

COVID-19 Response

15-30 June 2020



Health staff working in District Sadar Hospital in Cox's Bazar, who will be working in a newly expanded ICU and HDU wards supported by UNHCR. The expanded facilities were launched on 20 June. Photo: ©UNHCR

Overview

As of 30 June, WHO reported over 2,623 cases of COVID-19 in Cox's Bazar, including a number of front-line healthcare staff and humanitarian staff. As of 30 June, 50 refugees have tested positive for COVID-19. Five refugees have sadly died. Some 39 refugees are currently undergoing quarantine in facilities run by UNHCR. Cox's Bazar District continues to see an increase in COVID-19 positive cases.

The Cox's Bazar municipality has been designated as a 'Red Zone' with special measures in place to control the spread of the virus, which are also applied in the areas where refugee settlements are situated. These restrictions do not allow gatherings, and humanitarian staff movements within Cox's Bazar significantly reduced. There are, however, exceptions for emergency services and humanitarian agencies involved in critical activities in the camps.

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.

Operational Update on Key Sectors



HEALTH

HIGHLIGHTS

SARI Isolation and Treatment Centres (ITC)	■ 2 facilities fully offering services for refugees and host community (194 beds)
Intensive Care Unit (ICU) ward	■ Inauguration of expanded Intensive Care Unit (ICU)/High Dependency Bed support for Cox's Bazar District hospital (10 ICU beds and 8 high-dependency beds)

All the medical facilities planned to be supported by UNHCR are now fully operational. Two UNHCR Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) are receiving patients, including those from the host communities. As of 30 June, a cumulative number of 101 patients mostly from the host communities were admitted, of which 50 were discharged following recovery. The facilities are receiving patients with severe symptoms, including those who require oxygen therapy.

UNHCR also supported the expansion of an Intensive Care Unit (ICU) in the local district hospital in Cox's Bazar. The support includes 10 ICU and 8 high dependency beds as well as the provision of related equipment and a team of medical and nursing staff for six months. The new facility was handed over to Sadar Hospital on 20 June in the presence of the District Commissioner for Cox's Bazar and two Members of Parliament of Bangladesh. 14 patients have been admitted so far from the host community.



Inauguration of expansion of District Sadar Hospital's ICU and HDU wards, supported by UNHCR, with the DC of Cox's Bazar, Md. Kamal Hossain, and Members of Bangladesh Parliament MP Shaimum Sarwar Kamal; and MP Asheq Ullah Rafiq. Photo: ©UNHCR

Critical cases are treated in the ICU and those whose respiratory system is at risk of failing, or failing, and who need mechanical ventilation. These patients may also have additional medical needs or complications that require care.

UNHCR's four quarantine facilities (1,915 person capacity) also continue to host persons who have had close contact with suspected or confirmed cases of COVID-19. Currently, 39 refugees are confined under quarantine measures.

UNHCR and WHO have started a new community-based surveillance initiative through existing Community Health Workers (CHWs) outreach networks. 1,440 CHWs were trained in identifying patients with mild and moderate symptoms using simple criteria. Refugees who meet case definitions will receive individual counselling on testing, treatment and a referral, if required, including contacts for quarantine services. In June, CHWs conducted over 295,100 household visits reaching 563,500

persons with messages on COVID-19. According to the community volunteers, there is a growing understanding among refugees about the actions they need to take to remain safe, the risks posed by the virus, and the available support through health facilities and other mechanisms.

It is recognised that the above facilities and others being developed by humanitarian actors in Cox's Bazar may not meet all patient needs in the camps. 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. Training on the protocols for more than 2,000 volunteers from different partner agencies will start in July. The home-based care programme will build upon observations and lessons learned during the roll-out phase of the new surveillance approach.



COMMUNICATION WITH REFUGEES

HIGHLIGHTS

Community outreach ongoing

- 416 Community Outreach Members (COMs) reached 130,000 individuals with messaging on COVID-19
- 2,280 Elderly Care Kits were distributed

UNHCR, its community-based protection partners, and the refugee community continue to conduct awareness-raising sessions, hygiene promotion and safe group radio listening activities in the settlements. Among the refugee community UNHCR works with 416 Community Outreach Members (COMs), 120 community groups, elected camp committees and Imams, who are playing a vital role to disseminate key messages on COVID-19 preventive practices, social distancing, hand washing, and the early referral of persons with identified symptoms to health facilities. Since the end of March, the COMs conducted over 26,750 community awareness sessions reaching over 130,000 people. These sessions have placed a special focus on persons with disabilities and elderly. Approximately 18% of those reached were elderly and some 2% were persons with disabilities.

Due to the heightened risks posed by COVID-19 to elderly refugees, UNHCR has also been looking at how best to support them. Messaging targeting the elderly is already integrated into the awareness-raising work undertaken by refugee community volunteers. UNHCR has also started an elderly care support visit project for households by COMs to provide information along with an elderly care kit that is being distributed to targeted households in 12 camps. The kit contains a number of items that can assist a family to create a small safe zone inside their shelter for the older family member. Some 2,284 kits were distributed as of 30 June.

Refugee women and the host community are supporting the production of cloth masks. Some 69,000 masks have been made to date through UNHCR-supported projects. Some 40,000 distributed by partners, including to elderly persons. Many of the masks are also used by volunteers when engaging with the community to disseminate messages on COVID-19.

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