



Water quality surveillance in the Rohingya camps



World Health Organization

Bangladesh

Bi-weekly Situation Report #20

Date of issue: 10 October 2019

Period covered: Weeks 39-40 2019
(22 September– 05 October 2019)

Location: Bangladesh

Emergency: Rohingya Crisis



911 566

total Rohingya
Refugees
in Bangladesh



2 862 350

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

- As part of laboratory and biosafety strengthening efforts, a two-day Basic Microscopy for Laboratory Personnel and Biosafety and Infection Control trainings was conducted from 30 September to 1 October for to enhance capacities of laboratories in from various health facilities in particular to detect abnormal characteristics, and to improve biosafety practices.
- A total of 6807 diarrhoeal diseases cases reported in EWARS, marking an increasing trend in such cases from 22 September to 5 October 2019, although it is still below the weekly average.
- Health sector is preparing for 2020 joint response planning (JRP) for the sector, and a planning workshop with all Strategic Advisory Group (SAG) members has taken place on 9 October 2019.

SITUATION OVERVIEW

There are an estimated 911 566 Rohingya refugees in Cox's Bazar, according to the latest ISCG situation report (August 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 37 and 38 of 2019 is presented below by WHO IMS functions.

OPERATIONS SUPPORT AND LOGISTICS

- The renovation at Sadar District Hospital's pathology laboratory supported by KSRelief has been finalized and the handover documents signed.
- Supplies have been shifted from the temporary warehouse to the new, temperature-controlled (<25C) warehouse at Mishuk Hotel. The delivery of appropriate shelving (racks) and other equipment for the warehouse is in the process.
- The refurbishment of X-Ray Rooms at Ukhiya Health Complex is scheduled for completion by mid-October with the delay having been occasioned by unavailability of lead-lined doors and glass in the country. A new digital X-Ray machine will be installed by mid-October after completion of renovation work.
- The repair of the entire Sadar Hospital's roof has commenced under the supervision of a consulting company and the WHO OSL team. Completion of the work is scheduled for beginning of December 2019.
- The WHO OSL unit has received a total of 25 000 personal protective equipment (PPE) including face mask and gloves, 248 000 disposal syringes of 3ml/5ml, 130 000 urine collection containers of 60ml capacity and 20 000 safety boxes. The supplies will be used to support the partners and government facilities.
- WHO has supported the Civil Surgeon Office (CSO) in Cox's Bazar with four kits each of Cholera Kit Peripheral and Cholera KIT Central.

INFORMATION MANAGEMENT – EPIDEMIOLOGY

Overview

- A total of 159 health facilities are registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 85 % (159/187).
- Of these sites, 122 out of 158 submitted their weekly reports (77%) by 24 September 2019.
- A total of 49 alerts (triggers) were reported and reviewed in the EWARS system in week 40 compared to 47 alerts raised in week 39. 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

- No new cases were reported EWARS in week 39 and 40

- A total of 41 dengue cases were reported in EWARS from camp health facilities in 2019: 33 Suspected and 8 Confirmed

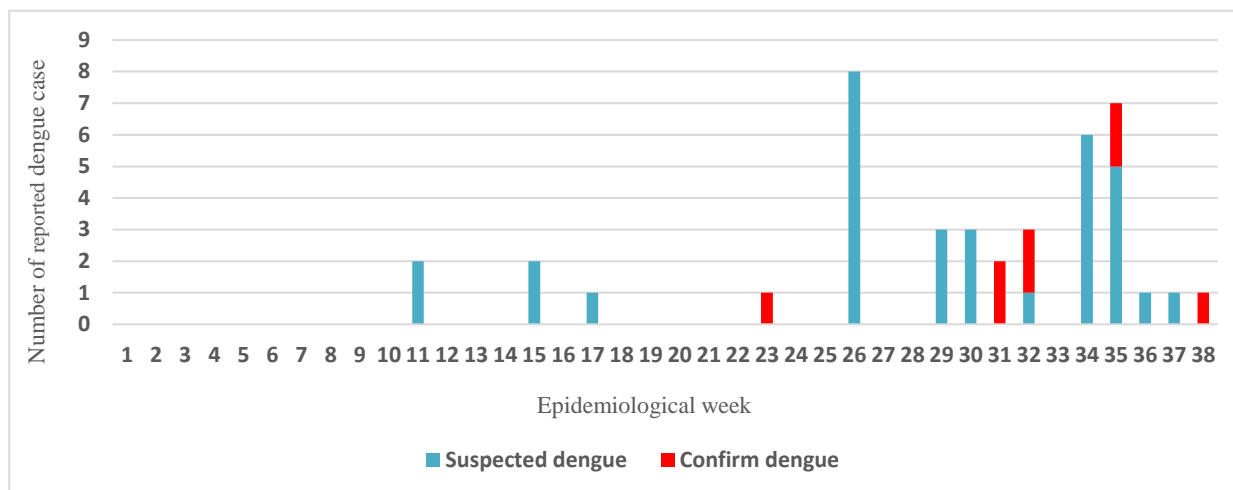


Figure 1: Number of reported dengue cases from FDMN from week 1 to week 38 in 2019, Cox's Bazar, Bangladesh

Diarrhoeal disease

- A total 6807 diarrhoeal diseases cases reported in EWARS.
- Among these, 4425 cases reported with acute watery diarrhoea (AWD), 448 cases reported with bloody diarrhoea and 1934 cases reported with other diarrhoea.
- Diarrhoeal diseases are showing increasing trend in the last two weeks but the number of cases are still below the weekly average.

Diphtheria Update

- Number of diphtheria cases reported thus far is 8789. Out of these, 308 were confirmed, 2753 were probable and 5728 were reclassified as suspected.
- In 2019, a total of 443 diphtheria cases were reported in EWARS: 16 confirmed, 44 probable and 383 suspected.
- A total of 45 deaths were reported due to diphtheria since the beginning of the outbreak. However, no death has been reported in 2019.
- The last confirmed case of diphtheria was reported in Week 38 (22 September 2019).
- From the host community, a total of 224 diphtheria cases were reported. Of these, 31 were confirmed, 68 were probable and 125 were suspected.
- In 2019, a total 28 diphtheria case were reported from host community. Two were confirmed, five were probable and 21 were suspected. No death was reported from the host community.

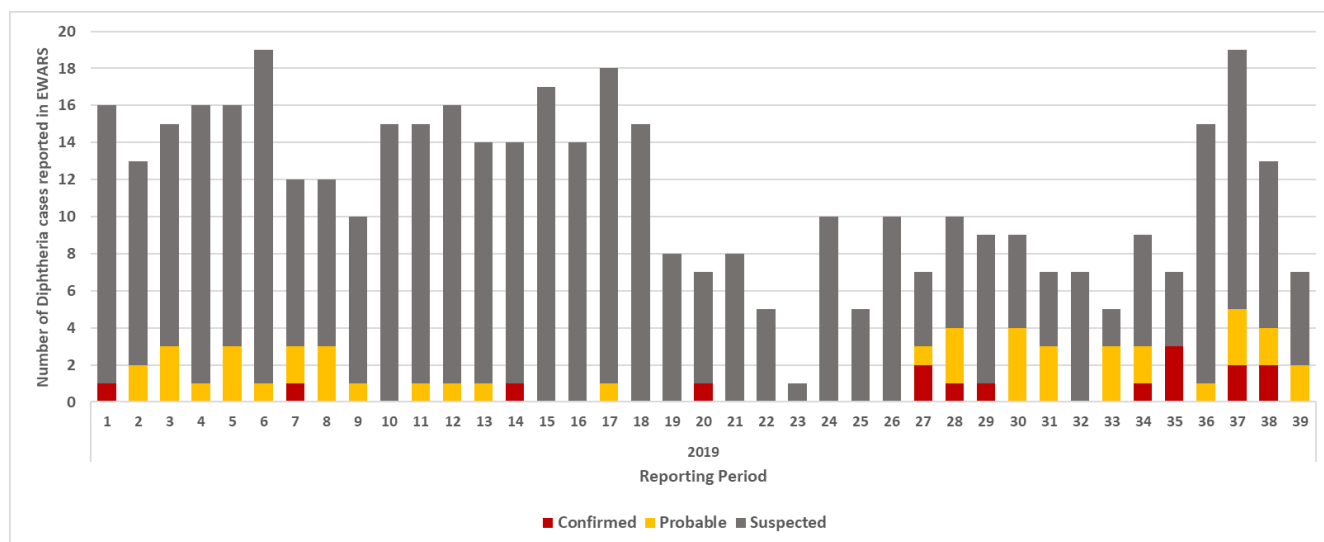


Figure 2: Diphtheria case-patients reported from week 1 to week 39 2019 in EWARS, Cox's Bazar, Bangladesh

