







PHOTO: Preparations for the IEDCR led COVID-19 seroprevalence study continued this week with trainings and sensitization sessions in the Rohingya refugee camps. From left to right: Dr Asm Alamgir, IEDCR Principal Scientific Officer; Dr Adneen Moureen, IEDCR Field Laboratory and Debashish Paul, WHO Laboratory Expert.

HIGHLIGHTS

- IEDCR, WHO CXB and WHO Dhaka conducted a two days training of sample collection teams for the seroprevalence study among Rohingya refugees. 86 participants have been trained; subsequently the micro plans for the seroprevalence study have been developed.
- WHO Head of Sub-office and medical officers from WHO country office, alongside the Civil Surgeon, MoHFW coordination cell, RRRC, Additional Secretary, Health Services Division, and Line Director for TB-Leprosy and Director for HIV/STDs, held a meeting in Cox's Bazar to discuss and come to consensus on information management related to HIV for FDMN/ Rohingya refugees, and to share updates on the HIV response framework, established in 2020.
- A third batch of Basic First Aid training has been conducted targeting SARI ITC clinicians who will take up the responsibility to support their trained nurse-driver teams when critically ill patients need referral to Sadar ICU. Nurses and doctors will continue their emergency care capacity building in basic emergency care training sessions that are coming up in December as the next step in enhanced emergency care capacity among health practitioners in Cox's Bazar .
- **SUBJECT IN FOCUS: Health Coordination - Promoting Coordinated Health Action and Best Practices**

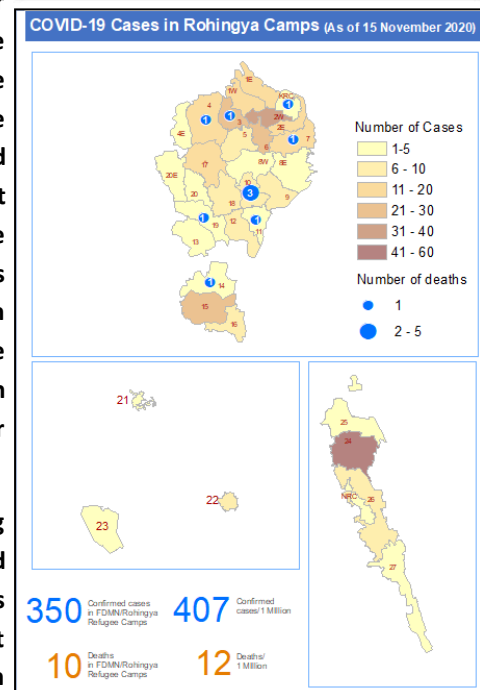
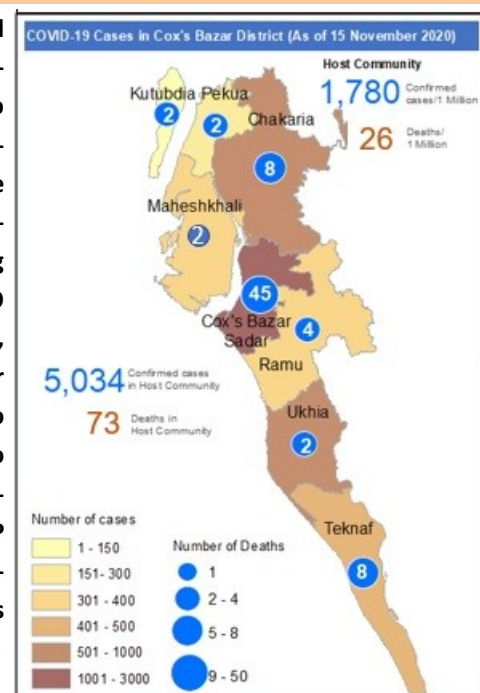
	Host Community	Rohingya refugees
 Total confirmed COVID-19 cases in Cox's Bazar	5034	350
 Total cases in isolation in Cox's Bazar	230	52
 Total number of tests conducted	39 474	15 902
 Total deaths due to COVID-19	73	10

