



Vaccination at birth: BCG and 0 dose OPV at birth at RTMI CWC PHC in Camp





Emergency: Rohingya Crisis

Situation Report #15

Date of issue: 22 July 2020

Period covered: Week 29
(13 to 19 July 2020)

Location: Cox's Bazar, Bangladesh.

	Host Community	Rohingya refugee/FDMN
 Total confirmed COVID-19 cases in Cox's Bazar	3126	62
 Total person in isolation in Cox's Bazar	911	38
 Total number of tests conducted	18 531	1288
 Total deaths due to COVID-19	43	6

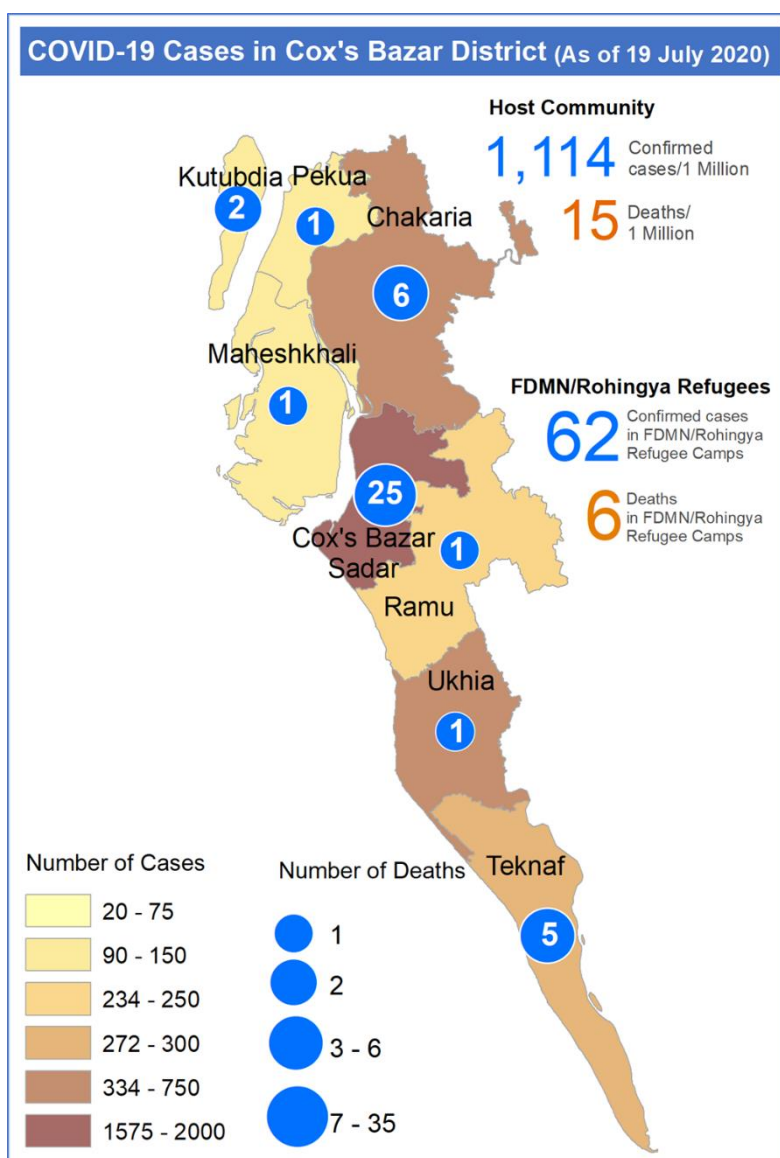
**Updated as of 19 July 2020; FDMN = Forcibly Displaced Myanmar Nationals*

HIGHLIGHTS

- A total of 3188 COVID-19 positive cases have been reported in Cox's Bazar district (including Rohingya camps) as of 19 July 2020 as per Civil Surgeon Office, Cox's Bazar.
- Sixty-two confirmed cases have been reported in Rohingya camps as of 19 July 2020. A total of 23 individuals are in institutional quarantine in the camps.
- WHO has supported Ukhia Upazilla Health Complex with equipment for screening and diagnosis of Noncommunicable diseases (NCDs) (including Digital blood pressure machine, weight machine, height scale, stethoscope, glucometer). The equipment will also benefit 17 community clinics and four union sub-centers, in addition to the UHC.

