



Photo: WHO is supporting acquisition of Oxygen in Cox's Bazar supply systems in CXB.





Emergency: Rohingya Crisis

Situation Report #16

Date of issue: 29 July 2020

Period covered: Week 30
(20 to 26 July 2020)

Location: Cox's Bazar, Bangladesh.

	Host Community	Rohingya refugee/FDMN
 Total confirmed COVID-19 cases in Cox's Bazar	3231	66
 Total person in isolation in Cox's Bazar	670	35
 Total number of tests conducted	19464	1724
 Total deaths due to COVID-19	53	6

**Updated as of 26 July 2020; FDMN = Forcibly Displaced Myanmar Nationals*

HIGHLIGHTS

A total of 3297 COVID-19 positive cases have been reported in Cox's Bazar district, of which 66 in the Rohingya camps with 19 individuals currently in institutional quarantine (source: Civil Surgeon Office on 26 July 2020). WHO continues to support improved capacity to screen, diagnose and manage Noncommunicable diseases (NCDs). Routine immunization sessions restarted this month, but progressing slowly due to the heavy rains and distant sessions sites. Messaging on routine immunization program is required to encourage attendance.

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, bi-weekly Health Sector coordination meetings and daily updates continue.
- Health sector coordination meeting was held on 22 July 2020, focusing on the current COVID-19 situation and response, disease surveillance, vaccine preventable diseases (VPD), improving immunization coverage, and results of inter-agency visits to camps and health facilities. It was noted that the number of tests among the Rohingya had increased and activities carried out to boost community confidence in utilizing health services need to be continued.

- Health sector and WHO initiated quality assurance/supportive supervision visits in the camps and concluded that community engagement is needed to increase the number of people wearing facial masks.

WHO is collaborating with ISCG and RRRC office to produce messages on mask distribution engaging the CwC working group. Camp health focal points (CHFPs) coordinated 9 camp level meetings in the past week to discuss the COVID-19 response. Nine 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 the Ukhia health coordination meeting 32 participants contributed with updates on the COVID-19 situation and response, routine immunization and cyclone and monsoon preparedness. Emphasis was given to improving routine immunization among FDMN, including coverage evaluation survey and vaccine cards
- In collaboration with the SRH working group, the health sector completed the first 4 days training on Clinical Management of Rape/Intimate Partner Violence (CMR/IPV) to increase availability of GBV essential health services in PHCs. The training was jointly facilitated by WHO, UNFPA and IRC with the participation of 25 medical personnel from 8 health agencies.

