







*PHOTO: Sample collection from a suspected case of COVID-19 at the IOM SARI ITC in Ukhiya. From early April until 20 September 2020, a total of 45 380 tests for COVID-19 have been conducted in the Field Laboratory of the Institute of Epidemiology, Disease Control and Research (IEDCR) in the Cox's Bazar Medical College.*

## HIGHLIGHTS

During the reporting period, 32 new COVID-19 cases were confirmed in the Rohingya refugee camps. Due to the increasing number of tests conducted at the IEDCR Field Laboratory in Cox's Bazar, in the last two weeks there were 50 and 29 confirmed new cases. WHO organized an urgent delivery of 10 000 kits from the IEDCR Laboratory in Dhaka to the IEDCR Field Laboratory in Cox's Bazar Medical College to continue testing COVID-19 samples.

The health sector developed an action plan to address Gender-Based Violence (September-December 2020) to continue strengthening the capacity of health providers to deliver GBV services amidst COVID-19 pandemic.

Early Warning, Alert and Response System (EWARS) refresher training started this week to reach 250 health workers to enhance detection of disease outbreaks before they spread, cost lives and become difficult to control.

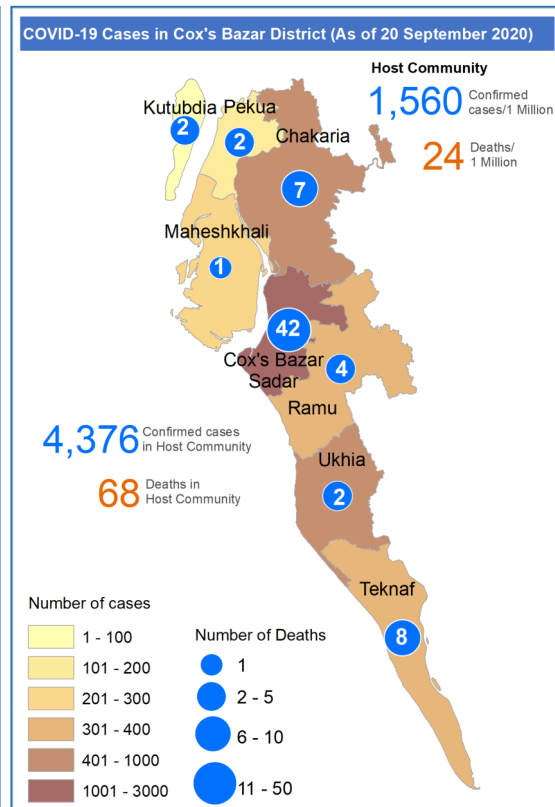
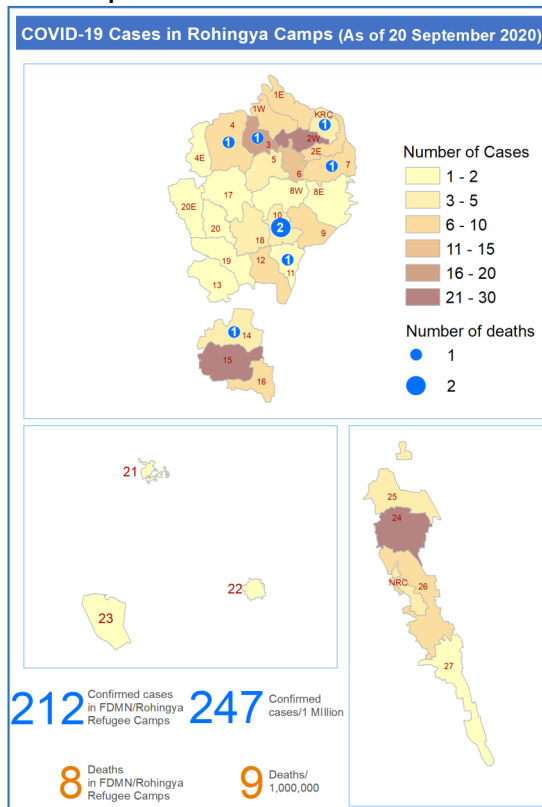
	Host Community	Rohingya refugees
 Total confirmed COVID-19 cases in Cox's Bazar	4376	212
 Total person in isolation in Cox's Bazar	543	116
 Total number of tests conducted	29 913	8918
 Total deaths due to COVID-19	68	8

