







*Photo: As frontline responders, health care workers are most at risk. WHO is providing on-the-job training to individual health workers to enhance service quality during the coronavirus pandemic.*

## Highlights

- A total of 4054 COVID-19 positive cases have been reported in Cox's Bazar district, of which 101 in the Rohingya camps.
- WHO together with Civil Surgeon Office and Ministry of Health and Family Welfare (MOHFW) Coordination center completed a round of supportive supervision visits to four Upazila Health Complexes (UHC) with a visit to Kutubdia UHC on 29 August 2020.
- A Health Sector Coordination meeting was held at Teknaf Upazila Complex to identify opportunities to strengthen routine immunization, COVID-19 surveillance and response, as well as Cyclone preparedness.
- WHO organized meetings to review feedback to two secondary hospitals for obstetric referrals and offered support to strengthen the referral process and quality of emergency obstetric care.

	Host Community	Rohingya refugee/FDMN
 Total confirmed COVID-19 cases in Cox's Bazar	3,965	101
 Total person in isolation in Cox's Bazar	533	37
 Total number of tests conducted	24,859	4,900
 Total deaths due to COVID-19	63	6

*\*Updated as of 30 August 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. Bi-weekly Strategic Advisory Group (SAG) meetings, bi-weekly Health Sector coordination meetings and daily updates continue.

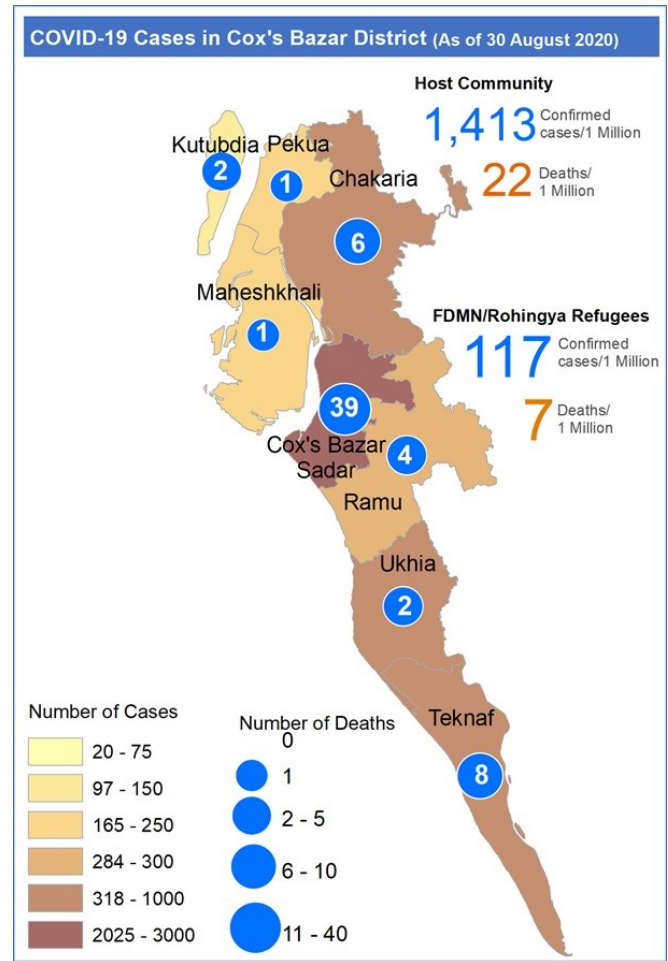
Weekly surge clinical case management meetings continue to discuss operational aspects and improve clinical treatment while more scientific knowledge about COVID-19 is being developed.

Camp Health Focal points continue to hold health sector coordination meetings. During the reporting period, five meetings with health partners were held at camp-level and one at Upazila level.

