







Supportive supervision on IPC at SARI ITC/hospitals at IOM PHC Camp 09, MSF Belgium Camp 14 and MSF Paris Camp 8W by WHO team

Emergency: Rohingya Crisis

Situation Report #10
Date of issue: 17 June 2020
Period covered: Week 24
(8 to 14 June 2020)
Location: Cox's Bazar, Bangladesh.

	Host Community	Rohingya refugee/FDMN
 Total confirmed cases in Cox's Bazar	1,481	38
 Total person in isolation in Cox's Bazar	1,086	28
 Total number of tests conducted	11,348	405
 Total deaths due to COVID-19	25	2

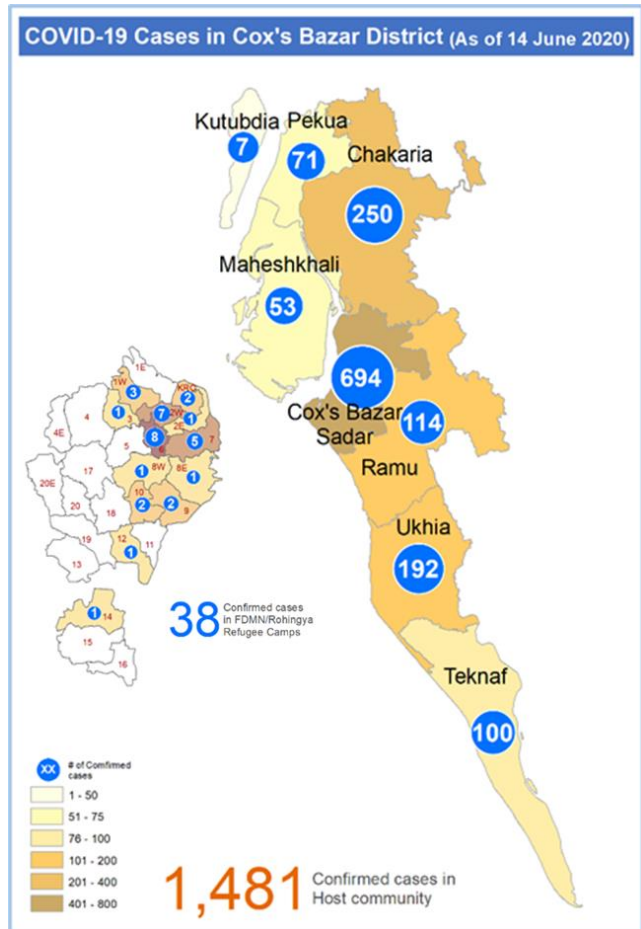
*Updated as of 14 June 2020; FDMN = Forcibly Displaced Myanmar Nationals

HIGHLIGHTS

- A total of 1,519 COVID-19 positive cases have been reported in Cox's Bazar district (including Rohingya camps) as of 14 June 2020 as per Civil Surgeon Office, Cox's Bazar
- 38 confirmed cases have been reported in Rohingya camps as of 14 June 2020. A total of 16 individuals are in institutional quarantine in the camps
- WHO is supporting the expansion of the district laboratory for increased testing for Rohingya refugees and host community. The current daily sampling capacity is around 500 samples

COORDINATION, PLANNING AND MONITORING:

- WHO, together with the Ministry of Health and Family Welfare (MoHFW) and Refugee Relief and Repatriation Commissioner office (RRRC), continues to provide leadership, coordination, supportive supervision, and collaborative support to all health partners and sectors responding to the COVID-19 emergency. Weekly Strategic Advisory Group (SAG) meetings and bi-weekly Health Sector coordination meetings are held and daily updates are shared with partners
- Health sector through its network of agencies managing health facilities and various meetings (such as Health Sector Coordination meetings, Field Hospitals’ meeting, Surge Case Management Meeting, Sector Coordinators’ meeting and RRRC led CiCs meeting) has sensitized partners encouraging links with communities to lessen fears, lack of information, and mis-information. Health Sector has encouraged its health facility partners to contact community leaders strengthening communication in order to provide information. Community leaders and local authorities have visited upcoming SARI ITC facilities in order to explain how services will be available. Health facilities have been directed to use existing mechanism such as health facility management committees to strengthen communication with communities in their areas of operations.
- Health Sector coordination team, in collaboration with ISCG Gender hub, presented the final Health Sector Gender action plan on COVID-19 to health partners during the bi-weekly coordination meeting. The next step involves operationalization of the plan by reaching out to individual working groups with specific actions that require their monitoring and action
- The Health Sector continued to collaborate with protection and gender working groups, participating in the GBV sub-sector meeting and reviewing the awareness package on gender developed by ISCG Gender hub, which is to be used for an upcoming one-hour in-depth session with health sector partners
- During a webinar organized by the global health cluster for all health cluster coordinators, the Health Sector presented its progress and challenges on integrating GBV in health and the ongoing collaboration with protection and gender working groups on cross-cutting issues