**Updated as of 15 November 2020 / *FDMN = Forcibly Displaced Myanmar Nationals*

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. During the reporting period, eight camp level health partners coordination meetings were held at Ukhiya and Teknaf Upazilas, among other topics, focusing on the upcoming seroprevalence study led by WHO and IEDCR (GoB). The Health Sector (HS) coordination meeting was held with 65 participants from government, UN, INGO and NGO with opening remarks by Brig. General Ali from Ministry of Health and Family Welfare Coordination Cell. WHO Head of Sub-office and medical officers from WHO country office, alongside the Civil Surgeon, MoHFW coordination cell, RRRC, Additional Secretary, Health Services Division, and Line Director for TB-Leprosy and Director for HIV/STDs, held a meeting in Cox's Bazar to discuss and come to consensus on information management related to HIV for FDMN/Rohingya refugees, and to share updates on the HIV response framework, established in 2020. At the Health Sector Coordination meeting, partner nominations were accepted for Peer Review Teams (PRT) for the JRP project review and selection. As per requirements, there will be 9 members in total with representation from UN agencies, international and national NGOs who are involved in health services delivery. The JRP narrative was shared with SAG members for feedback.

The Global Health Cluster held a meeting with the health sector coordinator from Cox's Bazar and from other global humanitarian locations to discuss CoVAX vaccine planning in a refugee setting for safe, equitable and efficient distribution and allocation. Q3 monitoring from the Health Sector is on-going and being collected by the camp health focal points from each of the camp facilities, with 74 health posts and 27 PHCs reported so far. The health sector re-circulated through WHO a Request for Proposals (RFP) for the planned in-depth assessment on the impact of COVID-19 on GBV health services. Health partners continued to collect printed copies of the Health sector SOP on GBV, Clinical Management of Rape flowcharts, GBV registers and posters from WHO warehouse in Sea Palace. Following a request by one of the partners, an orientation session was also held by the HS with frontline medical staff from the partner agency on the use of the GBV registers. Health sector was represented in the bi-weekly Gender in Humanitarian Action (GIHA) Working Group meeting by its focal point to provide regular updates on the gender action plan.

During the reporting period the health sector donated reproductive health kits (6B) containing essential medications and disposable equipment to health partners to ensure safe facility-based delivery. Kit 6B contains antibiotics, umbilical cord clamps, gloves and syringes, and includes medications to manage obstetrical emergencies. The HS coordination team continues to collect information regarding challenges in the referral system. This will allow adjustments in the system for future emergencies in the camps and host communities. The Health Sector continues to provide technical support to the Civil Surgeon office by revising indicators, developing case definitions and designing tally sheets of DHIS 2, a web-based data collection system called District Health Information System and used to collect health data from partners providing health care services in the camps and share daily with the civil surgeon office through DHIS 2.



SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION

WHO continues to provide epidemiological data to support operational decision making for the COVID-19 response in Cox's Bazar. As of 15 November 2020, a total of 5034 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 505 in Chorkoria, 103 in Kutubdia, 327 in Maheshkhali, 206 in Pekua, 336 in Ramu, 2625 in Sadar, 410 in Teknaf and 523 in Ukhiya.

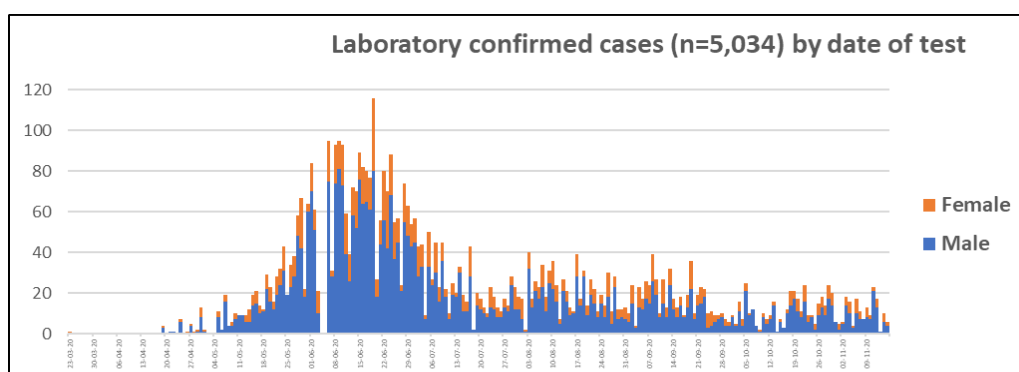


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

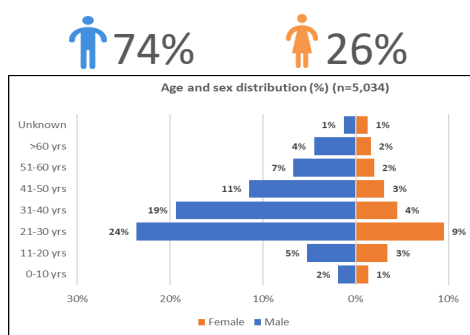


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

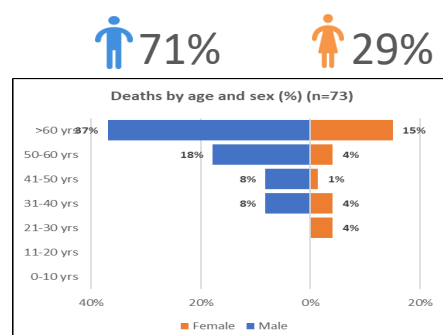


Figure 3: COVID-19 deaths by age and sex among host population in Cox's Bazar

As of 15 November 2020, a total of 350 COVID-19 cases have been reported among Rohingya/FDMN. With a total of 53 cases, Camp 24 has the highest number of cases to date further ahead from Camp 2W with 33 and Camps 3 and 15 with 27 and 24 cases respectively. To date, 21 cases were reported from Camps 6 and 16 from Camp 2E. Camps 1W, 4, 7 and 17 had 12 cases each. Camp 1E registered 11 cases and Camp 10 identified 10 cases while Camps 18 and 26 reported 9 cases. As for Camps 5, 9 and 16, 8 cases were reported. Camps 12 and 22 registered to date 7 cases each. Camps 8W, 11, 19, 20 Extension and Nayapara RC identified 5 cases. The remainder Camps (Kutupalong RC, 4 Extension, 8E, 13, 14, 20, 21, 23, 25 and 27) had so far less than 5 cases. Camp-wise Rapid Investigation and Response Teams (RIRT), including one coordinator, one clinical supervisor and one contact tracing supervisor, have been responding to alerts within 24 hours and referring patients to SARI ITCs with the help of the Dispatch and Referral Unit (DRU). Contact tracing and referral to quarantine facilities and follow up during the period of at-home quarantine has been facilitated in coordination with other sectors and camp administration. A camp wise dedicated Contact Tracing network (34 supervisors and 311 volunteers) are embedded in the RIRT for contact tracing, having captured 83% of the contact (1084/1312) in go.data and 1.3% (12) of known contacts have tested positive for COVID-19.

