COVID-19 Response 1 – 31 December 2020

Overview

The World Health Organization (WHO) and the Government of Bangladesh report over 5,600 confirmed cases of COVID-19 in Cox’s Bazar since earlier in 2020 when the first case was detected in the district. This includes over 360 cases among refugees living in the 34 camps in Cox’s Bazar. So far, 10 refugees have sadly died after testing positive for COVID-19.

The COVID-19 treatment services put in place by the authorities and humanitarian agencies in Cox’s Bazar continue to have enough capacity to support patients for required medical assistance.

The COVID-19 seroprevalence study sample collection phase was completed at the end of December. The study, led by the Institute of Epidemiology, Disease Control and Research in Bangladesh and the WHO, seeks to help understand the immunity of refugees to COVID-19. Results are expected in the first quarter of 2021.

Operational Updates on Key Sectors

**HEALTH**

**HIGHLIGHTS (UNHCR supported facilities)**

- Supported with medical care
  - Over 600 COVID cases (refugees and host community) provided with care and assistance to date by UNHCR and its partners

- Treated and discharged patients
  - 649 patients successfully treated and discharged.
In UNHCR-supported facilities, patients from both refugee and host communities are receiving treatment in two Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centres (ITCs) in Ukhiya and Kutupalong and also in an Intensive Care Unit (ICU) that UNHCR established at Sadar Hospital, the District’s principal healthcare facility. As of 31 December, 649 patients were successfully treated and discharged from UNHCR-supported facilities.

Community-based surveillance mechanisms continue to be one of the most effective ways to identify cases. UNHCR and other agencies are working with refugee Community Health Workers (CHWs) from the camps to help identify additional cases. The CHWs also provide targeted counselling on testing to refugees identified with COVID-like symptoms and support referrals. Some 35,000 refugees have been referred to health services by CHWs since they started their surveillance for COVID-19 in June.

### COMMUNICATION WITH REFUGEES

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<td>Community outreach</td>
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<td>Hygiene promotion</td>
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UNHCR and community-based protection partners continue to work with the refugee community to conduct awareness-raising sessions on COVID-19 prevention and response in the camps. In December, UNHCR-supported Community Outreach Members (COMs) from the refugee communities continued their messaging and information dissemination. Since June, COMs have conducted 48,697 elderly support visits reaching 216,539 older persons and their caretakers.

Additionally, since the start of the COVID-19 response, over 17,000 refugees have taken part in mask making training for the community coupled with the awareness sessions on the importance of using them in public spaces.

Hygiene promotion activities also reached over 200,000 refugees in December, and an additional 250,000 through a media campaign.

### WATER, SANITATION AND HYGIENE

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<td>Handwashing facilities installed</td>
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UNHCR continues to support preventative sanitation works and hygiene promotion in refugee camps. Since the beginning of the response, 96,428 handwashing tippy taps have been installed in refugee camps at a household level. 14,928 hand washing devices at latrine blocks and 307 hand washing devices at public places have been set up. All refugee households have been provided with bath and laundry soap through several distribution cycles; through UNHCR’s partner, over 60,000 households received soap in December alone.

**LIVELIHOODS HIGHLIGHTS**

| Face mask production | Refugee and local Bangladeshi women have produced 510,000 face masks |

The WHO recommends that face masks are used as part of a comprehensive strategy of measures to reduce the transmission of COVID-19.

As of the end of 2020, 510,000 face masks were produced by refugee and local Bangladeshi women. This ongoing initiative will provide free masks to all refugees, and an income to 284 women refugees and 60 women in the host communities. The Health Sector and Livelihoods Working Group are set to start distribution of the masks in early 2021.

**CONTACTS & LINKS**

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