COVID-19: Preparedness and response for the Rohingya refugee camps and host communities in Cox’s Bazar District
Update #2 | 25 March 2020

Highlights

- One COVID-19 positive case has been confirmed to date in Cox’s Bazar District. For updated information on COVID-19 in Bangladesh, see: https://www.iedcr.gov.bd/
- The humanitarian community – NGOs and UN - are working closely with the Government of Bangladesh, including the Civil Surgeon, DC, RRRC, and all Camp-in-Charges (CiCs) on preparedness and response in the District.
- To reduce transmission risk and support social distancing, operations in the camps have been reduced to essential services, assistance and movements, as per RRRC guidance issued on 25 March. All non-essential visits to the camps have been suspended, in line with Government of Bangladesh guidance.
- Risk communication and community engagement messages continue to be rolled out and hygiene promotion activities have been intensified in the camps and host community.

Key Preparedness and Response

The establishment of isolation and treatment facilities is an urgent priority, with planning underway to prepare an initial 1,500 beds across the District. This includes the expansion of capacity at the Sadar Hospital (an initial 10 beds), and support to the facilities established at Ramu and Chakaria (100 beds). In and around the camps in Ukhiya and Teknaf, health partners are now preparing all possible beds in existing facilities (390 beds) and are seeking appropriate sites to establish new isolation and treatment facilities to the extent possible within available capacities. These are urgently needed in the District for both Bangladeshis and Rohingya refugees (an additional 1,000 beds). Rapid identification of suitable sites is underway with an inter-agency team and the local authorities, facilitated by ISCG. WHO and the Health Sector are mapping existing supplies and identifying urgent procurement needs, and medical staff capacity. Training for health workers is underway and will be stepped up.

Risk communication and community engagement messages continues to be rolled out across the District, both in the local communities and in camps. In Bangladeshi communities, the Government has rolled out messaging through multiple channels including through mobile phone networks, megaphones from tomtoms, and distribution of flyers. In the camps, audio-visual aids, posters, community outreach sessions and megaphones are being used at both facility and community level. Awareness materials are being used at Health, Nutrition, Protection and Education facilities as well as at food distribution points.

Handwashing, distribution of soap and other hygiene and sanitation supplies are scaling up across all Sectors. All WASH Sector partners have stepped up the coverage of handwashing facilities over the past three weeks, including building 500 new handwashing points, and are working with other sectors to consolidate requests for soap and handwashing facilities and ensure immediate distribution.
**Preliminary priority activities and funding requirements have been drafted**, to guide immediate action for unforeseen needs that are additional to the JRP 2020, which remains our core appeal document. Distribution guidelines for partners conducting distribution in the camps and host communities has been drafted by key Sectors, including Health, Food Security, WASH, Shelter and NFI, and Protection, to make distributions safer with increased preventive measures.

**Sector Preparedness and Response**

**Health Sector** partners spoke to 800 key stakeholders including humanitarian staff and government officials on the risks and response to COVID-19. 200 religious leaders, 400 model mothers and youth volunteers, and 180 Community Health Worker supervisors have been trained in community mobilisation and sensitisation. 124 community leaders, including imams and mahjis, were engaged in advocacy meetings. 36 local government coordinators were engaged in COVID-19 messaging and sensitisation. Health Sector/WHO has supported training on Early Warning Alert and Response System to more than 250 Clinical Focal and Reporting Officers of health facilities and agencies, with an emphasis on COVID-19 surveillance and clinical management.

**WASH Sector** has installed more than 500 hand-washing stations and is conducting awareness on hand-washing and hygienic behaviors on COVID-19 is being raised through house to house outreach and mass campaigns. All the Rohingya refugees have received hygiene kits and receive every three months soap for bathing and washing clothes. WASH and Health Sectors have defined responsibilities during the outbreak - WASH partners will support with WASH activities in Health Centres dedicated to COVID-19 response. In collaboration with CwC, key messages and IEC material specific to COVID-19 have been developed and translated for printing.

