

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 the Bangladesh Institute of Epidemiology, Disease Control and Research (IEDCR) (<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 construction of additional **isolation and treatment facility sites** for refugees and adjacent Bangladeshi communities, intensified **hygiene promotion activities** through community messaging, and continued **training of health care workers**.



Volunteers going house to house to share key awareness messages on COVID-19 with the Rohingya community. IRC: Maruf Hasan.

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 Sadar Hospital and support to the facilities established at Ramu and Chakarria. In and around the camps in Ukhiya and Teknaf, health partners are now preparing all possible beds in existing facilities (over 300 isolation beds for potential COVID-19 patients, with more than 600 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 several sites, land availability and operational capacity permitting. International Organisation for Migration (IOM), UN Refugee Agency (UNHCR), UN Children's Fund (UNICEF) are taking the lead in setting up facilities on three of the identified sites. The setting up of gender-segregated facilities or areas within mixed facilities is being explored. Partner commitment for remaining sites is urgently required.

From 25 March, the Refugee Relief and Repatriation Commissioner (RRRC) announced that **only essential activities and services will continue in the camps.** 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, Liquid Petroleum Gas 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. 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 World Health Organisation (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 was conducted; 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.

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 and houses, with explanations on how the virus spreads, how people can protect themselves and their families, how to identify symptoms and care-seeking.

Sector Preparedness and Response



The **Health Sector**, together with WHO, conducted Rapid Investigation Team refresher training in view of COVID-19 preparedness and response activity in Cox's Bazar. To date, over 60 healthcare workers including medical doctors, laboratory personnel have received the training. The trained personnel will undertake investigation activities along with Epidemiology and Case Management Working Group for suspected or confirmed COVID-19 cases going forward. On 30 March, WHO in partnership with the Inter Sector Coordination Group (ISCG) delivered IPC training for 16 Army Medical Officers. The Health Sector/WHO has shared COVID-19 referral pathway with temporary COVID-19 isolation and treatment facilities for the camps on 28 March and its map with partners. A total of 72 functional and 257 standby isolation beds are currently available in 18 facilities in the Ukhiya and Teknaf upazilas, where also health complexes have installed five and 10 bed COVID-19 isolation wards, respectively, in its compounds.



WHO and ISCG deliver a practical training session in the ISCG Humanitarian Hub on Infection, Prevention and Control for COVID-19 for 16 Army Medical Officers. Photo: ISCG



The **WASH Sector** has reached 184,713 people with COVID-19 messages through house to house visits and 1,050 Information Education Communication (IEC) posters have been installed in strategic places. Since the beginning of March, 485,144 bars of soap and 21,232 family hygiene kits have been distributed as part of regular distribution in camps. Recently, 5,956 hand-washing stations have been installed (131% increase over the past week), in public places, households and near toilets. 9,159 shared bathing and toilets have been disinfected in camps. WASH partners are being mobilized to provide WASH facilities in identified isolation and treatment centers. Teknaf (camps 26, 27 and host communities) continues to face limitations with water supply due to the dry season, an emergency response was launched this week to provide complementary water to those affected.



Communication with Communities Working Group (CwC) has developed 12 audio programmes, 4 videos and 2 printed materials on COVID 19 continue to be disseminated. All information material is available on [Shongjog](#) website. A Rumour Tracking Tool in both English and Bangla has been shared with partners to track the spread of false information and enable partners to provide timely, targeted information to Rohingya and host community. In addition, 150 cascade training and orientation sessions on COVID 19 have been organized with participation of more than 3,200 staff and volunteers. Awareness messages continue to be announced by loudspeaker and megaphone on CNGs, tom-toms, and auto-rickshaws in all 34 camps and in 26 unions in Cox's Bazar. Following the RRRRC decision to move to only essential services in the camps, the Risk Communication Technical Working Group has developed "Community Facing Key Messages on Essential Services and Assistance in camps" to ensure people have information on services and activities being provided in the camps.

In the last week in the refugee camps, 351,142 people have been reached through 79,162 house to house inter-personal communication sessions with key COVID-19 messages; 28,875 people have been consulted with on COVID-19 key messages in around 4,000 community consultation meetings; 253 community people

have been mobilized and engaged in 16 advocacy meetings in the camps; 8,048 community people participated in 225 listener group session and 13,218 people reached through 514 sessions conducted by the religious leader; 79 information service centers and 25 help desks operated to receive community people's feedback and complain. In the last week in the host community 60,200 people have been reached through 544 community awareness sessions.



