



Mobile Medical Team(MMT) training- 26 June 2019

## Emergency: Rohingya Crisis



# World Health Organization

## Bangladesh

Bi-weekly Situation Report #13

Date of issue: 04 July 2019

Period covered: Weeks 25-26 2019  
(16-29 June 2019)

Location: Bangladesh



**912 485**

total Rohingya  
Refugees  
in Bangladesh



**1,756,613**

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 epidemiology team supported Institute of Epidemiology, Disease Control and Research (IEDCR) with rapid response team training for medical doctors working in the camps.
- WHO and the mission from Embassy of Japan in Bangladesh conducted a field mission on 17 June 2019 to be updated on WHO's response addressing the Non-Communicable Diseases (NCD) needs of host community and Rohingya population.
- The health sector completed data analysis of the gender-based violence (GBV) quality assurance joint assessment, conducted between May 20-30, 2019, in Primary Health Care facilities, and will shortly present the findings to relevant working groups.

### SITUATION OVERVIEW

There are an estimated 912 485 Rohingya refugees in Cox's Bazar, according to the latest ISCG situation report (May 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 25 and 26 of 2019 is presented below by WHO functions.

### OPERATIONS SUPPORT AND LOGISTICS

- The installation work of twelve generators in twelve primary health facilities in the camps is completed now under UN CERF support.  
Recently prepositioned containers for storage were upgraded with air conditioners and adjustable racks.
- WHO Operation Support and Logistics(OSL) unit has received the following supplies to support health operations including laboratory: dengue Elisa Kits, calamine lotion, malaria RDTs, 25 personnel deployment kits (PDK), 30 oxygen cylinders, 2 PCR hoods with UV, 6 autoclaves and 2 incubators.
- WHO/OSL and Mobile Medical Team (MMT) facilitators organized a session of two day - training held on 25-26 June 2019 for MMT Team covering trauma management, patient transport, automated external defibrillators (AED) use, CPR, flood response in emergency. WHO/OSL procured trauma kits (Bag pack), AEDs and personnel deployment kits for these MMT trainings.

### INFORMATION MANAGEMENT – EPIDEMIOLOGY

#### Overview

- As of week, 26, a total of 153 health facilities are registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 78 % (153/196).
- Of these sites, 129 submitted their weekly reports (82%) by 1 July 2019 which is stable compared with recent weeks.
- A total of 26 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.

#### Acute Watery Diarrhea (AWD) Update

- Joint Assessment Teams have conducted two investigations in response to AWD in the camps and a cluster in the host community. Cases were negative for cholera. WHO is monitoring the AWD situation closely with WASH partners.
- The risk communication taskforce has agreed to intensify messaging on AWD in preparation for the monsoon season and the likely increase in diarrhea.

#### Diphtheria Update

- There were no new suspected case of diphtheria reported in the past week.
- A total of 8 655 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 (2 729) and suspected (5 630) cases.
- In 2019, a total of 309 diphtheria case-patients were reported including 4 confirmed, 20 probable and 285 suspected cases.
- The total number of deaths reported until now is 45, and the last death was reported on 15 January 2019.