Led by the **Communication with Communities working group**, awareness messages continue to be rolled out widely across Sectors. Tools in Rohingya, Burmese and Bangla are available on the Shongjog website. During the past week, 16,943 people were reached through 3,765 house-to-house inter-personal communication sessions. Public service announcements, live phone-in programs on Bangladesh Betar and Radio NAF are ongoing. More than 180 Rohingya community members were reached through camp-level information outreach and 657 inter-personal communication sessions have been facilitated in the host communities. 15,000 awareness raising leaflets have been distributed to the host community in 5 Upazilas. Rumor and misinformation on the disease are spreading rapidly and must be addressed – a rumor tracking tool and guidance has been developed to enable the targeting of positive, accurate messaging where it is required. The first report on community perceptions of Coronavirus was published.

The **Protection Sector** continues to engage closely with other sectors to ensure protection mainstreaming and inclusion in preparedness and response planning, including for Persons with Specific Needs and in accordance with age, gender and diversity principles. Work is being undertaken to strengthen reception conditions for any new arrivals, who in 2019 mainly came to the camp from surrounding Bangladeshi communities, in terms of medical screening and isolation facilities at the reception centre, while noting that the Foreign Secretary has said the borders are closed for now. Scaled up individual case management and development of case management guidance for children has begun, including carrying out individual home-based psychosocial support for both children and caregivers. Training and orientation to child protection staff, volunteers, Community Based Child Protection Centres and other actors on psychosocial support and child protection risks associated with COVID-19 is ongoing. Child friendly awareness raising has also begun.

**Nutrition Sector** partners plan to double the ration of therapeutic foods to decrease the regular frequency of visits at the nutrition service centres for both Severely Acutely Malnourished children without
complication and Moderately Acutely Malnourished Pregnant Lactating Women and Children. Individual Infant and Young Child Feeding and nutrition education services are prioritised instead of big groups messaging. All services will be provided considering COVID-19 preventive measures. Service providers have been sensitized on the awareness of additional precautions during the contacting with the clients and treatment process. Increased training coverage for partners’ front-line service providers, including provision and use of infrared thermometers is required.

Site Management and Site Development Sector has worked with Camp in Charges to develop guidance on critical activities for site management, and measures to be taken at camp level. Site management partners have engaged with relevant Camp Focal Points to advocate for, and scale up, hygiene promotion, and have convened Disaster Management Committee members to discuss COVID-19 preparedness.

Education Sector partners are working to create a guide for home led learning activities, following the closure of temporary learning centres on 16 March. In conjunction with the creation of the guide, the distribution of learning materials and guides on home learning is being scaled up. Small awareness sessions with caregivers/facilitators to promote home led learning activities and hygiene messaging are continuing. The Sector is conducting a short needs assessment to education partners to determine partner needs for hand washing facilities, soap, hygiene promotion materials and training. Discussions to identify solutions for the resumption/continuation of school feeding activities of high energy biscuits are continuing.

The Food Security Sector met with WFP and its implementing partners to introduce prevention and risk mitigation measures on COVID-19 such as one feeding cycle (refugee redeem one time in-kind or e-voucher food assistance) to decongest monthly distributions and ensure social distancing. The Sector also ensured that prevention guidelines were in place for continuing livelihoods activities in light of COVID-19. Partners have been asked to fill out a preparedness and contingency planning survey to assess critical capacity and gaps. In addition, the Sector reviewed supply line arrangements to ensure continuity for in-kind and e-voucher food assistance.

Gaps and Challenges

The major current gaps are the extremely limited testing, and intensive care capacity in the District. The concern about testing capacity is the possible delays in securing results which may impact 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. Even if equipment was available, securing skilled medical staff to manage the situation will be a major challenge.

Communication is 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 refugee continued access to life-saving services. Collaboration on timely project permissions and visa issuance, especially for health, WASH and CwC partners will ensure ability to respond adequately and timely, as well as the continuation of essential, life-saving services and assistance.

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