Bangladesh
Emergency: Rohingya Refugee Crisis in Cox’s Bazar District
Reporting period: January to March 2021

HIGHLIGHTS

- As of end of March 2021, there were 13 operational Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITC) in the refugee camps, with a total of 502 available beds, in addition to 415 beds that are on standby for COVID-19 case management.

- Since the beginning of the outbreak; cumulatively, 34,224 COVID-19 tests were conducted among the Rohingya refugees by March 2021. Of these, 438 tested positive.

- The Director General of Drug Administration (DGDA), Health Sector partners and WHO conducted a series of meetings and field monitoring visits on 21st and 23rd January to strengthen Post Marketing Surveillance (PMS) by risk based sampling and testing through mini laboratories to enhance access to safe, effective and quality medicines and vaccines for all.

HEALTH SECTOR

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*UNCHR, March 2021. **Data up to February 2021, source: DHIS2 and E-SIMO report. ***Coverage from January to March 2021. ****JRP 2021 is yet to be approved.
Situation update
UNHCR estimates around 884,041 FDMN/Rohingya refugees are living in the Cox’s Bazar district. About 52 percent are women and girls, while 25 percent are children. Unaccompanied or separated children make up approximately 0.28 percent. Persons with disabilities constitute one percent, while 0.42 percent have reported serious medical conditions. The average family size of the total registered population is 4.6 persons per household.

To ensure an adequate response to the COVID-19 pandemic; the Health Sector, under the leadership of the Civil Surgeon’s Office and coordinated by WHO through a Case Management Working Group set up 13 Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) with a total bed capacity of 917 (operational and stand-by) as of 31 March 2021. Health Sector partners will maintain the current level of SARI ITC capacity pending more data on the trajectory of the outbreak. So far, some centres have shifted to a standby mode.

COVID-19 testing capacity at the Institute of Epidemiology, Disease Control and Research (IEDCR) Field Laboratory in Cox’s Bazar is currently at 1,500 tests per day. Since its first test on 2nd April 2020, the laboratory conducted 103,084 tests (as of 28 March 2021) including 16,450 tests for the neighbouring districts. There are currently 31 sentinel sites that collect samples in the refugee camps. As of 28 March 2021, a total of 6,014 (8.7%) out of 68,860 samples from the host community in Cox’s Bazar district and 438 (1.3%) out of 34,224 samples among FDMN/Rohingya refugees tested positive for COVID-19. Of the COVID-19 amongst FDMN, 6.5 percent of cases had both severe symptoms at the time of admission and reported at least one co-morbidity.

While health facilities witnessed a decrease in weekly consultations in the first half of 2020 due to continued fears, stigma, rumours and misinformation associated with COVID-19, the second half of the year saw a steady increase in utilization of health services among the FDMN. 1,070,576 OPD consultations were reported in Q4-2020, and 835,672 consultations in Q1, 2021. Partners continue to advocate for continuation of essential health services even in times of lock-down, to prevent morbidity and mortality. In this period, a total of 4632 skilled births (97% live births, 3% still births: 4W Report) was reported in health facilities. With a revised strategy and new micro plan prepared by Government with the technical support of WHO and other partners, Routine Immunization efforts improved despite the setbacks in the first half of the year in 2020 due to lockdown and movement restrictions.

Health Sector partners continued to advocate and promote activities geared towards improving overall health seeking behaviour, including rumour-tracking to enable the Communicating with Communities (CwC) Working Group to develop messages on COVID-19, and the dissemination of such messages through various communication channels. Community Health Workers engaged in several community outreach initiatives disseminating messages on COVID-19 and essential health services. The joint efforts resulted in increased daily testing rates from less than 10 to several hundred per day during peak periods.

