COVID-19 Preparedness and Response
Cox's Bazar FSS
26 March 2020

Photo by Saikat Mojumder, ISCG
Context: Bangladesh and Cox's Bazar District

Bangladesh

Population: 164 million (World Population Review)
Population density: 1,115 ppl / sq.km (World Population Review)
Poverty: 15% of population people 24.7 million people live in extreme poverty (World Bank, 2017)
Climate risk: 7th most vulnerable in the world, due to monsoon floods and cyclones (Global Climate Risk Index 2020)

Cox’s Bazar District

Population: 2.2 million (Bangladesh Bureau of Statistics, 2011)
Poverty: 17% of population living in extreme poverty, most poor and vulnerable district in the country (BRAC, 2019)
Main economic activities: Domestic tourism and agriculture (Bangladesh Bureau of Statistics, 2013)
Food security: 40% of the host community do not have access to nutritious diet, 88% refugees vulnerable according to Refugee influx Vulnerability Assessment (REVA) II by WFP (link)
Rohingya Crisis

Rohingya influx
In August 2017, over 700,000 Rohingya escaped to Cox’s Bazar in three weeks and settled in makeshift camps.

- 859,161 registered Rohingya refugees live in 34 camps as of 15 March 2020.
- The Kutupalong mega-site with over 600,000 people is the biggest refugee camps in the world
- High population density
- No right to movement, no right to work. Cash and livelihoods programming not favored by GoB
- Refugees 100% dependent on humanitarian assistance and services provided by humanitarian organizations (UNHCR and IOM camp management and Refugee Repatriation and Relief Commissioner (RRRC) is the GoB authority)
- September 2019: ban on internet and mobile communication for refugees 3G/4G with high impact on the humanitarian operation
- Increased social tension due to economic impact on the host community
- COVID-19 could cause devastation in the Rohingya camps due to high population density and inadequate hygiene and sanitation infrastructure
Context: FSS Activities in Rohingya Crisis

- JRP 2019 was 70% funded, JRP 2020 total ask was $877m ($254m allocated for FSS)

- WFP and cooperating partners provides blanket General Food Assistance through e-voucher (66%) to be redeemed in 15 outlets and in-kind rations of rice, pulses, oil (34%) to all refugee HHs

- Farmers' Market for fresh foods (pilot to be scaled up) and complementary food voucher assistance

- Self-reliance support for Rohingya refugees (skills training, stipend, in-kind inputs)

- Livelihood support for Bangladeshi host community (IGA training, investment grant, in-kind inputs)

- Reforestation / greening activities in the camps and in the host communities (150 ha planted in 2019)
Cox's Bazar Level Update

- One COVID-19 positive case has been reported in the district (host community member)
- 12,997 people (2% of population) reached with key COVID-19 messages in the camps
- 3,411 people reached with COVID-19 messages in the host communities
- CwCWG working on messaging to address false rumors (flying news) in the camps regarding 'covid-19 vaccines,' false messaging on cause or treatment, etc. ACAPS conducted [this assessment](#) to support in understanding and improving community messaging
Main concerns:

- Bangladesh poor health care system and high population density
- High density in Rohingya camps, poor health and sanitation, dependency on humanitarian assistance, limitation of movements and suspension of 3G/4G limits communication
- Only one institution with testing capacity in the county Institute of Epidemiology, Disease Control and Research, very limited ICUs in the country, limited availability of PPEs
- Tension between host community, refugees, and NGO workers due to perceptions around COVID-19 and uncertainty of the public health and socio-economic implications

Closure of schools: Schools closed for 2 weeks from 16 March - closure of learning centers in camps as well as per RRRC advisory.

From 26 March (national holiday) to 4 April GoB declared holiday, enforcing social distancing measures and closure except for kitchen markets, grocery shops and pharmacies.

As per advisory by RRRC (link) from 26 March to activate only essential services in the camps and limiting footprint of humanitarian presence.
Intersectoral COVID-19 Preparedness Plan v.4 led by Health Sector and facilitated by Inter Sector Coordination Group (ISCG) ([link](#))

- Scenario 3: Case in camps up to 10 and limited local transmission
- Scenario 4: Widespread cases in camps and widespread local transmission

**Main activities:**

- **The establishment of isolation and treatment facilities with planning underway to prepare an initial 1,500 beds.** Health partners are now preparing all possible beds in existing facilities (390 beds), and are seeking appropriate sites to establish new isolation and treatment facilities in the camps and in the HC for additional 1,000 beds.
- **Risk communication and community engagement messages** rolled out across the District in the local communities and in camps (communication in the camps limited by absence of 3G/4G services)
- Handwashing, distribution of soap and other hygiene and sanitation supplies scaled up
- Intersectoral COVID-19 **distribution recommendations** ([link](#)) introducing social distancing and hand washing
- Cooperation with Health, WASH, CwCWG at food distribution points and e-voucher outlets
- ISCG weekly COVID-19 Preparedness update ([link](#))
Impact on humanitarian operation

Definition and negotiation of essential and critical services

**Essential**
- **The operation is to move immediately to essential services and assistance only.** The goal is to reduce staff footprint of the operation, and to introduce social distancing as far as is possible within the camp setting, while ensuring that some assistance and services are scaled up in light of the needed COVID-19 response and the coming cyclone monsoon preparedness.
- **All possible preventive measures must be taken in the camps at all ongoing services and facilities** (handwashing and disinfection, minimizing groups/attendance as far as possible and distancing as far as possible). Distributions must follow the guidance in place.

