



Focus group discussion with Rohingya refugee men on betel nut consumption.



# World Health Organization

## Bangladesh

Bi-weekly Situation Report #11

Date of issue: 09 June 2019

Period covered: Weeks 21-22 2019  
(19 May-01 June 2019)

Location: Bangladesh

## Emergency: Rohingya Crisis



**911 359**  
total Rohingyas  
in Bangladesh



**1 571 285**  
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

- The renovation of Medical Storage at the Teknaf health complex has begun and the upgrade will be completed by end of June 2019.
- The 11th round of water quality surveillance in the refugee camps has started and will be completed on 2nd June 2019.
- A service availability assessment on non-communicable diseases is planned in June, and the tool has been piloted and finalized.
- A health-sector led joint GBV Quality assurance assessment was completed, targeting primary health care facilities within Ukhiya and Teknaf camps.
- Joint assessment team (JAT) trainings were conducted on 28 May 2019 in Cox's Bazar with participation from both health and WASH sector partners as part of the emergency preparedness activities for the upcoming monsoon season.

### 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 31<sup>st</sup> 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 21 and 22 of 2019 is presented below by WHO functions.

## **OPERATIONS SUPPORT AND LOGISTICS**

- Installation of Solar ACs is now successfully completed in ten Primary Health Facilities in the camps, through UN CERF support. The site preparation for installation of generators is complete in 12 Primary Health Facilities in Ukhiya and these will be delivered and installed in Generators by June 27th.
- The renovation of X-Ray Room in Ukhiya Health Complex to support the TB Project, with Russian Government grant, has started and will be completed by end of June.
- Three containers for the emergency preparedness stock are already prepositioned in Ukhiya and Cox's Bazar and these are being upgraded with AC and adjustable racks before the sensitive temperature-sensitive medicine and kits are prepositioned.
- WHO Operation Support and Logistics(OSL) unit has received the following supplies: IT equipment for WHO Cox's Bazar Sub-Office, PCS Hood with UV 14pcs, 500 bottles of Calamine 15% lotion, 5000 respiratory protection face mask grade FFP2, 50 000 ampoules of oxytocin, and 960 Elisa Kits for Rotavirus.
- A total of 50 000 Oxytocin ampoules were donated to UNFPA as part of the health sector SRH project in Cox's Bazar
- The renovation of Medical Storage at the Teknaf health complex has been started by the selected contractor and will be completed by end of June as per the work plan. The current store is being upgraded with air conditioning, adjustable racks and exhaust fans for better storage of medicines.

## **INFORMATION MANAGEMENT – EPIDEMIOLOGY**

### **Overview**

- The joint assessment team (JAT) training was conducted on 28 May 2019 in Cox's Bazar with participation from both health & WASH sector partners as part of the emergency preparedness activities for the upcoming monsoon season.
- The joint assessment team (JAT) training was followed filed level coordination and advocacy workshop, which was organized in Teknaf on 30 May 2019 with partners from health & WASH working in Teknaf. Similar workshop will be organized in Ukhiya on 18 June 2019.
- As of week 22, a total of 153 health facilities have registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 78 per cent (153/196).
- Of these sites, 90 submitted their weekly reports (58%) by 3 June 2019 which is fewer than in previous weeks. The reporting completeness is decreased due to low reporting as the country is observing its biggest religious festival this weeks. Many health facilities will remain closed during this time.
- A total of 30 alerts (triggers) were reported and reviewed in the EWARS system. All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), unexplained fever and acute watery diarrhea (AWD) 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.



Picture: Joint assessment team training in Cox's Bazar and Teknaf

## Diphtheria Update

- Four new diphtheria case-patients (all suspected) were reported in week 22 in EWARS which is less than previous week (8 cases).
- A total of 8640 diphtheria case-patients have been reported in EWARS since the start of the outbreak. Out of these, 296 were classified as confirmed cases after laboratory testing. Others were classified as probable (2729) and suspected (5 615) cases.
- In 2019, a total of 294 diphtheria case-patients were reported including 4 confirmed, 20 probable and 270 suspected cases.
- The total number of deaths reported until now is 45, and the last death was reported on 15 January 2019.

