



Oxygen generators installed at UNICEF SARI ITC in Teknaf Upazilla





Emergency: Rohingya Crisis

Situation Report #13

Date of issue: 08 July 2020

Period covered: Week 27
(29 June to 05 July 2020)

Location: Cox's Bazar, Bangladesh.

	Host Community	Rohingya refugee/FDMN
 Total confirmed COVID-19 cases in Cox's Bazar	2,803	54
 Total person in isolation in Cox's Bazar	1,389	31
 Total number of tests conducted	16,330	724
 Total deaths due to COVID-19	35	5

**Updated as of 06 July 2020; FDMN = Forcibly Displaced Myanmar Nationals*

HIGHLIGHTS

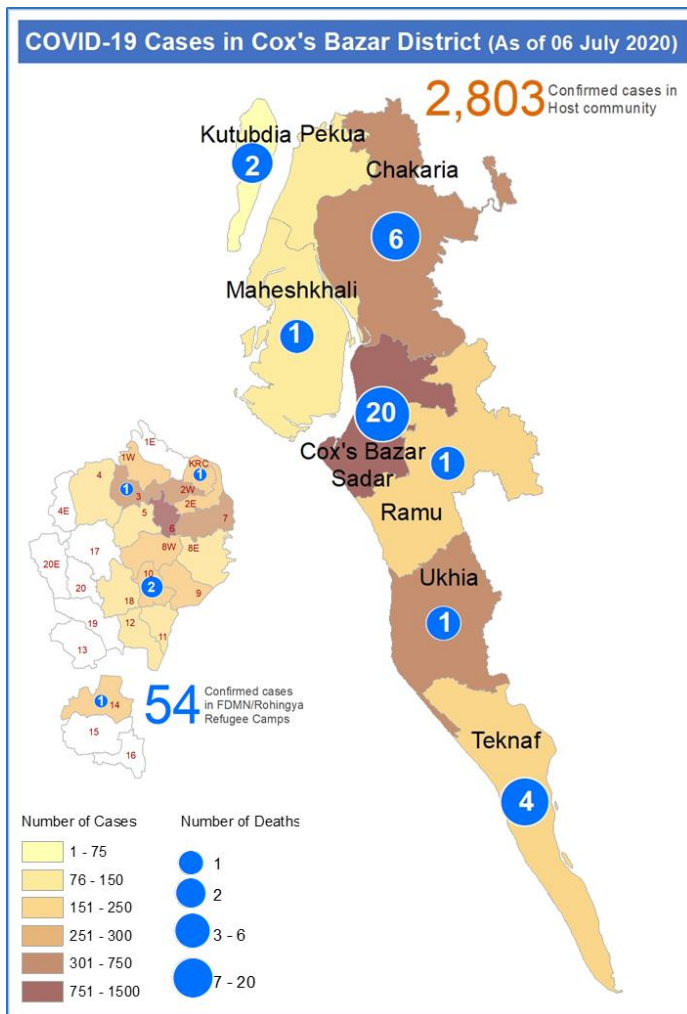
- A total of 2,803 COVID-19 positive cases have been reported in Cox's Bazar district (including Rohingya camps) as of 6 July 2020 as per Civil Surgeon Office, Cox's Bazar
- Fifty-four confirmed cases have been reported in Rohingya camps as of 6 July 2020. A total of 11 individuals are in institutional quarantine in the camps
- As of 6 July 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 Strategic Advisory Group (SAG) met to discuss current COVID-19 situation, health sector contribution to forthcoming Joint MSNA 2020, improving COVID-19 sample collection in the camps, home-based care during widespread transmission, inter-agency health facility visits in camps and draft strategy including operational plan to continue essential services.
- Camp Health Focal Points and Field Coordinators together with health sector team met to provide overview of the current COVID-19 situation, discuss role camp level on Rapid Investigation and Response Team (RIRT), and understanding of Dispatch and Referral Unit (DRU) operations. Field level challenges and ways to overcome these challenges was discussed during the meeting.



