



UNHCR supports COVID-19 health facilities for the host community and Rohingya refugees in Cox's Bazar, Bangladesh. In 2020, one of the key priorities of UNHCR was to improve emergency health services to ensure access to health facilities, in particular for COVID-19. Huge strides were made in the establishment of two COVID-19 hospitals (SARI ITCs) and Cox's Bazar's first ICU in the Government-run hospital. (UNHCR / Kamrul Hassan)

## Objectives

- 1 Enhance access of refugees to essential health services
- 2 Integrate mental health interventions into general healthcare system
- 3 Health promotion and surveillance through community health workers
- 4 Develop community-based psychosocial awareness and support programmes
- 5 Treatment of acute malnutrition and enhance community engagement in identification and referrals of malnourished children

## Progress (March - April 2021)

- In preparation of the COVID-19 vaccine rollout to refugees, the Community Health Working Group, led by UNHCR, trained over 100 Community Health Worker supervisors on vaccine-related communication and community mobilization. Messaging and information materials were also developed for use in the camps. The rollout date has not yet been announced by the Government, and there are ongoing challenges as the vaccine stock currently in country is limited. UNHCR will continue advocating for the early arrival of Bangladesh's COVAX allocation. Meanwhile, following the Government's decision to include humanitarian workers in the early phases of the national vaccination campaign, the majority of humanitarian national and international staff in Cox's Bazar received the first vaccine doses.
- Community-based surveillance to prevent COVID-19 transmission and identify persons with symptoms continued with support from Community Health Workers who conducted over 560,000 household visits where 10,000 individuals were identified and referred for testing.
- UNHCR donated over USD 1 million worth of medical and personal protective equipment to support government healthcare facilities and NGOs operating in the camps. The donations included high flow oxygen devices, surgical and medical grade respiratory masks, coveralls, gowns, and gloves.
- Over 50,000 children aged 6-59 months were screened for malnutrition using the mid-upper arm circumference approach; 4,105 children were identified with acute malnutrition and referred to appropriate nutrition services. Of those identified, only 318 were not currently enrolled in nutrition programmes, an indicator of strong community screening conducted by refugee volunteers and other actors in the camps.
- As part of the response to the devastating fire in Camps 8W, 8E and 9 on 22 March, UNHCR provided medicines, supplies and hospital tents to health partners; deployed mobile medical teams to provide emergency fire aid; coordinated with over 240 partner volunteer community health workers to reach over 30,700 refugees. Furthermore, over 300 mental health and psychosocial support staff were deployed by UNHCR and partners to provide psychosocial first aid to affected refugees as well as frontline workers.
- On 4 April, the UNHCR-led Community Health Working Group conducted training for supervisors of Community Health Workers. 100 supervisors attended the online training which was focused on fire safety and response in the community to strengthen capacity and mitigate measures across all camps. The supervisors oversee over 1,400 refugee and host community volunteer community health workers across all 34 camps.

## Challenges

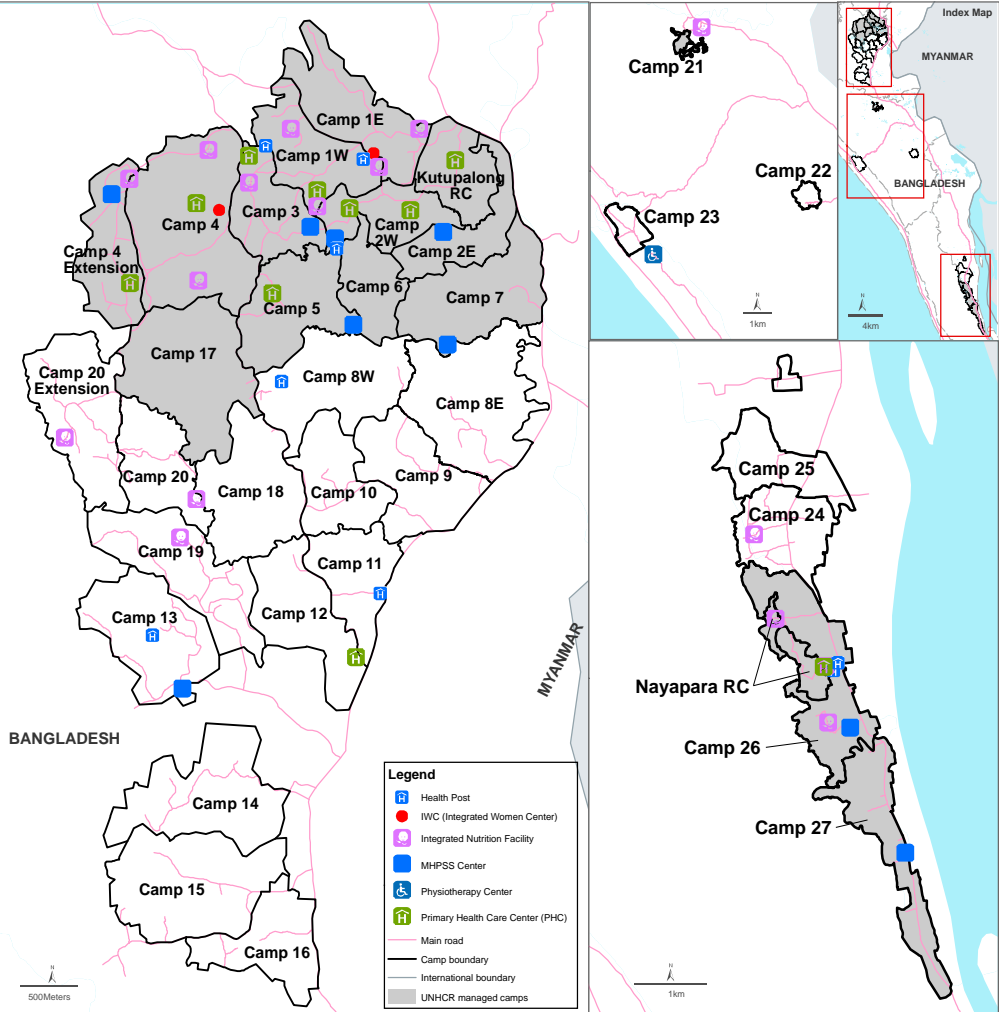
- Since March 2020, there have been 7,684 confirmed cases of COVID-19 in the host community in Cox's Bazar and 560 in the refugee community. Compared to March, there was an increase in cases amongst refugees (136%) and the host community (86%). In April, there have been 13 new deaths in the host community and one new death in the refugee community, the first COVID-19 refugee death recorded in 2021, with a cumulative total of 86 deaths in the host community and 11 deaths among refugees.
- The surge in COVID-19 cases have led to increased occupancy of beds in UNHCR-supported facilities. The upward trend in transmission rates has required an enhanced medical response; UNHCR has distributed additional PPE for health staff, and medicines and other supplies for case management at health facilities including quarantine centres, and Sadar District Hospital. Other community-based activities including risk communication and health promotion have been scaled up.

