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IPC assessment in 45 health facilities in camps and adjacent areas completed in February by WHO and partners.

Emergency: Rohingya Crisis



World Health Organization

Bangladesh

Monthly Situation Report #02

Date of issue: 27 February 2020

Period covered: Weeks 05-08 2020
(27 January - 23 February 2020)

Location: Bangladesh



914 998

total Rohingya
Population
in Bangladesh



551 463

Total number of
consultations reported in
EWARS in 2020



919 946

people are being
monitored for
diseases



1.26 million

people targeted for
health assistance

HIGHLIGHTS

- The 4-week-long Measles and Rubella vaccination campaign ended on 12 February in Rohingya camps. Over 292 000 Rohingya children aged 6 months to less than 10 years were vaccinated. As per the monitoring data, over 95% coverage was achieved in the campaign.
- With an aim to build a pool of national trainers in mental health, WHO organized a 5 day Training of Trainers on mental health Gap Action Programme (mhGAP) at Dhaka from 23 to 27 February 2020.
- Health Sector continues to share regular WHO COVID-19 situation report highlighting global, country and local updates to guide, aware and sensitize health partners.

SITUATION OVERVIEW

As per Inter-Sector Coordination Group (ISCG) report of November 2019, there are 914 998 Rohingya population in Cox's Bazar. This includes 34 172 refugees from Myanmar who registered before 31st August 2017. All Rohingyas, including new arrivals, face compounding vulnerabilities, including in health. WHO has been responding to this crisis since September 2017. A summary of response actions from epidemiological weeks 05 to 08 of 2020 is presented below.

OPERATIONS SUPPORT AND LOGISTICS

- WHO has supported the host community and refugees in Ukhiya and Teknaf camps through the distribution of various supplies, to partners during the reporting period.
- Arrangements for prepositioning container relocation from Cox's Bazar Medical College in Cox's bazar to Turkish Field Hospital in Ukhiya camps have been finalized.
- All drugs that have expired or are soon expiring (in less than 3 months), have been identified and collected in the WHO warehouse for disposal by the authorized company. Final arrangements with the company for the discarded items transportation and disposal are in the process.
- Total Stock Report is updated and disseminated to technical teams on regular weekly basis for guidance and directions regarding distributions to partners. The expiring items less than or equal to nine months are flagged out for concerned team attention together with current Personal protective equipment (PPE) stock.

INFORMATION MANAGEMENT – EPIDEMIOLOGY

Overview

- A total of 146 out of 166 health facilities (88%) are active in Early Warning, Alert and Response System (EWARS) with 88% completeness and 78% timeliness rate.
- A total of 288 alerts (triggers) were reported and reviewed in the EWARS system in weeks. All alerts were reviewed within 48 hours. Of these, 21% were discarded and 79% monitored.
- Acute respiratory infection (ARI), acute watery diarrhea (AWD) and unexplained fever were the most common causes of illness reported during the reporting period. There were no notable changes in other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.

Diarrhoeal disease

- A total of 17 626 diarrhoeal diseases cases were reported in EWARS during the reporting period. Of these, 10700 cases reported with acute watery diarrhoea (AWD), 1723 cases with bloody diarrhoea and 5203 cases with other diarrhoea. Diarrhoeal diseases have shown a decreasing trend in compared to previous year.

