World Health Organization
Bangladesh

Photo: Five Camp Health Disease Surveillance officers (CHDSOs) started carrying out field investigations on suspected COVID-19 cases and deaths in the camp

Emergency: Rohingya Crisis

Situation Report #17

Date of issue: 05 August 2020

Period covered: Week 31
(27 July to 02 August 2020)

Location: Cox's Bazar, Bangladesh.

	Host Community	Rohingya refugee/FDMN
Total confirmed COVID-19 cases in Cox's Bazar	3350	75
Total person in isolation in Cox's Bazar	564	44
Total number of tests conducted	20259	2205
Total deaths due to COVID-19	56	6

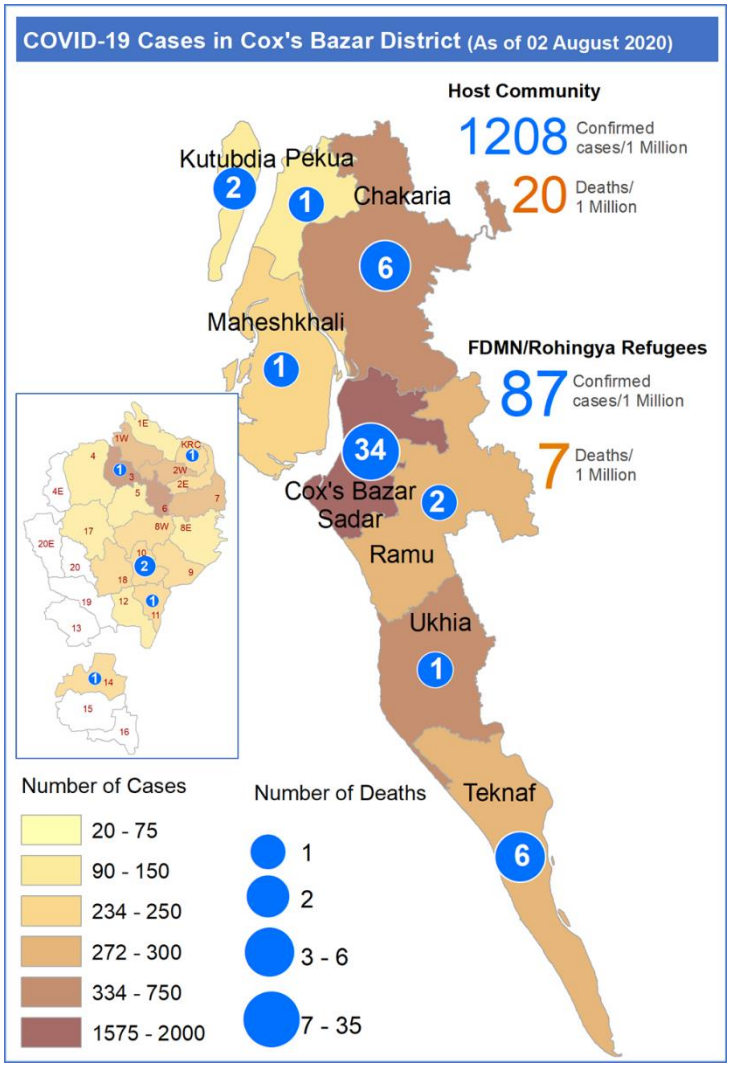
**Updated as of 02 August 2020; FDMN = Forcibly Displaced Myanmar Nationals*

HIGHLIGHTS

- A total of 3425 COVID-19 positive cases have been reported in Cox's Bazar district, of which 75 in the Rohingya camps.
- As of 02 August 2020, 12 Severe Acute Respiratory Illness (SARI) ITCs are active and can receive patients. The Intensive Care Unit/High Dependency Unit facility at Sadar Hospital with eight ICU and ten HDU beds is also operational. There are 448 and 38 active SARI ITC 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, bi-weekly Health Sector coordination meetings and daily updates continue.
- Health Sector SAG meeting was held with discussions focusing on home-based care during low transmission and inter-agency quality assurance and supportive supervision among other issues. During recent inter-agency field visit it was observed that COVID-19 messaging need to be sustained in the camps as fears of isolation and separation from family (due to COVID-19 associated hospital admissions) persist. Service gaps such as dental and eye care and access to NCD medications were also shared by stakeholders in visited camps.