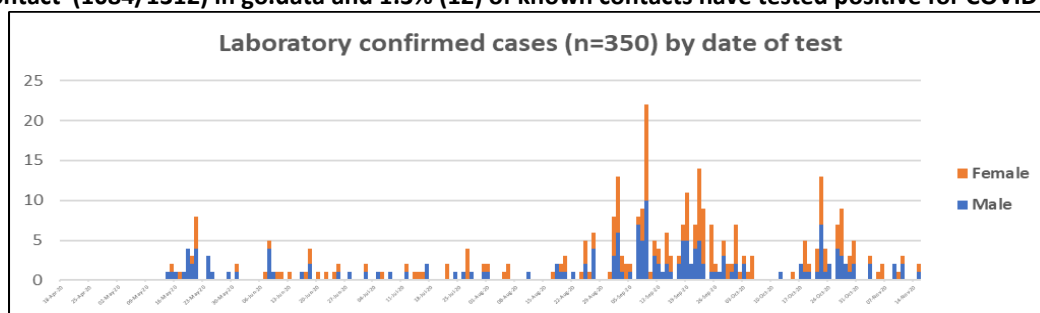


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

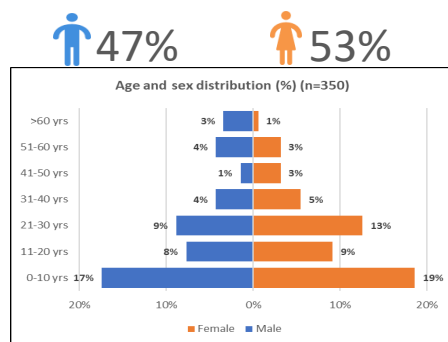


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

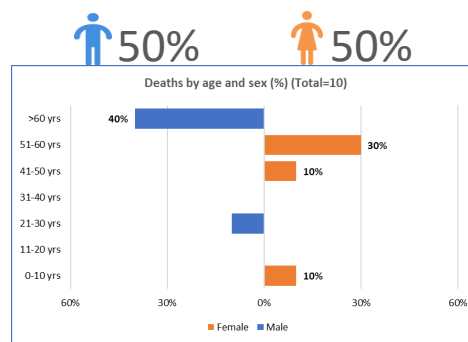


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

Between 9 - 15 November, 8 new COVID-19 cases were confirmed in the Rohingya refugee camps. The cumulative share of positive tests is 2.2%, with 10 deaths and a fatality rate of 2.9%. The incidence rate is 40.7 per 100 000 people and 8.6% of the cases showed severe symptoms at the time of admission while 7% reported at least one co-morbidity. Although the main age of tested samples is below 12 years, a significant proportion has been tested among 40+ years (186 per 10 000 people), however the highest number is 258 tests per 10 000 people among patients aged 0-9 years. The test positivity was highest in the 50+ cohorts with 3.1% and the age specific mortality of 0.99% per 10 000 people. So far, 67% (879) of contacts have seen their follow up completed after which they were released from quarantine, while 0.9% of known contacts have tested positive for COVID-19. Existing 25 sentinel sites have been followed up by digital data entry of all tested samples using Kobo platform. Currently this activity uses a paper-based laboratory request form and excel-based data sharing and management. A strategic document on CoVAX (Coronavirus Vaccine Alliance) for Rohingya refugees is under development and will soon be shared with the GoB. The Epidemiology unit is engaging in prioritization, targeting risk groups while continuing COVID-19 surveillance. The Joint Assessment Team (JA) Training for AWD Outbreak Response has started on 16 November 2020. In total over 100 participants from WASH and Health sector will be attending the training session in four batches, receive updated information on multisector AWD plan, JAT operational guidance and others necessary for field investigation.

*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.

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, hand washing, physical distancing and mask wearing, risks and vulnerabilities, safe and dignified burials, home-based care, quarantine, isolation, and treatment centres, etc. WHO, through its involvement in Communications with Communities Working Group (CwC WG) and the Risk Communication and Community Engagement Working Group (RCCE WG), continues to coordinate with agencies across the response to ensure that all information around COVID-19 and health issues are of high quality, technically correct and easily understandable. The RCCE WG continued its month-long community mobilization/engagement activities on routine immunization. One of the major initiatives is a focus on "missed children" from the immunization program (children who have never been presented for routine vaccinations). An assessment on the missed children is currently underway. A total of 1416 community health workers (CHWs) have been trained and are coordinated by the Community Health Working Group (CHWG) to provide enhanced Community Based Surveillance and Home-Based Care which includes counselling on testing, quarantine and patients' referral to isolation facilities. During the reporting period CHWs conducted 154 600 household visits in which 2890 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and no patients were identified with moderate/severe symptoms. The cumulative number of mild patients is 55 271, and 206 moderate/severe patients. 1183 persons with COVID like symptoms were referred to health facilities from a total of 25 114 to date. Through coordination by the CHWG, COVID-19 messages reached 274 445 persons between 9 and 15 November. Since the beginning of the response, community health workers have conducted more than 3.7 million household visits and had contacts with a cumulative number of more than 11.95 million adult household members. Through the CwC WG, another 45 782 people were engaged in 13 672 small group sessions.

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 April until 15 November 2020, a total of 62 303 tests for COVID-19 have been conducted of which 55 376 are from Cox's Bazar district and the remainder from Bandarban and Chittagong districts. A decrease in the number of tests conducted among the Rohingya was observed in week 46 (from 944 to 846 tests per one million population) as well as in the host community (from 592 to 455 tests per one million population). Currently, 25 sample collection sites are operating for suspected COVID-19 patients. IEDCR, WHO CXB and WHO Dhaka conducted a two days training of sample collection teams for the seroprevalence study among Rohingya refugees. 86 participants have been trained; subsequently the micro plans for the seroprevalence study have been developed.

