



Demonstrations of Personal Protective Equipment (PPE) donning and doffing during training of conveyance and ambulance drivers.



World Health Organization

Bangladesh

Monthly Situation Report #03

Date of issue: 26 March 2020

Period covered: Weeks 09-12 2020
(24 February- 22 March 2020)

Location: Bangladesh

Emergency: Rohingya Crisis



911 000

total Rohingya
Population
in Bangladesh



817 647

Total number of
consultations reported in
EWARS in 2020



919946

people are being
monitored for
diseases



1.26 million

people targeted for
health assistance

HIGHLIGHTS

- WHO has continued to play its major role of leading the health sector response in outbreaks and emergencies and serve as a lead agency for health sector coordination in Cox's Bazar.
- Health Sector together with partners are assessing existing isolation and treatment facilities for strengthening existing facilities and possible expansion in view of ongoing COVID-19 response.
- WHO/ Health Sector in coordination with ISCG and other sector coordinators reviewed and updated Inter-Sectoral plan in line with national plan and global guidance. This plan includes the Health Sector Preparedness and Response Plan for COVID-19.

SITUATION OVERVIEW

As per Inter-Sector Coordination Group (ISCG) report of December 2019, there are 911 000 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 09 to 12 of 2020 is presented below.

INFORMATION MANAGEMENT – EPIDEMIOLOGY**COVID-19 Update:**

- Facilitated sensitization sessions to over 200 personnel of different sectors, government agencies on COVID-19 with practical demonstration on Infection prevention and control (IPC) and Hygiene promotion.
- Actively contributed to Inter-sectoral and Health Sector COVID-19 Preparedness and Response Plan as one of the functional pillars of the ongoing response.
- Effectively collaborating with Risk Communication working group giving technical inputs in messages development, review and finalization.
- Facilitated training of master trainers on COVID-19 and its relevant aspects including Epidemiology, Case Management, IPC etc. from different health agencies.
- Trained health facility reporting focal persons, medical doctors and clinical support staffs on EWARS in diseases reporting and surveillance of immediately notifiable diseases and oriented on the case definition of COVID-19. Around 250 persons received the 1-day training in four batches.
- Trained Rapid Investigation team members, comprised of medical Doctor, Epidemiologist, Camp Health Focal Point, Laboratory and Community Outreach Supervisors on outbreak investigation and contact tracing as part of Health Emergency Operation under the leadership of Civil Surgeon. Around 60 persons received the 1-day training in three batches.
- A few suspected cases (three) have been investigated upon EWARS notification. All cases were tested negative.
- A Standard Operating Procedure (SOP) of COVID-19 surveillance has been finalized and shared with Epidemiology working group (WG) members. A dissemination plan is being executed to inform all relevant agencies and its staff. In addition, an on-job briefing is being conducted for the isolation and treatment facilities on sentinel surveillance and laboratory preparation.
- Collaborating with laboratory component in terms of enabling specimen collection, transfer and testing for confirmation in line with SOP of COVID-19 Surveillance.
- EWARS upgradation has been completed to address current enhanced surveillance strategy and GO.Data application is being developed with necessary feature to capture COVID-19 outbreak investigation and contact tracing data in it.
- A SOP on COVID-19 outbreak investigation and contact tracing is being reviewed.
- The team initiated and disseminated daily COVID-19 situation report to the health sector partners.

Overview

- A total of 139 out of 166 health facilities (84%) are active in Early Warning, Alert and Response System (EWARS) with 85% completeness and 77% timeliness rate.
- A total of 290 alerts (triggers) were reported and reviewed in the EWARS system in the reporting period. All alerts were reviewed within 48 hours. Of these alerts, 17% were discarded and 83% were monitored.
- Acute respiratory infection (ARI), acute watery diarrhea (AWD) and Unexplained Fever (UF) were the most common causes of illness among the reported cases. There were no notable changes in other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.

Measles Update

- Number of measles cases have been consistently decreasing since week 6(3-9 February 2020) following the MR campaign. A total of 323 suspected measles cases were reported through weekly report form in EWARS during 24 February to 22 March 2020.

