



Hand washing at the point of entry in Camp 22





Emergency: Rohingya Crisis

Situation Report #14

Date of issue: 15 July 2020

Period covered: Week 28
(06 to 12 July 2020)

Location: Cox's Bazar, Bangladesh.

	Host Community	Rohingya refugee/FDMN
 Total confirmed COVID-19 cases in Cox's Bazar	2,973	57
 Total person in isolation in Cox's Bazar	1,161	34
 Total number of tests conducted	17,468	981
 Total deaths due to COVID-19	42	5

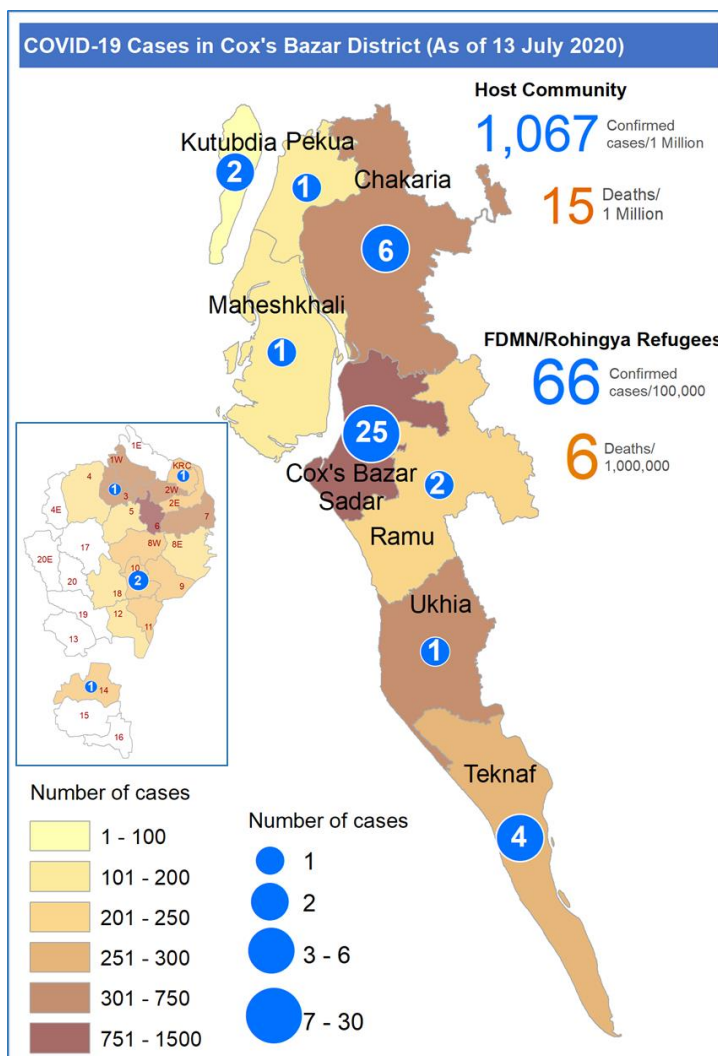
**Updated as of 12 July 2020; FDMN = Forcibly Displaced Myanmar Nationals*

HIGHLIGHTS

- A total of 3,030 COVID-19 positive cases have been reported in Cox's Bazar district (including Rohingya camps) as of 12 July 2020 as per Civil Surgeon Office, Cox's Bazar
- Fifty-seven confirmed cases have been reported in Rohingya camps as of 12 July 2020. A total of 8 individuals are in institutional quarantine in the camps
- 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 1,000 samples with a target of 2,000 in the coming weeks.

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 Strategic Advisory Group (SAG) met on 8 July, Wednesday afternoon to review current COVID-19 outbreak situation, and response. The Health Sector is planning to rollout inter-agency supportive supervision and monitoring visits at health facilities in camps to guide partners in improving quality of health services and strengthening health facilities' communication with communities in their catchment areas. The draft strategy and operational plan to continue essential health services was approved.
- Health Sector offered an on-line orientation for partners to be briefed on home-based care concept, discuss progress to date and review gaps in health care worker coverage. Call for volunteers (repurposed or new hire) made to address the need for additional medical staff for high transmission phase of COVID-19



- Seven 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.
- Health Sector Inter-agency team led by Ministry of health Coordination cell and RRRC Health Unit conducted quality assurance supportive supervision visit as Camp 26. Team interacted with health facility staff and communities in camp to support health facilities increasing community confidence to health facilities in context of current COVID-19 situation.



