

Highlights

- **No confirmed cases of COVID-19 have been identified so far in the Rohingya refugee camps.** For statistics of cases in Bangladesh refer to [Bangladesh Institute of Epidemiology, Disease Control and Research \(IEDCR\)](#)
- **Urgent priorities** include preparation of additional Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs), intensified awareness and engagement with communities and training of health care workers.
- **Key challenges** include limited testing and intensive care capacity, limited supply of PPE for frontline health workers, community distrust of health responders, continued telecommunications restrictions, and barriers and constraints to ensuring effective community engagement and communication including with women, the elderly and most vulnerable.



Rohingya volunteers are playing an increasingly central role to the COVID-19 response, for example conducting door to door soap distribution. Photo: Care

Key Preparedness and Response

From 8 April, the Relief, Refugee and Repatriation Commissioner (RRRC) announced that only critical, lifesaving activities would continue in the camps. This includes health and nutrition facilities and services, limited protection services, hygiene promotion, water and sanitation activities, as well as key distributions such as food, Liquid Petroleum Gas and hygiene kits.

As humanitarian staff presence in the camps has been reduced further, refugee and host community volunteers are playing an increasingly central role to deliver lifesaving services. More than 2,000 volunteers are working with community and religious leaders to communicate important prevention measures on health and hygiene through multiple channels in all 34 camps and adjacent Bangladeshi communities. 1,500 of these volunteers are refugee community health workers conducting house to house outreach to share key messages through printed, audio and video materials in Rohingya, Bangla and English language. Health Sector partners are training community health workers who cascade training to hundreds more volunteers across other Sectors. Ensuring that Rohingya volunteers have dedicated support and guidance on delivering life-saving services and assistance is fundamental to the response.

The humanitarian community and the local government continue to work closely and proactively to address urgent preparation and response priorities across the District. The establishment of SARI ITCs in existing health facilities and in new sites continue to be an urgent priority, with planning underway to prepare up to 1,900 beds across the District. UN agencies and NGOs are expanding the capacity in government facilities at Sadar Hospital, as well as providing support to the existing facilities at Ramu and Chakaria, through refurbishments and construction of isolation spaces, staffing support, and provision of medical equipment. IOM, UNHCR, UNICEF, SCI and IRC are taking the lead in setting up SARI ITCs in seven new sites in Ukhiya and Teknaf. The setting up of gender-segregated facilities or areas within mixed facilities is also being explored following community consultations with men and women. Other partners also plan to support the District in the set-up of additional SARI ITCs.

Other key response priorities include supporting the Cox's Bazar District Administration to carry out disinfection work, including installation of handwashing points in Cox's Bazar city, and ongoing Infection Prevention and Control (IPC) training delivered by the World Health Organisation (WHO) frontline military medical officers. Following implementation of a digitized vehicle pass system to ensure all vehicles implementing critical activities can access the camps, the Logistics Sector supported by World Food Programme (WFP) will deploy staff at checkpoints to support the roll out of QR code scanning.

Sector Preparedness and Response



Health Sector partners continue to provide urgent technical support to prepare SARI ITCs, including mapping partner engagement and providing technical guidance on case management. The Health Sector shared COVID-19 guidance documents with health facility managers, including an isolation map, screening principles and tools, IPC guidance, referral pathways and rational use of PPEs. On 7 April, WHO in partnership with the Inter Sector Coordination Group (ISCG) delivered IPC training for 16 Army Medical Officers, bringing the total number trained to 32. In addition, WHO supported access to risk communication materials for Public Administration and health facilities in Teknaf and Ukhiya. WHO provided training to eight laboratory personnel from upazilas across Cox's Bazar District.



The **WASH Sector** has reached 261,991 people with approved COVID-19 messages through house-to-house visits (an increase of 31% since the previous week). Since the beginning of March, 137,930 households received soap and 41,581 households received family hygiene kits as part of regular distributions in camps. 22,096 shared bathing and toilets have been disinfected (141% increase from the previous week). In total since mid-March, 5,712 hand-washing stations have been installed in public places, at household level and near toilets. WASH partners are supporting four COVID-19 health centres with sanitation facilities and two health centres with water. Teknaf is facing limitations in water supply due to the dry season, so partners are supplying 200m³ per day extra water to refugee camps and nearby host communities.