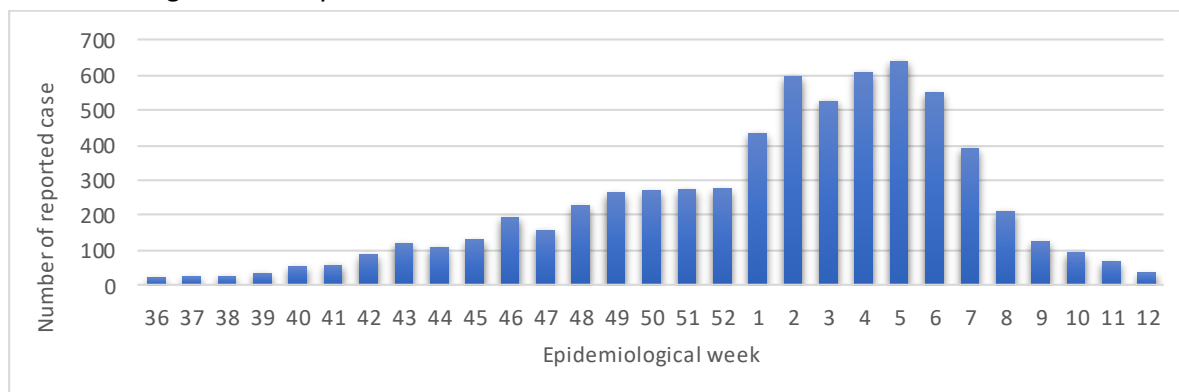


Figure 1: Total number of Measles case reported in EWARS from week 36,2019-12, 2020

Diphtheria Update

- A total of 36 suspected and two confirmed cases of diphtheria have been reported in EWARS from 24 February to 22 March 2020.
- In 2020, a total of 111 diphtheria cases have been reported in EWARS. Of these, five cases were confirmed, seven probable and 99 suspected. The last confirmed case was reported on 01 March 2020.
- Since the beginning of outbreak in November 2017, a total of 9075 cases have been reported. Of these, 327 were confirmed, 2785 were probable and 5963 were reclassified as suspected.
- From the host community, a total of 233 diphtheria cases have been reported since the outbreak. Of these, 31 were confirmed, 68 probable and 134 suspected. In 2020, one suspected diphtheria case has been reported from the host community. However, no death case has been reported from the host community.
- Since 2017, a total 46 deaths were reported due to diphtheria. The last death was reported on 25 October 2019.

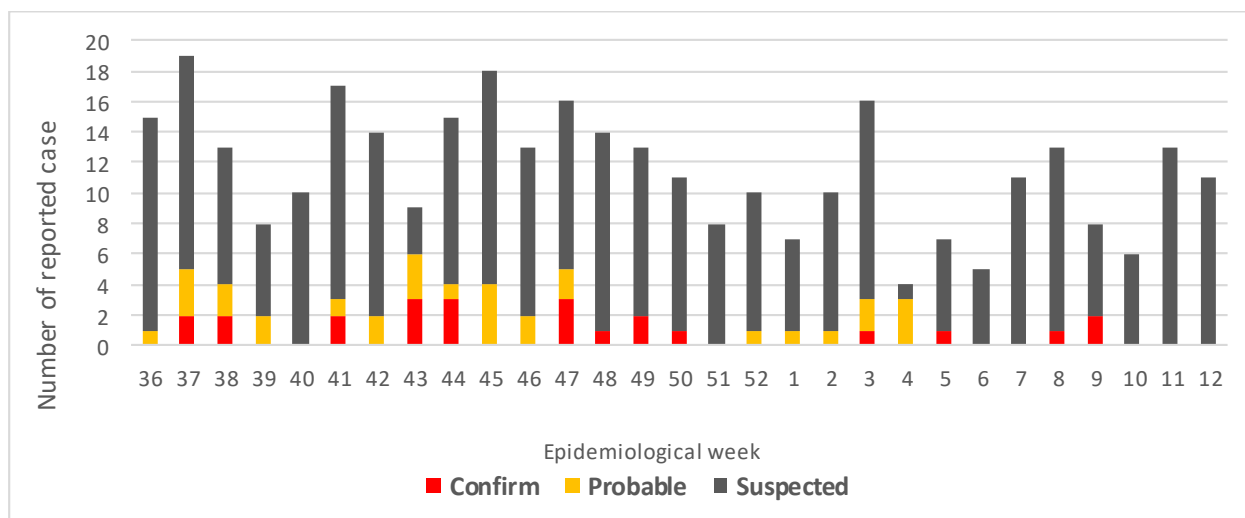


Figure 2: Diphtheria case patient reported in EWARS from Epi week 36, 2019-12, 2020

Community Based Surveillance (CBS)

- In the reporting period, a total of 95 deaths were recorded. Of these deaths, 66 (69%) deaths were classified as “others”, fifteen (16%) were due to stillbirths, nine (9%) neonatal deaths, 1 (1%) were due to infectious diseases, one (1%) was due to injury, and three (3%) were due to suspected maternal deaths.
- Most of the deaths occurred at home (56%), followed by reports of death at health facilities (35%) and remaining at communities (7%).