- Health sector coordinated three online awareness sessions for health partners in collaboration with ISCG Gender hub, PSEA network and GBV Sub-Sector. Participation in each of the sessions by health sector partners was as follows: Gender; 34 participants, PSEA; 46 participants and GBV; 36 participants. Two more sessions are planned for health partners in the coming week on protection and child protection.

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 02 and 08 July 2020 through CwC partners, 150,777 people in the FDMN/Rohingya camps were reached with COVID-19 messages through 49,421 neighborhood-based sessions; 22,713 people were consulted on COVID-19 key messages through 12,895 community meetings; 1,491 listener group sessions were organized for 7,961 people; and 389 video/film show sessions held on COVID-19.
- Within the host community, 8,161 people were reached through 1,698 community awareness session on COVID 19.

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 12 July 2020, a total of 2,973 persons from the host community in Cox's Bazar district have tested positive for COVID-19: 357 from Chokoria, 263 from Teknaf, 136 from Maheshkhali, 1,477 from Sadar, 317 from Ukhia, 219 from Ramu, 126 from Pekua and 78 from Kutubdia
- As of 12 July 2020, 57 cases have been reported from the camps: four cases from camp 1W, two from camp 2E, six from camp 2W, six from camp 3, one from camp 4, one from camp 5, ten from camp 6, five from camp 7, one from camp 8E, two from camp 8W, two from camp 9, two from camp 10, two from camp 11, one from camp 12, two from camp 14, one from camp 18, one from camp 22, two from camp 24, one from Camp 27, two from Kutupalong RC and three from Nayapara RC.
- To strengthen the surveillance and outbreak investigation, Rapid Investigation and Response Team (RIRT) induction trainings were carried out last week and the 100 participants deployed in camps accordingly as per RIRT mapping to respond to the outbreak. Recruitment of 20 camp wise Health and Disease Surveillance Officers (CHDSOs) is ongoing and they will be deployed in the coming weeks to coordinate the COVID-19 response in the camps.
- A refresher briefing with 20 ARI/ILI sentinel sites was conducted focusing on strengthening activities geared towards increasing the number of samples collected and maintaining quality of sample collection, storage and transportation. Hubs for collecting samples from health facilities in the camps were established.
- Go.data refresher training was conducted for ITC outbreak investigators to maintain unique data management system for the COVID-19 outbreak for refugees.
- Due to comprehensive efforts by health sector and partners, the samples collected from the camps has increased significantly. This upwards trend needs to be sustained to reach sufficient numbers through ongoing activities to improve community confidence in seeking health services. A drop in the number of samples collected from the host community since introduction of fees for testing continue to be observed.

