



PHOTO: During the COVID-19 pandemic, effective provision of essential health services remains a high priority in Cox's Bazar.

HIGHLIGHTS





During the reporting period, 9 new COVID-19 cases were confirmed in the Rohingya refugee camps. Currently, 25 sample collection sites are operating for COVID-19 sample collection.

The streamlined reporting form for the collection of clinical data from SARI ITCs is in place and significantly reduced reporting requirements from reporting focal points.

SAG members and SARI ITC focal persons met to discuss tiered planning of diarrhea treatment centers to prepare for any needed AWD response and discuss possible long-term plans for SARI ITCs.

Preliminary discussion on COVID-19 vaccine preparedness took place during the biweekly Health Sector coordination meeting.

SUBJECT IN FOCUS: IPC, a new culture of patient safety is unfolding in Cox's Bazar

	Host Community	Rohingya refugees
 Total confirmed COVID-19 cases in Cox's Bazar	4678	285
 Total cases in isolation in Cox's Bazar	234	117
 Total number of tests conducted	34 551	12 794
 Total deaths due to COVID-19	70	9

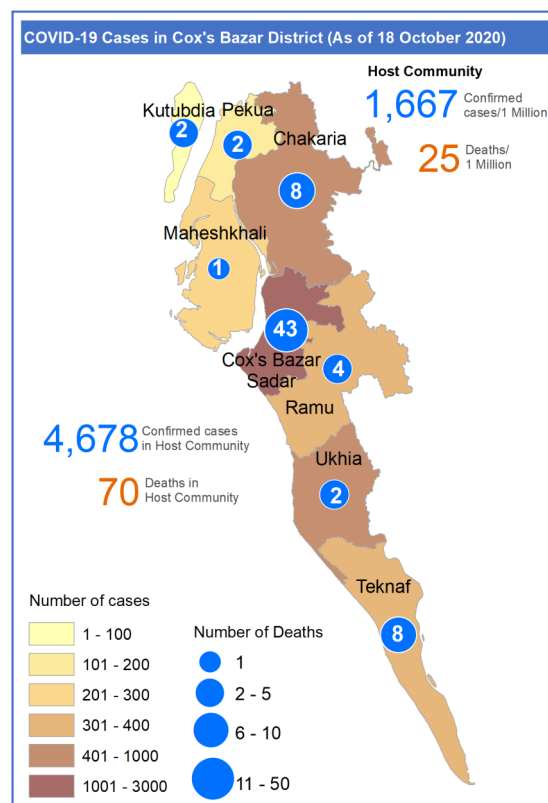
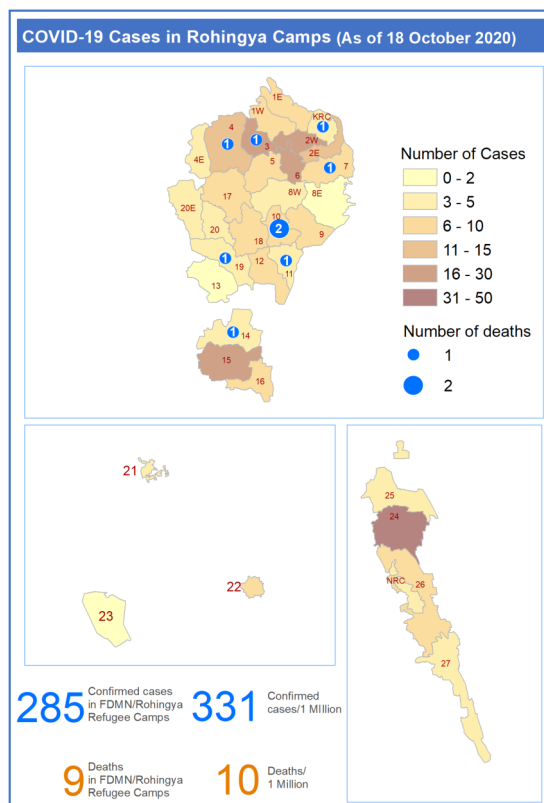
WHO, together with the Ministry of Health and Family Welfare (MoHFW) and Refugee Relief and Repatriation Commissioner office (RRRC), continues to provide leadership, coordination, supportive supervision and collaborative support to all health partners and sectors responding to the COVID-19 emergency. Camp health Focal Points, Field Coordinators and Health Sector team meet bi-weekly to discuss the current COVID-19 response and Cyclone Preparedness including immunization and cyclone and monsoon preparedness at camp level. During the reporting period, five meetings were held at camp level in Ukhiya and Teknaf, Cox's Bazar.

