



The Minister of Health & Family Welfare, Government of Bangladesh visited WHO and KS Relief supported renovated wards of District Sadar Hospital, Cox's Bazar - 23 July 2019

Emergency: Rohingya Crisis



World Health Organization

Bangladesh

Bi-weekly Situation Report #15

Date of issue: 01 August 2019

Period covered: Weeks 29-30 2019

(14 -27 July 2019)

Location: Bangladesh



912 485

total Rohingya
Refugees
in Bangladesh



2,117,702

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

- To strengthen the District Sadar Hospital, Cox's Bazar, WHO completed renovation of four wards there, with support from King Salman Humanitarian Aid and Relief Center (KS Relief).
- The preliminary findings of the rapid healthcare waste management assessment(HCWM) revealed that it is a priority of public health concern in the settlement, requiring special attention on setting-up robust and sustainable HCWM system in the district.
- A confirmed case of dengue was reported in the camps.

SITUATION OVERVIEW

There are an estimated 913 316 Rohingya refugees in Cox's Bazar, according to the latest ISCG situation report (June 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 29 and 30 of 2019 is presented below by WHO functions.

OPERATIONS SUPPORT AND LOGISTICS

- A total of 8.5 metric ton of supplies were received in Cox's Bazar with the total value of USD 208000 including: non-communicable diseases (NCD) kits, Elisa kit, autoclave bags, defibrillators, urine analysis kits, solar panels and cold chain equipment.
- Interagency Emergency Health Kit (IEHK), cholera, dengue, and malaria RDTs, wash and other supplies were distributed to seven partners and to the preposition containers in Ukhiya and Teknaf camps.
- Assessment of five field primary health facilities in Ukhiya camps was conducted for the justification of partners' requests for donation and installation of five generators under Department for International Development (DFID) fund. Site planning was agreed upon with each location and the installations will start as of next week.
- Assessment of several facilities/ buildings for a suitable warehouse was conducted in Cox's Bazar. Two locations were identified as sufficient and quotations were received accordingly. It is pending authorization to move forward with the next administrative steps.
- Health Emergency Operation Centre (HEOC) renovation plan at the Civil Surgeon's office in Cox's Bazar was finalized and accepted. The EOC will move from the ground to the first floor and minor construction will be made.

INFORMATION MANAGEMENT – EPIDEMIOLOGY

Overview

- As of week 30, a total of 144 health facilities are registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 77 % (144/187).
- Of these sites, 123 submitted their weekly reports (81%) by 15 July 2019.
- A total of 23 alerts (triggers) were reported and reviewed in the EWARS system in week 30 compared to 30 triggers reported in week 29. 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.

Dengue

- A confirmed case of dengue was reported in the camps. There are reports of 11 suspected cases in the past 3 weeks.
- There is a moderate risk of a dengue outbreak occurring in the Rohingya camps over the next 6 months.
- The extent of dengue virus transmission is not known and it is likely that cases are being under-reported in the camps. DENV-3 strain is circulating in Dhaka with a significant number of cases.
- The consequences of a significant outbreak of dengue in the Rohingya camps are high. There is a risk that clinical management may not be adequate and healthcare facilities will be overwhelmed. Additional control measures including risk communication activities, evidence-based vector control activities and appropriate clinical management are likely to require additional resources to implement.

Diarrhoeal disease update

- A total 5484 diarrhoeal cases have been reported in EWARS.
- Among these diarrhoeal cases, 3323 cases reported with acute watery diarrhoea (AWD), 403 cases reported with bloody diarrhoea and 1758 cases reported with other diarrhoea.
- Trend in diarrhoeal diseases remained relatively unchanged.

Diphtheria Update

- A total 8699 diphtheria cases patients were reported in EWARS. Of these, 300 were classified as confirmed after being positive on PCR. The remaining were classified as probable (2735) and suspected (5664) based on clinical presentation.