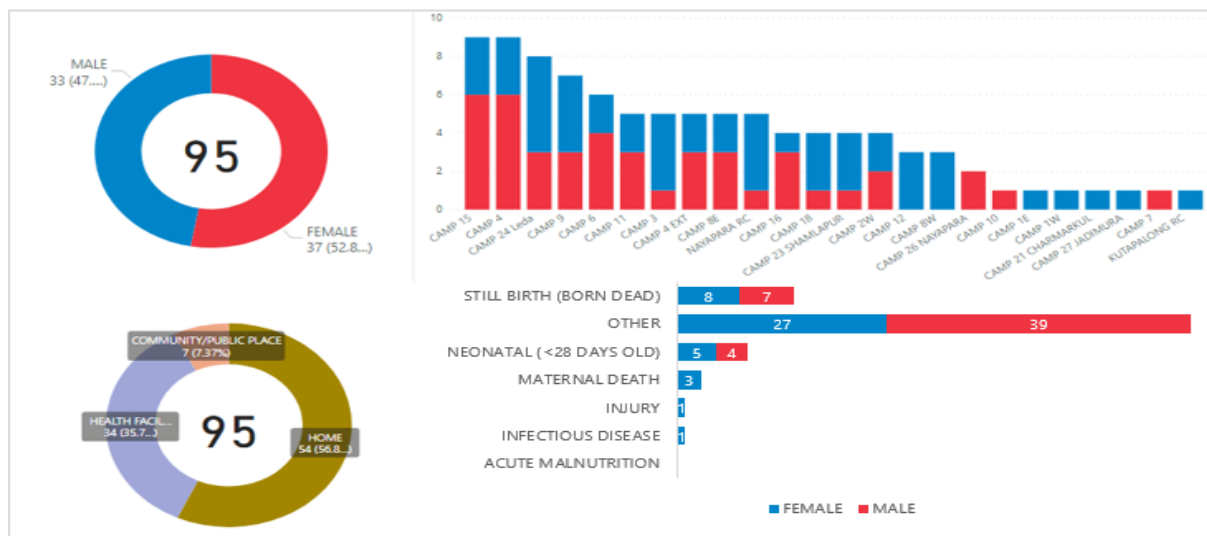


Figure 3: Total deaths by place of death and cause of death, reported in week 9-12, 2020 Cox's Bazar, Bangladesh.

Acute Respiratory Infection (ARI)

- A total of 69 821 ARI cases were reported in EWARS during the reporting period. Of these, 37 484 cases reported with under five years of children and 32 337 over five years. Compared to the previous year reported cases, although ARI case is in increasing pattern this year, proportional morbidity is not significantly varied.

HEALTH OPERATIONS and TECHNICAL EXPERTISE

COVID-19 Update

Support to coordination

- WHO has continued to play its major role of leading the health sector response in outbreaks and emergencies and serve as a lead agency for health sector coordination. During the reporting period, WHO has been engaged in drafting of documents and guidance to ISCG and for partners in preparations for response to COVID-19
- On 20 and 21 March 2020 and as part of the Mental Health and Psychosocial Support working group, WHO co-facilitated training of 40 psychologists and councilors in preparation for mental health and psychosocial issues that arise in response to COVID-19 interventions.
- WHO offered technical support in the development of Emergency Preparedness Response Plan (EPRP) for response to mental health issues in relation to natural disasters and the ongoing COVID-19 pandemic.

Laboratory and surveillance capacity building support

- The laboratory team was involved in coordination and facilitation of several COVID-19 related trainings. This included webinar training for COVID-19 for non-medical and medical workers, Training of trainers' sessions for COVID-19 and Rapid Investigation Team (RIT). These trainings benefited Government and NGO/INGO health facilities of Ukhiya, Teknaf and Ramu Upazilas.
- As a part of RIT, in close collaboration with the Institute of Epidemiology, Disease Control and Research (IEDCR), the team facilitated sample collection from health facilities in camp and ensured appropriate sample transportation for laboratory investigation to Dhaka.
- WHO also conducted supportive supervision to two health facilities including government. These supportive visits included distribution of consumables items, reagents in different health facilities.
- WHO supported drafting of documents for Health and WASH collaboration on guidance for joint guidance to ISCG and humanitarian workers. Documents drafted include, WASH Sector response plan, Dead Body Management and Disinfection Standard Operating Procedures.

