







Photo: On World Humanitarian Day we come together to celebrate nurses and midwives, and their commitment to saving lives & upholding the rights of women to a safe and positive birth.

### Highlights

A total of 3757 COVID-19 positive cases have been reported in Cox's Bazar district, of which 79 in the Rohingya camps.

The COVID-19 Dashboard under WHO Cox's Bazar Data Hub has already been finalized and approved by Civil Surgeon for launching. The dashboard may be accessed here: <https://cxb-epi.netlify.app/>.

As of 16 August 2020, 13 Severe Acute Respiratory Illness Isolation and Treatment Centres (SARI ITCs) are active and can receive patients. The Intensive Care Unit/High Dependency Unit facility at Sadar Hospital with ten Intensive Care Units (ICU) and eight high dependency unit (HDU) beds is also operational. There are 490 SARI ITC beds with additional 279 on stand-by and 34 isolation beds in the camps.

	Host Community	Rohingya refugee/FDMN
 Total confirmed COVID-19 cases in Cox's Bazar	3678	79
 Total person in isolation in Cox's Bazar	604	26
 Total number of tests conducted	22484	3176
 Total deaths due to COVID-19	61	6

\*Updated as of 19 August 2020 / \*FDMN = Forcibly Displaced Myanmar

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. Bi-weekly Strategic Advisory Group (SAG) meetings, bi-weekly Health Sector coordination meetings and daily updates continue.

Surge clinical case management meetings continue twice a week to discuss operational aspects and improve clinical treatment while scientific knowledge about COVID-19 continues to be developed.

Camp Health Focal points continue to hold health sector coordination meetings at camp level. During the reporting period nine meetings were held in Ukhia and Teknaf.

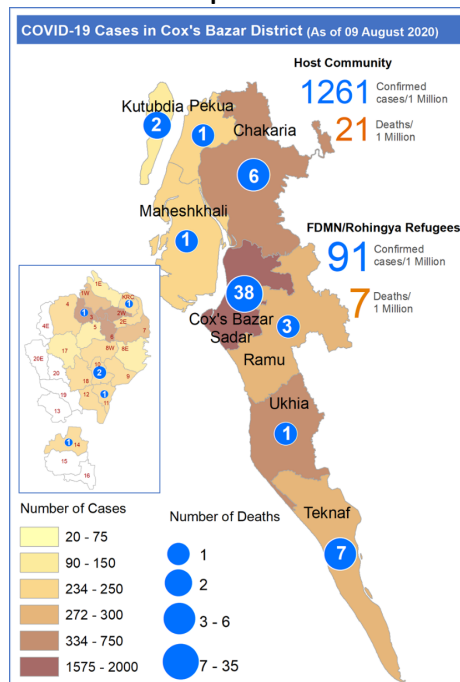
WHO joined Civil Surgeon and Ministry of Health and Family Welfare (MoHFW) Coordination center on a supportive supervision visit to Ramu and Chakaria Upazila health complexes (UHCs) and Isolation Units. Discussions were held on progress in COVID-19 care, including screening/triage, sample collection and testing, Infection Prevention and Control, continuity of essential services including Maternal and Child Health, NCD care, among others.

Inauguration ceremony was held for the IOM SARI-ITC with 120 bed capacity at the camp 20 Extension on Monday, 17 August 2020. Md. Mahbub Alam Talukder, Joint Secretary and the Refugee, Relief and Repatriation Commissioner, Cox's Bazar inaugurated the center.

The health sector and SRH WG started the second batch of Clinical Management of Rape/Intimate Partner Violence training. The training takes place from 17-20 August 2020 targeting 10 PHCs to address gaps identified during GBV quality assurance assessments.

The health sector presented updates on its Gender and GBV action plan during the Rohingya Refugee Response briefing session.

The health sector also shared and discussed findings and action plan of the second GBV Quality assurance conducted in seven PHCs with the GBV sub-sector partners.



## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

WHO is engaging communities, health partners and other key stakeholders to develop, implement and monitor an action plan to effectively help prepare and protect populations from COVID-19. Messages include general information on COVID-19, risks and vulnerabilities, safe and dignified burials, home-based care, quarantine, isolation and treatment centres, use of masks, among others.

WHO has provided technical input to quickly respond to rumours and promote community feedback through Communications with Communities (CwC) mechanisms, and is collaborating with partners to disseminate information about safe use of facial masks.

Messages on the use of masks were developed in collaboration with Communication with Communities (CwC) and circulated to partners to encourage universal usage in the camps and host communities.

WHO is supporting translation of essential technical materials into local languages to improve public awareness and behavioural change. Such materials include key messages for public and official guidance. In one week, community messaging on COVID-19 reached 247 427 individuals.

Through enhanced community-based surveillance, community health workers (CHWs) continue to assist people in identifying COVID-19 symptoms. In the past week, 1492 patients with mild symptoms of respiratory tract infections and five patients with moderate COVID-like symptoms were identified during 90 730

household visits. Of these, in total 883 patients were referred to health facilities.

This new approach aims to address community concerns and increase testing and treatment. The cumulative number of patients identified with mild symptoms since the introduction of the activity, seven weeks ago, is 12 965 with 6880 having been referred to health facilities. To date, 87 patients with moderate/severe symptoms were identified.

In the past week, CHWs provided messages on COVID-19 to 169 510 persons. Since the beginning of the response, CHWG conducted more than 1.35 million household visits and had contacts with a cumulative number of more than 2.5 million adult household members.

Between 06-12 August 2020, COVID-19 prevention message reached 119 664 people during 52 730 neighbourhood-based through CwC partners. Another 89 879 people were engaged in 11 172 communication sessions conducted by religious leaders.

Additionally, 21 488 Rohingya refugees received COVID-19 key messages through 8 926 community consultation meetings. And finally, 3 381 community people participated in 451 group sessions to watch 303 video/film show sessions about the new virus. Among host communities, 6084 people participated in 1858 community awareness meetings on COVID-19.



WHO continues to provide epidemiological data to support operational decision making for the COVID-19 response in Cox’s Bazar. As of 16 August 2020, a total of 3678 individuals from the host community in Cox’s Bazar district have tested positive for COVID-19: 404 in Chokoria, 293 in Teknaf, 203 in Maheshkhali, 1859 in Sadar, 392 in Ukhia, 272 in Ramu, 160 in Pekua and 95 in Kutubdia.

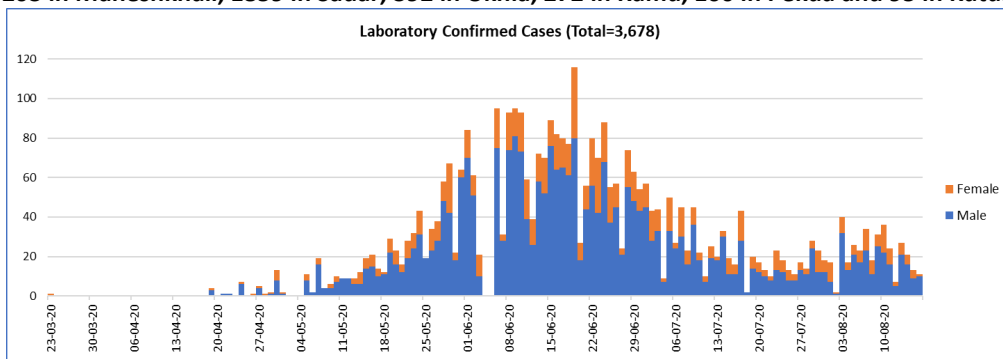


Figure 1: COVID-19 positive cases in the host population in Cox’s Bazar District

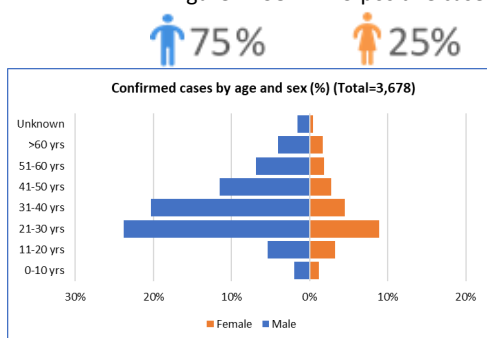


Figure 2: COVID-19 positive cases by age and sex among host population in Cox’s Bazar District.