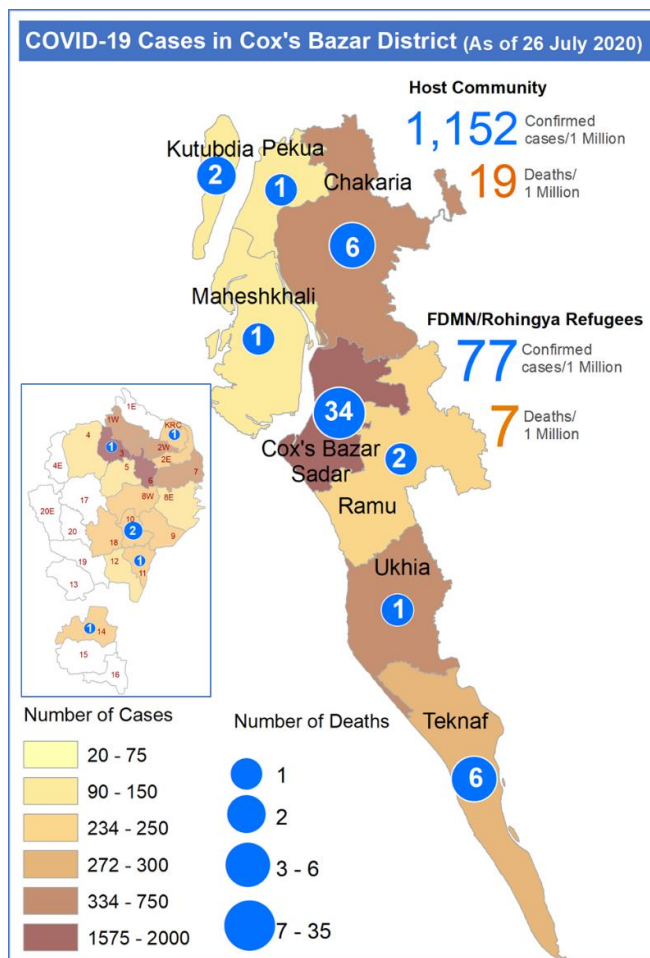


Photo: Four-day CMR and GBV training

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- WHO is engaging communities, health partners and other key stakeholders to develop, implement and monitor an action plan to effectively help prepare populations and protect them from COVID-19. Messages include general information on COVID-19, risks and vulnerabilities, safe and dignified burials, home-based care, quarantine, isolation and treatment centres, use of masks, among others.

- WHO has provided technical input to quickly respond to rumours and promote community feedback through Communication with Community (CwC) mechanisms, and is collaborating with partners to disseminate information about safe use of facial masks.
- WHO is supporting translation of essential technical materials into local language to improve public awareness and behavioural change, including key messages for public and official guidance. In one week, community messaging on COVID-19 reached 237 759 individuals.
- Through enhanced community-based surveillance, community health workers (CHWs) continue to identify patients with COVID-like symptoms. In the past week, 125 599 household visits allowed the identification of 2433 patients with mild symptoms of respiratory tract infections and 9 patients with moderate/severe symptoms. In total, 1196 patients were referred to health facilities. The new approach aims to address community concerns and increase testing and treatment.
- Home-based care (HBC) trainings continue and are in preparation for implementation. Last week, the CHWG trained 68 HBC field coordinators and their assistants.
- Between 16-22 July 2020 CwC partners approached 110 386 people in the FDMN/Rohingya camps to provide COVID-19 information. In total, 42 835 neighbourhood-based sessions and 9555 community meetings reached 27 256 people with COVID-19 key messages. Furthermore, 7817 people participated in 1363 group sessions and in 413 film sessions.
- Among host communities, 9461 people participated in 2951 community awareness meetings on COVID-19.

SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION:

- WHO continues to provide epidemiological data to continuously support operational decision making for the COVID-19 response in Cox's Bazar. As of 26 July 2020, a total of 3231 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 371 in Chokoria, 274 in Teknaf, 147 in Maheshkhali, 1626 in Sadar, 344 in Ukhia, 240 in Ramu, 147 in Pekua and 91 in Kutubdia.

