

COVID19 Preparation/Response

15-30 April 2020 (Update #2)



UNHCR staff are on the ground in Cox's Bazar refugee settlements making sure the work to serve refugees and host community continues. Here, monitoring the delivery of assistance items for the COVID-19 response in a quarantine centre operated at UNHCR's Transit Centre in Kutupalong. Photo: © UNHCR/Ciobanu, I

Overview

To date, no cases of COVID-19 are confirmed among the Rohingya refugees in Cox's Bazar, though there is an increase in confirmed cases in the district.

Government authorities, in consultation with the UN and other humanitarian partners, introduced restrictions on activities in the camps, to reduce the risk of transmission of COVID-19. Only critical services and assistance are presently allowed, including programmes in the areas of health, nutrition, food and fuel distribution, hygiene promotion, hygiene kit distribution, water and sanitation activities, construction of health and water and sanitation (WASH) infrastructure, site management support, logistics, identification and quarantine of new arrivals, and family tracing.

UNHCR has reduced movements of staff to the settlements, except for carrying out 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.

(*The budgetary requirement may be subject to change)

UNHCR has also raised the need for more focus on the upcoming cyclone and monsoon seasons. There could be life-threatening consequences if annual monsoon preparations cannot be completed on time in Bangladesh, such as improvements to drainage systems and slope stabilization work. These activities were not initially listed as critical but are necessary to reduce potential disaster risks. Similarly, the relocation of refugees living in areas at high risk of flooding and landslides has been delayed due to the COVID-19 measures in place. These issues are being followed up with the authorities.

Operational Update on Key Sectors



HEALTH

HIGHLIGHTS

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| Quarantine centre | ■ 3 facilities now operational; 1 planned (up to 1,400 beds) |
| SARI Isolation and Treatment Centres (ITC) | ■ 2 facilities – 1 complete; 1 under construction (212 beds) |
| Intensive Care Unit (ICU) ward | ■ ICU ward in Cox's Bazar District hospital being set up and supported (18 beds) |

UNHCR continues to put in place facilities with a capacity for around 1,600 beds for the COVID-19 response to cover quarantine and treatment needs.

The quarantine facilities are for close contacts of suspected or confirmed cases, and new arrivals. So far, three quarantine facilities are available for use. A further facility has been also approved by the Refugee Relief and Repatriation Commissioner (RRRC) which will ensure a further 175 shelters are available in the Kutupalong settlement (in Camp 4 Extension) to serve as an additional quarantine site (875 beds). Work has started to prepare the Camp Extension 4 site and is expected to be operational in two weeks.



SARI ITC being established in Ukhiya by UNHCR. ©UNHCR/Ciobanu, I

UNHCR is also supporting two Severe Acute Respiratory Infection isolation and treatment centres (SARI ITCs) that will ensure availability of 212 beds for responding to any COVID-19 patients with severe illness, including those who require oxygen therapy. The work on these centres is progressing, with one of the centres completed.

For critical cases in need of mechanical ventilation, UNHCR is supporting local health authorities to increase their capacity by setting up an 18 bed ICU in Cox's Bazar's main district hospital. Work is in progress to have the ICU operational in May.

Some refugees have expressed concerns about approaching health centres as they fear exposure to the virus. Discussions are taking place on how to decentralize some services like mental health and psycho-social services (MHPSS) to manoeuvre around this fear. It is deemed particularly important to maintain MHPSS, especially at this time when refugees are experiencing additional stress and anxiety over their future and safety.

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. As of April 30, Psychosocial Volunteers and COMs reached 12,364 community members with key messages on COVID-19 situation.

UNHCR trained 127 Community Health Worker (CHW) supervisors as trainers at the end of March. This led to further trainings of volunteers. Altogether 1,593 CHWs and 804 volunteers from other sectors and sub-sectors (Site management, Protection, Nutrition and others) are involved in ensuring adequate information flows to the community. CHWs continue to conduct household-level visits and reached 111,500 households (over 260,000 persons) in the last two-week period. In addition, 21,150 refugees were reached through 4,200 small group sessions. In total, more than 603,000 refugees were reached with messages on COVID-19 since the end of March.



WASH

HIGHLIGHTS

Additional handwashing stands installed at all facilities

■ UNHCR increased handwashing facilities at all services and activity points, some 13,500 additional handwashing points

Soap distribution

■ UNHCR distributed soap to 81,430 households

Preventive Water, Sanitation and Hygiene (WASH) interventions continue to be at the core of preparedness and response for COVID-19. Some 81,430 refugee families have been provided with soap rations since the beginning of April. Hygiene kits continue to be distributed, with 36,670 families assisted in the same period.