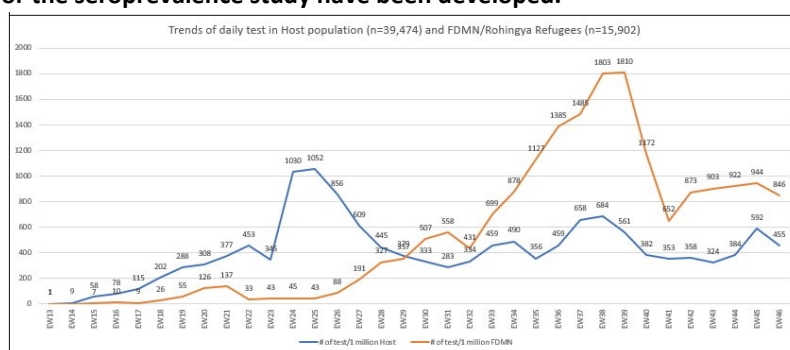


Figure 7: Number of tests conducted per million among the host population and the FDMN/Rohingya refugees

INFECTION PREVENTION AND CONTROL

WHO continues to support partners as co-facilitators on a cascade of trainings conducted remotely and on-site to enhance COVID-19 preparedness. To date, training for Infection, Prevention and Control (IPC) has been provided to 1831 humanitarian health care workers and 814 government staff from Severe Acute Respiratory Infection (SARI) ITC partners and government facilities. The monthly IPC working group meeting took place virtually to talk about rotational basis every month and this time icddr,b conducted the agenda. One key subject for discussion is the rational use of Personal Protective Equipment (PPE), a challenge not only in resource limited settings but across the world, always with the safety of staff and patients as highest priority. With the new WHO colleague having joined the team, the clinical waste management WhatsApp group is gaining traction. Technical guidelines are being shared as well as information on supportive supervision visits and more. The WhatsApp group, established a few months ago, allows for swift exchange of technical information and poses questions and answers to the network of IPC and waste management staff across the camps.

MONSOON AND CYCLONE PREPAREDNESS

The Health Sector (HS) and respective working groups and partners regularly updates its contingency plan for cyclone (March-June) and monsoon (September-November) seasons. Information related to health facility functionality, contingency supplies and locations, mobile medical teams (MMT), ambulance network systems to respond to emergencies and list of camp health focal points is accessible through the HS Google drive. The emergency and preparedness working group met to discuss response team compositions and cooperation, facility preparedness, and share updates on catchment area organization. The HS participated in an intersectoral table top simulation exercise to assess the readiness of partners for cyclone response, with the representation from 66 medical, safety and security, and logistics and engineering partners in order to understand the gaps in current planning and aiming at strengthening emergency planning and coordination.

The current SARI ITC bed capacity stands at 625 operational beds, 560 stand by beds with additional 44 beds currently under construction of which 25 will be operational in December. A third batch of Basic First Aid training this week is targeting SARI ITC clinicians who will take up the responsibility to support their trained nurse-driver teams when critically ill patients need referral to Sadar ICU. Nurses and doctors will continue their emergency care capacity building in basic emergency care training sessions planned to take place in December as the next step in enhanced emergency care capacity among health practitioners in Cox's Bazar. In this week's case management meeting participants received a briefing and practical guidance on rehabilitation for COVID-19 patients. Based on feedback from Sadar ICU teams on the importance of helping patients regain physical strength and manage long term symptoms of COVID-19 like breathing difficulties, challenges in managing eating, drinking and other daily tasks, the briefing was given by Humanity and Inclusion and included the introduction of a number of relevant toolkits and guidance notes from WHO (Support for Rehabilitation Self-Management after COVID-19 related illness, Rehabilitation and Disability Considerations during the COVID-19 outbreak). Weekly technical discussion meeting on clinical cases of COVID-19 took place with the participation of 21 clinicians from SARI ITCs. During the meeting, Professor Dr James Christopher Shepherd from Yale University School of Medicine, USA, discussed recent health challenges and global advancements regarding COVID-19 case management. This technical platform acts as a bridge between clinicians working in SARI ITC facilities and international medicine experts to share the day to day clinical challenges in management of COVID-19. After one month of utilizing the new streamlined clinical case data management system, the daily report clinical data from SARI ITCs has improved significantly. Feedback from reporting staff across the SARI ITC network is commending the reduced burden in reporting which was one of the key motivators to adapt the reporting format.



Photo: Dr Sarah Tahera Mahmud with a COVID-19 patient with co-morbidities at the Sadar Hospital High Dependency Unit.