Infection Prevention and Control training

- WHO completed a training on Infection Prevention and Control (IPC) for 284 health care workers including doctors, nurses, midwives, medical assistants, and paramedics from 36 different organizations and government health facilities for healthcare workers in Sadar Hospital, Ukhiya and Teknaf Upazila Health complexes and health facilities. The training aimed at improving health workers knowledge and skills in IPC in preparation for COVID-19 response.
- WHO also organized a 'Training of Trainers' for 74 participants on Introductory Infection Prevention and Control, screening and triage for COVID-19 from 19 March 2020 to 25 March 2020. Those trained will support camp level roll out and monitoring at camp level.
- WHO in collaboration with UNHCR and ISCG conducted 'Orientation on COVID-19 for Humanitarian workers in Cox's Bazar –Webinars training' on 9th and 12th March in both Bangla and English version. A total of 354 Webinar participating points connected to the webinar sessions.
- In support to the Community Health Working Group, WHO offered training sessions for Community health workers(CHW) on Community level health promotion and preventive health training on acute respiratory illnesses' on 15th and 18th March in Bangla; total 127 participants who were mainly CHW supervisors participated in the training. Participants supported roll out of training content to the community health workers.
- To support the Dispatch and Response Unit for the COVID-19 response, under IOM, 20 participants were trained on 'IPC training for conveyance and ambulance driver and referral nurses on 24 March 2020.

Risk communication

- As a co-chair of the Risk Communication Technical Working Group, WHO supported in developing the Risk Communication and Community Engagement (RCCE) Strategy on COVID-19 which was endorsed by the Civil Surgeon of Cox' Bazar.
- In collaboration with UNICEF, WHO developed key messages in relation to the COVID-19. These messages were later approved by Civil Surgeon for dissemination and drafting of Information, education and

communication (IEC) materials on COVID-19 like posters, leaflets, audio messages, Health Information card X stand banner for airports among others for the host communities and the Rohingya camps

- WHO together with UNICEF produced Audio-Video Public Service Announcement for strategic locations of Cox' Bazar and Bangladesh Betar on COVID-19 awareness.
- WHO supported in developing a guidance on traveling by vehicle (9 rules for Humanitarian Workers to Reduce Risk of COVID-19 Transmission when Traveling to camps in Ukhiya and Teknaf)
- WHO was involved in several other activities that impact community understanding of COVID-19 and supporting community engagement for individual and collective positive actions. These activities include translation of documents, dissemination of frequently asked questions(FAQ) leaflets (Bangla), Posters (Bangla), and (Burmese) on COVID-19 to Health sector for Teknaf & Ukhiya health facility, rumor tracking purpose on COVID-19 pandemic situation, among others.

Environmental health and sanitation

- WHO, in concert with partners, finalized Healthcare Waste Management reports and documentation that will support implementation of a waste management hub system for Cox's Bazar.
- In partnership with the Department of Public Health Engineering (DPHE) and UNICEF through a tripartite engagement, WHO started preparatory arrangements to ensure Water Quality Surveillance is implemented, with the first round taking place in the pre-monsoon period, if not affected by the ongoing global pandemic.
- WHO has also made arrangements to support the implementation of WASH in Health Care facilities to further boost Infection Prevention and Control knowledge and practices which will augment efforts to minimize spread of COVID-19.

Tuberculosis disease management

- WHO supported Upazila Health Complexes conduct 203 and 220 GXP tests and 202 and 190 routine microscopy tests for Tuberculosis diagnosis, at Ukhiya and Teknaf Upazilas
- Ongoing support was also rendered to other x-ray diagnostic services with WHO staff conducting 88 X-ray at Teknaf Upazila Health Complex, 60% of which were Chest X-rays.
- The teams also conducted supportive supervision to two laboratories of BRAC especially for ensuring quality.