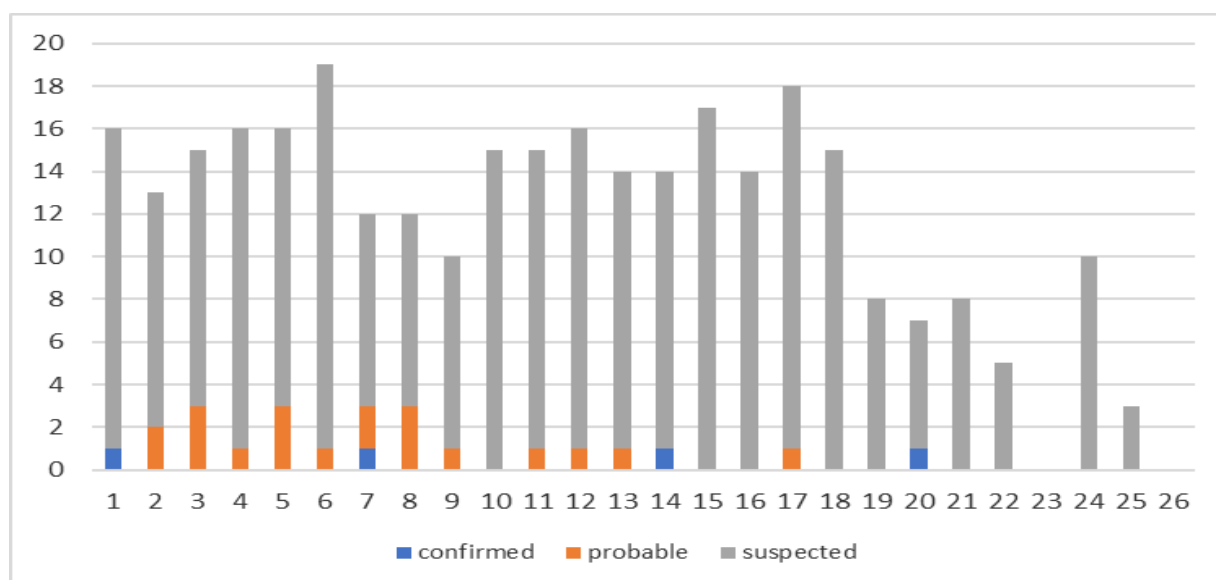


Figure 1: Diphtheria case-patients reported from week 1 to week 25 2019 in EWARS, Cox's Bazar, Bangladesh

### Suspected Measles Update

- Five suspected measles/rubella cases were reported in EWARS either via weekly reporting or case reporting form in week 24. Until week 26 2019, a total 286 suspected measles cases were reported via weekly reporting and 158 cases were reported via measles case reporting form.
- Suspected measles/rubella cases are followed up by surveillance and immunization medical officers.
- WHO is supporting Ministry of Health (MoH) in routine measles surveillance in Rohingya population.

### Community Based Surveillance

- A total of 27 facilities involving seven partners are reporting data from the community coverage areas in 24 camps.
- Of the total 127 deaths captured between April to June, 13 deaths (10.3%) were captured in EWARS from community-based mortality reporting from between weeks 25 and 26. Of these, 12 were reported dead in their homes while one was reported dead at the health facility. Overall, 72.1% of deaths reported were in their homes, 11.5% within the community or public spaces and the remaining 16.3% were reported dead at the health facilities. The remaining were classified as blank due to the insufficient information presented for review.
- Among the deaths reported, female age ranges from 0 to 92 (n=57) and male age ranges from 0 to 95 (n=70). The average age of death (overall 37.7) reported for females are 44.5 years of age while males are 32.5 years of age.
- A total of 2 maternal deaths were reported thus far within the reporting period of April to June and there are two other probable maternal deaths are still under review.

