



The Ministry of Health, Royal Government of Bhutan, and the WHO Country Office for Bhutan came to Cox's Bazar to learn from the experiences and good practices of handling a large scale protracted emergency.

Emergency: Rohingya Crisis



World Health Organization

Bangladesh

Bi-weekly Situation Report #21

Date of issue: 24 October 2019

Period covered: Weeks 41-42 2019

(06 to 19 October 2019)

Location: Bangladesh



911 566

total Rohingya
Refugees
in Bangladesh



3 026 853

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

- The year three workplan (October 2019 – September 2019) for the Gender-based violence (GBV) in emergencies project is finalized now.
- Since 14 September 2019, there have been 88 cases of Acute Watery Diarrhoea (AWD) that have tested positive by cholera Rapid Diagnostic Tests (RDTs), or culture, or are linked to these cases as of 22 October 2019.
- Autoclaves and refrigerators are being provided to health facilities as part of laboratory support to improve biosafety at the facilities.

SITUATION OVERVIEW

There are an estimated 914 998 Rohingya refugees in Cox's Bazar, according to the latest ISCG situation report (September 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 41 and 42 of 2019 is presented below by WHO functions.

OPERATIONS SUPPORT AND LOGISTICS

- Refurbishment of X-Ray Rooms at Ukhiya Health Complex is completed. Repair and construction work of the entire Sadar Hospital roof continues, as planned. The old lime terracing layer has been removed and preparation for the new layer has started.
- WHO Operation Support and Logistics (OSL) unit has received the following supplies to support the partners and government facilities: for cold chain items, four Cold Box RCB44L, 10 Cold China Carrier BCB46, 100 Ice packs-0.6L capacity; for WASH items, 16288 Hyserve compact dry EC; for Laboratory equipment, three GPHE Minilabs, one Multiscan FC Microplate Photometer, one S-PART Differential Hematology Analyzer including reagents for one-year period; for Medicine, 3000 Chlorpheniramine Maleate 4mg tab, 1000 Promethazine hydrochloride 25mg tab, 152000 disposal syringes 1ml/10ml.
- Two Cholera Kits, Central Module have been distributed to Teknaf Health Complex for pre-position for AWD outbreak in the area.

INFORMATION MANAGEMENT – EPIDEMIOLOGY

Overview

- A total of 160 health facilities are registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 85 % (160/187).
- Of these sites, 127 out of 160 submitted their weekly reports (78%) by 22 October 2019.
- A total of 45 alerts (triggers) were reported and reviewed in the EWARS system in week 42 which is similar to 49 alerts raised in week 41. All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), acute watery diarrhea (AWD) and unexplained fever 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 (See section on diarrhoeal disease).

Diarrhoeal disease

- A total of 7334 diarrhoeal diseases cases have been reported in EWARS.
- Among these, 4752 cases were reported with acute watery diarrhoea (AWD), 384 cases reported with bloody diarrhoea and 2198 cases reported with other diarrhoea.
- Diarrhoeal diseases are showing an increasing trend in the last two weeks but is still below the weekly average.
- Since 14 September 2019, there have been 88 cases of AWD that have tested positive by cholera Rapid Diagnostic Tests (RDTs), or culture, or are linked to these cases (data as of 22 October 2019).
- To ensure that no case is missed, WHO and Health sector has recommended that all cases of AWD that present to health facilities with ANY dehydration has to be referred to diarrhea treatment centres (DTCs), or, if there are no DTCs nearby, to PHCs with isolation facilities
- The majority of cases – 83% -- were reported from Teknaf; 64% of cases are reported in Rohingya camps. 41% of cases are aged over 15 years and 57% are females.
- Leda DTC (14 beds) and Teknaf DTC (30 beds) remain open.
- Clinical management training was conducted with icddr,b in Teknaf, targeting clinicians from the Teknaf camps and the government on 13-15 October (3 batches).

- Institute of Epidemiology, Disease Control and Research(IEDCR) field laboratory has tested eight stool samples from Teknaf children under 5 years for rotavirus. Six of these samples were positive confirming co-circulation of rotavirus in young children. Rotavirus is an important cause of severe diarrhoeal disease in children. The management for rotavirus is the same as for other causes of AWD.
- The Risk Communication Taskforce has been activated.
- A targeted oral cholera vaccine (OCV) campaign is being considered utilizing the 49 000 remaining doses in Cox's Bazar.

Diphtheria Update

- The number of diphtheria cases reported to date is 8827, of which 308 were confirmed, 2757 were probable and 5762 were reclassified as suspected.
- In 2019, a total 481 diphtheria cases were reported in EWARS. Sixteen were confirmed, 48 were probable and 411 were suspected.
- A total 45 deaths were reported due to diphtheria since the beginning of the outbreak. No death was reported in 2019.
- Last confirmed case was reported in Week 38 (22 September 2019).
- From the host community, a total of 226 diphtheria cases were reported, of which 31 were confirmed, 68 were probable and 127 were suspected.
- In 2019, a total 31 diphtheria case were reported from host community. Two were confirmed, five were probable and 23 were suspected. No death was reported from host community.

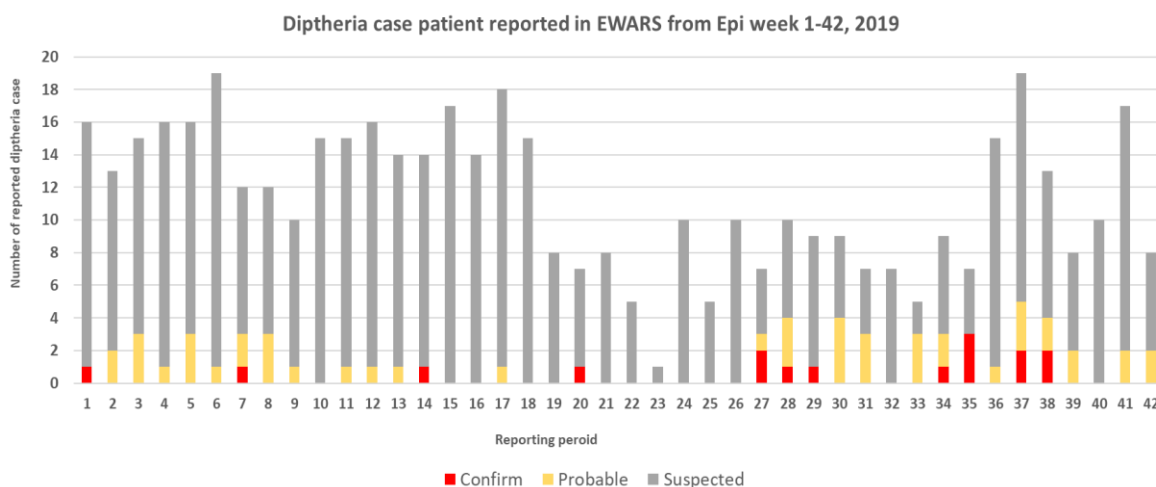


Figure 1: Diphtheria case-patients reported from week 1 to week 42 2019 in EWARS, Cox's Bazar, Bangladesh.

Community Based Surveillance(CBS)

- In week 42, a total of 29 deaths were recorded. Of these deaths, 14 (48.4%) are due to causes classified as "Others" and 11 (37.9%) were due to stillbirths and neonatal deaths, two were due to injury, one was a suspected maternal death and one was due to infectious disease.