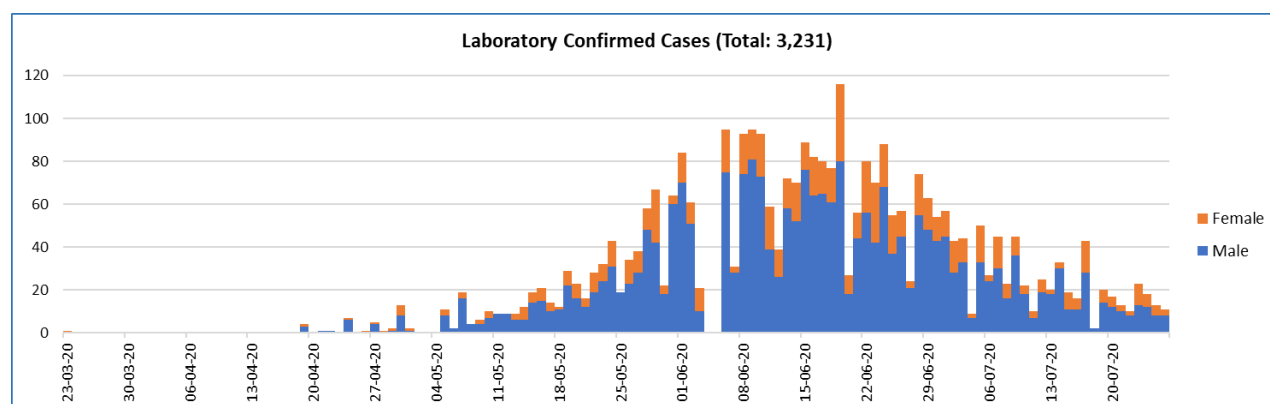


Figure 1: COVID-19 positive case in the host population in Cox's Bazar District

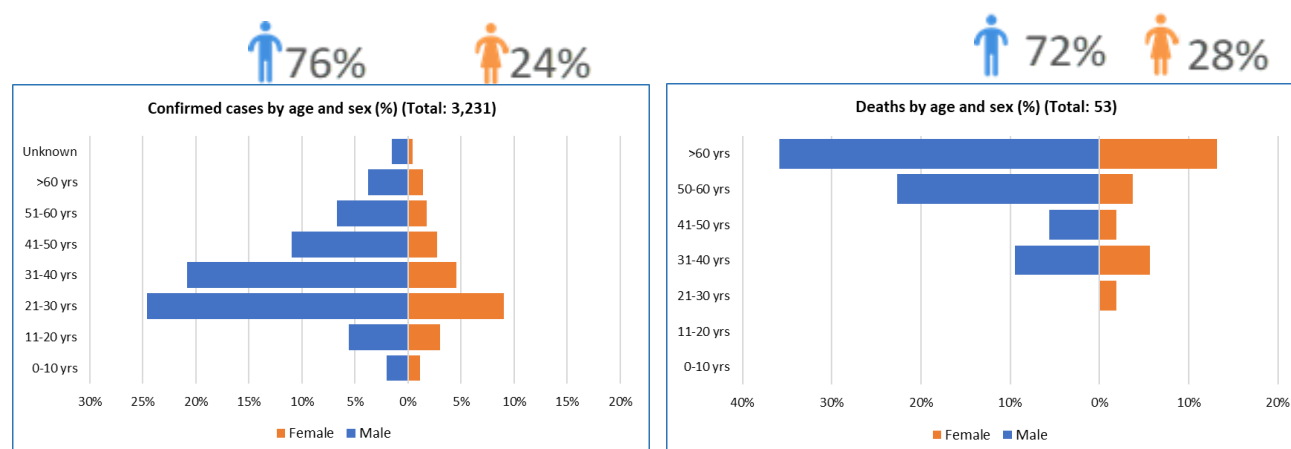


Figure 2: COVID-19 positive cases by age and sex among host

Figure 3: COVID-19 deaths by age and sex among host population in Cox's Bazar District

- As of 26 July 2020, a total of 66 COVID-19 cases among Rohingya/FDMN have been reported: five in Camp 1W, two in Camp 2E, six in Camp 2W, nine in Camp 3, one in Camp 4, one in Camp 5, ten in Camp 6, five in Camp 7, one in Camp 8E, two in Camp 8W, two in Camp 9, two in Camp 10, two in Camp 11, one in Camp 12, two in Camp 14, two in Camp 18, two in Camp 22, two in Camp 24, one in Camp 25, one in Camp 27, two in Kutupalong RC and four in Nayapara RC.