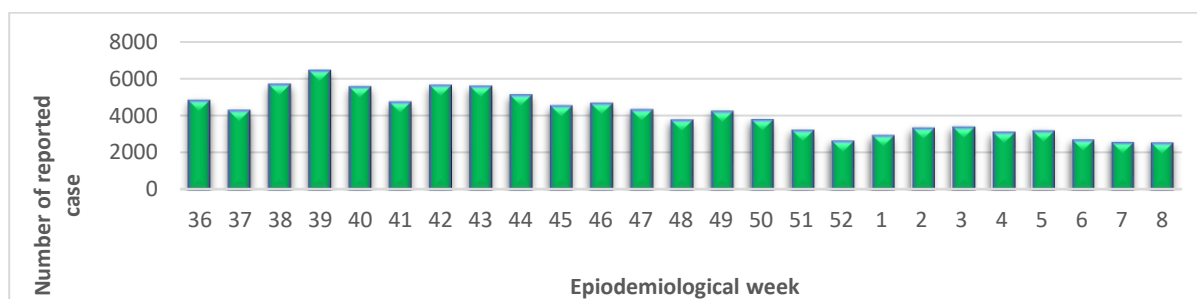


Figure 1: Total number of AWD case reported in EWARS from week 36-8, 2020

Measles Update

- Number of measles cases have been consistently high since last September 2019. A total of 1449 suspected measles cases were reported through weekly report form in EWARS in week 5-8

- Following the MR campaign, the reported measles cases are in decreasing trend. (please refer to the below)

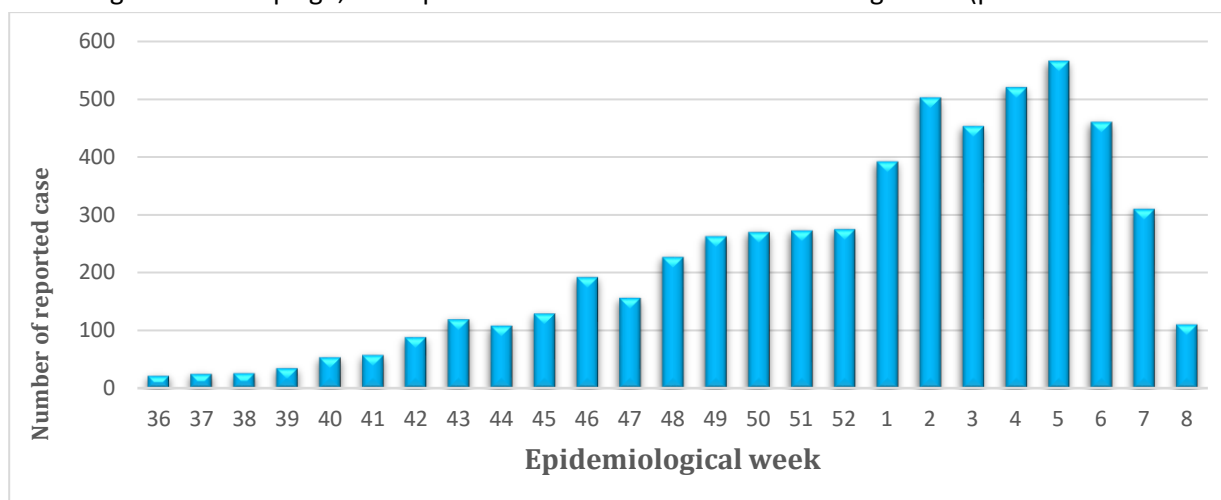


Figure 2: Total number of Measles case reported in EWARS from week 36-8, 2020

Diphtheria Update

- A total of 34 suspected and two confirmed cases of diphtheria has been reported in EWARS in week 5-8.
- In 2020, a total of 73 diphtheria cases have been reported in EWARS. Of these three were confirmed, seven probable and 63 suspected. The last confirmed case was reported in Week8 (19 February 2020).
- Since the beginning of outbreak in November 2017, 9037 cases have been reported. Of these, 326 were confirmed, 2785 were probable and 5927 were reclassified as suspected.
- From the host community, a total of 232 diphtheria cases were reported since the outbreak. Of these, 31 were confirmed, 68 probable and 133 suspected. In 2020, one suspected diphtheria cases have been reported from host community. No death was reported from host community.
- Since 2017, a total 46 deaths were reported due to diphtheria. The last death was reported on 25 October 2019.

