

COVID-19 Response 16-31 July 2020



UNHCR supported health facilities for COVID-19 response continue to assist refugees and the host community in Cox's Bazar.
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Overview

As of 31 July, WHO reported over 3,361 cases of COVID-19 in Cox's Bazar. Over 70 refugees have tested positive for COVID-19, and six have sadly died to date. Some 39 refugees are in quarantine.

Testing in the camps has increased significantly as a result of the efforts of 1,400 refugee community health volunteers who are involved in an enhanced community-based surveillance initiative and offering targeted counselling for refugees identified with COVID-like symptoms, including on testing. To date, over 210 people have received treatment in two UNHCR-supported Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) in Ukhiya and Kutupalong in Cox's Bazar. Patients include refugees and members of the host community. UNHCR is one among a number of other UN agencies and NGOs offering assistance to the

people of Cox's Bazar and refugees through health facilities, in support of the Bangladesh health authorities in Cox's Bazar. To date, the health services put in place have had sufficient capacity to support all patients with COVID-19 and provide medical assistance.

An easing of some lockdown measures was allowed in Cox's Bazar District. UNHCR and its partners are following guidelines set by Bangladesh's Refugee Relief and Repatriation Commissioner (RRRC) on activities that are permitted in the camps. The scope of permissible activities has been interpreted to include limited registration activities and expanded monsoon response and repair work. UNHCR and its partners continue to exercise care in conducting critical activities in the camps with a low footprint as the risk posed by the virus to the refugee community and humanitarian staff remains high.

Similar to trends seen elsewhere globally for refugees, the pandemic situation in Cox's Bazar is negatively affecting the overall protection environment. Mitigating the short and longer-term social protection consequences of the pandemic, working to create and ensure ways to safeguard the resilience and psychosocial well-being of communities, and maintaining protection and humanitarian space are key priorities and challenges for the refugee response.

Protection monitoring and case support continues to be conducted by UNHCR and partners, including with the help of refugee volunteers. The reduced staff presence and of authorities in the camps, coupled with limited mobile communication possibilities, is resulting in delayed responses to referrals. The number of refugees in need of legal assistance and mediation is increasing. With the reduced numbers of protection staff in the camps, appointed community representatives (*mahjis*) have taken on a greater role in mediating disputes in a manner that is not always in line with basic protection principles and, in some cases, reportedly has involved abuse of authority, extortion and bribery. In cases involving domestic disputes and divorces, in particular, women are reportedly facing inequitable and unfair treatment. The socio-economic impact of COVID-19 is also having a negative impact on security in the camps, with petty crimes, rising disputes and tensions in the community, criminal groups expanding their activities, and heightened risks of traffickers and smugglers preying on vulnerable refugees and host communities alike.

UNHCR and its partners are following up on 5,000 child protection cases. The number of cases increased significantly after the COVID-19 response started. It is a serious indication of the impact and consequences of the pandemic on the refugee community. Children are exposed to heightened levels of violence, pressure to work, as well as abuse and neglect. These concerns have been raised through consultations with adolescents, children, and parents/caregivers. The closure of learning centres, child friendly centers and other venues for children has resulted in further exposure of children to protection risks, giving rise to increased behavioural challenges and the adoption of negative coping mechanisms. The Mental Health and Psychosocial Support working group (which UNHCR co-chairs) is increasing its work on psychological first aid for children, recognising the severe challenges children are facing.

Sexual and gender-based violence (SGBV) continues to persist in the camps, especially intimate partner violence. The overall situation is having a severe impact on the health and well-being of women and girls particularly, including a worrying rise in girls talking about suicide. Child marriage continues to be of concern, affecting adolescent boys and girls between the ages of 14 and 17 years old. There is also an increased number of teenage pregnancies. UNHCR is working with the community, especially with men and boys, to develop a wider awareness of the harm caused by child marriage and gender inequality. UNHCR has also emphasized in discussion with the RRRC the need for official marriage and divorce certification to continue, despite COVID-

19, in order for Camp-in-Charge officials to continue their important role in intervening and preventing child marriages. All facilities run by UNHCR's SGBV partners in 20 camps, including case management services, continue to be prioritized.

As mentioned above, some *mahjis* are increasingly playing a negative role in the community, in particular through their involvement in mediating SGBV cases. They are charging fees as well as obstructing access to legal assistance, and in some cases threatening humanitarian staff and volunteers that attempt to provide legal assistance. UNHCR continues to advocate for representational community structures to be implemented in all camps, as have been piloted successfully in some camps. The agency has proposed this in the past, calling for representatives to be selected by the community through a transparent manner, with these bodies governed by terms of reference and a code of conduct.

