



*Mental Health and Psychosocial Support (MHPSS) supportive supervision session in a camp.*

## Emergency: Rohingya Crisis



# World Health Organization Bangladesh

Bi-weekly Situation Report #17

Date of issue: 29 August 2019

Period covered: Weeks 33-34 2019  
(11 -24 August 2019)

Location: Bangladesh



**911 566**  
total Rohingya  
Refugees  
in Bangladesh



**2 317 853**  
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 total of nine dengue cases were reported in the last two weeks, including two confirmed and seven suspected, bringing the total number of reported cases this year to 35.<sup>1</sup>
- Newly recruited Tuberculosis (TB) junior field assistants have been briefed and introduced to field activities and supported community mobilization efforts related to TB.
- Nurses from Cox's Bazar Sadar Hospital were trained on standard case management of acute watery diarrhea and associated malnutrition, jointly organized by icddr,b and WHO, was conducted on 18-19 August 2019.
- A total of 56 front line medical staff from nine health facilities were trained how to provide first line support to sexual/intimate partner violence survivors, in two one-day workshops organized by the health sector.

### SITUATION OVERVIEW

There are an estimated 911 566 Rohingya refugees in Cox's Bazar, according to the latest ISCG situation report (July 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 33 and 34 of 2019 is presented below by WHO functions.

## OPERATIONS SUPPORT AND LOGISTICS

- Refurbishment of X-Ray rooms at Ukhiya Health Complex is ongoing.
- The refurbishment works of medical storage and upgrading the rooms with adjustable racks, at Teknaf Health Complex, were completed.

## INFORMATION MANAGEMENT – EPIDEMIOLOGY

### Overview

- As of week 34, a total of 148 health facilities are registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 79 % (149/187).
- Of these sites, 125 submitted their weekly reports (80%) by 14 August 2019.
- A total of 50 alerts (triggers) were reported and reviewed in the EWARS system in week 32 compared to 10 triggers reported in week 31. 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 Fever

- A total of nine dengue cases were reported in last two weeks: one confirmed case in week 33 and one confirmed and seven suspected in week 34.
- The total number of reported dengue cases in 2019 is 35<sup>1</sup>. No death has been reported in the camps.
- In recent weeks, the number of dengue case reporting in EWARS showed a small increase as health facilities have seen an upsurge in dengue cases reported from week 26. Seventeen of the dengue cases that were reported in the last five weeks were from Rohingya community (please refer to the figure 1).
- WHO will be organizing a clinical case management training for dengue for health facilities on 1-3 September.
- WHO is supporting partners with Dengue Rapid Diagnostic Tests, IEC materials and technical guidance on dengue case management, including a checklist on vector control targeted at households, health facilities and community.

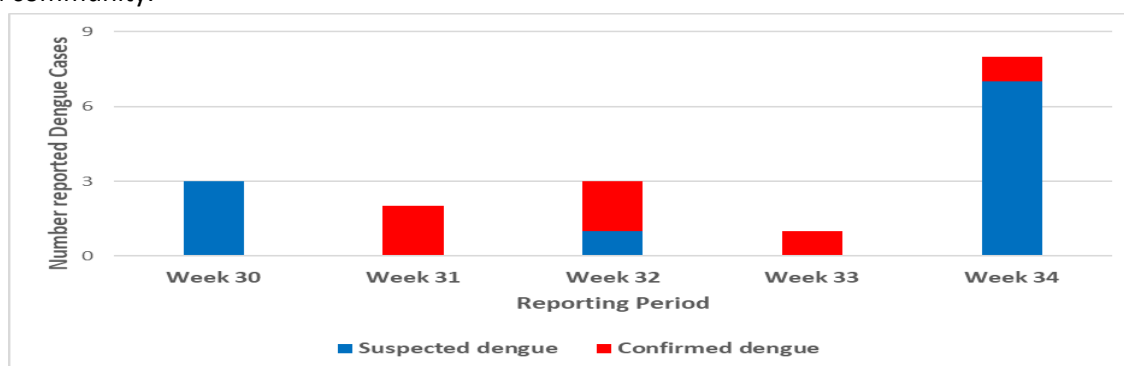


Figure 1: Number of reported dengue cases in the camps during Epi week 30 to 34 (22 July to 25 July 2019).

<sup>1</sup> Data source: EWARS Weekly report, dengue case report form and Civil Surgeon Office.

## Diarrhoeal disease

- A total of 5 026 diarrhoeal cases were reported in EWARS for Week 34. Among which 3531 cases reported with acute watery diarrhoea (AWD), 359 cases reported with bloody diarrhoea and 1136 cases reported with other diarrhoea.
- The trend in diarrhoeal diseases remained relatively unchanged despite the decrease in reporting for week 33 due to the holidays.
- Diarrhoeal diseases are the second highest contributor of proportional morbidity after acute respiratory infection (ARI).

## Diphtheria Update

- The total number of diphtheria cases reported to date is 8720, since 2018. Out of these, 300 were confirmed, 2743 were probable and 5677 were reclassified as suspected.
- In 2019, a total 374 diphtheria cases reported in EWARS: 8 were confirmed, 34 were probable and 332 were suspected.
- Diphtheria-related deaths since the beginning of the outbreak totaled 35. No death has been reported in 2019.
- From the host community, a total of 221 diphtheria cases were reported. Of these, 31 were confirmed, 68 were probable and 122 were suspected. Among all reported cases from host community, 25 cases were reported in 2019, of which 2 were confirmed, 5 probable and 18 were suspected. No death was reported from host community.

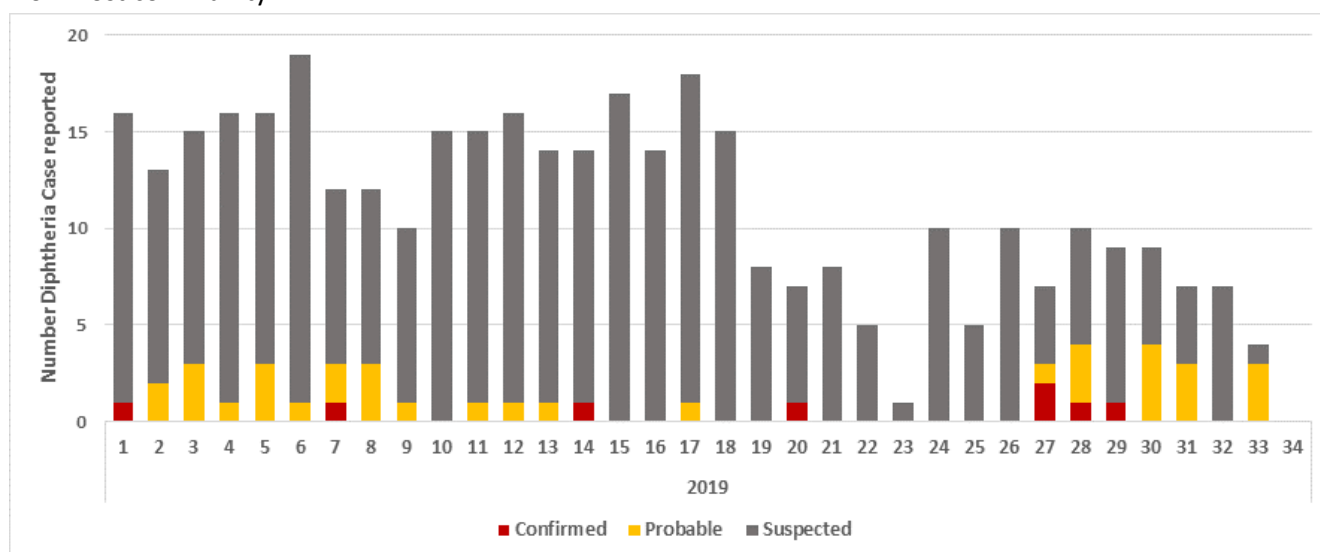


Figure 2: Diphtheria case-patients reported from week 1 to week 34 2019 in EWARS, Cox's Bazar, Bangladesh

## Suspected Measles Update

- A total of 37 suspected measles/rubella cases were reported in EWARS either via weekly reporting or case reporting form in week 34, which includes backlog of cases from week 33. Up till week 34 2019, 362 suspected measles cases were reported and 242 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(CBS)

- In weeks 33 and 34, a total of seven deaths were recorded. There are reporting delays due to the holidays.
- Of these deaths, 85.7% (n=6) are due to causes classified as “Others” and 14.3% (n=1) was due to stillbirth.
- Throughout 2019, up to Week 34, a total of 451 deaths were recorded by seven reporting agencies. 75.3% (n=340) of all deaths were classified as “Others”, of which 66.4% (n=226) were classified as “Unknown” due to insufficient information presented to the physician for review, the remaining 33.6% (n=114) recorded mortalities were probably to be due to varying chronic causes.
- Of the mortalities classified with known causes (n=111), 39.6% were recorded as neonatal deaths (n=44), 20.7% were due to injuries (n=23), 17.1% were due to still births (n=19), 13.5% were due to infectious causes (n=15) and the remaining were maternal deaths (n=10).

