

COVID19 Response

1-15 May 2020



UNHCR is getting ready to distribute newly received facemasks, for use locally in Cox's Bazar and for frontline workers in the refugee settlements. Photo: © UNHCR/Donovan, L

Overview

The first COVID-19 positive case within the Rohingya refugee community was confirmed on 14 May while 132 cases have been reported at the wider district level in Cox's Bazar. Bangladesh has extended a general lockdown until 30 May.

Only critical services and assistance remain permitted for implementation in the refugee settlements in line with Bangladesh Government's directives to reduce potential exposure of refugees to the virus. UNHCR has reduced the movements of its staff to the settlements, with the exception of those carrying out critical activities, which include health, food and nutrition, communicating with communities, and distributions.

FUNDING

UNHCR's global additional funding requirement to support the prevention and response efforts for COVID-19 was revised to \$745 million on May 11. Bangladesh is one of the priority countries and \$25.5 million is needed until the end of 2020.

UNHCR has arranged the shipment of 820,000 face masks for use by frontline health workers in Cox's Bazar, which will make a significant contribution towards ongoing efforts to prevent the spread of COVID-19 within the district and the refugee settlements.

UNHCR is continuing to maintain quarantine facilities near the main refugee settlements for any new arrivals or persons rescued at sea. The facilities have been used successfully to quarantine some 400 refugees who disembarked from boats in April, and other refugees referred by health clinics or persons identified as potential contact cases. Currently, over 70 refugees remain in UNHCR supported quarantine facilities, while additional facilities are being developed for use in case of an outbreak. On 2 May, UNHCR was informed that a group of 29 refugees who had disembarked from a boat that was stranded at sea were transferred to Bhasan Char, an island in the Bay of Bengal. On 7 May a second boat carrying up to 280 refugees was reported to have been rescued by Bangladesh and also transported to Bhasan Char.

In addition to focusing on the prevention of COVID-19 in the refugee settlements in Cox’s Bazar, UNHCR is also preparing for the monsoon and cyclone season that lies immediately ahead. UNHCR is closely tracking information emerging on potential cyclones in the Bay of Bengal and any advisories from the Bangladesh meteorological authorities.

Operational Update on Key Sectors



HEALTH & NUTRITION

HIGHLIGHTS

Quarantine centre	■ 3 facilities operational; 1 under construction
SARI Isolation and Treatment Centres (ITC)	■ 2 facilities – 1 completed and 1 near completion
Intensive Care Unit (ICU) ward	■ ICU ward in Cox’s Bazar District hospital being set up and supported (10 ICU beds and 8 high-dependency beds)

UNHCR continues its work to put in place facilities that will have up to 1,600 beds for the COVID-19 response in Cox’s Bazar. The facilities cover quarantine and treatment needs respectively.

The quarantine facilities are intended to help prevent the spread of the virus and will be used for close contacts of suspected or confirmed cases, and new arrivals. The latest quarantine facility approved by the Refugee Relief and Repatriation Commissioner (RRRC) is in Camp 4 Extension of the large Kutupalong settlement and it has a capacity of up to 875 beds. The fencing and site preparedness works for this facility are nearly completed, and it is expected to be ready for operation during the week of 17 May.



Fencing constructed around a quarantine centre in Camp 4 Extension in the large Kutupalong settlement. ©UNHCR/Ciobanu, I

UNHCR is also supporting two Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) that will provide 212 beds to respond to any COVID-19 patients with severe symptoms including those who require oxygen therapy. The SARI ITC facility in Camp 5 is completed, with work ongoing to finalize its protocols and

staff training on site. The facility is to be inaugurated by the RRRC during the week of 18 May. Another SARI ITC in Ukhiya is expected to open before the end of May. Staff recruitment for the Ukhiya SARI ITC is almost completed, and training for existing staff has commenced.

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. The main construction works are completed. The remaining work for the installation of piped oxygen will start shortly. The ICU is expected to be operational in mid-June.

During any peak period of virus infection, patients with mild and moderate conditions may require treatment at home. UNHCR, as the chair of the Community Health Working Group, is supporting WHO in the development of a home-based care system.