In the midst of the pandemic, some refugees in Cox's Bazar have also expressed concerns with the renewed discourse regarding potential relocation to Bhasan Char. They are anxious about separation from family members and social networks, and the uncertainty over the prospect of moving to a new living environment where their knowledge of services and conditions is limited.

UNHCR has received reports that the Bangladesh authorities have begun consulting with refugees in the camps regarding relocation to Bhasan Char and planning for initial "go-and-see" visits to the island. They include *mahjis* and family members of those refugees currently on Bhasan Char, who initially departed from the Cox's Bazar refugee camps. UNHCR has encouraged "go and see" visits as a way to inform refugees about Bhasan Char, but the agency has not been involved in discussions with the refugees or planning for these visits.

In May 2020, the Government requested and the United Nations has agreed to undertake a protection and humanitarian mission to Bhasan Char to meet with the 306 Rohingya refugees transferred to the island and assess their immediate humanitarian situation and specific needs. The United Nations shared terms of reference with the Government and formed an interagency team of protection experts. Three months have passed since the refugees were transferred to Bhasan Char, and it is now urgent for the United Nations to have access to them.

Operational Update on Key Sectors



HEALTH

HIGHLIGHTS

SARI Isolation and Treatment Centres (ITC)

■ 2 SARI ITCs fully offering services for refugees and host community (194 beds)

Intensive Care Unit (ICU) ward

■ Supporting 10 ICU / 8 High Dependency Beds in Cox's Bazar District hospital

UNHCR is managing 2 SARI ITCs, which provide medical care for COVID-19 positive patients from the refugee settlements and the host community. As of 31 July, over 210 patients have received treatment at facilities supported by UNHCR, of which over 30 are currently in-patients, close to 150 discharged, and others transferred to facilities such as the ICU care in Cox's Bazar town.

A weekly case conference call has been established between the ICU medical staff at the District Hospital in Cox's Bazar and COVID-19 specialists in other parts of the world to ensure advice is available, including on best practices in dealing with serious cases. A WHO case adviser is also available for support. UNHCR provided upgrades for the ICU facility and medical equipment, as well as supporting a team of medical and support staff for six months.

A community-based surveillance initiative launched by UNHCR and WHO in the refugee settlements is yielding good results. The initiative relies on 1,440 trained Community Health Workers (CHWs) who assist in identifying patients with mild and moderate respiratory illness symptoms using simple criteria. They offer individual counselling about testing, treatment, and a referral if required, including for quarantine services. Reports were received from 125,599 household visits, in which 2,443 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and 9 patients were identified with moderate COVID-like symptoms. 1,146 persons were referred to health facilities. The work of CHWs has contributed to an increase also in the uptake of COVID-19 testing within the community - from less than 5 cases/day previously to an average of 65 tests daily these days.

Until now the treatment of COVID-19 cases in the camps has been managed on-site in health facilities that UNHCR and other humanitarian agencies established. However, some refugees are reluctant to seek treatment in facilities, which for many is based on a fear of being separated from family. In seeking a safe and practical solution to this, UNHCR and other agencies have started working on preparing home care services for patients with mild and moderate conditions. UNHCR, as the chair of the Community Health Working Group, and WHO, designed a set of home-based care protocols, and training has also been conducted for this initiative with 88 health care and CHW supervisors, in collaboration with IOM and Save the Children International. These trained participants are expected to cascade down their training to selected CHWs who will further participate in the initiative, covering issues that will allow for the safe treatment of mild/moderate patients at home and infection prevention. While the initiative is prepared and on standby for use, an approval for the initiative to launch is pending with the Civil Surgeon in Cox's Bazar.

Currently, 39 refugees are under quarantine at four quarantine facilities managed by UNHCR in Ukhiya and Teknaf. These facilities offer space for refugees to stay when they have had close contact with suspected or confirmed cases of COVID-19.



WASH

HIGHLIGHTS

COVID-19 WASH activities

- Key messages delivered on hygiene promotion and WASH over 1,400,000 times
- 65,400 handwashing tippy taps installed
- Soap distributed to over 80,000 households

Since the start of the COVID-19 response, UNHCR and its WASH partners have supported hygiene promotion efforts in all camps managed by UNHCR, delivering over 1 million messaging

opportunities on COVID-19 through household level visits. Over 1.4m messages were made also by megaphone, audio/USB sticks, and via mosques. It is estimated that each individual living in the geographic areas covered by UNHCR received a key message at least on three occasions from WASH actors. WASH teams have worked with Imams and WASH committees to emphasise the importance of practicing social distancing at water points at mosques (e.g. for wudu), water collection points, and other WASH facilities.