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- WHO continues to engage with community staff and responders working with national health authorities, and other partners, to develop, implement and monitor an effective action plan for communicating effectively with the public, engaging with communities, local partners and other stakeholders to help prepare and protect individuals, families and the public’s health during the early response to COVID-19
- Messages have been developed on COVID-19 in general, risks and vulnerabilities, safe and dignified burials, home based care, isolation and quarantine, isolation and treatment centers and other issues. WHO has provided technical input to responses to rumors and community feedback through Communication with Community (CWC) mechanisms

- WHO is supporting translation of essential technical materials into local language to improve uptake of messages and support behavioral impact
- To enhance uptake of testing and treatment, community-based surveillance will be enhanced through community health workers (CHWs). CHWs will be trained in identifying patients with mild and moderate/symptoms using simple algorithms, while those who meet case definitions will receive individual counselling on testing, treatment and quarantine facilities. The Community Health Working Group conducted five sessions of training for supervisors this week, with the system rolled out further next week
- On 8 June 2020, Communication with Communities (CwC) working group discussed plans to enhance community engagement and communication/messaging for isolation, quarantine and homecare with tracking of messaging on ground as a means of monitoring impact of COVID-19 response
- Between 4 and 10 June 2020 through CwC partners, 94,034 people in the FDMN/Rohingya camps were reached with COVID-19 messages through 30,380 neighbourhood-based sessions; 24,817 people were consulted on COVID-19 key messages through 3,840 community meetings; 193 people participated in 20 meetings/session held to ensure home-based care for elderly people; 1,295 listener group sessions were organized for 8,236 people; and 359 video/film show sessions held on COVID-19.
- Within the host community, 7,455 people were reached through 1,484 community awareness session on COVID 19. Four information service centers continue to receive community's feedback and complains. COVID 19 messages are being announced through loudspeaker and megaphone on CNG/Tomtom auto-rickshaw in Cox's Bazar Sadar, Pekua, Maheshkhali and Kutubdia.

SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION:



COVID-19 Contact Tracer training in camps facilitated by E-SIMOs for 20 participants over two sessions

- WHO continues to provide epidemiological data to continuously inform operational decision making for the COVID-19 response in Cox's Bazar. As of 14 June 2020, a total of 1,481 persons from the host community in Cox's Bazar district have tested positive for COVID-19: 250 from Chokoria, 100 from Teknaf, 53 from Maheshkhali, 694 from Sadar, 192 from Ukhia, 114 from Ramu, 71 from Pekua and seven from Kutubdia
- As of 14 June, 38 cases have been reported from the camps: three from Camp 1W, one from Camp 2E, seven from 2W, one from Camp 3, eight from Camp 6, four from Camp 7, one from Camp 8W, two from Camp 9, one from Camp 14, one from Kutupalong RC and one from Nayapara RC
 - Since April 20 to date, 30 out of 34 camps have completed the cascaded contact tracing training with 300 contact tracers in the camps being trained. The training covers contact tracing process, stepwise approach of contact tracing, contact listing, contact follow-up form including hands-on contact listing and follow-up form with basic measures in Infection Prevention and Control. Contact tracing supervisor who participated in TOT for contact tracing and surveillance network by WHO are facilitating the training.