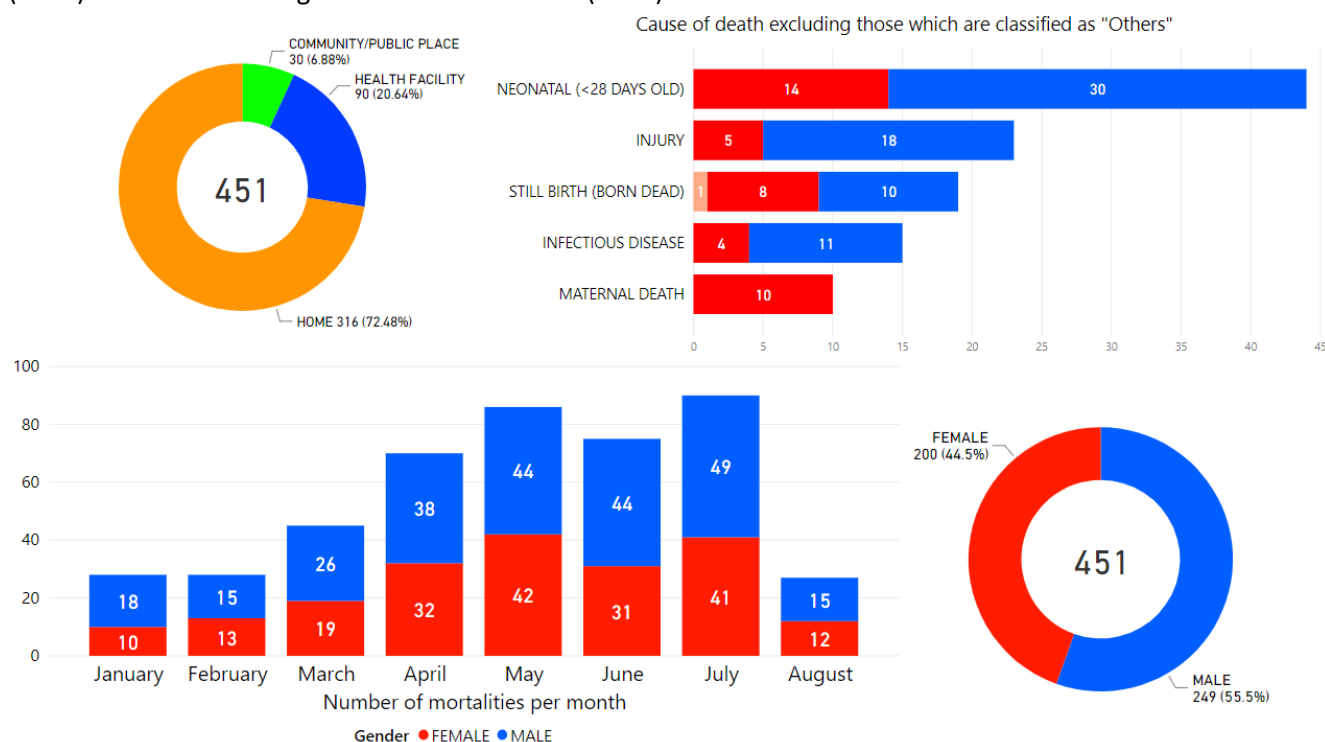


Figure 3: Total deaths by place of reported death, cause of death between week 1 and week 34, Cox's Bazar, Bangladesh

## HEALTH OPERATIONS and TECHNICAL EXPERTISE

### Laboratory

- The laboratory team supported various partner organizations by procuring and providing “Dengue Duo” rapid diagnostic kits during the current ongoing dengue season, thereby filling the gap in dengue diagnostics. In addition, testing urine kits, biohazard bags and other laboratory supplies were provided to the Ukhiya Upazila Health Complex and partner facilities. A biosafety cabinet was installed in a laboratory of Sadar hospital.

- Supportive supervision of partner facilities is continuing with visits to the facilities. Recommendations are provided for laboratories with microbiology facilities specifically. Supportive supervision of the Sadar hospital renovated laboratory is ongoing as per routine work and new processes are being put in place.
- Preparations are ongoing to hold trainings on handling and use of microscopy in different laboratory for government and non-government organizations in the coming week to strengthen waning practices.
- Laboratory reagents and consumables are expected shortly and will be transferred to partner organization laboratories in the camps depending on assessed needs from routine laboratory assessments and reported requirements.

### Communicable Disease

- A training on standard case management of acute watery diarrhea and associated malnutrition, jointly organized by icddr,b and WHO, was conducted on 18-19 August 2019. In total, 30 nurses from Cox's Bazar Sadar Hospital attended the training.
- For dengue, checklists for sectors/partners for clean-up of mosquito breeding sites in Rohingya Camps in Cox's Bazar has been developed and is being reviewed with partners as part of the Dengue Action Plan.
- A monitoring tool for the uptake of the approved messages on dengue is being produced.
- A total of 1000 pocket guidelines for dengue case management (July 2019 version) have been ordered and will be distributed to health partners. A dengue clinical case management training for healthcare workers from health camps and government facilities will be held on 1-3 September with the collaboration of the national program.
- Newly recruited Tuberculosis (TB) junior field assistants have been briefed and introduced to field activities and supported community mobilization efforts related to TB, with BRAC.
- A new digital X-ray machine (Allengers) was delivered to Ukhiya Upazila Health Complex. The old X-ray machine located there was dismantled. X-ray room renovation work is in progress. Once the renovation is complete, the old machine and new digital X-Ray machine will both be installed in Ukhiya UHC to help meet increased demand for services.