Non-communicable Disease (NCDs)

- In collaboration with Directorate General of Health Services (DGHS), WHO trained 24 primary healthcare workers (medical doctors, medical assistants and nurses) from Ukhiya and Teknaf on WHO Package of Essential Noncommunicable Disease Interventions (PEN) from 9 to 12 March 2020. Key emphasis was given to have strengthening capacity of 18 World Bank supported health facilities in diagnosis and management of noncommunicable diseases (NCDs) based on national protocol.
- The Noncommunicable Diseases Core Group, with the technical and logistics assistance from WHO, completed first round of NCD Supportive Supervision Visits for health facilities in Rohingya camps and immediate host community in Cox's Bazar. Seventeen health facilities were supported with on-site technical supervision along with job aids. Recommendations have been developed in consultation with

health facility in-charges and will be followed up on three months basis as part of continuous strengthening of service delivery of NCDs.

- Through the health sector and as part of supporting the existing referral system to deliver timely & quality interventions for patients of noncommunicable diseases (NCDs) in resource-limited settings, NCD Core Group have conducted a referral workshop on NCDs on 16 March 2020. Representatives from MOHFW Coordination Cell, Health Sector, RRRC, UNHCR, IOM along with 19 health partners including field hospitals participated and developed recommendations for NCD referral which will be incorporated in the health sector referral mapping.
- As support to Mental Health management at Sadar District Hospital, WHO donated with assorted medicines to manage mental health conditions. Medicines were received by the Sadar hospital Medical Superintendent
- Since 10 March 2020, audio drama spot campaigning and Theatre for development performance activities were conducted focusing on risk factors of smoking and betel nut chewing as part of prevention of Non-communicable diseases in three coastal Upazilas of Cox's Bazar district: Pekua, Moheskhali and Kutubdia. NCD risk factor spot campaign was also conducted in the above Upazilas.

IMMUNIZATION

- One District and four Upazila level meetings were planned with core immunization partners for improving Routine EPI microplans. The same were deferred due to COVID-19 response plans.
- A brainstorming meeting was held in the last week of February 2020 with immunization team on planning, strategy building and review of current routine Expanded Programme on immunization (EPI) micro plans in Cox's Bazar office
- E-SIMOs made a total of 16 active and passive surveillance visits to priority health facilities. Health field monitors (HFM) visited 114 facilities both in Ukhiya and Teknaf upazilas as a part of VPD surveillance.
- A total of 15 Camp level health sector meetings were attended by E-SIMO and HFMs to share routine EPI data and to discuss current challenges on the ground.

HEALTH SECTOR COORDINATION

- Health Sector together with partners are assessing existing isolation and treatment facilities for strengthening existing facilities and possible expansion. A total of 47 temporary COVID-19 Isolation beds and 636 general beds are in place in the camps as of 21 March 2020.
- Guidance on setting up an isolation and treatment facility including cost estimations is being developed. The final draft for partners is planned to be shared by end of March 2020.
- Daily COVID-19 updates/ situation report is being circulated to the health sector partners.
- WHO/ Health Sector in coordination with ISCG and other sector coordinators reviewed and updated Inter-Sectoral plan in line with national plan and global guidance. This plan includes the Health Sector Preparedness and Response Plan for COVID-19.
- An orientation to non-clinical labour support, held for traditional birth attendants, including a total of 26 midwife and community health workers, was successfully completed. Roll out trainings are expected in the camps with support from the Health Sector, Community Health Working Group and UNFPA facilitators.
- Fifteen essential sexual and reproductive health (SRH) kits and equipment (including delivery kits) were prepositioned within the camps in preparation for COVID-19.

- Sensitization of different stakeholders with latest information related to COVID-19 is continued. Around 800 key staff members from different sectors, agencies and government units were briefed.
- Apart from regular activities, Health Sector Camp health focal points (CHFPs) and Health Field Coordinators in touch with health partners and other sectors, camp in charges (CiC) Offices, Upazila Health Complex, Upazila Nirbahi Officer (UNO) Office regarding coordination and dissemination of awareness messages and updates on COVID-19.

OPERATIONS SUPPORT AND LOGISTICS

- Operations, support and logistics (OSL) provided its expertise support to intersectional field visit for selection of potential sites for isolation and treatment centers in view of COVID-19 preparedness and response plan.
- Partners Personal protective equipment (PPE) stock has been compiled and sent out to Health and Logistic Sectors for further distribution as and when required.
- Oxygen supply for COVID-19 response concept note has been proposed to partners with potential suppliers of filling stations, generators and concentrators are being identified.
- OSL conducted cold chain module training for partners as part of the warehouse management system course organized by the Logistic Sector.

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