JRP 2021 planning process is well underway and the regular Health Sector Coordination meeting included a briefing on the Multi-Sector Needs Assessment findings by ISCG and a presentation on Gender and Age Marker (GAM) by Gender Hub. A health partner meeting was offered to discuss basics of completing a project proposal, also by ISCG colleagues.

SAG members and SARI ITC focal persons met to discuss tiered planning of diarrhea treatment centers to prepare for any needed AWD response and discuss possible long-term plans for SARI ITCs. The collaborative process ensures that all partners are together in planning and responding to the needs of the affected population.

Efforts are being made in coordination with ISCG and health partners to amend the Health Sector Cyclone and Monsoon Preparedness and Response Plan, and to ensure that there is alignment across response actors

Preliminary discussions on COVID-19 vaccine preparedness took place during biweekly Health Sector coordination meeting. Future discussions will focus on developing a COVID-19 vaccine preparedness and deployment plan.



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

WHO is engaging communities, health partners and other key stakeholders to develop, implement and monitor an action plan to effectively help prepare populations and protect them from COVID-19. Mixed-media messages include general information on COVID-19, hand washing, physical distancing and mask wearing, risks and vulnerabilities, safe and dignified burials, home-based care, quarantine, isolation and treatment centres etc.

WHO is working with partners on community engagement on the importance of mask wearing when outside the home. Women are being targeted with specific information on mask wearing, as it is often expressed that a face covering veil or scarf provides enough coverage.

Work continues on the Risk Communication and Community Engagement (RCCE) WG routine immunization month long strategy (started 1 October). This response-wide strategy is encouraging parents and guardians to get follow-up shots, as well as taking children yet to be vaccinated to start vaccination programme. WHO is providing medical experts where needed for community engagement, as well as technical advice and support. In addition, WHO is collaborating with the health sector to ensure that all vaccination centres are clearly marked and recognisable to the refugee population.

A total of 1416 community health workers (CHWs) were trained 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 137 939 household visits in which 2842 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and one patient with moderate/severe symptoms. The cumulative number of mild patients is 42 670, and 177 moderate/ severe patients. 1376 persons with COVID symptoms were referred to health facilities from a total of 19 766 to date.

COVID-19 messages reached 264 801 persons between 12-18 October. Since the beginning of the response, CHWG conducted more than 3.16 Million household visits and had contacts with a cumulative number of more than 6.1 million adult household members.

Through the Communications with Communities (CwC) working group, another 34 627 people were engaged in 7936 communication sessions conducted by religious leaders. Additionally, 50 528 Rohingya refugees received COVID-19 key messages through 9949 community consultation meetings. And finally, 3616 community people participated in 469 group sessions and watched 602 videos about the new virus. Among host communities, 10 423 people participated in 3151 community awareness meetings and 679 participated in 144 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 18 October 2020, a total of 4678 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 482 in Chokoria, 373 in Teknaf, 290 in Maheshkhali, 2425 in Sadar, 503 in Ukhiya, 322 in Ramu, 183 in Pekua and 100 in Kutubdia.