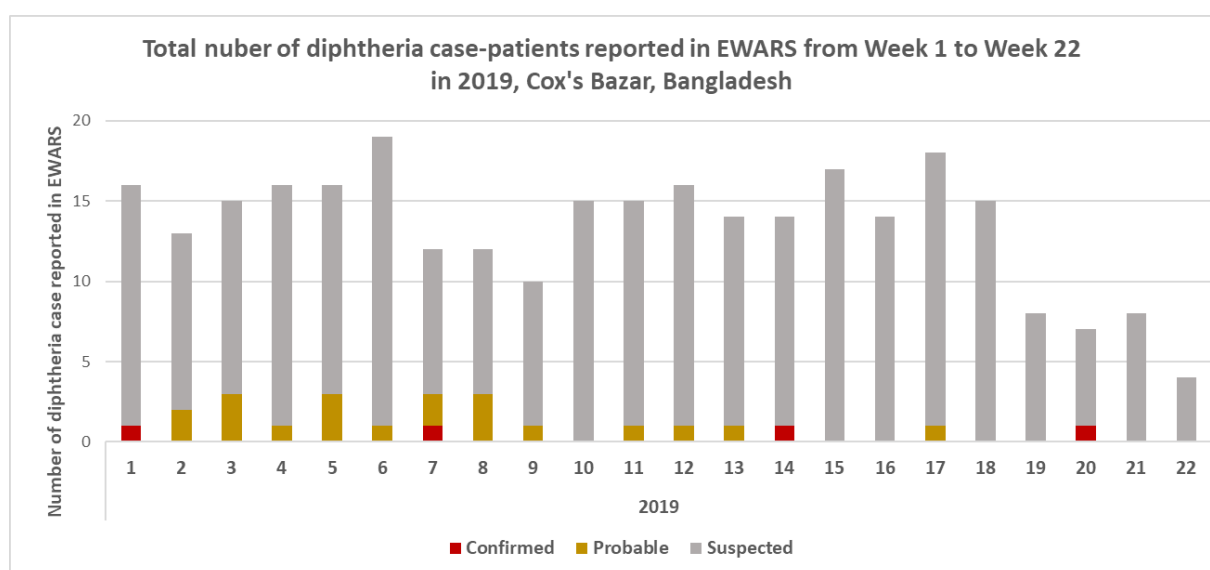


Figure 1: Diphtheria case-patients reported from Week 1 to week 22 2019 in EWARS, Cox's Bazar, Bangladesh

## Suspected Measles Update

- No suspected measles cases were reported in EWARS either via weekly reporting or case reporting form in week 22, which might be a reporting artefact because of the long festival vacation being observed in the country.
- Until week 21 2019, a total 273 suspected measles cases were reported via weekly reporting and 144 cases were reported via measles case reporting 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.

## Community Based Surveillance

- Community based surveillance reporting in EWARS started since Week 14 2019. Currently only 11 facilities in these areas are reporting. The CBS and EWARS reporting training was held on 2 and 3 April 2019.
- A total of the 85 deaths were reported in EWARS from community and facility based mortality reporting. Out of which 60 were captured by community based surveillance.
- Among the deaths reported, female age ranges from 1 to 92 (n=26) and male age ranges from 0 to 70 (n=34).
- A total of six deaths were reported among women of reproductive age (12-49 years), of which one was reported as suspected maternal death and this information has been shared with the SRH working group for further investigation.
- In addition, six neonatal deaths and two still-births were also reported, 18 (40%) are due to chronic causes and the rest were classified as others as detailed in the figure below.