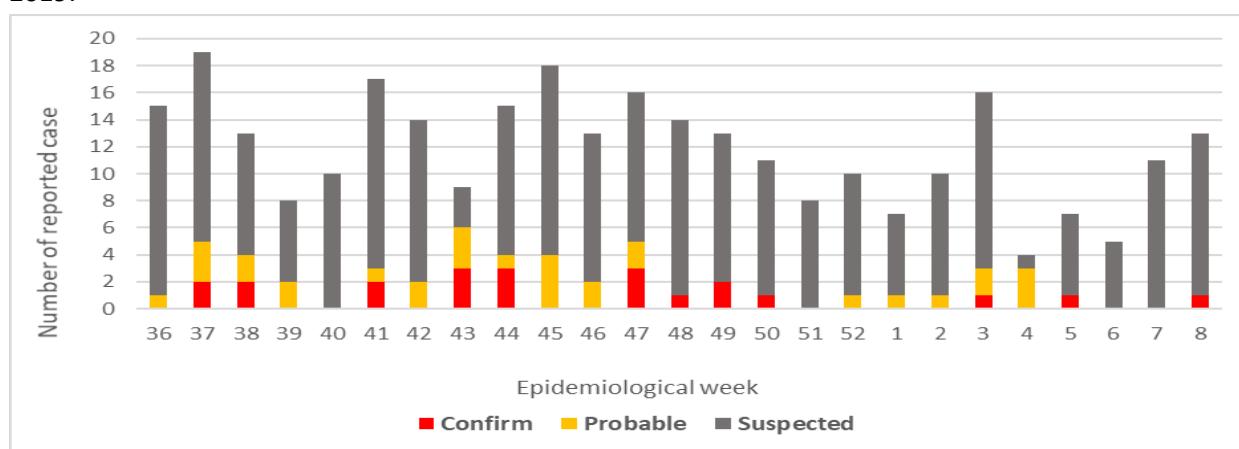


Figure 3: Diphtheria case patient reported in EWARS from Epi week 36-08, 2020

Community Based Surveillance (CBS)

- In weeks 5-8, a total of 72 deaths were recorded. Of these deaths, 51 (71%) are due to causes classified as “others”, seven (10%) were due to stillbirths, six(8%) neonatal deaths, three (4%) were due to infectious diseases, one (1%) was due to injury, and two (3%) was due to suspected maternal death.
- Most of the deaths occurred at home (61%), followed by reports of death at health facility (26%) and remaining at community (10%).

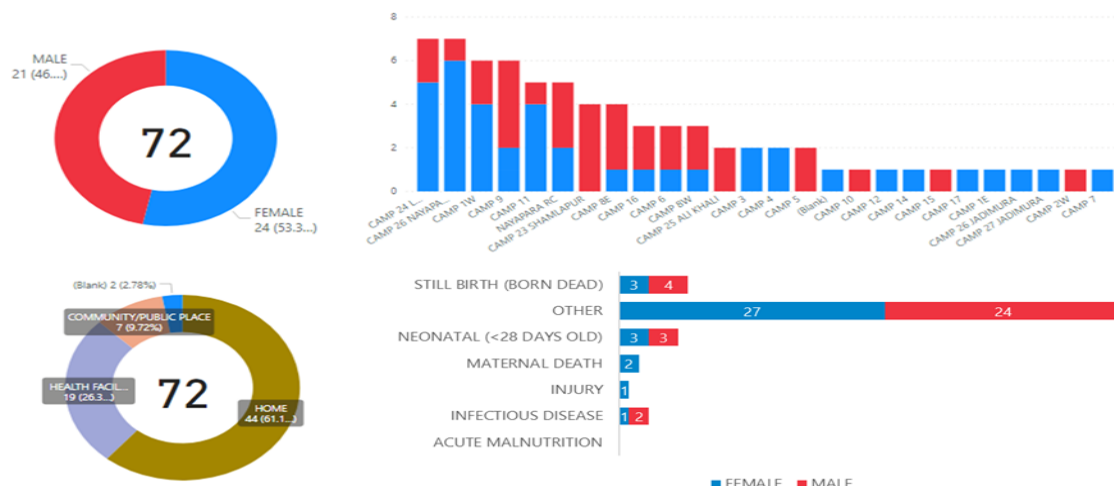


Figure 4: Total deaths by place of death and cause of death, reported in week 5-8, Cox's Bazar, Bangladesh.

