COVID-19: Preparedness and response for the Rohingya refugee camps and host communities in Cox’s Bazar District
Weekly Update #9 | 10 May 2020

Highlights

“While someone arrives at the clinic, we ensure that they wash their hands, then we measure their temperature. We do triage and check their health by ensuring a safe distance between the patient and the healthcare worker, and when it is required, we follow guidelines to wear Personal Protective Equipment (PPE) to protect ourselves and also other patients who visit us.”

– Dr. Tazreen Islam Tasif, Medical Officer at a UNICEF-PHD health clinic in the Rohingya refugee camp. She is one of the many health workers in the front line of the COVID-19 response who are taking risks while remaining committed to saving lives in Cox’s Bazar District. Read more

0 confirmed cases of COVID-19 in the Rohingya refugee camps. 77 confirmed cases in the District – see IEDCR

200,699 individuals in the camps and host community participated in community engagement activities on COVID-19

15,805 elderly people including 7,290 women in the camps and in the host communities received COVID-19 information

56,304 WASH facilities and public buildings were disinfected in the camps and host communities

1 May a new common storage hub in Unchiprang became operational to support the COVID-19 response

7 May the Rapid Gender Analysis report was published that looks at COVID-19 implications on gender and interventions

Sector Preparedness and Response

Health Sector

On 6 May, Health Sector completed training of the second batch of Infection Prevention and Control (IPC) Master Trainers with 24 participants. The training looked at IPC considerations of the journey of a COVID-19 patient from the community to the SARI ITC. IPC Master Trainers from the first batch started rolling out training for other health care workers, which included 180 cleaners at Cox’s Bazar Sadar Hospital. Additionally, IPC Master Trainers began handwashing, screening and triage at entry points at Cox’s Bazar Sadar Hospital. Additionally on 6 May, Health Sector completed the third batch of clinical case management training at Ukhiya Upazila Health Complex. The training included 12 participants from INGO/NGO health facilities.

Water, Sanitation and Hygiene (WASH) Sector

WASH Sector partners reached 267,768 individuals with approved COVID-19 messages through a neighborhood-based approach, and 386,740 individuals through mass media in Cox’s Bazar District, including host and refugee communities. In the camps, WASH Sector partners provided soap to 25,980 households and family hygiene kits to 8,686 households; and installed 8,784 hand-washing stations in public places, at household level and near toilets, as well as at entry points to the camps. In the host community and camps, WASH Sector partners disinfected 56,304 WASH facilities and public buildings; supported a total of 11 health centers with sanitation facilities, water supply, and WASH packages; and provided 410 hygiene kits to ITCs.

A pedal hand washing station in the camp. Photo: WASH Sector
Communication with Communities Working Group (CwC WG)

CwC WG developed community engagement recommendations during COVID-19 for the elderly and most vulnerable, and also a communication strategy for cyclone preparedness and dos and don’ts for Cyclone Preparedness Programme (CPP) volunteers. CwC WG partners organized 31 cascade training sessions on COVID-19 with 496 staff and volunteers. CwC WG partners reached 200,699 people in the camps and host community with key COVID-19 messages through community engagement activities such as neighborhood-based sessions, community consultations, listening groups, video/film viewings, and sessions by religious leaders. CwC WG partners also organized announcements on COVID-19 awareness via loudspeakers and megaphones on CNG/Tomtom/auto-rickshaws in 34 camps, and in Cox’s Bazar Sadar, Pekua, Maheshkhal and Kutubdia. For community feedback and complaints, 65 information service centers were operational in the camps and 4 information service centers were active in the host community. CwC WG published its 5th COVID-19 Risk Communication and Community Engagement Update, which includes the latest audio-visual materials developed by partners in Rohingya and Bangla for the COVID-19 response.

Nutrition Sector

Nutrition Sector partners distributed 10,743 Mid-Upper Arm Circumference (MUAC) tapes among mothers in the camps to check nutritional status of their children and refer to integrated nutrition facilities. Nutrition Sector COVID-19 Master Trainers oriented frontline staff and volunteers on COVID-19 in the camps and host community achieving more than 95% coverage. Nutrition Sector partners trained 251 staff and volunteers on mobile nutrition, COVID-19 and monsoon preparedness; and reached 6,673 individuals in the host community with COVID-19 messages. ACF supported the transport of 148 COVID-19 samples from Mohashkali Upazilla.