The **Nutrition Sector** continues strengthening the resilience of targeted communities. The nutrition front-line service providers, within the currently activated essential package of the nutrition services in the camps, use individual nutrition counselling sessions to build capacities of mothers and caregivers in screening, basic messaging and referring Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases from the respective communities. Over 301 mothers who expressed the interest to support community nutrition activities from the Mother Support Groups and also the mothers whose children are admitted in Outpatient Therapeutic /Therapeutic Supplementary Feeding Programmes are trained in providing the critical nutrition activities in the field such as Measuring Upper Arm Circumference screening, supporting breastfeeding and referring the malnutrition (SAM, MAM) cases. The nutrition sector partners are going to scale up the individualised training of the lead mothers and extend the nutrition community communication network to Adolescent Girls Groups. Besides this, the modified Community Based Management of Acute Malnutrition (CMAM) therapeutic and supplementary food distribution modality has been rolling out in the targeted communities.



Under the **Food Security Sector** (FSS), food distributions are continuing with prevention and risk exposure mitigation measures ensuring social distancing and limiting footprint. In line with those, from 1 April the World Food Programme (WFP) has temporarily introduced a fixed commodity voucher. At e-voucher shops beneficiaries receive fixed food items and quantities decided based on ensuring nutritional requirements and food preferences. IOM together with local NGOs NONGOR/MOAS and Prottayshi, completed over 10,000 cloth masks during the first week of production with the initial goal being 26,000 masks total. This mask is a minimum protection non-medical grade clothing item with design approved by Civil Surgeon. Masks are being stockpiled.



More than 10,000 cloth face masks have been produced by local NGOs NONGOR/MOAS and Prottayshi. Photo: Food Security Sector.



Under the **Protection Sector**, Protection Emergency Response Units (PERUs) have been activated in 20 camps in both Ukhiya and Teknaf, to ensure effective referral pathways, especially for the most vulnerable and identify protection trends. The PERU's ToRs were adapted to the COVID 19 situation in order to ensure coordination with other sectors at camp level. In order to strengthen engagement with communities, 415 community outreach members continue to disseminate key messages on COVID-19. In total 10,708 individuals, including the elderly and persons living with disabilities were directly reached through awareness sessions. Through close engagement with Imams under UNHCR's program to engage religious networks, 35,010 individuals were reached with COVID-19 messaging. The Child Protection Sub-Sector updated the Pool of Temporary Alternative Caregivers and an exercise to map services is underway.

With the restriction of services, delivery of case management including legal aid and mediation, child protection and Gender Based Violence case management, psychosocial support as well as Psychological First Aid and Mental Health Psychosocial Services (MHPSS), registration and referrals are being impacted. Partners are reporting a concerning rise in intimate partner violence in some camps; with the severity of violence inflicted also increasing.

Under the **Gender in Humanitarian Action Working Group (GiHA)**, Camp-in-Charge Gender Officers and their volunteers as well as women leaders' networks in camps and host communities, are conducting targeted COVID-19 hygiene promotion awareness sessions across camps for women and girls. Gender and COVID-19 [advocacy brief](#), [gender alert](#), [guidance](#) and [analysis](#) material are being shared widely and used to inform Cox's Bazar response and preparedness efforts. A checklist on gender-responsive isolation /quarantine, triage, treatment and shielding facilities is being developed and provision of gender-segregated facilities is

being explored with the Health Sector, Protection/GBV, SMSD, CwC and Shelter/NFI Sectors. Gender and COVID-19 IEC material and messages are being developed to be disseminated through women's networks and volunteers. Orientations on gender impacts from COVID-19 continue to be conducted with sectors.



The Education Sector continues to focus on ways for children to continue their education at home with a focus on caregiver learning. Partners continue to share caregiver-led learning guidelines with community members, via Community Outreach Members and Protection and Child Protection outreach teams. Very small group awareness sessions have been held with Rohingya parents in the camps on the caregiver led home learning guideline and explanations given to parents regarding the closure of learning centres until April 9. Protection hotline staff have been requested to pass on key messages for carer led education for inquiries related to education. In addition, phone messages have been created for Burmese language facilitators on caregiver led home learning guidelines to communicate to caregivers. Partners have distributed 6000 posters on COVID-19 developed by BBC Media Action to both Rohingya and host communities and have conducted small awareness sessions on COVID-19 for host community in Ukhiya and Teknaf with 5,000 parents. Education Sector partners are working with Learning Centre Management Committees (LCMC) to ensure security of the learning materials during Learning Centre closure.