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 response. 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, six meetings with health partners took place at camp-level in Ukhiya and Teknaf, Cox's Bazar. The health sector organized a two-hour online training on protection mainstreaming awareness for 63 health partners facilitated by protection focal points from UNHCR and IRC.

The health sector developed an action plan to address Gender-Based Violence (September-December 2020) to continue strengthening the capacity of health providers to deliver GBV services.

This is part of the global health cluster led GBV initiative in emergencies which is being implemented in Cox's Bazar and five other countries with the funding support from the Bureau for Population and Refugee Migration (BPRM).

Weekly surge clinical case management meetings continue enabling discussions on operational aspects and exchange of experiences to improve clinical treatment for COVID-19 patients in Cox's Bazar.



## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

A total of 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 conducted 146 893 household visits in which 3566 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 29 003, and 137 moderate/ severe patients. 1675 persons with COVID symptoms were referred to health facilities from a total of 13 716 to date.

COVID-19 messages reached 283 479 persons between 14-20 September. Since the beginning of the response, CHWG conducted more than 2.61 Million household visits and had contacts with a cumulative number of more than 4.95 million adult household members.

In addition, they led 12 234 small group sessions for 39 263 persons. The messages focus on COVID-19 symptoms, risk factors and quarantine and isolation/ treatment centers.

Another 56 142 people were engaged in 9805 communication sessions conducted by religious leaders. Additionally, 62 992 Rohingya refugees received COVID-19 key messages through 15 972 community consultation meetings. And finally, 5992 community people participated in 762 group sessions and watched 538 videos about the new virus.

Among host communities, 6794 people participated in 2308 community awareness meetings and 550 participated in 111 listener group sessions on COVID-19.



Photo: Hasina is a Rohingya Community Health Worker bringing key information to Rohingya families during the COVID-19 pandemic.

\*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 20 September 2020, a total of 4376 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 455 in Chokoria, 356 in Teknaf, 276 in Maheshkhali, 2256 in Sadar, 460 in Ukhiya, 309 in Ramu, 175 in Pekua and 98 in Kutubdia.

