



WHO and partners with military officials during a site visit at Camp 17 for proposed military disaster drill scheduled on 23 May 2019.

Emergency: Rohingya Crisis



World Health Organization

Bangladesh

Bi-weekly Situation Report #10

Date of issue: 23 May 2019

Period covered: Weeks 19-20 2019
(05- 18 May 2019)

Location: Bangladesh



911 359

total Rohingyas
in Bangladesh



1,377,554

Total number of
consultations reported in
EWARS in 2019



728 786

people are being
monitored for
diseases



1.24 million

people targeted for
health assistance

HIGHLIGHTS

- A 2-day orientation workshop for ten newly deployed Camp Health Focal Points was organized on 12-13 May 2019.
- A training to sensitize nurses on general principles of mental health as related to general hospital care was held for 50 nurses in Sadar Hospital on 13 May 2019.
- During week 19, Joint Assessment Teams (JAT) lead by WHO conducted two field investigations in response to suspected cholera cases.

SITUATION OVERVIEW

There are an estimated 911 359 Rohingya refugees in Cox's Bazar, according to the latest ISCG situation report (April 2019). This includes 34 172 refugees from Myanmar who registered before 31st August 2017. All refugees, 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 19 and 20 of 2019 is presented below by WHO functions.

RESPONSE

OPERATIONS SUPPORT AND LOGISTICS

- Solar lighting in Primary Health Facilities has been installed, with UN CERF support.
- The renovation of X-Ray Room in Ukhiya Health Complex to support the TB Project, with Russian Government grant, is in progress.
- The site preparation for the emergency preparedness stock of three containers is completed in Ukhiya (camp 12), close to Swiss RC, primary health facility and medical college in Cox's Bazar. These containers will be prepositioned at the above-mentioned sites.
- WHO Operation Support and Logistics(OSL) unit has received 10,000 vials ephedrine, 140 Interagency Emergency Health Kits(IEHK) 2017 Basic kits, 6,000 Malaria Rapid Diagnostic Test kits(RDTs) and 128 bottles of ethanol 2.5 liters.
- A health logistics meeting took place on May 2019. The agenda focused on temperature-controlled warehouse capacity assessment and preparedness including the mapping of medical supplies. Logistic sector has procured five 20-foot containers with airconditioning to store medicines and they will be available for partners in the Madhuchara hub soon.
- A total of 274 800-tab of Azithromycin 250 mg was delivered to the Civil Surgeon Office Cox's Bazar by WHO.
- The analysis of medical supplies transferred to partners in 2019 have been completed and may be used as part of operational research report.

INFORMATION MANAGEMENT – EPIDEMIOLOGY

Overview

- During week 19, Joint Assessment Teams (JAT) lead by WHO conducted two field investigations in response to suspected cholera cases. Field investigations did not suggest any common source of infection but just sporadic instances. Laboratory reports discarded both cases as the reports came negative. However, hygiene promotion & WASH interventions are ongoing.
- As of week 20, a total of 152 health facilities have registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 78 per cent (152/196).
- Of these sites, 107 submitted their weekly reports (69%) by 21 May 2019 which is fewer than in previous weeks. Completeness has decreased in the last two of weeks (121 reports in week 19 and 141 reports in week 18). The cumulative completeness is 86% and timeliness is 84% for 2019.
- A total of 50 alerts (triggers) were reported and reviewed in the EWARS system in week 20 compared with 22 alerts in the previous week. All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), acute watery diarrhea (AWD) and unexplained fever were the conditions with highest proportional morbidity this week. There were no notable changes in other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.
- Three JAT workshops will be held on 28-30 May in Cox's Bazar, Teknaf and Ukhiya.

Diphtheria Update

- Six new diphtheria case-patients were reported in week 20 in EWARS which is similar to last week (7 cases).
- A total of 8626 diphtheria case-patients were reported in EWARS. Out of these, 295 were classified as confirmed cases after laboratory testing. Others were classified as probable 730) and suspected (5 601) cases.