Refugee volunteers who work as Community Health Workers (CHW) and their supervisors continue their valuable work of raising awareness of COVID-19 across camps. They are also attending to general health information needs and conducting referrals across camps to clinics when needed. Some 1,590 CHWs and 800 volunteers from other sectors and sub-sectors (Site management, Protection, Nutrition, etc.) were trained on COVID-19 specifically. In the past two weeks, CHWs conducted over 100,000 household visits reaching close to 220,000 persons with messages on the virus. In total, more than 800,000 refugees were reached with messages on COVID-19 since the end of March. Messages focus on COVID-19 symptoms and prevention, risks and vulnerabilities, and the function of quarantine and treatment centres.

Some changes were introduced in mental health and psychosocial support services (MHPSS) in response to the current situation. Interpersonal group therapy for depression (IPT) has shifted from a group therapy to individual counselling. An orientation course was organised with Columbia University, which supports UNHCR, on the roll-out of the new therapy modality on 11 May. The adapted model will be implemented shortly in the refugee settlements.

UNHCR nutrition partners Action Against Hunger (ACF) and Save the Children (SCI), in addition to



Monitoring of malnutrition in children is more important than ever, though new ways of ensuring those in need of assistance receive it are required as we continue to work on preventing the spread of COVID-19. ©UNHCR / N. Rady

Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV) conducted training for Rohingya refugee community nutrition volunteers on a mother-led malnutrition measuring initiative due to the changes of operational modalities to respond to COVID-19. The volunteers will now bring the training into the community and seek the assistance of mothers of children under five years to boost the safe monitoring of children in need of nutritional support. Empowering mothers to do basic screening for their children or those of neighbours will encourage the detection of the early signs of acute malnutrition and ensure nutrition centres can identify and treat cases to reduce the effects of malnutrition. The method of

screening that mothers will be introduced to is known as Mid-Upper Arm Circumference (MUAC) measurement. This is a technique of measuring the circumference of the left upper arm, measured

at mid-point between the shoulder and the elbow, which can help make an initial assessment of nutritional status.



WASH

HIGHLIGHTS

Additional handwashing stands installed at all facilities	■ Over 13,500 additional handwashing points to date in response to COVID-19 threat
Soap distribution	■ UNHCR distributed soap to 81,400 households

WASH interventions continue to be at core of activities to prevent the spread of COVID-19. Over 81,400 refugee families were provided with soap by UNHCR since the beginning of April. Hygiene kits continue to be distributed, with 36,650 families assisted in the same period. Over 200 additional handwashing facilities were also installed in public spaces, 11,350 hand-washing tippy taps at a household level, and 2,040 hand-washing units at latrine blocks, to boost hand hygiene. Since the beginning of the COVID-19 response, UNHCR-supported WASH hygiene promoters have reached 157,050 refugees through household visits.



PROTECTION

HIGHLIGHTS

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

UNHCR continues providing support for prevention and response activities related to child protection, and sexual and gender-based violence (SGBV). Legal aid and protection monitoring continue as key activities, though limits on movements to the camps and the number of partners operational on the ground present some challenges for individual case management. UNHCR's protection focal points continue to receive calls on protection cases over the phone and track protection incidents, and they are coordinating with partners, Camp-in-Charge (CIC) staff, site management support agencies, and other relevant actors, to follow up and resolve issues, or provide referrals for support. Legal aid partners are generally present one day per week in each camp.

SGBV incidents continue to be reported in camps, of which Intimate Partner Violence (IPV) is high. IPV includes cases of physical assault, denial of resources and psychosocial violence. It is currently exacerbated in the camps as survivors are unable to leave their shelters to seek help when the perpetrators of the violence remain longer at home due to movement restrictions or loss of

livelihoods. Some 31 of UNHCR's SGBV programmes supported through partners in 20 camps remain operational, with caseworkers on site. 317 refugee volunteers (including Community Outreach Members (COMs), community support groups, and SGBV male role models), continue to be part of a community-led drive to raise awareness on SGBV services and issues.