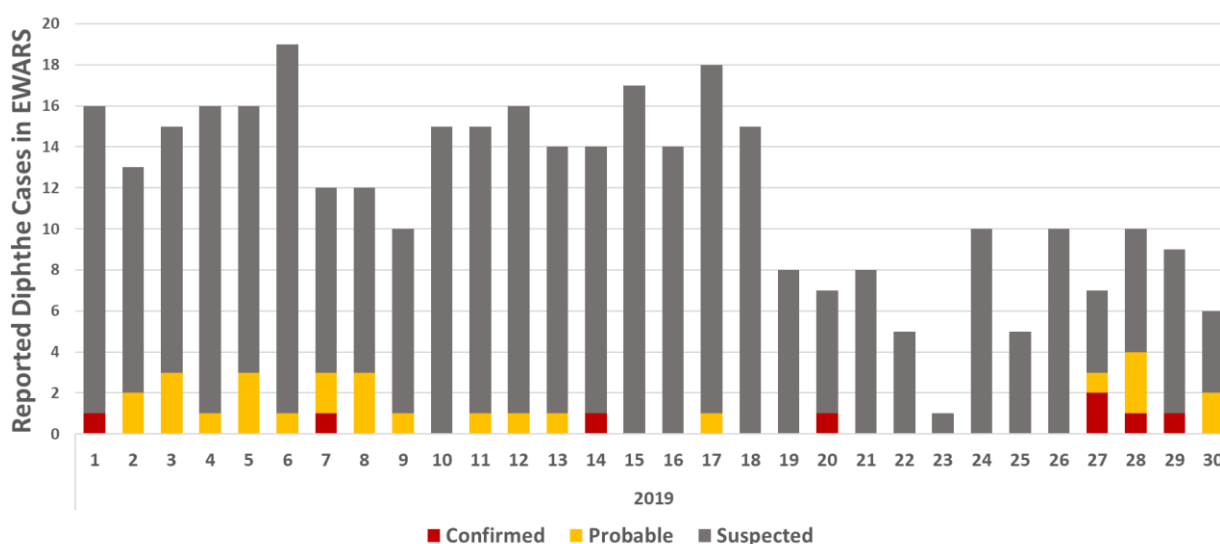


Figure 1: Diphtheria case-patients reported from week 1 to week 30 2019 in EWARS, Cox's Bazar, Bangladesh

- Four new confirmed cases were reported in the last three weeks: two confirmed cases in week 27, one confirmed case in week 29 and another one confirmed case in week 30.
- In 2019, a total of 353 diphtheria cases were reported. Eight were confirmed, 26 were probable and 319 were suspected.
- A total of 45 deaths were reported. No death was reported from the host community.

Suspected Measles Update

- Three suspected measles/rubella cases were reported in EWARS either via weekly reporting or case reporting form in week 30. Until week 30, 2019, a total of 319 suspected measles cases were reported, of which 188 were reported using the case report 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, covering a total of 25 camps.
- There has been an increase in reporting for mortality surveillance for the past few weeks. This is in part on the participation from the partners.
- EWARS refresher training with CBS component had been included this week to enhance and strengthen reporting.
- In weeks 29 and 30, a total of 44 deaths were recorded. Of these deaths, 54.5% (n=24) are due to causes classified as “Others”, 29.5% (n=13) are due to neonatal deaths, 6.8% (n=3) are due to stillbirths, 4.5% (n=2) are due to injuries while the remaining 4.5% (n=3) are due to infectious disease causes.
- A total of 25 males (56.8%) and 18 females (43.2%) were reported between weeks 29 and 30. 65.9% of the reported deaths were at home, 25% reported deaths were at the health facility and 6% reported in community or public spaces.