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 Strategic Advisory Group met on scheduled day (Wednesday, 15 July 2020) discussing current situation and adapting the response strategy (such as Home-Based Care, sentinel sites offering COVID-19 sample collection for more coverage and community engagement to improve access to health services) that best fit to the current context.
- Quality assurance by the Health Sector and WHO have commenced in the camps and a recent visit highlighted the need to put more efforts in community engagement on messaging with regards to importance of mask wearing. Limited physical distancing in the facilities was also observed as well as limited COVID-19 materials on display.



Camp level health coordination meeting attended by Camps 24 and 25 health partners

- Eight 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. In addition, Teknaf Upazila level health Sector Coordination meeting was held to discuss current COVID-19 situation, Immunization and Cyclone Preparedness in camps.
- Health sector coordinated two online awareness sessions on cross-cutting issues for health partners in collaboration with protection and child protection working groups. The sessions were attended by 37 and 16 health partners' staff respectively.
- Health sector continued with preparations for upcoming week's four days training on Clinical Management of Rape/Intimate Partner Violence in coordination with SRH working group and UNFPA. Nominations for the two batches were received from the targeted PHCs ahead of the planned training.
- Continued ongoing collaboration between health sector and GBV/GIHA working groups; through participation in GBV monthly coordination meeting, ISCG information management meeting with a focus

on gender and consultative meeting with ISCG Gender hub to explore means to unpack reasons behind the gender distribution of COVID-19 cases in the host community.

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, use of masks by communities and other issues. WHO has provided technical input to responses to rumors and community feedback through Communication with Community (CWC) mechanisms, and collaborated with partners on the roll-out of messaging around mask wearing.
- WHO is supporting translation of essential technical materials into local language to improve uptake of messages and support behavioral impact, including key messages for the public and official guidance.
- Through the enhanced community-based surveillance, community health workers (CHWs) continue to identify patients with COVID-like symptoms using simple algorithms. In the past week, reports from 121 177 household visits were received, 1894 patients with symptoms of mild respiratory tract infections and 14 patients with moderate/ severe COVID-like symptoms were identified. More than half of the patients were referred to 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.
- In the past week, CHWs provided messages on COVID-19 to 257 665 persons. Since the beginning of the response, CHWG conducted more than 1.24 million household visits and had contacts with a cumulative number of more than 2.43 million adult household members.
- Between 9 and 15 July 2020 through CwC partners, 125 404 people in the FDMN/Rohingya camps were reached with COVID-19 messages through 37584 neighborhood-based sessions; 28920 people were consulted on COVID-19 key messages through 11 424 community meetings; 1286 listener group sessions were organized for 8250 people; and 350 video/film show sessions held on COVID-19.
- Within the host community, 10 200 people were reached through 2734 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 19 July 2020, a total of 3126 persons from the host community in Cox's Bazar district have tested positive for COVID-19: 362 from Chokoria, 272 from Teknaf, 141 from Maheshkhali, 1566 from Sadar, 331 from Ukhia, 232 from Ramu, 134 from Pekua and 88 from Kutubdia
- As of 19 July 2020, 62 cases have been reported from the camps: four cases from camp 1W, two from camp 2E, six from camp 2W, nine 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, two from camp 18, two from camp 22, two from camp 24, one from Camp 27, two from Kutupalong RC and three from Nayapara RC.
- Staff from MoH Coordination Cell have been trained on Go.data to build capacity in provision of camp level monitoring support during Go.data implementation.
- The number of tests conducted among the FDMN/Rohingya refugees has improved. In week 29, number of tests/1million population was 357 compared to 43 in week 25. On the other hand, a decrease in the number of tests has been observed in the host community in the district. The number of tests/1 million population in week 29 is 379 while in week 25 it was 1030.
- COVID-19 sample collection sentinel sites expansion to cover all camps (at least one site per camp) remains a key priority. Currently 20 sites are operational to collect samples. Additional sites being proposed by different partners are under review.