CHFP supporting and participating in a community sensitization visit to MSF-OCF facility in Camp 9



- Eleven regular camp level coordination meetings facilitated by camp health focal points (CHFPs) were held in the past one week with the focus on COVID-19 response. The CHFPs are supporting “go and see” visits to SARI activities by community representatives (Imams, Head Majhis, Disaster Management Unit (DMU) and women representatives). The visits are aimed at improving community confidence in accessing health services and addressing misinformation and rumors.
- Health sector and ISCG Gender hub completed the review of the gender awareness package for health care workers ahead of the planned session on Gender and health during COVID-19
- Health sector organized trainings rollout of awareness sessions for health partners on cross cutting issues in health to be facilitated by Protection, Gender, Gender based violence, Protection from Sexual Exploitation and Abuse and Child protection working groups in the coming week.
- Health sector initiated discussions with ISCG Gender Hub out of the need to collaborate in unpacking reasons behind the gender distributions on COVID-19 tests and confirmed cases in the host community and FDMN/Rohingya camps. Appropriate tool for in-depth enquiry will be developed further in the coming week.

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
- All CHWs completed the trainings on the enhanced community-based surveillance and new key messages and started identifying patients with COVID-like symptoms using simple algorithms. Once a patient is identified, she/ he will receive targeted counselling on testing, quarantine and isolation facilities and refer patients to health facilities. In the past week, reports from 116,668 household visits were received, 1,698 patients with mild and 7 patients with moderate/ severe COVID-like symptoms were identified and referred to the health facilities. The new approach aims to address community concerns and fears and enhance uptake of testing and treatment and has contributed to an increase in the number of tests conducted.
- Since the beginning of the response, CHWG conducted 1.1 million household visits and had contacts with a cumulative number of more than 2.17 million adult household members.
- Between June 25 and 02 July 2020 through CwC partners, 115,185 people in the FDMN/Rohingya camps were reached with COVID-19 messages through 40,284 neighbourhood-based sessions; 26,508 people were consulted on COVID-19 key messages through 13,018 community meetings; 1,564 listener group sessions were organized for 7,955 people; and 459 video/film show sessions held on COVID-19.
- Within the host community, 6,193 people were reached through 1,556 community awareness session on COVID 19. 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 6 July 2020, a total of 2,803 persons from the host community in Cox's Bazar district have tested positive for COVID-19: 350 from Chokoria, 244 from Teknaf, 126 from Maheshkhali, 1,387 from Sadar, 305 from Ukhia, 210 from Ramu, 109 from Pekua and 72 from Kutubdia
- As of 6 July 2020, 54 cases have been reported from the camps: three cases from camp 1W, two from camp 2E, seven from camp 2W, five 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.
- Strengthening of Rapid Investigation & Response Team (RIRT) coverage in camps is ongoing for COVID-19 response and required public health interventions in collaboration with other sectors. Recruitment of camp wise 20 Health and Disease Surveillance Officers (HDSOs) is ongoing.
- Rapid Investigation & Response Team (RIRT) induction training was conducted on 6 July 2020. The training is aimed at strengthening the outbreak response and coordination for COVID-19 in the camps through multi-sectoral collaboration between health and other sectors. More than 100 participants attended the online training.
- New sentinel sites for testing are being explored. The increase of sentinel sites from 12 to 20 among other measures taken has resulted in positive impact in number of samples collected from the camps. Last week a total of 164 COVID-19 tests were performed; more than double compared to the previous week. However,

the decrease in host community samples since introduction of mandatory fees continues to be very concerning.

