







Photo: On World Patient Safety Day, WHO pays tribute to frontline health care workers' unparalleled commitment to enhance patient safety and bend the COVID-19 curve.

HIGHLIGHTS

During the reporting period, new 50 COVID-19 cases were confirmed among Rohingya refugees, the highest number in a week so far. WHO's Community Health Disease Surveillance Officers (CHDSOs) provided support to investigate all cases. Equally important to note is the increasing number of PCR tests for COVID-19 conducted in the refugee camps: 1485 in a population of nearly one million.

Epidemiology dashboard and weekly situation report can be accessed using the link: <https://cxbhealth.info/>

A routine immunization community engagement action plan has been finalized and will be launched in all camps in October. WHO and UNICEF developed the strategy to encourage more families to bring their children for routine immunization. WHO started working with UNFPA and RSH Working Group on a campaign to encourage pregnant women to seek health services as attendance decreased during the COVID19 period.

	Host Community	Rohingya refugees
 Total confirmed COVID-19 cases in Cox's Bazar	4254	180
 Total person in isolation in Cox's Bazar	531	94
 Total number of tests conducted	27 994	7368
 Total deaths due to COVID-19	66	7

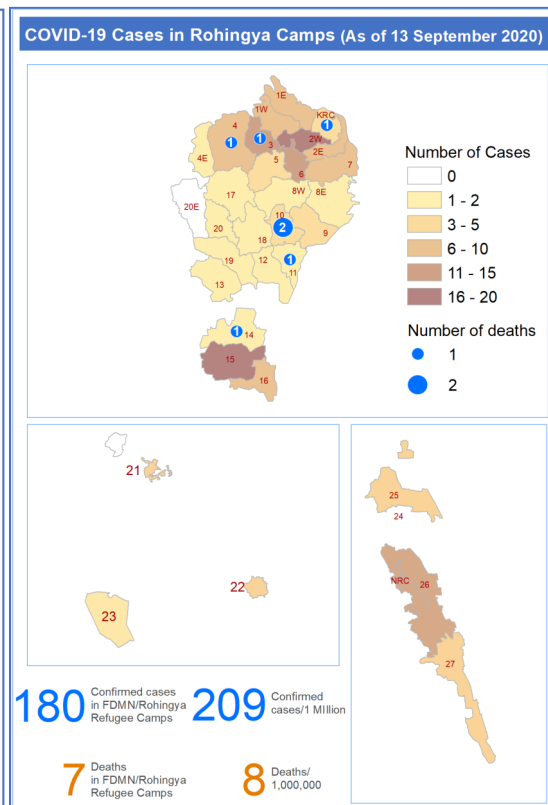
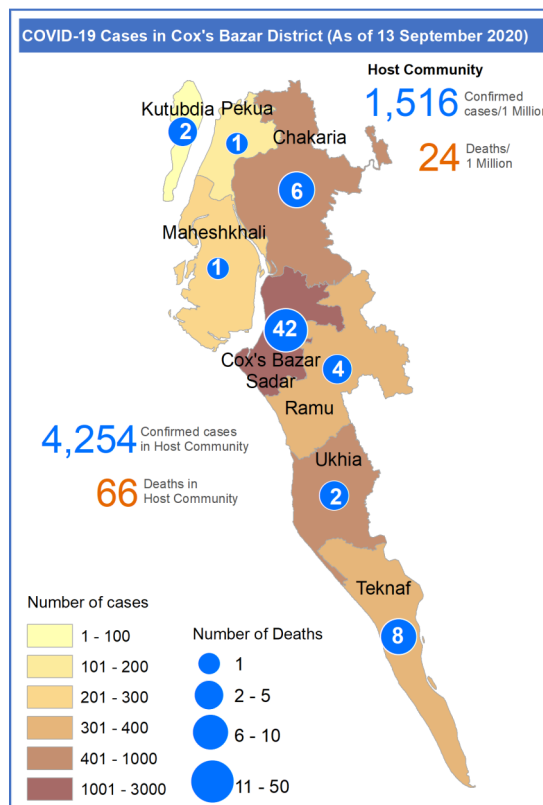
**Updated as of 13 September 2020 / *FDMN = Forcibly Displaced Myanmar Nationals*

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. Camp health Focal Points, Field Coordinators and Health Sector team meet bi-weekly to discuss current COVID-19 response and Cyclone Preparedness. During the reporting period, nine meetings with health partners took place at camp-level in Ukhiva and Teknaf, Cox's Bazar.

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.

Health Sector Coordinator, Dr Mukeshkumar Prajapati, participated in the Civil-Military Coordination Meeting facilitated by ISCG at the Military Coordination Cell in Ukhiya.

The meeting was an opportunity to emphasize WHO's recommendations to maintain vigilance/precautions and prevent the further spread of COVID-19 including maintaining physical distance, wearing masks, hand washing, among others.



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

WHO in partnership with UNHCR conducted a survey across all Rohingya camps on three major issues: knowledge and understanding of COVID-19, mask use and attitudes towards testing for the virus. 718 community members were interviewed, and their opinions and viewpoints will help WHO shape the COVID19 strategy to overcome existing barriers for prevention, including wearing masks and testing.

A routine immunization community engagement action plan has been finalized and will be launched in all camps on October 1st. WHO and UNICEF developed the strategy to encourage more families to bring their children for routine immunization. The initiative is supported by the Health Sector and the Risk Communication and Community Engagement Working Group.

WHO started working with UNFPA and RSH Working Group on a campaign to encourage pregnant women to seek health services as attendance decreased during the COVID19 period. The campaign will highlight safety and cleanliness of the facilities, as well as the value of receiving appropriate and vital health care for mother and baby.

In the reporting period, 1416 community health workers (CHWs) were trained on Enhanced Community Based Surveillance and Home-Based Care to provide counselling on testing, quarantine and referring patients to isolation facilities. CHWs also conducted 12 985 household visits in which 2582 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and five patients with moderate/severe symptoms. The cumulative number of mild patients is 25 407, and 121 moderate/ severe patients. Of these, 12 010 persons with COVID symptoms were referred to health facilities.

COVID-19 messages reached 252 404 persons between 7-13 September. Since the beginning of the response, CHWG conducted more than 2.46 Million household visits and had contacts with a cumulative number of more than 4.67 million adult household members. In addition, they led 12 139 small group sessions for 38 137 persons. The messages focus on COVID-19 symptoms, risk factors and quarantine and isolation/ treatment centers. Between 03 - 09 September 2020, COVID-19 prevention messages reached 122 524 people during 57 215 neighborhood-sessions through CwC partners.

Another 49 090 people were engaged in 9498 communication sessions conducted by religious leaders. Additionally, 251 526 Rohingya refugees received COVID-19 key messages through 12 902 community consultation meetings. And finally, 5291 community people participated in 701 group sessions and watched 437 videos about the new virus.

Among host communities, 18 094 people participated in 4377 community awareness meetings and 19 168 participated in 40 listener group sessions on COVID-19.

*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 epidemiological data to support operational decision making for the COVID-19 response in Cox's Bazar. As of 13 September 2020, a total of 4254 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 444 in Chokoria, 345 in Teknaf, 258 in Maheshkhali, 2185 in Sadar, 447 in Ukhiya, 307 in Ramu, 170 in Pekua and 98 in Kutubdia.