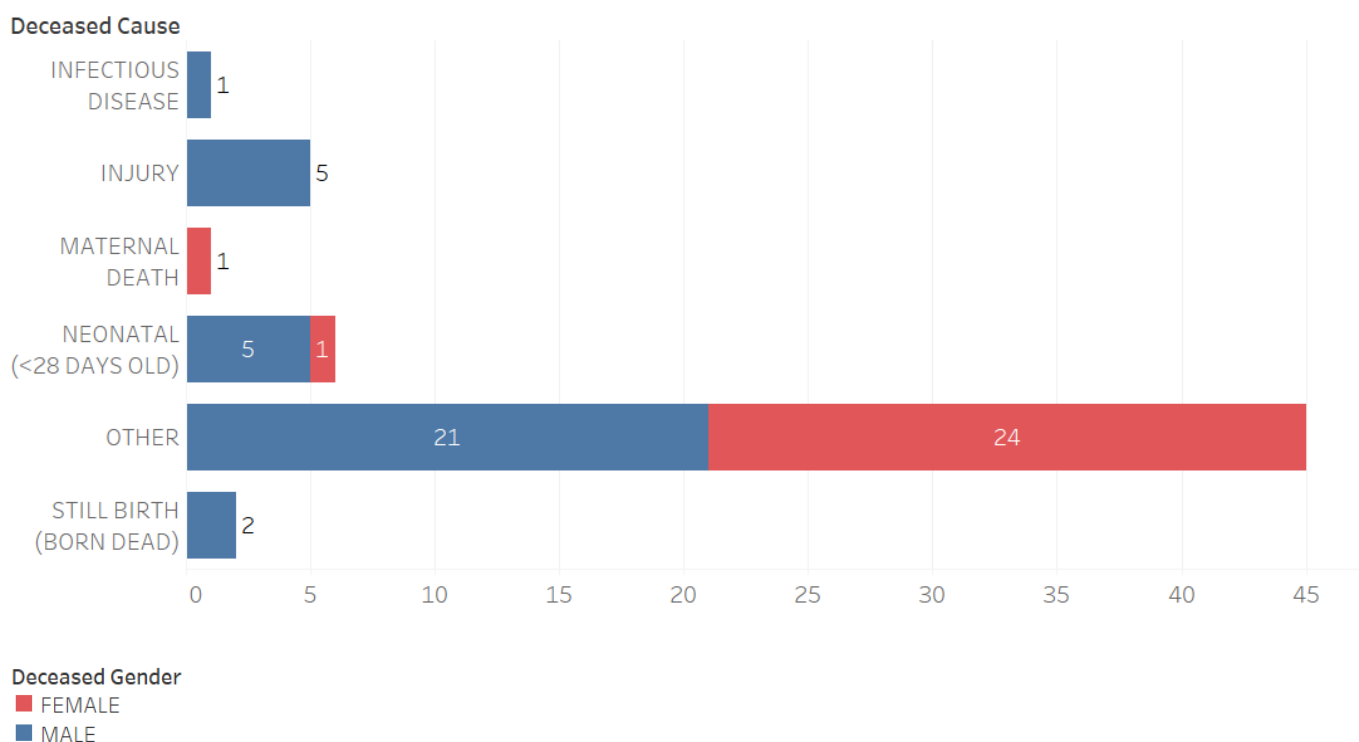


Figure 2: Community reported deaths by cause from week 14 to week 22 in EWARS, Cox's Bazar, Bangladesh

## HEALTH OPERATIONS & TECHNICAL EXPERTISE

### Non-Communicable Disease

- On 26 May 2019, an assessment questionnaire was piloted for the 'NCD Service Availability Assessment Cox's Bazar 2019' in four health facilities of Camp 9 and Camp 13. The assessment is expected to take place in the coming weeks after the Eid holiday, and is being conducted by members of the NCD Core Group. This will help inform decisions about capacity building, procurement and overall systems strengthening for Non-Communicable Disease for refugees and host population in Cox's Bazar.
- From 19th to 21st May 2019, participants from Cox's Bazar took part in a national "Package of Essential Noncommunicable Diseases Interventions for Primary Health Care in low-resource settings (PEN)" training in Dhaka, introduced by Directorate General of Health Services (DGHS). This is a first step towards implementation of PEN trainings in Cox's Bazar, which is expected to take place in the second half of 2019.

### Mental Health and Psychosocial Support

- A WHO Mental Health Gap Action Programme (mhGAP) training was held (19-23 May 2019) with 24 participants from government, iNGO and NGO facilities including doctors, nurses, psychologists, and midwives from 18 camps, as well as Ukhiya and Ramu health facilities. A 15% pre- and post-test result difference for participants was recorded.
- Technical staff from WHO Cox's Bazar supported the national level adaptation of mhGAP for the Bangladesh context at the National Institute for Mental Health (27-29 May 2019). This was combined with an academic presentation by WHO Cox's Bazar for psychiatric staff of NIMH on 28 May on psychiatric skills and learning.

### Laboratory

- The microbiology culture facility at the IEDCR Field laboratory situated at Cox's Bazar Medical College has started culturing of samples. Reagents and material for the current year have been ordered and are being received in a phased manner, including materials for the IEDCR Field Laboratory and for partner laboratories functioning in the camps. This includes personal protective equipment, biohazard and autoclavable bags and basic testing reagents. Partner organizations with needs are being encouraged to utilize these supplies during ongoing voluntary supportive supervisory visits to their facilities.
- Plans for the expansion of the laboratory at the government District Sadar Hospital have been finalized and work will start shortly.
- Laboratory assessments at primary health centers (PHCs) and representative health posts (HPs) have been undertaken in past weeks and results are being analyzed to form a report with recommendations that will be shared with the health sector. It is expected that additional facilities may be assessed in the coming weeks.