- In 2019, total of 280 diphtheria case-patients were reported including 3 confirmed, 21 probable and 256 suspected cases.
- Total number of deaths reported till now is 45. Last death was reported on 15 January 2019.

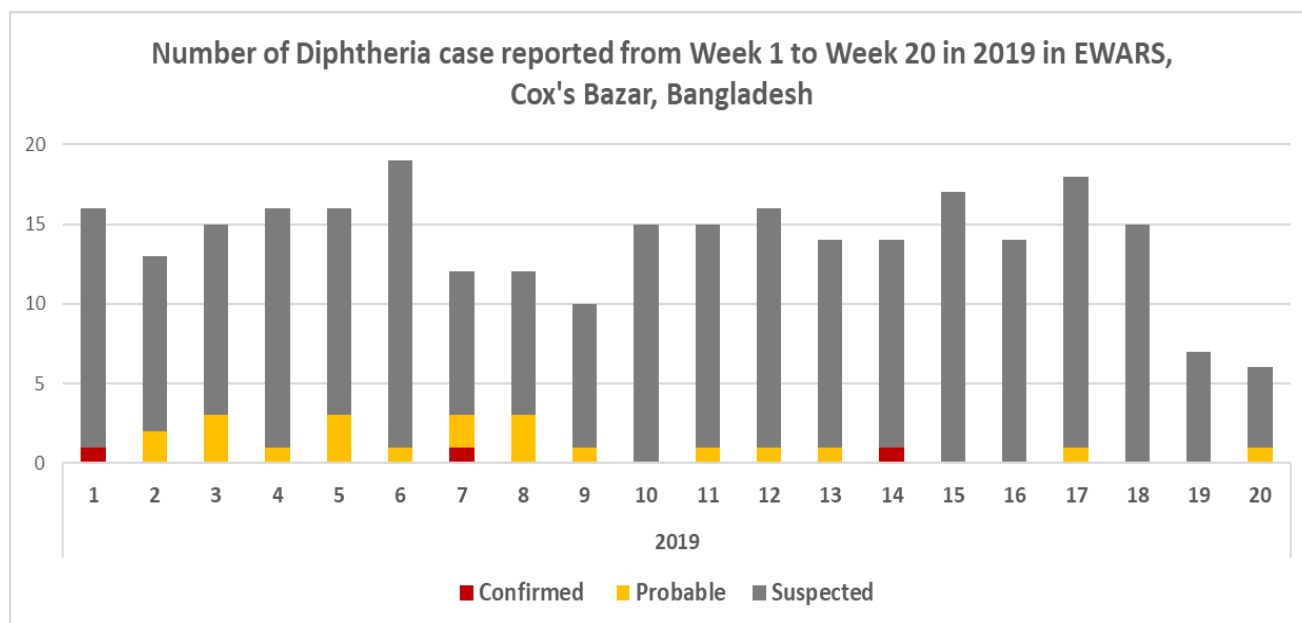


Figure 1: Diphtheria case-patients reported from Week 1 to week 20 2019, Cox's Bazar.

Suspected Measles Update

- Forty-five new suspected measles cases were reported via weekly reporting this week, which might be a reporting artefact as 43 cases were reported from one facility. A total of five cases were reported via measles case report form.
- WHO epidemiology team will conduct field investigation to confirm the reported number of cases.
- WHO is supporting Ministry of Health (MoH) in routine measles surveillance in Rohingya population.

Unexplained Fever

- 3244 unexplained fever cases were reported in week 20. A total 54963 cases of unexplained fever were reported in EWARS in 2019.
- Unexplained fever is the second disease in terms of high proportional morbidity diseases reported in EWARS surveillance after acute respiratory infection (ARI).
- WHO, in collaboration with institute of epidemiology, disease control & research (IEDCR), is conducting unexplained fever survey in the camps.
- Samples are being collected from fixed sites and are being tested in IEDCR field lab in Cox's Bazar medical college.

