

## COVID-19 Response 1-15 July 2020



*Bangladesh medical and support staff working in different facilities supported by UNHCR in Cox's Bazar are making a huge difference to the lives of refugees and the host community in the areas adjacent to camps. Through their professionalism and courage, they are offering COVID-19 patients and their families hope. Photo: ©UNHCR*

### Overview

As of 15 July, WHO reported over 3,084 cases of COVID-19 in Cox's Bazar, including a number of front-line healthcare staff and humanitarian staff. 58 refugees have tested positive for COVID-19, and six have sadly died to date. Testing in the camps has increased significantly as a result of the efforts of Community Health Worker volunteers who are engaged in enhanced community-based surveillance and offering targeted counselling for refugees identified with COVID-like symptoms, including explanations on testing.

To date, over 150 people were treated in two UNHCR-supported Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) in Ukhiya and Kutupalong in Cox's Bazar. Patients include refugees and host community members. Some 107 refugees are currently undergoing quarantine in facilities run by UNHCR.

The Cox's Bazar municipality was designated as a 'Red Zone' with special measures in place to control the spread of the virus, which were also applied in the areas where refugee settlements are situated. These lockdown measures have since been eased in Cox's Bazar town. UNHCR and humanitarian partners continue to exercise care in conducting critical activities in the camps as the risk posed by the virus remains high.

## Operational Update on Key Sectors



### HEALTH HIGHLIGHTS

SARI Isolation and Treatment Centres (ITC)	■ 2 SARI ITCs fully offering services for refugees and host community (194 beds)
Intensive Care Unit (ICU) ward	■ Supporting 10 ICU / 8 High Dependency Beds in Cox's Bazar District hospital

UNHCR is managing two SARI ITCs, which provide medical care for COVID-19 positive patients from refugee settlements and the host community areas adjacent to them. As of 15 July, 159 patients have been admitted to the facilities, of which 31 are currently in-patients; 101 were discharged; as well as some transferred to other facilities and ICU care in Cox's Bazar.

The expanded ICU at the local district hospital in Cox's Bazar started treating patients in late June with the support of UNHCR. UNHCR provides medical equipment and a team of medical and support staff for six months.

Currently, 107 refugees are under quarantine at four quarantine facilities managed by UNHCR in Ukhiya and Teknaf. These facilities offer space for refugees to stay when they have had close contact with suspected or confirmed cases of COVID-19.

A new community-based surveillance initiative by UNHCR and WHO that uses existing Community Health Workers (CHWs) has started to show results. More refugees are coming forward for COVID-19 testing. Some 1,440 CHWs have been trained on identifying patients with mild and moderate respiratory illness symptoms using simple criteria. CHWs offer individual counselling about testing, treatment, and a referral if required, including for quarantine services. As a result of the initiative, CHWs were able to identify over 1,850 refugees with mild respiratory symptoms during the week of July 8th. Over 900 were referred to health facilities and 13 patients were identified with moderate COVID-like symptoms and were tested. The work of the CHWs has contributed to an increase in the uptake of COVID-19 testing.

CHWs also continue to conduct regular health awareness raising, making on average over 130,000 household visits per week (this equates to 250,000 individual refugees approximately). According to the community volunteers, there is a growing understanding among refugees about actions they need to take to remain safe from COVID-19, as well as available support through health facilities.

Currently, the treatment of COVID-19 in the camps has been managed by the facilities that UNHCR and other humanitarian agencies established. In case the number of COVID-19 positive cases should increase, UNHCR and other agencies are currently preparing home care services for patients with mild and moderate conditions. Observations and lessons learned from the roll-out phase of the new surveillance approach by the CHW volunteers are incorporated into the home-based case program. UNHCR, as the chair of the Community Health Working Group, and WHO are designing home-based care protocols, and have conducted training for the homecare initiative with IOM and Save the Children International (SCI) from July 6 to 9. 88 participants, including health care staff and CHW supervisors, had a 2 day training-of-trainers on the treatment of mild/moderate/severe patients at

home, palliative care, and infection prevention. The 88 trained participants will conduct the training targeting larger groups of health care staff and CHW volunteers in the coming two weeks.



## COMMUNICATION WITH REFUGEES

### HIGHLIGHTS

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Community outreach ongoing	<ul style="list-style-type: none"><li>■ 12,100 Elderly Care Kits distributed</li><li>■ 90,000 face masks produced by refugee and host community women</li></ul>
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UNHCR, its community-based protection partners, and the refugee community continue to conduct awareness-raising sessions, hygiene promotion and safe group radio listening activities in the refugee settlements. UNHCR works with 416 Community Outreach Members (COMs), 120 community groups, elected camp committees, and Imams, who are all playing a vital role to disseminate key messages on COVID-19 and the early referral of persons with identified symptoms to health facilities. Since the end of March, the COMs conducted over 27,000 community awareness sessions. Approximately 18% of those reached were elderly and some 2% were persons with disabilities.

UNHCR also initiated a mapping of female religious leaders in the camps. In July, the first discussion session was held with 26 female religious leaders to discuss their roles in supporting the community and disseminating messages on COVID-19 prevention.

Due to the heightened risks posed by COVID-19 to elderly refugees, UNHCR has been undertaking a targeted effort to ensure they are able to access information and advice on COVID-19 that is undertaken by refugee community volunteers. Currently, outreach to this group is mainly conducted through an elderly care support visit project, which supplies selected households with information along with an elderly care kit. The kit contains items that can assist a family to create a small safe zone inside their shelter for the older family member. Some 12,100 kits were distributed to identified elderly persons in UNHCR managed camps to date.

Refugee and host community women are supporting the production of cloth masks. Some 90,000 masks have been made to date through UNHCR-supported projects, and 70,000 were distributed by partners, with priority to elderly persons. The masks are used also by community volunteers when communicating about COVID-19. The Bangladesh authorities has directed people to wear masks in public spaces.

## FUNDING

UNHCR's global additional funding requirement to support the prevention and response efforts for COVID-19 was revised to US\$745 million on May 11. Bangladesh is one of the priority countries. US\$25.5 million is required until the end of 2020.

### CONTACTS

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