

## Highlights

- **No confirmed cases of COVID-19 have been identified so far in the Rohingya refugee camps.** One COVID-19 positive case has been confirmed to date in Cox's Bazar district according to IEDCR sources (<https://www.iedcr.gov.bd/>).
- From 25 March, only **essential services are being delivered** in the camps, to reduce the staff footprint of the operation, and to minimize risk of transmission within the camp setting.
- **Urgent priorities** continue to be identification of sites to build **isolation and treatment facilities** for refugees and host communities, intensified **hygiene promotion activities** through community messaging, and **training of health care workers**.
- The humanitarian community continues to **advocate that refugees are fully included** in the implementation of the National Preparedness and Response Plan and all District level plans.



*Social distancing measures have been stepped up in both Rohingya camps and Bangladeshi host communities in Cox's Bazar District. Here, Rohingya women sit a safe distance apart with their children outside a Nutrition Centre. Photo: Shovon Al-Fuad, World Vision International.*

## Key Preparedness and Response

**The establishment of isolation and treatment facilities continues to be an urgent priority, with planning underway to prepare an initial 1,700 beds across the District.** This includes the expansion of capacity in government facilities, including 200 at Sadar Hospital and support to the facilities established at Ramu and Chakaria (150 and 50 beds, respectively). In and around the camps in Ukhiya and Teknaf, health partners are now preparing all possible beds in existing facilities (329 isolation beds for potential COVID-19 patients, with 636 general beds still reserved for other health issues, in line with lessons learned from other outbreak responses). The rapid identification of appropriate sites to establish new isolation and treatment facilities is ongoing, led by an ISCG-led inter-agency team and the local authorities. Setting up of 1,000 additional beds is planned on six sites, land availability and operational capacity permitting. IOM, UNHCR, UNICEF and SCI are taking the lead in setting up facilities on four of the six identified sites. The setting up of gender-segregated facilities or areas within mixed facilities is being explored.

From 25 March, **only essential activities and services will continue in the camps**, as announced by the Refugee Relief and Repatriation Commissioner (RRRC). This includes health, nutrition, information hubs, hygiene promotion and health awareness, individual protection services, reception of new arrivals, maintenance of water and sanitation facilities, as well as key distributions such as food, LPG and hygiene kits, as well as tie-down kits. All gatherings, including those of a religious nature, have been suspended within the camps to respect social distancing requirements.

**Hygiene promotion continues to be scaled up** in the camps and host communities. Additional measures, including increasing the number of hand washing facilities in distribution centres, health points, nutrition, community centres and other places where services are delivered are underway. The Cox's Bazar District Administration, with the support of UN and NGO partners, has been carrying out disinfection work, including installation of handwashing points in Cox's Bazar city, with plans to reach other areas of the District.

**Infection Prevention and Control (IPC) training** has been delivered by WHO/Health Sector to staff in all clinics and facilities serving the Rohingya camps. In addition, a total of 280 health facility staff have been trained, and up to 250 clinical focal points of health facilities received trainings on Early Warning Alert and Response System (EWARS). A training of trainers for 180 community health work supervisors were trained; these trainers are in turn training more than 1,400 refugee community health work volunteers work in the camps to ensure key messages are shared

regularly with the refugee population. More than 400 Protection community outreach workers are also supporting on message dissemination, as well as Imams and community leaders. Training is also planned for the Military.

**Communication with communities is ongoing in camps and host communities** through radio spots, video, posters, leaflets and messages, in Rohingya, Burmese and Bengali languages, passed on by Imams and other women and men community leaders, networks and volunteers and in all community-based centres, with explanations on how the virus spreads, how people can protect themselves and their families, how to identify symptoms and care-seeking. A Rumour Tracking Tool and guidance has been developed and shared with all Sectors and partners – the purpose of which is to ensure persons of concern have access to timely and accurate information on COVID-19.

## Sector Preparedness and Response



The **Health Sector** has trained more than 80 humanitarian workers as trainers on basic Infection Prevention Control for COVID-19, triage and isolation. Key guidance documents have been developed and shared with key humanitarian staff including guidance on the rational use of Personal Protective Equipment, and guidance on the decontamination of medical and non-medical workplaces. The Health Sector continues to engage with partners on preparing the IECDR laboratory in Cox's Bazar for operational use, pending government approval.