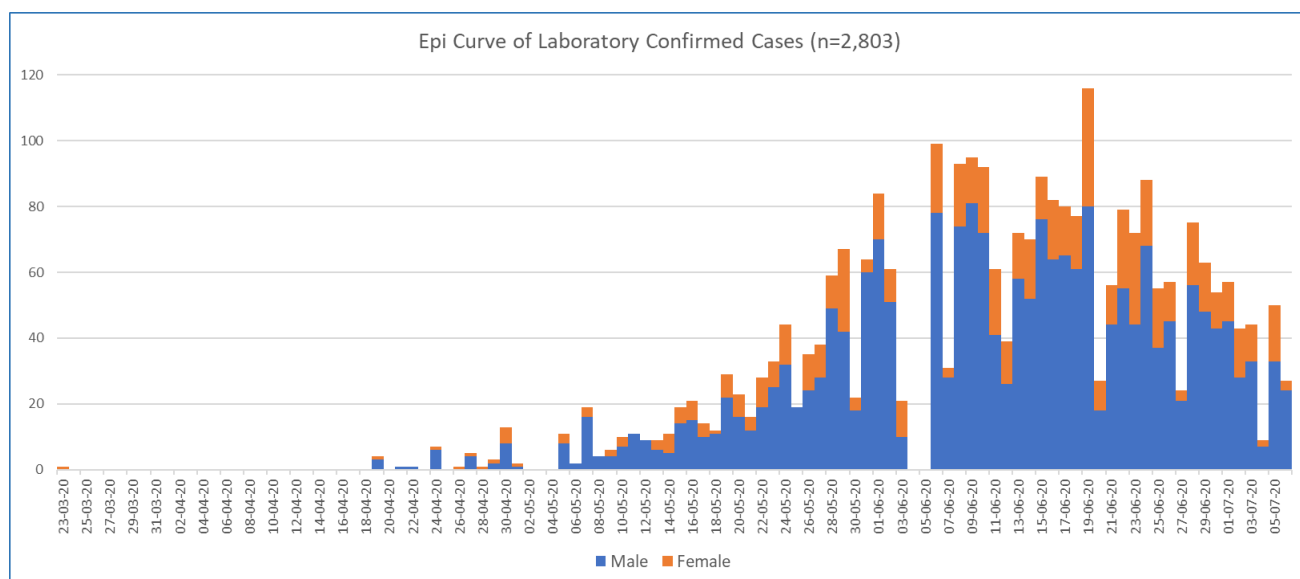


Figure 1: COVID-19 positive case in the host population in Cox's Bazar District

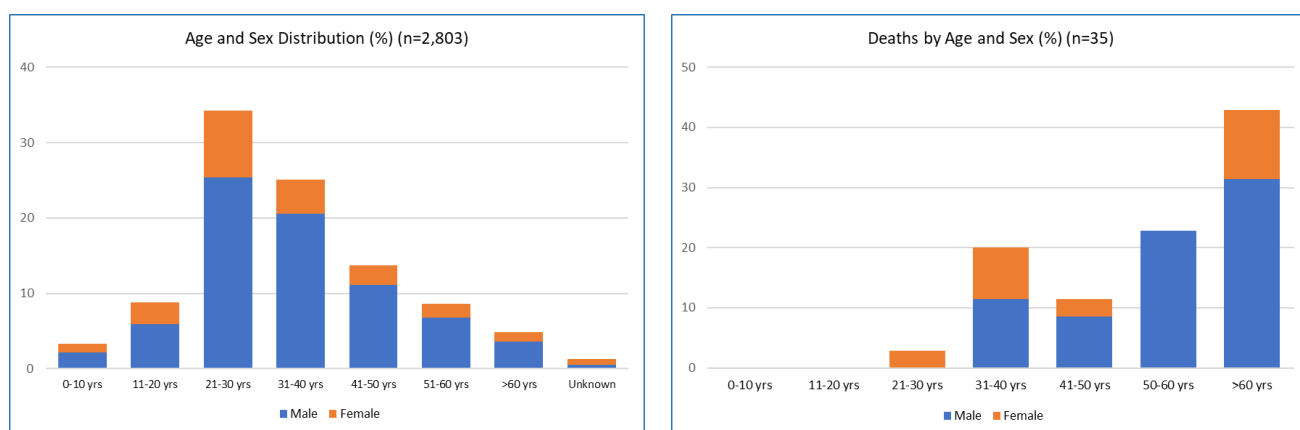


Figure 2: Age and sex distribution of COVID-19 positive cases in the host population Cox's Bazar District