Public health risks, priorities, needs and gaps
Communicable Disease Control and Surveillance
COVID-19
- Cox’s Bazar district registered its first COVID-19 case in March 2020. The first case was reported in the host community, while in FDMN/Rohingya refugee camp, the first case was recorded on 14 May 2020. As of 28 March 2021, the host community had 6,014 COVID-19 laboratory-confirmed positive
cases (Male-74%, Female-26 %), from a total of 68,860 tests that were conducted by the IEDCR Field Laboratory in the Cox’s Bazar Medical College.

Among the Rohingya refugees, 34,224 tests had been conducted and 438 tested positive for COVID-19 (Male-47%, Female-53 %) as of March 2021. The number of fatalities was 73 (host community) and ten (FDMN/Rohingya refugees) respectively. The case fatality was 1.2 percent among the host community in the Cox’s Bazar district and 2.3 percent among the FDMN/Rohingya refugees.

Figures 1 to 4: COVID-19 laboratory-confirmed cases among host and FDMN/Rohingya refugees (by age and sex)

- Among the Rohingya refugees, 34,224 tests had been conducted and 438 tested positive for COVID-19 (Male-47%, Female-53 %) as of March 2021. The number of fatalities was 73 (host community) and ten (FDMN/Rohingya refugees) respectively. The case fatality was 1.2 percent among the host community in the Cox’s Bazar district and 2.3 percent among the FDMN/Rohingya refugees.
Diphtheria

- Cumulatively, a total of 9,257 diphtheria cases and 47 diphtheria-related deaths have been reported through WHO’s Early Warning and Response System (EWARS) and Go.Data since December 2017. Between January and March 2021, a total of 71 cases were reported with no deaths. The last Diphtheria death was reported on 25 October 2019.

![Figure 5: Diphtheria cases among FDMN/Rohingya refugees (2020-2021 W12) (source: go.data)](source: go.data)

Acute Respiratory Infection (ARI)

- From January to March, 211,122 (57%-children under 05 years) ARI cases were reported in EWARS. The decline illustrated in the graph may be explained by general seasonal trend, and impact of COVID-19 on overall rates on health-seeking services in the FDMN/Rohingya refugee camps.

![Figure 6: Total number of ARI cases reported in EWARS from 2018-2021-Week 12](source: go.data)

Acute Watery Diarrhoea (AWD)

- From January to March 2021, 12 AWD Rapid Diagnostic Tests (RDT) positive Cholera cases were reported and verified. Of these, 11 qualified for a Joint Assessment Team (JAT) investigation. Two (FDMN/Rohingya refugee camp-01 and Teknaf host community-01) were confirmed Cholera. Twenty (out of 23) sentinel sites for Cholera surveillance were fully functional during the reporting period, including 02 Upazila Health Complexes (UHCs) and 01 Diarrhoea Treatment Centre (DTC) in Camp 24.
Community based mortality surveillance

- The charts below provide a breakdown of mortalities reported by camp, sex, place and causes of death. In total, 561 (Male 51.5%, Female 48.5%) mortalities were reported during the reporting period. Among the deceased, 15 were Women of Reproductive Age, 138 still births and 56 neonatal deaths. Most of the deaths occurred at home (61%), followed by health facilities (32%), and community/public spaces (6%). Under five mortality rates were calculated at: 0.38/1,000 children<5/month (0.37 female, 0.33 male) while Crude Mortality at 0.16/1000 population/month.

Figure 7: RDT positive and culture confirmed for Cholera cases in 2019-2021

Figure 8: Reported cases of priority disease consultations between weeks 1-12, 2021 (Source: EWARS)

Figure 9: Community based mortality surveillance by camp, sex, cause and place; Week 1-12, 2021 (Source: EWARS).
Quality of Medicines

- The Director General of Drug Administration (DGDA) and Health Sector partners conducted a series of meetings and field visits on 21st and 23rd January to strengthen Post Marketing Surveillance (PMS) by risk based sampling and testing through mini laboratories to enhance access to safe, effective and quality medicines for all.
- W.H.O donated three mini laboratories to the DGDA’s office in Cox’s Bazar as a contribution towards improving capacity to identify sub-standard and falsified drugs in order to ensure quality care for host and refugee communities.