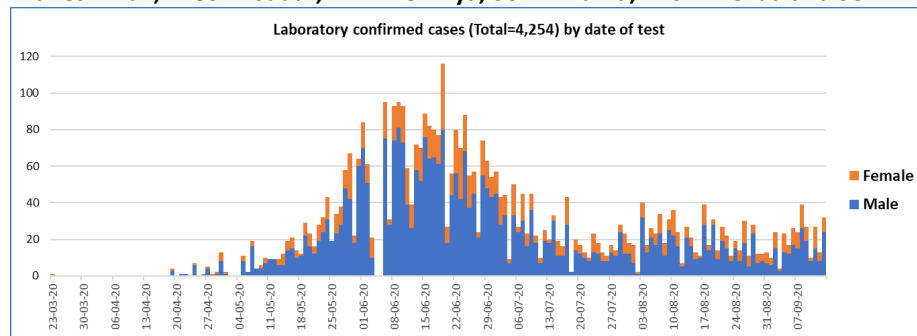


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

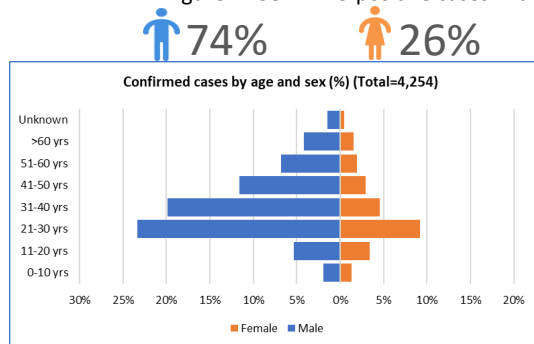


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

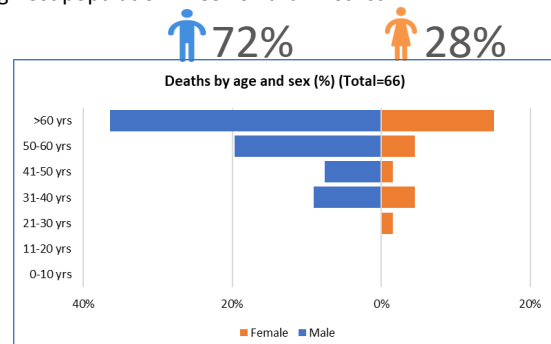


Figure 3: COVID-19 deaths by age and sex among host population in CXB

As of 13 September 2020, a total of 180 COVID-19 cases among Rohingya/FDMN have been reported: three cases from Kutupalong RC, six from camp 1E, seven from camp 1W, seven from camp 2E, 20 from camp 2W, 14 from camp 3, eight from camp 4, two from Camp Extension, three in camp 5, 14 from camp 6, eight from camp 7, two from camp 8E, two from camp 8W, five from camp 9, five from camp 10, two from camp 11, two from camp 12, one from Camp 13, two from camp 14, 18 from camp 15, seven from camp 16, one from camp 17, two from camp 18, two from camp 19, one from Camp 20, five from Nayapara RC, two from camp 21, two from camp 22, one from camp 23, 18 from camp 24, two from camp 25, four from camp 26, two from camp 27.