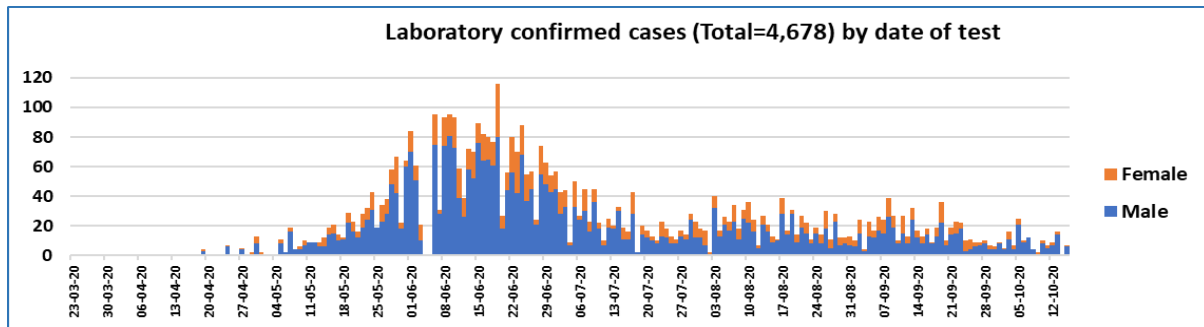


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

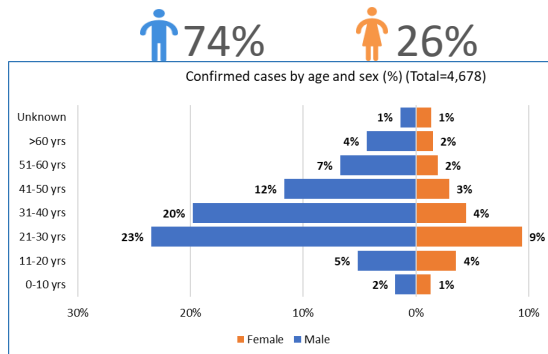


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

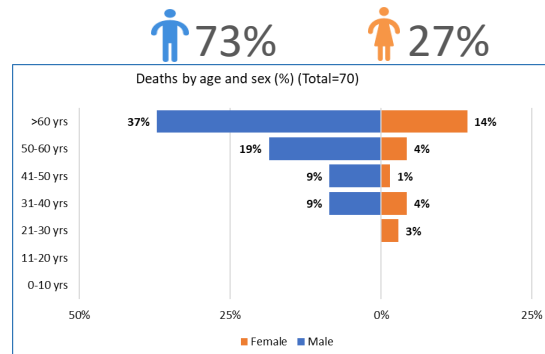


Figure 3: COVID-19 deaths by age and sex among host population in Cox's Bazar

With a total of 41 cases, Camp 24 has the highest number of cases to date, further ahead from Camps 2W and 15 with 25 and 23 cases respectively and camp 3 with 20 cases. To date, 16 cases were reported from Camps 6 and 12 from Camp 4 and 2E. Camps 1W and 7 had 10 cases each while Camp 17 reported 9 cases. As for Camp 9, 8 cases were reported to date. Camps 1E, 5, 10, 12, 18 and 26 registered 7 cases each. Camps 16 and 22 registered 6. Nayapara RC identified 5 cases. The remainder Camps, 19, 27, 25, 4 extension, 8W, 11, 14, 21, 8 E, 23, 13, 20, 20 Extension and Kutupalong RC had so far less than 5 cases.

