As of 5 October 2020, more than 2 million people have been tested for COVID-19 in Bangladesh, of which 370,132 people tested positive. There are currently 109 COVID-19 labs across the country, and more than 60 per cent of tests are completed in Dhaka. The highest percentage of confirmed cases is found among the age group 31 - 40 years old (27%), and the highest death rate among the age group 61 – 70 years old (31%).

On 30 September, 164 migrants arrived home on a Voluntary Humanitarian Return (VHR) flight from Libya. Aboard the charter were nine survivors of the tragic shooting in the Libyan town of Mizdah, where on 27 May, 30 migrants—including 26 Bangladeshis—were shot and killed in a smuggling warehouse. With those survivors were other vulnerable migrants, including 39 people with medical conditions.

During the reporting period, key findings of a Rapid Gender Analysis (RGA) to better understand the impact of COVID-19 on women, girls, men and boys and other vulnerable populations in the Rohingya and host communities were shared among stakeholders in Cox’s Bazar. The RGA highlights how gender issues have been exacerbated during COVID-19 and finds that a) pre-existing gender discrimination based on restrictive norms and roles remain prevalent with few changes and some exacerbations; b) the burden of unpaid care work has increased due to COVID-19 prevention measures; and c) achievements that have been made towards gender equality risk being undone.

On 30 September, an oxygen generator plant was inaugurated at the Government-managed Isolation and Treatment Centre (ITC) in Ramu. The regular supply of oxygen is essential for the medical management of moderate and severe COVID-19 cases in the ITC at the Ramu Upazila Health Complex. Since March 2020, IOM is supporting the Government to address the health needs of host communities in Ramu and Teknaf Upazilas in Cox’s Bazar.
IOM ASSISTANCE TO AFFECTED COMMUNITIES SINCE MARCH 2020

IOM RESPONSE (NATIONAL LEVEL)

POINTS OF ENTRY

During the reporting period, four health, border and mobility management (HBMM) POE taskforce meetings were held at four points of entry (POE), including Chattogram Shah Amanat International Airport, Chattogram sea port, Cox’s Bazar Airport and Teknaf land port and attended by a total of 91 representatives of different POE authorities. Key points discussed during the meetings revolved around the construction/refurbishment of additional screening rooms, challenges faced by health staff, how to prolong IOM support to POEs, digital communication and awareness materials, and the sharing and discussion of assessment findings among other things.

IOM also distributed food at the Hazarat Shajalal International Airport (HSIA) to 164 vulnerable migrants returning from Libya, as well as food to 137 returnees at the Benapole border crossing point, the busiest land port in the country, alongside dignity kits to 32 women and seven girls.

Additionally, and in coordination with the Communicable Disease Control (CDC) of the Directorate General of Health Services (DGHS), IOM took part in the dissemination of Standard Operating Procedures (SOP) for the detection and management of ill travellers suspected of being COVID-19 positive both at POEs and in aircrafts at HSIA. A total of 19 participants from the airport health team and CDC data management team were provided with the SOPs, alongside a basic fire safety training.

MIGRANT RESPONSE

During the reporting period, IOM completed the second round of data collection on the needs and vulnerabilities of Bangladeshi migrants who returned to their home districts because of COVID-19. The round 2 exercise focused on gaining more longitudinal insights on the socio-economic status of the returned migrants and added more information on coping mechanisms. A total of 2,765 returnees were interviewed in the first round and 1,900 were interviewed in the second round. To provide an overview of the situation affecting internal and international return migrants, both rounds of the survey targeted migrants who had returned from abroad since the COVID-19 outbreak and internal migrants who returned to home districts before or during the government-mandated general holiday period. The data analysis and report of the findings from round 2 will be available by the end of October 2020.
SURVEILLANCE

The IOM-managed severe acute respiratory infection (SARI) isolation and treatment centre (ITC) in Leda and three temporary isolation facilities are collecting samples for laboratory testing of suspected severe acute respiratory infection (SARI) cases. These facilities are also serving as sentinel sites for sample collection from acute respiratory illness/influenza-like illness patients for better surveillance and case identification. In the last two weeks, a total of 1,498 samples were collected and transported to the laboratory in Cox’s Bazar.