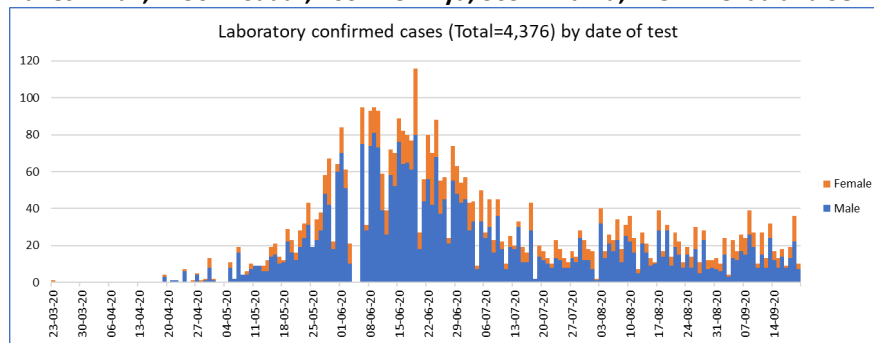


Figure 1: COVID-19 positive cases among host population in Cox's Bazar District

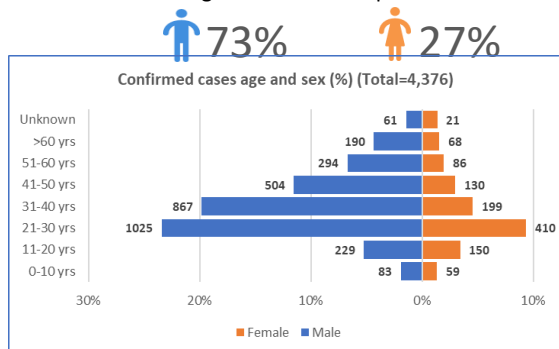


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

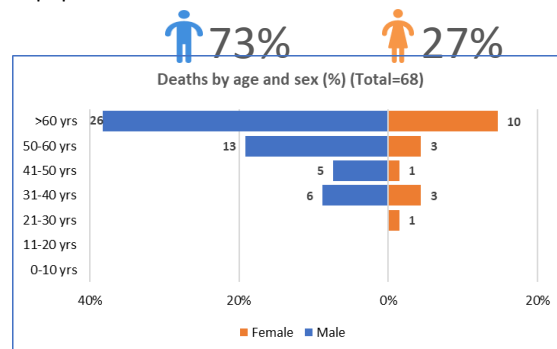


Figure 3: COVID-19 deaths by age and sex among host population in CXB

As of 20 September 2020, a total of 212 COVID-19 cases among Rohingya/FDMN have been reported: three cases from Kutupalong RC, six from camp 1E, nine from camp 1W, seven from camp 2E, 21 from camp 2W, 17 from camp 3, ten from camp 4, two from Camp Extension, five in camp 5, 14 from camp 6, nine from camp 7, two from camp 8E, two from camp 8W, six from camp 9, five from camp 10, two from camp 11, six from camp 12, one from Camp 13, three from camp 14, 21 from camp 15, six from camp 16, one from camp 17, three from camp 18, two from camp 19, one from Camp 20, one from Camp 20 Extension, five from Nayapara RC, two from camp 21, two from camp 22, one from camp 23, 26 from camp 24, three from camp 25, six from camp 26, two from camp 27.