*X-ray room renovation work monitoring in Ukhiya Health Complex.*

## Non-Communicable Disease (Including Mental Health and Psychosocial Support)

- WHO organized a supervisor's workshop for mhGAP trainees on 20 August 2019 for 11 new supervisors who will support implementation of mhGAP trainings in the camps. Routine supportive supervision work is ongoing and will continue to improve the quality of mental health services at camp level.
- Mental health drugs have been ordered and received to address critical shortages and will be distributed as per the needs and capacities of partners providing mental health services.
- Noncommunicable Disease Service (NCD) Availability Assessment Cox's Bazar 2019 has been completed in 75 health facilities by partners that are part of the NCD Core Group. Assessment activities in other upazillas of Cox's Bazar than Ukhiya and Teknaf are being initiated in line with government ambitions to make Cox's Bazar a model district on prevention and management of NCDs.
- NCD Kits (essential medicines and equipment assembled in line with global standards to manage priority NCDs) distribution is ongoing in selected government health facilities in Cox's Bazar district. Partners providing NCD related health care services in Rohingya settings of Ukhiya and Teknaf will also receive NCD Kits.

## Water, Sanitation and Hygiene (WASH)

- In consultation with key partners, the drinking water and sanitary surveillance technical guidelines for new rounds of water quality surveillance have been adjusted. These are to be discussed in relevant forums and implemented in new rounds. Adjustments have been made in light of changing water supply and sanitation circumstances in the camps. The main purpose of the water quality surveillance (WQS) review process is to periodically review the water quality and Sanitary situation of water supply services in the camps and provide on-time and reliable information to maximize the public health benefits of Rohingya and affected host communities (HC).
- The Round 12 of the water quality surveillance (WQS) was concluded and the 2nd round Health Care Facility (HCF) WQS started. The Round 12 water surveillance data collection and entry were concluded by DPHE and the database has been shared to WHO field office. The analysis of the report will be jointly undertaken with UNICEF in the following week. The second-round water quality surveillance in the health facilities started on 18 August and will be completed by next week.

## Immunization

- As part of community mobilization, 58 Rohingya mobilizers were selected, oriented, deployed and engaged in beneficiary counting. The beneficiary includes 0-<5 yr children (considering the extension of the target age group from <2 yr) and pregnant women. The number of children counted was 15 441 and pregnant women 13 528 which is approximately (85%) with the estimated number derived from Routine EPI microplan 2019. This activity at now taken place only in Ukhiya camps and will be replicated in Teknaf next. The validation of counting information has been started by WHO field monitor network and will be continuing until the first week of September 2019.
- As outdoor communication efforts, 15 billboards have been installed in camps in both Ukhiya and Teknaf focusing on the message "Every vaccine counts" and putting emphasis on compliance with vaccination

schedule. Some more activities (gas balloon and vehicle sticker installation) will be implemented by end of August 2019.

- Preparatory activities on innovative theatre on immunization have been ongoing and will be launched in three low performing camps (2E, 10 and 14) by early September 2019 as a part of 360-degree communication strategy for the community engagement.
- Twenty new vaccinators will be joining in the pool of 112 vaccinators from 1 September 2019. A one-day pre-deployment orientation will take place on 27 August 2019.

## HEALTH SECTOR COORDINATION

- The health sector organized and facilitated one day trainings conducted in two batches on how to provide first line support to sexual/Intimate partner violence survivors. A total of 56 front line medical staff from nine health posts participated. The health posts are among the facilities where GBV related health services are not available and as a result, do not meet minimum essential service package on GBV service delivery. As a next step, the nine health posts will establish first line support services using the skills acquired. The health sector will monitor implementation through onsite support visit and provision of job aids on health service delivery to GBV.
- The health sector supported four days WHO funded training of trainers (TOTs) on Comprehensive Sexual Reproductive Health Rights (SRHR) for 17 community health Supervisors. The training was jointly organized and facilitated by the Community Health working group (CH WG), Sexual Reproductive Health working group (SRH WG) and UNFPA. A key action point from the training is for the TOTs to roll out the SRH training package to their Community Health workers.
- Health sector assisted Office of the Refugee Relief & Repatriation Commissioner (RRRC), Cox's Bazar to develop birth notification form for the Rohingyas. This notification form will be used by the health facilities for the newborn babies. In addition, health sector developed draft health facility handover/closing form, to be used by the health partners who want to relocate or handover their facilities. These forms are expected to be endorsed by the RRRC office in a few weeks.

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