- The supportive supervision visits also concluded that continued efforts in community engagement is needed to raise awareness on the importance of wearing facial masks. WHO is collaborating with ISCG and RRRC office on mask distribution and with CwC working group on producing messages on mask wearing.
- Camp health focal points (CHFPs) coordinated three camp level meetings in the past week to discuss the COVID-19 response. These meetings aimed at enhancing confidence within the humanitarian actors at camp level and updating all stakeholders on revised strategies for response to the pandemic in the FDMN/Rohingya refugee population.
- Health sector in collaboration with SRH WG and GBV sub-sector are considering carrying out a situation analysis to understand the impact of COVID-19 on reporting, access and utilization of GBV essential health services. Terms of reference has been developed and discussions underway on tools development process.
- The health sector presented progress made on its Gender Action Plan on COVID-19 to GIHA working group. Through the various working groups, the sector continues to monitor implementation of the plan.

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. Mixed-media 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 Communications with Communities (CwC) mechanisms, and is collaborating with partners to disseminate information about safe use of face masks.

- WHO is supporting translation of essential technical materials into local languages 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.
- Messages on the use of masks were developed in collaboration with Communications with Communities (CwC) and circulated to partners to encourage universal usage in the camps and the host populations.
- Through enhanced community-based surveillance, community health workers (CHWs) continue to assist people identify 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. This 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 23-29 July 2020 CwC partners approached 128 774 people in the FDMN/Rohingya camps to provide COVID-19 information. In total, 57 268 neighbourhood-based sessions and 7478 community meetings reached 24 063 people with COVID-19 key messages. Furthermore, 5131 people participated in 644 group sessions and in 434 film sessions.
- Among host communities, 6603 people participated in 1944 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 02 August 2020, a total of 3350 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 384 in Chokoria, 280 in Teknaf, 159 in Maheshkhali, 1678 in Sadar, 354 in Ukhia, 262 in Ramu, 141 in Pekua and 92 in Kutubdia.