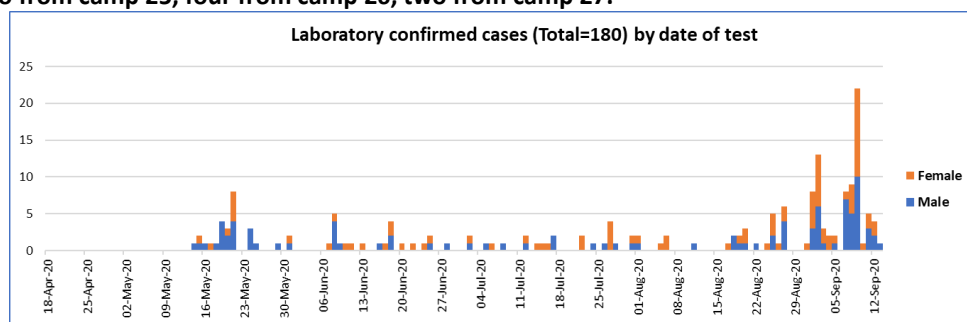


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

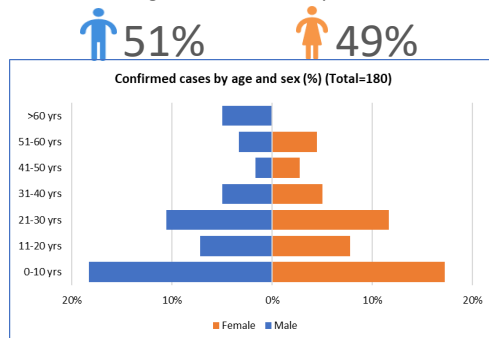


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

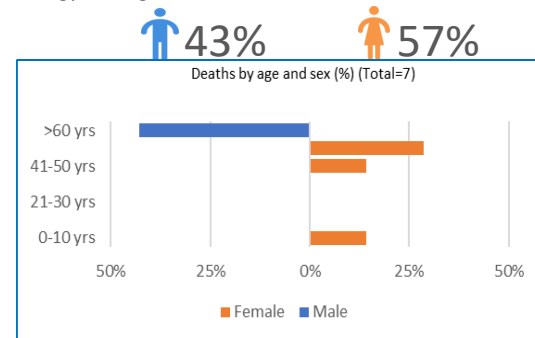


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

During the reporting period, 50 COVID-19 new cases were confirmed among Rohingya refugees, the highest number in a week so far (29 cases in the previous week). All cases were investigated by WHO's Community Health Disease Surveillance Offices (CHDSOs).

Refresher training for Rapid Investigation and Response Team (RIRT) was facilitated for 50 participants from health and site management sectors, emphasizing on clarity response and coordination among different actors.

Plans to incorporate regular updates on the Clinical Case Management and Dispatch and Referral Unit in the WHO's Cox's Bazar Data Hub continue. The revised surveillance case definition in being adapted to Cox's Bazar Surveillance Strategy.

WHO continues to support 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 13 September 2020, a total of 41 569 tests for COVID-19 have been conducted in the laboratory, of which 35 362 from Cox's Bazar district. The remainder are from Bandarban and Chittagong districts. In the past week (07-13 September 2020), the number of tests conducted among the FDMN community continued to increase with 1485 tests as compared to 1385 in the previous week. Similarly, an increase in testing per million was observed among the host community in the same timeframe, from 459 to 658.

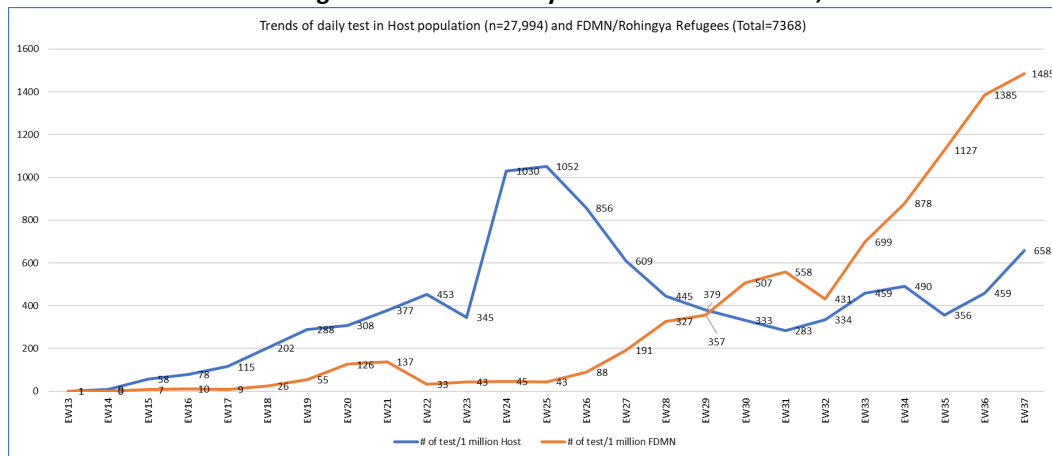


Figure 7: Number of tests conducted per million among the host population and the FDMN/Rohingya refugees

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, 4-day trainings for Infection, Prevention and Control (IPC) were provided to 1727 humanitarian health care workers from Severe Acute Respiratory Infection (SARI) ITC partners and Government facilities and 790 government workers from six Upazilas.