Community Based Surveillance

- In weeks 39 and 40, a total of 27 deaths were recorded. Of these deaths, 55.5% (n=15) were due to causes classified as "Others" and 14.8% (n=4) were neonatal deaths, 14.8% (n=4) were stillbirths, 11.1% (n=3) were suspected maternal deaths and 3.8% (n=1) was due to infectious disease.
- Of the deaths classified as "Others", 66.7% (n=10) was due to unknown causes or due to insufficient information presented for review. The remaining 33.3% (n=20) deaths were recorded due to causes such as cardio-pulmonary failure, chronic obstructive pulmonary disorder, cancer and stroke.
- Currently, a total of eight partners has reported mortalities in the past two weeks, covering a total of 12 camps.

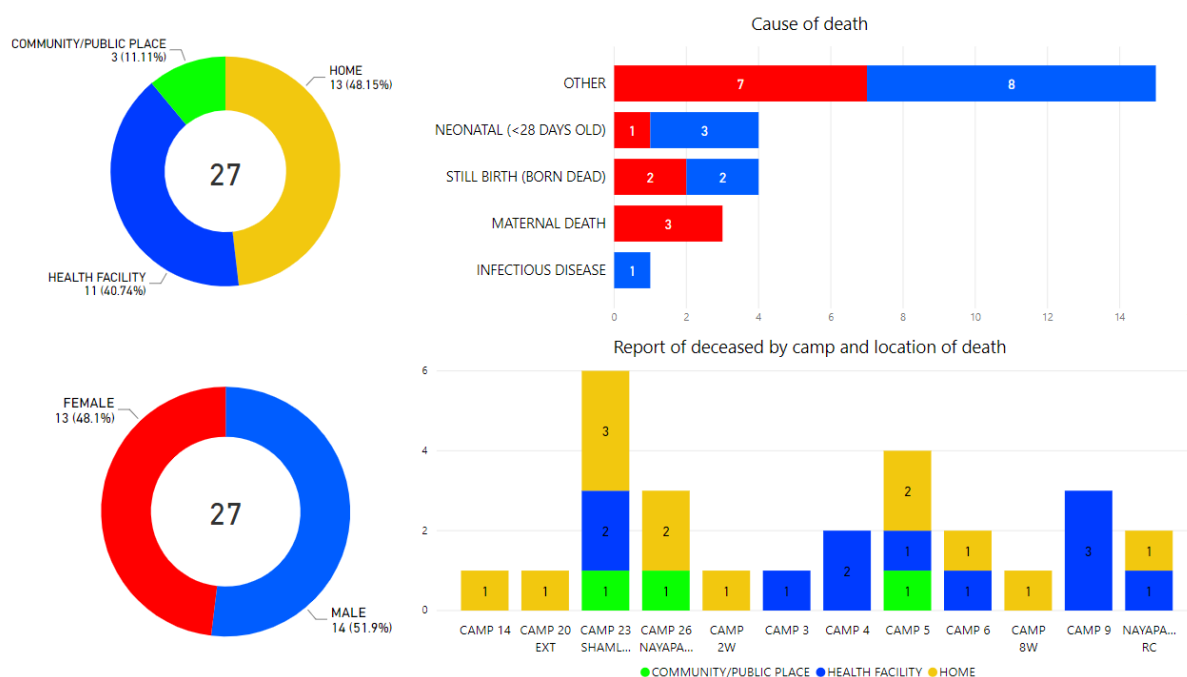


Figure 2: Total deaths by place of reported death, cause of death between Week 39 and Week 40 of 2019, Cox's Bazar, Bangladesh

