

# COVID19 Preparation/Response

1-15 April 2020



*Steven Corliss, UNHCR Representative in Bangladesh, meeting with BRAC colleagues working with UNHCR to construct a 150-bed isolation and treatment centre in Ukhiya, Cox's Bazar, for refugees and host community use. Photo: © UNHCR/Donovan, L*

## Overview

To date, no cases of COVID-19 are confirmed in the Rohingya refugee settlements in Cox's Bazar. If the virus reaches the camps, however, the risk to the Rohingya community will be significant due to the congested circumstances in which they live, as well as the limited health infrastructure available to respond to serious medical cases.

Government authorities, in consultation with the UN and other humanitarian partners, have introduced restrictions on activities in the camps, to reduce the risk of transmission of COVID-19. On 8 April, the Refugee Relief and Repatriation Commissioner (RRRC) issued a directive further restricting activities to only critical services and assistance. These include programmes in the areas of health, nutrition, food and fuel distribution, hygiene promotion, hygiene kit distribution, water and sanitation activities, construction of health facilities and additional WASH infrastructure, site management support, logistics, and the identification and quarantine of new arrivals, and family tracing.

UNHCR appreciates the effort being made by the RRRC, the Deputy District Commissioner and the law enforcement agencies to prevent the risk of COVID-19 spreading in the refugee settlements. UNHCR has reduced movements to the settlements, except for critical activities in line with RRRC directives.

### FUNDING

UNHCR globally requires \$255 million of additional funding to support the prevention and response efforts for COVID-19. Bangladesh is one of the priority countries and \$19.5 million is needed until end of 2020.

UNHCR, UNICEF, WFP and IOM Representatives conducted a joint mission to Cox's Bazar on 4-7 April. Meetings were held with RRRC, Army, as well as the UN and NGO partners in Cox's Bazar. Discussions with civil and military authorities focused on preparedness measures and how to sustain critical activities in the refugee settlements.

While COVID-19 prevention and preparedness work proceeds, it is also urgent to focus on the upcoming cyclone and monsoon seasons.

## Operational Update on Key Sectors



### HEALTH

#### HIGHLIGHTS

Quarantine centre	■ 3 quarantine facilities now operational in Ukhiya and Teknaf
SARI Isolation and Treatment Centres (ITC)	■ 2 facilities under construction
Intensive Care Unit (ICU) ward	■ ICU ward in Sadar Hospital, the Cox's Bazar District hospital, being set up and supported (18 beds)

UNHCR is putting in place facilities with over 770 beds for the COVID-19 response, to cover quarantine needs and Severe Acute Respiratory Infection isolation and treatment centres (SARI ITC).

The quarantine facilities are for new arrivals and close contacts of suspected or confirmed cases, in order to mitigate the risk of the virus spreading. Three facility are operational offering space for contacts, and new arrivals in the event this is needed.



SARI ITC being established in Ukhiya by UNHCR  
 Photo: ©/UNHCR Donovan L

Severe Acute Respiratory Infection isolation and treatment centres will accommodate 212 beds for responding to any COVID-19 patients with severe illness who require oxygen therapy. For critical cases in need of mechanical ventilation, UNHCR is supporting local health authorities to increase their capacity by setting up an 18 bed Intensive Care Unit (ICU) in Sadar Hospital, Cox's Bazar's

main district hospital. The procurement for equipment is ongoing, and UNHCR will support medical staff cost for 6 months. The facilities will be available for both refugees and the host community.

UNHCR has provided significant amounts of Personal Protective Equipment (PPE) as well as other urgently needed medical supplies in Cox’s Bazar to support preparedness and response to COVID-19. The donations, which include gowns, masks, goggles, gloves, hand sanitizer and disinfectant equipment, have been made to both the Civil Surgeon’s Office and the Sadar Hospital in Cox’s Bazar district.

UNHCR has trained 127 Community Health Worker (CHW) supervisors as trainers. Altogether 1,593 CHWs and 804 volunteers from other sectors and sub-sectors (Site management, Protection, Nutrition and others) have been trained. CHWs have conducted 43,796 household visits, directly reaching 89,435 persons with messages on COVID-19.

The COVID-19 situation is a cause of concern for refugees and has led to profound worries and stress. UNHCR has trained 45 psychologists through a training-of-trainers approach on psychosocial care related to the COVID-19 response. 250 Community Psychosocial Volunteers and Community Outreach Members (COMs) also received awareness raising training related to the response. Psychosocial volunteers and COMs reached 12,364 community members on COVID-19 situation.