ESSENTIAL HEALTH SERVICES

As routine immunization sessions continue, both fixed and outreach, WHO continues to provide guidance regarding the operation and sustaining of immunization programs in the context of the COVID-19 pandemic. To that end, a new strategy and microplan has been implemented and coverage data has started showing an increasing trend but due to the slow pace of tracking and mobilization of unvaccinated and under vaccinated children, immunization coverage remains low. Compared to other months, in October less antigen coverages for 1st dose resulted in a slight decrease with sessions being dropped and vaccinators unable to visit the sites due to security reasons. However, the 2nd & 3rd doses of the antigens increased as compared to other months. Measles vaccination for the 2nd dose is still a challenging issue. Vaccine-Preventable Disease surveillance is being closely monitored by government authorities with WHO's technical support. WHO SIMOs and Health field monitors (HFMs) continue to visit health facilities for surveillance, monitoring and investigation while contributing to the National AFP & VPD surveillance system. As part of the Active Surveillance, SIMOs are visiting surveillance sites for VPD cases investigation. Currently no laboratory confirmed Measles, Diphtheria or any other VPD are active in the refugee camps.

A Workshop on HIV & TB information management system for Cox's Bazar district has been conducted with the participation of Kazi Zebunnessa Begum, Additional Secretary (WH) of Health Service Division; Prof. Dr. Md. Shamiul Islam, Line Director TB-Leprosy and AIDS/STD Programme, DGHS; Higher officials from DGHS, WHO Country Office and local representatives from different stakeholders (CS Office, RRRRC Office, MOH Coordination Cell, Cox's Bazar Sadar Hospital, UHCs, UNAIDS, UNHCR, IOM, UNICEF, Save the Children, BRAC, MSF, Lighthouse). The workshop focused on building consensus regarding the HIV response framework for Cox's Bazar' 2019/2021. WHO Communicable Diseases Officer (CDO) attended the 'Malaria Action Plan for Elimination Targeting Districts', organized by National Malaria Elimination Program (NMEP).

OPERATIONAL SUPPORT AND LOGISTICS

During the reporting period, 3280 Kg and 10.67 CBM of Medicines, Flip Charts, VTM, GBV stationary and medical equipment were distributed to implementing partners in the camps. AC servicing at Medical college has been concluded while AC repairs in WHO containers are in progress. Also in progress: anaesthesia machine and electrolyte analyser for the District Sadar Hospital and the instalment of a sound system at the Medical college Hall room. WHO continues supporting DRU activities and sample collection in the camps with four vehicles.

POINTS OF ENTRY

Eighteen out of 19 original points of entry (PoE) have been functional in different strategic locations across the 34 camps under Ukhiya and Teknaf. A total of 49 055 individuals have been screened during the reporting period. Screeners, WASH staff and educators continue identification of febrile passengers and pedestrians, to provide COVID-19 sensitization including hygiene education, and to refer to nearby health facilities when symptomatic individuals present to the PoE. One PoE closed due to fencing built across the road to Camp 9.

SUBJECT IN FOCUS: Health Coordination - Promoting Coordinated Health Action and Best Practices

As part of the Intersectoral Coordination Group (ISCG) in Cox's Bazar, the Health Sector coordination team is led by the World Health Organization (WHO) and is tasked to ensure minimum standards of health care for Rohingya refugees and the affected host community.

The role of the Health Sector

There are six working groups under the umbrella of the Health Sector that focus on specific health topics, including: sexual and reproductive health (SRH) led by UNFPA, community health led by UNHCR and PHD, mental health and psychosocial services (MHPSS) led by IOM and UNHCR, case management, epidemiology, and emergency preparedness and response all led by WHO. Each of the working groups are overseen by designated partner organizations. The Health Sector supports over 100 partners who continue to respond to the needs of the affected populations. These include 62 international partners, 59 national NGOs and 5 UN agencies. The health sector partners are running 97 health posts in the Rohingya refugee camps and 38 primary health care centres providing 24/7 services. Numerous government-run health facilities in the host community are supported by partners, that includes 10 community clinics, six union sub-centres and six Health and Family Welfare Centres, two Upazila health complexes and the district-level Sadar Hospital.