IOM is also supporting contact tracing activities for COVID-19 surveillance, which involves the identification and follow-up of persons who have been exposed to those who’ve contracted the virus. In addition to contact tracing volunteers of IOM’s Site Management and Site Development (SMSD) unit, IOM is providing tracing supervisors and medical support teams across 13 camps. A total of 164 contacts were successfully traced, monitored and quarantined during the reporting period.

In addition, rapid investigation and response teams (RIRT) are active in six camps, with the aim to locate the shelters of COVID-19 positive patients and support community health workers (CHW) in counselling families on the available options for treatment and quarantine. The teams are also regularly following up on COVID-19 positive families who are home-quarantined and ensuring the delivery of food and liquefied petroleum gas (LPG). During the reporting period, a total of 16 cases were reported in Camp 24, including nine children. Site Management and WASH teams supported families of confirmed cases to move to quarantine facilities. For those that chose home quarantine, shelters were disinfected and advice was provided on how to quarantine.

INFECTION PREVENTION CONTROL

Site Management teams continue to promote the campaign, “No mask, no entry to the service point” at distribution points. Teams also routinely engage communities in discussions on a range of issues. These conversations are important opportunities to dispel rumours. During the reporting period, some of the rumours that were addressed were, ‘the risk of contracting the virus is low so we can all move about normally,’ ‘the rain washes away the coronavirus,’ and ‘when get people get sick with Coronavirus they will become immune.’

To ensure staff safety and maintain adequate infection prevention control, hygiene materials and personal protection equipment (PPE) were distributed to IOM supported health facilities. The distributions included 22,200 examination gloves, 5,100 surgical masks, 1,540 KN-95 masks, 50 face shields and 40 coveralls.
A palliative care guideline has been developed and approved for distribution to SARI ITCs in Cox’s Bazar. Ambulance drivers were trained on their roles, responsibilities and decontamination procedures for ambulances. IOM has established three ambulance disinfection points located in Camps 24 and 20 Extension, and at Uttaran. Cleaning and decontamination of ambulances and other vehicles continued throughout the reporting period.

During the reporting period, 16 COVID-19 cases, 14 contacts and new arrivals to quarantine centres, 14 humanitarian workers and 11 families were transported for COVID-19 testing and 41 contacts who had been discharged were provided with transport to return to their homes from quarantine facilities. The DRU responded to 96 requests for transport support, both for host community members and for refugees; of the 129 total beneficiaries provided with ambulance/transport support, 31 were confirmed COVID-19 cases, 16 were suspected cases, 14 were contacts and new arrivals to quarantine centres, 18 humanitarian workers and 44 refugees.

A total of 15 new staff joined the health response team—new staff include two medical officers, six medical assistants, five nurses, and 18 care givers. The new staff will enhance the capacity of health teams to provide home-based care so that they can take part in the delivery of care to mild to moderate COVID-19 cases at community level, as well as in the event that potentially high transmission rates overwhelm the SARI ITCs.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

During the reporting period, community health workers completed a total of 100,227 door-to-door visits and organized 6,663 courtyard meetings, reaching 196,228 people. Ten outreach teams, consisting of SARI ITC staff and CHWs, continue their activities across the camps to a) enhance COVID-19 community-based surveillance, improve risk communication and community engagement and provide home-based care for COVID-19 cases who refuse facility-based isolation; and b) strengthen continuity of other essential health services through community outreach, health promotion and referral.

CASE MANAGEMENT

IOM is continuing to operate three SARI ITCs in camps 2W, 24, and 20 Extension for the treatment of cases, with a total of 114 functional beds with the capacity to scale up to 214. A total of 27 suspected and 30 confirmed cases were admitted to these ITCs in the last two weeks. To improve access to the ITC in Camp 20 Extension, IOM site development (SD) teams repaired the bamboo bridge that connects Camps 18 and 20. SD teams also stabilized a slope at risk of slope failure at an IOM health post and repaired a stairway so beneficiaries in Camp 10 could access United Purpose Hospital.

A total of 1,860 safety gloves were distributed to frontline workers involved in repairing essential facilities and those workers engaged in desludging and drainage maintenance. All workers employed through the cash-for-work program are distributed washable cloth masks and provided with guidance on how to minimise the risk of infection whilst performing essential maintenance in the camps. A total of 9,000 gloves and 8,897 masks were distributed to frontline workers and community volunteers.

The temperature screening points (TSPs) are operational in ten camps and IOM manages the TSPs in Camps 9, 19, 22, 25, and Panzabar road. To access a camp, individuals at the TSPs are requested to wash their hands before their temperature is measured by a volunteer using a non-contact handheld thermometer. During the reporting period a total of 71,077 people were screened, and 42 individuals from five camps had high temperatures and were referred to health centres.

IOM is working with partners to replace rotating taps with lever taps at communal handwashing points. During the reporting period, a total of 241 lever taps were distributed to WASH partners. Lever taps and Tippy Taps have been introduced to limit contact with harmful bacteria and to promote hygienic practices.

INFECTION PREVENTION CONTROL

Door-to-door COVID-19 messaging is ongoing in camps where IOM is the area focal point for providing WASH services, as well as in an additional camp where IOM is providing WASH services through an implementing partner. In the past two weeks, teams completed a total of 87,188 awareness-raising sessions. The key messages focus on maintaining social distance, covering your mouth or face when coughing or sneezing, avoiding touching eyes, mouth, and nose with unwashed hands, washing hands frequently with soap and water, avoiding close contact with sick people, cleaning and disinfecting frequently touched surfaces daily, and staying at home as much as possible.

Door-to-door soap kit distribution is ongoing and a total of 30,863 soap kits were distributed to beneficiaries in Camps 9, 10, 11, 12, 13, 18, 20, 23, 24, and 25 during the reporting period.

The IOM WASH unit provided 1,648 household hand-washing devices to beneficiary families in Camps 2W, 23, 25, as well as in two host community villages in Ukhiya. A total of 53,065 household handwashing devices have been distributed since the COVID-19 response started. As a complementary part of household handwashing devices, IOM also distributed 15,560 soap cases to households in four camps.

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During the reporting period, an 18-bed maternity unit was opened at the SARI IRC in Camp 24. Antenatal and post-natal care will be provided to women who have symptoms of or who have tested positive for COVID-19. Preparations are underway to open a six-bed maternity ward at the SARI ITC in Camp 20 Extension in November.

A total of 26 managers from IOM health facilities in Ukhiya and Teknaf took part in a four-day IOM Training of Trainers (TOT), trainers are equipped with the knowledge and resources to build the capacity of their colleagues on IPC in their respective facilities.

A total of 17 staff members working in the SARI ITCs took part in a three-day training on SOPs on COVID-19 response, case management, and infection prevention and control, to improve their clinical knowledge and skills for better patient care and prevention of transmission of the virus. The training also included an orientation on the IOM code of conduct, protection from sexual exploitation and abuse (PSEA), and psychological first aid (PFA).

Given the importance that home-based care plays in COVID-19 case management, 60 clinical staff were trained on home-based care so that they can take part in the delivery of care to mild to moderate COVID-19 cases at community level, in the event that potentially high transmission rates overwhelm the SARI ITCs.

A total of 15 new staff joined the health response team - new staff include two medical officers, six medical assistants, five nurses, one lab technologist, and one pharmacy assistant.

The dispatch and referral unit (DRU) is continuing to coordinate live isolation bed capacity management and ambulance dispatch for the COVID-19 response. DRU responded to 96 requests for transport support, both for host community members and for refugees; of the 129 total beneficiaries provided with ambulance/transport support, 31 were confirmed COVID-19 cases, 16 were suspected cases, 14 were contacts and new arrivals to quarantine centres, 18 humanitarian workers were transported for COVID-19 testing and 41 contacts who had been discharged were provided with transport to return to their homes from quarantine facilities.

IOM has established three ambulance disinfection points located in Camps 24 and 20 Extension, and at Uttaran. Cleaning and disinfection services were provided 25 times to IOM and partners’ ambulances during the reporting period.

During the reporting period, a total of 42 volunteers were trained on ambulance decontamination procedures, and 24 ambulance drivers were trained on their roles, responsibilities and decontamination procedures for ambulances.

A palliative care guideline has been developed and approved for distribution to SARI ITCs in Cox’s Bazar.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

A total of 98,631 beneficiaries in different camps in Ukhiya and Teknaf were reached as part of the mental health and psychosocial support (MHPSS) awareness-raising campaign through bicycles, loudspeakers and face to face sessions. MPHSS staff provided psychosocial support to a total of 76 beneficiaries through over-the-phone counselling. A total of 34 beneficiaries received intensive, individualised psychological consultations to cope with COVID-19-related stress and anxiety.
The MHPSS team continued providing psychosocial support to patients and family members at IOM-managed SARI ITCs. During the reporting period, 152 beneficiaries received emotional support and assistance to contact their family members. A total of 75 beneficiaries received individualized face-to-face counselling in health facilities across the camps where the MPHSS team is active.

Two capacity building sessions on “Self-care and coping skills in stressful situations and PSS module” were successfully conducted for the cash for work (CFW) volunteers, and a total of 13 people participated. The goal of the training was to develop their knowledge and skills on self-care by introducing them to methods to build resilience to combat stress. After the training, follow-up sessions and technical guidance were provided by the MHPSS team to help the participants apply the knowledge in practice.

MPHSS staff are mobilizing community groups and government officials to participate in a range of activities planned for World Mental Health Day on 10 October. Teams are also planning a visit to the minority Hindu community living close to the Kutupalong refugee camp where there is a reported need for mental health and psychosocial support.

**PROTECTION**

IOM completed the second batch of the “Hope in the Time of Adversity” training of trainers for 12 Rohingya women in Camp 23, as well as another three-day training on the IOM self-care booklet for 13 members of the Women’s Committee in Camp 24. The objective of the training is to support members of the community to develop healthy coping skills to deal with COVID-19-related stress and anxiety.

IOM conducted a protection training for 17 clinical staff working in Camp 20 extension and Camp 24 ITCs to address protection concerns and facilitate safe referrals while providing services. The training was also provided to 77 IOM staff from the shelter and NFI teams.

During the reporting period, IOM Protection teams reached a total of 24,973 beneficiaries (13,671 women and girls, 11,302 men and boys), including 518 persons with disabilities, through protection sessions that highlighted COVID-19 prevention and risk mitigation.

IOM counter-trafficking (CT) teams continue to relay COVID-19 prevention and protection messages regarding personal hygiene, physical distancing, avoiding mass gathering, information on treatment and isolation, and CT messages on potential risk and trends of human trafficking that may occur during the health crisis. The Nirbahi Officer of Teknaf Upazila attended the outreach session in Bahachara Union. Loudspeaker announcements were conducted within the camps and host community areas to increase awareness on COVID-19 and the risk of human trafficking.