HEALTH OPERATIONS and TECHNICAL EXPERTISE

Communicable Disease

Laboratory systems strengthening

- WHO coordinated a safety blood transfusion consultative meeting on 27 February 2020 with government and other health facilities of Ukhiya and Teknaf. Based on the meeting rapid assessment has been done on three health facilities. This assessment informed a decision for a detailed assessment to support establishment of sustainable blood services at Upazila level.
- Laboratory equipment including glucometer with strips and some other consumables were handed over to some health facilities under the “World Bank 45 facilities” as part of support in improving the laboratory services in the facility.
- Laboratory supportive supervision was conducted at five health facilities including government. Supplies including consumables items, reagents, among others were distributed as part of corrective measures following supportive supervision.

Tuberculosis

- WHO supported BRAC in conducting community mobilization for outreach center in the camp 1E, 04 and 26. Our partners in effect distributed sputum collection pot and advised on referrals from communities

- In camp 01W and 04 of Ukhiya and Nayapara camp of Teknaf, community volunteers were engaged to strengthen Tuberculosis (TB) program activities. In addition, TB messages were delivered in PHC, health post and in different community gatherings.
- In the host community, WHO supported conducting 220 and 200 Gene X Pert tests in Ukhiya and Teknaf UHC, respectively. A total of 150 and 180 routine microscopy tests for TB diagnosis were also conducted in Ukhiya and Teknaf UHC upazilas. Total 120 X-ray in February 2020 in Teknaf UHC. Two laboratories run by BRAC were visited to offer supportive supervisions with focus on quality of TB diagnosis.

Outbreak preparedness and response

- Focused was given on improvements in Infection Prevention and Control (IPC) within Ukhia and Teknaf Upazilas in Cox's Bazar District. The IPC core team meeting was formulated and held a first meeting. This meeting brought together 22 NGOs and INGOs coordinated through the health sector and MOHFW CC with endorsement of the Civil Surgeon.
- As a follow up to the above meeting, baseline data collection about IPC was initiated and completed in 45 health facilities including two Upazila Health Complex(UHC), eight secondary health facilities, 17 primary Health Care Centers, 13 health posts, three specialized clinics and one community clinic, and one family welfare center.
- Other capacity building efforts on IPC undertaken included IPC orientation for Long Acting Reversible Contraceptives trainers, revision of the IPC part of the minimum health package, COVID-2019 IPC orientation for PHCCs and Field hospitals managers.
- Three out of four batches of IPC trainings for health workers and managers held in Cox's Bazar in February. A total of 280 healthcare workers have been trained on IPC

Non-communicable Disease

- Teknaf, one of the coastal Upazilas of Cox's Bazar district, has received NCD KITs (essential medicines and medical devices assembled in line with global standards to manage priority NCDs) from WHO on 10 February 2020.
- New batches of training on WHO Package of Essential Noncommunicable Disease Interventions (PEN) will start in March 2020 in collaboration with Directorate General of Health Services. A total of 45 World Bank supported facilities have been targeted to train 75 healthcare professionals from Ukhiya and Teknaf. The goal is to build the capacity of the trainees focusing on the integration of team-based approach in terms of prevention and management of priority noncommunicable diseases (NCDs).

Mental Health and Psychosocial support (MHPSS)

- WHO organized a 5 day Training of Trainers on mental health Gap Action Programme (mhGAP) in Dhaka from 23 to 27 Feb 2020. The purpose of the training was to develop a pool of national trainers for further enhancement of capacity Building in mental health, with a special focus on Psychiatric illness in Rohingya and host community in Cox's Bazar.

Risk Communication

- Technical working group (TWG) for Risk Communication was formed and Chaired by WHO and UNICEF with a first meeting being conducted on 04 February 2020. A Risk communication and community engagement (RCCE) readiness plan was drafted with key emphasis on preventive general hygiene messages and reviewed/disseminated previous IEC materials like food safety, cough etiquette, handwashing.

- Key messages and necessary information for audio production and Theatre for Development (TFD) production on risk factors of non-communicable ahead of community activity to increase awareness about the for prevention of Non-Communicable disease in five Upazilas.
- Information Education and Communication (IEC) materials for Tuberculosis (TB) were developed for review. Once approved, they will be utilized to increase awareness about TB and improve TB case notification.

