

COVID-19 Response

1-15 June 2020



Health staff working with UNHCR's partner, Relief International, gives a successful send off for the first patients to recover and be discharged from the new severe acute respiratory isolation and treatment centre (SARI-ITC) that was established recently in Ukhiya, Cox's Bazar. Photo: ©ReliefIntl

Overview

As of 15 June, 38 refugees have been tested positive for COVID-19. Two refugees have sadly died. Some 119 refugees are currently in quarantine facilities run by UNHCR. Cox's Bazar District continues to see an increase in COVID-19 positive cases. As of June 15, WHO reported over 1,600 cases of COVID-19 including in the District, including a number of front-line healthcare staff and humanitarian staff.

The Cox's Bazar municipality has been designated as a 'Red Zone' from 6 to 20 June in accordance with a decision of the District Committee on Coronavirus Prevention, to control the spread of infections more effectively.

Special measures also apply in the areas where refugee camps are situated. These restrictions do not allow gatherings, and humanitarian staff movements within Cox's Bazar are strictly restricted. 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.

UNHCR is operating two Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI-ITC). On 20 June, the local district hospital in Cox’s Bazar will open a newly expanded intensive care and high dependency units, with UNHCR’s support. These facilities will offer additional support for critical life-saving care for COVID-19 patients from both the refugee settlements and the local host communities.

Anxiety among refugees over the virus has increased following the confirmation of the first death from the virus in early June. UNHCR and its partners, as well as the wider humanitarian community, continue to provide information to refugees through volunteer community networks. UNHCR and IOM also started to use mobile SMS texts with audio messages to distribute information related to COVID-19.

Operational Update on Key Sectors



HEALTH

HIGHLIGHTS

Quarantine centres	■ 4 facilities available (capacity 1,915 persons)
SARI Isolation and Treatment Centres (ITC)	■ 2 facilities (capacity 194 beds)
Intensive Care Unit (ICU) ward	■ ICU ward in Cox’s Bazar District hospital to be ready by 26 June (10 ICU beds and 8 high-dependency beds)

Two UNHCR Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) are receiving patients, including those from the host communities. As of 15 June, 20 patients mostly from the host communities had been admitted. These two facilities combined have 194 beds ready to receive patients and respond to COVID-19 patients with severe symptoms, including those who require oxygen therapy.

UNHCR is supporting Cox’s Bazar’s main district hospital - Sadar District Hospital - to increase its capacity for patients who need to be in an Intensive Care Unit (ICU) or a High Dependency Unit (HDU). UNHCR’s support includes the establishment of 10 ICU and 8 HDU beds and provision of related equipment as well as human resources for six months. The unit will be handed over on 20 June and is expected to be operational by 26 June.

Four quarantine facilities run by UNHCR are also helping prevent the spread of the virus in the camps by quarantining those who had close contact with suspected or confirmed cases. Currently, 119 refugees are confined under quarantine measures.

UNHCR and WHO are also starting a new community-based surveillance initiative through existing Community Health Worker’s (CHWs) outreach networks. CHWs will be trained in identifying patients with mild and moderate symptoms. Refugees who meet case definitions will receive individual counselling on testing and treatment and will be quarantined and referred to health facilities. This targeted approach will, speed up case identification, and help families who may immediately need counselling and advice receive tailored information. It will also contribute to re-building trust in health

facilities and reduce spread of incorrect information or rumours. The training of 136 CHW supervisors on the new surveillance initiative was conducted in the first week of June and the initiative will be rolled out to the 1,440 CHWs this week.

CHWs continue to deliver COVID-19 messaging to a significant number of households in the camps. Over the last two-week reporting period, they conducted over 137,000 household visits reaching 264,000 persons with messages on COVID-19. According to the community volunteers, there is a growing understanding within the refugee community about the actions they need to take to remain safe, as well as the risks posed by the virus, and the available support through health facilities and other mechanisms. Some households have received multiple visits of CHWs and had additional opportunities to clarify information and ask questions. This constant engagement is necessary to counter the spread of rumours that are heightening anxiety and creating fear.

The above facilities and others being developed by humanitarian actors in Cox’s Bazar may not meet all the needs of patients 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. WHO and UNHCR are planning to introduce training on the protocols for more than 2,000 volunteers from different partner agencies in July. The home-based care programme will also build upon observations and lessons learned during the roll-out phase of the new surveillance approach.



PROTECTION

HIGHLIGHTS

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

Protection focal points visit the camp once a week and are in regular contact with protection actors including Camp-in-Charge officials (CICs), partners, site management agencies and refugee volunteers, to monitor the protection situation, gather information and support resolution of identified issues or assist with cases. Virtual protection coordination meetings continue to be held in many camps. All identified protection incidents are followed up, with a particular focus on persons with specific needs.

Legal aid partners are present at selected times during the week, however, some refugees are unwilling to consider legal options for a number of reasons including length of time required to resolve issues. In many instances, refugees are opting for an informal resolution of their disputes which may not result in outcomes that are in line with protection principles. This trend has increased due to the reduced footprint of caseworkers in the camps as a result of measures for curbing COVID-

19 transmission. UNHCR is exploring the possibility to increase the presence of legal aid partners to offer both formal and informal access to justice, which are aligned with protection principles, in order to reduce the risk of exploitation or abuse that might otherwise arise when refugees resort to informal mechanisms such as the “Majhi” system.