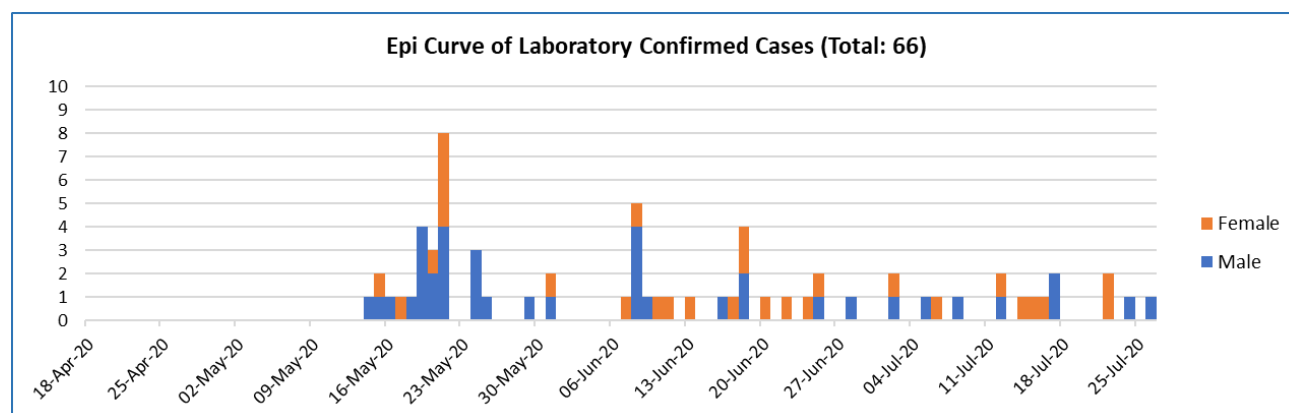


Figure 4: COVID-19 positive cases among Rohingya refugee/FDMN in Cox's Bazar

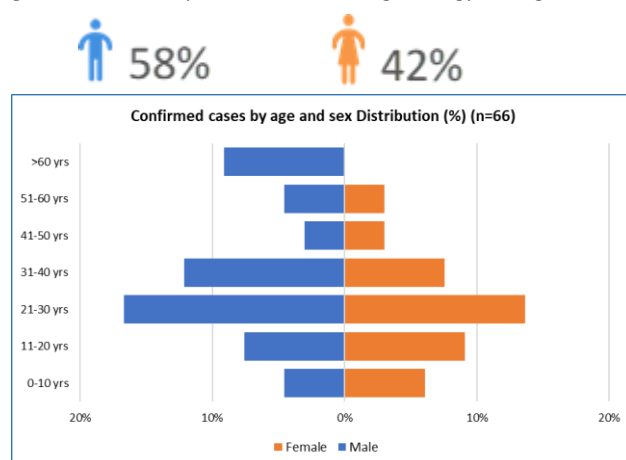


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugee/FDMN in Cox's Bazar

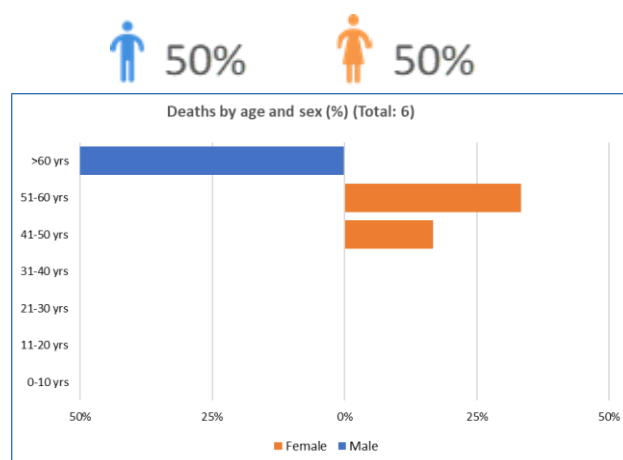


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugee/FDMN in Cox's Bazar

- Efforts to increase the number of sentinel sites and the number of samples from the refugee population continue in compliance with current COVID-19 surveillance strategies and definitions. Four additional sentinel sites are currently under preparation and will start sample collection in the coming days.

DISTRICT LABORATORY

- WHO continues its support to the Field Laboratory at the Institute of Epidemiology, Disease Control and Research (IEDCR) in the Cox's Bazar Medical College comprising human resources, equipment, supplies/consumables and technical and operational expertise. From early April until 26 July 2020, a total of 21 415 laboratory tests have been conducted.
- Thirty-eight healthcare workers received training on COVID-19 sample collection and transportation. This is part of the weekly trainings to increase capacity of sample collection in the camps. A total of 40 people were trained in the past two weeks.
- WHO is also supporting the expansion of the district laboratory for increased testing among Rohingya and host communities. The current daily capacity is of 1,000 samples and the goal is to reach 2000 in the coming weeks. The laboratory is supporting Chittagong, Bandarban and Cox's Bazar districts. In total, 25 794 tests have been conducted.

- An additional PCR machine has been installed at the IEDCR laboratory in Cox's Bazar to further expand its testing capacity. Now with 3 PCR machines more tests can be conducted for the FDMN/Rohingya refugees. In week 30, the number of tests per one million population was 434 compared to 357 in the previous week. However, the number of tests in the host community in the district is decreasing (number of tests/ one million population in week 30 was 290, while in week 29 it was 379).