During the reporting period, a Health Sector Coordination meeting was held in Teknaf and hosted by the Upazila Health & Family Planning Officer (UHFPO). A group of health partners, including MoHCC, WHO, UNICEF, IRC, IOM, Qatar Charity, GK, Basmah Foundation, ISCG, BGS, icddr, DGHS, Solidarities International, BRAC and Teknaf UHC staff, discussed opportunities to strengthen routine immunization, COVID-19 surveillance and response, as well as cyclone preparedness.

WHO together with the Civil Surgeon Office and Ministry of Health and Family Welfare (MOHFW) Coordination center completed a round of supportive supervision visits to four Upazila Health Complexes (UHC); with a visit to Kutubdia UHC on 29 August 2020. The team discussed COVID-19 interventions and continuity of essential

health services with emphasis on immunization, maternal health services, non-communicable diseases, infection prevention and control (IPC) and community engagement.



## 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, etc.

Messages on the use of masks were developed in collaboration with Communication with Communities (CwC) and circulated through partners to encourage universal usage in the camps and host populations.

Through enhanced community-based surveillance, in the past week community health workers (CHWs) helped identify 3396 patients with mild symptoms of respiratory tract infections and two patients with moderate COVID-like symptoms during 127 565 household visits. The cumulative number of patients identified with mild symptoms since the introduction of the activity in July is 20 699 and 114 patients with moderate/ severe symptoms. 1140 persons were referred to health facilities in the past week, from a total of 9815 to date.

In the past week, CHWs provided messages on COVID-19 to 234 061 persons. Since the beginning of the response, CHW Group conducted more than 2.21 million household visits and had contacts with a cumulative number of more than 4.17 million adult household members. In addition, small group sessions were conducted for 35 346 persons.

Messages include information about COVID-19 symptoms, risk factors and quarantine and isolation/ treatment centers.

Between 20 - 26 August 2020, COVID-19 prevention messages reached 114 696 persons during 41 315 neighborhood-based through CwC partners. Additionally, 42 957 Rohingya refugees received COVID-19 key messages through 9372 community consultation meetings. And finally, 4486 participated in 547 group sessions to watch 420 video/film show sessions about the new virus. Among host communities, 7998 people participated in 2315 community awareness meetings about COVID-19.



Photo: Hand Hygiene is one of the most effective actions to reduce the spread of pathogens and prevent infections, including the COVID-19 virus.



WHO continues to provide epidemiological data to support operational decision making for the COVID-19 response in Cox's Bazar. As of 30 August 2020, a total of 3965 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 419 in Chokoria, 318 in Teknaf, 237 in Maheshkhali, 2025 in Sadar, 420 in Ukhiya, 284 in Ramu, 165 in Pekua and 97 in Kutubdia.