Tuberculosis (TB)

- In the reporting period, TB field assistants visited 1,800 households in the refugee camps and host communities of Ukhiya and Teknaf Upazilla, conducted 20 TB community awareness sessions. Additionally, they conducted TB screening and suspected cases referred to the nearby BRAC facility for further investigation.
- In Jan-March 2021, a total of 700 (400 in Ukhiya, 300 in Teknaf) GeneXpert (GXP) tests were conducted. Up to 550 routine microscopy tests were conducted (300-Ukhiya, 250-Teknaf). Conducted the weekly visits to BRAC TB laboratory and provided technical support and supervision to ensure quality of TB diagnosis.
- In Teknaf UHC, Radiographers conducted 200 Chest X-rays for suspected TB and COVID-19 cases as well as those diagnosed with other respiratory illnesses.
- W.H.O in collaboration with National Tuberculosis Control Program (NTP), Civil Surgeon office, NGO partners and other stakeholders in Cox’s Bazar conducted the quarterly TB monitoring meeting and discussed the challenges for TB program activity implementation and NTP management issues for the FDMN and host communities.
- Health partners commemorated World TB day on 24 March in the entire Cox’s Bazar district. The highlight for the day was the Standby Rally and TB community awareness program and sample collection that was done at Upazilla.

Varicella Zoster

- Following a reported increase of Varicella Zoster (Chicken Pox) cases in the Rohingya refugee camps, W.H.O provided an technical update to the Case Management Working Group on clinical management of cases, prevention of infection spread within the healthcare facilities, and referral pathways within the camps for patients with complications to improve quality of care. Clinical management guidelines for Varicella Zoster for Rohingya camps were developed and under review.

Management of hypertension and diabetes

- In the first quarter of 2021, the Health Sector conducted supportive supervision to nine health facilities as a follow-up to a training held in December 2020. The facilities were supported on the use of Cardiovascular Disease (CVD) risk charts, access to essential medicines, provision and adherence to national protocols on management of diabetes and hypertension. With support from the World Bank, essential NCD commodities were also supplied to government health facilities in Ukhiya and Teknaf.

Child Health

- From February 2021, the routine immunization micro plan was revised in line with the new strategy. Some of the facilities which had low coverage moved from health facility to community level to reach remote areas and improve coverage. All fixed sites are receiving Fractional Inactivated Poliovirus Vaccines (fIPV) as of February 2021. W.H.O has developed a separate Measles and Rubella (MR) dropout list which is updated by vaccinators with missed children information and shared with CHWs for mobilization.
Antigen coverage

- Routine immunization (RI) sessions—both fixed and outreach approaches—continue with WHO’s guidance on the operation and sustaining of immunization programs during the COVID-19 pandemic. The revised strategy and micro-plan reviewed by Government with technical assistance from WHO and other partners is being implemented since February 2021. The trend of vaccine uptake is increasing as the coverage gaps in the blocks/sub-blocks continue to be addressed.

![Figure 10a: Antigen coverage (0-11 month) in FDMN/Rohingya Camps (January-March 2021, Source: DHIS2)](image)

![Figure 10b: Antigen coverage (12-23 month) in FDMN/Rohingya Camps (January-March 2021, Source: DHIS2)](image)

COVID-19 Vaccination campaign for Rohingya community

- COVID-19 vaccination campaign for Rohingya community was initially planned to kick off in late-March with a target of 129,698 people over the age of 40 years and front-line workers (Community Health Workers, education and nutrition volunteers) to receive the first dose. However, the campaign is currently on hold as Government of Bangladesh (GoB)-supply of vaccines through the COVAX facility planned for Rohingya Refugees in Cox’s Bazar is yet to be received. An operational guideline for COVID-19 vaccination in Rohingya community has been developed and shared with the Civil Surgeon for government approval. Human resource mapping, draft block-wise micro plan has also been completed. Orientation and trainings for supervisors, vaccinators and Adverse Event for Immunization (AEFI) focal points were conducted from 18th to 24th March 2021. The W.H.O-IVD team along with Government and Health Sector partners trained a total of 450 persons in 10 batches.
Trauma and injury (Response to fire outbreak in Ukhiya, Cox’s Bazar)