Sexual and Gender Based Violence (SGBV) incidents continue to be reported in camps, the majority of which is related to Intimate Partner Violence (IPV). IPV includes cases of physical assault, denial of resources and psychosocial violence. Twenty-seven venues with SGBV programmes continued to operate in 20 camps, with caseworkers on site.

Over 1,000 child protection cases are being actively followed up on. 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 operational on the ground. However, UNHCR is working with 384 trusted refugee volunteers in supporting the response. Coaching support is provided continuously to the volunteers.

Adolescents are increasingly expressing their frustration and emotional distress over the continued lack of education and recreational facilities for them. This sense of frustration is compounded by the COVID-19 situation. Adolescents also feel responsible to find work due to family income pressures.

Consultations with younger children, by child protection partners, also report a significant growth in the need for psychological support. The closure of learning centres and child friendly spaces due to COVID-19 precautionary measures are having an adverse impact on younger children, with increased behavioural problems in the community setting. Parents have been requesting agencies to reopen the facilities as soon as possible.

Child protection volunteers continued to provide psychosocial support to children, adolescents and parents/caregivers through door-to-door modalities and small groups at facilities, reaching over 2,000 children and 1,500 adolescents in the period 1-15 June. These sessions typically involved listening and support through small games to focus children on more positive experiences.



COMMUNICATION WITH REFUGEES

HIGHLIGHTS

Community outreach ongoing

- 416 Community Outreach Members (COMs) reached over 138,000 individuals in the community with messaging on COVID-19
- 2,284 Elderly Care Kits were distributed

UNHCR, its community-based protection partners, and the refugee community continue to conduct awareness-raising sessions, hygiene promotion and radio listening activities in the settlements. Among the refugee community in particular, UNHCR works with 416 Community Outreach Members (COMs), 120 community groups, elected camp committees and Imams, with all of them 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.

With the recent confirmed cases in the settlements, UNHCR is scaling up a second phase of messaging about non-stigmatization of those found to be COVID-19 positive, the importance of confidentiality, and to ensure support is available to vulnerable individuals. Topics also cover medical care procedures, contact tracing and quarantine, access to treatment, isolation and treatment facilities, and mental health support. Due to many rumours in the camps, COMs and other community members working with UNHCR are helping to provide accurate and accessible information. Messaging has also widened to incorporate monsoon and cyclone preparedness.

Since the end of March, the COMs conducted over 27,500 community awareness sessions reaching over 138,000 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.

Mask production training for the community, conducted by COMs, continues with a positive response and interest from individual households in different parts of the camps where COMs undertake their outreach work. Since the project started at the end of May, 606 training sessions were conducted (reaching 1,613 refugees from 848 households). Some 1,180 masks were made by community members with the COMs' support. These sessions are not only important for transferring skills, but also allow time for conversations to take place, and greater trust and understanding of the information transmitted by the COMs.

Given the increased reporting of SGBV, UNHCR has been enhancing its work with 1,083 community volunteers (COMs, community support groups, community organizers and male role models) to raise awareness with key messages on the issue, including service-related information for survivors.

Imams continue to also play an important and positive role in addressing a range of issues. They have been active in messaging their congregations on COVID-19 and the multi-dimensional impact it is having on the community and family life. In total, since the end of March, it is estimated that 286,638 individuals were reached multiple times with messages through mosques and their networks. Imams are actively working with UNHCR in 29 camps. At the invitation and suggestion of the Imams, UNHCR has also started to reach out to women active in religious life of the camps who have better access to impart important messages to women, as women do not attend the mosques or have direct access to the information men receive from the Imams.

Given the heightened risks posed by COVID-19 to elderly refugees, UNHCR has also been looking at additional ways to support them. Messaging targeting the elderly is already integrated into the work undertaken by community volunteers. A quick survey was carried out in April across 20 camps to understand whether the elderly had received information on COVID-19 and if they felt they knew how to keep themselves and their families safe. The survey showed that approximately 30% of elderly responders felt there was a gap in information. Since then messaging targeting the elderly has been strengthened considerably.

UNHCR started an elderly care support visit project for households with the support of COMs to provide information on an elderly care kit that is being distributed to targeted households in 12 camps. The kit itself contains a number of items that can assist a family with an older person to create a small safe zone inside their shelter for the older family member. The wider aim of this initiative is also to engage the community in a discussion on virus risks for older persons and how to shield or protect them. Some 2,284 kits were distributed as of 8 June. COMs have been given additional training to engage with the 15,000 identified older persons across 12 camps managed by UNHCR. In addition to the messaging, community service projects have been initiated to organise volunteers to help collect water, food, or other items for the elderly on a regular basis.



LIVELIHOODS FOR HOST COMMUNITY & LOCAL ECONOMY

HIGHLIGHTS

Support for host community affected by COVID-19 ■ 55,000 masks made for refugees and host community use

Refugee women and the host community are being supported to produce masks. 55,000 masks have been made to date through UNHCR-supported projects. Some 40,000 distributed by partners, including to elderly persons. Bangladesh authorities require masks to be worn when any person is outside of their homes and in a public place.

CONTACTS

Mai Hosoi, External Relations Officer, UNHCR Bangladesh (Dhaka) - hosoi@unhcr.org

LINKS: [Operations Portal](#) - [Twitter](#) - [Facebook](#)