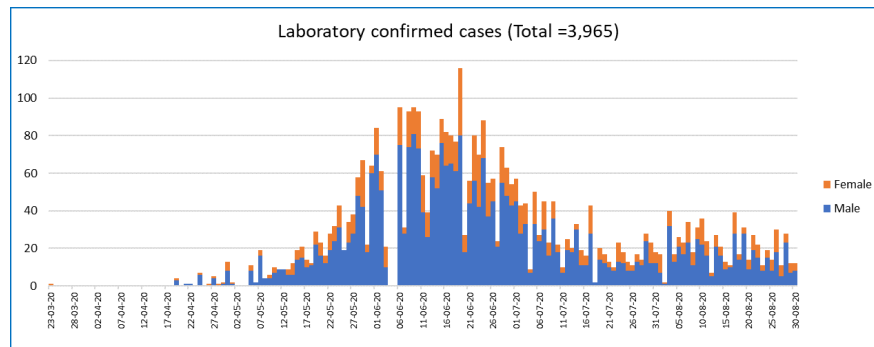


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

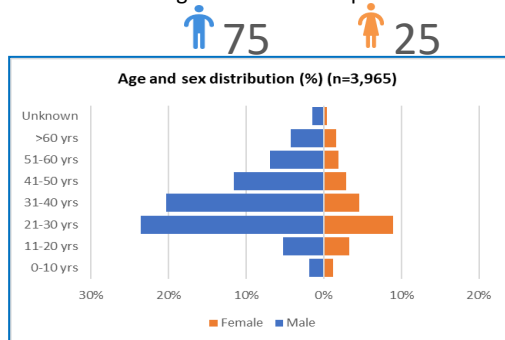


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

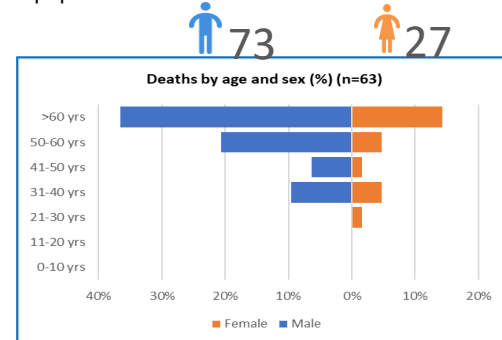


Figure 3: COVID-19 deaths by age and sex among host population in CXB

As of 30 August 2020, a total of 101 COVID-19 cases have been reported among Rohingya: 3 cases from Kutupalong RC, 3 from camp 1E, 7 from camp 1W, 4 from camp 2E, 9 from camp 2W, 12 from camp 3, 3 from camp 4, 2 in camp 5, 13 from camp 6, 7 from camp 7, 1 from camp 8E, 2 from camp 8W, 2 from camp 9, 3 from camp 10, 2 from camp 11, 1 from camp 12, 2 from camp 14, 1 from camp 15, 1 from camp 16, 1 from camp 17, 2 from camp 18, 2 from camp 21, 2 from camp 22, 6 from camp 24, 1 from camp 25, 2 from camp 26, 2 from camp 27 and 5 from Nayapara RC.