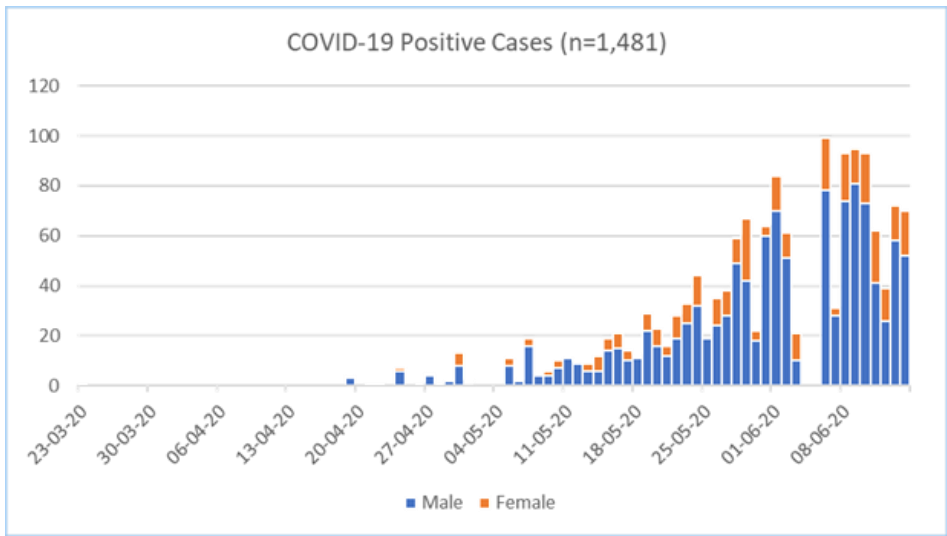


Figure 1: COVID-19 positive case in Cox's Bazar District

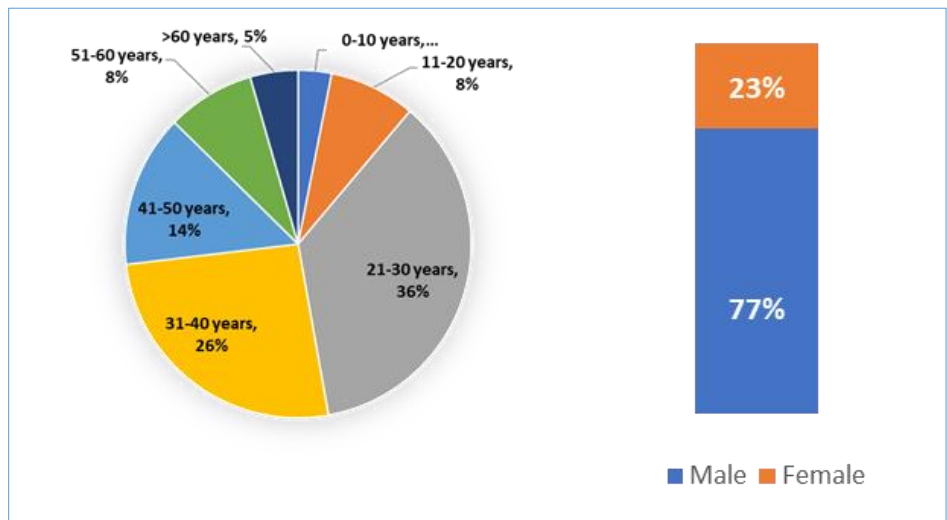


Figure 2: Age and sex distribution of COVID-19 positive cases in Cox's Bazar District