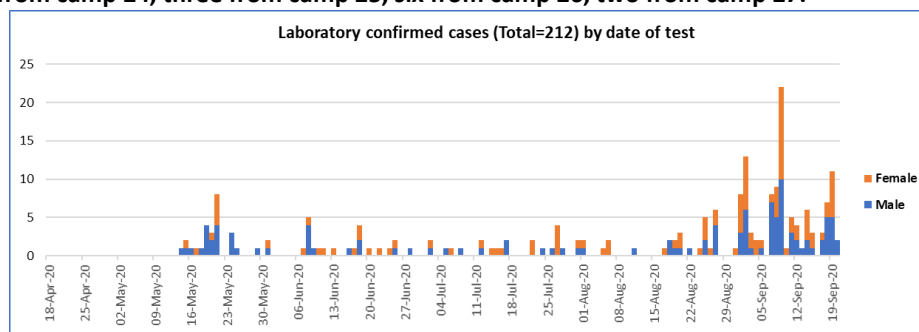


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

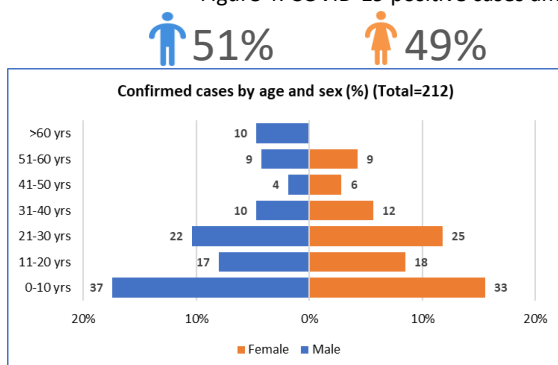


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

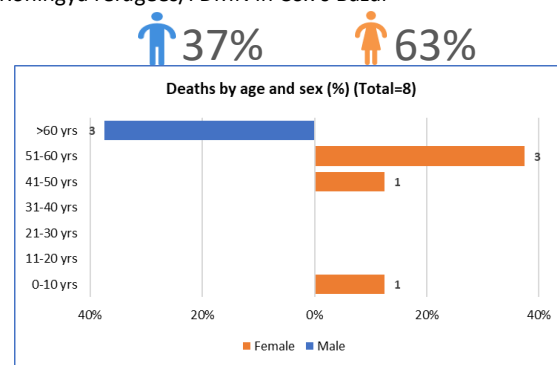


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

During the reporting period, 32 new COVID-19 cases were confirmed in the Rohingya refugee camps. Due to the increasing numbers of tests conducted at the IEDCR Field Laboratory in Cox's Bazar, in the last two weeks there were 50 and 29 confirmed new cases. The Epi dashboard and weekly situation report is accessible on <https://cxbhealth.info/> WHO Cox's Bazar Data Hub.

Early Warning, Alert and Response System (EWARS) refresher training started this week to reach 250 health workers including medical officers, nurses and midwives, reporting officers and government counterparts. A Community Based Mortality Reporting training is being scheduled for October followed by a Joint Assessment Team Training for AWD outbreak response.

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 20 September 2020, a total of 45 380 tests for COVID-19 have been conducted in the laboratory, of which 38 831 from Cox's Bazar district. The remainder are from Bandarban and Chittagong districts. In the last three weeks the number of tests conducted for the Rohingya refugees continued to increase (1385, 1485 and 1803 per one million population). Positivity rate is now between 1-2%. Similarly, an increase in testing per million continued to be observed in the host community (459, 658 and 684) during the same period.

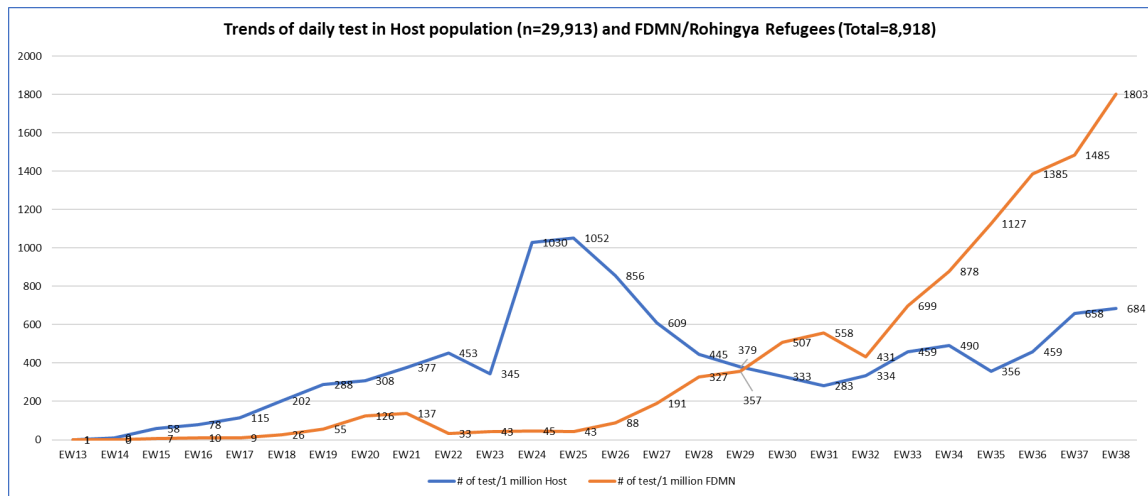


Figure 7: Number of tests conducted per million among the host population and the FDMN/Rohingya refugees

## 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 1727 humanitarian health care workers from Severe Acute Respiratory Infection (SARI) ITC partners and 800 government facilities.

A 4-days training on Water and Sanitation in Health care facilities Improvement Tool (WASH FIT) has been completed for 80 health care workers from 53 health facilities this year. 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. Over 50 facilities have so far been assessed against standard WASH FIT indicators. To date, 184 health professionals from 155 health care facilities have been trained on WASH FIT in Cox's Bazar.

IPC supportive supervision was conducted at six health care facilities (camps 15 and 21) as part of the ongoing IPC support for COVID-19 and routine health care delivery. Since early September, 33 health facilities have been visited in 14 camps. As part of strengthening IPC interventions in the host community, WHO has trained health care workers in seven Upazilas. In the reporting period, 10 health care professionals of Cox's Bazar Sadar Upazila completed IPC training for COVID-19.