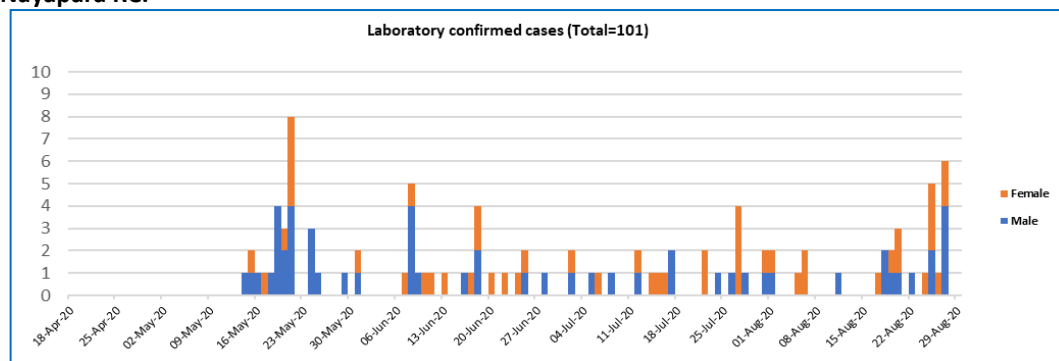


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

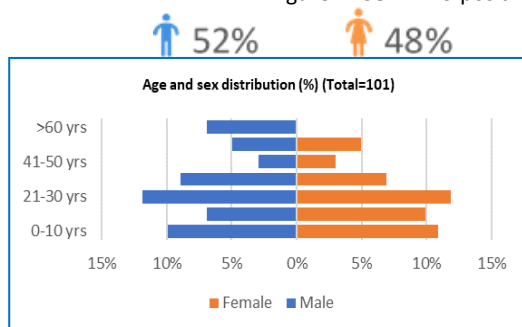


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

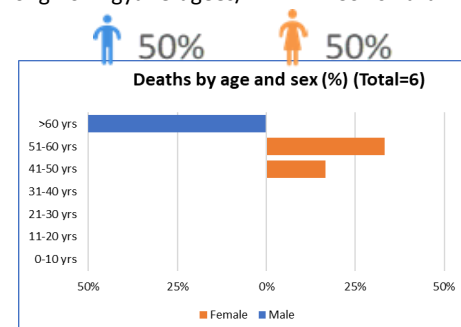


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

The first Rapid Investigation and Response Team (RIRT) review was conducted and a list of recommendations agreed upon to improve response. Under strengthening initiatives of community-based mortality surveillance, suspected Acute respiratory Infections (ARI) deaths review protocol has been drafted and piloted on recently suspected death alerts. A survey is ongoing to evaluate the reporting and retrospective mortality rate in three camps as a proxy outcome of COVID-19 since service health seeking dropped significantly during the pandemic. RIRTs have been responding to COVID-19 confirmed cases in the Rohingya refugee camps through referrals to ITCs, contact tracing, quarantine in designated facilities and coordination with various actors. Eight Camp Health and Disease Surveillance Officers (CHDSOs) have been deployed to support investigation and response activities.

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 30 August 2020, a total of 35,295 laboratory tests for COVID-19 have been conducted, of which 29,759 from Cox's Bazar district. The remainder are from Bandarban and Chittagong districts.

The number of tests conducted among the Rohingya population continues to increase. In week 35 (24-30 August 2020) there were 1,127 tests compared to only 878 in week 34; however, a decrease in testing continues to be observed among the host community in the same timeframe, from 490 to 356.

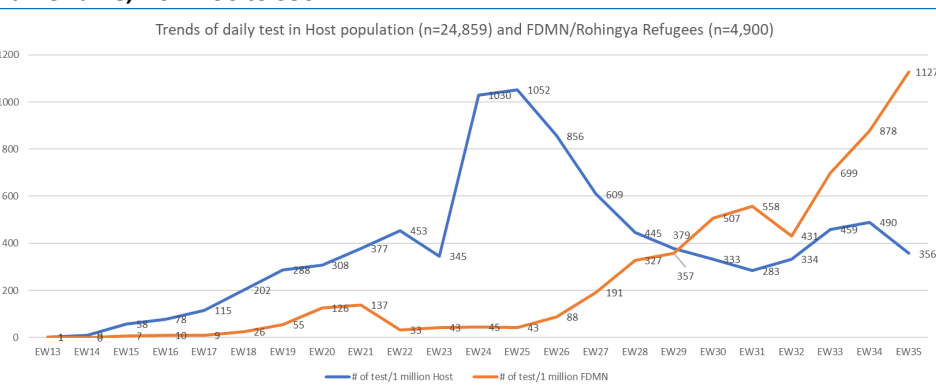


Figure 7: Number of tests conducted per million among host population and Rohingya refugees



Photo: IEDCR Field laboratory team at CXB Medical College

## INFECTION PREVENTION AND CONTROL



As part of the operational capacity building to enhance preparedness for COVID-19 in Cox's Bazar, WHO continues to support partners as co-facilitators on a cascade of trainings conducted remotely and on-site. To date, WHO conducted 4-days trainings for Infection, Prevention and Control (IPC) of COVID-19 to 1523 humanitarian health care workers from Severe Acute Respiratory Infection (SARI) ITC partners and Government facilities as well as 766 government workers from six Upazilas.

Since August 2020, IPC supportive supervision visits have been conducted in 12 facilities including 3 Upazila Health Complexes. The visits are a follow up to assessments carried out between February and April 2020.

WHO is also engaging with health care waste management partners to offer options for the SARI ITCs to minimize waste and to identify the best possible combustion system with available incinerators.

Photo: WHO supportive supervision team visiting a health care facility in the Rohingya refugee camps in Ukhiya.

So far, forty-two health care workers from 27 health facilities completed a 4-days training on Water and Sanitation in Health care facilities Improvement Tool (WASH FIT). This training included field visits and assessment with participants drawing action plans for improvements in IPC, WASH and health care waste management at their respective facilities delivering routine essential health services.