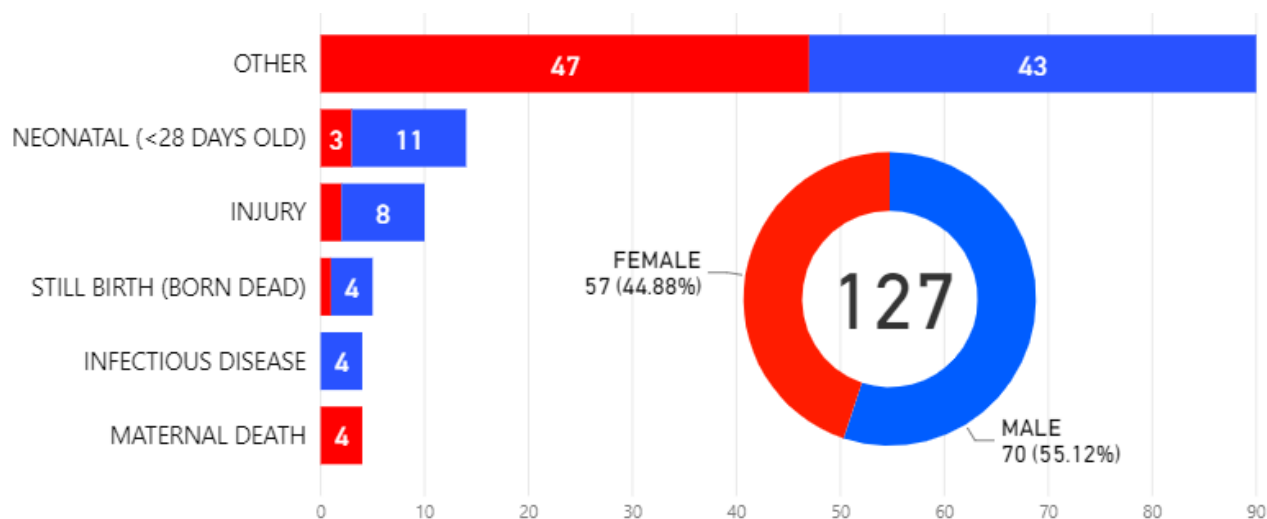


Figure 2: Community reported deaths by cause from week 14 to week 26 in EWARS, Cox's Bazar, Bangladesh

## HEALTH OPERATIONS and TECHNICAL EXPERTISE

### Laboratory

- Laboratory trainings on biosafety were conducted for over 100 staff, both Sadar Hospital Laboratory staff (17 June 2019) and personnel from camp-based health facilities including laboratory technicians, nurses and doctors (23-25 June 2019) to impart knowledge on safe handling of specimens and infection control practices. The participants were trained in basic aspects of biosafety, usage of personal protective equipment, disinfection methods, control of hospital acquired infections and laboratory waste management. Resource persons included experts from WHO and senior consultants from the District Sadar Hospital and this training is expected to ensure a safer workplace for healthcare workers, patients and the community proximal to healthcare facilities.
- Additional trainings are planned to cater to personnel and partners who could not attend earlier trainings.
- Laboratory equipment such as safety hoods for laboratory work have been distributed to different partner organizations over the past two weeks. The recipient organizations shall receive support and training to optimally utilize these supplies.
- Supportive supervision and on-site visit and training in laboratory practices such as microscopy by laboratory experts from WHO are being planned and will begin in the coming weeks.

### Communicable Disease

- WHO is planning, in close collaboration with the Ministry of Health and Family Welfare, several rounds of trainings on communicable disease in Q3 and Q4 of 2019 to cover emerging and underserved communicable diseases.
- WHO supported the "Performance Review meeting with Different Stakeholders of TB, TB/HIV and Malaria for the Forcibly Displaced Myanmar Nationals (FDMNs)" on 18 May 2019 organized by the Civil Surgeon Office & BRAC at conference room of the Civil Surgeon Office, Cox's Bazar.
- For internal capacity building, WHO staff participated in the TB training (X-ray, EP, PMDT, IC, TB/HIV) from 23 June to 27 June in Dhaka, arranged by National Tuberculosis Program.



Field visit with the mission from Embassy of Japan in Bangladesh, on 17 June 2019.

### Non-Communicable Diseases (NCD)

- The NCD Core Group (comprised of different health partners working on NCDs) convened its second meeting on 18 June 2019. Terms of reference of the NCD Core Group have been endorsed and an online questionnaire for the upcoming NCD Service Availability Assessment was finalized. In addition, NCD activities of different partners were discussed during the meeting.
- WHO arranged a field visit with the mission from Embassy of Japan in Bangladesh, on 17 June 2019, to provide an update of the organization's response in addressing the NCD needs of host community and Rohingya population with support from the Government of Japan.
- WHO has participated in monitoring visits with DGHS on 14 June 2019 and National Heart Foundation Hospital and Research Institute on 26 June 2019 to monitor the "Prevalence of NCD and NCD Risk Factor Survey" following STEPwise approach to Surveillance (STEPS) among Rohingya which is being conducted in Cox's Bazar by the National Heart Foundation Hospital and Research Institute.
- WHO Cox's Bazar registered two teams of 14 members (both staffs and non-staffs) to join the 'Walk the Talk' Global Challenge campaign 2019, for a 100-day journey towards better health and well-being from 10 July 2019. During this period, participants will be guided and motivated to get physically active, eat right, sleep better, and improve overall physical and psychological well-being.

### Mental Health and Psychosocial Support

- A consultative meeting on substance abuse in the camp setting was organized and facilitated by WHO, with participation from the government and other partners, on 19 June 2019. This is the first meeting of its kind on this subject. The outcomes and recommendations will be reported to the MHPSS working group for further action as required.