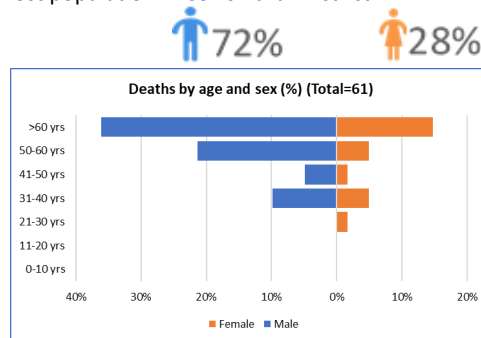


Figure 3: COVID-19 deaths by age and sex among host population in Cox’s Bazar District

As of 16 August 2020, a total of 79 COVID-19 cases among Rohingya/FDMN have been reported: one in Camp 1E, six in Camp 1W, four in Camp 2E, eight in Camp 2W, ten in Camp 3, two in Camp 4, one in Camp 5, ten in Camp 6, five in Camp 7, one in Camp 8E, two in Camp 8W, two in Camp 9, two in Camp 10, two in Camp 11, two in Camp 12, two in Camp 14, one in Camp 17, two in Camp 18, one in Camp 21, two in Camp 22, three in Camp 24, one in Camp 25, two in Camp 27, three in Kutupalong RC and four in Nayapara RC.