- On 22 March 2021, a devastating fire broke out, spreading through three (Camp 9, Camp 8W, Camp 8E) Rohingya refugee camps in Ukhiya, Cox’s Bazar killing at least 11 refugees and leaving some 10,100 households without shelter. At least 48,300 individuals lost their homes and personal belongings¹.

- Six Mobile Medical Teams were immediately deployed to help the injured and sick by providing direct assistance to the fire affected population and reinforcing capacity of health facilities that were affected by the fire, and other facilities that had increased patient load.

- Six health facilities were damaged or destroyed: these included one specialized clinic, one primary health care (PHC) facility, and one health post (HP) which were heavily damaged. Another PHC and HP were partially damaged. Of these facilities, all have resumed operations at least in part. A sixth facility, the Turkish Field Hospital, was heavily damaged and is currently undergoing reconstruction. The field hospital’s referral level services are currently (end-March) being offered in partnership with the Bangladesh Red Crescent Society (BDRCS) at the BDRCS Field Hospital. Plans for reconstruction/repair of other damaged health facilities are under development, in consultation with relevant actors.

- Health Sector partners were provided equipment and supplies including medicines to resume health services. The equipment includes 10 Interagency Emergency Health Kits, 17 Trauma and Emergency Surgery Kits, patient monitors, patient beds and personal protection equipment, among other items.

- Since the fire incident, 163 CHWs were mobilized to conduct community outreach in fire-affected camps, visiting over 17,000 households and reaching 26,000 refugees. The CHWs provided support with health promotion, fire prevention, and first aid and assisting injured refugees with referrals to health facilities. Beginning on April, the Health Sector conducted further capacity building of community health workers across all camps on fire safety and response at community level.

- Over 300 personnel provided Psychological First Aid to refugees affected by the fire. In addition, staff from other Sectors, trained on psychological first aid, as well as primary health workers provided mental health and psychosocial support to affected refugees.

Sexual Reproductive Health (SRH)

- The Sexual Reproductive Health Working Group developed a draft Family Planning Strategy to support the Ministry of Health and Family Welfare in Cox’s Bazar.

- The Health Sector continued to collaborate with the Government of Bangladesh (GOB) and other stakeholders to ensure 24/7 Emergency Obstetric and New-born Care (EmONC) services along with a functional referral system. Work continues to make Upazilla Health complexes of Ukhiya and Teknaf functional 24/7.

- Standard Operating Procedures (SOPs) for emergency referrals, including Comprehensive Emergency Obstetric and New-born Care (CEmONC), are under the process of revision after a workshop with all referral partners held in February 2021.

- During the reporting period, regular death reviews were conducted by the Maternal and Perinatal Mortality Surveillance and Response (MPMSR) committee to support partners with recommendations on each event with the aim to reduce preventable maternal and perinatal mortality. A report compiling a summary of 2020 MPMSR findings is under development.

- In collaboration with Government of Bangladesh; UNFPA, WHO and other SRHWG partners procured and distributed SRH items including Emergency Reproductive Health Kits, Mama Kits, Personal Protective Equipment and Family Planning Kits to health facilities in Cox’s Bazar.

¹ Source: Joint humanitarian response_external sitrep 2_fire incident_6April 2021
SRHWG conducted trainings on Long-Acting Reversible Contraceptives (LARC), Clinical Management of Rape and Intimate Partner Violence (CMR/IPV) and Maternal Mortality Surveillance were by the. A total of 284 (128 female and 156 male) health workers, including midwives, clinicians, paramedics, reporting officers, SRH managers and CHW supervisors were trained.