HEALTH OPERATIONS and TECHNICAL EXPERTISE

Health Systems Strengthening, including Laboratory

- Preparation of a common general health card is ongoing in collaboration with the Strategic Advisory Group (SAG), including government representatives. The card will be useful in harmonizing records of individual patient visits to health facilities.
- Trainings on Basic Microscopy for Laboratory Personnel and Biosafety and Infection Control for participants from various health facilities operating in the Rohingya refugee camps, took place from 30 September to 1 October 2019. These trainings were well received by the participants who expressed the effect of these trainings in refreshing their knowledge to identify abnormal characteristics while analyzing various stained and unstained samples under a microscope and in enhancing safe practices for biosafety.
- Further laboratory assessments and supportive supervisory visits were conducted at facilities that had not been previously covered. This also covered specific government facilities (Refugee Health Units) that were comprehensively assessed as per the request of the government. The report of the assessment will be shared with counterparts.
- The lab team is engaged in increasing utilization and understanding of the capabilities of the Institute of Epidemiology Disease Control and Research (IEDCR) field laboratory in Cox's Bazar, including the use of the advanced tests available at the laboratory.

Communicable Diseases

- Beginning this October 2019, the communicable diseases team will carry out a series of trainings on neglected tropical diseases until the end of the year 2019. The first training by WHO NTD will be on snakebites with a series of three trainings taking place from 20-22 October 2019. The orientation on basic and safe blood transfusion services will take place later in October in collaboration with the government and partners. Another series of trainings on rabies management is also in plan in collaboration with the national program.
- WHO is developing two posters to raise awareness on the risks of vector borne disease, particularly dengue. The focus is on raising the awareness of both the Rohingya and the host community to identify potential breeding sites and measures to reduce sources of larvae in the camps and therefore prevent mosquito bites.
- WHO is planning a survey to assess the impact of messages by partners and WHO on dengue/mosquito borne diseases the camps. The training of the enumerators will take place in the coming week and will help to inform future communication interventions.

Non-Communicable Diseases (Including Mental Health and Psychosocial Support)

- From 15-19 September, 25 health staff, including doctors and nurses, from health facilities serving host community and Rohingya populations, were trained on the WHO Mental Health Gap Action Programme (mhGAP) intervention guide. This is aimed at addressing common conditions such as depression, psychoses, epilepsy, child and adolescent mental and behavioral disorders, dementia, substance use and suicide.
- The 1st round of training on WHO Package of Essential Noncommunicable Disease Interventions (PEN) will start in mid-October 2019 in collaboration with DGHS and BRAC James P Grant School of Public Health. The target is 100 healthcare professionals from all upazilas and 300 community health volunteers across Cox's Bazar district. The goal is to build the capacity of the trainees focusing on the integration of team-based approach in terms of prevention and management of priority noncommunicable diseases (NCDs).

- Partners working on NCDs in Rohingya camp settings are receiving essential medicines and diagnostic equipment for NCDs from WHO stock with the objective of gap filling.
- Data analysis of the completed 'NCD Service Availability Assessment Cox's Bazar 2019' is ongoing. Results will be communicated to partners in the next NCD Core Group meeting in October.
- WHO is working on the production of audio messages via radio and other channels related to tobacco smoking and betel nut chewing and increasing public awareness of its adverse effects. The messages will include feedback from focus group discussions to engage youths, women and male adults, to better understand social norms and enabling factors that promote unhealthy behaviors. The messages will be developed for both Rohingya and host community. The findings will inform future interventions in camps and host community areas.

Water, Sanitation and Hygiene (WASH)

- The 13th round water quality surveillance (WQS) in Rohingya settlements started on 2 September 2019. The exercise is the second round of WQS in the monsoon season. A total of 3681 sanitary inspections have so far been conducted. The total number of water samples collected and tested for *E. coli* is 4908 comprising 1227 sterile, 1227 unsterile and 2454 household's storage. The surveillance exercise is set to be completed by 12 October 2019.
- The second round of monsoon WASH monitoring in health care facilities started on 18 August and was completed on 27 August 2019. The assessment focused on water supply, sanitation, hygiene and environmental cleanliness in the facilities. A total of 158 water samples were collected and tested for *E. coli*. Data compilation and analysis as well as report writing is in progress and will be shared at the end of October 2019.
- In collaboration with ¹HEKS/EPER, WHO is working on sustainable improvement of health care service delivery and infection prevention and control (IPC) practices in health facilities with a focus on improving water supply, sanitation, hand hygiene cleaning and disinfection, health care waste management, environmental management and planning. This series of supportive activities are taking place following a large batch of "WHO WASH Fit" trainings that took place in June and July 2019.
- The first round of the rapid review of health care waste management was completed with a total of 173 functional health care facilities being assessed. Information regarding health care waste segregation, transport, storage and disposal was collected from these facilities. Data analysis and report writing is in progress and will be shared by end of October 2019. The report will feed into a more comprehensive reporting on HCWM for the whole district. The development of district level HCWM will commence in December.