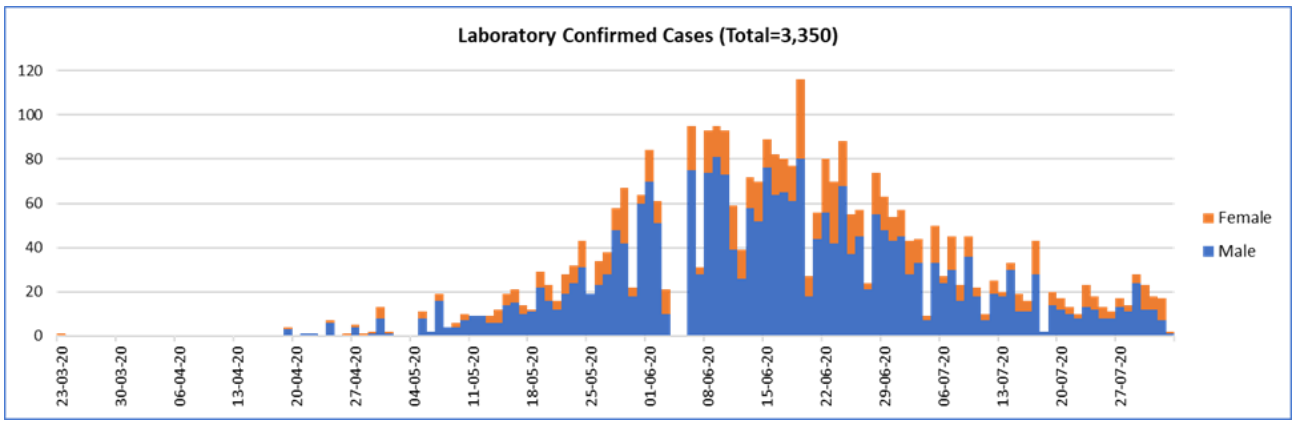


Figure 1: COVID-19 positive case in the host population in Cox's Bazar District

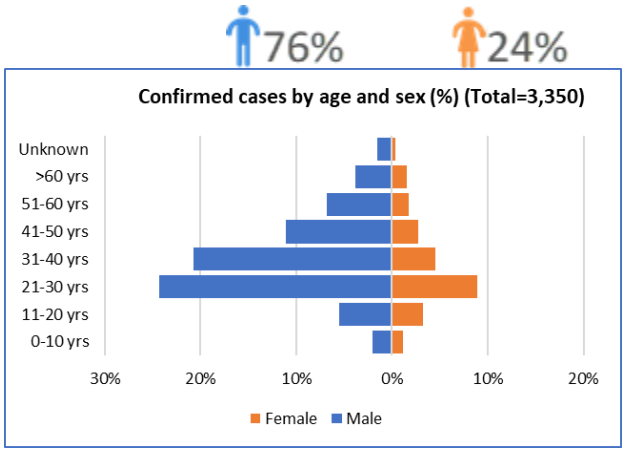


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

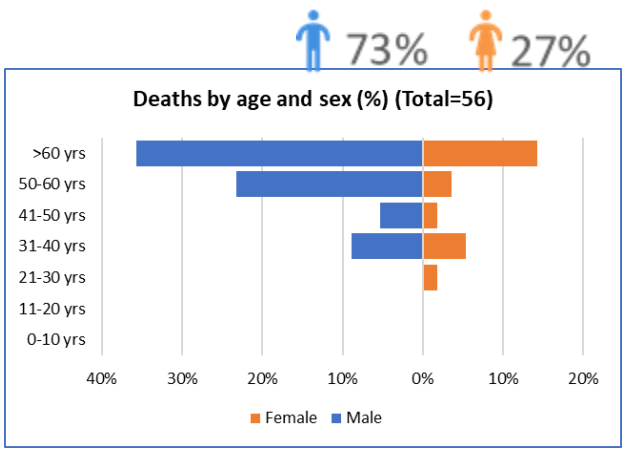


Figure 3: COVID-19 deaths by age and sex among host population in Cox's Bazar District

- As of 02 August 2020, a total of 75 COVID-19 cases among Rohingya/FDMN have been reported: one in Camp 1E, six in Camp 1W, three in Camp 2E, seven in Camp 2W, ten 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, one in Camp 17, two in Camp 18, two in Camp 22, three in Camp 24, one in Camp 25, one in Camp 27, three in Kutupalong RC and four in Nayapara RC.