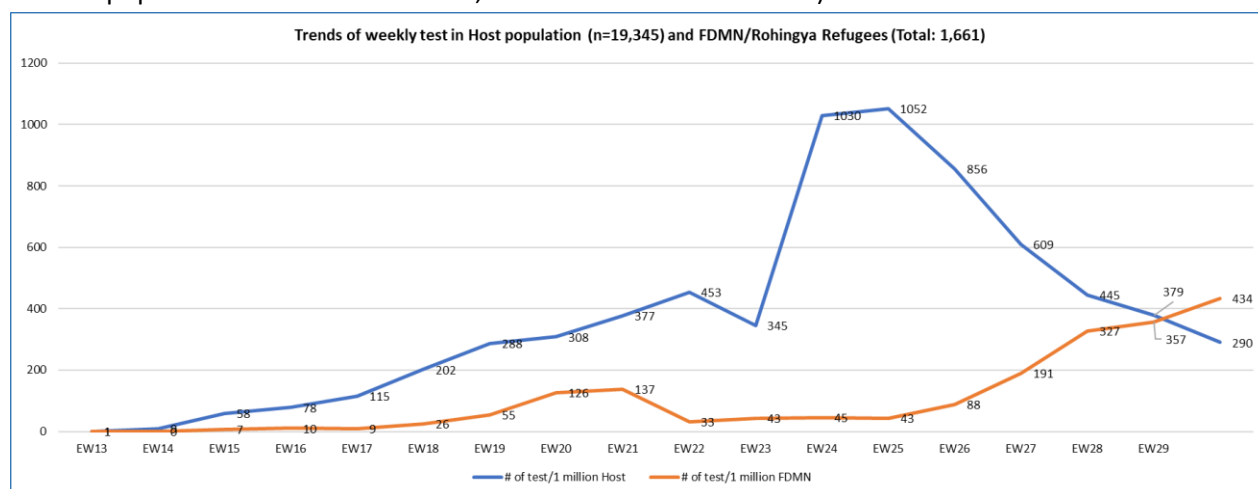


Figure 7: Number of tests conducted per 1 million among the host population and the FDMN/Rohingya refugees

INFECTION PREVENTION AND CONTROL



Photo: IPC/Healthcare waste management training at Chakaria, Cox's Bazar.

- As part of the operational capacity building preparedness for COVID-19 in Cox's Bazar, WHO conducted a 4-day training for Infection Prevention and Control (IPC) of COVID-19 with participants from Severe Acute Respiratory Infection (SARI) ITC partners and Government facilities with ongoing direct and indirect support from WHO. So far, 535 government workers and 1320 humanitarian health care workers have been trained.
- WHO continues to support partners as co-facilitators/observers on a cascade of trainings conducted remotely and on-site.
- Since the beginning of July 2020, IPC supportive supervision visits have been conducted in 19 facilities. The visits are a follow up to assessments carried out in February 2020.
- WHO is conducting IPC and case management trainings to government healthcare workers at the Upazila health complexes to build capacity in clinical case management. The trainings were completed in four of the eight complexes (Ukhia-22, Teknaf-20, Ramu-22 and Chokoria-20).
- WHO is also engaging with health care waste management partners to offer options for the SARI ITCs.

CASE MANAGEMENT

- The WHO training of trainers (ToT) to government officials and partners in the camps and host community is being expanded by already trained workers within their organizations. WHO continues to provide remote and on-site support with updated guidance and training content.
- WHO has trained 83 health care workers including doctors and nurses on Clinical Case management of COVID-19 at four Upazila Health Complexes. So far, 132 government workers and 503 humanitarian health care workers have been trained.

- As of 26 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 428 and 56 active SARI and isolation beds in the camps. Twenty-two participants completed the third round of mhGAP training as part of MHPSS capacity building initiative designed to integrate mental health care in primary health care centres.
- The roll out of home-based care in the current context is being planned with field-level camp coordinators and assistant field level coordinators already identified. An orientation session took place on 27 July 2020. The planning for home-based care during high transmission is also ongoing, so far 300 health care workers were identified against a target of 400. Gaps persist in some camps where community health volunteers and/or health care workers are yet to be mobilized.