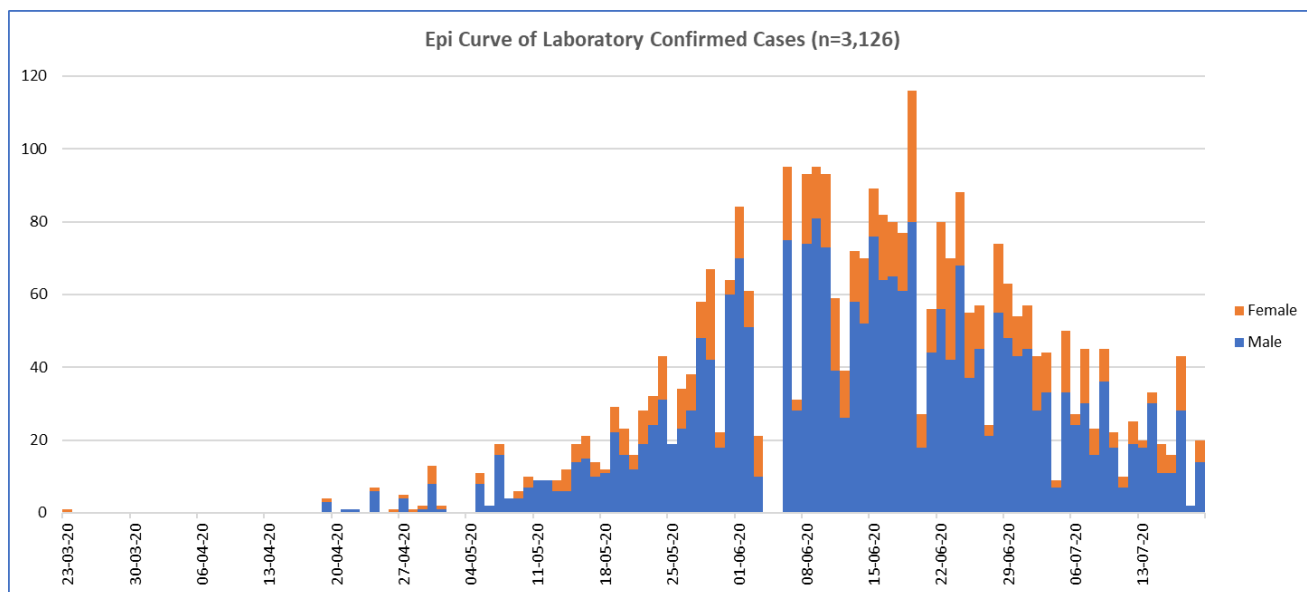


Figure 1: COVID-19 positive case in the host population in Cox's Bazar District

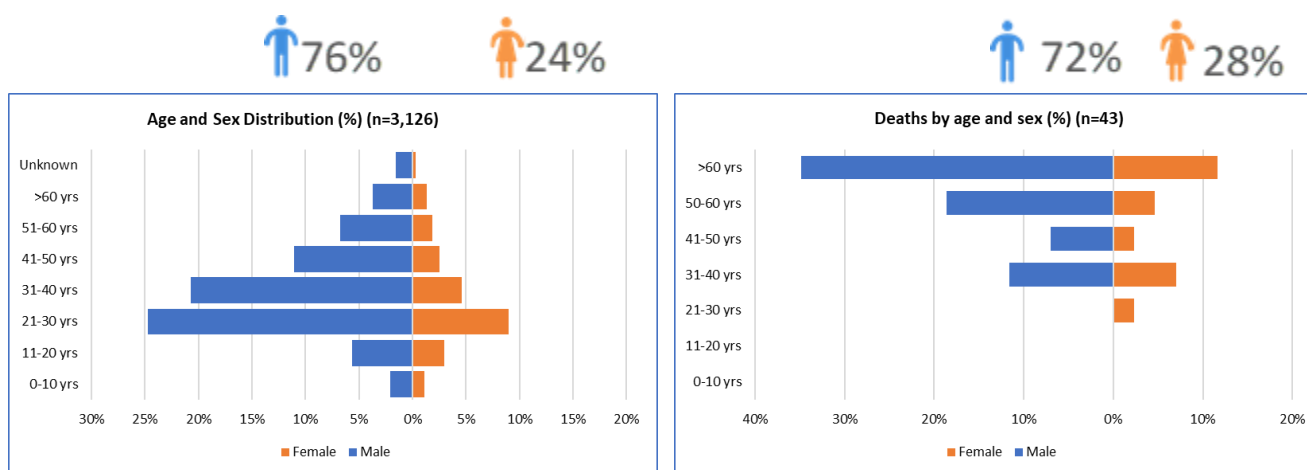


Figure 2: Age and sex distribution of COVID-19 positive cases in the host population Cox's Bazar District