IMMUNIZATION

- MR ORI (one-month vaccination in campaign mode) among six months to less than 10 years of age was completed in February 2020. The strategy included camp by camp approach. More than 292 000 children were vaccinated through a strategy that included follow up and tracking of those that remained unvaccinated on first day of vaccination. More than 132 vaccinators and 275 volunteers and 1400 community health workers, 2000 Majhi/ Block leaders were involved in this initiative.
- MR ORI was closely monitored by WHO field monitors. Realtime data was shared on daily basis with government and partners for corrective action. Risk communication working group supported the MR ORI. IEC and other communication material was closely supported by UNICEF.
- Oral cholera vaccines(OCV) Campaign (six days of vaccination in campaign mode) was conducted among above one year to less than five years of age in February 2020. The OCV campaign adapted house to house strategy. More than 179,000 children were vaccinated through a strategy that included follow up vaccination of those that remained unvaccinated on first four days of vaccination. More than 1400 community health workers, 1400 C4D volunteer, 1400 helper, 200 supervisors, 34 Camp coordinators and 34 associate coordinators were involved in this campaign.
- OCV Campaign was closely monitored by WHO field monitors. Realtime data was shared on daily basis with government and partners for corrective action. Risk communication working group supported the OCV Campaign. IEC and other communication material was closely supported by UNICEF.
- WHO Monitoring effort included visits to more than 2500 children in more than 1500 households, visit to more than 260 vaccination sessions visited to check knowledge, vaccination practices, logistics, awareness of handling any adverse event etc. (refer to attachment for a few key indicators)

HEALTH SECTOR COORDINATION

- A half-day workshop to discuss the referral system was held in Cox's Bazar. Various stakeholders including the Ministry of Health, field hospitals, agencies funding referrals and the military shared experiences and challenges facing referral system. A one-day workshop was proposed in the coming weeks to further discuss ways of resolving the issues raised. These workshops are aimed at improving and ensuring a robust system that will reduce delays during referrals and as result maternal mortality.
- The health sector held an inter-working group meeting to discuss DHIS2. The areas of focus included indicator review, data utilization, data disaggregation and reports. The objective of the meeting was to discuss ways of improving usability of DHIS2 data to better inform response to the health needs of the Rohingya people.
- Health Sector continues to share regular WHO COVID-19 situation report highlighting global, country and local updates in order to guide, aware and sensitize health partners.
- Along with Care Bangladesh and UNFPA, the Health Sector organized and supported a 5-day training of the trainer for Long Acting Reversible Contraceptives (LARC). In total, 16 medical officers will be eligible to start

a new pool of skilled trainers in Cox's Bazar District, after completing theoretical classwork, clinical demonstrations in the field, and teaching a 3-day roll out LARC program to new providers.

- The Health Sector has distributed 670 English language SRH flip charts for community health workers, to compliment the Bangla version. A Burmese flip chart has been translated and edited and 800 copies will be ready for distribution by the end of February.
- The health sector conducted sensitizations on first line support for GBV survivors in two field hospitals. A total of 32 medical staff participated and agreed on specific recommendations addressing facility readiness to provide clinical management of rape services.
- In collaboration with SRH working group, the health sector has scheduled a GBV health service assessment in seven primary health care facilities. Thus far, an orientation workshop has been held with the assessment team of four SRH service providers and dates communicated. More updates on the assessment outcome to be provided in the next reporting period.
- Over 25 health partners meeting at camp level were held in between 27 January - 23 February 2020.
- Apart from regular activities Health Sectors CHFPs and Field Coordinators supported to Measles Rubella Outbreak Response Immunization (MR ORI) and 2nd round of Oral Cholera Vaccination (OCV) campaign through active engagement in terms of coordination, monitoring and liaison.
- Health Sector supported Teknaf UHC through its partners to establish and operate a 10-bed temporary hospital for 2nd Community Based Scout Campaign at Sabrang, Teknaf, Cox's Bazar.

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