WHO is supporting partners with IPC tools and checklists to monitor and track daily cleaning within health care facilities and track improvements on a regular basis. Five health facilities were provided with supportive supervisions in camps 1E, 1W and 3.

## 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 response 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 have been identified in the camps.

Twenty-one mobile medical teams and 29 dispatch and referral unit ambulances stand ready to respond to the adverse effects of cyclone and monsoon season. Conversations proceed with camp-level health focal points and authorities to develop camp-wide contingency plans.

The Health Sector is updating monsoon and cyclone contingency plan in preparation for the upcoming cyclone season (September-December). Camp wise contingency plan is under development for all 34 camps. Despite the heavy rainfall in the in last week of August, health facilities are functioning without any reported incident.

\*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 continues to provide remote and on-site support with updated guidance and training content. Draft of interim guidance for referral hubs during COVID-19 is completed and shared for feedback. The document aims to ensure alignment between home-based care protocol, transport teams and DRU.

As of 30 August 2020, 14 SARI ITCs are active and can receive patients. The Intensive Care Unit/High Dependency Unit Facility at Sadar Hospital with ten ICU and eight HDU beds is also operational. There are 581 Severe Acute Respiratory Infection Isolation and Treatment Facilities (SARI ITCs) and 67 isolation active beds in the camps.

Weekly SARI ITC clinical case presentations continue where alternating SARI ITC sites present cases that are being reviewed among their peers and with technical support provided by WHO infectious disease specialist. Weekly case presentations are conducted with the Sadar ICU medical and nursing staff, supported by intensive care and infectious disease specialists and facilitated by WHO.

As a part of WHO's support to all Upazilas in Cox's Bazar, 125 health care workers have been trained on Clinical Case Management of COVID-19 covering six Upazila Health complexes: Ukhiya, Teknaf, Ramu, Mohashkhali, Chokoria and Pekua.

## ESSENTIAL HEALTH SERVICES

WHO continues to provide guidance regarding the operation and sustaining of immunization programs in the context of COVID-19.

VPD surveillance is being closely monitored by government authorities with the support of the WHO SIMO network and EWARS, available data indicates a reduction in the number of reported cases. SIMOs and Health field monitors (HFMs) are continuously visiting the health facilities for VPD surveillance, monitoring and investigation.

Routine immunization sessions, both fixed and outreach, continue. Current data shows an increasing trend in immunization coverage after COVID-19. However, it is necessary to develop risk communication messages to engage community leaders on immunization activities. Session monitoring tool has been implemented and monitored by HFMs. House to house monitoring tool will be launched in two weeks.



Photo: Immunization services remains a priority for WHO and health partners.

During the reporting period, WHO organized meetings to review feedback to two secondary hospitals for obstetric referrals and offered support to strengthen the referral process and quality of emergency obstetric care.

First batch of ToT for non-pneumatic anti-shock garments started with 12 participants from secondary and tertiary government and field hospitals. The trainers received 2 garments to bring to their respective facilities to treat obstetric haemorrhage and acute trauma cases.

Two batches of 4-days training on WHO Package of Essential Noncommunicable Disease (NCD) for Primary health care providers (PEN) were completed for 27 health care workers. The participants were introduced to the newly published Bangladesh National Protocol for NCDs to support strengthening essential service delivery.

## OPERATIONAL SUPPORT AND LOGISTICS



Photo: WHO is ensuring distribution of essential supplies in Cox's Bazar during COVID-19 pandemic.

WHO continues to support the transport of test kit supplies from Dhaka to Cox's Bazar and transport of COVID-19 samples from the camps. WHO has provided two dedicated vehicles to the IEDCR Field laboratory. In addition, two vehicles are part of the Dispatch and Referral Unit (DRU) fleet pool for ambulance support transportation of mild COVID-19 patients.

A meeting was held with Professor Anupam Barua, Principle of Cox's Bazar Medical College, to discuss plans for WHO/Health Sector support for a skills laboratory to be utilized as capacity building for students as well as Govt, UN, INGO and NGO health partners.