Immunization

- A comprehensive review of the work of WHO Health field monitors has taken place, and activities were subsequently revised with the aim of increasing catch up for drop-out and left-out children (through child registration validation) and improvements of reporting/feedback mechanisms.
- A refresher Basic Expanded Program on Immunization (EPI) training was held on 22-23 September 2019 in Ukhia Health Complex (UHC) for vaccinators and respective supervisors.

¹ HEKS/EPER (Hilfswerk der Evangelischen Kirchen Schweiz)

Both outreach and fixed site vaccinators along with 12 newly recruited outreach vaccinators in Ukhia received the training. The training covered the national guidelines on Basic EPI and vaccine-preventable diseases (VPDs) and adverse events

- following immunization (AEFI) surveillance, EPI Schedule, Importance of Inter Personal Communication (IPC) in EPI, Vaccine Vial Monitor (VVM) and Cold Chain. Role plays and hands-on training were major components of the training.
- Through upazila level meetings, WHO and partners worked closely with Upazila Health and Family Planning Officers (UH&FPO) in Ukhia and Teknaf as well as vaccinators of outreach teams and their respective supervisors to further strengthen the activities with a focus on vaccinators accountability, accountable and effective supportive supervision and field level coordination.
- A campaign strategy for the upcoming Measles-Rubella Supplementary Immunization Activity (MR SIA) in 2020 is under development, as well as implementation plans for major recommendations of the quarterly review meeting which took place in collaboration with the national programme.
- In September 2019, in total 1,491 (98%) sessions were held against the planned session 1526. Out of monthly estimated target of 2521 (under 1 year) and 2835 (under 2 years) in total following doses were administered: BCG: 6770 (1 dose); Penta: 10 464 (3 doses); PCV: 12 535 (3 doses); bOPV: 12 703 (3 doses); fIPV: 7522 (2 doses); MR: 5355 (2 doses); Td: 4773 (2 doses). The detailed report will be provided in the next bi-weekly sitrep.

HEALTH SECTOR COORDINATION

- Ukhia Upzilla Health Complex partners' coordination meetings held during the reporting period. Meeting was chaired by Upzilla Health Officer, facilitated by health sector and participated by health sector partners supporting Ukhia Health Complex Hospital. Camp Health Focal Points and health sector coordination team's regular bi-weekly meeting held on 3 October. Camp Health Focal Points have and Field Coordinators have been oriented on upcoming quarter four health facility monitoring and supportive supervision.
- Health sector field coordinators and camp health focal points continue supporting partners and Camp Management authorities to coordinate health sector activities in camps. Sixteen Camp Level Health Sector/Partners meetings held in total 34 camps during the reporting period.
- Health sector is preparing for 2020 joint response planning for the sector, and has held a planning workshop with all SAG members on 9 October 2019. In preparation for this, the health sector participated in a workshop to review the findings on the multi-sectoral needs analysis survey in the host and refugee community.
- Four referral facilities in the field were visited by the Health Sector Sexual and Reproductive Health (SRH) technical officer for supportive supervision and monitoring of "emergency-transferred" obstetric and neonatal cases. A draft monitoring tool was used and will be approved by stakeholders and utilized via Kobo for future data collection and facility feedback mechanisms. General information gathered will be shared with the SRH WG as a means of sharing best practice and referral protocol.
- In addition, it has been made clear that routine meetings of field hospital clinicians would be beneficial in supporting standardization of care, strengthening of collaborative practices and reinforcement of government clinical guidelines; a meeting will be planned within the coming month.

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