**Critical**
- **In this modality, staff presence will be massively reduced, with many or most essential services to be provided by volunteers on the ground**, or potentially by the Military.
- **Adequate measures and guidance must be given to volunteers delivering critical services and assistance.** Modalities for ensuring the most vulnerable have their needs attended to in critical mode must be clarified.

Food assistance is ESSENTIAL and CRITICAL
Response challenges

Current gaps include limited testing and intensive care capacity in Cox's Bazar District. Testing capacity and possible delays in securing results may impact the effectiveness of the response. The absence of intensive care capacity is a major concern, as this will inhibit the ability to provide care quickly for serious or complicated cases. Even if equipment was available, securing skilled medical staff to manage the situation will be a challenge.

Communications are key to the timely and effective management of this situation. The humanitarian community continue to advocate for enabling 3G and 4G in the camps: with COVID-19 and the cyclone and monsoon season approaching, communication will be essential for actions to be taken to save lives in support of and collaboration with authorities.

Humanitarian access must be ensured throughout the response to COVID-19, including access of humanitarian staff into the camps, and refugees’ access to life-saving services. Positive collaboration on timely project permissions and visa issuance, especially for health, WASH and CwC partners will ensure ability to respond adequately and timely. Inclusion of Rohingya in the National Preparedness and Response Plan (National Preparedness and Response Plan V5 - link)
Impact on General Food Assistance

WFP prevention and risk minimization measures for General Food Assistance operation (Link)

- **Daily, door-to-door beneficiary mobilization to be suspended** by March 30, households will receive a permanent monthly distribution token.
- **Only one person per household will be allowed to enter** WFP in-kind distribution points and e-voucher outlets.
- **Only one visit per household** to e-voucher outlet and in-kind distribution point to receive one-month ration - this will help reduce caseload per day, decongest sites and reduce crowding.
- Everyone must **sanitize hands before entering WFP premises**. Cooperating Partners are setting up hand washing stations and will screen body temperature of people at the entrance this week.
- Cooperating partners to **enforce social distancing at the waiting sheds, distribution point and e-voucher outlets** through physical demarcation with a red painted line or tape.
- **Biometric authentication on SCOPE and Building Blocks to be waived** across all distribution points and e-voucher outlets starting 22 March, Sunday.
- **SCOPE household realignment exercise has been postponed** since Saturday, March 21. WFP will not change family composition in SCOPE database until further notice. However, SCOPE cards will be distributed with food at the distribution points and e-voucher outlets.
- **Farmers market operation to be suspended** until further notice and scale up also postponed.
Main changes
• Decongest, limit person-to-person contact and speed up distributions – minimum of 400 persons need to access facilities per day
• From value voucher to commodity voucher
• Reduced footprint of humanitarian operation – reduced humanitarian personnel accessing the camps

Main challenges: engaging retailers (increase of food prices, personnel) and engage CPs (fear)

Scenario 4 / critical mode – widespread cases in the camps:
• Shift to in-kind
• Engaging with authorities / civil military (handing over food distribution to the civil military)

Scenario 3/ essential mode – limited cases in the camps
• Self-Reliance activities (training, gardening, etc.) suspended
• Livelihoods activities in the host community limited: groups of less than 10 people, seeds distribution door-to-door, limited amount of activities approved on a case by case bases.
Challenges and way forward

Below following consultations with partners:

• Ensure delivery of live-saving food assistance to Rohingya refugees (pipeline, personnel, access) - FAO and WFP/VAM are planning survey/assessment on impact
• Evaluate impact on food security – prices (rice +30%), food availability, access to income, markets functionality
• Refugees were relying on CfW, self-reliance as additional resources to GFA – evaluate impact
• Host community impacted,- opportunities + social cohesion initiatives with refugees
• Ensure preparedness and response for Monsoon and Cyclone season
• Support GoB social safety nets program if requested
• Some partners requested advocacy for cash programming
• Re-program self-reliance/livelihoods projects: I.e. production of cloth masks, scrubs and gowns, CfW to support COVID-19 awareness
• FSS Covid-19 contingency planning partner survey [link](#)
• Information sharing: google drive, resources, by-weekly remote meeting
Rohingya Refugee Camp
Identification Process – biometric verification waived
Food Distribution
Approved Livelihoods Activities during Covid-19 response – Sewing personal protective masks (design approved by Civil Surgeon)
THANK YOU FOR YOUR ATTENTION