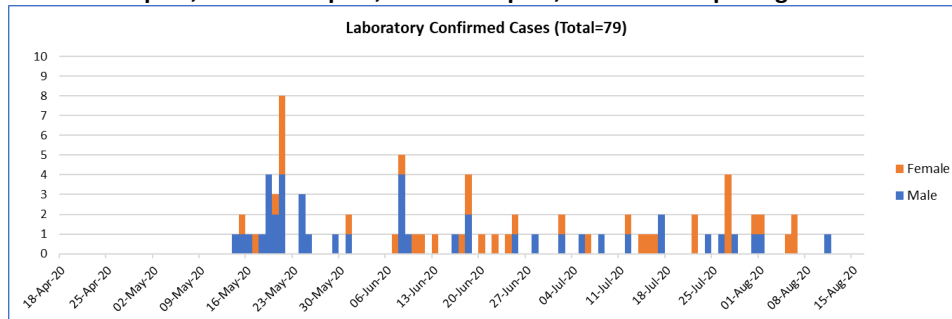


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox’s Bazar

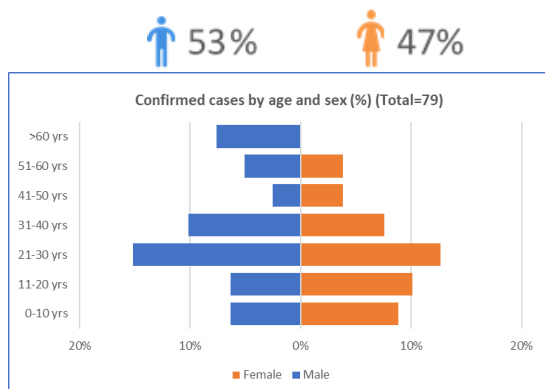


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox’s Bazar

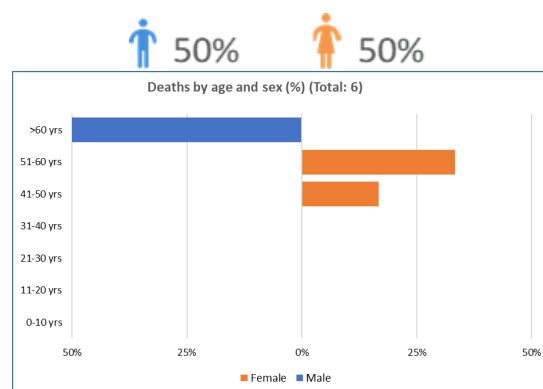


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox’s Bazar

COVID-19 Dashboard under WHO Cox’s Bazar Data Hub is finalized and approved by the Civil Surgeon. Additionally, Weekly SitReps have been integrated in the dashboard for real time updates of trends and findings for timely operational decision-making.

Two new CHDSOs (camp health and disease surveillance officer) have been recruited. The total number of CHDSOs to date is seven out of the planned 20. CHDSOs are supporting epidemiological activities through outbreak investigation, rumour tracking and verification, suspected SARI death review and reclassification. Furthermore, they are expected to be engaged in EWARS alert tracking, EWARS supportive supervision and RIRT (Rapid Investigation and Response Team), case investigation, contact tracing and follow up as well as coordinating with different actors.

WHO continues its support to the Field Laboratory of the Institute of Epidemiology, Disease Control and Research (IEDCR) in the Cox’s Bazar Medical College comprising human resources, equipment, supplies/consumables and technical and operational expertise. From early April until 09 August 2020, a total of 28 759 laboratory tests for COVID-19 have been conducted in the laboratory, of which 23 770 from Cox’s Bazar district. The remainder are from Bandarban and Chittagong districts.

The number of tests per million conducted among the Rohingya population continues to increase. In week 33 it is 699 compared to 431 in week 32. An increase in testing per million was observed among the host community in the same timeframe, from 334 to 459.

COVID-19 sample testing capacity has been maintained at 1500 test per day at IEDCR Field Laboratory in Cox's Bazar Medical College during the week.

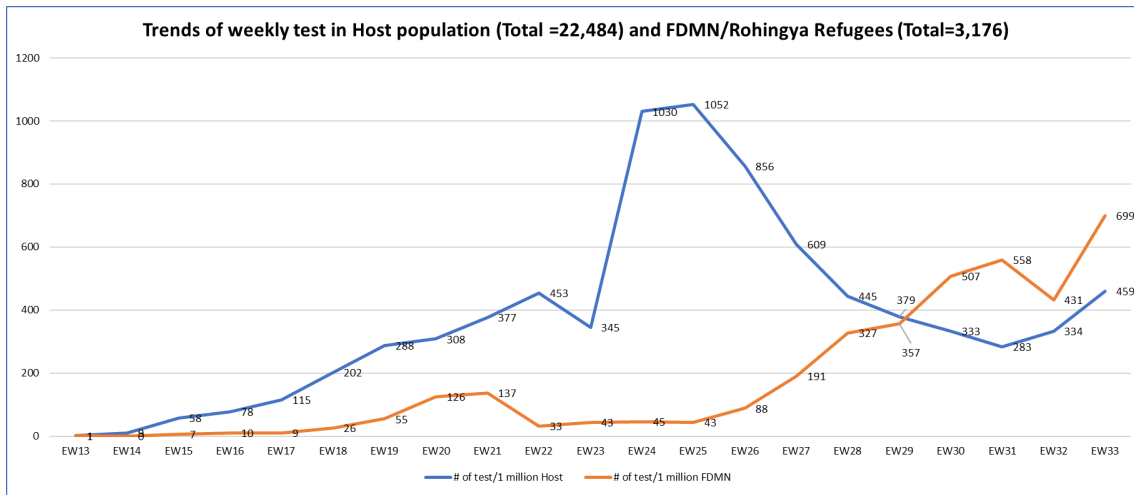


Figure 7: Number of tests conducted per 1 million among host population and FDMN/Rohingya refugees

## INFECTION PREVENTION AND CONTROL

As part of the operational capacity building to enhance preparedness for COVID-19 in Cox’s Bazar, WHO conducted a 4-day training for Infection, Prevention and Control (IPC) of COVID-19 for healthcare workers from Severe Acute Respiratory Infection (SARI) ITC partners and Government facilities with ongoing direct and indirect support from WHO. So far, 745 government workers and 1320 humanitarian health care workers have been trained.

