

Monthly Bulletin

CDD Cox's Bazar Operation



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May
2020

Background

- CDD in Partnership with CBM started its health and rehabilitation services for both Rohingyas and Host communities in Cox's Bazar, Bangladesh during December 2017
- Current service includes, General health service, Physiotherapy, Occupational therapy, Psychosocial counseling, Hearing and Visual screening and assistive device distribution etc.
- Cumulatively from December 2017, a total of 37,146 individuals received 131,068 individual service sessions of medical, eye, ear, psychosocial and rehabilitative healthcare services

Activities in May 2020

| COVID-19 update among FDMN/Rohingya Refugee And Host Population as of May 2020 | | | |
|--|-----------------------|-------------------|-----------------------|
| Number of test conducted (in last 24 hours): | 6507 (164) | Host Population | FDMN/Rohingya Refugee |
| Number of confirmed case (in last 24 hours): | 637 ¹ (22) | | |
| Number of test conducted (total) | | 6174 ² | 333 |
| Number of test conducted (in last 24 hours) | | 163 | 1 |
| Number of confirmed case (total) | | 610 | 27 |
| Number of confirmed case (in last 24 hours) | | 22 | 0 |

COVID 19 situation

As like other parts of Bangladesh, Cox's Bazar was in lockdown till 31st May. COVID-19 confirmed cases were in raise. Available staff was rotationally placed in main camp and bus camp to carry out activities in limited range considering the safety precautions and to utilize the available manpower.

Health and Rehabilitation services

General health service was provided in the form of telemedicine as like the previous month. Rehabilitation and counseling services were also provided in the static camp in limited extent. Home based rehabilitation services were provided in the form of tele rehabilitation and tele counseling service to the beneficiaries.



Mainstreaming activities

Different training sessions were conducted for mainstreaming organizations, eg.

- Online training on Protection from Sexual Exploitation and Abuse - PSEA
- Challenges in communication and functioning for employees with visual impairment during lockdown.

Some other activities

- Developed and revised guideline on "Older people and WASH response guideline" & "People with disabilities and WaSH response".
- WaSH webinar PWG-ADWG orientation on age and disability inclusive COVID-19 response.
- Developed service matrix of ADWG based on the intervention and referral criteria being provided to respond to the COVID-19.

Service details

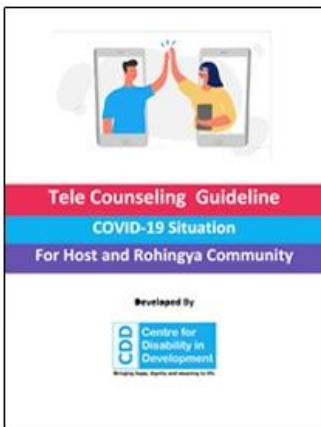
| Session conducted for Host Communities | | | |
|--|--------|------|-------|
| Services | Onsite | Tele | Total |
| Medical | 0 | 154 | 154 |
| Physiotherapy | 47 | 229 | 276 |
| Occupational therapy | 11 | 128 | 139 |
| Hearing Screening | 12 | 0 | 12 |
| Visual Assessment | 9 | 0 | 9 |
| MHPSS | 11 | 45 | 56 |
| Total Sessions in Host Communities | | | 646 |

| Session conducted for Rohingya Communities | | | |
|--|--------|------|-------|
| Services | Onsite | Tele | Total |
| Physiotherapy | 20 | 0 | 20 |
| Occupational therapy | 6 | 0 | 6 |
| MHPSS | 31 | 24 | 55 |
| Total Sessions in Rohingya Communities | | | 81 |



Distribution of IOM supported devices

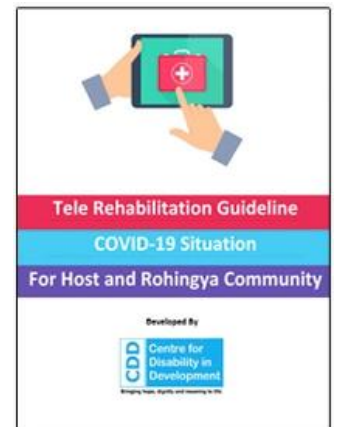
Total 59 different assistive devices have been distributed to 43 persons with disabilities from both Rohingya and Host community in Cox's Bazar by the Home Based Rehabilitation team members