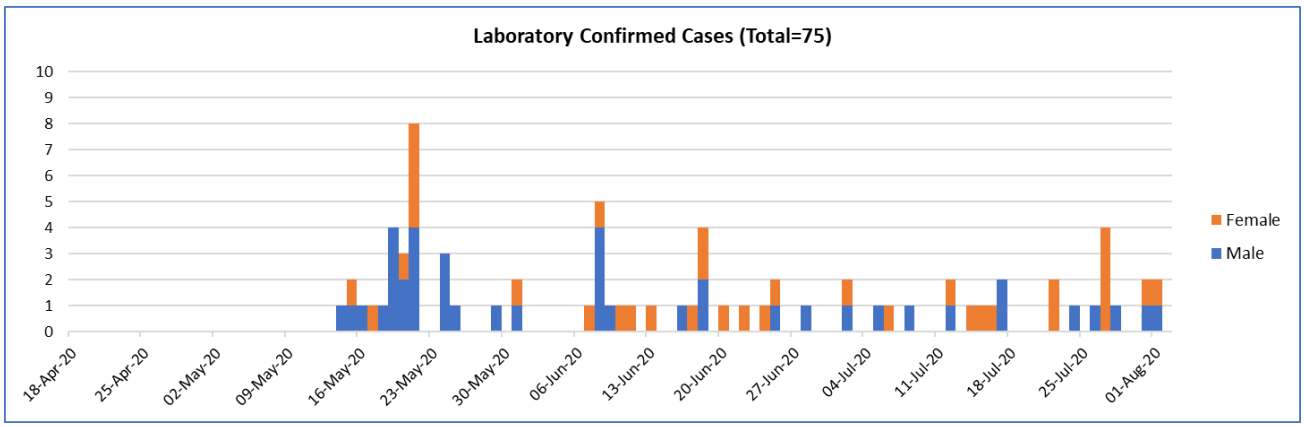


Figure 4: COVID-19 positive cases among Rohingya refugee/FDMN in Cox's Bazar

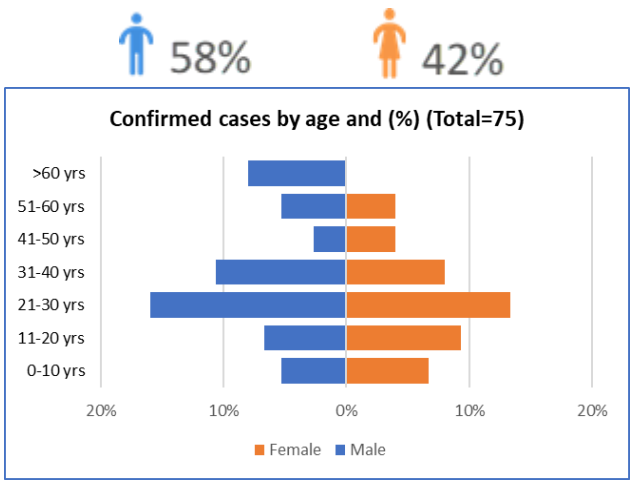


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugee/FDMN in Cox's Bazar

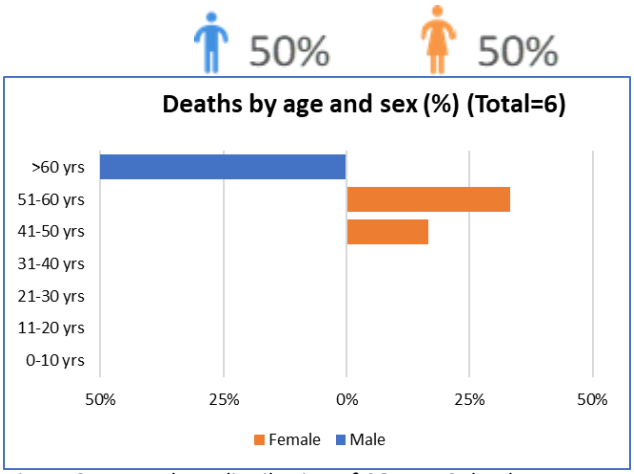


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugee/FDMN in Cox's Bazar

- Efforts to increase the number of sentinel sites as well as the number of samples from refugee population, in compliance with current COVID-19 surveillance strategies and definitions, continue. Additional sentinel sites are in preparation phase and will be launched in the coming days. Laboratory technicians have been trained and necessary logistical arrangements at proposed sites is ongoing. Supportive supervision visits are being planned to coincide with the beginning of sample collection in the sentinel sites.
- Five Camp Health Disease Surveillance officers (CHDSOs), out of 20 in total, have started carrying out field investigations on suspected COVID-19 cases and deaths in the camp.

DISTRICT LABORATORY

- WHO continues its support to the Field Laboratory of 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 02 August 2020, a total of 27 212 laboratory tests for COVID-19 have been conducted in the lab, of which 22 464 from the Cox's Bazar district. The remainder are from Bandarban and Chittagong districts.

- In week 31, the number of tests per one million population was 559 compared to 507 in the previous week among the FDMN/Rohingya Refugees. However, the number of tests in the host community in the district is decreasing (number of tests/ one million population in week 31 was 283, while in week 30 it was 333).