### WASH & Health Care Waste Management

- A rapid review of health care waste management in the camps has been initiated. A core/working group consultation was held on 20th May 2019 at WHO to discuss objectives, methods, operational modalities, roles and responsibilities (including the risk analysis) and to finalize an action plan. The meeting was followed by a health care waste review questionnaire finalization workshop. The workshop was organized by Department of Public Health Engineering (DPHE) on 21st May 2019 at DPHE Cox's Bazar Offices with



representatives from DPHE, IOM, UNHCR and WHO. The workshop participants reviewed the developed draft questionnaire and made necessary corrections and adjustments through group work. Subsequently, seven field monitors received training on information collection procedure on health care waste, which in turn was followed by a two-day field demonstration facilitated by technical professionals of DPHE and WHO. In total, 29 health care facilities in the refugee camps have been assessed. The field activity is ongoing and planned to be completed by mid-June 2019.

- The 11th round of water quality surveillance (WQS) in the camps started on 7th May 2019 and will be completed on 2nd June 2019. A total of 1353 water sources and 2706 household's drinking water storage were visited by the sample collectors. Sanitary inspection was conducted for 1353 sources and 2706 household's storage through observation methods. A total of 5412 water samples were collected from 2706 sources (1353 sterile and 1353 unsterile) and 2706 households drinking water storage containers and were analyzed for E. coli concentration. Data compilation is ongoing and reports with detailed data will be made available by mid of June 2019.

### Risk Communication

- Given low immunization rates in pockets of the population, the Civil Surgeon in Cox's Bazaar has requested WHO to undertake innovative communication messaging, including through creation of audio messages in Rohingya language, in cooperation with UNICEF. From the first week of June, these will be aired on Radio Naf and be communicated with target population through other means.
- On the 21st of May focus group discussions were organized in Camp 04 and 04 Extension (Ukhiya) to better understand behavior, perceptions and understanding around betel nut chewing, necessary precautions for malaria prevention, health seeking behaviors specifically around family planning, acute watery diarrhea (AWD) awareness and health service utilization.

### Immunization

- Routine Immunization has been continuing in the camps with around 800 outreach and 650 fixed site sessions held vaccinating children under-2 years and pregnant women against 10 diseases.
- A meeting with all vaccinators and supervisors on reviewing monthly performance across the camps was held on 30 May 2019, especially emphasizing the importance of newborn registration and catch-up for dropout children through proper documentation.
- In 2019, four suspected acute flaccid paralysis/suspected Polio cases were investigated against a yearly target of nine. Of these, three were discarded, one was L20B positive isolated through ITD/PCR. The total number of cases was 11 and 8 in 2018 and 2017 respectively. No wild polio virus was isolated. A total of 343 suspected measles/rubella cases were reported in first 21 weeks of 2019 with only 140 (41%) completing CRF. Out of these 122 (34%) were tracked down in field and 60 (18%) serum samples were sent for laboratory testing. Results were received for 55 with one laboratory confirmed rubella and five laboratory confirmed measles (others are still pending).
- A pool of fifty-seven Rohingya mobilizers have been nominated for each of outreach vaccination team to mobilize the community. In June, the mobilizers will be oriented on the immunization system and engaged in counting under 5-year old children, to establish a new target for routine immunization.

### Other Areas

- The results of a “Rapid assessment of essential medicines situation in the Rohingya refugee camps” have been compiled and shared with SAG partners for input. The report will be made available publicly shortly and an action plan will be developed with partners to address availability and quality issues.

## HEALTH SECTOR COORDINATION

- The health sector is the first sector to participate in the ISCG ‘facility barcoding exercise’. Under this exercise, each community infrastructure- including health facilities- is being ‘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. This activity is now ongoing, through the support of WHO Health Field Monitors.
- 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. To this end, a hands-on data entry training session was held on 23<sup>rd</sup> May attended by more than 35 participants. For the next monthly 4Ws report, ‘Report Hub’ will be used by partners.
- The health sector in coordination with Sexual Reproductive Health Working Group (SRHWG) and Gender Based Violence (GBV) sub-sector completed a ten-day joint GBV Quality assurance assessment targeting primary health care facilities within Ukhiya and Teknaf camps. At the time of reporting, data entry process was underway by the assessment teams.
- Ahead of the Eid holiday period, the health sector mapped out facility closure plans for secondary health care facilities and 24/7 primary health centers. This information was compiled and shared with all partners
- As part of the health sector rationalization exercise, the preliminary findings from the assessments conducted in March 2019 were shared with Camp in Charges and affected health partner, following agreement by RRRC and Civil Surgeon’s Offices. The health sector is establishing an appeals committee for partners who wish to contest the decision of the rationalization task team. This will be chaired by RRRC’s office. Following this, a final set of recommendations will be made and implementation of these will be initiated.

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