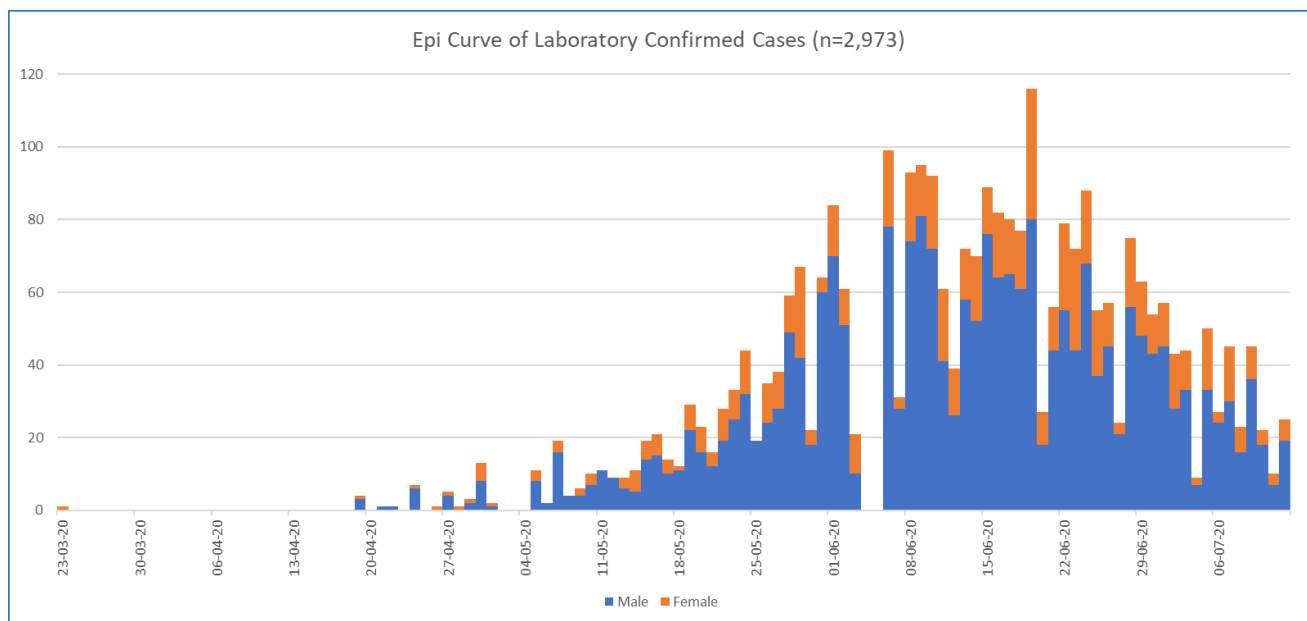


Figure 1: COVID-19 positive case in the host population in Cox's Bazar District

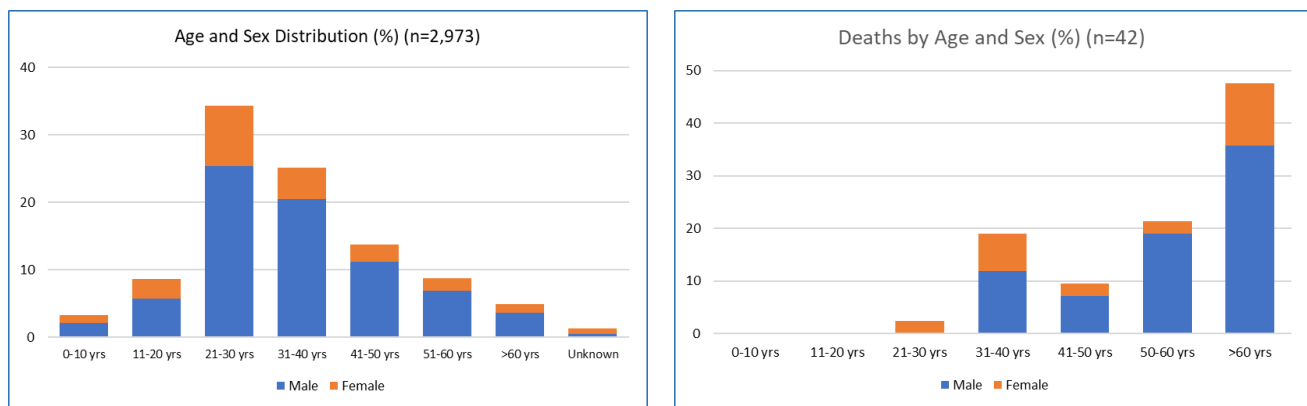


Figure 2: Age and sex distribution of COVID-19 positive cases in the host population Cox's Bazar District

