



Health Sector Training on Minimum Service Package and Self-assessment- 22nd January 2019



World Health Organization

Bangladesh

Bi-weekly Situation Report # 02

Date of issue: 31 January 2019

Period covered: Weeks 2-4, 2019

Location: Bangladesh

Emergency: Rohingya Crisis



909 000

total Rohingya
in Bangladesh



316,456

total number of consultations
reported in EWARS in 2019



728 786

people are being
monitored for diseases



1.3 million

people targeted for health
assistance

KEY HIGHLIGHTS

- The number of varicella cases reported in week 4 has increased to 5 376, which is more than double from week 3. WHO and the health sector are working in collaboration with community health working group; education sector and risk communication group for multi-prong response
- Partners were provided with important guidance on key issues such as temperature control storage, disposal of drugs and content of Emergency health kits were shared with partners through a health logistics meeting
- WHO was involved in developing a microplan for water quality surveillance in refugee camps for 2019.
- The health sector is actively coordinating a systematic rationalisation process to reduce duplication of health facilities in the refugee camps

SITUATION OVERVIEW

There are an estimated 909 000 Rohingya refugees in Cox's Bazar, according to the latest ISCG situation report (9 January 2019). This includes 33 956 previously registered refugees from Myanmar in Kutupalong refugee camp and Nayapara refugee camp. Rohingya refugees continue to arrive in Bangladesh, though the overall influx has slowed substantially since the onset of the crisis in late August 2017. Lately, new refugees have arrived from India. All refugees, including new arrivals, face compounding vulnerabilities including health. WHO has been responding to this crisis since September 2017 to date. Summary of response actions from epidemiological weeks 3 and 4 2019 are presented below; according to the WHO teams.

EPIDEMIOLOGY

Summary

- As of week 4, 2019, a total of 166 health facilities have registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 78 per cent (166/212). *
- Of these sites, 148 submitted their weekly reports (86%) by 28 January 2019 resulting in a cumulative completeness of 70% for 2019.
- A total of 187 alerts (triggers) were reported and reviewed in the EWARS system in week 4 2019 which is higher than previous week (110 in week 3). As varicella has been added to indicator-based surveillance (IBS) and event-based surveillance (EBS) in EWARS number of alerts triggering is higher than usual. All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), susp. Varicella, acute watery diarrhoea and unexplained fever were the diseases with highest proportional morbidity this week. No notable changes in other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.

**Updated numbers from health facility registry data*

Varicella Update

- The number of varicella cases reported this week is 5 376. The number of varicella cases is higher than previous week (2372 in week 3). But this might be due to improvement of varicella reporting in the camps as well.
- Ministry of Health (MoH) & IEDCR has requested to health partners to report all varicella cases on a daily basis.
- An inter-agency committee was formed led by civil surgeon to finalize the varicella case management guideline for refugee population.

Year	Month	Week no	Varicella Cases
2018	December	Week 49	32
		Week 50	37
		Week 51	75
		Week 52	124
2019	January	Week 1	345
		Week 2	1541
		Week 3	2710
		Week 4	5376
Total Varicella cases			10240

Table1: Number of Varicella cases reported in EWARS from Week 49 2018 to week 4 2019, Cox's Bazar, Bangladesh