Coordinating public health strategies: the 3-tier Coordination structure

The Health Sector coordination team helps to bridge communication and activities between communities, actors on the ground, camp management, government and across sectors. Overall, the Health Sector partners in Cox's Bazar are coordinated under the leadership of the Civil Surgeon, the Ministry of Health and Family Welfare coordination cell (MoHFW CC) and the Refugee Relief and Repatriation Center (RRRC) for better planning and implementation of a coordinated emergency response by humanitarian agencies. The Health Sector adopted a three-tiered coordination structure at the district, sub-district (Upazila) and camp levels. At district level, a strategic advisory group, with representatives from government, UN, INGO and NGO health agencies serve as an advisory to the Health Sector. In addition, in order to most effectively ensure high level planning, coordination and monitoring, the Health Sector team hosts biweekly meetings, and since the beginning of the year, 23 health coordination meetings were held at the district level, 14 at Upazila level and 252 at camp level. The sector also participates in meetings conducted by Upazila Nirbahi Officers (UNOs) in both Ukhiya and Teknaf Upazilas.



Photo: Health Sector coordination meeting being held at UKhiya Upazila Health Complex, in Cox's Bazar, during the COVID-19 pandemic.

Coordination activities during COVID-19 pandemic in Cox's Bazar

In January 2020, with COVID-19 cases being reported outside of China, the Health Sector coordination team embarked on a multi-level, multi-sectoral strategy to address a possible pandemic. Immediately, field hospitals were engaged in conversations in order to establish their capacity to accept respiratory cases, and organizations with existing isolation centers and ambulances were brought into discussions to rapidly start planning for emerging cases in Cox's Bazar. From February 5th, 2020, COVID-19 became a standing agenda item during health sector coordination meetings. This was cascaded to the field and camp levels by the health field and camp coordinators. In collaboration with ISCG, sensitization sessions were held for all sectors with a focus on infection prevention and control (IPC) measures to be undertaken at individual and office levels, during which 650 humanitarian workers were sensitized to COVID-19 risks and prevention. Today, IPC trainings

reached over 3000 humanitarians in Cox's Bazar. Under the leadership and technical expertise of WHO, partners collaborated to scale up isolation facilities to meet the projected demand of COVID-19 positive cases in the camps and host communities. As a result, 14 severe acute respiratory infection (SARI) isolation and treatment centers (ITCs) were established by health partners in an admirable example of collaboration by UNHCR, IOM, UNICEF / icddr, Save the Children, IRC, Hope Foundation, Relief International, FH-MTI, IFRC, and MSF (OCA, OCB, OCBA), and approximately 1200 beds made available by November 2020.

Information management and communications: Through mid-November, the sector has shared daily updates with partners and other sectors highlighting the COVID-19 situation, including mapping of geographical distribution, epidemiological evolution and gender and age distribution to inform response by various actors in the refugee and host community settings. The Health Sector has also contributed to the WHO weekly situation reports that showcase health response actions being undertaken in the fight against COVID-19. National and WHO health guidelines on COVID-19 continue to be shared with partners to ensure effective mitigation measures are undertaken to decrease infection transmission and to guide clinical management of COVID-19 patients and streamline reporting of cases. The Health Sector coordination team has supported other sectors (example: Shelter and non-food items (NFI), water, sanitation and hygiene (WASH)) in the development of guidance notes to ensure that the health references were technically correct. The Health Sector has also developed an operational guidance document to ensure that essential health services were maintained throughout the pandemic, to decrease the incidence of morbidity and mortality unrelated to COVID-19.

SUBJECT IN FOCUS: Health Coordination - Promoting Coordinated Health Action and Best Practices

The multi-sectoral approach to COVID-19 response: On February 3rd, 2020, WHO released a COVID-19 Strategic Preparedness and Response Plan to help protect states with weaker health systems. Based on this framework, the sector engaged partners in preparing an initial multi-sectoral plan with a strategy anchored in eight health pillars: coordination, case management, laboratory, IPC, surveillance, rapid response and case investigation, points of entry, risk reduction and community engagement, and logistics and supplies. Several possible pandemic scenarios were reviewed that would inform different levels of response, and guide other sectors in their roles in responding to COVID-19. Key examples include messaging (symptoms of COVID-19, isolation, testing and mask wearing) by Communicating with Communities (CwC) working group, establishment of points of entry in the camps by Shelter/NFI and WASH in collaboration with Health Sector, and distribution of masks by Food Security and Livelihood in the camps and among the host community. The child protection sub-sector also supported in training 106 (53% male, 47% female) child carers from SARI facilities to act as focal points for children who may have any concerns during their stay in the centre while protection and gender working groups provided relevant technical guidance documents for dissemination to COVID-19 facilities on protection and gender considerations.