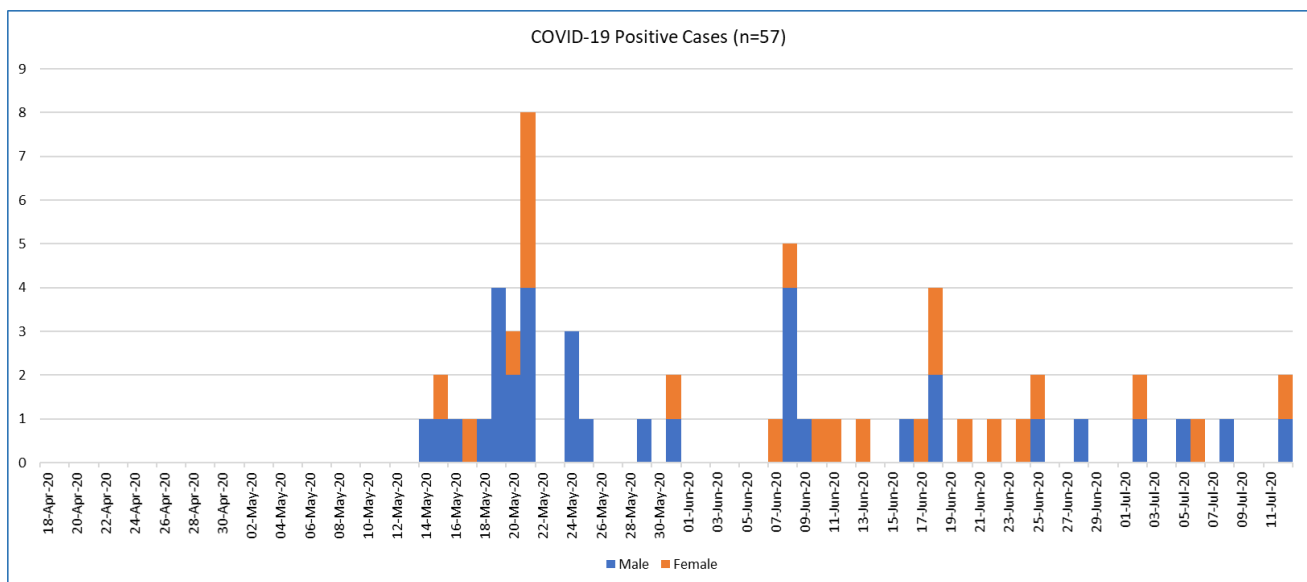


Figure 3: COVID-19 positive case in Cox's Bazar Rohingya refugee/FDMN community

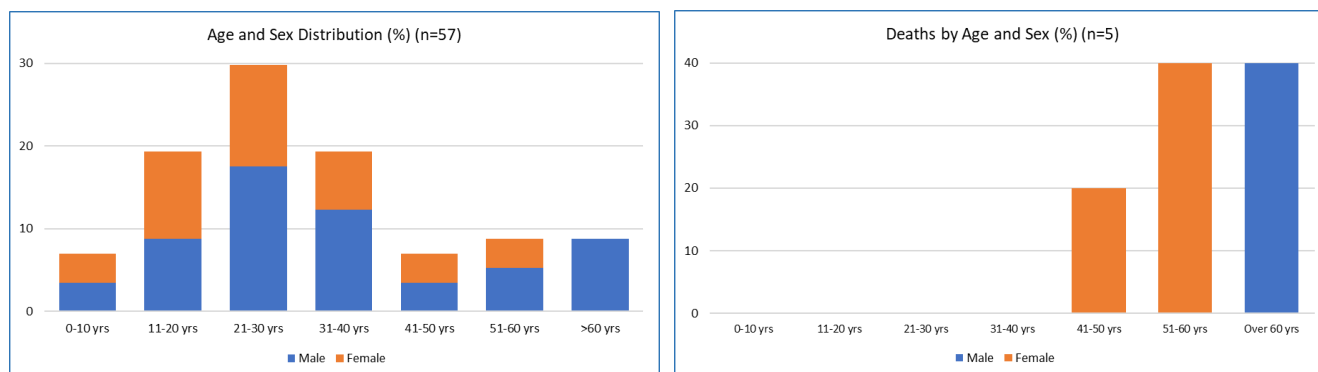


Figure 4: Age and sex distribution of COVID-19 positive cases in Cox's Bazar Rohingya refugee/FDMN community

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 12 July, 18,449 tests have been conducted. As of 12 July 2020, a total of 2,973 tests were positive for COVID-19 in Cox's Bazar from the host community. So far, 981 tests have been conducted for Rohingya refugees/FDMN, with 57 positive cases to date
- Fifteen health care workers received training this week on COVID-19 sample collection and transportation. This is part of an ongoing weekly training to increase capacity for sample collection at the sentinel sites within the camps
- 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 1,000 samples with a target of 2000 in the coming weeks. The laboratory is supporting Chittagong and Bandarban district besides Cox's Bazar. In total 22,575 tests have been conducted.