Social distancing measures are observed during distribution of hygiene kits for Rohingya and host community members. Photo: World Vision



With support from **Communication with Communities Working Group (CwC WG)**, more community engagement activities are being facilitated and led by refugees, including Imams and volunteers, as partners have reduced staff in the camps. 35 cascade training and orientation sessions on COVID-19 have been organized with participation of more than 781 staff and volunteers. All audio, video and printed materials produced by CwC WG are available on the [Shongjog](#) website; including a new [audio drama](#) addressing the spread of rumours in the camps and messages prevention measures for communities attending distribution. From 2-8 April, key achievements in the Rohingya camps include 134,007 people reached through 26,230 house-to-house inter-personal communication sessions with key COVID-19 messages; 116,546 people reached through 3,750 sessions conducted by religious leaders; 35,458 people reached through more than 4,095 community consultation meetings; 3,586 people participated in 136 group sessions; 6 video/film shows were aired on COVID-19; and 45 information service centers in the camps were operational and open to receive people's feedback and complaints. In host communities, 19,000 people were reached through 3,800 community awareness sessions. COVID-19 messages are being shared via loudspeakers and megaphones on CNG/Tomtom/auto-rickshaws in all 34 camps and 6 unions. The latest CwC reports include ACAPS-Needs and Population Monitoring Analysis Hub report on [Health Behaviours & COVID-19](#) and ACAPS/IOM second edition of [COVID-19 Explained](#).



The **Nutrition Sector** has been implementing the COVID-19 modified nutrition treatment regimen for Severe and Moderate Acute Malnutrition children, pregnant and lactating women in Rohingya and host communities, with the number of service providers decreased to the very minimum. Frontline service providers are conducting one-on-one training for mothers and caregivers to measure Upper Arm Circumference (MUAC), in order to refer eligible children and pregnant and lactating women to Integrated Nutrition Facilities. MUAC training tools for mothers have been developed and are being disseminated to partners and volunteers. More than 1,200 mothers and caregivers have been trained to initiate community nutrition screening and referrals. Since the end of March, 1,500 community nutrition volunteers and workers have been reached through cascade training on COVID-19 response, out of more than a total of 2,700 community volunteers and workers. Nutrition Sector partners have started providing a meal and hot milk to new arrivals who are in two UNHCR-supported quarantine centres in Ukhiya.



The Food Security Sector (FSS) continues to deliver life-saving critical food assistance while following strict COVID-19 prevention and risk mitigation measures, including social distancing, temperature taking and pre-packaging. FSS started to provide food to SARI ITCs in Cox's Bazar District starting with distribution of 1.02 metric tons of rice, 0.351 metric tons of pulses and 0.092 metric tons of oil to the Ramu isolation facility. In regard to the e-voucher modality, FSS introduced a fixed commodity voucher, which currently constitutes of nine food items covering all staple commodities.



Temperature screening is being conducted at the entrance to all food distribution points and e-voucher stores in camps. Photo: Nahifa Mehelin



The **Protection Sector**, in cooperation with the Age and Disability Working Group, has developed guidelines to ensure that persons with disabilities and the elderly are included in the overall COVID-19 response and ensure that Age, Gender and Diversity approaches are used by all Sectors to ensure that “No One is Left Behind”. Protection Emergency Response Unit (PERU) teams consisting of child protection/Gender Based Violence (GBV), community mobilizers, and volunteers from the community are now activated in all 34 camps. Child Protection Sub-Sector developed a guidance note on remote child protection case management to support use of volunteers and to strengthen the relationship between case workers and volunteers through mentoring, remote supervision, increased communication and referral pathways and to orient the community on community-based child protection mechanisms. GBV Sub Sector partners continued to offer individualized Case Management with Psychological First Aid, psychosocial support, counselling and immediate referral for health, and to case workers where remote case management was done. Community awareness through Gender Focal Points who have teamed up with activated PERU and community health workers has continued, and community-based safe-shelter support continues to be operational.

As part of the **Gender in Humanitarian Action Working Group (GiHA)**, Camp-in-Charge (CiC) Gender Officers and volunteers as well as women leaders in camps and host communities, continued to conduct targeted COVID-19 hygiene promotion awareness sessions across camps for women and girls. Women's networks and volunteers are also disseminating gender and COVID-19 Information Education Communication material and messages. Orientations on gender impacts from COVID-19 are ongoing to key Sectors. The possibility of gender-segregation in SARI ITCs as well as shielding initiatives is being explored with Health, Protection, and Site Management and Site Development Sectors, and guidance and checklists on gender-specific protection considerations for these are being developed.