Some 65,400 handwashing tippy taps were installed with soapy water for household use at the block level. A further 14,500 handwashing devices were installed near latrines and over 380 in high-use public spaces, such as distribution points. Refugee volunteers are assisting with the monitoring and maintenance of handwashing points daily.

Over 80,000 households were reached up to the end of June with distributions of soap, for personal hygiene as well as laundry soap. A further distribution is planned to cover needs for the coming months. Over 91,000 female hygiene kits were also distributed to women and girls.

Regular latrine desludging as well as garbage collection continues to be carried out. Latrines were desludged over 370,000 times (individual latrines may have been desludged several times) since the response to COVID-19 started. Bathing cubicles, hand washing points, as well as water collection points and tube well areas have been continuously disinfected with chlorine solution as part of ongoing work and as a critical activity during COVID-19 response. A further 21,500 public spaces and buildings that are used by government, humanitarian staff and refugees were disinfected with chlorine solution.

WASH teams also support 2 SARI ITCs and 4 quarantine centres. Work at these sites included the constructions of latrines, bathing cubicles, handwashing stations; laundry facilities; garbage collection points; and other infrastructure including water towers, boreholes, holding tank and other wastewater treatment for grey and black water. Maintenance of all facilities is ongoing daily.



COMMUNICATION WITH REFUGEES

HIGHLIGHTS

Community outreach ongoing

- 14,250 Elderly Care Kits distributed
- 4,500 masks made for family use by refugees
- First network meeting with female preachers in the settlements took place

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 refugee settlements.

Due to the heightened risks posed by COVID-19 to elderly refugees, UNHCR has been undertaking a targeted effort to ensure they are able to access information and advice on COVID-19. The outreach is undertaken by refugee community outreach volunteers (COMs). The elderly care project also supplies selected items to households along with information on elderly care. The kit contains

items that can help households to create a small safe zone inside their shelter for the older family member. Some 14,250 kits were distributed to identified elderly persons in UNHCR managed camps to date. Cumulatively, since March 2020, the COMs have reached almost 130,000 refugees with key messages on COVID-19, including 25,352 elderly refugees and 1,897 persons with disabilities. COMs have also held community trainings on making reusable cloth masks. They conducted 2,805 training sessions for a total of 6,585 refugees. Some 4,500 masks were produced by the refugee participants for use in the community.

Imams and female preachers have played a vital role in conducting awareness sessions related to COVID-19. The level of their engagement in the information and awareness campaigns continues to increase. From 16 to 31 July, they helped reach out to nearly 19,000 refugees across 13 camps. Imams also continue to share key messages during daily prayers and weekly Friday sermons, with social distancing in place. UNHCR also helped to convene the first network meeting of 37 female preachers and held a good discussion on COVID-19 and emergency preparedness for cyclones and monsoons. Female preachers have an influential role with women in the camps and conduct their work mostly through home visits and small group discussions.



LIVELIHOODS & HOST COMMUNITY SUPPORT

HIGHLIGHTS

Livelihoods and host community support

- 4,730 refugee households supplied with seeds and other materials
- 115,000 face masks produced by refugee and host community women
- Cash distribution in host community commenced; 3,600 households reached

UNHCR's partners continue to facilitate cloth mask production by refugee and host community women. So far, 115,000 cloth masks have been produced, of which close to 72,000 have been distributed, including 29,000 to the elderly population. UNHCR increased the production target from 100,000 to 200,000 considering the needs on the ground as the Government of Bangladesh requires masks to be worn in public locations.

Two of UNHCR's partners supporting livelihood initiatives have started cash distributions to the host community as part of the COVID-19 response. Some 3,600 local Bangladeshi households out of a target of 6,000, received 2,500 Bangladesh Taka (about US\$ 30) each. An additional 2,000 Taka (about US\$ 24) will be distributed to each of the same households next month. The cash payments are an additional support to many families due to livelihoods having been affected by lockdowns and general economic pressures due to the COVID-19 impact on economies globally and in Bangladesh.

Refugees have also been affected by the lockdowns, for example with reduced access to vegetable markets. UNHCR partners, CNRS and Mukti Cox's Bazar, are assisting the agency to roll out support to refugees to grow food, including by means of hanging gardens. CNRS completed a distribution of vegetable seeds to 3,400 refugee households, and Mukti Cox's Bazar started training over 1,330 refugee households on vegetable production and support with seeds. The initiative is especially targeted to support vulnerable households.

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 for UNHCR's operation in Bangladesh is still required until the end of 2020.

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