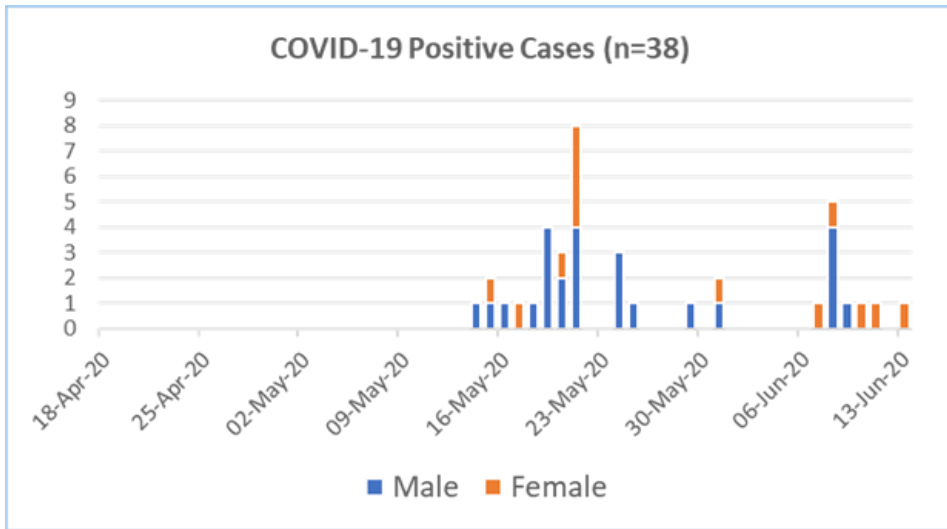


Figure 3: COVID-19 positive case in Cox's Bazar Rohingya refugee/FDMN community

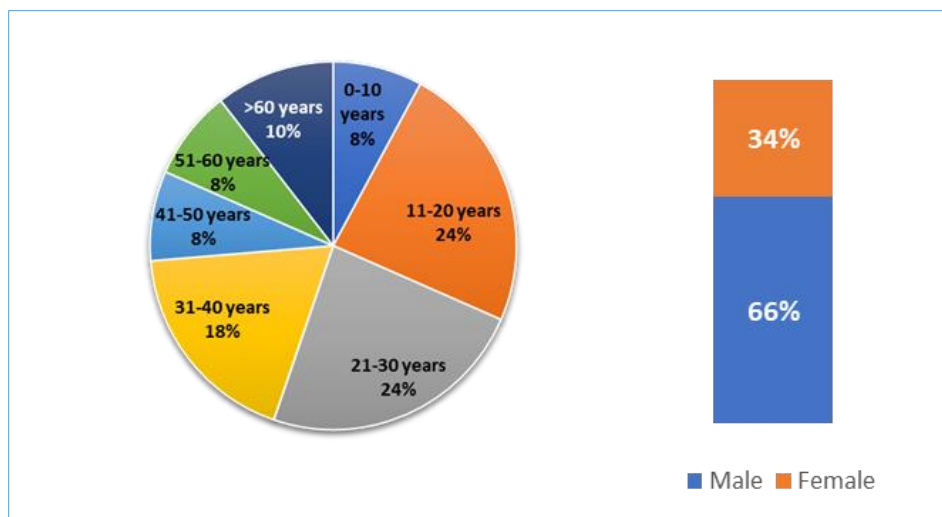


Figure 4: Age and sex distribution of COVID-19 positive cases in Cox's Bazar Rohingya refugee/FDMN community

DISTRICT LABORATORY

- WHO continues to support the Institute of Epidemiology, Disease Control and Research (IEDCR) Field Laboratory in the Cox's Bazar Medical College with human resources, equipment, supplies/consumables and technical and operational expertise. From early April until 14 June, 11,753 tests have been conducted. As of 14 June, a total of 1,481 tests were positive for COVID-19 in Cox's Bazar from the host community. So far, 405 tests have been conducted for Rohingya refugees/FDMN, with 38 positive cases to date
- WHO is supporting the expansion of the district laboratory for increased testing for Rohingya refugees and host community. The current daily sampling capacity is around 500 samples

INFECTION PREVENTION AND CONTROL

- WHO is providing training, supplies and technical guidance on Infection Prevention and Control (IPC) to keep patients, staff and the general population safe. Specifically relating to COVID-19, WHO trained 43 master trainers in May 2020. During the intensive four-day training, the entire journey of a patient from the community through the Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centers (ITC) until discharge is followed, with key emphasis on IPC considerations
- Participants of the IPC Master Trainers training for COVID-19 have commenced rolling out training for different categories of health care workers. Handwashing, screening and triage was initiated at entry points of Cox's Bazar Sadar Hospital following the training. Modules from the training have been utilized to train different cadres of staff within the SARI ITCs and isolation units reaching 984 health care workers
- WHO continues to support partners as co-facilitators/observers of internal cascade trainings conducted by the partners both remotely and on-site
- WHO conducted a supportive visit to Sadar Hospital COVID-19 isolation facility. The team addressed the nurse leads meeting and discussed the importance of adhering to standards and notification of infection among health workers. The health care worker exposure risk assessment tool was introduced and discussed.
- As part of implementation of the COVID-19 IPC response plan and quality assurance, WHO conducted supportive supervision visits to 9 isolation facilities operated by MSF, SCI and IOM in Camps 8W, 9, 14, 15, 21, 22 and 24. Areas of focus included patient and healthcare worker flow, hand hygiene, safety of health care workers, use of PPE, administrative controls to reduce overcrowding, and sanitation and hygiene



Supportive supervision on IPC: visits conducted to new SARI ITCs/hospitals by WHO IPC team

CASE MANAGEMENT



Participants practicing WHO Quick Flow Chart for triage of COVID-19 patients in training on clinical case management. 20 trainers from SARI ITC partners joined the second batch of two-day training at the Medical College