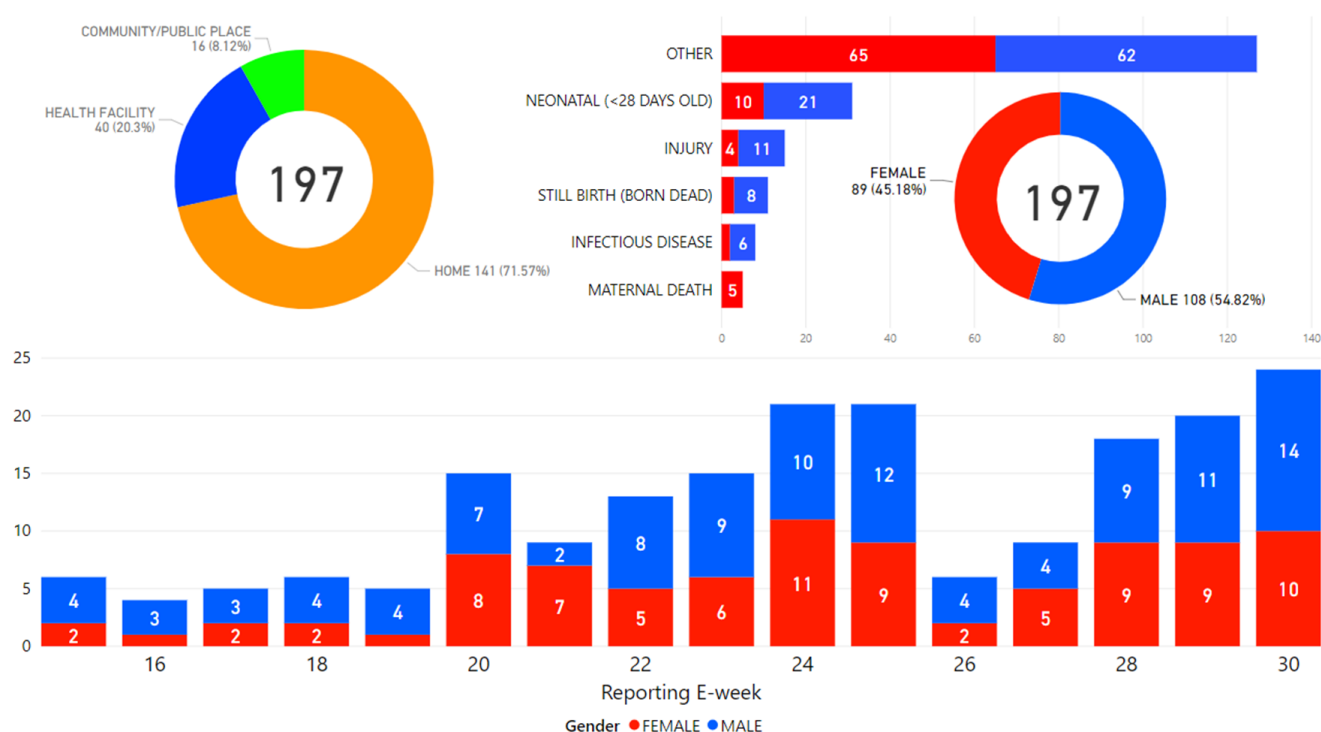


Figure 2: Total deaths by place of reported death, cause of death between week 14 and week 30, Cox's Bazar, Bangladesh

HEALTH OPERATIONS and TECHNICAL EXPERTISE

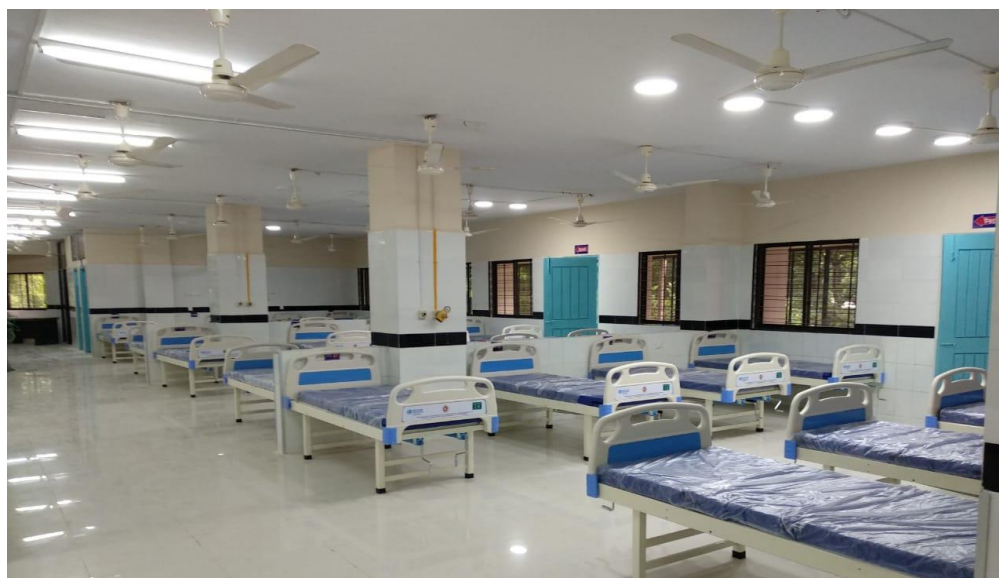
Health Systems Strengthening – Laboratory