- Another round of WHO Mental Health Global Action Programme (mhGAP) training took place at the Long Beach Hotel from 16-20 June, with 22 participants from government, UN, (I)NGOs.
- Over 50 nurses participated in two rounds of sensitizations for nurses on mental health were organized by WHO at Sadar hospital. Nurses are key players in the identification and support of mental health.

#### WASH and Healthcare Waste Management

- A midterm training/orientation on water quality surveillance in Rohingya settlements and health care facilities was held on 24th June 2019.
- The 12th round of water quality surveillance was subsequently started, in which a total of 1353 water sources and 2706 household's drinking water storage will be visited by sample collectors.
- Two rounds of WASH Fit trainings for health facilities in the camps were undertaken with approximately 40 participants from health facilities serving the Rohingya community. Field assessments were subsequently undertaken as part of the package.
- A rapid WASH and healthcare risk assessment on flood prone health facilities is ongoing. So far six facilities have been visited, and potential risks and remedial actions were identified and advised for the facility in charge.
- Planning is underway for a comprehensive healthcare waste management assessment and planning, supported by the World Bank.

#### Immunization and Risk Communication

- A month-long risk communication and community engagement intervention campaign to create awareness on the importance of routine immunization is being conducted from 3 June – 3 July 2019. Innovative Public Service Announcements (PSAs) produced by WHO are being broadcast, narrowcast, announced through loudspeakers (“miking”) and disseminated by spot campaign, targeting all camps with special focus on low performing camps.
- The 2nd quarterly EPI review meeting was held on 17 June chaired by Civil Surgeon Cox’s Bazar, with a special presence of Refugee Relief and Repatriation Commission (RRRC) who acknowledged and appreciated the efforts of health care providers. Representative from WHO and UNICEF and UHFPO from both upazilas were present in the meeting. The major issues discussed were about funding for next 2 years period, extension of cold chain facility, addressing drop out with high priority and finally to increase mass and personal awareness of community and caregiver respectively through different communication strategy and community engagement intervention.
- An initiative has been taken to deploy mobilizers for 67 vaccinator teams each to further strengthen community mobilization in routine immunization. As primary responsibility, the mobilizers are going to support vaccinators to bring eligible children to the vaccination session for the shots and search dropout and left out children for ensuring due doses. Thirty-five mobilizers have been selected so far from the Rohingya community and were oriented about their ToR.
- Besides the other means of communication efforts, outdoor media activities such as message dissemination in hoardings, gas balloons and vehicle stickers, are planned for July 2019 in camps and in Cox’s Bazar city to raising awareness on key public health issues, including the importance of participation in routine immunization programs.



## HEALTH SECTOR COORDINATION

- In anticipation of waterborne diseases, especially AWD cases, in the monsoon season, a joint review meeting was held with sector coordinators from Health/WASH/CWC (communication with communities). Senior officials/ leads from Communication for Development (C4D) of UNICEF and Epidemiology team (WHO) were part of this discussion. The sectors proposed to conduct a two-week intensified communication campaign in the camps/ host community around sanitation and hygiene in order to create awareness in the community and mitigate risks related to waterborne diseases, and this was approved and endorsed by government institutions DPHE (WASH) and CS office (HEALTH). The C4D (UNICEF) under the CWC sector was requested to lead this campaign with other implementing partners in July 2019.
- The health sector completed data analysis of the GBV quality assurance joint assessment conducted between May 20-30, 2019 in Primary Health Care facilities. Findings from this assessment on gaps and challenges will be presented in relevant working group and health sector coordination meetings to develop action plans for improving service quality and coverage. Written feedback to individual facilities will also be shared with respective partners to inform improvement actions.
- Together with the Government health authorities, the health sector organized a knowledge sharing symposium, on 23rd June. The purpose of this symposium was to provide health sector partners with a platform to present operational research and best practices. A total of 15 oral presentations were presented by 12 partners, followed by plenary discussions across 4 different thematic areas. The symposium was well attended by health sector partners and DGHS colleagues (total of 90 participants).
- In preparation for the Joint Response Planning in 2020, a multi-sectoral needs assessment is being planned by the inter-sectoral coordination group. The health sector information management team developed a list of questions for inclusion; aimed at capturing information about the refugees' and host community's vulnerability to health risks. These were reviewed by the strategic advisory group.
- The health sector has started compiling data in preparation for the joint response plan mid-term review.

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