Assessments, monitoring & supportive supervision visits: During the COVID-19 response, multiple assessments were carried out to identify existing gaps in the camps and government facilities. Inter-agency rapid assessments were conducted at Ramu, Moheshkhali, Teknaf and Ukhiya Upazila Health Complexes to determine isolation capacity and facility readiness. Based on the findings, the Health Sector was able to help coordinate efforts to support government facilities across the district. Sector partners in collaboration with MoHFW CC, Civil Surgeon's office and RRRC conducted supportive supervision visits to health care facilities, SARI ITCs, and with community members and respective CiCs to assess progress in the COVID-19 response and community awareness. Supportive supervision was also conducted to six Upazila Health Complexes in collaboration with the Civil Surgeon's office to ensure adequate and safe isolation capacity, staff training needs and resources. In order to ensure technical oversight and improving quality of health services, Camp Health Focal Points (CHFPs) conduct quarterly monitoring of health facilities in the camps and in quarter two thirty-five primary health care centres and 79 health posts were visited to assess adherence to the Health Sector's minimum essential service package. A series of COVID-19 specific questions were added to the monitoring tool to ensure appropriate and safe services during the pandemic.

Addressing misinformation & rumours: To counter rumours and misinformation surrounding COVID-19 testing, isolation and quarantine, the Health Sector, WHO, UNHCR, and other health partners together with CWC (Communicating with Communities) drafted a joint messaging strategy. The strategy aimed to reinforce basic mitigation measures including mask wearing, hand washing and physical distancing. In addition, special messages were drafted to explain, COVID-19 testing, contact tracing, isolation and treatment, quarantine, amongst others. Other steps were taken by partners to improve community confidence including question & answer sessions, COVID-19 testing demonstrations and sensitization to oxygen use at the SARI ITCs. Prior to opening isolation facilities, camp in charges (CICs), Majhis, Imams, women leaders and community members were invited to visit the facilities and meet the staff. Mental health counsellors were also engaged to help overcome fears and misconceptions about facilities for COVID-19 patients COVID-19. The community health volunteers (CHV) through the community health working group, under the leadership of UNHCR, continue to conduct weekly household visits providing messages on COVID-19 including signs and symptoms, risk factors, quarantine and isolation/treatment centres. In addition, they have created a community-based surveillance network and individuals with symptoms are being counselled about the benefit of testing and treatment. As of epidemiological week 46, 3.7 million household visits had been conducted by the CHVs.



Photo: CHFP supporting and participating in a community sensitization visit to MSF-OCP facility in Camp 9.

Gender mainstreaming in COVID-19 response

In collaboration with the protection sector and gender, the health sector closely coordinated mainstreaming efforts on prevention of sexual exploitation and abuse (PSEA), gender-based violence (GBV) and child protection into the health emergency response to COVID-19. Key actions included development and implementation of the gender action plan on COVID-19, coordinating with the various protection working groups to develop an orientation package for health sector trainings, and coordinating trainings for health care workers (HCWs) facilitated by these working groups. Participants in each of the mainstreaming sessions ranged between 16-60 participants. In addition, the health sector coordinated a three days face-to-face training on gender mainstreaming for 23 HCWs which was facilitated and organized by ISCG's Gender Hub. Members of the health Sector team visited several PHCs to give guidance on establishing and equipping maternity red zones for quick stabilization and delivery of suspect or symptomatic pregnant women.

	Last 24 hours	Total
COVID-19 tests conducted	15 990	2 572 952
COVID-19 positive cases	2212	436 684
Number of people released/recovered	1749	352 811
COVID-19 deaths	39	6254

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) for COVID-19 updates in Bangladesh : <https://www.iedcr.gov.bd/>
 COVID-19 Bangladesh situation reports: [https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(covid-19\)-update/coronavirus-disease-\(covid-2019\)-bangladesh-situation-reports](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update/coronavirus-disease-(covid-2019)-bangladesh-situation-reports)

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)

Previous issues of this Situation Report:
<https://www.who.int/bangladesh/emergencies/Rohingyacrisis/bulletin-and-reports>

COVID-19 Dashboard under WHO Cox's Bazar Data Hub can be accessed here: <https://cxb-epi.netlify.app/>

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 VON HARBOU
 Head of Sub-Office
 WHO CXB Sub-Office
 Email: vonharbouk@who.int