WHO donated 5000 pieces of surgical masks to the Civil Surgeon office and distributed six medical items including medicines, PPE, RDT, Lab items, medical equipment and WASH items to nine different partners. WHO supported the UN Clinic in Cox's Bazar with COVID-19 kits.

## POINTS OF ENTRY

All 18 points of entry sites continue to screen for fever and enforce hand washing at strategic locations throughout the camps. Temperature screeners, educators and WASH volunteers work together as a team to educate, refer and sensitize the Rohingya, host community and humanitarian workers. As of 29 August 2020, 281 000 individuals have been screened at the point of entries across the camps.



## SUBJECT IN FOCUS: Noncommunicable diseases (NCDs)

Premature deaths as a result of noncommunicable diseases (NCDs) have been recognized as one of the major challenges for the achievement of the sustainable development goals by 2030. Every year, NCDs are responsible for the death of 15 million people between the ages of 30-70 and over 85% of these premature deaths are estimated to occur in low and middle-income countries.

### Context

In Bangladesh, NCDs are estimated to be the leading cause of 67% of all deaths (30% from cardiovascular diseases, 12% from cancers, 10% from chronic respiratory diseases, 3% from diabetes and 12% from other NCDs). Among the adult population aged 18-69 years, the prevalence of hypertension is 21%, while diabetes represents 8.3%. Additionally, 70.9% of the adult population has at least one risk factor. Inadequate intake of fruits and vegetables, tobacco use, low physical activity, extra salt intake, dyslipidemia and central obesity are among the common factors associated to the prevalence of NCDs in the country.

In Cox's Bazar, WHO is supporting the Civil Surgeon Office leading NCD care coordination through engaging government partners, national and international stakeholders while promoting national protocols on high blood pressure and diabetes to address cardiovascular risks. This approach is based on the WHO PEN (Package of Essential Noncommunicable Disease Interventions), which includes capacity building of primary health care staff and community outreach workers, health promotion activities on NCD risk factors, supply of essential NCD commodities with gap-filling purpose, supportive supervision as well as strengthening NCD surveillance and monitoring in the Cox's Bazar district.



Photo: Md. Rasel, Medical Assistant at a BRAC facility in Camp E2, Ukhiya, with a Rohingya patient (2019)

### Situation Analysis

In the beginning of the emergency response in Cox's Bazar, there was no available information regarding NCD service capacity and availability. In response, in 2019 WHO conducted a NCD service availability assessment in 90 health facilities serving both Rohingya refugees and host communities. The results demonstrated that less than 25% of health care professionals received organizational or institutional in-service training within the previous year on NCD, including in Health Posts and Primary Health Care Centers. Written versions of any national/ international guideline for diagnosis and management of diabetes mellitus, hypertension were found in 24% of Health Posts, 36% of Primary Health Care Centers and 37.5% of Secondary Level Hospitals. Less than 7% of Health Posts and Primary Health Care Centers had NCD related Information, Education and Communication (IEC) materials. The referral of emergency and palliative conditions related to NCDs was a major challenge for health partners due to referral costs.

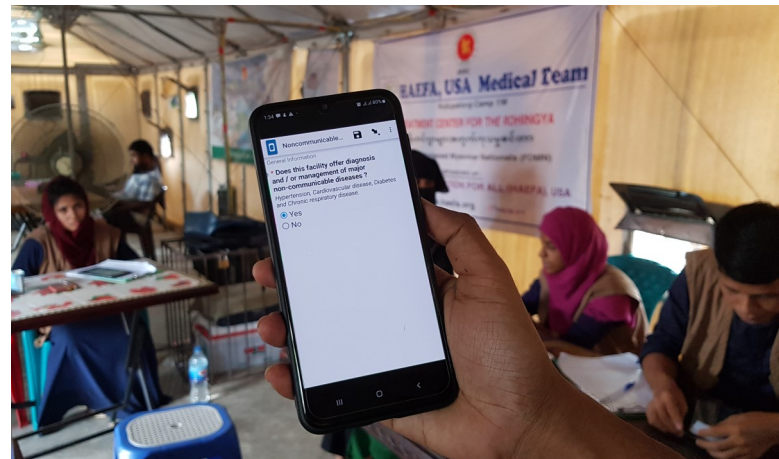


Photo: NCD Service Availability Assessment in Cox's Bazar at a Primary Health Care Centre located in Kutupalong, Ukhiya (2019)