IPC and clinical case management training of COVID-19 in Teknaf UHC

MONSOON AND CYCLONE PREPAREDNESS

- The Health Sector and respective 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 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

- Immunization is 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.
- The fifth and last batch of clinicians trained in maternal health SOP for antenatal, postnatal, intrapartum and EmONC during COVID-19 has been completed with a total of 108 participants which are now prepared to attend to symptomatic women coming for maternal health care or obstetric emergencies.
- 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.
- Routine immunization sessions restarted this month, but progressing slowly due to the heavy rains and distant sessions sites for some beneficiaries. Messaging on routine immunization program is required to encourage attendance. WHO in collaboration with UNICEF and the Government of Bangladesh will assess fixed sites and review vaccines transportation.

OPERATIONAL SUPPORT AND LOGISTICS

- WHO provided expertise and structural support on air flow and ventilation for patients to IFRC SARI ITCs. Daily distribution of COVID-19 related items to government agencies and implementing partners continue.



WHO handing over NCD Kits at Teknaf Upazila

- WHO provided expertise and structural support on air flow and ventilation for patients to IFRC SARI ITCs. Daily distribution of COVID-19 related items to government agencies and implementing partners continue.
- 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). Technical support at the IEDCR laboratory at Medical College is ongoing, including provision of extension and backup power. WHO supported the transport of test kit supplies from Dhaka to Cox's Bazar.

- WHO provided NCD screening equipment to the Upazilla Health Complex in Teknaf, the equipment will reach 14 community clinics and one union sub-center. Working closely with the Civil Surgeons Office, Upazilla Health and Family Planning Officers, WHO started the installation of Blood Transfusion Centres at Ukhiya and Teknaf UHCs. These centres will deliver life-saving blood transfusion for the FDMN/Rohingya refugees and host communities.

POINTS OF ENTRY

- Screening in the 19 targeted points of entry - now fully operational- continues. As of 26 July 2020, a total of 109 525 individuals were screened and 115 found febrile. Point of entry screeners educate humanitarian personnel, host community and FDMN/Rohingya refugees on COVID-19 warning signs, and provide counselling on facial mask wearing and hand hygiene. Travellers with fever receive an information sheet and are referred to the nearest healthcare facility.

SUBJECT IN FOCUS: Immunization and Vaccine Development (IVD)

Immunization is a proven tool for controlling and eliminating preventable life-threatening infectious diseases and is estimated to avert 2 to 3 million deaths globally every year. It is also one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups; it can be delivered effectively through outreach activities; and vaccination does not require any major lifestyle change. Timely immunizations protect individuals and communities and decreases likelihood of vaccine-preventable disease (VPD) outbreaks. Preventing VPD outbreaks not only saves lives but also helps in reducing burden on the health systems already overwhelmed with the response to COVID-19 pandemic.

Achievements and challenges

In Cox's Bazar, and despite all efforts, routine immunization coverage remains low among Rohingya refugees and has further declined since COVID-19. Poor health seeking behavior, no previous history of any injectable vaccination, no awareness on immunization, and fear of vaccines are some of the reasons behind low routine immunization in the refugee camps. Given the poor uptake of routine immunization in the FDMN community, especially children, WHO continues to raise awareness on vaccine-preventable diseases (VPDs) with mass vaccination campaigns, routine immunization sessions, among other initiatives, that contributed to enhance public health in Cox's Bazar in the past three years.

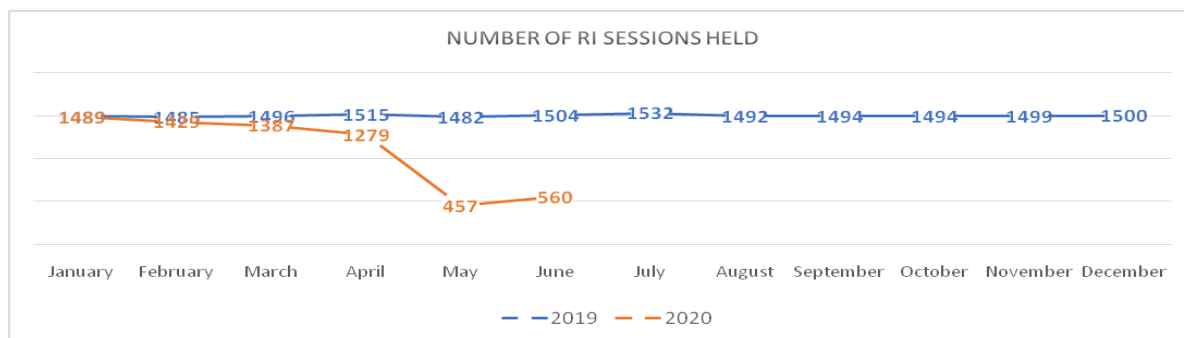


Figure 2: Severe drop down of Routine Immunization (RI) Sessions comparing 2019 to 2020

