

# COVID-19: Preparedness and response for the Rohingya refugee camps and host communities in Cox's Bazar District

Weekly Update #11 | 24 May 2020

ISCG

INTER SECTOR  
COORDINATION  
GROUP

## Highlights

*“We are taking community prevention measures against COVID-19 very seriously. I am distributing messages during and after prayers at my mosque, and encouraging others to do the same.”*

– Noor Mohammed, a Rohingya imam. He is one of many Rohingya and Bangladeshi religious leaders at the frontline of the COVID-19 response who are sharing prevention messages in their communities. Humanitarian partners have trained religious leaders in COVID-19 awareness and Infection Prevention and Control (IPC), as well as provided orientation on child protection, including on child marriages, the risk of which has increased during the COVID-19 pandemic. [Read more](#)



Photo: UNICEF/BANA

13

confirmed cases of COVID-19 in the Rohingya refugee camps, of a total 362 confirmed cases in the District – see [IEDCR](#)

2

of the first Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) inaugurated

18,830

Bangladeshi households in Ukhiya and Teknaf received unconditional cash grants to mitigate the impact of the pandemic on their livelihoods

8,464

hand-washing stations installed in public places in the camps as well as at 80 entry points to the camps

19,673

Rohingya mothers trained on how to check the nutritional status of their children for referral to integrated nutrition facilities

6

mobile storage units established in the Cox's Bazar COVID-19 Special Hub, providing storage for critical health items

## Sector Preparedness and Response

### Health Sector

Health Sector partners continued to support the Government in surveillance, testing, and case management for COVID-19 this week, isolating and treating confirmed cases of COVID-19 among refugees and the host community, and rapidly tracing their contacts. UNHCR **inaugurated the first two Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) for Rohingya refugees and Bangladeshi communities in Cox's Bazar District**, which will **support almost 200 COVID-19 positive patients** suffering from moderate to severe symptoms. Health Sector provided key COVID-19 trainings including **on sample collection and transportation for 36 health care workers** from NGO health facilities, which will contribute to a growing pool of health care staff supporting COVID-19 testing for the Rohingya camps; **Training of Trainers (ToT) on clinical case management of COVID-19 for 23 medical professionals from NGOs**; trainings on **Infection Prevention and Control (IPC) set up, screening and introduction to isolation for 121 health care workers** from health posts, primary health care and field hospitals in and around the camps, which aim to build the capacity of health facilities to identify, notify, and isolate suspected COVID-19 patients; and **ToT on clinical case management of COVID-19 for 15 Government staff from 7 Upazilas**, targeting mainly Disease Control Medical Officers who will cascade the training at their respective Upazilas and support COVID-19 patient care at isolation wards in the Upazila Health Complexes (UHC). WHO also provided **a Data Manager to the IECDR laboratory** at Cox's Bazar Medical College as part of ongoing human resources

support to increase COVID-19 testing capacity in the host community. Health Sector **donated three refrigerators to Teknaf, Ukhiya and Chakaria UHCs for their isolation units** to store medication.

### Water, Sanitation and Hygiene (WASH) Sector

WASH Sector partners reached **225,612 individuals** with approved COVID-19 messages through a neighborhood-based approach, and **595,655 individuals** through mass media in Cox's Bazar District, including host and refugee communities. In the camps, WASH Sector partners provided **soap to 9,115 households** and **family hygiene kits to 14,081 households**; and **installed 8,464 hand-washing stations** in public places, at household level and near toilets, as well as at 80 entry points to the camps – where at 15 entrances WASH and Health Sectors jointly conducted temperature screenings. In the host community and camps, WASH Sector partners **disinfected 45,334 WASH facilities and 6,878 public buildings**; and **supported 12 health centres and ITCs with full WASH packages**, including soap, a bucket, toothpaste, toothbrush and sanitary napkins.



Physical distancing at a soap distribution in an Ukhiya camp. Photo: World Vision

### Communication with Communities Working Group (CwC WG)

CwC WG partners organized **29 cascade training sessions** on COVID-19 with 287 staff and volunteers. CwC WG partners reached **334,096 people in the camps and host community with key COVID-19 messages** through community engagement activities, including 50,492 neighborhood-based sessions, 6,082 community consultations, 1,001 listening groups, 30 sessions for the community to ensure home care of older persons, 559 video/film viewings, and a further 6,235 sessions led by religious leaders. CwC WG partners organized **announcements on COVID-19 awareness** via loudspeakers and megaphones on CNG/Tomtom/auto-rickshaws in 31 camps. For community feedback and complaints, **74 information service centers and 24 help desks were operational in the camps** and **4 information service centers were active in the host community**. CwC WG published its [7<sup>th</sup> COVID-19 Risk Communication and Community Engagement Update](#), which includes the latest [9 audios and 2 video programs on COVID-19](#) developed by partners.



Rohingya refugee woman listens to a COVID-19 video message at an information hub. Photo: ACF

### Nutrition Sector

Nutrition Sector partners **trained 19,673 Rohingya mothers on how to measure Mid-Upper Arm Circumference (MUAC)** to check the nutritional status of their children and refer to integrated nutrition facilities, and as a result of this exercise, partners identified the **need for over 50,000 MUAC tapes** to promote single use and reduce the risk of coronavirus transmission. Due to modified admission criteria, Nutrition Sector partners noted an **increase in new admissions for both outpatient and supplementary programs** and **referred 7 suspected COVID-19 cases from nutrition facilities** in the camps. Nutrition Sector partners also **trained 414 frontline staff and volunteers on mobile nutrition**, as part of the provision of emergency nutrition support in the host community and camps. **10 psychologists who have been trained on COVID-19 management**, are now available to support Nutrition Sector partners.



