

# COVID-19 Response

15-31 May 2020



*One of the Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITC) supported by UNHCR, which was one of two inaugurated in Ukhiya, Cox's Bazar, in May. Photo: © UNHCR / L. Donovan*

## Overview

The first COVID-19 positive case within the Rohingya refugee community was confirmed on 14 May. As of 31 May, some 29 cases have tested positive for COVID-19, including children. Some 156 Rohingya refugees are in quarantine, and several camps are under movement restrictions. The cases in the camp come at a time when there are continued cases confirmed both nationally in Bangladesh and locally in Cox's Bazar. Over 670 cases of COVID-19 were confirmed in Cox's Bazar to date, including a number of front-line healthcare staff.

### FUNDING

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

The challenges in the response to COVID-19 have been compounded by weather conditions in Cox's Bazar. Cyclone Amphan passed through the Bay of Bengal during mid-May and made landfall in India's West Bengal and Bangladeshi coastal areas in the northern part of the Bay on 20 May. While the cyclone's path was far from Cox's Bazar, heavy rain and winds in the camps still caused damage to over 1,400 shelters and forced over 100 refugee families into communal shelters, or to live temporarily with family or neighbours. Further, two large fires also destroyed homes in Kutupalong during May and displaced households.

The congested nature of the camps has made social distancing very challenging. Key messaging on the risks associated with the virus continues to be provided through community level outreach carried out by refugee volunteers. UNHCR has started to also introduce messaging through mobile SMS. While internet coverage is absent, many refugees can receive text messages on their mobile phones. An increased state of anxiety was present in the camps on confirmation of the first confirmed cases.

## Operational Update on Key Sectors



### HEALTH & NUTRITION

#### HIGHLIGHTS

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| Quarantine centres                         | ■ 4 facilities available  |
| SARI Isolation and Treatment Centres (ITC) | ■ 2 facilities completed and ready for use  |
| 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) |

Four quarantine facilities are being supported by UNHCR to help prevent the spread of the virus in the camps. They are being used for close contacts of suspected or confirmed cases. UNHCR's partner Action Contre la Faim (ACF) is providing three meals per day for the individuals or households at the centres. It has been a difficult period for families and individuals to agree to quarantine as it fell during Eid-ul-Fitr, an important religious holiday when families celebrate the day together.

UNHCR is also supporting two Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) providing up to 200 beds to respond to the needs of COVID-19 patients with severe symptoms including those who require oxygen therapy.



SARI ITC in Camp 5 inaugurated virtually by Refugee Relief and Repatriation Commissioner on 18 May 2020 ©UNHCR / H. Toki

The SARI ITC facility in Camp 5 was launched on 18 May by Mr. Md. Mahbub Alam Talukder, the Refugee Relief and Repatriation Commissioner (RRRC). In order to reduce risks associated with gathering to mark the launch of the new service, the RRRC participated remotely and opened the facility virtually by video from Cox's Bazar. The SARI ITC in Camp 5 has already started to receive patients.

A second and bigger SARI ITC opened in Ukhiya on 21 May, with 144 beds. The facility is expected to support both host community patients and Rohingya refugees. Staff recruitment for the Ukhiya SARI ITC is completed. This ITC has been ready to receive patients since 29 May.

UNHCR is further 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 work is completed, and specialized work for the installation of piped oxygen have started. The ICU is expected to be operational before mid-June. Staff recruitment for the facility is ongoing.

The above facilities and others being developed by humanitarian actors in Cox’s Bazar may not meet all patient needs. During a peak period of infections, patients with mild and moderate conditions may need to be treated at home. UNHCR, as the chair of the Community Health Working Group, is supporting WHO in the development of home-based care protocols. WHO and UNHCR are planning to introduce training on the protocols for more than 2,000 volunteers from different partner agencies.

Nutrition partners have been scaling-up a mother-led nutritional status screening at the household level to ensure timely detection of cases in need of attention. By 12 May, some 10,000 Rohingya mothers had been trained and started the screening and referring of malnourished children to nutrition centers for treatment and follow-up. Rohingya refugee community nutrition volunteers have led the roll-out of this new approach, which was needed due to the reduction in NGO staff entering the camps. The screening method that mothers are using is known as the Mid-Upper Arm Circumference (MUAC) measurement. The technique involves using a tape to measure 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.



## PROTECTION

### HIGHLIGHTS

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|--|--|
| UNHCR leading inter-agency protection planning on COVID-19 | ■ Protection Emergency Response Units (PERU) 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 |

Despite a reduced field presence, partners continued to provide services, including counselling. Legal aid partners are generally present one day per week in each camp. UNHCR protection staff, partners, and protection focal points working under the UNHCR-led Protection Working Group (PWG inter-agency PERU teams) collaborated to monitor the situation in the settlements. All identified protection cases were followed up, with particular focus on persons with specific needs, with the help of trained volunteers.

Sexual and Gender Based Violence (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. Some 23 of UNHCR’s SGBV programmes supported through partners in 20 camps remain operational, with caseworkers on site. UNHCR facilitated an online webinar in May

for 165 frontline caseworkers and managers on best practice for remote GBV case management. This has become particularly important given challenges for movement in the camps.

Over 2,300 child protection cases are being actively followed up at present. Many of the cases are related to neglect, physical abuse, child labour, child marriage and SGBV. Referrals for child protection are challenging due to the limited number of partners on the ground. However, UNHCR is working with 384 trusted refugee volunteers in supporting the response. Coaching support is provided continuously to the volunteers. Child Protection volunteers also provide psychosocial support (PSS) to children, adolescents and parents/caregivers through door-to-door visits and through small groups at selected facilities. In total, 1,880 children, 1,200 adolescents, and 1,750 parents were reached in the reporting period. Adolescents have expressed frustration and emotional distress over the continued lack of education and recreational facilities for them.

The Protection Working Group (PWG) Child Protection sub-sector finalised draft guidance for the Health Sector on how to care for children affected by and/or infected with COVID-19. The document is pending further endorsement, but it is an important step forward to help ensure adequate protocols are in place for assisting refugee children during this period of heightened vulnerability and risk exposure.



## 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

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. With the recent confirmed cases of COVID-19 in the camps, UNHCR is also scaling up a second phase of messaging about non-stigmatization of those found to have COVID-19, confidentiality, and support for vulnerable individuals. There has been a breach of confidentiality with names posted by the community on social media platforms in some cases. Messaging has also widened in the last two weeks to incorporate monsoon and cyclone preparedness.

Since the end of March, the COMs conducted close to 18,000 sessions reaching over 100,000 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.

An Integrated Voice Response (IVR) pilot has started which allows UNHCR to target SMS texts or audio messages to refugees. The first test of the new tool successfully reached approximately 6,000

refugees with messages on COVID-19, and another 2,000 refugees with early warning messages on Cyclone Amphan. The pilot has a target of reaching 20,000 refugees. The IVR will be a complementary tool and help open new avenues for UNHCR to provide life-saving and critical messages to refugees, as well as gathering feedback from the community by introducing more people to UNHCR's Protection Hotline service.

UNHCR's Community Based Protection outreach team has completed the production of a Rohingya audio version of the children's book 'My Hero is You'. COMs will start awareness sessions with children using this book also. 'My Hero is You' is a story developed for and by children around the world, offering a way for children and parents to think together about the questions the pandemic raises. The project was developed by the IASC Reference Group on Mental Health and Psychosocial Services (MHPSS) in Emergency Settings, supported by global, regional and country based experts.



## LIVELIHOODS FOR HOST COMMUNITY & LOCAL ECONOMY

### HIGHLIGHTS

Support for host community affected by COVID-19

- 3,000 households supported with seeds
- Cash payments for 16,000 local households

UNHCR, in partnership with its partners CNRS and Mukti, has distributed vegetable seeds to vulnerable host community households. This support will enable poor households to boost food production in their gardens or available land for consumption or selling later in the year. The total number of the assisted host community families is 3,000.

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 a one-month food basket*) through its partners BDRCS, Mukti, BRAC and CNRS as part of social safety net initiatives in the district. The beneficiary database has been finalized, and the discussion is progressing with financial service providers to deliver the support.

Production of cloth masks continue by refugee women volunteers, an initiative supported by partners. 16,000 masks have been made to date in the two registered camps through a UNHCR-supported TAI project. Some 9,000 masks were distributed amongst refugee volunteers. A similar UNHCR-supported BRAC project in the host community has produced some 7,000 masks.

### CONTACTS

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