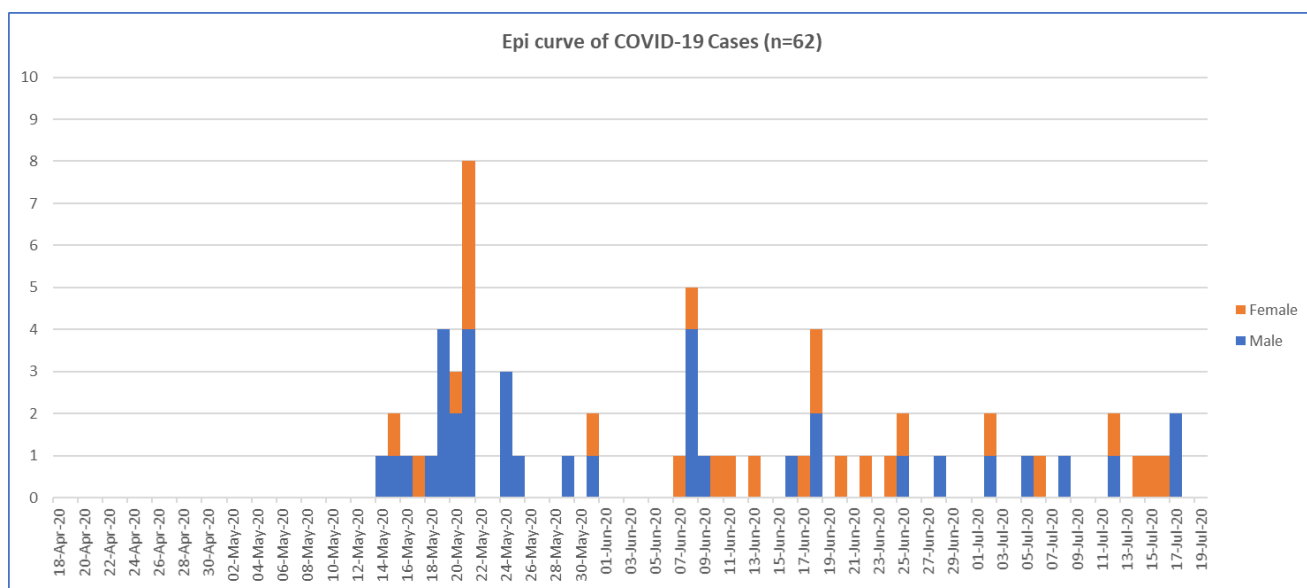


Figure 3: COVID-19 positive case in Cox's Bazar Rohingya refugee/FDMN community

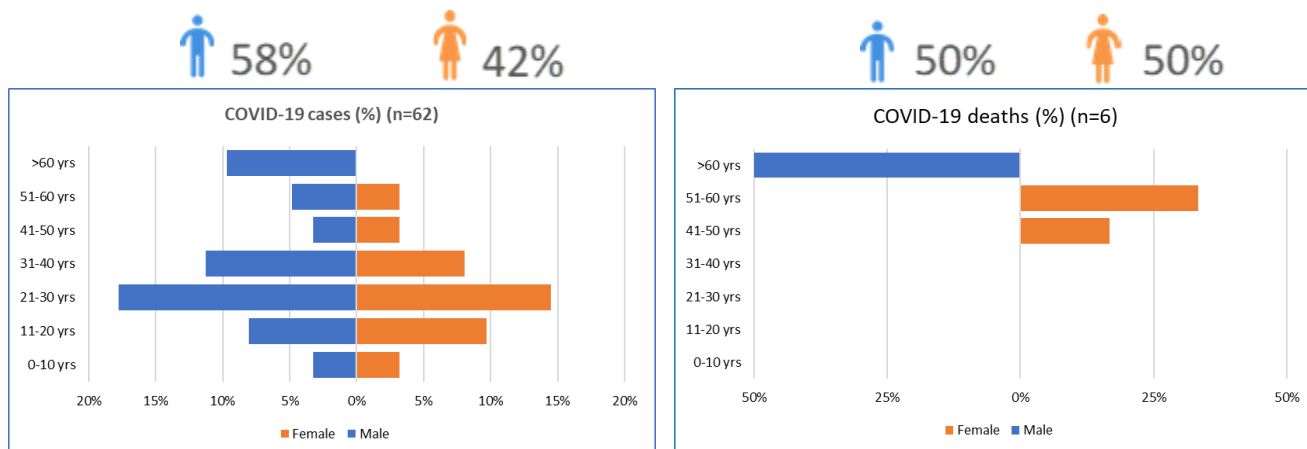


Figure 4: Age and sex distribution of COVID-19 positive cases in Cox's Bazar Rohingya refugee/FDMN community

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 19 July, 19,819 tests have been conducted.
- Twenty-five health care workers were trained on COVID-19 sample collection and transportation. This is part of the weekly training to support efforts to increase capacity of sample collection in the camps. A total of 40 people been trained in the last two weeks.
- 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 24 188 tests have been conducted.

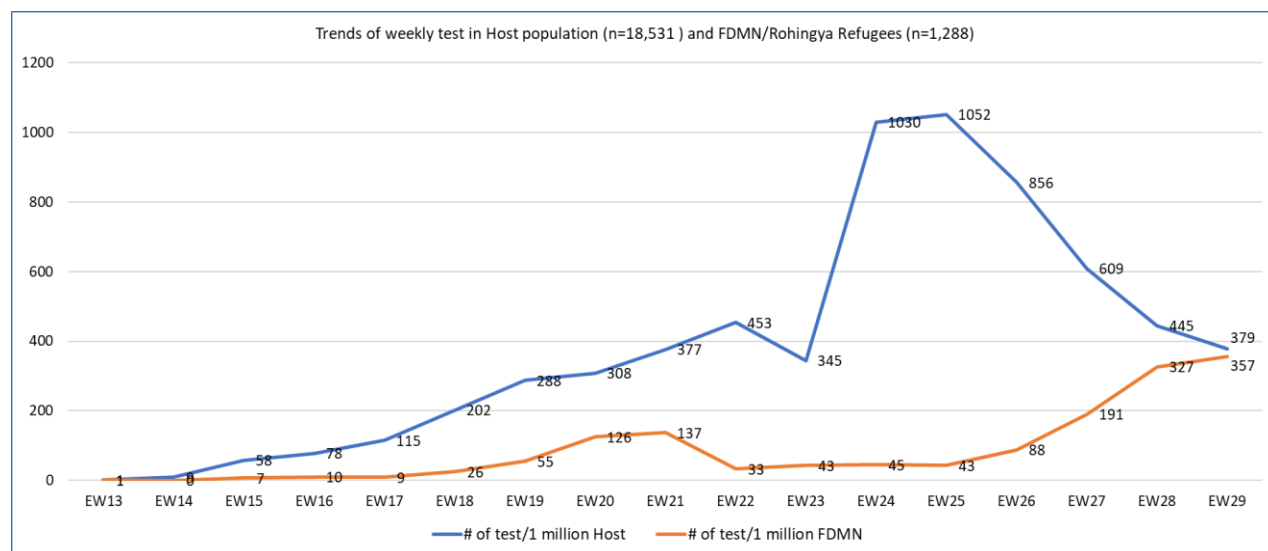


Figure 5: Number of tests conducted per 1 million among the host population and the FDMN/Rohingya refugees

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-day training for Infection Prevention and Control of COVID-19. The multiple modular training has supported trainees from Severe Acute Respiratory Infection (SARI) ITC partners and Government to roll out different modules for their staff; with ongoing direct and indirect support from WHO. So far, 494 and 1320 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.
- A quality assurance visit and dry run was conducted at SCI SARI ITC in camp 21. The facility is functional with 20 active beds and ready to receive COVID-19 patients.
- 22 Health Care workers at Ukhiya Upazila received a one-day IPC training COVID-19 training which is being rolled out to all Upazilas in the district
- Following the findings of quarter 2 2020 assessment by Camp health focal points (CHFP), WHO is conducting IPC supportive supervision visits to Health care facilities. Six health facilities were supported this week in camp 3,4, 4Ext, 20 Ext, 5 and 1E. These visits are also following up on progress achieved following the training that was conducted in February 2020.