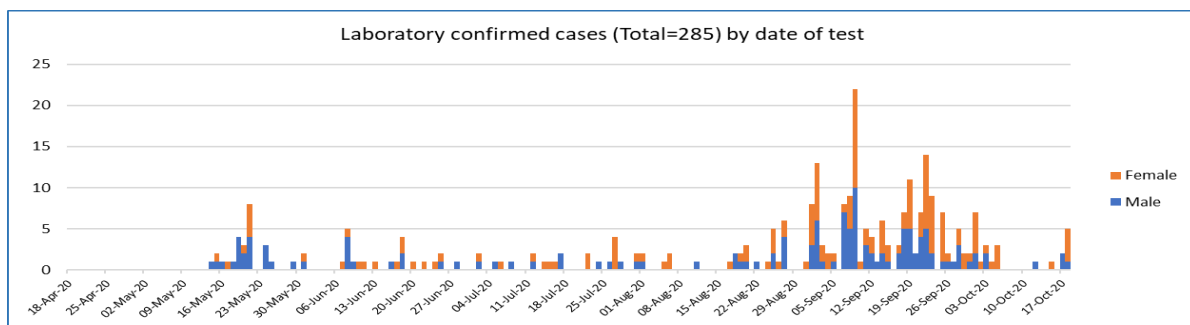


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

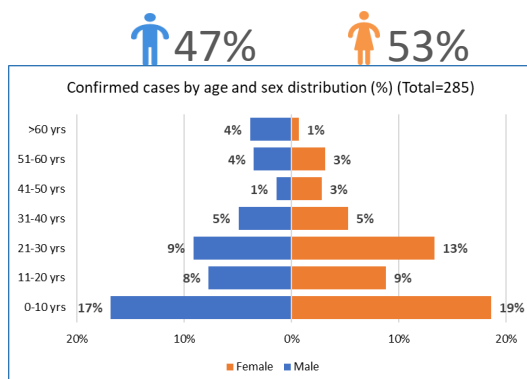


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

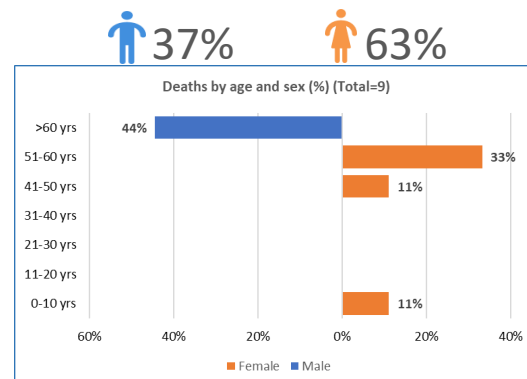


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

Nine more cases and one death were recorded in the past week. Community Based Surveillance (CBS) training, focusing on mortality and reporting was completed on 14 October 2020. In response to a trigger of AWD RDT positive cases last week, two JAT (Joint Assessment Team for AWD) investigation were conducted. No clusters were identified through investigation and active case search.

The AWD multisectoral plan is under review and will be finalized by end of October ahead of JAT (Joint Assessment Team) Training for AWD Outbreak Response in first week of November 2020.

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 18 October 2020, a total of 54 972 tests for COVID-19 have been conducted of which 47 345 are from Cox's Bazar district and the remainder from Bandarban and Chittagong districts. An increase in the number of tests conducted among the Rohingya was observed in week 42 (from 652 to 873 tests per one million population). Similarly, a slight increase was observed among the host community population (from 353 to 358 tests per one million population).

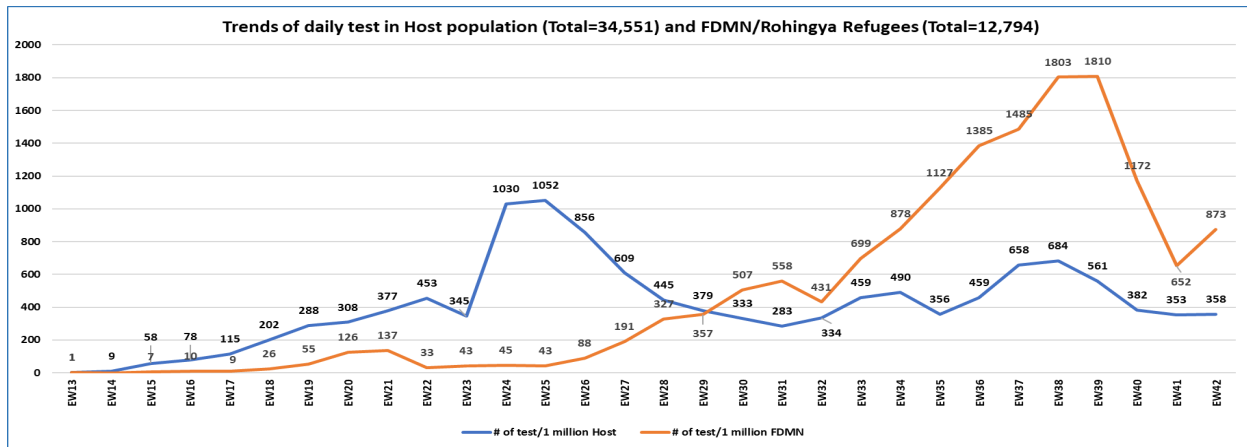


Figure 7: Number of tests conducted per million among the host population and the FDMN/Rohingya refugees

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, respectively.