## WASH

### HIGHLIGHTS

Quarantine centers and SARI ITCs being equipped with adequate WASH facilities	■ UNHCR’s WASH teams are installing water stands, latrines, water pumps
Additional handwashing stands installed at all facilities	■ UNHCR increased handwashing stands at all services and activity points – an additional 128 installed to date
Soap distribution	■ UNHCR distributed soap to 19,085 households in the first week of April

WASH is a highly critical activity for reducing the risks of COVID-19 transmission in the refugee settlements. UNHCR has installed 128 handwashing stands at distribution centres and service points, where refugees receive LPG, hygiene kits, and other household items. Refugee volunteers are ensuring that everyone who enters the distribution and service points washes their hands with soap and water. Volunteers regularly spray entry and collection areas regularly with a bleach solution. New procedures ensure social distancing of at least one meter in all queues.



Additional handwashing points being established in Kutupalong. Photo: ©UNHCR/Ciobanu, I.

A total of 19,085 refugee households received a double ration of soap for personal use and laundry during the first week of April.

Desludging of latrines to maintain sanitation, supporting water supply and monitoring its quality, as well as WASH maintenance continue as critical activities. These are important for both the immediate COVID-19 response and prevent other adverse health risks.



## PROTECTION

### HIGHLIGHTS

UNHCR leading inter-agency protection planning on COVID-19	■ PERU teams activated for COVID-19 response
Counselling and legal services	■ Services continue to be offered by telephone
Monitoring and case management	■ A select number of UNHCR and partner staff retain access to camps for critical work on case management

The UNHCR-led Protection Working Group has activated the interagency emergency response teams known as the Protection Emergency Response Units (PERU). The PERUs were originally designed to support cyclone and monsoon related incidents, but they now also provide standby capacity across all camps for the COVID-19 response. These teams will support the Health Sector with referrals and assist with protection challenges.

UNHCR is continuously monitoring protection conditions in the camps, including working with community-based refugee volunteers. The unfolding COVID-19 pandemic has increased uncertainty and tensions within the refugee community, giving risk to increased risks, particularly for women and children. Reports of domestic abuse and assault are increasing in some camps. UNHCR's partners continue to offer counselling and legal support services for refugees by telephone.



Refugees practice social distancing to help combat the spread of COVID-19. Photo: ©UNHCR/Ciobanu, I.

With the move to critical activities only and a reduced staff and partner presence in the settlements, UNHCR and partners are relying on 384 trusted refugee volunteers are carrying out the management of low-to-medium risk child protection cases with remote support. Now more than ever, UNHCR's strategy of placing the refugee community at the centre of the response is essential. UNHCR staff and partners continue to manage high risk cases directly. Finding alternative care arrangements for separated children has also become more challenging, as potential caregivers identified previously are increasingly take them due to virus fears. UNHCR works with other child protection actors to find solutions for such children.

UNHCR's Community Based Protection team and refugee Community Outreach Members (COMs), health and protection partners, have conducted 11 community consultations on the concept of shielding the elderly population. In general, the community has responded positively to the initiative. These consultations gathered important perspectives on the shielding concept, including the need

for engaging wider community and community leadership in running the programme, which will inform preparations for a possible pilot.



## COMMUNICATION WITH REFUGEES

### HIGHLIGHTS

Community outreach ongoing	■ 415 Community Outreach Members (COMs) actively messaging on COVID-19
Community is mobilising with UNHCR support	■ Over 2,500 individuals targeted weekly by community groups COVID-19
Religious leaders and imam networks utilised to share information, fight rumours on COVID-19	■ 63,700 refugees reached with COVID-19 messaging in 12 camps

The Protection Working Group, led by UNHCR, has increased its engagement with religious leaders on key COVID-19 messages and is also focusing on ensuring that marginalized communities receive targeted messages. These include the elderly, women, persons with disabilities and other groups whose access to information may be hampered. Through UNHCR's efforts and those of other agencies, some 216 religious leaders and 100 imams in 23 camps received audio and video messages on COVID-19 prevention and addressing misconceptions. They also received advice from the Religious Affairs Bureau on limiting gatherings in mosques, and the changes in camp services, such as food distribution, needed to limit the spread of the virus. Through these religious leaders, UNHCR and its partners have so far reached an estimated 63,700 refugees in 12 camps.

Through its Community-Based Protection programme, UNHCR has worked with 416 Community Outreach Members (COMs) to disseminate key messages on COVID-19. The main topics include preventive practices, including social distancing, hand washing, and the early referral of persons with identified symptoms to health facilities. Since the end of March, the COMs have conducted some 7,770 sessions reaching 44,500 people, with a focus on households with individuals at heightened risk, such as households headed by women or child-headed, persons with disabilities, elderly without support, and those with serious physical and mental illnesses.



Focus group discussion with refugee community on pilot for shielding older persons. Photo: © UNHCR/ Pongtragoon, V.

UNHCR is working with various community groups comprising men, women, youth and boys and girls on awareness raising for the COVID-19 pandemic. The community groups are undertaking door-to-door outreach, and holding discussions at sub-block level, at water points, and at food distribution points. These efforts reach an estimated 2,500 refugees each week.

### CONTACTS

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