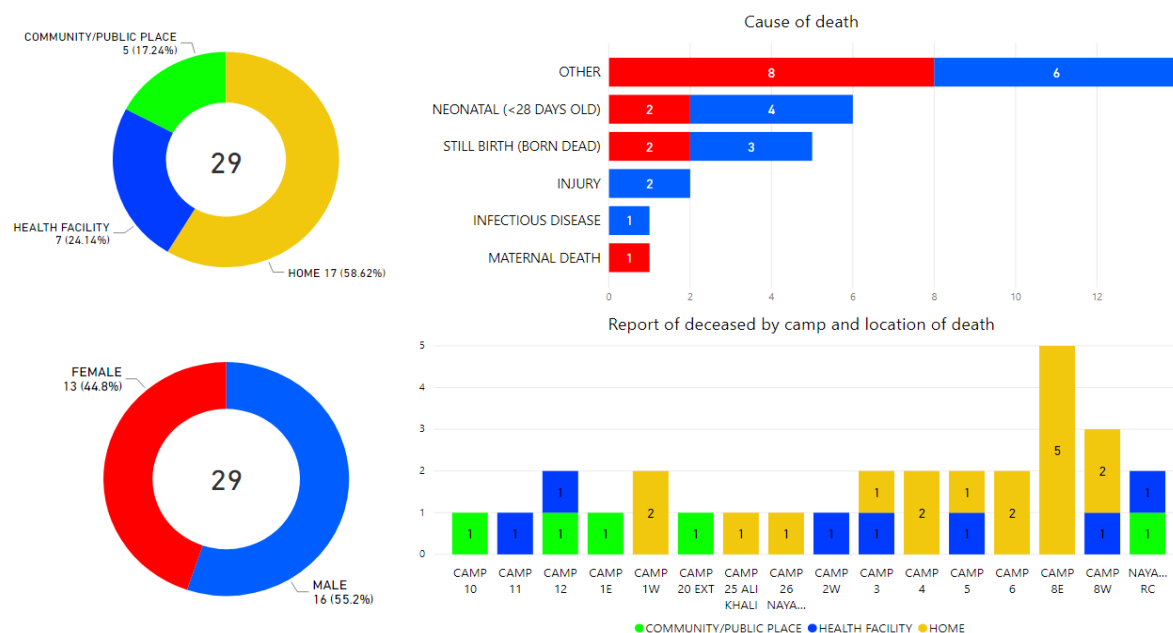


Figure 2: Total deaths by place of death, cause of death reported in week 41 and 42, Cox's Bazar, Bangladesh.

HEALTH OPERATIONS and TECHNICAL EXPERTISE

Communicable Disease

- The WHO Communicable Disease team organized three 1-day trainings on 'Acute Watery Diarrhea Management' in the collaboration with icddr,b from 14-16 October 2019 at Teknaf Diarrheal Training Center. A total of 85 participants including physicians, nurses and health assistants from various health posts and PHC of camp 23-27, Nayapara camp and Teknaf UHC attended this training which focused on case-definition and diagnosis, and stabilization and referral.
- Information, Education and Communication (IEC) materials, including 7000 posters for health facilities on handwashing, use of hand sanitizers and food safety, are being distributed to partners providing health services in the camps as part of the response to acute watery diarrhea.
- Flash cards for vector borne disease have been developed and will be distributed through partners with community health worker capacity.
- The team is working with the Ministry of Health and Family Welfare to prepare the second series of trainings on Neglected Tropical Diseases, this time focusing on clinical management of snakebites in line with WHO and national guidelines. The training, scheduled to take place from 20-22 October 2019 will accommodate over 200 participants over three days. The first series was on clinical management of dengue and took place earlier this monsoon season.
- In the area of risk communication, WHO is collaborating with relevant partners on the ground to respond to increased incidence of acute watery diarrhea by training a total of 104 frontline health workers on risk communication and community engagement techniques and basics of acute watery diarrhea. The trainings seek to increase health seeking behavior and improve hygiene through promoting community engagement sessions and house-to-house visits in affected areas.
- On 13th October a coordination meeting with the TB partners of Cox's Bazar took place in the presence of the Director Mycobacterial Disease Control (MBDC), Line Director TB/Leprosy and Divisional Director

Chattagram Division, among other dignitaries from Dhaka and elsewhere in the country. The meeting aimed to address operational and programmatic challenges in implementation of TB programming in Cox's Bazar.

- Samples are being tested for rotavirus from patients under 5 years of age presenting with watery diarrhea at the IEDCR Field laboratory supported by WHO as part of supporting the Epidemiology team in investigating a recent increase in AWD.

Non-Communicable Disease

- 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 findings will inform future interventions in camps and host community areas.
- Preparations are ongoing for four batches of training on 'WHO Package of Essential Noncommunicable Disease Interventions (PEN)' which will take place respectively 21-24 October, 27-30 October, 03-06 November and 11-14 November. Teams of medical officer, nurse and medical assistant (Total 100) from primary health care centers in camp settings will receive training in the first three batches followed by a fourth batch for government health officials from all upazilas of Cox's Bazar district. This training activity will help the participants to learn and simulate the integration of team-based approach in terms of prevention and management of priority noncommunicable diseases (NCDs). This will be followed by a series of supportive supervision activities in the field.
- Twelve partners working on NCDs in Rohingya camp settings have received essential medicines and diagnostic equipment for NCDs from WHO stock with the purpose of gap filling.
- Data analysis is ongoing for the completed 'NCD Service Availability Assessment Cox's Bazar 2019' and will be presented at the next NCD core group meeting.