### Training on National Protocol/WHO PEN

In 2019, 102 health care workers (doctors/nurses/medical assistants) from 29 Primary Health Care Centers (PHC) and 8 Upazila health complexes participated in the WHO Package of Essential NCD Interventions (PEN) training in Cox's Bazar. In 2020, the training reached 101 healthcare workers from 14 health posts, 10 PHCs, 9 Community clinics, 4 union sub-centers and 5 Upazila health and Family Welfare Centres. To date, 203 healthcare workers from 68 health facilities in Cox's Bazar district (21 Government and 47 NGO) have been trained on WHO PEN.



Photo: WHO/PEN participants during the final assessment exam for the capacity building of primary health care workers held in Cox's Bazar (2019)

### Community Outreach

In 2019, 300 community health workers and supervisors participated in the 2-days training of trainers on risk factors of NCD and behavioural interventions, having received flip charts on NCD risk factors. In 2020, WHO expects to engage 60 community health care workers from government health facilities in Ukhiya and Teknaf (this includes Community Health Care Providers, Health Inspectors, Assistant Health Inspectors, Health Assistants) and 50 community outreach supervisors on NCD risk factors training.

In 2020, 6 community theater performance activities took place in Cox's Bazar and 30 audio drama messages were developed to reach an audience of over 1300 people. The messages included key information about the consequences of smoking and betel nut chewing and were delivered in three coastal Upazilas of Cox's Bazar district: Pekua, Moheshkhali and Kutubdia.

### Procurement and Logistics Support

WHO has provided essential NCD commodities supplies to health care facilities in Cox's Bazar, including NCD Kit with medicine, insulin, stethoscope, digital blood pressure machine, glucometer with strips, weight scale and urine strips to 5 upazila health complexes, 80 community clinics and 7 union sub centres across 5 upazilas of Cox's Bazar district (Ukhiya, Teknaf, Kutubdia, Moheshkhali and Pekua) as well as Cox's Bazar District Hospital. Apart from government health facilities, WHO has been supporting more than 25 health partners by providing essential NCD equipment and medicines.

### Coordination and Supportive Supervision

WHO is supporting NCD Core Group with active participation of 17 health partner organizations as well as government counterparts. The last meeting held this year, in March 2020, drafted the best possible linkages and referral pathways for NCD services within Cox's Bazar district.

With the technical and logistics assistance from WHO, the NCD core group completed the 1st round of NCD supportive supervision visits for health facilities in Rohingya camps and immediate host community in Cox's Bazar. 17 health facilities were supported with on-site technical supervision. Recommendations were developed in consultation with health facilities and will be followed up as part of continuous strengthening of service delivery of NCDs in the context of COVID-19.

### Surveillance and monitoring

District Health Information System (DHIS-2) for Cox's Bazar includes essential disease components of NCDs. For monitoring purposes, supportive supervision has been completed in 17 health facilities with the support from the Ministry of Health and Family Welfare Coordination Cell.

### NCD services during COVID-19

During the COVID-19 pandemic, there is evidence that people living with NCDs are more at risk of becoming severely ill or dying from the virus. COVID-19 and NCDs together are impacting the poorest communities and the most vulnerable people in Cox's Bazar.

	Last 24 hours	Total
COVID-19 tests conducted	11,934	1,537,749
COVID-19 positive cases	1,897	310,822
Number of people released/recovered	3,044	201,907
COVID-19 deaths	42	4,248

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](mailto: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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