According to CHW reports, there is a significant reduction in home deliveries, 88% in 2018, 59% in 2019, 42% in 2020 and 30% in the first quarter of 2021.

From the community, CHWs identified and referred 42,969 patients for Antenatal Care and facility delivery; 50,460 children for routine immunization, 17,925 cases of non-communicable disease for investigation and treatment, 3,154 children and 2,033 pregnant lactating mothers to the nutrition centre, 1,365 individuals for Mental Health and Psychosocial Services, 19,220 cases with acute conditions for treatment and 217 individuals with protection concerns.

Mental health and psychosocial support (MHPSS)

During the first quarter, the MHPSS WG, working closely with WHO and UNHCR developed a roadmap to support implementation of mental health and psycho-social services in the Sadar Hospital in Cox’s Bazaar. The roadmap includes training of staff, establishment of structures that support mental health as well as considering a budget for mental health services integration into the hospital services. As per the action plan, training on Mental Health Gap Action Plan (mhGAP) was provided for all ICU health care staff to increase capacity to support patients with mental health in ICU.

The MHPSS WG reached 109 MHPSS health practitioners in health facilities in refugee camps of Ukhiya and Teknaf Upazila and Cox’s Bazaar district Sadar hospital with supportive supervision sessions. This is part of continued capacity building of health care professionals who were trained on mhGAP to better integrate mental health services in primary health care services.

To achieve better integration of MHPSS in primary health care services, the Health Sector conducted mhGAP trainings for 128 healthcare workers (doctors, nurses, psychologists and counsellors). In addition, refresher trainings for 71 healthcare workers who underwent the same training earlier was conducted in March.

Due to the increasing restrictions, staff’s need for self-care has been highlighted as one of the crucial needs. MHPSS WG are reaching out to multiple sectors to provide self/staff care. UNHCR has completed the training for CHW supervisors as part of the initiate to improve selfcare.

Emergency preparedness and response

The Health Sector updated its contingency plans for the cyclone (March-June) and monsoon (September-November) seasons. Information related to health facility functionality, contingency supplies and locations, Mobile Medical Teams (MMT), ambulance network systems to respond to emergencies, and a list of camp health focal points continue to be maintained and updated regularly.

During the reporting period, the Emergency Preparedness and Response Technical Committee (co-chaired by WHO and IOM) developed a Mass Casualty Incident Response Plan for the Forcibly Displaced Myanmar Nationals (FDMN) camps. The plan contains relevant geo-location information of 24/7 functional medical hubs and Primary Health Centres (PHC’s).

In this quarter, WHO and the Health Sector facilitated the refurbishment works of blood transfusion units at Ukhiya and Teknaf Health complexes in order to increase the availability of blood. Procurement of additional equipment and supplies is ongoing to support full operationalization of the blood transfusion units.

Health Sector Action

Coordination, collaboration and monitoring

The Health Sector continues to provide leadership, coordination, supportive supervision and collaborative support to all health partners and sectors responding to the FDMN/Rohingya refugee crisis and the ongoing COVID-19 pandemic. The Health Sector is currently comprised of more than 80 active partners (the
Government of Bangladesh, 34 international partners, 32 National NGOs and six UN agencies, who continue to timely and effectively respond to the needs of the affected population.