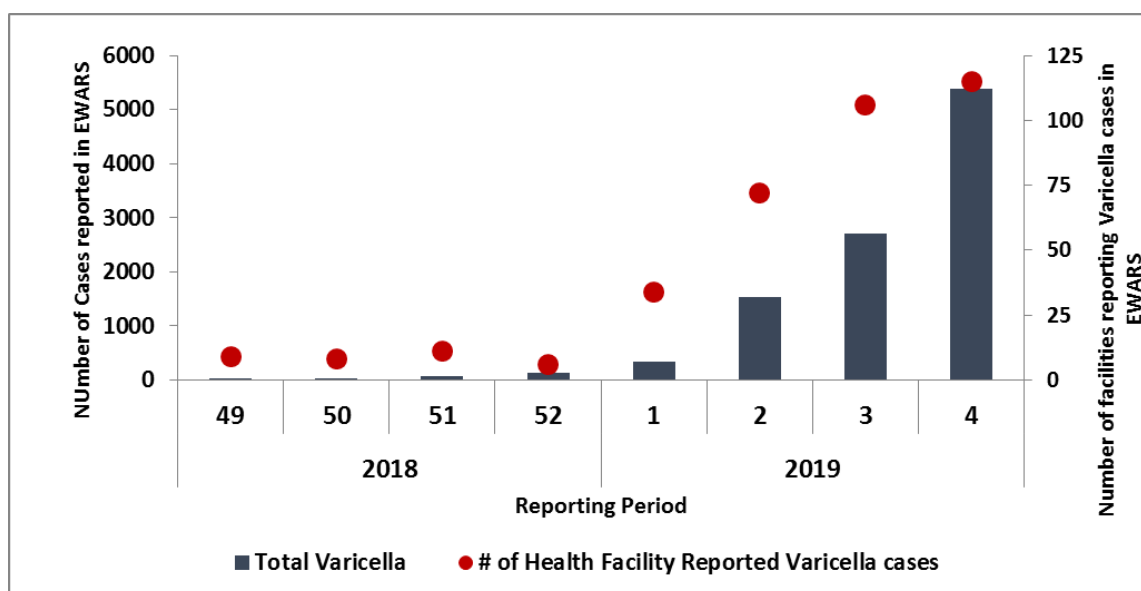


Figure 1: Number of Varicella Cases reported vs number of facilities reported varicella in EWARS from Week 49 2018 to Week 4 2019, Cox's Bazar, Bangladesh

Diphtheria Update

Thirteen new diphtheria case-patients (all suspected) were reported this week. Total case-patients reported in EWARS is now 8 403

- Of these, 293 case patients have tested positive on PCR, with the last confirmed case reported on 31 December 2018. Of the remaining cases 2 710 were classified as probable and 5 396 as suspected.
- The total number of deaths reported due to diphtheria so far is 45. Last death was reported on 15 January 2019.
- A total 202 diphtheria case-patients were reported from Host community. Of which 30 were diagnosed confirmed on PCR, 63 were classified as probable and 109 were classified as suspected.
- No death has been reported from the host community.

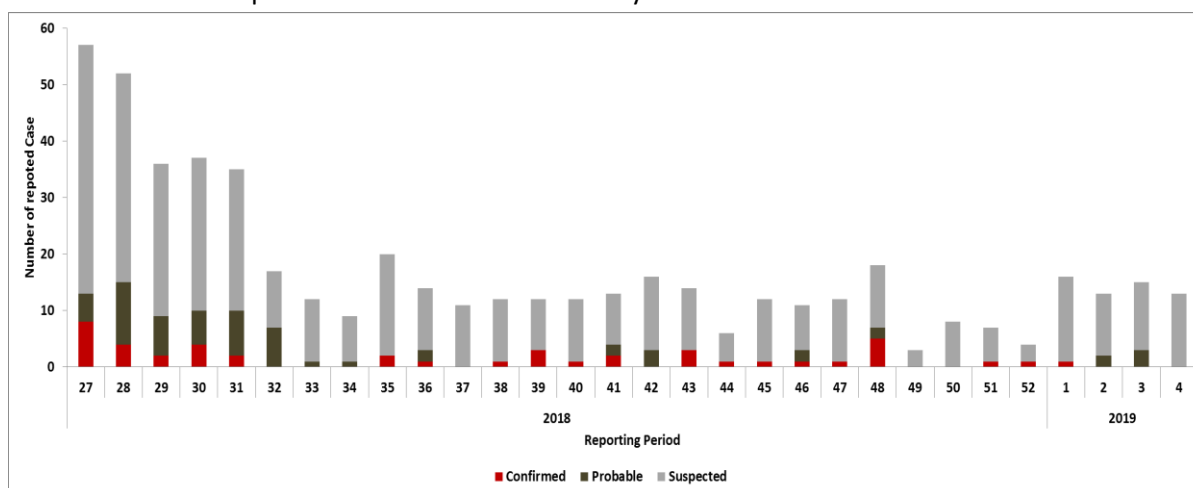


Figure 2: Diphtheria case-patients reported from Week 16 2018 to week2 2019, Cox's Bazar, Bangladesh

Community Based Surveillance (CBS)

WHO will work closely with the health sector and community health working group to roll out prospective community base mortality surveillance according to community health coverage areas for the more than 1300 community health volunteers that constitute the partners' outreach activities. The mortality form was reviewed with the community health working group and final draft will be finalized in the next week. The data will be collected by volunteers using this form; and will be submitted to the health facilities for reporting in EWARS. The WHO epidemiology team has identified one EWARS reporting site for each community health volunteers' coverage area; and will aim to train these facilities on the mortality reporting in March. The EWARS system will be used to generate alerts for any mortality reported among women of reproductive age, which will trigger verbal autopsy process through the sexual and reproductive health working group, to ascertain whether the death was a maternal death.

HEALTH OPERATIONS

WASH

- A database of Life straw drinking water filters was developed after obtaining information from different distributing partner organizations. The database contains information about the location of 2223 (54 community + 2169 Family) filters that were distributed through different partners to various refugee settlements. A total of 460 filters were randomly selected from these 2223 filters for monitoring of operational status, usage and beneficiaries etc. The monitoring started with a field demonstration on 24 January 2019 and will be completed by 18 February 2019. Department of Public Health Engineering (DPHE) engaged a total of 18 field samples collectors, sample analyzers and data entry operators for the activity. To date monitoring of a total of 40 filters has been completed.
- A planning meeting was conducted with UNICEF and DPHE technical professionals at DPHE CXB water quality testing laboratory on 28 January 2019. Participants of the meeting discussed about the various features (logistics/manpower/sample sites etc.) of the water quality surveillance in refugee camps and developed a micro plan for 2019.