The **Shelter/Non-Food Items Sector** partners continue to enforce specific measures at distribution sites, including social distancing, installation of hand washing stations and disinfection. The Shelter/NFI, WASH, Food Security and Health Sectors are working together to prepare a NFI/WASH package for people in isolation facilities. The Sector is providing material support on a case to case basis to Health partners to construct additional health facilities.



The **Site Management Site Development (SMSD) Sector** continues to play a key coordination role in identifying isolation facilities as well as supporting with mapping of areas for constructing treatment infrastructure. Partners continue to provide essential emergency services to refugees through awareness raising and door to door follow ups on hygiene promotion messaging and continue to ensure distribution processes observe social distancing measures. While waiting in line, refugees receive awareness messages on COVID-19. Site Management volunteers were actively engaged with respective Health Focal points and were oriented on COVID-19. Volunteers will also be disseminating the messages to their communities to raise awareness and mitigate rumor spreading.



The **Emergency Telecommunications Sector (ETS)** will maintain data connectivity in the Maduchara Logistics Hub and to ensure the availability of the radio network to expedite humanitarian assistance in the camps and host communities. In addition, ETS is installing critical communications services for humanitarian staff to continue to work remotely from Cox's Bazar.



The Logistics Sector facilitated a meeting with technical focal points from UN agencies, INGOs and NGOs to discuss urgent procurement for isolation and treatment facilities. Key updates from the meeting include partners managing isolation centres are in the early stages of the medical Personal Protective Equipment and equipment procurement process, customs and import information and suppliers lists for medical PPE and equipment are being compiled and shared. Regarding the supply of oxygen, short term oxygen supply provider information has been shared with partners and discussion on centralisation of procurement under a single partner is ongoing. The Logistics Sector also assisted Medair and International Rescue Committee with technical support to set up tents and Refugee Housing Units (RHUs) which will be used as isolation units and health care. Due to shortage of availability of hand sanitizer in Cox's Bazar, the Logistics Sector distributed hand sanitizer to 26 organisations to support their daily operations. The Sector continues to update their [information exchange platform](#) with baseline infrastructure information and will populate with COVID-19 issues as available. In addition to the cross-cutting procurement challenges outlined in the following section, specific challenges for the Sector include the need to find large scale cold storage solutions and a lack of storage space during the supply surge.

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. Regarding the testing capacity for Rohingya population, the IEDCR field laboratory at Cox's Bazar Medical College (CBMC) started operating on April 2 however still has limited capacity. For COVID-19 statistics in Bangladesh please visit the page: <https://www.iedcr.gov.bd/>. 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, both short- and long-term oxygen supply is a critical issue, requiring urgent resolution. While options have been identified in Chittagong, this will not be sufficient to supply the needs fast enough in Cox's Bazar. Currently there is no available solution for long term oxygen supply nationally. At the Dhaka level, the humanitarian community is working with the government to find immediate solutions.

Adequate PPE for health workers in medical facilities is another major supply challenge. While technical procurement staff continue to work together to urgently secure essential supply chains, they are faced with overwhelmed national and international markets for COVID-19 related key items. While local production of equipment, such as cloth masks, is being pursued by partners, these are not of medical grade. Road access constraints for incoming supply deliveries from Chittagong and Dhaka is also challenging. Given the scale of the response, the lack of skilled medical staff who would normally deploy in a surge capacity to help manage the situation remains a challenge given current travel restrictions.

Communications are key to the timely and effective management of this situation. The humanitarian community continues to work closely with the national Government to advocate for enabling 3G and 4G in the camps. Despite reports of temporary re-activation of the 3G network in some camps on Wednesday 1 April, the lack of internet access in the camp continues. 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.

The public health imperative is now at the forefront. Slowing the transmission of the virus, and preparedness for the outbreak is key. Critical humanitarian access is required to ensure preparedness for COVID-19, and continuation of life-saving services. The humanitarian community continues to communicate with the relevant authorities to define critical, life-saving activities and to facilitate access. Camp access for critical staff and contracting partners is required to sustain the minimum support and prepare for the outbreak, including constructing isolation and treatment centres. The Government of Bangladesh is 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.

For more information, please contact ISCG at iscg@iscgxcb.org.