- At the district level, a Strategic Advisory Group (SAG), with representatives from the MoHFW Coordination Center, the RRRC Health unit, Health Sector Working Group coordinators, UN, INGOs and NNGOs, serves as an advisory to the Health Sector coordinator. Currently, there are six working groups in the sector coordinating different health activities:
  - Sexual and Reproductive Health (SRH): chaired by UNFPA
  - Community Health (CH): chaired by UNHCR and co-chaired by Medair
  - Epidemiology (CM): chaired by WHO
  - Case Management (SCM): chaired by WHO
  - Mental Health and Psychosocial Support (MHPSS): co-chaired by IOM and UNHCR
  - Emergency preparedness response (EPR): chaired by WHO and IOM
- There are two Health Sector Field coordinators are responsible for supporting the coordination of health efforts at the Upazila level and collaborate with ten dedicated camp health focal points who are in place to support camp level coordination.
- The Community Health Working Group (CHWG) coordinates partners implementing community health activities in the camps. There are around 1,500 CHWs and 120 Community Health Supervisors. COVID-19 is a key area of work currently, especially community-based surveillance and health education messages.
- The Mental Health and Psychosocial Support Working Group provides coordination and technical support to partners implementing MHPSS activities.
- The Sexual Reproductive Health and Rights (SRHR) Working Group provides coordination and information management on sexual and reproductive health and rights services and currently has close to 40 members, including UN agencies, INGOs, NNGOs and local health authorities.

Risk communication and community engagement (RCCE)
- The CHWG conducted CHW coverage mapping in all the refugee camps. The mapping found 1,447 CHWs (73%-Female, 27%-Male)-40% covering the host community while 60% for refugees- with a coverage of 1 CHW per 144 HHs (600 individuals) on average. The mapping exercise informed the equitable geographical allocation of coverage and minimize duplication between CHWG partners and CHW teams.
- During the first quarter, Frequently Asked Questions (FAQs) and public health messages on COVID-19 vaccination for host community, Rohingya/refugee community, as well as for health workers and supervisors were developed and shared with partners after partner feedback was incorporated and endorsed by the Civil Surgeon’s Office.
- In the aftermath of the Ukhiya fire, key messages on Fire Safety and First Aid of Burns were developed. The messages have been approved by the Civil Surgeon’s Office and shared with partners for dissemination to communities. In addition, a guidance on Safe Clean-Up of Fire Affected Sites was reviewed and approved by the Civil Surgeon’s Office and shared with partners.
- The RCCE working group, supported by Translators Without Borders organized and facilitated trainings on Rohingya language and cultural awareness for 35 communication personnel, managers, program officers and health service providers in order to improve their communication skills while dealing with Rohingya refugee communities.
- The RCCE working group updated and shared weekly English and Bangla versions of the radio script on COVID-19 for airing through Bangladesh Betar and Community Radio. In 99.2fm targeting host and refugee communities.
- The CHWG trained 120 CHW supervisors and managers and 1,447 CHWs on communication strategies and community engagement in order to prepare communities to support COVID-19 vaccination.
- The CHWG with RCCE and Communication with Communities (CwC) working groups jointly developed IEC materials on COVID-19 vaccination. Printing of IEC materials was supported by UNHCR. The materials printed include 20,000 copies of key messages in English and Bangla, 10,000 copies of key messages on English and Burmese, 215 copies of Festoon-1 and 2,125 copies of Festoon-2 and 7,500 copies of FAQs.
- Partners conducted 136,701 small group sessions on COVID-19 prevention. A total of 443,277 Rohingya refugees participated in the sessions raising awareness on COVID-19 (signs and symptoms, risk factors, testing, infection prevention and control measures including physical distancing, hand hygiene, quarantine/isolation and treatment facilities).
**Surveillance, rapid response and case investigation**

- As of 28 March 2021, 170 health facilities were registered and reporting in EWARS. Reporting completeness was 89 percent and reporting timeliness was at 84 percent. EWARS received a total of 872 alerts during the reporting period. All alerts were reviewed and verified within the required 48-hour timeframe.
- A camp-wise dedicated Contact Tracing (CT) network (34 supervisors and 311 volunteers) was embedded in the Rapid Investigation and Response Team (RIRT) for the COVID-19 response. So far, 432 out of 438 confirmed COVID-19 cases have been entered in the Go.Data system, including 1,674 (95 percent) contacts to be followed up by the CT network. Follow-up visits for 1,439 (86 percent) of the contacts was completed during the reporting period.