Following a planning and advocacy meeting for WASH FIT held last week, 11 organizations implementing WASH FIT, held discussions with the WASH sector to seek support for the required improvements. This is a follow up to a 4-days training on Water and Sanitation in Health care facilities Improvement Tool (WASH FIT) which was completed for 104 health care workers from 105 health facilities. 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. Preliminary findings from 184 facilities against standard WASH FIT indicators were presented and discussed for a joint way forward. To date, 208 health professionals from 179 health care facilities in Cox's Bazar have been trained on WASH FIT. WASH FIT assessment for SARI ITCs was conducted in the reporting period at one facility. In total, 18 SARI ITCs have been visited including Sadar HDU/ICU in October.

The water quality surveillance training was completed and the assessment exercise was set to start on 17 October 2020.

IPC supportive supervision was conducted at three health facilities. Since September, 72 health care facilities, including 18 SARI ITCs and Isolation Units, have been visited in 25 camps.



Photo: As part of the supportive supervision visits, implementation of IPC recommendations and procedures are discussed with health staff.

MONSOON AND CYCLONE PREPAREDNESS

The Health Sector 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 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-three mobile medical teams and 19 dispatch and referral unit ambulances stand ready to respond to the adverse effects of cyclone and monsoon season. IOM has 30 ambulances in the pool and 11 ambulances dedicated for the MMT. Camp wise contingency plans have been completed at 34 refugee camps to guide response to natural disasters about cyclone hazards. The Health Sector team continues to conduct monthly meetings to raise awareness on cyclone hazards. Camp level Health Sector Teams remain in close contact with trained volunteers and site management agency.

The number of available SARI ITC beds has increased over the reporting period with now 14 SARI ITCs reporting 1106 beds of which 578 are ready to receive patients and another 528 are on standby. Three additional SARI ITCs are in the process of being established with further 159 beds.

At the same time some facilities have started reducing the number of their available beds by moving them into stand by mode as the occupancy rate of SARI ITC beds has reduced to no more than 20-30% over a number of weeks. This is also reflective of the contingency planning currently taking place among partners looking at the use of SARI ITCs in the medium and longer term.

As of October 13th the reporting of clinical data from SARI ITCs has been made significantly easier and less fault prone by streamlining the reporting process into one single data entry point and implementing a robust check and balances system behind the data, making follow up and collaboration at giving and receiving ends of the data a lot simpler and faster. The data is available online in its previous location at the Cox' Bazar COVID 19 Dashboard: <https://cxb-epi.netlify.app/post/covid-19-dashboard/>



Photo: To date, 1079 COVID-19 patients have been admitted to SARI ITCs in Cox's Bazar .

ESSENTIAL HEALTH SERVICES

Routine immunization: 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. In this context, a new strategy and microplan has been implemented. Coverage data shows an increasing trend but due to the slow pace of tracking and mobilization of unvaccinated and under vaccinated children, immunization coverage remains low. Vaccine-Preventable Disease surveillance is being closely monitored by government authorities with WHO's technical support. SIMOs and Health field monitors (HFM) continue to visit health facilities for surveillance, monitoring and investigation while contributing to the National AFP & VPD surveillance system. As part of this system, 13 health facilities have been identified as very high priority (VHP) sites and 38 high priority (HP) as active surveillance sites. VHP and HP sites are visited weekly and bi-weekly respectively. Since the establishment of active surveillance, on 18 August 2020, more AFP and measles cases were reported than in the first seven months of the year showing increase in surveillance sensitivity. WHO health field monitors and Emergency Immunization and Surveillance Officers (E-SIMOs) are monitoring the program in order to ensure vaccines and logistics distribution, cold chain management and proper field management. House to house monitoring has started. Health field monitor (HFM) are instructed to visit at least 21 eligible children in a day. Two weeks data shows that 77% children's birth location was at home (Total=2134) and 72% children did not receive BCG vaccine within 14 days of birth. 71% of the children were partially vaccinated and 7% completely unvaccinated (total=2144) at present age. Of these, 37% were not aware of need for immunization, for 28%, the child was sick, 19% feared COVID-19 and the rest, no one contacted with them for immunization. The role of the community health workers was found to be relatively impactful as 60% were informed about immunization by them.