The **WASH Sector** has around 1,500 hygiene promoters currently reinforcing key hygiene messages on COVID-19 to some 35,000 households per week. More than 2,600 hand-washing stations have been installed over the past 3 weeks, including in host communities and at household level. All refugees currently have soap and the WASH Sector has an additional 6 weeks' worth of soap stock in partners' warehouses. As it is the end of the dry season in Bangladesh, the Sector has concerns for the water availability in the Teknaf area. The WASH Sector has between 1 - 6 weeks' worth of clean water available, as well as water trucking alternatives, should there be no rainfall.



The **Communication with Communities Working Group** continues to disseminate critical awareness messaging on COVID-19 (visit the [Shonjog website](#) for access to these materials). Key progress to date includes: 98,667 people have been reached through 22,130 house-to-house inter-personal communication sessions with key COVID 19 messages in all camps and host communities; 11,849 people have been reached through 967 community consultation meetings in all camps and host communities; 23,000 leaflets have been distributed in host communities and the camps; 55 film shows were organized in the camp and host communities on handwashing; 657 inter-personal communication sessions have been facilitated in EPI Centers, Community Clinics and local markets; 378 community people have been mobilized and engaged in nine advocacy meetings in the camps; an additional 209 religious leaders have been engaged to disseminate key messages in Khutba during Jumma prayer; and 21 Training of Trainers sessions for humanitarian staff and 10 cascade sessions for volunteers were organized in the camps.



The **Nutrition Sector** has doubled ration distributions for Outpatient Therapeutic Programmes and Therapeutic Supplementary Feeding Programmes, reaching a monthly average target of 15,000 Severely Acutely Malnourished children and 60,000 Moderately Acutely Malnourished children together with pregnant lactating women. A further monthly target of approximately 200,000 children and pregnant and lactating women with Blanket Supplementary Feeding Services will also be reached. All Nutrition Sector implementing partners have established handwashing points in their nutrition facilities. Two partners have procured infra-red thermometers to pre-screen beneficiaries and caregivers at the entrance with five more partners awaiting procurement. Partners continued to roll out messaging on COVID-19 related information at the facility and community level.



The **Food Security Sector** has implemented prevention and risk exposure mitigation measures for General Food Assistance including: only one person per household will be allowed to enter in-kind distribution points and e-voucher outlets; beneficiaries will receive a full month's entitlement at one time; hand-washing stations and body temperature screening are ongoing; social distancing at the waiting sheds, distribution point and e-voucher outlets is enforced; beneficiaries will not be required to use their fingerprint to verify their identity and record distributions; cooperating partners and retailers will clean all exposed surfaces, and farmers' markets have been suspended. WASH and Health partners have also been invited to be present during food distributions to ensure hygiene measures are being practised. Livelihood Working Group partners have limited and adapted activities in host communities and continue to plan different ways to deliver programmes to limit physical interaction. Two Livelihoods Working Group partners have begun production of cloth masks, which will be stockpiled in case of emergency as a minimum protection non-medical clothing item.



The **Protection Sector** is placing the community at the centre of the response, leveraging the robust community mechanisms that have been put in place over the last year. Based on community-feedback and existing knowledge of religious views regarding COVID, the Protection Sector has been systematically engaging with Imams on key COVID-19 messages, using the network of Imams it has been engaging with for the past year. Key Imams in 11 camps were provided with COVID-19 information and have begun disseminating information received. Efforts are underway for the inclusion of the Imams within the audio/video message products as well.

Camp Protection Focal Points in 18 camps facilitated sessions in which Community Health Workers supervisors conducted awareness training on COVID-19 for 108 people, including Child Protection/Gender-Based Violence (GBV) camp focal points, Protection Emergency Response Unit (PERU) team leaders, Community Outreach Member Supervisors and refugee members of the PERU team. Existing referral pathways were reviewed so that cases can be referred to Protection and Health Sector partners in an effective and efficient manner.