## Way Forward

- UNHCR will continue to provide promotive, preventive, and curative services to refugees and members of the host community through persistent community-based surveillance, support to NGO partners and Sadar District Hospital to prevent and control COVID-19 transmission, identify contacts and infected and enhance quarantine and treatment services. Health education, infection prevention and control methods will continue in the camps.
- Constant monitoring and support through community health workers and camp health focal persons will be continued to ensure effective service delivery in camp health facilities and Sadar District Hospital in Cox's Bazar. UNHCR will continue to distribute personal protective equipment and other materials to support in case management.
- Continue to provide essential health services, nutrition and food security and mental health and psychosocial services for refugees and host community members in Cox's Bazar.

**Key Figures** (since January 2021)

- 25** health facilities managed
- 10** mental health and psychosocial support facilities managed
- 21** nutrition facilities managed
- 153,337** primary health care consultations
- 1,440** consultations for clinical mental health
- 1,140** birth deliveries conducted by a skilled delivery attendant

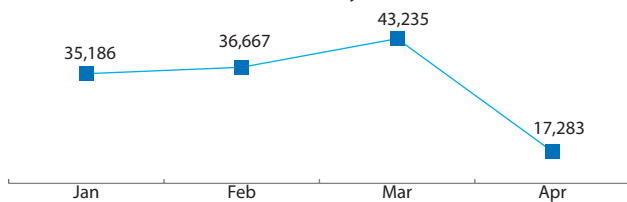


**Achievements** (March - April 2021)

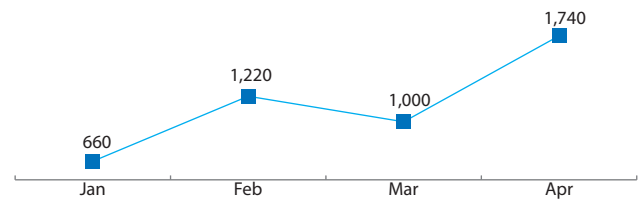
- 1,866** referrals to secondary/ tertiary care from camp facility
- 60,518** cases identified/referred to health facilities by Community Health Workers (CHWs)
- 139,274** participants attending community psychosocial group activities
- 2,662** new admissions of children 6-59 months in the blanket supplementary feeding (BSFP)

**Trends** (since January 2021)

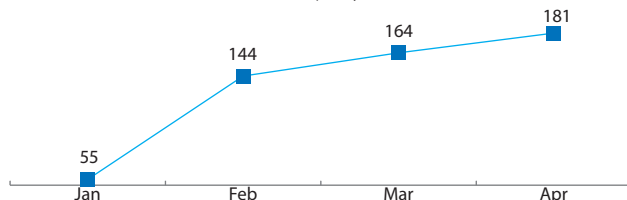
Cases identified/referred to health facilities by CHWs (Community Health Workers)



Consultations for clinical mental health



Patients admitted to SARI-ITC (Severe Acute Respiratory Infection Isolation and Treatment Centres)



New admissions to community management of acute malnutrition programmes