WHO continues to support partners as co-facilitators on a cascade of trainings conducted remotely and on-site.

The third adhoc IPC TWG meeting was held on 10 June 2020 with participation of 23 IPC Focal persons from SARI ITCs and other agencies. Discussions about progresses made while implementing COVID-19 response plan continue.

Since August 2020, IPC supportive supervision visits have been conducted in 11 facilities including 2 Upazila Health Complexes. The visits are a follow up to previous assessments.

Eighteen healthcare workers were trained on Infection Prevention and Control at Mo-heshakali Upazila Health Complex as part of WHO support to all Upazilas in Cox’s Bazar. To date, 102 humanitarian workers from five Upazilas, including Ukhia, Teknaf, Ramu and Chokoria have been trained.

WHO is also engaging with health care waste management partners to offer options for the SARI ITCs to minimize waste and to identify the best possible combustion system with available incinerators.

A 4-days training on Water and Sanitation in Health care facilities Improvement Tool (WASH FIT) is being provided to 21 healthcare workers who will be able to enhance improvements in IPC, WASH and health care waste management especially in facilities delivering routine essential health services. WHO is supporting partners with IPC tools and checklists to monitor and track daily cleaning within health care facilities and track improvements on a regular basis.

## OPERATIONAL SUPPORT AND LOGISTICS

WHO provided expertise and structural support on air flow and ventilation for patients to IFRC SARI ITCs. Daily distribution of COVID-19 related items to government agencies and implementing partners continue.

Technical support at the IEDCR Field Laboratory in Cox's Bazar Medical College is ongoing, including provision of extension and backup power. WHO supported the transport of test kit supplies from Dhaka to Cox’s Bazar. WHO distributed NCD kits to different health facilities in the Rohingya refugee camps 10, 12, 18 and 22.



Photo: WHO has been conducting supportive supervision visits since July.

## CLINICAL CASE MANAGEMENT

The WHO training of trainers (ToT) to government officials and partners in the camps and host community is being expanded by already trained participants. WHO continues to provide remote and on-site support with updated guidance and training content.

As of 16 August 2020, 12 SARI ITCs are active and can receive patients. The ICU/HDU facility at Sadar Hospital with ten ICU and eight HDU beds is also operational. There are 472 SARI ITC and 38 isolation beds in the camps.

As a part of WHO support to all upazilas in Cox's Bazar, 21 healthcare workers completed trainings in Clinical Case Management of COVID-19 at Moheshkali UHC. A total of 104 Healthcare workers have been trained covering five Upazila Health complexes also including Ukhia, Teknaf, Ramu and Chokoria.

A total of 22 healthcare workers including doctors, nurses and counsellors completed a 4 days Mental Health Gap Action Programme (mhGAP) training in support to MHPSS during COVID-19 care for patients and humanitarian workers.

## MONSOON AND CYCLONE PREPAREDNESS

The Health Sector and respective 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 Inter-Agency Emergency Health Kits (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.

A one-day workshop took place on August 13 to develop camp wise contingency plan. The plan is being developed in collaboration with camp health focal points. The Health Sector Cyclone contingency plan is being prepared for the upcoming cyclone season.

Twenty-one mobile medical teams and 29 dispatch and referral unit ambulances are ready to respond to the adverse effects of cyclone and monsoon season. Conversations proceed with camp-level health focal points and authorities to develop camp-wide contingency plans.