Over 2,100 child protection cases are being actively followed up at present. Many of the cases are related to neglect, physical abuse, child marriage and SGBV. Cases of child labour were also identified with children seen to be engaged in work at tea stalls or fetching water. The lack of safe spaces for children to go during the day, such as learning centres, is also resulting in a higher number of accidents. Large numbers of out-of-school children are daily found playing in potentially dangerous locations in the camps. Due to the limited number of partners on the ground, referrals for child protection are challenging. However, UNHCR is working with 384 trusted refugee volunteers in supporting the response. Coaching support is provided continuously to the volunteers. They are helping greatly in reunifying lost children with their families, which is frequently occurring in the dense and large settlements.

The Protection Working Group's Child Protection Sub-Sector (CPSS) launched "a caseworker tracker" to monitor the overall presence of caseworkers in the camps to ensure coverage in the camps. CPSS is also working on strengthening data protection for alternative work modalities currently in place, since some UNHCR staff working remotely and volunteers in the camps do not have access to the regular data management tool - Child Protection Information Management System+ (CP IMS+).

The UNHCR-led Protection Sector released a briefing on emerging protection trends related to COVID-19, recommending advocacy points and the way forward in addressing concerns. The report was shared widely through the humanitarian community in Cox's Bazar to galvanise further support for mainstreaming protection issues in the response.



COMMUNICATION WITH REFUGEES

HIGHLIGHTS

Community outreach ongoing

- 416 Community Outreach Members (COMs) reached over 90,000 individuals in the community with messaging on COVID-19
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UNHCR, community-based protection partners, and the refugee community continue to conduct awareness-raising sessions, hygiene promotion and group radio listening activities. Through its Community-Based Protection programme, UNHCR has continued to work with 416 Community Outreach Members (COMs), 115 community groups, camp committees and Imams to disseminate key messages on COVID-19, including preventive practices, social distancing, hand washing, and the early referral of persons with identified symptoms to health facilities. Messaging has also widened in the last two weeks to incorporate monsoon preparedness. Since the end of March, the COMs conducted close to 17,000 sessions reaching over 90,000 people, with a special focus on persons

with disabilities and elderly. Approximately 19% of those reached were elderly and some 2% were persons with disabilities.

UNHCR's partner Handicap International has also conducted an awareness campaign on COVID-19 risks and prevention measures for persons with disabilities. The findings indicate that 71% of persons with disabilities are aware of COVID-19, and 40% possess knowledge of the necessary protective measures to be taken. Further work to raise awareness on COVID-19 continues to be a priority for UNHCR among persons with disabilities and the elderly.

Approval has been received from the RRRC to roll out an Interactive Voice Response (IVR) system while mobile communication within the camps is still restricted for refugees by the Government. The IVR will enable UNHCR to provide life-saving and critical messages through its networks and directly to refugees using SMS and pre-recorded audio messages. This will help widen the information campaigns for COVID-19 as well as for monsoon and cyclone preparedness activities. A pilot will follow shortly.

LIVELIHOODS FOR HOST COMMUNITY & LOCAL ECONOMY

HIGHLIGHTS

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| Support for host community affected by COVID-19 | <ul style="list-style-type: none">■ 3,000 households supported with seeds■ Support for DC Cox's Bazar appeal; cash payments for 16,000 local households |
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UNHCR, in partnership with its partners CNRS and Mukti, has started to distribute vegetable seeds to around 3,000 vulnerable host community households. This support will enable poor households especially to boost food production in their gardens or available land for consumption or selling later in the year.

Following an appeal for support by the District Commissioner of Cox's Bazar, UNHCR will assist 16,000 households with one-off cash assistance (*4,500 BDT, equivalent to one-month food basket*) through its partners BDRCS, Mukti, BRAC and CNRS as part of social safety net initiatives in the district.



Refugee women are making a contribution to protect their communities using skills such as tailoring to fashion masks for use by community volunteers. ©TAI

UNHCR is supporting its partners TAI to produce cloth masks. Thirty-five refugee women are engaged in mask production. Some 6,000 cloth masks were produced so far and are being distributed among refugee volunteers. The total target is 32,000 masks by June. The supply of masks to volunteers is important as a way of building trust in the community for their engagement in outreach activities. A similar project with BRAC is also ongoing to produce 32,000 face masks in the host community.

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