Online case management and psychosocial support training was provided by the Child Protection sub-sector to 28 Child Protection agencies in Cox's Bazar, with 39 staff from 28 agencies attending. An additional 1,835 refugees benefitted from psychosocial support addressing anxiety, fear, misinformation, and stigma. 35,275 individuals were reached with COVID-19 related protection information including how to access services and child protection.

In light of the COVID-19 situation, GBV sub-sector partners revised the referral pathways to conform with the rapidly changing situation, explored Staff Care (Mental Health and Psychosocial Support) for GBV case workers and counsellors, and prepared a guidance notes for GBV response during critical operation modalities. A total of 17 case managers and 63 case workers providing case management in Women Friendly Spaces were trained on coping with stress caused by the COVID-19 pandemic, with attention on being able to provide GBV Survivors with concrete coping strategies.

The **Gender in Humanitarian Action Working Group** and the **Gender Hub** have supported CiC Gender Officers and their volunteers, as well as women's leaders' networks in camps, to conduct COVID-19 hygiene promotion awareness sessions across camps, especially targeting women and girls. Global and regional gender and COVID-19 advocacy brief, gender alert, guidance and analysis material has been shared widely and used to inform the Cox's Bazar District level response and preparedness efforts. Orientations on gender impacts from COVID-19 are being conducted to all Sectors.



The **Education Sector** has created education-related key messages and Caregiver/Parent-led guidelines with activities and guidance for parents to help their children learn at home while learning centres are closed. The guidelines are based on the LCFA workbooks already distributed to children previously attending learning facilities. In collaboration with the Child Protection sector, the sector has translated child-focused messages on COVID-19 and made them into audio messages. Partners will continue to pay incentives and salaries of education facilitators both from the host and refugee community. The sector is planning what resources and modalities can be used to support distance learning for the continued professional development of teachers while partners are unable to attend training sessions.



The **Shelter/NFI Sector** has put in place specific measures at distribution sites, including social distancing, installation of hand washing stations and disinfection. In agreement with RRRC, the tie-down kits will be distributed at the same time as soap/ hygiene kits or LPG. This will minimize the number of distributions while partners can still provide materials to support households to tie down their shelter and protect themselves from wind. The Sector continues to advocate for emergency shelter response, to be able to complete necessary and specific shelter activities.



The **Site Management Site Development Sector** has conducted a mapping of potential isolation spaces as part of COVID-19; UNHCR Site planners have carried out assessments as part of COVID-19 preparedness; and the Sector has engaged WHO on discussions regarding isolation spaces.

## Key Challenges

**The major current gaps remain the extremely limited testing, and intensive care capacity in the District.**

The Government's decision to decentralize testing capacity to Cox's Bazar is welcomed. As of 31 March, the IEDCR field laboratory in Cox's Bazar is conducting the final preparations to begin testing samples for COVID-19. This will help reduce the delay in securing results and improve the effectiveness of the response.

The absence of intensive care capacity is a major concern, as this will inhibit the ability to provide needed care quickly for serious or complicated cases. In particular, oxygen supply is a critical issue, requiring urgent resolution. Adequate Personal Protective Equipment (PPE) for health workers in medical facilities is another major supply challenge. Even if equipment was available, securing enough skilled medical staff to manage the situation will be challenging given current travel restrictions. Partner commitment is still required for treatment facilities, and to work on securing essential supply chains, including oxygen.

**Communications are key to the timely and effective management of this situation.** The humanitarian community continue to advocate for enabling 3G and 4G in the camps. With COVID-19 and the cyclone and monsoon season approaching, communication will be essential for actions to be taken to save lives in support of and collaboration with the authorities.

**Essential humanitarian access must be ensured throughout the response to COVID-19, including access of humanitarian staff into the camps, and refugees' access to life-saving services.** The humanitarian community continues to communicate with the relevant authorities to ensure unhindered vehicle access for those providing essential services in the camps and continues to resolve recent reported incidents in this respect. The Government of Bangladesh is now extending positive collaboration on timely project permissions and visa issuance. This will help greatly to ensure the ability to respond adequately and in a timely manner, as well as to ensure the continuation of essential, life-saving services and assistance.

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