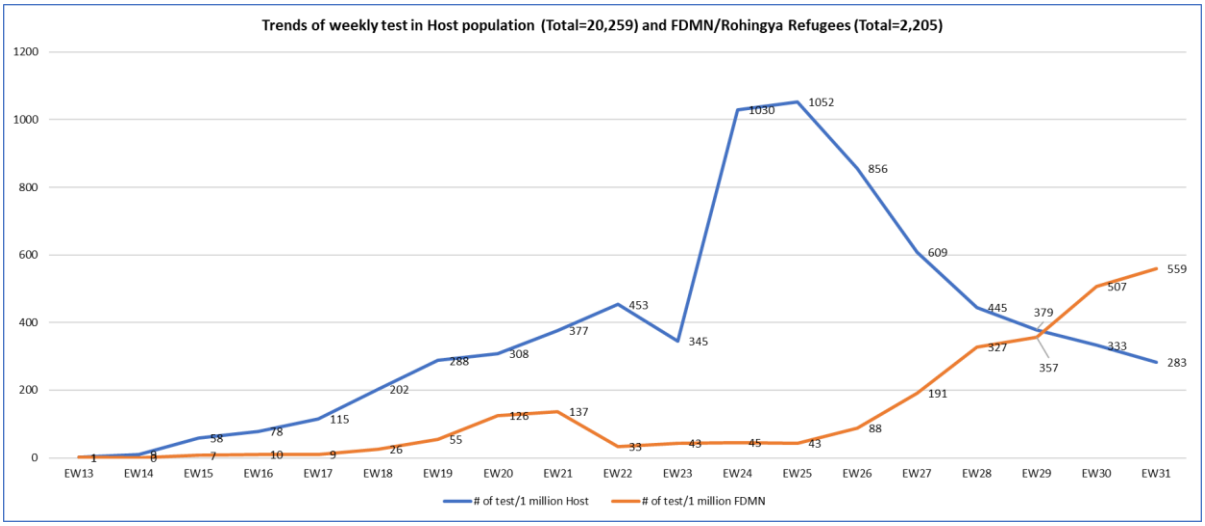


Figure 7: Number of tests conducted per 1 million among the host population and the FDMN/Rohingya refugees

INFECTION PREVENTION AND CONTROL

- As part of the operational capacity building to enhance 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, 567 government workers and 1320 humanitarian health care workers have been trained.
- WHO continues to support partners as co-facilitators on a cascade of trainings conducted remotely and on-site.


Photo: Community leader at camp 1E washing hands with soap under running water

- 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 completed the first round of training in Infection Prevention and Control for government healthcare workers at the Upazila health complexes. Eighty- eight Health Care workers benefited from the training. The second round of training will begin soon after the Government holidays.
- WHO is also engaging with health care waste management partners to offer options for the SARI ITCs with hand on field support and troubleshooting for waste minimization, and best possible combustion with available incinerators.
- For the safety of humanitarian workers in Cox's Bazar, WHO developed and shared guidance on Infection Prevention and Control to reduce risks of COVID-19 during travel -over the Eid holiday.
- In collaboration with ISCG, guidance on slaughtering animals and hygiene practices was also developed and shared with partners.

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.

- As of 02 August 2020, 12 SARI ITCs are active and can receive patients. The ICU/HDU facility at Sadar Hospital with eight ICU and ten HDU beds is also operational. There are 448 and 38 active SARI ITC and isolation beds in the camps.
- In a bid to improve technical knowledge for clinical case management of COVID-19, 83 Healthcare workers completed the training during the first round of capacity building that covered four Upazila Health complexes

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).
- Twenty-one mobile medical teams and 29 dispatch and referral unit ambulances are ready to respond to adverse effects of cyclone and monsoon weather. 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.
- VPD surveillance is being closely monitored by government authorities with the support of the 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 UNCEF and the Government of Bangladesh will assess fixed sites and review vaccines transportation.
- 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.
- A total of 1900 hardcopies of six guidelines from the Government of Bangladesh on Sexual and Reproductive Health (SRH) was distributed by the Health Sector among health partners. The information provided include Guidelines on Antenatal Care, Intrapartum Care (IPC) & Postnatal Care (PNC); Standard Clinical Management Protocols and Flowcharts on Emergency Obstetrics and Neonatal Care 2019; MoHFW -Maternal Health Standard Operating Procedures (SOP), Volume 1; MoHFW - Maternal Health Standard Operating Procedures (SOP), Volume 2; and National Guidelines for Midwives, 2017, DGNM.
- Eight hundred flipcharts on reproductive health education, in Myanmarese language, are available and ready for distribution among CHWG partners.
- Reproductive health kits, including male condoms, clean delivery kits, clinical delivery assistance and clinical management of rape, are available and ready for distribution to key partners providing sexual and reproductive health services.

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.
- 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.

POINTS OF ENTRY

- All points of entry are operational for temperature screening and hand washing. A training is planned for 13 August 2020 for educators, so they too can be present at camp entry points and can offer information and help to sensitize on hygiene measures, testing, isolation and quarantine. The Education Sector joins the Health, WASH, Shelter and Site Management partnership in making the points of entry functional.

SUBJECT IN FOCUS: Gender Based Violence (GBV) & Gender mainstreaming efforts in the health sector in Cox's Bazar District

Since 2018, the World Health Organization (WHO), with the support of the U.S. State Department's Bureau for Population, Refugees and Migration, started the implementation of an initiative to implement and strengthen the Capacity to address Gender-Based Violence (GBV) in the Health Cluster and through the WHO's Emergency Work in Cox's Bazar. In early 2019, the health sector developed an annual action plan to address priority areas and 70% of that plan was successfully implemented by the end of August 2019. A second work plan is currently being developed to address existing gaps in service provision and is expected to be implemented from September 2020 onwards.