**Laboratory**

- Expansion works of the Institute of Epidemiology Disease Control and Research (IEDCR) laboratory started in February 2021. These include expansion of the separate sample collection room, extraction room, template room, master mix room, amplification room, data management and staff room, serology laboratory room, sterilization services department, generator room, store and sheep shelter for microbiology activities among other infrastructure.
- The expansion will enable increased sample testing capacity and compliance with standard requirements of biosafety. An automatic extraction machine was also installed in the laboratory to enhance sample testing capacity within a shorter time.

**Infection prevention and control**

- Health Sector partners continue to address needs on staff training, supplies and technical guidance on Infection Prevention and Control (IPC) to minimize the risks of COVID-19 infection for patients, staff and the vulnerable community. The IPC Technical Working Group was endorsed by the Health Sector in mid-2020 and quickly began the operationalization of the IPC response and quality assurance plan.
- In February, WHO facilitated the training of 65 health professionals (doctors and nurses) from all eight divisions of Bangladesh. The training was jointly organized by Health Service Management, Directorate General of Health Services (DGHS) and WHO. The pool of master trainers at divisional level will roll out COVID-19 Infection Prevention and Control (IPC) training to reach all healthcare workers in the country as part of the fight against the COVID-19 pandemic.

**Case Management**

- Health Sector partners are currently running 97 Health Posts in the FDMN/Rohingya refugee camps, and 40 Primary Health Care centres providing 24/7 health services. In addition, numerous government-run health facilities in the host community are supported by health partners. The facilities include 10 community clinics, six union sub-centres and six Health and Family Welfare Centres, two Upazila health complexes and the district-level Sadar Hospital.
- As of the end of March 2021, there were 13 operational SARI ITCs in the refugee camps, with a total of 502 open functional beds and 415 beds on standby. At the 250-bed Sadar district hospital, the Intensive Care Unit (ICU) has 10 beds while the High Dependency Unit (HDU) has eight beds and the Severe Care Unit (SCU) has 20 functional beds.

**Water, sanitation, hygiene and environmental health**

- From January to March 2021, WHO Health Care Waste Management (HCWM) team compiled and developed a Standard Operating Procedure on HCWM in Cox’s Bazar which was shared with the Civil Surgeon and partners for their feedback. The SOP is now awaiting endorsement by the Civil Surgeon for adoption and use in the health care facilities. The WHO HCWM team provided technical guidance for safe clean-up operations after the devastating fire incident on 22nd March.
The Department of Public Health Engineering (DPHE) is implementing a Water Quality Surveillance (WQS) program for community point sources in Forcibly Displaced Myanmar Settlements with the technical and financial assistance of WHO and UNICEF. The second round (round 16) of community water quality surveillance started on 9th January and ended on 9th February 2021. A total of 4,212 water samples were collected and examined. These comprised of 1,053 unsterile sources, 1,053 sterile sources and 2,106 household storage water samples for E. coli and sanitary inspections.

The health care facilities water supply systems surveillance exercise was conducted from 10th to 20th February. A total of 338 samples were collected and tested. 654 samples collected and tested from 18th February to 4th March in learning centers. Pipeline Water Supplies System surveillance was done from 6th to 14th March.

Health Sector Gender Action Plan

While the response to the global COVID-19 pandemic is at the core of the health crisis, it is also a social protection crisis. Gender-based Violence (GBV) has been on the rise amidst the pandemic, particularly among women and girls in their own homes. Studies have shown that women and girls are severely impacted (stress, loss of livelihood, domestic violence) by COVID-19 in addition to other challenges in accessing SRH services e.g., mobility restrictions.

Hence, the Health Sector Gender Action Plan (hsGAP) for 2020 focused on gender mainstreaming and targeted gender activities in the COVID-19 response that would ensure the increased availability of gender-disaggregated data, heightened awareness and training to healthcare staff on challenges related to gender, GBV, and protection mainstreaming in health, as well as support a gender-diverse establishment of Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs), amongst others.