Photo: A health care worker wearing Personal protective equipment at IOM SARI ITC in Ukhyia, Cox's Bazar.

All 8 Upazilas have received this dedicated training reaching a total of 157 government staff at UHCs.

## 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 plans have been completed at 34 refugee camps.

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. Five isolation facilities provide additional 72 beds. Also operational is the Intensive Care Unit/High Dependency Unit Facility at Sadar Hospital with ten ICU and eight HDU beds. Twenty HDU beds will soon be operational. The newly staff hired are currently taking part in "on the job" training by shadowing the existing ICU team during their shifts.

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.

Gender monitoring visits at SARI ITC facilities were conducted by UN Women in collaboration with UN Women Gender Field Officers and Gender Hub colleagues with the support of Rohingya female volunteers. The purpose of these visits is to assess SARI facilities' safety and appropriateness for women and girls and to provide additional recommendations for their improvement.

The visits are an excellent opportunity to strengthen ties with the community through Rohingya women volunteers.



Photo: A Rohingya man with COVID-19 symptoms talking to a medical officer at a IOM Sentinel Site in Ukhiya, Cox's Bazar. For their protection, a transparent shield is separating them as one of the ways to minimize the use of PPEs.

## ESSENTIAL HEALTH SERVICES

**Routine immunization:** as 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 the lack of follow-up and social mobilization, immunization remains low among Rohingya refugees.

**Vaccine-Preventable Disease surveillance** is being closely monitored by government authorities with WHO's support. 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. WHO is ensuring visits to thirteen very high priority sites and 38 high priority, weekly and bi-weekly respectively. During such visits, 41 suspected measles cases were reported and investigated by WHO SIMOs over the last month. 32 Samples were collected and sent for laboratory testing with no confirmed measles cases. Five suspected Acute Flaccid Paralysis samples were collected with one Non-Polio Enteroviruses positive being found, two negative and another two still pending.

WHO Health Field Monitors (HFM) monitored 990 immunization sessions having shared the collected data with government and partners. Monitoring data shows that 77% of the vaccinators attended the sessions. In 89% of the sessions physical distancing was respected and 97% of the vaccinators were wearing masks. Additionally, 70% of the Community Health Workers were mobilizing the families of children expected to attend immunization sessions while 74% were making the record of those who missed/dropped vaccination.

**Noncommunicable Diseases (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, 157 primary health care workers across Cox's Bazar district received 4-days trainings on WHO Package of Essential Noncommunicable (PEN) in six batches from 45 health facilities with the support of World Bank.

## OPERATIONAL SUPPORT AND LOGISTICS

Daily distribution of COVID-19 items to government agencies and implementing partners continue, including COVID-19 sample collection kits to four implementing partners (MSF, GK, IOM, Hope), and SRH supplies (pregnancy test kit, gynaecological gloves, Ultra Sound gel). Vehicles support continue to ensure transportation of WHO Community Health Disease Surveillance Officers (CHDSOs), Dispatch and Referral Unit (DRU) and sample collection activities.

WHO ensured the urgent delivery of 10 000 COVID-19 test kits from IEDCR Laboratory in Dhaka to the IEDCR Field Laboratory at the Cox's Bazar Medical College. Additionally, COVID-19 samples were sent to the IEDCR in Dhaka for quality assurance. During the reporting period, WHO prepared the distribution of 700 waste bins to 45 World Bank supported implementing partners and distributed PPEs and 200 N-95 masks to Hope Foundation.

## POINTS OF ENTRY

All 19 Points of Entry (PoE) sites continue to screen for fever and advocating for hand washing at strategic entry 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 20 September 2020, over 440 000 individuals have been screened at the PoE across the camps. People found febrile have been referred to health facilities.