- The results of laboratory assessments carried out in the first 50 facilities were collated, analyzed and presented at the Health Sector Coordination meeting. This included information on both health posts and primary health centers to sensitize partners on the gaps in adherence to the Minimum Package of Essential Health Services.

- Polymerase Chain Reaction(PCR) hoods were installed as part of the effort to supply partners working with TB diagnostics with the means to have a minimum level of biosafety in the resource poor environment where bigger biosafety cabinets cannot be installed due to infrastructural constraints. The partners were also trained on the usage of the hoods to ensure healthcare worker safety while dealing with infected samples. Assessments of further laboratories are also being carried out to guide capacity building and material help.
- Urinalysis kits that contain important components for testing urine samples at the health post level have been procured and are being distributed to health partners.
- The work on the Sadar Hospital laboratory to expand space allowing addition of further capabilities is ongoing and is expected to be completed in about a month.
- An additional biosafety training is being planned for next week.

Health Systems Strengthening – Sadar Hospital

- To strengthen the District Sadar Hospital, WHO completed renovation of four wards in District Sadar Hospital – Male Surgery Ward, Female Surgery Ward, Female Medicine Ward, Diarrhoea and Isolation ward and supplied 168 new beds with mattresses as part of a USD 2 million grant from King Salman Humanitarian Aid and Relief Center (KS Relief).
- WHO is currently renovating the second operation theatre (OT) complex and has supplied a C-Arm machine and Ultrasound to the hospital.
- On his visit on 23 July 2019, the Minister of Health & Family Welfare, Government of Bangladesh, Mr Zahid Maleque visited renovated wards of District Sadar Hospital and appreciated the support provided by WHO and KS Relief to strengthen Sadar Hospital.



One of the WHO and KS Relief supported newly renovated wards in District Sadar Hospital, Cox's Bazar.

Communicable Disease

- Ten Junior Field Assistants have recently joined in the TB program of WHO Cox's Bazar, supported by the Russian grant project. They will work to strengthen the TB program activities for Rohingya and host

community in Tekhnaf and Ukhiya Upazilla of Cox's Bazar. An orientation and induction training have been organized for them at WHO Cox's Bazar office by District TB coordinator, Communicable Disease Officer and Field supervisor of (WHO, Cox's Bazar). Field visit and briefing about TB activities have been arranged for them. They also visited different TB laboratory centers, community clinics and health facilities for to be well oriented on the ongoing work of the National TB program when initiating field work.

Non-Communicable Diseases (NCD)

- The third Noncommunicable Disease (NCD) Core Group meeting was held on 25 July 2019 with participation of health partners, including government, working on prevention and management of NCDs in Cox's Bazar district.
- The NCD Service Availability Assessment for Cox's Bazar 2019 is on-going by the NCD Core Group with the technical and logistic assistance from WHO. So far, 39 health facilities have undergone assessment with the aim of creating baseline detailed information on services available in Cox's Bazar district to prevent and manage NCDs.
- NCD KITs containing essential medicines and equipment assembled in line with global standards have arrived in Cox's Bazar to help address gaps in management of priority NCDs (Hypertension, Diabetes, Asthma & Chronic Obstructive Pulmonary Disease). Partners of NCD Core Group will be approached for distribution based on findings of the NCD Service Availability Assessment exercise.

Mental Health and Psychosocial Support

- WHO's ongoing supportive supervision work continued with supervision of nurses at Sadar Hospital, Cox's Bazar, who had earlier received WHO training. Similar activities took place at locations in the camps, resulting in recommendations on privacy and confidentiality, communication skills, respect and dignity, administrative skills, assessment of Mental, Neurological, and Substance (MNS) use conditions, psychosocial intervention techniques, availability of medication, and adherence to Mental Health Gap Action Programme (mhGAP).

WASH and Healthcare Waste Management

- The rapid healthcare waste management assessment has been conducted in 172 health care facilities in the refugee camps. The preliminary findings revealed Health Care Waste Management (HCWM) is a priority of public health concern that needs special attention on setting-up robust and sustainable HCWM system in the area.
 - The absence of basic waste segregation, collection, treatment and disposal facilities in most HCF and the current trend of using public transports (Tomtom and/or Rikshaw) as a means of transporting infectious wastes and disposing infectious healthcare wastes in the municipal dustbins pose significant occupational health risks for clinical and non-clinical staffs and endanger patients and infants and heightens infection transmission.

- The preliminary findings were presented to the WASH sector-Sanitation TWGs to get professional views and the report development is ongoing.
- The 11th round water quality surveillance data collection started on 7th of May 2019 and concluded on 2nd June 2019. The assessment was held in close collaboration among WHO, UNICEF and DPHE. A total of 5412 water samples were collected from water sources and households and analyzed in the DPHE water quality laboratory here in Cox's Bazar. Findings revealed only 15% of the household in the settlement are accessing E-coli free (0-cfu/ 100ml) of water though significant portion of the water sources are safe for drinking.
- The findings highlighted the main pollution happened at the household and at the spouts and key technical and social recommendations like: disinfect the tube well spout by burning with fire and methyl alcohol regularly, perform spot chlorination for the contaminated sources/boreholes, remove the source of fecal matter within 30ft distant from the tube wells, keep continuing intensive hygiene promotion and behavioral changes activities, motivate households for using narrow mouth container where hand cannot be inserted and cleaning of water storages and to see the possibility of using point of use water treatment facilities/chemicals were provided for the WASH sector. Moreover; the 12th round WQS is ongoing.
- WHO in collaboration with HESK/EPER has conducted intensive six rounds of WASH FIT training for health care facility staffs from 29 agencies. In total 142 (M-100 & F-42) trainees, 123 from INGO/NGO's and 19 from the government attended the three days training. Following the training, 49 health facilities' WASH situations were assessed as per the WASH FIT indicators and action plan for improvement were also developed.

Immunization and Risk Communication

- Strengthening Community Mobilization: So far, 58 (out of 67) mobilizers have been selected and were oriented for rigorous community mobilization. At this preliminary phase, under-5 children and pregnant women counting exercise has started, since 24 July. This will be continued until 6 August 2019. At Day 3, ~20 000 under 5 children and ~2000 pregnant women have been registered under mobilization registration in camps in Ukhiya.
- Mass communication in raising awareness: to complement other means of communication to improve routine immunization, WHO has initiated outdoor media activities to be established in camps and in Cox's Bazar city. The installation will be completed within the next 10 days.
- Innovative theatre for Community Engagement: preparatory activities on innovative theatre on immunization have been continuing. Theater, engaging members of communities, will be launched in 3 low performing camps shortly as a part of a 360-degree communication strategy to improve routine immunization.

HEALTH SECTOR COORDINATION

- The health sector continues to send "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.

- The health sector held a field hospital meeting and updated the hospital rotation plan, to ensure 24/7 availability of emergency obstetric services in the camps. The updated rotation plan was printed and laminated with the referral pathway, and this was distributed to all health partners.
- The health sector updated the health facility maps and the health sector bulletin (no.10) and these were shared with all stakeholders.
- Health sector field coordinators and camp health focal points continue supporting partners and Camp Management authorities to coordinate health sector activities in camps. Health coordination meetings are being held in camps at least once a month. Camp Health Focal Points continue visiting health facilities and collecting health facilities information in Kobo tools to be analyzed and feedback given. Opportunities are taken to interact with health facilities in order to improve quality of health services.
- Health Sector information tools such as Epidemiological Bulletin, Health Sector situation reports, Obstetric and gynecological emergency rotational plan are being regularly shared during field visits. This has resulted in improved communication between health sector and health facilities in camps.

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