Photo: The health sector is ensuring that essential health services continue to be delivered in Cox's Bazar despite the impact of the COVID-19 outbreak.

WHO/JPGSPH started a 3-day training on non-communicable (NCD) risk factors, screening and behavioral interventions for 21 government field workers including community health care providers, health inspectors and health assistants at Teknaf Upazila. This was the first batch. WHO with the Civil Surgeon and iccdrv completed training of 162 health care workers on management of Acute Watery Diarrhea in preparation for the "AWD season" in the host camps and nearby camps.

OPERATIONAL SUPPORT AND LOGISTICS

During the reporting period, a total of 4995 Kg of supplies including COVID-19 related items, Cholera kits and IEHK basic kits were distributed to five Upazila Health complexes through the Civil Surgeon's office. Nine implementing partners benefited from distribution of 2280kg of medical supplies and 200 waste bins were distributed to the partners. The distribution of 145 oxygen concentrators to eight locations in Cox's Bazar district Upazilas will start in the coming days. Technical support to the CERF funded Friendship SARI ITC is ongoing, including facility layout, patients and staff flow, bed spacing, ventilation and waste management.

POINTS OF ENTRY

Fifteen out of 19 Points of Entry are functional in different strategic points of entry into the camps. Efforts are ongoing to identify partners who can support four PoEs with human resources. Between 12 to 18 October 2020, a total of 81 929 individuals have been screened. Six people were identified as febrile and referred to the nearest facilities.

SUBJECT IN FOCUS: A new culture of patient safety is unfolding in Cox's Bazar

A culture of patient safety is further unfolding in the world's largest refugee camps in Cox's Bazar. Over the past months, WHO and health partners prepared for COVID-19 in the many fronts of the health care system to ensure patient safety and health care workers' safety amidst the greatest pandemic of our times. Preventing harm to patients, health workers and visitors due to infection in health care facilities is critical to achieve quality care, patient safety, health security and to reduce health care-associated infections.

Context

In the humanitarian health setting of Cox's Bazar, caring for COVID-19 patients is not an easy feat. With the increasing number of infected in the general population including health care workers around the world, WHO has been providing trainings for adequate management of patients with COVID-19 through cost-effective strategies to empower frontline workers responding to the pandemic in a district hosting nearly one million refugees.

Infection Prevention and Control

Infection prevention and control (IPC) in the healthcare facilities (HCFs) is vital for the prevention of COVID-19 and health care-associated infections (HAIs). HAIs such as surgical site infections, vascular catheter-associated bloodstream infections, hospital-acquired pneumonia, catheter-associated urinary tract infections, multidrug-resistant (MDR) pathogens among others can be reduced by at least 30% through IPC interventions.

Assessing IPC in Health Care Facilities (HCFs) in the world's largest refugee camps

In February 2020, WHO conducted a baseline study in 45 HCFs to understand the IPC practices and plan appropriate interventions in preparation for COVID-19. The main findings of the study included, among others, lack of functional IPC programs guidelines, training or monitoring, and inadequate sanitation and hygiene practices. In response, WHO organized trainings, developed IPC guiding documents and checklists and initiated supportive supervision to all HCFs in the refugee camps.

Enhancing COVID-19 Preparedness by equipping frontline responders with IPC tools

As the COVID-19 pandemic drew closer in March 2020, WHO worked with partners to prepare for the highly infectious disease by drafting an IPC response strategy. The strategy aimed to increase COVID-19 IPC programs and practices in all health facilities, to enhance health care-associated infections surveillance including monitoring and feedback on IPC activities. This plan continues to guide WHO's IPC response activities throughout the support provided to partners in Cox's Bazar.

The onset of the Infection Prevention and Control Technical Working group (IPC TWG)

In order to have a platform for IPC focal persons from different agencies to discuss IPC issues, there was need to create a dedicated TWG. The IPC TWG meets once a month with a core mandate is to provide a coordination platform to agree on establishing standard IPC practices, strengthen IPC education and training, adaptation and development of IPC guidelines and to build capacity for monitoring and audit of IPC practices and feedback in the healthcare facilities.