WHO team conducting IPC supportive supervision a PHC facility in the camps

CASE MANAGEMENT

- WHO has provided training of trainers (ToT) for Government and partners in the camps and host community. As the participants of the ToTs conducted by WHO earlier, roll out the trainings within their organization, WHO continues to support remotely and on-site with updated guidance and training content.
- As of 19 July 2020, 10 SARI ITCs are active, and can receive patients. This includes the ICU/HDU facility at Sadar Hospital with eight ICU and ten HDU beds. There are 391 and 126 active SARI and isolation beds respectively in the camps.
- WHO conducted a COVID-19 ICU Case Conference at Sadar Hospital. It was attended by doctors working at



WHO conducted training for doctors on mhGAP in the context of COVID-19

the UNHCR-Sadar Hospital ICU for COVID-19 Care and addressed major issues and concerns regarding outcomes of patients at the facility with a clinical lens to available therapeutic interventions and ability of staff to utilize them following timely decision making.

- Twenty Health Care workers at Ukhiya Upazila completed a one-day Clinical Case management on COVID-19. This is part of ongoing efforts to reach all Upazilas in Cox's Bazar.
- Twenty doctors completed a 3-day training on mhGAP. This is part of ongoing capacity building for mental health interventions pre COVID-19 and with attention to stress management during COVID-19 pandemic.
- Health Sector is in the process of identifying camp-level coordinators, and assistant coordinators for home-based care. Sensitization on the need for additional health care workers is on-going.

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.



WHO staff explaining camp level monsoon and cyclone contingency plan at Teknaf Upazila coordination meeting

- 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 Mobile Medical Teams, as well as the Dispatch and Referral Unit, are operational and ready to respond to adverse effects of heavy monsoon rains. Discussions continued with camp-level health focal points and authorities to develop camp-wide contingency plans.

ESSENTIAL HEALTH SERVICES



WHO conducted training for medical officers and midwives on maternal health in the context of COVID-19

- 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 total of 109 clinicians were trained on maternal health SOP to ensure acceptance of symptomatic women coming for maternal health care or having obstetric emergencies into their facilities.
- 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 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. Ninety-eight CHW supervisors were trained by IVD team on revised strategy & micro plan for effective social mobilization.

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 transport of COVID-19 suspected cases as part of the Dispatch and Referral Unit (DRU).
- 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 has supported Ukhiya Upazilla Health Complex with NCD screening equipment (including Digital blood pressure machine, Weight machine, Height scale, Stethoscope, Glucometer). The equipment will also benefit 17 community clinics and 4 union sub-centers.
- Working closely with the Civil Surgeons Office and Upazilla Health and Family Planning Officers, WHO started the process for putting in place Blood Transfusion Centres at Ukhiya and Teknaf UHCs. These centres will contribute to delivery of life-saving blood transfusion for the FDMN/Rohingya refugees and host community.



WHO handing over equipment at Ukhiya Upazila

POINTS OF ENTRY

- Screening at 17 of the 19 targeted points of entry continues, and as of 16 July 2020 a total of 67861 individuals was screened and 92 found as febrile. Point of entry screeners educate humanitarian, host community and FDMN / Rohingya refugees on COVID-19 warning signs, and counsel on mask wearing and hand hygiene. All who present with fever are given information sheet and referred to health care facility.

COVID-19 HIGHLIGHTS: NATIONAL LEVEL, AS OF 21 JULY 2020 (BANGLADESH)

	Last 24 hours	Total
COVID-19 tests conducted	13,362	1,041,661
COVID-19 positive cases	2,928	207,453
Number of people released/recovered	1,914	113,558
COVID-19 deaths	50	2,668

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"**

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.