Not only were women involved in the decision-making process for SARI ITCs, the Health Sector trained hundreds of healthcare staff and CHWs on several gender mainstreaming issues, including GBV, Protection against Sexual Exploitation and Abuse (PSEA), and cross-cutting issues in protection of women and children. In addition, Health Sector partners carried out several trainings on COVID-19 public health and physical distancing measures, with many women leading outreach and awareness-building efforts in the Rohingya refugee camps and the nearby host communities, ensuring that important information were shared in a timely manner.

For 2021, the Health Sector has produced a Health Sector Gender Action Plan that is broader than 2020, now looking at essential health services, in addition to COVID-19, ensuring these take into account gender-diverse needs for the different vulnerable groups, including women, girls and people with disabilities. These joint actions from the Health Sector not only set a stronger focus on monitoring of GBV services in health facilities and the Clinical Management of Rape (CMR), they are also intended to strengthen the role of women in facility-based decision-making processes and ensure that female medical staff is available in each on the ground. In addition, the Health Sector will jointly work towards a more gender-diverse infrastructure of the health facilities to ensure that through sex-segregated spaces, women and men as well as girls and boys have safe and dignified access to available health services.

Training of health staff

During the first quarter, a training on Clinical Management of Rape and Intimate Partner Violence (CMR/IPV) was conducted by the Sexual Reproductive Health (SRH) working group. In total, 55 frontline health care workers from partner organizations working in the camps were trained in two batches from 15th to 18th February and 22nd to 25th February respectively.

The Prevention of Sexual Exploitation and Abuse (PSEA) Network, in collaboration with WHO trained 136 staff on PSEA.

On 25th March, the Health Sector, with support from the Australian Medical Assistance Teams (AUSMAT), organized three clinical management of burns webinars namely: Management of burn injuries (attended by 85 clinical staff), Emergency Burn Mass Casualty Incident (MCI) First Aid care for Mobile Medical Teams (attended by 45 members of mobile medical teams) and Severe Burns Emergency Resuscitation Care, Stabilization and Packaging (attended by 90 healthcare workers from primary and secondary health facilities).

The MHPSs working group conducted a capacity building workshop on 4Ws (Who does What Where, and When) on 15 February. In total 36 participants from 32 organizations attended.
The Health Sector, with support from ARUP-UK, WHO and IOM, conducted a fire safety training (webinar) for 125 healthcare managers and clinical staff from different organizations and agencies working in the Rohingya refugee camps.

The CHWG team prepared a training facilitation guide for Training of Trainers (TOT) on the CHW core package. The first batch TOT training of 37 CHW supervisors and managers, out of a total of 140 CHW supervisors and managers, was conducted in the last week of March. The remaining three batches of training is planned for April-May 2021. The same training will be cascaded to all the 34 camps.

A total of 40 laboratory professionals received training on Biosafety and Infection Prevention and Control during COVID 19 sample collection. The training is expected to support operationalization of an additional five sample collection sites in the camps. An additional 20 laboratory personnel were trained on General laboratory practices. The training was aimed at improving and reinforcing best practices during routine laboratory work in the refugee camps.

As in-person trainings are largely on hold due to COVID-19 restrictions, capacity building continues through online modalities where possible.

Assessments

The Health Sector, working closely with IEDCR Cox’s Bazaar field laboratory completed the Enzyme-Linked Immunosorbent Assay (ELISA) tests for all 3,730 samples collected, as well as conducted analysis of results for the COVID-19 sero-prevalence study in January 2021. Results of the survey will be made available through IEDCR, Dhaka.

A qualitative survey targeting Basic Emergency Care (BEC) and Basic First Aid (BFA) personnel to assess quality of emergency service delivery and identify existing gaps was conducted during the reporting period. The survey was aimed at strengthening the pre-hospital emergency care system in Cox’s Bazar. The survey results will be shared once finalized.

During the reporting period, the Suicide Prevention Sub-Working Group shared findings of the suicidal behaviour and community survey done in 14 camps with support of UNHCR and MUKTI.

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