Laboratory

- Concurrence was obtained from IEDCR to begin a referral system to bring samples from a few selected facilities at Ukhia and Teknaf for testing at the IEDCR field laboratory, Medical College, Cox's Bazar. The plans for the referral system have been drafted and will be implemented after discussion and concurrence of other partners including government authorities. This referral system will give access to immunodiagnostic facilities for infectious diseases to the selected field facilities thereby helping them to make better clinical decisions and will also serve to establish surveillance of these infections.
- A review of the IEDCR field laboratory was done to assess the space available and plan construction of the planned microbiology / bacteriology facility and the final floor plans have been drawn up. The microbiology facility will yield better capability in infectious disease surveillance for both FDMN and host population.
- A discussion meeting was held with the officials at Sadar Hospital to explore the possibilities of expanding their laboratory services and to establish better space utilization and workflow.

LOGISTICS

- A health logistics meeting took place on 15th January in which important guidance on key issues such as temperature control storage, disposal of drugs and content of Emergency health kits were shared with partners.
- WHO has contacted a private company that is used by other agencies in this response and is used by DGDA, to inquire about the possibility of supporting with the disposal of expired drugs
- Calamine lotion and other drugs for Varicella were ordered urgently in response to the increased number of Varicella cases
- Five 20 ft containers are going to be procured soon, for prepositioning more medical supplies. The process to find suitable locations for these containers is ongoing.
- Site assessments for twelve Health Facilities are ongoing prior to procurement and delivery of Solar Panel, Solar AC DC and Generators which will support these facilities to run 24/7.
- Jointly with the logistic sector, a warehouse capacity assessment was launched focused on temperature control, to identify gaps and areas for support among the partners in this regard.
- WHO supported coordination between one partner and the logistics sector to establish a 40 feet Reefer container at one of the field hospitals, for cold chain storage.
- A Company was selected through tender process for the refurbishment of new operating theatre Complex in Sadar Hospital, Cox's Bazar through funding from the KSRelief Project. The renovation work is scheduled to begin in early February.
- The X-Ray Room in Ukhiya Health Complex was assessed by group of experts assigned by the National TB Program prior to the installation of new machine to be procured by WHO under Russian grant fund.

HEALTH SECTOR COORDINATION

- Going into 2019, it was agreed that the health sector should rationalize and consolidate services to reduce duplication of health services, ensure appropriate geographic distribution of health facilities and to free up land for shelters and road infrastructure projects. This was also a key recommendation from the external evaluation of health services. It is noted that fewer health facilities providing higher quality services is a preferable modality. For these reasons, the health sector initiated the rationalization process through an inter-agency task team, endorsed by the Civil Surgeon. On 29 January 2019, the health sector convened a half day workshop for this rationalization task team in which campwise gap analysis was conducted. A total of 22 priority camps were identified for decongestion, and a scoring matrix was developed (partly based on the minimum service package) which will be used as the basis for recommendations for health facility closures and/or relocations.
- In late 2018, the health sector finalized a minimum standards document for health posts and primary health centers; outlining what services need to be provided. To encourage partners to engage with its content, the health sector information management team had developed an online self-assessment questionnaire. On 22 January 2019, the health sector ran a one day training for 45 participants from 21 partner agencies on the content of the minimum service package; and provided orientation on how to complete the self-assessment survey. To date, 60 surveys have been completed out of an expected 180. The sector is following up closely with partners to achieve high reporting rate. Information from this survey will also help the sector to identify the largest gaps in primary health service delivery, and tailor support to partners accordingly.
- On 30 January 2019, the health sector, under the leadership of the Civil Surgeon's Office and in close collaboration with UNICEF, organized a one day workshop to review DHIS2. More than 25 participants

attended, including representation from WHO Country Office health system strengthening team. The participants reviewed the DHIS2 variable list and developed a recommended new list which is better tailored to the information needs of this response. In addition, areas for improving reporting were discussed and key recommendations were drafted. The draft revised variable list and other recommendations will be submitted to the Government health authorities for concurrence.

- The health sector convened a half-day meeting on 21 January 2019 with agencies who currently provide financial support for medical referrals of refugees from the camps to Government hospitals. The objective of the meeting was to brainstorm around whether the financing could shift to a 'cost-sharing' approach, to improve efficiencies and increase coverage. Further information is now being collected to determine feasibility, and the health sector will convene a follow up meeting to carry the proposal forward if deemed feasible.
- The Sexual and Reproductive Health (SRH) Support Project of the Health Sector worked closely with UNFPA to pilot a facility SRH monitoring checklist in several health facilities. The purpose of this exercise is to test the completeness and usefulness of this tool. Based on the pilot; the checklist will be refined and will be used as part of supportive supervision to improve quality of SRH services in health facilities.

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