Food Security Sector (FSS)

In the host community, Agrajattra provided 2,500 households with in-kind food; BRAC provided 1,865 households with cash for food; ACF provided 2,100 households with cooked meals; and United Purpose provided 50 households with agricultural inputs. FSS partners continued food distributions in the camps for the May cycle with a new basket of commodity voucher. On 3 May, the Livelihoods Working Group (LHWG) hosted a workshop on coordination and distribution of locally made masks. LHWG also developed a tracker to map out mask distributions and gaps in coverage. FSS partners received information from the director of the Department of Agricultural Extension on unified agricultural support to the host communities, and from the Emergency Preparedness and Response Working Group, IFRC, and Shelter/NFI Sector on measures in place for emergency preparedness for cyclone and monsoon season in the host communities and in the camps during COVID-19.

Protection Sector

In the camps and host communities, Age and Disability Working Group (ADWG) partners provided hand sanitizers and disinfectant materials to 8,223 elderly people including 3,661 women; and shared key COVID-19 information with 15,805 elderly people including 7,290 women. Protection Working Group, in collaboration with UNHCR and ADWG, organized two online training sessions on persons with specific needs to strengthen preparedness and response to monsoon/cyclone and COVID-19. Protection Focal Points and Protection Emergency Response Unit (PERU) team leaders working in the 34 camps took part in the training, which they will cascade to their team members, Child Protection/Gender-Based Violence (GBV) focal points, volunteers and camp level protection actors. GBV Sub-Sector partners conducted consultative meetings with Majhis in the camps on referral channels for GBV cases; oriented staff, volunteers and service providers on existing referral pathways to mitigate GBV and sexual exploitation and abuse; and launched face mask production livelihood activity in 18 Women Friendly Spaces for women and girls. Child Protection Sub-Sector reunified 136 Rohingya unaccompanied and separated children, who were cleared from quarantine after the boat arrivals, with their families.
Education Sector

Education Sector partners oriented 11,960 people including 2,990 women in the camps on hand-washing, and provided Burmese Language Instructors with key COVID-19 messages. Community Based Child Protection Committees and volunteers in the camps reached 677 learners including 146 girls with COVID-19 messages.

Site Management Site Development (SMSD) Sector

SMSD volunteers and staff reached 33,605 individuals including 16,082 women with COVID-19 messages in the camps. SMSD Sector partners supported the return of the boat survivors to their respective camps to re-join their families following completion of the quarantine. SMSD Sector partners completed installation of 310 handwashing stations in 6 camps; finished fencing of three graveyards in 3 camps with the support of Rohingya community volunteers; and continued to support construction of new health facilities in the camps. SMSD Sector created an interactive map to chart new and existing treatment and prevention facilities. The Sector continued to coordinate safe and dignified burials together with the RRRC and Camp in Charge.

Logistics Sector

Logistics Sector started construction of a new COVID-19 special storage hub in Cox’s Bazar, and on 1 May the Sector, with support of HI-Atlas, began operating a new common storage hub in Unchiprang. Following an interagency procurement between WFP, UNHCR and IOM, Logistics Sector coordinated and received its first charter freighter to Chittagong Airport from the United Nations Humanitarian Response Depot in Kuala Lumpur with cargo for the humanitarian COVID-19 response. The cargo included items such as generators and accommodation units.

Gender in Humanitarian Action Working Group (GiHA WG) and Gender Hub

On 7 May, the Gender Hub together with UN Women, OXFAM and CARE published a Rapid Gender Analysis looking at COVID-19 implications on gender, and prevention and response interventions. Rohingya women leaders and volunteers with support from CiC Gender Officers conducted an assessment of ITCs in the camps to ensure they are appropriate and safe for women and girls. Across 20 camps and in the host community in Ukhiya and Teknaf, 6 CiC Gender Officers, 40 volunteers, and 42 women leaders including transgender networks and civil society organisations continued to conduct COVID-19 awareness sessions and engage in community consultations to identify community-based solutions to gender issues related to COVID-19, primarily targeting women and girls.

The humanitarian community and Government of Bangladesh are working closely in COVID-19 preparedness and response in 34 camps and for vulnerable Bangladesis across the District, including through:

- delivery of critical assistance and services;
- dissemination of COVID-19 messages by over 2,000 Rohingya and Bangladeshi volunteers;
- establishment of Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) and support to District facilities in Ramu, Chakaria, the Sadar Hospital and the Upazila health complexes.

Key challenges continue to be limited testing, intensive care capacity, skilled medical staff, and supply of Personal Protective Equipment (PPE), restricted telecommunications in the camps and nearby host communities, and maintaining social distancing in the densely populated camps. A new challenge is “COVID-19 fatigue” expressed by refugees with fewer people attending awareness sessions.

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