The IOM community-based child protection committee members provided one-to-one awareness sessions on child protection risks which may arise due to COVID-19. During this reporting period a total of 984 beneficiaries were supported through individual sessions facilitated by adult members of the committees and faith-based leaders. As part of the COVID-19 prevention measures, IOM gender-based violence (GBV) teams distributed soaps to 754 individuals, reusable and washable cloth masks to 1,261 individuals, and sanitary pads to 33 women participating in hygiene and handwashing sessions.
CONTINUATION OF ESSENTIAL SERVICES

- A key pillar in the COVID-19 response is the continuation of essential services that includes the support for 35 IOM-supported facilities that provide primary health care. These facilities offer outpatient, inpatient and sexual and reproductive health (SRH) care services. A total of 35,053 consultations were provided during the reporting period, 94 babies were delivered by skilled midwives, and 137 people were provided with emergency referral support to specialised services outside the camps.

- IOM sexual and reproductive health (SRH) teams continue to provide additional services such as antenatal, postnatal, assisted deliveries, basic emergency obstetric and new-born care, comprehensive emergency obstetric and new-born care, neonatal care, family planning, menstrual regulation and post-abortion care services. These services are ongoing in 22 IOM facilities or Government facilities supported by IOM, and services are available 24/7 in ten facilities.

- IOM delivered a total of 48,141 refills to the host and Rohingya communities during the reporting time. The continuous LPG refill ensures the essential supply of cooking fuel needs for the affected beneficiaries. Besides that, IOM also supported 4,972 new households from both the refugees and the host community through LPG support initiatives. The most vulnerable elderly beneficiaries in camps are also receiving porter support to transport their cylinders from the distribution point to their shelters. A total of 1,793 elderly beneficiaries were supported through this project.
SUPPORT TO HOST COMMUNITIES AND THE GOVERNMENT OF BANGLADESH

◆ On 30 September, an oxygen generator was installed at the Ramu Upazila Health Complex, to improve health support to host communities affected by the pandemic. The generator will provide continuous piped oxygen flow for 50 beds in the ITC at a rate of 6.6 LPM (litres per minute) per patient. The regular supply of oxygen is essential for the medical management of moderate and severe COVID-19 cases.

◆ Since March 2020, IOM has supported the government-run ITCs in Ramu and Chakoria. Support includes renovation and building work, distribution of furniture, medical equipment, and consumables, and the donation of PPE. Distributions include ten air conditioners, two televisions and two laptops, 43 patient beds, 400 bedsheets, 50 mattresses, 200 mosquito nets 400 biohazard bags, 5,000 face-shields, 10,000 coveralls, 10,000 surgical masks, 1,000 N95 masks, 20 infrared thermometers, 30 oxygen cylinders, 8 oxygen concentrators, 100 oxygen face-masks, 50 pulse oximeters, 2,000 tongue depressors, and 500 hand sanitizers.

◆ During this period, IOM also distributed 39,740 cloth masks and 300 locally manufactured bottles of hand sanitizer. The infrared thermometers provided by IOM to government offices have become a daily driver to screen visitors and service seekers. A total of 54,852 individuals were screened during the reporting period at different local government offices.

◆ While increased awareness on physical distancing remains a key preventive measure to reduce the transmission, a total of 39,379 individuals benefited through awareness-raising initiatives supported by IOM-trained disaster risk reduction (DRR) stakeholders.

◆ IOM engaged 400 host community beneficiaries through mask making initiatives which will help them earn an income when their livelihoods opportunities are limited. The beneficiaries have received training and tools to start mask production.

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KOICA
Korea International Cooperation Agency

Australian Aid

Canada
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Sida

The World Bank
IBRD - IDA | World Bank Group

Japan
From the People of Japan

USAID
FROM THE AMERICAN PEOPLE

UK Aid
FROM THE BRITISH PEOPLE

german humanitarian assistance
DEUTSCHE HUMANITÄRE HILFE

CONTACT
For further information contact Samantha Donkin, in Dhaka, on samdonkin@iom.int
or contact the Programme Support Unit in Cox’s Bazar at CXBpsu@iom.int.