Eighty health care workers from 53 health facilities completed a 4-days training on Water and Sanitation in Health care facilities Improvement Tool (WASH FIT). The training included field visits and assessment with participants drawing action plans for improvements in general IPC, WASH, health care waste management at their respective facilities delivering essential health services. The WASH FIT assessment started in September aiming to cover all health facilities in the camps.



IPC supportive supervision was conducted at eight health care facilities (camps 3, 20, 20 Extension, 22 and 23) as part of the ongoing IPC support for COVID-19 and routine health care delivery. Since early September, 27 health facilities have been visited in 12 camps.

As part of strengthening IPC interventions in the host community, WHO has trained health care workers in seven Upazilas. This week, 24 health care professionals of Kutubdia UHC completed IPC training for COVID-19. So far, 7 out of 8 Upazilas have received this dedicated training reaching 147 government staff at UHCs.

Photo: A COVID-19 patient talking with a nurse inside the ambulance on the way to UNHCR/RI SARI ITC.

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 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 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. The Health Sector is updating the contingency plans for the upcoming cyclone season (September-December). Camp wise contingency plan has been completed at 29 refugee camps, the remaining seven will be finalized in the next days. The Health Sector contingency plan is currently being reviewed by working groups and is expected to be approved by 23 September.

CLINICAL CASE MANAGEMENT

To date, 14 SARI ITCs are established with a total of 946 beds. Of these, 489 are ready to receive patients and another 453 are in place and held on standby. These numbers change between reports because partners decide to reduce their active beds according to case trends. If needed, these can be made operational. Five Isolation facilities provide additional 62 beds. Also operational is the Intensive Care Unit/High Dependency Unit Facility at Sadar Hospital with ten ICU and eight HDU beds. Three new SARI ITC sites are currently under construction with a forth site expanding its bed capacity from 24 to 200 within the coming weeks. Construction of SARI ITC sites is expected to be completed by November 2020.



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. A special presentation was given by an Intensivist specialist from Yale school of Medicine, who shared experiences in the ICU operations during the peak of COVID 19 in the US earlier this year. The presentation was very well received and further opportunities for peer to peer exchange are being planned.

Over 70 field coordinators and assistant field coordinators received training on Home Based Care, informed decision making and counseling, referral mechanisms to isolation and quarantine, referrals to other sectors and data collection.

Photo: Weekly SARI ITC clinical case presentations continue with alternating teams presenting cases for review among their peers .

ESSENTIAL HEALTH SERVICES

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. Coverage data shows an increasing trend but due to lack of follow-up and social mobilization, immunization remains low among Rohingya refugees. VPD surveillance is being closely monitored by government authorities with WHO's support. SIMOs and Health field monitors (HFMs) continue visiting health facilities for surveillance, monitoring and investigation while contributing to the National AFP & VPD surveillance system. WHO is ensuring visits to thirteen very high priority sites and 38 high priority, weekly and bi-weekly respectively. During such visits, two suspected AFP cases and measles cases were investigated by WHO SIMOs.

WHO HFMs monitored 802 immunization sessions and the data collected will be shared with Govt and Partners. House to house monitoring tool is expected to be launched next week.

NCDs: WHO is supporting NCD services to increase prevention, early detection and treatment following the disruption on essential health services imposed by COVID-19 during the second quarter of 2020, through a partnership with James P Grant School of Public Health.

Since the beginning of August 2020, 106 health care workers across Cox's Bazar district received trainings on WHO Package of Essential Noncommunicable (PEN) in four batches. The fifth batch started on 13 September 2020 with 26 participants.