Mother-led MUAC training at a nutrition facility in the camp. Photo: SARPV

### Food Security Sector (FSS)

FSS held a bi-weekly [coordination meeting](#) where Health Sector provided updates on recent developments, guidance and information on Health Sector initiatives in response to COVID-19; Artolution presented its **initiative for locally-led, community-based public art education to combat the spread of COVID-19**; FSS gender focal points updated on the rapid gender analysis and PSEA trainings; and REACH presented **findings from the qualitative vendor survey in the host community and market monitoring initiative in the camps**. Livelihoods Working Group

together with CwC WG started translation into Bangla and Rohingya of [key messaging on mask making and use](#). **Unconditional cash grants of BDT 4,500 in the host community in Ukhiya and Teknaf** were provided by WFP to 13,189 households and by World Vision to 5,845 households. FAO distributed **summer vegetable seed packets to 3,200 farmers across eight upazilas** in Cox's Bazar District.

## Protection Sector, including Child Protection and Gender-Based Violence (GBV) Sub-Sectors (SS)

Protection Working Group together with Mental Health and Psychosocial Support (PSS) Working Group organized an **online Psychological First Aid (PFA) training for all Protection Focal points and Protection Emergency Response Unit team leaders**, to strengthen provision of PFA in the COVID-19 and cyclone/monsoon response. Child Protection SS developed a simplified [Cox's Bazar Guidance Note for Alternative Care in COVID-19](#) to prepare for and respond to temporary separation; conducted **two virtual training inductions for 14 site management staff on child protection mainstreaming**, child safeguarding and strengthening physical safety of children; strengthened engagement of adolescents and volunteers in community-based child protection mechanisms; and trained para-social workers to support case management. In host communities, Child Protection SS partners increased engagement with faith-based leaders in dissemination of key COVID-19 and child protection messages. In the camps, GBV SS partners provided **PSS to 384 individuals**; conducted **awareness raising sessions on GBV and COVID-19 for 1,264 individuals**; and organised an **interagency webinar on remote case management for 124 GBV case workers and case managers**. Additionally, GBV SS Community Mobilizers and Community Engagement Facilitators **trained 12 Majhis and 37 Imams in 6 camps on COVID-19 prevention and awareness raising**.

## Site Management Site Development (SMSD) Sector

While ensuring physical distancing and infection prevention standards, SMSD Sector partners and volunteers **responded to the largest fire since the 2017 influx** this week, and **supported 41 households with relocation, 236 households with shelter kits, and 19 households with emergency shelter, in coordination with Shelter/NFI Sector**. SMSD Sector partners assisted Health Sector to respond to the first COVID-19 positive cases in the camps and **reached 33,348 individuals including 17,486 females with COVID-19 awareness sessions**. In Teknaf, SMSD Sector partners **distributed reusable cloth masks to 8,598 refugee households**. SMSD Sector partners also supported WASH Sector in the **installation of 14 handwashing stations and over 611 foot-operated WASH stations** in 7 camps. SMSD Sector partners **completed infrastructure work** near the Turkish Hospital and the Medair Health Facility to improve access to new ITCs being constructed there.



*SMSD engineers complete infrastructure projects to support access to ITCs in a camp in Ukhiya. Photo: IOM*

## Logistics Sector

Logistics Sector loaned **one 16.5 kva generator to IRC to support the SARI ITCs** in a Teknaf camp; **provided 125 litres of hand sanitizers to Humanity and Inclusion** to support the well-being of staff; and **established six mobile storage units in the Cox's Bazar COVID-19 Special Hub**, where it will be storing health-related relief items for the COVID-19 response.

## Gender in Humanitarian Action Working Group (GiHA WG) and Gender Hub

GiHA WG and Gender Hub published the Bangla version of the summary findings and recommendations of the [Rapid Gender Analysis](#), looking at gendered implications of COVID-19. GIHA WG has developed **gender training material** which is being delivered alongside protection, GBV, child protection and PSEA trainings for health care workers. A new [technical working group on gender diverse populations](#) was established to strengthen efforts to promote rights, empowerment and protection of transgender and gender diverse populations during COVID-19. Across 20 camps and in the host community in Ukhiya and Teknaf, **6 CiC Gender Officers, 40 volunteers, and 42 women leaders including transgender networks and civil society organisations** continued to conduct COVID-19 awareness sessions, and



*Rohingya gender volunteers distribute and raise awareness on cloth masks produced by refugee women. Photo: UN Women*

engage in community consultations to identify community-based solutions to gender issues related to COVID-19, primarily targeting women and girls.

*The humanitarian community and Government of Bangladesh are working closely in COVID-19 preparedness and response in 34 camps and for vulnerable Bangladeshis across the District delivering **critical assistance and services** supported by **over 2,000 Rohingya and Bangladeshi volunteers**, and **establishing and supporting SARI ITCs** in District facilities. **Key challenges** continue to be limited testing, intensive care capacity, skilled medical staff, and supply of Personal Protective Equipment, restricted telecommunications in and around the camps, and physical distancing in the densely populated camps.*

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For more information: Inter Sector Coordination Group (ISCG)

E-mail: [iscg@iscgcxb.org](mailto:iscg@iscgcxb.org). Website: <https://www.humanitarianresponse.info/en/operations/bangladesh> Social media:

