



Discussion on monsoon preparedness at Union Health & Family Welfare Center, Baharchora, Teknaf – 8 July 2019



World Health Organization

Bangladesh

Bi-weekly Situation Report #14

Date of issue: 18 July 2019

Period covered: Weeks 27-28 2019
(30 June-13 July 2019)

Location: Bangladesh

Emergency: Rohingya Crisis



912 485
total Rohingya
Refugees
in Bangladesh



1,961,816
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 Department of Public Health Engineering (DPHE) with the technical assistance of WHO, has completed a rapid assessment of Health Care Waste Management in all health facilities in Rohingya camps (including nearby government health facilities).
- The Health sector has been engaged in the Joint Response Plan 2019 mid-term review (MTR). This was done with the support of the strategic advisory group members, through a workshop to review monitoring indicators and develop a narrative on the achievements and challenges to date and priorities going forward.
- Acute respiratory infection (ARI), unexplained fever and acute watery diarrhea (AWD) were the conditions with highest proportional morbidity this week.
- Health Emergency Operation Center (HEOC) has been activated in Civil Surgeon Office, Cox's Bazar due to heavy rainfall.

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 27 and 28 of 2019 is presented below by WHO functions.

OPERATIONS SUPPORT AND LOGISTICS

- Renovation of the medical storage area at the Teknaf health complex is ongoing and will be fully completed by end July. The current store is being upgraded with air conditioning, adjustable racks and exhaust fans for better storage of medicines.
- WHO Operation Support and Logistics(OSL) unit has received several supplies under the King Salman Humanitarian Aid and Relief Center (KS Relief) and sexual and reproductive health(SRH) projects, including Pulse oximeter with accessories 5, Otoscope 5, High Vacuum suction machine 5.
- Five generators are in the process of procurement and expected to be delivered by first week of August to support health partners in the camps.

INFORMATION MANAGEMENT – EPIDEMIOLOGY

Overview

- As of week 28, a total of 149 health facilities are registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 78 % (149/190).
- Of these sites, 132 submitted their weekly reports (88%) by 15 July 2019 which is higher compared with recent weeks.
- A total of 25 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 conducted one investigation in response to AWD in the host community. Another suspected case presented to a health facility but was then lost to follow-up. Cases were negative for cholera. WHO is monitoring the AWD situation closely with WASH partners.
- The risk communication taskforce has intensified messaging on AWD in preparation for the monsoon season and the likely increase in diarrhea.

Diphtheria Update

- A total of 8682 diphtheria cases/patients were reported in EWARS. Of these, 296 were classified as confirmed after being positive on PCR. The remaining were classified as probable (2735) and suspected (5651) based on clinical presentation. The last confirmed case was reported in week 20 2019.
- In 2019, a total of 336 diphtheria cases were reported. Four were confirmed, 26 were probable and 306 were suspected. From host community, a total 217 cases were reported so far. Thirty were confirmed, 66 were probable and 121 were suspected.
- A total of 45 deaths were reported. No death was reported from the host community.

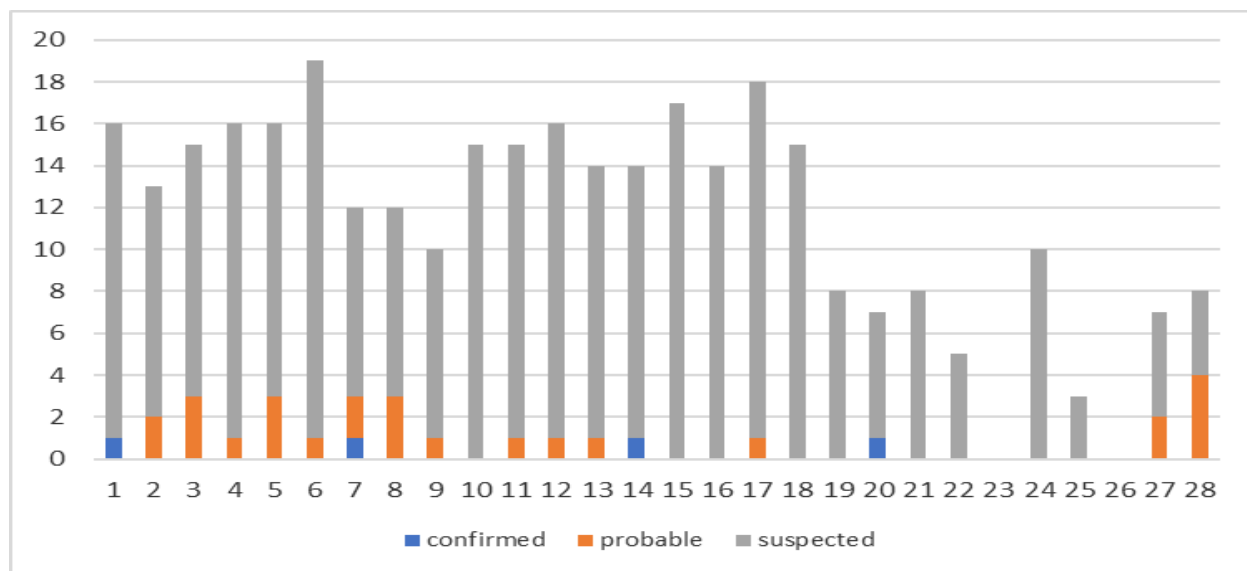


Figure 1: Diphtheria case-patients reported from week 1 to week 28 2019 in EWARS, Cox's Bazar, Bangladesh

Suspected Measles Update

- Ten suspected measles/rubella cases were reported in EWARS either via weekly reporting or case reporting form in week 28. Until week 28 2019, a total 306 suspected measles cases were reported.
- 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 covering a total of 25 camps.
- Of the total 153 deaths recorded since implementation, 23 deaths (15.3%) were from EWARS from community-based mortality reporting from between weeks 27 and 28. Fifteen were reported dead in their homes, seven was reported dead at the health facility, while one was reported dead in a community or public space.

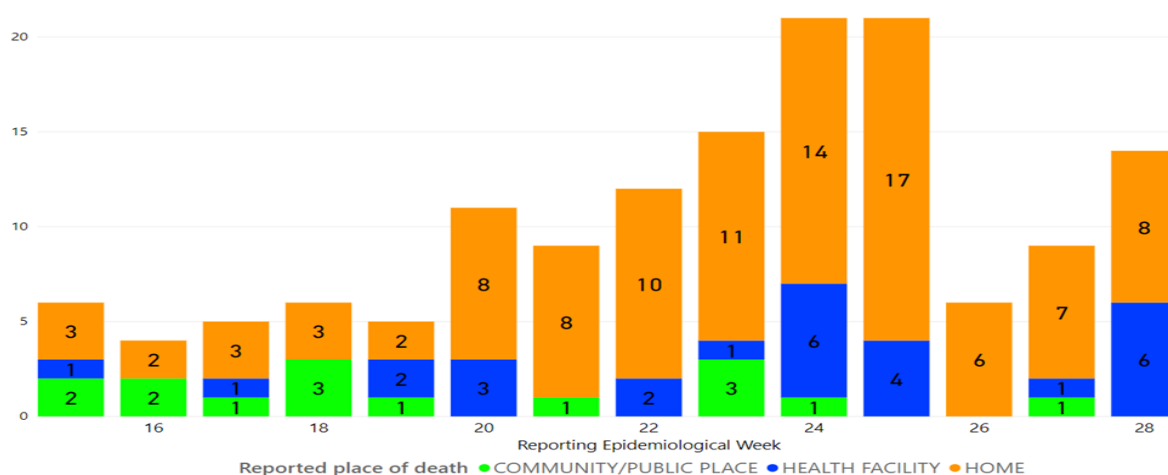


Figure 2: Total deaths by place of reported death between week 14 and week 28, Cox's Bazar, Bangladesh

- Among the deaths reported, female age was 0 to 92 (n=69) and male age range was 0 to 95 (n=84).
- A total of four maternal deaths were reported between weeks 14 and 28. There was one maternal death reported in Week 28 and it is currently under review.

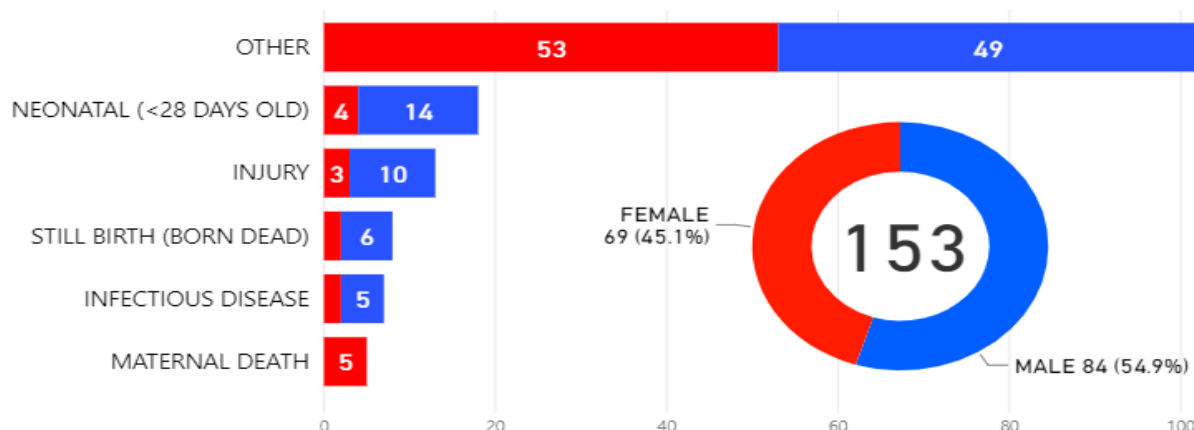


Figure 3: Community reported deaths by cause from week 14 to week 28 in EWARS, Cox's Bazar, Bangladesh

HEALTH OPERATIONS and TECHNICAL EXPERTISE

Laboratory

- The laboratory team this week has helped with the installation and training for usage of safety hoods that were supplied to partners previously. This will help partner organizations to maintain minimum levels of laboratory worker safety in their facilities. Partner facilities are also continuously being supplied with important consumables including blood collection systems, rapid diagnostic tests, personal protective equipment and biohazard bags in order to help them to fulfil the requirements of the Minimum Essential Services Package.
- The laboratory team has begun compiling and analyzing the results from laboratory assessment visits carried out in the months of April, May and June to understand gaps in laboratory work in camp level health facilities. This exercise will help to guide support and capacity building activities.
- A distilled water facility has been installed at the Institute of Epidemiology, Disease Control and Research (IEDCR) Field Laboratory situated at Cox's Bazar Medical College and will aid in better performance of molecular and immunological assays.
- Reagents for molecular tests such as polymerase chain reaction (PCR) are being continuously supplied to the IEDCR Field laboratory to support their activities.
- Supportive supervision and on-site training for various partner organizations tailored as per the results of previous laboratory assessments is due to begin this week.

Communicable Disease

- The 4th Joint Monitoring Mission team on Malaria visited the Cox's Bazar district from 9th to 11th July 2019. The team consisted of the representative from National Malaria Elimination & ATD Control Program, WHO country office, WHO Cox's Bazar Sub Office and BRAC. Team members visited the Cox's Bazar Sadar Hospital,

Chakaria and Ukhiya Upazilas Health Complexes, and health facilities in the camps. Mission team members brief stakeholders from government on their findings on 11th July.

- District TB coordinator (WHO, Cox's Bazar) and WHO TB field staff supported monitoring in collaboration with WHO Regional Office of TB services in Ukhiya UHC and PHC facility in the camp areas and recommendations were offered for planning towards strengthening TB activities in Cox's Bazar.

Non-Communicable Diseases (NCD)

- The NCD Core Group in Cox's Bazar has started 'Noncommunicable Disease Service Availability Assessment 2019' in Cox's Bazar from 7 July 2019 with the technical assistance from WHO. It is expected to take 5 weeks to complete this assessment, which will produce the baseline information on capacity of health facilities to prevent and manage NCDs. On 01 July 2019, WHO organized a one-day training on data collection as a part of this assessment. A total of 21 participants from 9 partner agencies had been trained on data collection procedure through KoBo Toolbox (a free open-source tool for mobile data collection).

Mental Health and Psychosocial Support

- A total of 51 nurses from Sadar Hospital Cox's Bazar participated in two rounds of sensitizations on mental health. This was organized by WHO at Sadar Hospital Conference Room on 24 and 26 June 2019. These were a series of brief trainings on basic mental health aimed at nurses to increase the awareness of non-specialized health workers about mental health on general hospital wards and how to manage this sensitively and improve attitudes of nursing staff to cases of mental illness. Supervision session were held on 16th July with the trainees of this sensitization training on mental health.

WASH and Healthcare Waste Management

- The rapid health care waste management assessment has been completed, in close cooperation with Department of Public Health Engineering (DPHE). The team assessed 172 healthcare facilities in the camps. The data analysis and report writing are ongoing.
- The 4th round of consecutive Water and Sanitation for Health Facility Improvement Tool (WASH FIT) trainings is ongoing in Ukhiya. A total of 77 participants from (I)NGOs and UN attended the training. The 5th WASH FIT training batch will be held on the 17th July 2019.
- The 11th round of Water Quality Surveillance (WQS) has been completed and results have been presented to partners. Remedial action points were shared and agreed accordingly. The WQS-round 12 is ongoing as scheduled. So far 1344 water quality samples have been collected and analyzed. A total of 672 (336-sterile and 336 unsterile) samples are collected from the water source, and 672 water quality samples are also collected from households and analysis is ongoing.

Immunization and Risk Communication

- Routine Immunization Implementation progress in June 2019 is as follows: During the month of June, the monthly administered doses of BCG were 3 797, Pentavalent 10 516, PCV 10 586, bOPV 10 499, fIPV 5 780, MR 3 377 and Td 4 206 in pregnant women. This is being implemented through 804 outreach session sites run by 67 outreach mobile teams (12 sessions in a month) consisting of 2 MoH vaccinators and 67 fixed sites with 756 sessions conducted in health facilities run by different agencies by their own vaccinators across the

camps. In 2019, the cumulative doses administered until June were: BCG 31 593 doses; Pentavalent 61 321 doses; PCV 61 301 doses; bOPV 62 898 doses; fIPV doses; 17 588; MR (Measles/Rubella) 35 090 doses and Td 28 573 doses in Pregnant women.

- For Community Mobilization: So far, 58 (out of 67) mobilizers have been selected and were oriented to introduce exclusive mobilization in the community. As primary responsibilities, 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. Tentatively by next week the activity will be launched in most of the camps through starting counting under 5 children.
- Besides the other means of communication, outdoor media activities are going to be established by July 2019 in camps and in Cox's Bazar city. Content development is in progress and scheduled to be installed by the end of July. A mass communication and community engagement intervention campaign has been completed on 3 July 2019. The activities included providing messages regarding importance of immunization through broadcast, narrowcast, announcement through loudspeakers ("miking") and spot campaign, targeted all camps with special focus on low performed camps i.e. 2W, 10 and 14.

HEALTH SECTOR COORDINATION

- The health sector has been engaged in the Joint Response Plan (JRP) 2019 mid-term review (MTR). This was done with the support of the strategic advisory group members, through a workshop to review monitoring indicators and develop a narrative on the achievements and challenges to date and priorities going forward.
- The health sector undertook preliminary analysis of the quarterly assessment data collected by camp health focal points from primary health centers and health posts in the refugee camps. This information was instrumental in the JRP MTR process and will help monitor progress over time for some key indicators.
- The health sector organized a "Report Hub" refresher training for reporting officers for 4Ws reporting. The reporting rate in for this month improved from the previous month; and queries and data entry issues were addressed.
- The health sector presented findings on strengths, gaps, challenges and recommendations from the gender-based violence (GBV) quality assurance assessment of 28 primary health care facilities visited. These findings were shared and discussed in three separate coordination forums; SRH sub-sector, GBV sub-sector and Health sector. The next step will involve bilateral meetings with partners whose facilities were visited, to share feedback and support them in developing facility improvement plans that include support required from the Health sector and SRH sub-sector as relevant.
- The health sector initiated sending "daily monsoon season updates" to all partners; with information on EWARS alerts; mobile medical team deployments; temporary closures of health facilities; and summarizing site management daily incident reports. For any death or injury reported by site management, health sector is following up through the camp health focal points to obtain and document more detailed information on the cases.
- WHO EWARS is being used to get all daily alerts/rumors of any unusual events/disease/conditions (through EWARS notification system, email and hotline). The following WhatsApp group are now active: Health monsoon; All partners managing health services/ Govt; Field coordination; All health sector camp coordination staff (Field coordinators/ Camp health focal point/ UNHCR/IOM senior staff); Field Hospital group; All field hospitals / BDRCS (Blood storage); MMT/ DRU coordination; Organization deploying Medical Mobile Teams (MMTs); DRU: Dispatch and Referral Unit;

- Following the heavy rainfall over the last week the Civil Surgeon(CS) Office of Cox's Bazar, under the guidance of Ministry of Health (MoH), has activated the health emergency operation center (HEOC) at Civil Surgeon Office. A hotline was established for reporting events in the host community; and the usual reporting channels were reinforced for reporting events in the refugee population. WHO is providing technical support on this initiative and providing a daily monsoon sitrep to CS office.

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