Due to COVID-19, since mid-April immunization services were withheld in FDMN/Rohingya refugees camps. Almost all outreach services were temporarily suspended and the few immunization fixed sites that continued their activities experienced a very low number of beneficiary visits. Additionally, access to camps was affected and vaccinators saw their work disrupted.

In response, WHO, the Government and a group of experts on Immunization developed a health facility based transitional strategy to resume the routine immunization services. The outreach sessions will now be carried out in the health facilities as well as in the fixed sites. Fixed site sessions were increased up to 6 days and the health facility-based sessions are now taking place 4 days a week.

In 2019, a WHO piloted activity contributed to bridge the immunization gap among Rohingya by promoting community theater in the camps. The initiative brought together Rohingya and Bangladeshi youths in a collective action to disseminate key messages and ensure that every child and pregnant woman living in the refugee camps



Photos: Community theater performers acting at camp E2 in Ukhyia, in September 2019

Currently, 55 health facilities are working as immunization fixed sites and another 60 health facilities as outreach sites. Together they provide routine immunization sessions in the Rohingya camps. More than 140 government vaccinators, supervisors and 20 Health Field Monitors from IVD-WHO were trained using a standardized training package developed for immunization sessions. This includes audiovisual materials, hands on training on Infection prevention and control (IPC) and preventive measures for service providers.

WHO is continuously monitoring VPDs through EWARS and providing trainings for VPD surveillance and response. The WHO immunization team has developed a user friendly VPD dashboard to help timely response. Having a strong surveillance reporting network is essential for VPD surveillance and will help further enhance the sensitivity of COVID-19 in FDMN/Rohingya refugee camps.



Photo: Rohingya child held by his mother moments before vaccination

Current challenges

Despite the resumption of routine immunization activities since July 2020, the coverage remains low. Additionally, there are needs requiring immediate attention including a vaccine transportation plan from Upazila health complexes to different points in the camps.

To improve access to immunization services outside health facilities, WHO and its partners are considering alternatives to deliver immunization services in learning centers and women friendly spaces. Because Community Health Workers (CHWs) are currently supporting COVID-19 related tasks, the partners are considering to engage site management volunteers or community mobilizers.

Provision of face masks and sanitizer to all vaccinators is expected to be critical. In the current scenario, the program needs a strategic communication plan to engage with community for better acceptance and behavioural change. This will also include dissemination of key messages on using face masks/ covering mouth with cloth during visits to immunization sessions. Proactive engagement through RRRC/ CICs with Imam Sahab, Majhee, and other key stakeholders will be critical for the success of immunization activities in the present context.

WHO is also considering to approach other sectors including nutrition, education, site management, child protection, CWC, telecommunications for improved support to ensure that children receive life-saving vaccines.

Vaccines don't only protect individuals; they offer security to everyone in the community. With more people vaccinated, the more protected the community will be from preventable, and sometimes fatal, diseases. Vaccines are especially important in the Rohingya refugee camps due to their poor living conditions and the existing misconceptions about vaccination. When children miss out on life-saving vaccinations, their families have greater chances to witness illness, disability and even death from vaccine preventable diseases. To fulfill WHO's vision of a world free of vaccine-preventable diseases, each key player must fulfill their mandate including parents, health workers, programme managers, governments and partners.

COVID-19 HIGHLIGHTS: NATIONAL LEVEL, AS OF 27 JULY 2020 (BANGLADESH)

	Last 24 hours	Total
COVID-19 tests conducted	12 859	1 124 417
COVID-19 positive cases	2772	226 225
Number of people released/recovered	1801	125683
COVID-19 deaths	37	2965

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.