workers received training on "Child Protection for Child Carers from SARI ITCs. This is part of the ongoing efforts to streamline crosscutting issues during the pandemic response"
- As of 29 June 2020, six SARI ITCs are active, and can receive patients. This includes the ICU/HDU facility at Sadar Hospital with ten ICU and eight HDU beds. There are 267 and 112 active SARI and isolation beds respectively in the camps. Efforts are underway to identify potential partners and facilities to boost

quarantine capacity from 1,570 to 1,800. Additional sites for quarantine explored in Teknaf to gauge feasibility to expand facilities for COVID-19 high priority contacts

- To strengthen isolation facility partner collaboration and to encourage sharing of best practices, WHO facilitated a tour of a stand-by SARI ITC at MSF Rubber Garden for Hope Foundation clinicians in Ukhiya.

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

- Based on latest WHO guidance, Health Sector has drafted a plan and strategy due to be presented to Health Sector's Strategic Advisory Group for review, and subsequently finalized for wider dissemination. Health Sector is planning an inter-agency quality assurance and health facility visits to support partners.
- 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



Training on AFP and VPD surveillance at the FDMN/Rohingya camps

programs in the context of the COVID-19 pandemic

- VPD surveillance is being closely monitored by government authorities with the support of WHO SIMO network
 - WHO is planning to organize IPC training in the context of COVID-19 for government vaccinators and supervisors in readiness for restarting routine immunization sessions in FDMN camps.
 - The Civil Surgeon and the RRRC have approved the restarting of routine immunization sessions on an ad hoc basis, as per the Routine Immunization strategy developed in the context of COVID-19 and the Micro Plan. Relevant partners have been requested to accommodate the government vaccinators in facilities with a view to commencing outreach immunization sessions in the first week of July.
- WHO conducted training for 40 health care workers on Acute Flaccid Paralysis (AFP) and vaccine preventable disease surveillance (VPD).

OPERATIONAL SUPPORT AND LOGISTICS

- Expertise and support on structural, air flow and ventilation, patients and staff flow amongst other aspects was provided to IFRC/ BDRCS in Camp 2E and 'Rubber Garden' next to Camp 7
- Emergency supplies, Surgical kits and Trauma A and B kits were distributed to Sadar Hospital
- 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.

- 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.

POINTS OF ENTRY

- 14 of 19 planned “point of entry” temperature screening and hand washing stations completed and operational. Over the course of the week over 13,500 individuals (humanitarian, host community and Rohingya) were screened and 72 found febrile. Screeners offer education, give self-care and health handouts and refer to the health care facilities for follow-up. On-going participation from Health, WASH, Site Management, and Protection Sector partners ensure the daily functioning of these stations.



Successful screening and hand washing at Camp 9 Point of entry

COVID-19 HIGHLIGHTS: NATIONAL LEVEL, AS OF 30 JUNE 2020 (BANGLADESH)

	Last 24 hours	Total
COVID-19 tests conducted	18,426	769,460
COVID-19 positive cases	3,682	145,483
Number of people released/recovered	1,844	59,624
COVID-19 deaths	64	1,847

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"***

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

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.