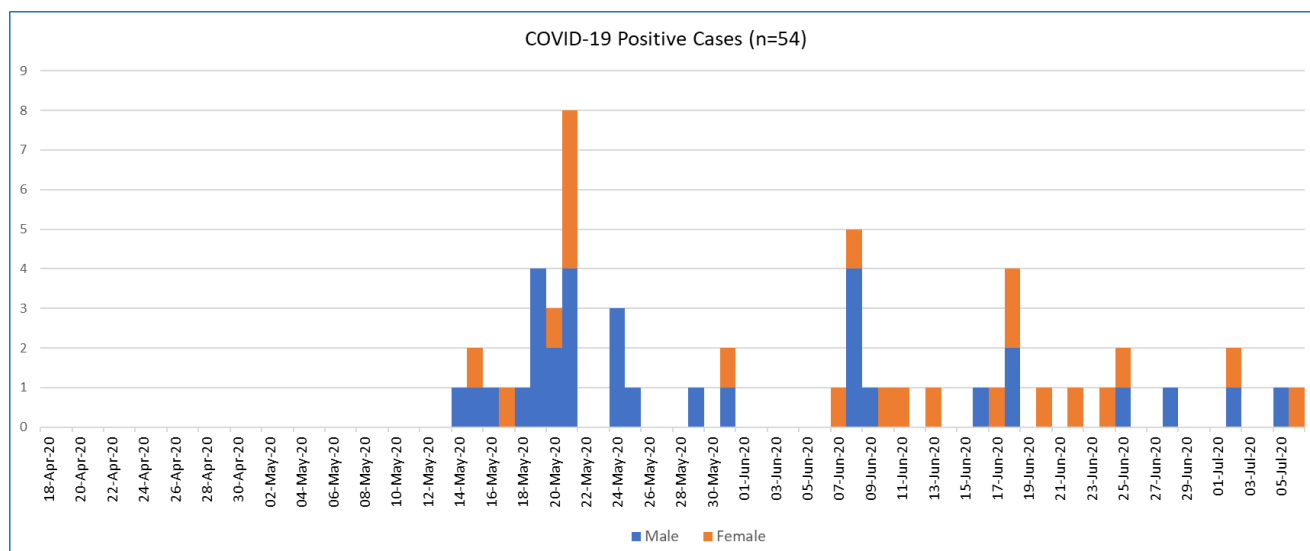


Figure 3: COVID-19 positive case in Cox's Bazar Rohingya refugee/FDMN community

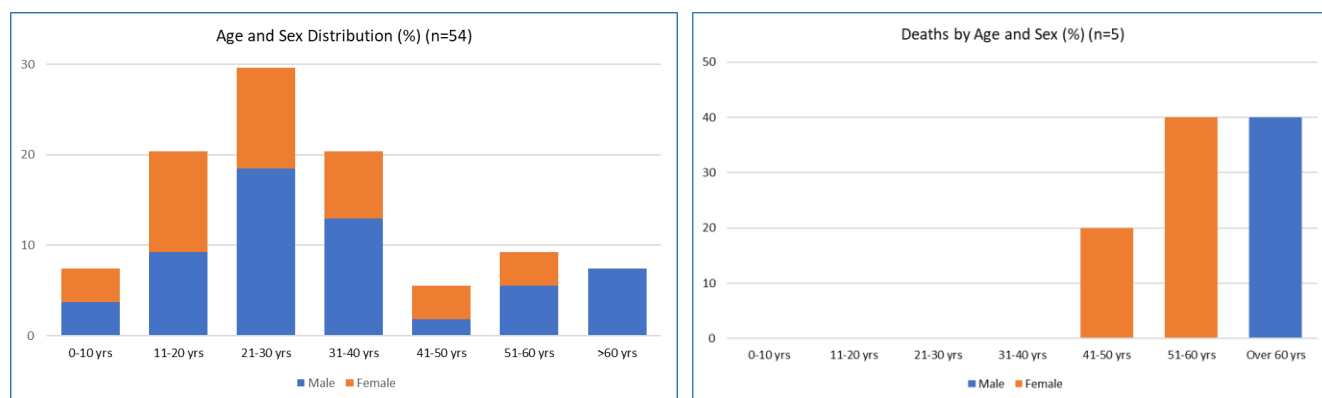


Figure 4: Age and sex distribution of COVID-19 positive cases in Cox's Bazar Rohingya refugee/FDMN community

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 6 July, 17,054 tests have been conducted. As of 6 July 2020, a total of 2,803 tests were positive for COVID-19 in Cox's Bazar from the host community. So far, 724 tests have been conducted for Rohingya refugees/FDMN, with 54 positive cases to date
