

COVID-19 Response 1-15 August 2020



Community Health Volunteers are visiting households in the Cox's Bazar refugee camps to provide vital information on COVID-19. This supports refugees in keeping themselves safe and to understand what help is available. © UNHCR

Overview

As of 15 August, the World Health Organization (WHO) reported over 3,660 cases of COVID-19 in Cox's Bazar in the host community, and some 79 refugees who have also tested positive. Six refugees have sadly died. Close to 170 refugees are in quarantine.

To date, some 245 people have received treatment in two UNHCR-supported Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) in Ukhiya and Kutupalong, as well as in an Intensive Care Unit that UNHCR was instrumental in establishing at Sadar Hospital, the District's principal healthcare facility. Patients include refugees and members of the host community. So far, the health services put in place have had sufficient capacity to support all patients with COVID-19 and provide medical assistance.

There has been an easing of some lockdown measures in Cox's Bazar District. UNHCR and its partners continue to follow guidelines set by Bangladesh's Refugee Relief and Repatriation Commissioner (RRRC) on the critical activities that are permitted in the camps. The scope of permissible critical activities has been interpreted to include limited registration activities and expanded monsoon response and repair work in addition to the most essential services related to health, water and sanitation and distribution of food, Liquefied Petroleum Gas (LPG) for cooking fuel and other items. UNHCR and its partners are exercising care in conducting activities in the camps with as low a footprint as possible, as the risk posed by the virus to the refugee community and humanitarian staff remains high.

Based on a rapid review of mortality data collected by community health workers, UNHCR and WHO see no sustained increase in mortality being reported since the first confirmed cases of COVID-19 in the camps in May

2020. The Health Sector will continue to monitor each new weekly round of data collection, in order to detect increases in reported mortality and appropriate interventions in a timely fashion.

Operational Update on Key Sectors



HEALTH

HIGHLIGHTS

2 Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITC) in Ukhiya and Kutupalong	■ Close to 170 cases provided with care and assistance to date
Intensive Care Unit (ICU) ward in Sadar Hospital, Cox's Bazar	■ 10 ICU / 8 high dependency beds continue to provide round-the-clock support (some 75 admissions)

UNHCR-supported Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) and an Intensive Care Unit in the Cox's Bazar District hospital have provided some 245 patients from the refugee settlements and the host community with support and care for COVID-19 to date. As of 15 August, over 180 patients have been successfully treated and discharged.

Until now the treatment of COVID-19 cases in the camps has been managed on-site in health facilities that UNHCR and other humanitarian agencies have established in the District. Some refugees are reluctant to seek treatment in health facilities, however, giving various reasons including a fear of being separated from family.

In seeking a safe and practical solution to ensure that refugees seek and receive treatment, UNHCR and other agencies are preparing to provide home-based care services for patients with mild and moderate COVID-19 illness. UNHCR, as the chair of the Community Health Working Group, and WHO have designed a set of home-based care protocols. UNHCR, WHO, IOM and Save the Children International are collaborating on a training initiative to prepare healthcare workers and Community Health Volunteers (CHWs) for implementation of home-based care. The introduction of home-based care as a complementary service in the camps is pending approval by the Civil Surgeon in Cox's Bazar.

COVID-19 testing in the camps has increased in recent weeks and reached 135 tests per day, on 11 August. The increase is largely due to the work of refugee community health volunteers who are engaged in community-based surveillance and provide targeted counselling on testing and related issues to refugees identified with COVID-like symptoms. On a daily basis, 1,440 trained CHWs assist their community by identifying people with mild and moderate respiratory illness symptoms using simple criteria. They offer individual counselling on testing, the availability of facilities for treatment and quarantine facilities and support referrals, if required.

Currently, close to 170 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.



COMMUNICATION WITH REFUGEES

HIGHLIGHTS

Community outreach ongoing

- 14,250 care kits for older persons distributed
- Over 6,000 masks made for family use by refugees

UNHCR and community-based protection partners work with the refugee community to conduct awareness-raising sessions on COVID-19 prevention and response, hygiene promotion in the refugee camps. Cumulatively since March, UNHCR-supported Community Outreach Members (COMs) have reached some 162,300 refugees with key messages on COVID-19. Of these, over 33,000 were older persons, and more than 2,200 were persons with disabilities. COMs are also providing training sessions using tools developed by the health sector on COVID-19, covering health facilities, testing, quarantine and isolation.

They also continue to lead on an elderly care project that ensures households have the latest information available to provide appropriate care for older persons and protect them from COVID-19 infection and illness. Since June, the COMs have visited more than 9,600 households with older persons. Over 14,250 households have received kits containing items to help them create a small safe zone inside their shelter for older family members. Community volunteers guided each of the families on use of the kits and responded to their questions on COVID-19 and other protection concerns. Training in the safe use of masks within the refugee community has received an enthusiastic response. Since its inception, the COMs have conducted over 3,800 training sessions that reached 8,700 refugees from more than 4,800 households. Over 6,000 masks were made by the refugee community for family members and other members of the community.

Imams and female preachers continue to play a vital role in conducting community information sessions related to COVID-19, and their level of engagement in awareness campaigns continues to increase. Imams share information in the mosques during the five daily prayers, Friday sermons, on the streets, in their neighbourhoods and at water points. Female preachers also use their meetings with women, including in small group sessions to raise awareness of COVID-19 and other issues affecting women and girls.

FUNDING

UNHCR's revised its global requirements for additional funding to support prevention and response to COVID-19 upward to US\$745 million on 11 May 2020. Bangladesh is one of the priority countries. UNHCR's operation in Bangladesh seeks an additional US\$25.5 million for critical COVID-19 programmes and activities through the end of 2020.

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