## SUBJECT IN FOCUS: Building capacity for Blood Transfusion services in Cox's Bazar

Blood Transfusion is an important part of day-to-day life saving interventions. Blood and blood products provide unique and life-saving therapeutic benefits to patients. However, due to resource constraints in Cox's Bazar, there remains an ever-increasing demand for safe blood. In fact, the major concern from the point of view of recipient (patient) and prescriber (clinician) is for safe, effective and quality blood to be available when required.

### Context

In Cox's Bazar, a well-organized blood transfusion service is yet to be developed at the Upazila health complexes or in the field hospitals where major surgeries occur for both host communities and Rohingya refugees patients.

Orientation of standard practices is vital to address these issues and improve the quality of blood transfusion services. Recommendations from WHO include standard practices for appropriate testing, careful selection of donors, screening of donations, compatibility testing, storage of donations for clinical use, issue of blood units for either routine or emergency use, and appropriate use of blood supplies.



“I donate blood regularly at the Hope Field Hospital. I work at the Rohingya camps as a referral emergency support staff and know well why it is so important to donate blood as I saw many lives being saved”, says 29-year-old Mijanur Rahaman

The Hope Field Hospital in Camp 4 provides health care to the Rohingya refugees and host communities in Ukhiya, Cox's Bazar. Last month, 57 caesarean sections were performed here after many pregnant women in difficult conditions were referred to the health facility. With a donor list of 72 people, the blood bank Hope Field Hospital has saved many lives. However, negative types of blood have been difficult to find.



Photo: Medical Technologist, Jannat Tul Maun, at the emergency room of Hope Field Hospital holding the blood supply (O positive blood type) which has been donated by her colleague Mijanur Rahaman.

Bedside clinicians and medical interns are at the forefront of patient management. They are responsible for completing blood request forms, administering blood, monitoring transfusions and being vigilant for the signs and symptoms of adverse reactions.

An estimation done by WHO and partners including the Turkish Field Hospital - a secondary health care facility in the Rohingya camps - in February 2020, concluded that approximately 2500 units of blood are required every year in Cox's Bazar district. According to this estimative, which was based on the number of beds near and inside the Rohingya refugee camps, at least in 15% of the cases, blood is required for the management of anti-partum haemorrhage, post-partum haemorrhage, C-section, for the clinical management of road traffic accident patients and other injury and medical cases. Partner facilities have been working tirelessly to meet the existing demand for blood supplies but to date the target wasn't met yet. As a result, there is an increased pressure on Cox's Bazar Sadar hospital to provide life-saving blood supplies and transfusion services to the nearly one million refugees and host communities in the district.



Photo: Recently WHO facilitated a training on Pneumatic Anti-Shock Garment (NASG), a low-cost and high-impact device used to stop bleeding and prevent haemorrhage of women after deliveries.

### Filling the gaps

Human resources, awareness on voluntary blood donation, appropriate equipment and consumables, kits and reagents, are some of the challenges to ensuring safe blood transfusion services in Cox's Bazar. WHO and health partners are trying to establish a network of stakeholders that will create an enabling environment for blood safety through renovation of existing facilities, monitoring and supervision. Bangladesh Red Crescent Society (BDRCS), a major partner granting access to safe blood in Cox's Bazar Rohingya camps health emergency, used to provide 70 to 80 units of blood on a monthly basis to Cox's Bazar prior to the COVID-19.



However, due to the travel restrictions, blood supplies from Dhaka reduced dramatically between March and August 2020 further enhancing the vulnerability of these populations.

WHO and the office of the Civil Surgeon are conducting the infrastructural arrangements to set up blood transfusion centers at Ukhiya and Teknaf Upazila Health Complexes to grant access to safe blood in Cox's Bazar. To that end, BDRCS has confirmed the list of blood donors. The establishment of well-organized blood transfusion services with quality systems is expected to enhance the capacity to save lives.

	Last 24 hours	Total
COVID-19 tests conducted	11 591	1 821 270
COVID-19 positive cases	1544	348 916
Number of people released/recovered	2179	256 565
COVID-19 deaths	26	4939

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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