- Thirty-two staff at the IEDCR Field Laboratory and Medical college received an extensive training on best practices for Biosafety, and COVID-19 sample handling within a Biosafety Level 2 laboratory. The training offered a detailed session on Infection Prevention and Control with focus on proper use of PPE for staff safety
- 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 20,827 tests have been conducted.

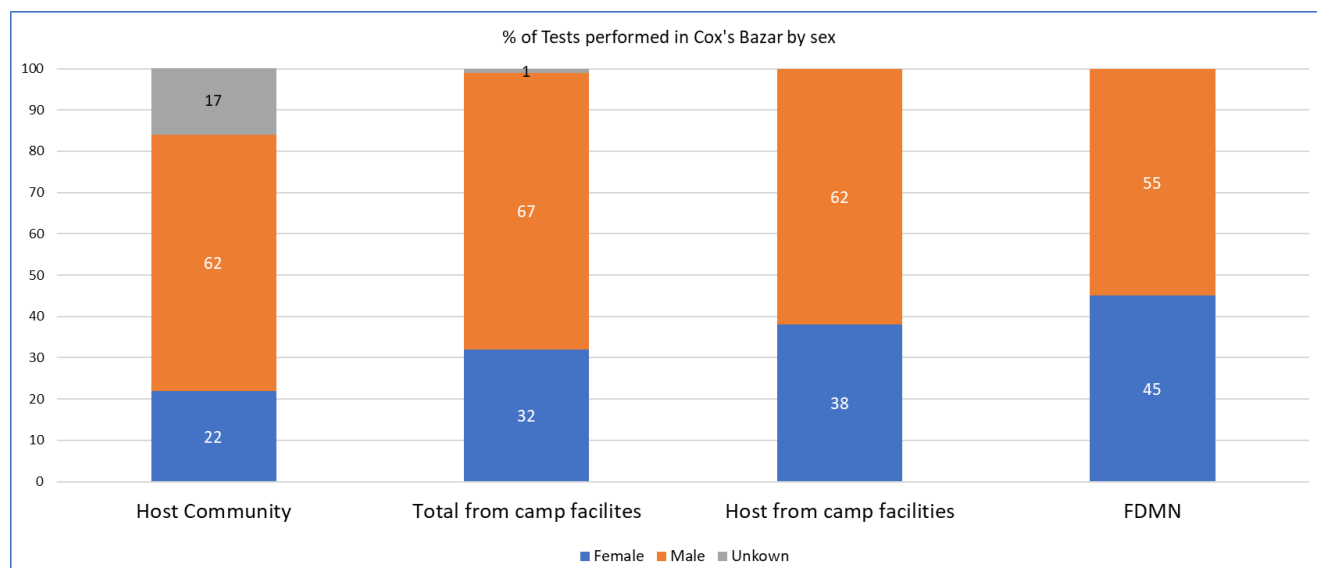


Figure 5: Percentage of tests performed in Cox's Bazar by sex in Host community and Rohingya refugee/FDMN community