SRH: a supportive visit was conducted at Leda Drop in Centre (DIC) as part of raising awareness on the impact of COVID-19 on reproductive health services for those most at risk of HIV infection.



Photo: As part of the training, participants of WHO Package of Essential Non-communicable (PEN) capacity building organized a sports activity on the beach in Cox's Bazar.

OPERATIONAL SUPPORT AND LOGISTICS

Daily distribution of COVID-19 related items to government agencies and implementing partners continue. WHO provided two dedicated vehicles to the IEDCR Field laboratory. Additional two vehicles are part of the Dispatch and Referral Unit (DRU) fleet pool for ambulance support transportation of mild COVID-19 patients.

WHO made an inventory of medical supplies at preposition containers in refugee camp locations to fill existing gaps, and revised the Bill of Quantity (administration steps) at the IEDCR laboratory in Medical College for further proceedings in lab extension.

POINTS OF ENTRY

All 19 Points of Entry (PoE) sites continue to screen for fever and enforce hand washing at strategic locations in the camps. Temperature screeners, educators and WASH volunteers are working together to educate, refer and sensitize the Rohingya, host community and humanitarian workers entering the camps. As of 13 September 2020, over 400 000 individuals have been screened at the PoE across the camps.

SUBJECT IN FOCUS: No Health without Mental Health

Mental health and psychosocial support is a priority in the humanitarian crisis in Cox's Bazar given the high need for such services - currently and prior to the emergency response - not only in the district but also nationwide. In Bangladesh, the National Mental Health Survey (2018-19) demonstrated that almost 17% of the adult population had some form of mental health condition, while the Mental Health Atlas 2017 revealed a low number of human resources for mental health: 0,13 psychiatrists per 100 000 people.

In this context, the Rohingya refugees - who were exposed to unspeakable events - presented an added challenge to healthcare professionals who are expected to close the treatment gap and improve health seeking behaviour. WHO is addressing mental health in Bangladesh to assist the populations affected by the Rohingya refugee crisis.



“Sometimes I lose my memory and can't recite the Koran. But now that I know where to get medicines for free, I am confident that my condition will improve”, the testimony of a Rohingya patient diagnosed with schizophrenia at the age of 12 and whose condition has worsen since she fled the Rakhine State in Myanmar in 2017.

Mental Health Gap Action Program (mh GAP) Training

Mental health training is one of the key ways to help health care workers understand how to address mental health needs in emergency and complex settings where specialized medical care is scarce or non-existent. By providing training to health care workers, WHO aims to enable more and more frontline workers to feel confident to talk about mental health and know how to provide primary support and refer patients when psychosocial support is needed.

The mhGAP program in emergency deals with the notion that there is no health without mental health. In fact, mental health does not require expensive and sophisticated technology, some mental disorders, neurological, and substance abuse can be handled by trained physicians as well as non-specialized health service providers through a modular training which includes essential care and practice, depression, psychosis, epilepsy, child and adolescent mental and behavioural disorders, dementia, disorders due to substance abuse, self-harm/suicide and other significant mental health complications.