Photo: WHO training on GBV for health care workers, in Cox's Bazar (2019)

Progresses on GBV health interventions

WHO has contributed to strengthening the capacity of health service providers to deliver GBV through the following actions, in collaboration with UNFPA and SRH working group:

- Coordinated two GBV Quality assessments in 32 primary health facilities, developed health sector service availability and quality improvement;
- Supported specific measures to strengthen GBV health services including thedevelopment of health sector SOP on GBV and standard GBV registers. WHO has also procured 80 cabinets to ensure that facilities can store confidential patient information safely, and printed and disseminated 200 copies of WHO guidance materials;
- Supported trainings for 119 medical staff in response to GBV health service availability gaps;
- Coordinated the efforts to update the GBV referral pathway by health partners in 34 camps;
- Supported the expansion of the health component in the GBV referral pathway, including support to intimate partner violence survivors.

GBV essential health services during COVID-19 Pandemic

Although the health sector had a specific GBV action plan, this did not include specific gender mainstreaming actions related to GBV prevention. In May 2020, the health sector adopted the Gender in Humanitarian Action Working Group (GIHAWG) recommendation for gender mainstreaming to improve equitable access to health services to women and girls, men and boys.

With the technical support from ISCG Gender Hub (UN Women), the health sector developed its gender action plan including GBV in the COVID-19 response plan. The gender action plan was presented to health sector partners, GIHA WG, ISCG Gender hub and obtained final approval from health Sector Strategic Advisory Group.

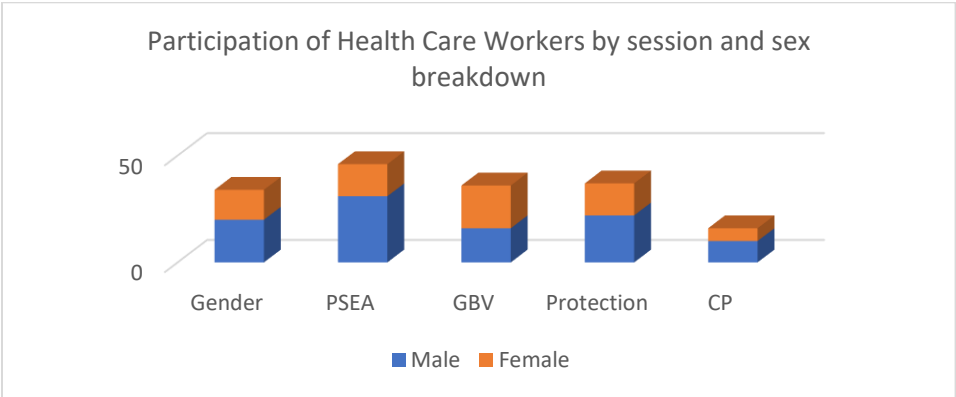
Health Sector Action Plan on GBV & Gender during COVID-19

Generating and reporting laboratory confirmed cases of COVID-19 by age and sex is a core requirement of gender analysis for health. The Health sector/WHO has consistently consolidated, reported and shared data disaggregated by age group and sex for samples collected and COVID-19 confirmed cases, in host community and FDMN/Rohingya camps. The presence of sex and age-disaggregated data in addition to understanding gender needs, roles, norms and relations helps to understand the reasons why one sex or age group may be at higher risk and to take appropriate measures through Health interventions.

Photo: WHO training on Clinical Management of Rape for Survivors of Intimate Partner Violence, in Cox's Bazar (2020)

Provision of basic **awareness and training** on **Gender, Gender Based Violence (GBV), Protection, Child Protection (CP) and Protection from Sexual Exploitation and Abuse (PSEA)** for health care workers, including SARI ITC, was essential to equip COVID-19 responders. In collaboration with working groups from protection, Gender, GBV, Child protection and PSEA the Health Sector developed an orientation package on the cross cutting themes to accompany health sector training modules on COVID-19.

A series of Child Carer's training for SARI ITC partners were jointly organized by health sector/WHO and Child protection sub-sector. The trainings began in June 2020 and will continue in the coming months until the target is met. In July, the health sector coordinated 1-2hour online awareness sessions on the different thematic areas. The chart below illustrates participation by Health Care workers.