Photo: To date, over 3600 frontline workers were trained by WHO on Infection Prevention and Control measures as part of COVID-19 preparedness.

COVID-19 IPC trainings: reaching over 3600 frontline workers in record time The WHO IPC team through innovative approaches has conducted 35 trainings directly interfacing with approximately 1023 HCWs providing direct healthcare services, and 10 orientations for over 1065 humanitarian workers (from government, NGOs and INGOs) in Cox's Bazar to support partners to prepare for and prevent the spread of COVID-19.

One of WHO's most successful training interventions that has resulted in sustainability of trainings and practices in COVID-19 care facilities is the IPC master trainers training: a total of 43 health workers (doctors and nurses) received a 4-days master training in COVID-19 IPC in May and by October these had trained up to 2440 HCWs in the refugee camps' health care facilities and Sadar Hospital.

Furthermore, all eight Upazila Health Complexes in Cox's Bazar have received COVID-19 IPC training reaching a total of 182 health care workers (HCWs). Some of the HCWs trained provided care and treatment to COVID-19 patients in ITCs while others work in the general care services section of the UHCs. The trained UHC HCWs continue to orient their colleagues on infection prevention and control for COVID-19.

Setting up SARI ITCs with a strong IPC baseline

Since the conceptualization of SARI ITCs in Cox's Bazar by WHO, the IPC team provided guidance and continues to guide the setting up of SARI ITCs to make sure that partners consider IPC implementation at all stages. The WHO IPC team supports drawing of sketch plans of how the SARI ITC spaces should be organised to reduce chances of infection transfer from one place to another and these sketches were provided to partners for further drawing by the engineers. When actual constructions begin, the WHO team also visits the sites to advise partners where necessary and to make sure the recommendations are considered.

Prior to the admission of the first COVID-19 patients in all SARI ITCs (newly constructed and existing facilities that were repurposed into SARI ITCs), the WHO IPC team carried out a rapid assessment to ascertain IPC readiness for COVID-19 patients and detailed advise on provision of supplies, equipment and PPE before initiating operations. To this end, WHO conducted on job trainings to SARI ITC staff with emphasis on correct donning and doffing of various PPE, the buddy system, hand hygiene, waste management, bedside IPC among others.



Photo: WHO has conducted supportive supervision visits to all health care facilities in the camps.

Supportive supervision of SARI ITCs

A comprehensive supportive supervision tool that is used to carry out quarterly supportive supervision to all SARI ITCs and government isolation units in Cox's Bazar was developed by WHO to enhance quality of care. The tool explores environmental cleaning, training of HCWs, use of PPE, waste management, hand hygiene, and staff health among other domains and was employed during supportive supervision visits envisioning continuous improvement in IPC practices in the SARI ITCs. During such visits, the team has time to interact with the IPC staff and managers of the SARI ITCs to draw work plans for improvement of areas identified to be performing poorly.

Supportive supervision for all health care facilities

All health care facilities in the camps including 96 health posts, 38 Primary Healthcare Centres, 03 field hospitals, 8 UHCs and Cox's Bazar Sadar Hospital have been reached with supportive supervision for COVID-19 IPC to reduce spread of COVID-19 to patients seeking care for other services as well as all health care workers.

IPC guidance documents and videos

Since January 2020 WHO developed at least 15 guiding documents on IPC covering a wide range of IPC areas from IPC human resource recruitment and terms of reference, checklists, score cards, travel guidance to meetings among other areas. The documents have been uploaded on the health sector Google drive and are available to all partners.

At least 14 IPC videos have been developed with the support of BBC media and are important learning tools during trainings on HCWs and IPC for both humanitarian workers and communities. Prepared in Bangla, the national language of Bangladesh, the videos provide key information on the use of PPE, hand hygiene, respiratory hygiene, mixing of chlorine for decontamination, etc.

	Last 24 hours	Total
COVID-19 tests conducted	15 146	2 178 714
COVID-19 positive cases	1637	390 206
Number of people released/recovered	1627	305 599
COVID-19 deaths	21	5681

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"



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