## ESSENTIAL HEALTH SERVICES

WHO provided expertise and structural support on air flow and ventilation for patients to IFRC SARI ITCs. Daily distribution of COVID-19 related items to government agencies and implementing partners continue.

Technical support at the IEDCR Field Laboratory in Cox's Bazar Medical College is ongoing, including provision of extension and backup power. WHO supported the transport of test kit supplies from Dhaka to Cox's Bazar.

Immunization is 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.

VPD surveillance is being closely monitored by government authorities with the support of the WHO SIMO network and EWARS, available data indicates a reduction in the number of reported cases. SIMOs and Health field monitors (HFMs) are continuously visiting the health facilities for VPD surveillance, monitoring and investigation.

Routine immunization sessions, both fixed and outreach in health facilities, continue. Current data shows an increasing trend in immunization coverage after disruption of services due to COVID-19. However, it is necessary to develop risk communication messages to engage community leaders on Immunization activities. Session monitoring tool has been implemented in the field with HFMs committed to monitoring all sessions. House to house monitoring tool will be launched soon.

A total of 23 healthcare workers started a 4-days training on WHO Package of Essential Noncommunicable Disease (NCD) for resource limited settings (PEN). Participants will be introduced to the newly published Bangladesh National Protocol for NCDs.



Photo: NCDs kits distribution at Maheshkhali Upazila, Cox's Bazar.

## POINTS OF ENTRY

All nineteen points of entry are operational for temperature screening and hand washing with 59 screeners deployed to identify people with fever. A total of 207 998 individuals were screened, 255 found febrile and referred to the nearest health facilities.

18 instructors from the education sector were trained to give information to community members on general hygiene, mask wearing, self-care, isolation, quarantine and testing. All have been provided with a COVID-19 flipchart for teaching.

\*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 terms are used, as appropriate, to refer to the same population.



## SUBJECT IN FOCUS: SEXUAL AND REPRODUCTIVE HEALTH (SRH)

To meet the immediate SRH needs of extremely vulnerable women, adolescents and girls in acute and protracted humanitarian crises, WHO has established a strategic partnership with the Ministry of Foreign Affairs of the Netherlands to support sexual and reproductive health (SRH) projects in three countries experiencing humanitarian crises - Bangladesh (Cox's Bazar), the Democratic Republic of the Congo (DRC) (Kasai) and Yemen (Aden, Ibb and Dhamar), where the cluster approach has been activated/adopted to coordinate the overall response and strengthen national health sector efforts.

### Context

Since January 2018, focus for this project has been placed on the following macro strategic areas: capacity building, community engagement, information, education and communication (IEC), procurement of life-saving reproductive health kits and SRH supplies, supportive supervision and technical assistance, and research.

The Health Sector has worked cooperatively with other health partners to coordinate training and implement a standardized approach across all actors in the camps and surrounding host community. This collaboration was intentional and done to ensure that the same level of care and similar methods are used by all clinicians, that practice follows national and international guidelines, and that organizations work united to achieve the same goals.

In November 2018, an SRH in emergencies planning workshop was held to assess gaps and needs in the forcibly displaced Myanmar national (FDMN) and Rohingya refugee community and the results helped to shape the activities of the SRH working group for the subsequent year. In November 2019, a second needs assessment workshop was held to review achievements and reassess the needs for activity planning in the upcoming 2020.

Two additional workshops were held to organize and plan for 1) commodity forecasting and distribution, and 2) standardized and systematic supportive supervision for organizations providing reproductive health services.

### Trainings Completed

Emergency obstetric and neonatal care (EmONC) - Life-saving skills for 97 participants (midwives, medical officers and nurses) through CIPROrientation for traditional birth attendants (TBA) to non-clinical labour support - training of the trainer (TOT) for 28 midwives and community health worLARC (long-acting reversible contraceptives) training of the trainer for 16 medical officers, supported by Health Sector, UNFPA and CARE Bangladesh.