Establishing gender responsive SARI ITCS

All SARI ITCs have now designated male and female wards to ensure privacy and dignity of patients and daily SARI ITC reports on clinical activities have now data disaggregated by gender. The importance of integrating cross-cutting themes within SARI ITC activities is regularly discussed in the Surge Case Management (SCM) operation meetings and the respective Camp Focal points contact list has since been shared with partners. In addition to this, all SARI ITCs have designated key contacts in each technical area including Protection, gender, GBV, PSEA and PSEA.**Engaging women leaders, community leaders and religious leaders to be familiar with the SARI facilities**

Photo: WHO GBV consultant Ms. Anne Oketch with training participants (2019)

SARI ITCs are new for the communities in Cox's Bazar and thus it is necessary to help them to get familiar to such facilities. With this in mind, all SARI ITCs are regularly reminded to increase Community engagement activities and provide feedback during weekly partners update. The partners have since been proactive in inviting the various community groups while commissioning the facilities. This is aimed at responding to rumors and negative perceptions of health services, and encourage women and men to access these for COVID-19 and non-COVID-19 health needs.

The health sector is also continuing to partner with protection and gender working groups to regularly update health partners with specific guidance or advocacy messages on Gender/GBV in relation to COVID-19, including:

- Guidance Note on making COVID-19 response Age & Disability-inclusive
- Gendered Protection checklist for COVID-19 facilities
- Gendered Protection Guidance for quarantine and isolation facilities.
- PSEA COVID-19 Tip sheet
- Call for Gender Actions for COVID-19 Preparedness and Response in Cox's Bazar
- Behavioral protocol

Gender and GBV have consistently remained in the agenda of the Health sector meetings where updates and upcoming initiatives are shared. The Health sector GFP is also participating in the Gender/GBV coordination mechanisms and include gender/GBV in Health sector meetings.

Monitoring and provision of GBV health services

The restrictions imposed by COVID-19 such as lockdown and confinement may lead to increase domestic violence, child abuse and neglect, and sexual exploitation and abuse. Access to life saving health services for survivors may be further disrupted when the perpetrator is at home, survivors fear getting infected at health facilities and associated stigma to accessing such services. There is also the possibility that trained staff may also be shifted to SARI ITCs. It is therefore critical to adapt services and monitor availability, access and utilization of health services even during the pandemic.

The Health sector is keeping close monitoring to GBV service availability through Camp Health Focal Points and quarterly field monitoring. The last monitoring exercise was held in June 2020 and concluded that the PHCs providing GBV health services havemaintained service availability.

As part of the essential health service package, the SRH working group contributed to establishing CMR/IPV services in PHCs where such services were not available. The first batch of CMR/IPV training for 20 medical staff was conducted in July to 10 PHCs.

Gender analysis and using them to amend responses and analyze information

The Health sector and SRH WG, in collaboration with the GBV sub-sector, have initiated discussions over a possible situational analysis to understand the impact of COVID-19 on access, reporting and utilization of essential GBV health services. This will involve conducting a survey targeting GBV health service providers followed by Focus Group Discussions (FGDs) and Key Informant Interviews. FGDs will also be conducted with persons of different age groups and sex from the community to better align response interventions.

Impact of COVID-19 in the delivery of GBV health services

Due to the limited data available to understand changes in reporting trends and patterns of survivors of violence seeking health services, it is still unknown how the COVID-19 a pandemic has impacted GBV health services in Cox's Bazar. The complex coordination mechanism within the health sector makes it challenging to ensure consistent monitoring of gender mainstreaming in all health sector initiatives without a dedicated gender expert. It will be necessary to conduct a systematic situational analysis to understand the impact of COVID-19 on delivery of gender/GBV health services and develop a response strategy.

Maintaining Gender and GBV as part of essential health service package even during the pandemic remains critical for the well-being of GBV survivors.

COVID-19 HIGHLIGHTS: NATIONAL LEVEL, AS OF 02 August 2020 (BANGLADESH)

	Last 24 hours	Total
COVID-19 tests conducted	3684	1 189 295
COVID-19 positive cases	886	240 746
Number of people released/recovered	586	136 839
COVID-19 deaths	22	3154

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
- 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
- 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.