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 419 and 1,103 government and humanitarian health care workers respectively.
- WHO continues to support partners as co-facilitators/observers of internal cascade trainings conducted by the partners both remotely and on-site
- 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 10 medical staff members (cleaners and waste handlers) on proper health care waste management at the UNHCR SARI facility.
- Since February 2020 and in support COVID-19 response in the host community and Cox's Bazar district, WHO has supplied 115 000 pairs of examination gloves, 5300 Face shields, 132 reusable goggles, 10 900 N95 or equivalent respirators, 1240 medical gowns, 100 aprons and 815 bottles of hand sanitizer.



HCWM training at the UNHCR SARI facility with focus on safety and IPC for waste handlers

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 two facilities in Camps 17 and 18. So far 12 facilities have been visited.
- As of 8 July 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.
- To improve the oxygen capacity during response and ensure access to essential lifesaving oxygen therapy care for the FDMN/Rohingya and the host community, WHO has supported partners in acquiring oxygen generators. Six units are being installed in four facilities; two at UNICEF SARI ITC, two at IOM SARI ITC, one at SCI SARI ITC and one at Ramu Upazila health complex.



WHO conducted Home-based care TOT for 43 participants (CHWs HCWs)

- A home-based care concept had been collaboratively developed between agencies to implement in the camps for the FDMN/Rohingya refugees during high transmission of COVID-19. As it is anticipated that the number of isolation beds will not be adequate for those with moderate and severe presentations of the illness, once a 75% bed occupancy is reached, the Health Sector will alert health partners in the camps to begin implementation of home-based care. An orientation to master trainers was held on July 5th. They will be teaching 100 HCW and CHW supervisor trainers in 2 batches between 6-9 July 2020. The first batch of 43 was

completed in the reporting week. The master trainers will roll out training to the remaining 1,400 CHWs and 150 HCWs, who will then be placed into teams and will serve a specific catchment area in the camps, using a nearby health post or facility as a medical support hubs.

MONSOON AND CYCLONE PREPAREDNESS

- The 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 Inter-Agency Emergency Health Kits (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.
- The 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, the 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 the roll out of 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 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 conducted IPC training for government vaccinators in Ukhia and Teknaf

- The surveillance and immunization medical officers (SIMOs) have conducted IPC training on COVID-19 to 140 government vaccinators and supervisors in readiness for restarting outreach immunization sessions beginning 06 July 2020.
- 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.

- Fourty-seven participants from 21 organizations participated in the "Maternal Health SOPs during COVID-19" orientation for managers of PHC, field hospital and maternity specific facilities. Training consisted of setting up screening, isolation holding units, and additional space for addressing stabilization of obstetric emergencies for women presenting with respiratory symptoms.

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.

- 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

- In the month of June, a total of 23,120 individuals were screened at "point of entry" to the camps, and of those 103 were found to be febrile. As of 5 July 2020, 15 of 19 planned sites for temperature screening and hand washing were functional. Those presenting with fever are referred to health care providers for follow up assessment, and offered COVID-10 related health and hygiene education. On-going participation from Health, WASH, Site Management, and Protection Sector partners ensure the daily functioning of these stations.

COVID-19 HIGHLIGHTS: NATIONAL LEVEL, AS OF 7 JULY 2020 (BANGLADESH)

	Last 24 hours	Total
COVID-19 tests conducted	13,173	876,480
COVID-19 positive cases	3,027	168,645
Number of people released/recovered	1,953	78,102
COVID-19 deaths	55	2,151

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/>

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.

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