Photo: Antenatal care training for midwives and medical officers, based on Government of Bangladesh clinical guidelines



Photo: Midwives and CHW supervisors practice teaching key points for introduction to TBAs for non-clinical labour support.

Orientation for traditional birth attendants (TBA) to non-clinical labour support - training of the trainer (TOT) for 28 midwives and community health workers, through the Health Sector, Community Health Working Group and UNFPA.

LARC (long-acting reversible contraceptives) training of the trainer for 16 medical officers, supported by Health Sector, UNFPA and CARE Bangladesh.

## Community Engagement

The Health Sector worked with the Community Health Working Group and UNFPA to translate and produce 1600 Bangla and Burmese SRH flipcharts for use by CHWs in the camps.

## Education and information

1900 copies of Government of Bangladesh reproductive health guidelines were printed for use by all NGO/ INGO, government and UN supported health facilities, including for antenatal care, intrapartum and postnatal care, maternity guidelines volumes 1 and 2, EmONC protocols, and midwifery SOPs.

## Procurement

To date, the Health Sector has procured 884 emergency reproductive health kits, over 50,000 doses of oxytocin, and 35 fridges and 6 air conditioners (for warehouse storage, cold chain) shared with government facilities and camp-based organizations. In addition, other medications for routine care and emergency stabilization, diagnostic equipment (glucometers, thermometers, oximeters), and anti-shock garments for postpartum hemorrhage have been procured for distribution to health partners.



Photo: Health Sector SRH Technical Officer, WHO OSL and UNFPA reproductive health commodity and security staff

## Research

A situational analysis of SRH services in response to the Rohingya crisis has been conducted in Cox's Bazar by the Global Health Cluster, BRAC James P Grant School of Public Health and WHO Department of Reproductive Health Research, and the information shared with stakeholders. In addition, an SRH core indicators feasibility study was conducted, with the results to be shared in the near future.

## Adaptations for COVID-19

Since February 2020, a shift was made to a preparedness and response effort for COVID-19. The first case in Cox's Bazar District was identified by laboratory confirmation on March 23rd. There was a marked decrease in clinical service utilization, and facility-based deliveries with a skilled provider dropped from a high of 1500 per month reported in 2019, to 711 in April of 2020. In May and June, the numbers increased to just slightly over 1000 (1005, and 1008 respectively), indicating a shift in perception, or acceptance of the presence of COVID-19 in the camps. However, the numbers have not yet reached pre-COVID levels which can ultimately impact the rate of obstetric complications and maternal mortalities.

In response to the need for continued quality and respectful maternity care and access to reproductive health services, the Health Sector, WHO, UNFPA, and Save the Children drafted SOPs for the safe flow of patients inside the facility. The document outlined practices that would quickly identify symptomatic women, while continuing to promote the national and international guidelines for clinical care during COVID-19. This included the establishment of "maternity red zones" for those needing referral to isolation but requiring emergent stabilization or attention for precipitous delivery prior to transport. This approach was in alignment of the IAWG MISP Considerations Checklist for Implementation during COVID-19.

The Health Sector and UNFPA provided SOP training for field staff including two batches of program managers (total 44), and 5 batches of clinicians (total 108 midwives, medical officers and nurses).

	Last 24 hours	Total
COVID-19 tests conducted	14 678	1 393 497
COVID-19 positive cases	2747	285 091
Number of people released/recovered	2913	165 738
COVID-19 deaths	41	3781

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) for COVID-19 updates in Bangladesh : <https://www.iedcr.gov.bd/>

COVID-19 Bangladesh situation reports: [https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(covid-19\)-update/coronavirus-disease-\(covid-2019\)-bangladesh-situation-reports](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update/coronavirus-disease-(covid-2019)-bangladesh-situation-reports)

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)

COVID-19 Dashboard under WHO Cox's Bazar Data Hub can be accessed here: <https://cxb-epi.netlify.app/>

Write to [coord\\_cxb@who.int](mailto: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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