- WHO has continued to engage in discussions with partners surrounding health care waste management options for the SARI ITCs
- As the TOTs trained earlier by WHO roll out training within their organization, WHO continues to support remotely and on-site with updated guidance and training content
- A total of 39 participants completed two-day training of Version 2 of Clinical Case Management Training TOT which has been updated in line with National Guideline for Clinical Management of COVID-19, version 7 and WHO interim guidance for Clinical Management of COVID-19 as of 27 May 2020 and monitoring best

practices with content from SEARO office, among other sources

MONSOON AND CYCLONE PREPAREDNESS

- Health Sector, with support from its working groups and partners, regularly updates its contingency plan for cyclone (April-May) and monsoon (Jun-July) seasons. Information related to health facility functionality, contingency supplies and locations, mobile medical teams, ambulance network and systems to respond to emergencies and list of camp health focal points is accessible through the health sector Google drive
- Contingency supplies such as IEHK, trauma kits, surgical kits, cholera kits, SRH kits and other supplies have been stored at 20 locations in the districts and camps. Thirty-nine 24/7 priority health facilities across the camps have been identified.
- Health Sector is working with ISCG and agencies providing health services in camps to update camp level contingency plans. Health Sector and ISCG are in discussion with SARI ITC partners to have contingency plans during monsoon and cyclone season (such as structural assessment, retrofitting, patient relocations to facilities that have permanent structures). Health Sector whatapp group is active in order to receive information and necessary actions such as health facility functionality status, damage of health facility, constraints/obstructions accessing services due to monsoon weather.

ESSENTIAL HEALTH SERVICES



Baby girl receiving her first vaccination at 6 months of age: fixed site EPI session at Camp 19 RTMI PHC

- Immunizations are an essential health service to protect individuals from vaccine-preventable diseases (VPD). WHO continues to provide guidance regarding the operation and sustaining of immunization programs in the context of the COVID-19 pandemic
- A revised Routine Immunization strategy has been developed, shared with government and partners. Inputs were received and final version is ready to get approval from CS, MoHFW-CC, RRRC. VPD surveillance is being closely monitored by government authorities with support of WHO SIMO network
- Routine Immunization micro plan in the context of COVID-19 situation based on health facility-based strategy is drafted and shared with government and partners for their inputs.
- COVID-19 contact tracer training in camps was facilitated by IVD E-SIMOs for 60 participants in 6 sessions.

OPERATIONAL SUPPORT AND LOGISTICS

- Expertise and support regarding the formation of the SARI ITC of HOPE Foundation in Camp 4, Ukhiya, is ongoing, as well as follow-up support for the SARI Centers to IOM, camp 2W, and IFRC in 2E
- WHO has provided driver training and distributed sanitizing items to vehicles following the publication of guidance, with follow-up training planned
- Shading structures have been requested as part of Installation of a preposition storage container to assist with COVID-19 and other emergencies, such as cyclones and monsoons
- Food and non-food item kits have been prepared in case of staff members testing positive for COVID-19, and 200 cloth masks have been distributed to staff, with another 500 purchased locally from MOAS
- Distribution of COVID-19 related items are continuing to be conducted daily to both government agencies and implementing partners
- Storage in WHO warehouses have been prepared for expected PPE supplies arrival in the amount of 180 cubic meters of volume
- Support work for the IEDCR laboratory in the Cox's Bazar Medical College is ongoing

POINTS OF ENTRY

- WHO, in collaboration with CPI, conducted three orientation sessions at the ISCG Hub on 8 and 9 June 2020 for temperature screeners at points of entry to the camps. In total, 49 screeners received orientation and will commence working as the shelters are completed. Six of the 19 shelters to be constructed are now complete

COVID-19 HIGHLIGHTS: NATIONAL LEVEL, AS OF 16 JUNE 2020 (BANGLADESH)

	Last 24 hours	Total
COVID-19 tests conducted	17,214	536,717
COVID-19 positive cases	3,862	94,481
Number of people released/recovered	2,237	36,264
COVID-19 deaths	53	1,262

Hotline at IEDCR for COVID-19 support and information: 01927711784, 01927711785, 01937000011, 01937110011, 01401184551, 01401184554, 01401184555, 01401184556, 01401184559, 014011184560, 01401184563, 01401184568, 01550064901-5

ONLINE COVID-19 Resources:

- WHO Bangladesh awareness and risk communication materials in Bengali: [https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(covid-19\)-update](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update)
- WHO global situation report: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>
- WHO interim guideline on Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings: [https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-\(covid-19\)-for-refugees-and-migrants-in-non-camp-settings](https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-(covid-19)-for-refugees-and-migrants-in-non-camp-settings)

- Institute of Epidemiology, Disease Control and Research (IEDCR) website for COVID-19 Bangladesh update: <https://www.iedcr.gov.bd/>

Write to coord_cxb@who.int to receive [COVID-19 updates](#) and [situation reports](#) from Cox's Bazar with the subject **"Add me to the situation reports and updates mailing list"**

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¹ The Government of Bangladesh refers to Rohingya as "Forcibly Displaced Myanmar Nationals". The UN system refers to this population as Rohingya refugees, in line with the applicable international framework. In this document both term are used, as appropriate, to refer to the same population.