Cumulatively, 202 additional hand-washing facilities have been installed in public spaces, 11,388 hand-washing tippy taps at a household level, and 2,040 hand-washing units at latrine blocks.

Chlorination continues regularly in latrines and bathing units.

Since the beginning of the COVID-19 response, WASH hygiene promoters have reached 157,052 refugee families through household visits.



UNHCR has established more handwashing points in Kutupalong refugee settlement in Cox's Bazar as part of COVID-19 response. ©UNHCR/Ciobanu, I



PROTECTION

HIGHLIGHTS

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| UNHCR leading inter-agency protection planning on COVID-19 | ■ PERU teams activated for COVID-19 response |
| Counselling and legal services | ■ These services continue to be offered in the camp as well as remotely |
| Monitoring and case management | ■ A select number of UNHCR and partner staff retain access to camps for critical work on case management |

UNHCR continues to conduct protection monitoring and provide legal aid, as well as support for child protection and sexual and gender-based violence (SGBV), though limited movement to the camps and the number of partners on the ground presents a challenge for individual case management. UNHCR's protection focal points continue to receive cases over the phone, collecting information on protection incidents, and are coordinating with partners, Camp-in-Charge (CIC) staff, site management support agencies, and other relevant actors, to support and resolve issues. Legal aid partners are generally present one day per week in each camp.

Protection Emergency Response Units (PERU) members are operational with a limited field presence, supporting persons with specific needs, and collecting incident information and disseminating messages on COVID-19.

The feeling of uncertainty and other tensions within the refugee settlements are giving rise to increased risks, particularly for women and children. Over 2,000 child protection cases are being actively followed up at present. Most of the new cases are regarding neglect, physical abuse, child marriages and SGBV. Due to the limited number of partners on the ground, referrals have been challenging. Some 384 trusted refugee volunteers are supporting UNHCR. Coaching support is provided to the volunteers. They have successfully assisted an increased number of reunifications of children with their families in circumstances where children were temporarily separated. Refugee volunteers also continue to provide psycho-social support (PSS) for children, adolescents and parents/caregivers through door-to-door visits and in small groups, reaching 1,459 children in the last two weeks of April.

SGBV incidents continue to be reported in camps, of which intimate partner violence and physical assault account for most. Some 33 out of 43 facilities operated as part of UNHCR's SGBV programme through partners continue to be functional with the presence of caseworkers. Nine of these facilities are partially open for remote case management, relying on trained and experienced refugee volunteers. 317 refugee volunteers including COMs, community support groups, and SGBV male role models, continue to be part of a drive to raise awareness on SGBV services and issues. Nearly 5,000 refugees were reached through volunteers in the past two weeks.

At the inter-agency operational level in Cox's Bazar it was decided that creating zones for older persons to live, as part of a shielding project, would not be feasible given the findings of a pilot,

potential risks identified, the present capacity of operational actors and physical constraints on the ground, as well as the community's perceptions on COVID-19. There is, however, a strong inter-agency commitment to mitigate the risks of COVID-19 for older persons through strengthened community engagement, enhanced and targeted messaging on how to protect the elderly, and modalities for collection of relief items and provision of health care.

On April 16, UNHCR and partners assisted a group of 398 refugees allowed to disembark in Teknaf after being stranded at sea for 2 months. The group was required to undergo quarantine for 14 days, in line with the Government's instructions, which UNHCR supported through two of its functioning quarantine centres.



COMMUNICATION WITH REFUGEES

HIGHLIGHTS

Community outreach ongoing

■ 416 Community Outreach Members (COMs) actively messaging on COVID-19

UNHCR, community-based protection partners, and the refugee community continue conducting awareness sessions, hygiene promotion and radio listening activities to help strengthen the reach of COVID-19 related messaging. Through its Community-Based Protection programme, UNHCR has continued to work with 416 Community Outreach Members (COMs) to disseminate key messages on COVID-19, including preventive practices, physical distancing, hand washing, and the early referral of persons with identified symptoms to health facilities. Since the end of March, they have conducted 13,300 sessions reaching 73,650 people, with a special focus on persons with disabilities and elderly. Approximately 20% of those reached were elderly and some 2% were persons with disabilities.

FUNDING SUPPORT

In 2019/2020, UNHCR has continued to received support from the following: Austria, Australia, Bangladesh, Canada, Denmark, Estonia, the European Union, Finland, France, Germany, Ireland, Italy, Japan, the Republic of Korea, Lithuania, the Netherlands, New Zealand, Norway, Qatar, the Kingdom of Saudi Arabia, Singapore, Spain, Sweden, Switzerland, the United Arab Emirates, the United Kingdom, and the United States of America.

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