A Rohingya refugee volunteer conducts a COVID-19 awareness raising for women and girls in camps. Photo: UN Women.



Education Sector partners are working to support Rohingya and host community children to continue their education at home, with a focus on caregiver and awareness building sessions, along with small group meetings on COVID-19 with community volunteers and facilitators. Prior to the closure of the Temporary Learning Centres, Sector partners undertook some key preparedness measures to ensure home and caregiver-led education programmes can continue. This includes a total of 938 parents/caregivers reached through awareness-raising orientations, distribution of 6,000 awareness raising posters in the camps and 4,000 awareness-raising posters in host communities, distribution of 1,135 learning materials for children at household level, and Sector partners continue to work remotely to support parents and caregivers in their home-led learning. The role of Rohingya teachers and language instructors cannot be underestimated in the Education Sector response: 184 Burmese teachers have been orientated on COVID-19 and Burmese Language Instructors are playing an important role in raising hygiene awareness to children.



Under the **Site Management Site Development (SMSD) Sector**, Sector partners conducted COVID-19 awareness activities for over 11,072 community leaders, volunteers, and community members (including women and girls). SMSD Sector partners piloted a new “Remote Service Monitoring” system where volunteers

track service delivery, relocations, referrals, and community-led responses, with remote support from SMSD staff as part of the COVID-19 prevention and response Sector plan. As part of the pilot launch, 42 volunteer team leaders received gender mainstreaming training from UN Women Gender Officers to ensure women, elderly, and other vulnerable groups are kept in mind during service monitoring. A key challenge is the limited access and reduced numbers of humanitarian actors which make it difficult to reach communities with messaging and accurate information.

📡 The **Emergency Telecommunications Sector (ETS)** will maintain data connectivity in the Maduchara Logistics Hub and 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** is providing technical support to ensure critical humanitarian access to the camps, including through the production of digital QR code passes for vehicles required to deliver critical services. Following the introduction of the passes by RRRC on 6 April, the Sector has been deploying staff at checkpoints to run the digital identification system to help reduce the queue time to enter the camps, and to track vehicles delivering services, in line with the Government directive on critical mode. With WHO, the Sector has mapped the short term oxygen supply supplier information and shared with partners. Regarding medical PPE and equipment, customs and import information and suppliers lists are being compiled and shared. In addition, the Sector loaned and set up two Refugee Housing Units to increase capacity in IRC health clinics in two camps.



A healthworker stands outside one of two Refugee Housing Units installed at the IRC health clinic in Shamlapur. This provides extra isolation space for COVID-19 cases. Photo: Logistic Sector

Key Challenges

The major gaps currently continue to be limited testing and intensive care capacity in the District. The IEDCR field laboratory at Cox's Bazar Medical College started testing on 2 April, with technical support from WHO/the Health Sector. Continued sourcing and delivery of testing kits remains essential to meet the testing needs of the District. The absence of intensive care capacity and critical, life-saving supplies is a major concern, in particular the supply of oxygen. At the national level, Health Sector partners continue to work with the government to find urgent solutions for the response.

Adequate PPE, including masks, gowns, gloves and eye protection, for frontline health workers is another major supply challenge. While the Health and Logistics sectors continue to work together to urgently secure essential supply items on a scale that is adequate for the response, they are faced with overwhelmed national and international markets for key COVID-19-related items. Procurement teams are working to develop a real-time inventory and supply chain management system. Given the scale of the response, the limited number of skilled medical staff remains a challenge, particularly in light of current travel restrictions. Organisations are working to mobilize additional capacity, but time is of the essence.

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

Negative perceptions around healthcare and distrust of responders are already impacting COVID-19 preparedness efforts (for example, see [ACAPS report](#) from 3 April). A priority now is stepping up focused two-way communication with community groups including women, youth groups, the elderly, and religious leaders, to ensure that community engagement approaches are based on evidence and needs. The importance of concerted community engagement cannot be understated and is fundamental in influencing community behaviour during the outbreak.

For more information, please contact ISCG at iscg@iscgcb.org. You can also follow ISCG on [Facebook](#) and [Twitter](#).