Guidelines for tele services

Guideline for tele rehabilitation and tele counseling has been developed. This will be useful to,

- *Provide quality service
- *Ensure ethical issue
- *Ensure the clinical principle
- *Guide the service provider
- *Protect confidentiality



Tele rehabilitation and counseling service provision for host community

- Tele rehabilitation service was provided to 358 persons with disabilities
- Tele counseling service was provided to 45 persons with disabilities

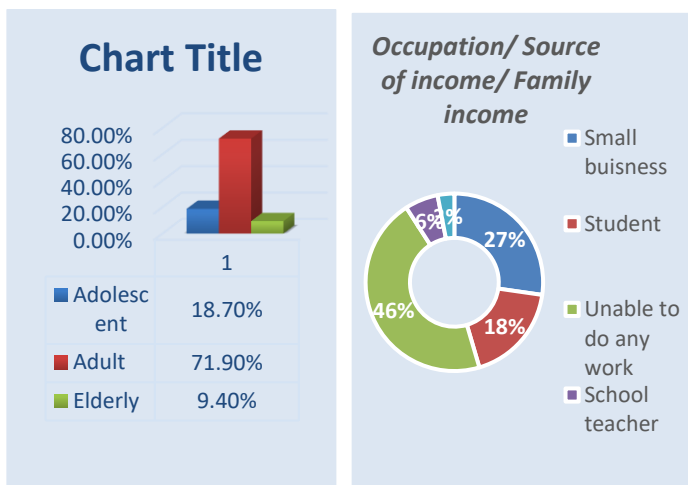
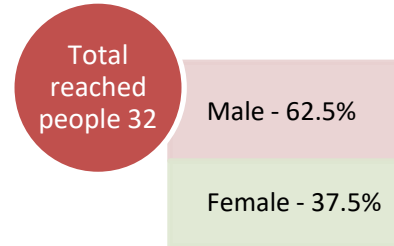
For more information

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Impact of the COVID-19 on and from the perspectives of the People with Disabilities in host community

CDD-CBM formed 5 Disability Groups; 1 in Cox's Bazar Sadar, 2 in Razapalong and 2 in Ratnapalong Union.

After the lockdown announced by Govt. of Bangladesh on 26th March, CDD through its DPO consultant consulted the members of these disability groups on phone.



| Way Forward |
|---|
| At most 94% beneficiaries will need support for surviving (food, livelihood opportunity/ economic independence and other basic need). |
| People with disabilities are looking for income-generating activities as a livelihood opportunity. So it would be good if the organizations that work with this need to come forward. |
| One beneficiary said 'I am so much worried about corona condition in the Bangladesh and camp' So, need to focus on the mental health condition of people with disabilities. Tele counseling would be helpful. |
| 53% people with disabilities cannot go to receive any help/donation, products due to their physical challenges. So it would be good to have porter support for them through volunteers. |

Key finding: 100% beneficiaries and their family members are aware of Corona, and try to comply with the precautions accordingly. Although most of them have shared that they don't have enough masks and can't afford to buy due to high prices.

Key finding: 91% beneficiaries facing difficulties and living very miserable life due to Corona. Because their work stopped so that their earning source became stopped.

Key finding: Almost 97% beneficiaries shared their problem with local authorities/ local govt. But they have not heard back from the local government. Only 1 beneficiary received relief because of political engagement with local government.

Action Taken by CDD
DPO consultant and CDD keep interacting regularly with WFP, Save the Children, Oxfam, Care, WVI, RIC, United Purpose, MUKTI, UNDP, BGS, UNO, DSS and DC to communicate the need of people with disabilities. Besides, shared the list of beneficiaries with disability from the host community those who received CDD's service with DSS, UNO, SAI and UNDP. However beneficiaries of the host community have received food items relief from UNO. Tele counseling being run towards the host community.

| | |
|--|--|
| In this consultation the main limitation were | <ol style="list-style-type: none"> 1. Communication was interrupted over phone because of poor network 2. Some beneficiaries had phone switched off every day. 3. Sometimes they are not interested to discuss issues and its take more time. |
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