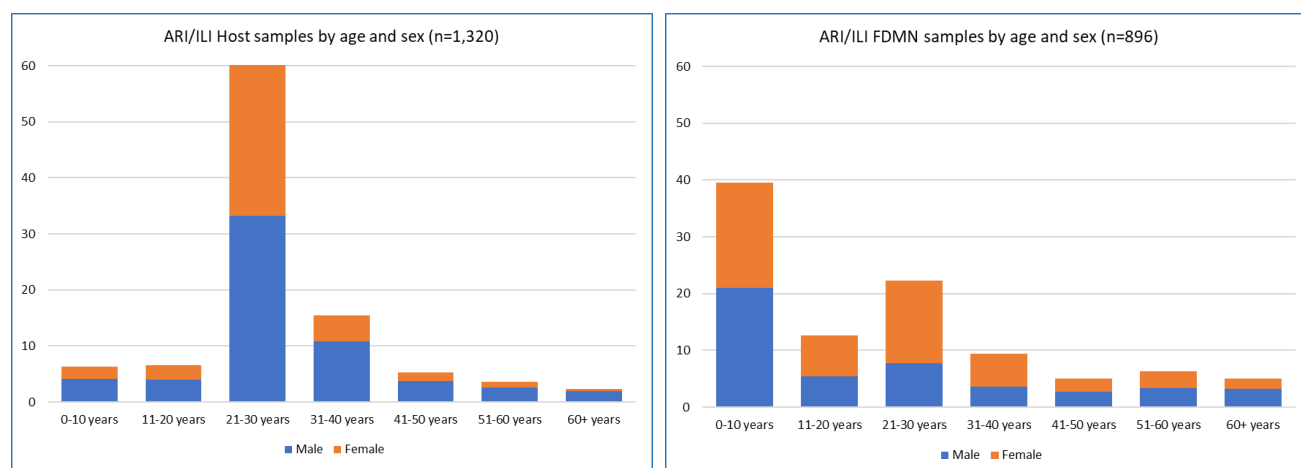


Figure 5: Number of tests conducted in camp facilities (as of 9 Jul 2020) by age and sex in Host community and Rohingya refugee/FDMN community

INFECTION PREVENTION AND CONTROL

- As part of the operational capacity building preparedness for COVID-19 response in Cox's Bazar, WHO conducted a prime 4 days training for Infection Prevention and Control of COVID-19. The multiple modular training has supported trainees from SARI ITC partners and Government to roll out different modules for their staff; with ongoing direct and indirect support from WHO. So far, 419 and 1,128 government and humanitarian health care workers have been trained 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 continues to support SARI ITCs on IPC design flow and this week, WHO worked with a team of engineers and health managers of IFRC SARI ITC in camp 7 to redesign layouts for staff and patient flows
- In the last six weeks, WHO donated several IPC items to partners as PPE. These included; 73,900 pairs of examination gloves, 2,234 face shields and goggles, 2,100 N95 or equivalent Respirators, 13,000 face masks, 702 gowns and 477 Aprons
- Twenty-five Health care workers received training on Infection Prevention and Control for Dead Body management in health care facilities.
- The Inception meeting for WASH-FIT conducted on 7 July 2020, engaging health, WASH partners and district and national authorities in deliberating about implementation of WASH-FIT to augment other endeavors for access to safe water in health facilities and IPC.



Training on IPC during handling of dead bodies in the context of COVID-19

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
- As of 13 July 2020, seven 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 292 and 108 active SARI and isolation beds respectively in the camps.
- Twelve Trainers attended online Trainers' Workshop on Clinical case management. The session was organized by SEARO and IMAI-IMCI
- Seventeen participants started a three-day mhGAP training. The participants are expected to gain knowledge and skills to identify and manage mental health conditions and offer psychosocial support to patients confirmed with COVID-19 and stress management for humanitarian workers.



WHO conducted batch 2 TOT for Home-based care to 42 participants (CHWs HCWs)

- A total of 89 participants (community health workers and health care workers) completed the training of the trainer last week for home-based care during high transmission of COVID-19. They are rolling out training this week to other CHWs and HCWs in the home-based care teams, ensuring that all are prepared to shift duties if the number of sick individuals exceed bed availability at isolation facilities.
- Child recreation kits were delivered to quarantine facilities at Camp 4 extension (block F and block I) from UNICEF and through the Child Protection Sub Sector (CPSS). This will ensure that children in quarantine have recreational activities in the facility, while adhering to safe IPC practices.

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.



Caregiver washing hands before entering EPI session

- 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. A list of dedicated active and passive surveillance sites in FDMN/Rohingya refugee camps was prepared and shared with partners for further inputs.

- Following the IPC training for the vaccinators, immunization outreach sessions began on 7 July 2020. Line listing of the

missed/dropped out children is underway to ensure that they are covered. Social mobilization however, remains a challenge.

OPERATIONAL SUPPORT AND LOGISTICS

- Expertise and support on structural, air flow and ventilation, patients and staff flow amongst other aspects was provided to IFRC SARI ITCs
- WHO supported IOM with two rental cars (with drivers' partition) and drivers for daily COVID-19 suspected cases as part of dispatch and referral unit (DRU)
- 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.



WHO providing expertise advice on SARI structural design and IPC design flow to IFRC

POINTS OF ENTRY

- An additional 18 screeners completed orientation for the points of entry (POE) sites and are ready to begin temperature screening in their respective camps. Supportive supervision for POE was offered at Camp 12, Camp 9 and Camp 7. New IEC materials and visual cues were distributed to assist in sensitizing the community to hand hygiene and temperature screening.

COVID-19 HIGHLIGHTS: NATIONAL LEVEL, AS OF 14 JULY 2020 (BANGLADESH)

	Last 24 hours	Total
COVID-19 tests conducted	13,453	966,400
COVID-19 positive cases	3,163	190,057
Number of people released/recovered	4,910	103,227
COVID-19 deaths	33	2,424

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"**

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