HEALTH OPERATIONS & TECHNICAL EXPERTISE

Immunization

- Routine Immunization has continued in the camps. During this period, around 800 outreach and fixed site sessions were held, vaccinating children under 2 years and pregnant women, against 10 diseases.

- In 2019, four suspected acute flaccid paralysis/ suspected polio cases were investigated against yearly target of nine, 2 were discarded, one L20B positive isolated through ITD/PCR and another result is awaited. The total number of cases was 11 and 8 in 2018 and 2017 respectively. No wild polio virus was isolated.
- A total of 340 suspected measles/rubella cases were reported from week 1-20, 2019 with only 138 (41%) completing the Case Report Form. Out of these 117 (34%) were tracked down in field and 62 (18%) serum samples were sent for laboratory testing. Fifty three results were received of which one has been confirmed for rubella and five for measles. Other results are still pending.
- A training session on Protection from Sexual Exploitation and Abuse (PSEA/Harassment) was held on 8 May 2019 for all Health Field Monitors (HFMs). The training was conducted with the support of the Health Sector.
- HFMs have been oriented on Health Facility Barcoding. All health facilities in camps will be coded with barcode stickers for identification in the next week in support of the Health Sector.

WASH/Health Care Waste Management

- The 10th round of water quality surveillance (WQS) took place from 2-29 April 2019. A total of 1320 water sources and 2640 household's drinking water storage were visited by the sample collectors. Sanitary inspections were also conducted for these sides. A total of 5280 water samples (from 2640 water collection points and 2640 households water storage units) were collected and analyzed for E. Coli concentration. The testing results indicated 34% and 83% of the sources' and households' storage water have E. Coli concentrations above the acceptable limits as per the Bangladesh and WHO guideline values. Outcomes were shared with WASH and Health Sectors. The 11th round WQS commenced on 7 May 2019 and will end on 2nd June 2019.
- A rapid review of health care waste management of health facilities in the camp area has commenced at the end of April 2019 with several planning meetings, the development of a questionnaire for data collection and recruitment of field data collectors.

Laboratory

- A plan was developed for the renovation of the laboratory at Sadar Hospital. A drawing will be presented to the hospital administration shortly.
- Laboratory assessment visits have been ongoing in the camps and essential RDTs to the facilities has been carried out simultaneously. The assessment uses a condensed version of the WHO Laboratory Assessment Tool tailored to the Minimum Services Package.

Mental Health and Psychosocial Support

- Another round of mhGAP trainings took place in this period for 25 participants, including doctors, nurses, psychologists, and midwives.
- Nurse sensitization training was held for 50 nurses in Sadar Hospital. This is a training to sensitise nurses on general principles of mental health as related to general hospital care.
- A pilot supervision for mental health services visit took place on 13th May 2019 to trial out supervision systems and formats.

Non-Communicable Disease

- Survey results of 'Oral Healthcare Services in the Rohingya Camps' were shared in the Health Sector meeting, which has generated information on service availability and resource capacities of facilities providing oral healthcare in the camps.

- Preparation for the upcoming 'NCD Service Availability Assessment in Cox's Bazar' are ongoing. Trainings for data collectors & piloting of the questionnaire will take place in collaboration with partners from the NCD Core Group.

Communicable Disease

- A team of five members including two medical laboratory technologists, two field supervisors and a radiographer have joined in the TB project of WHO. They will work for strengthening the TB program activities in Tekhnaf and Ukhiya Upazilla of Cox's Bazar.

HEALTH SECTOR COORDINATION

Gender-based violence (GBV)

- The health sector held a joint meeting with the Health and GBV sector team leaders of an International NGO to discuss the need to establish GBV services in nine of their health posts where first line support and referral services for GBV survivors are unavailable. As a result, the INGO will develop camp-based training schedule for the facilities while health sector will provide WHO training materials and facilitation based on need. (Trainings are scheduled from June 2019).
- Orientation of multi-sectoral teams for the GBV Quality Assurance assessment of primary health care facilities was held during the period and attended by fourteen partner staff from Health and GBV. The actual assessment by the trained teams is currently underway. More updates will follow in the next reporting period.
- The Health sector held a technical group meeting on GBV with MHPSS and GBV working group leads. Responsibilities among working groups was shared on specific actions in the health sector workplan. The health sector also participated in the GBV coordination meeting and flagged the need to update the GBV referral pathways to make them more functional. The process of updating the referral pathway by the GBV partners is underway while the health sector is supporting in updating information with contacts of facility-based staff, facility numbers and type of services offered.

Sexual and Reproductive Health (SRH)

- During this sitrep period, the SRH Project of the Health Sector undertook a number of supportive supervision/monitoring activities in which several health facilities in the camps were visited. The aim was to identify gaps in services provision, supplies or need for capacity building.

The main gaps identified are the following:

- Provision of family planning particularly injectable methods and implants, which women in camps prefer most.
- Key capacity building needs were in the area of emergency obstetric and newborn care, post-abortion care and family planning.
- Understanding related to field hospital obstetric emergencies rotation plan was found to be variable within the staff members of visited health facilities.
- Finally, in some of the health facilities, official communication devices were not available. Staff were using their personal mobile phones.

In each of the facilities visited technical advice and information was provided, the findings reported to Health Sector team. In addition, these findings and recommendations shared at the SRH meeting of 7th of May, and a follow up on necessary action will continue.

Health Sector Information Management

- The health sector is transitioning its 4Ws reporting (Who is doing What, Where and When) from excel to an online reporting tool known as 'Report Hub'. This is expected to greatly improve the quality and depth of information reported on partners' activities for refugees and host community. A hands-on data entry training session will be held next week.
- DHIS2 is the National HMIS tool in Bangladesh, and the DGHS developed in 2017 a "FDMN server" for reporting by partners working in the Rohingya refugee response. In response to concerns raised from implementing partners that the DHIS2 in its previous state is not optimal, health sector initiated a review of the variable list in early 2019 and developed a revised list which will better capture and inform on the mortality and morbidity situation of the affected population. This process involved wide consultation workshop with key stakeholders; technical review by SAG members, and field piloting the draft revised DHIS-2 variable list. This revised list was endorsed by the relevant Ministry of Health Authorities in early May, and a brief induction session was held for implementing partners' reporting officers, led by Civil Surgeon's Office, on 8th May 2019 for smooth transitioning into this new variable list. Tally sheets were developed by the health sector to facilitate reporting and aggregation of data at the field level.
- The health sector will participate in the ISCG 'facility barcoding exercise'. Under this exercise, each community infrastructure- including health facilities- will be 'tagged' with a weather-proof label with information on the facility ID and type, as well as a barcode which can be scanned for other facility information.

Field Coordination

- A 2-day orientation workshop for newly deployed Camp Health Focal Points was organized on 12-13 May 2019. Ten Camp Health Focal Points (Five each Bangladesh Military together with camp stakeholders) are planning for disaster drill (demonstration) on 23 May 2019. Health sector Community Health Workers and Medical Mobile Team are participating to the drill. Planning meeting was held with partners and orientations to participants are ongoing.

Emergency Preparedness and Response Readiness

- Health Sector Emergency Preparedness and Response Task Force meeting held during the reporting period. Reflection on Health Sector response readiness for cyclone Fani was held. It was agreed that there will be an After Action Review (AAR) of contingency plan in Health Sector technical working groups, to be taken forward in the forthcoming health sector EPR Task Force meeting. Meanwhile the Health Sector is continuing preparedness activities for Cyclone season.

CONTACTS

Dr Bardan Jung Rana
WHO Representative
WHO Bangladesh
Email: ranab@who.int

Dr Khalid El Tahir
Incident Manager
WHO Cox's Bazar
Email: eltahirkh@who.int