

## COVID-19 Response 1-31 October 2020



A new 20-bed ward supported by UNHCR was inaugurated at Cox's Bazar District hospital on 19 October, 2020. Photo: ©UNHCR/Harlass

### Overview

The World Health Organization (WHO) reports over 5,150 confirmed cases of COVID-19 in Cox's Bazar since earlier in the year when the first case was detected in the district. This includes 336 cases from among refugees living in the 34 camps in Cox's Bazar. Some 71 host community members and 9 refugees have sadly died to date. Testing rates for refugees averaged over 100 tests a day in October.

The COVID-19 treatment services put in place by the authorities and humanitarian agencies in Cox's Bazar continue to have sufficient capacity to support patients with required medical assistance. In UNHCR-supported facilities, nearly 470 people from both refugee and host communities have so far received treatment in two Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) in Ukhiya and Kutupalong and also in an Intensive Care Unit (ICU) that UNHCR established at Sadar Hospital, the District's principal healthcare facility.

### Operational Update on Key Sectors



Supported with medical care	■ Nearly 470 cases (refugees and host community) provided with care and assistance to date
Treated and discharged patients	■ Over 340 patients successfully treated and discharged

The number of confirmed COVID-19 cases identified in the camps in Cox's Bazar in October has decreased. From 1-31 October, some 55 new cases of COVID-19 were detected. Detection and tracing continue to be a high priority, and UNHCR and other agencies are working with refugee Community Health Volunteers (CHV) from the camps to help identify further cases. The CHV volunteers provide targeted counselling on testing to refugees identified with COVID-like symptoms and support referrals. On average, during the reporting period, over 100 tests were conducted on a daily basis in the camps. Community-based surveillance mechanisms continue to be one of the most effective ways to identify cases. Over 21,700 refugees have been referred to health services by CHVs since they started their surveillance for COVID-19 in June.

UNHCR-supported SARI ITCs in Ukhiya and Kutupalong as well as an ICU in the local District hospital have provided some 469 patients from the camps and the host community with support and care to date. As of 31 October, nearly 344 patients were successfully treated and discharged. The facilities continue to have sufficient capacity to deal with the number of cases identified.

Twenty additional beds for patients with severe COVID-19 symptoms have been added to Sadar District Hospital in Cox's Bazar. An inauguration of the expanded service was held on 19 October. UNHCR supported the refurbishment of the new ward as well as for the human resources needed. Some 43 new staff have been recruited, including 10 medical doctors, 15 staff nurses, a Senior Nurse, an Infection Prevention and Control Supervisor and others. Medication and specialized equipment were also provided, including walled oxygen, oxygen pumps, infusion and syringe pumps and medical Personal Protective Equipment (PPE). Since 20 June, 142 patients in need of critical care support have been admitted and received care in the Sadar Hospital's ICU, including patients from the host community and refugees.



## COMMUNICATION WITH REFUGEES

### HIGHLIGHTS

Community outreach ongoing	■ Over 180,000 refugees reached by refugee community outreach volunteers with messages on COVID-19 Over 120,500 refugees reached through Interactive Voice Response (IVR) service
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UNHCR and community-based protection partners continue to work with the refugee community to conduct awareness-raising sessions on COVID-19 prevention and response in the camps. Cumulatively since March, UNHCR-supported Community Outreach Members (COMs) have reached over 178,000 refugees with messages on COVID-19, complementing the ongoing camp-wide communication efforts to impart accurate information to refugees about the virus.

COMs have focussed in particular on the elderly and other refugees identified as vulnerable. A survey is planned to assess the impact of awareness raising activities across 20 camps.

UNHCR's use of an Interactive Voice Response (IVR) system to disseminate important information to refugees from UNHCR through mobile phones without refugees bearing any communication cost has cumulatively generated 211,336 broadcast calls to refugees, of which 120,585 were answered. Broadcast messages focused on COVID-19, elderly care, quarantine and isolation, use of masks, contact tracing and monsoon and cyclone preparedness. Around 67% of the refugees who were called to collect feedback expressed interests in continuing to receive messages through IVR. Based on the feedback from the community, the IVR has proven effective in providing useful information to mitigate the potential transmission of COVID-19.

The recent restoration of internet services in the camps is offering more opportunities to spread information through audio messages and facilitate updates and communication with refugee volunteers. UNHCR is working with BBC Media Action to tailor selected messages on COVID-19 and other issues based on contextual developments within the camps.

#### **CONTACTS**

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