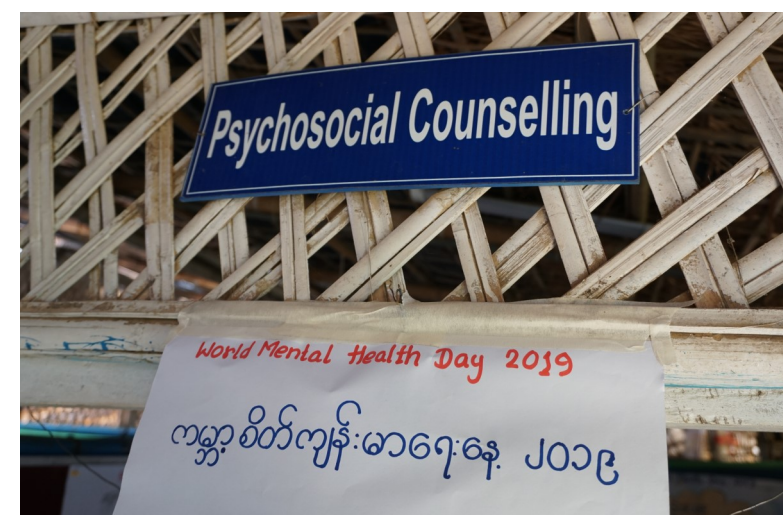


Photo: Entrance to a Psychosocial Counselling room at a health facility in the Rohingya refugee camps in Cox's Bazar

Supporting Mental Health

WHO is supporting health sector partners through the Mental Health and Psychosocial (MHPSS) Working Group by delivering training to doctors and non-doctors on mhGAP Implementation Guide and stress conditions, identifying potential supervisors and mhGAP practitioners; rolling out plan for Cox's Bazar mhGAP implementation; clarifying referral pathways and conducting supportive supervision visits after the training. This approach brings together theoretical and real-life experiences in a comprehensive approach based on WHO training guidelines. WHO is proud of the quality and impact of mhGAP training program in Cox's Bazar which to date reached over 300 health care workers from government partners and NGOs working with Rohingya refugees and host communities.

The participants are selected from different Government health facilities of Cox's Bazar district as well as camp health facilities. However, due to COVID 19, this year's training was delayed and adjusted to the new normal imposed by the infectious disease which includes appropriate ventilation and physical distancing. The training started in July 2020 and provided training to 86 health care workers from 37 Primary Health Centers with at least one trained doctor in all camps.

The knowledge of the participants was tested before and after the training to assess the overall understanding of diagnosis and management of mental health illnesses as well as referral pathways to health facilities where mental health services are available. In the last day of the training, participants agreed that this style of training offers a unique perspective into understanding mental health conditions, offering important tools to find solutions that bring benefits to themselves individually, by enhancing self-awareness and a compassionate attitude towards their family during these unprecedented times as COVID -19 pandemic led many people to experience panic, fear and stress in all parts of Bangladesh.



Photo: WHO Consultant for Mental Health, Dr Musfique Mahmud, a psychiatrist, talking with MSF staff at a MHPSS corner in Ukhiya, Cox's Bazar

Provision of training, support and supervision are pivotal for WHO mhGAP strategy which aims to improve the health care system in the Rohingya refugee camps and host communities in Cox's Bazar. In the last two years, 291 professionals (doctors, nurses, counsellors and selected members of MHPSS WG) have so far benefited from this training.

In 2020, the training started with a TOT at national level in January that reached 145 humanitarian workers and government staff. Supportive supervision has so far been conducted at 22 Primary Health care facilities reaching 68 staff.

In addition to several interventions instituted by partners to support staff, humanitarian workers during the pandemic, telemedicine avenues have been utilized that link all mhGAP trainees to support continuing professional development

More is to be done to continue supporting the health sector and Joint Response Plan 2020 target of having each PHC with at least one professional trained on mhGAP with supportive system to deliver the very much needed mental health services in Cox's Bazar. WHO will continue conducting supportive supervision visits; supporting access to psychotropic medications on a gap filling basis; and supporting other training like Thinking Healthy, Problem Management (PM) Plus training to further equip health care workers with the skills they need to deliver essential mental health services.

According to the WHO Public Health Situation Analysis on the Rohingya Refugee Crisis (2017-18), training on prevention and management of common mental health issues for non-specialists will increase the capacity for care at resource limited settings such as Cox's Bazar.

	Last 24 hours	Total
COVID-19 tests conducted	14 216	1 742 696
COVID-19 positive cases	1812	339 332
Number of people released/recovered	2512	243 155
COVID-19 deaths	26	4759

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