Immunization

- A refresher training on AFP and VPD was held on 09 October 2019 in Hope Foundation for 30 health workers including doctors, nurses and medical assistants. The focus was adherence to national guidelines, refreshers on case definition and sample collection related to surveillance.
- In September 2019 routine immunization, in total 1,491 (98%) sessions were held against the session target of 1526: 6546 BCG, 9958 Penta, 12029 PCV, 12103 bOPV, 7167 fIPV, 5008 MR and 2658 were administered in Ukhiya and Teknaf among Rohingya through 58 fixed teams and 68 ORC teams.
- In epidemiological week 40-42, 122 measles cases were reported, for which CRFs were available for around 60%. Response activities in relevant camps are ongoing in close collaboration with relevant partners.

WASH/Healthcare Waste Management

- WHO in partnership with HEKS/EPER conducted supportive supervision of 12 health facilities in the camps (nine PHCs, one field hospital, two UHCs) in this period, which included on-the-job training, coaching and mentoring. This is part of the follow-up process after earlier WASHFIT trainings and includes review of the WASH FIT action plans, jointly assessing risks and hazards as per the WASH FIT guidelines, identify gaps and areas of improvement, visiting on-site disposal facilities and demonstrating good practices of waste management and incineration.

- WHO and HEKS/EPER¹ conducted a lessons-learned and fact-finding evaluation on the 22 health facilities that participated on the first and second rounds of WASH FIT training. The main purpose of the evaluation is to see the progress of WASH facility improvements. The draft report revealed significant improvement on the water supply, sanitation, hand hygiene, health care waste management indicators in health facilities. The water supply facilities which met the WASH FIT indicators moved from the baseline of 67% to 77%, Sanitation from 33% to 77%, Health Care Waste Management (HCWM) from 43% to 67%. Although WASH Fit utilization in humanitarian contexts is novel, it was found relevant for the context, and it was effective in terms of engaging clinical and non-clinical staffs and triggering IPC activities in most facilities. The final report is in progress and will be shared upon completion.
- WHO and UNICEF jointly developed a road map for the overall improvement of water quality surveillance and shared for the WASH sector partners for review. The roadmap is designed for the overall improvement of WQS approach in the settlements and hosting community and encompasses 5-strategic millstones: (1) Comprehensive water quality surveillance (WQS) framework including guidelines and protocol developed and shared with WASH sector by end of Nov 2019; (2) Field level water quality laboratories' processes and protocols will be reviewed and verified by a third party by mid of Dec 2019; (3) Holistic communication, reporting and automated information management system developed and operationalized by 2020; (4) Rollout Water Safety Plan (WSP) in the WASH sector by end of Dec 2019; (5) Tripartite MoU developed and signed among WHO, UNICEF and DPHE for the implementation of the 2020 WQS.
- The 13th round of WQS data collection and analysis was completed and shared for WHO and UNICEF. This was concluded by Department for Public Health Engineering (DPHE), and the database has been shared to UNICEF and WHO for further analysis and reporting.
- The establishment of ad-hoc Health-care Waste Management (HCWM) advisory group is ongoing to coordinate and guide partners to ensure safe and sustainable implementation of safe health care waste management in their facilities, to produce standards and guidelines for WASH FIT, IPC and healthcare waste management, and to review studies and recommendation of partners and provide technical recommendations and feedback for partners.

Reproductive, Maternal, Newborn, Child and Adolescent Health

- An ethnographic assessment on health seeking behavior for sexual and reproductive health services for Rohingya women in refugee camps has been concluded. Key findings, including on antenatal and post-natal care services, newborn care, facility deliveries and family planning will be shared with health sector partner through the appropriate working groups, including the SRH working group.

Health Systems Strengthening

- Autoclaves and refrigerators are being provided to health facilities as part of laboratory support to improve biosafety at the facilities.
- The WHO Cox's Bazar Emergency Sub-Office supported a field visit by a delegation from the Ministry of Health, Royal Government of Bhutan, and the WHO Country Office for Bhutan to Cox's Bazar to learn from the experiences and good practices of handling a large scale protracted emergency. Field visit included components on coordination, immunization, water quality testing and WASH in health facilities, operations support and logistics, field laboratory use and EWARS, among others.

¹HEKS/EPER (Hilfswerk der Evangelischen Kirchen Schweiz)

HEALTH SECTOR COORDINATION

- Health sector coordination team organized a one-day workshop for SAG members to review and develop the Health Sector Joint Response Plan (JRP) 2020 including needs overview, objectives, strategy and monitoring indicators. The draft was finalized and shared with all health sector partners, to inform their project proposal development.
- The health sector GBV officer finalized the Year 3 Workplan (October 2019-September 2020) for the GBV in emergencies project, funded by Bureau for Population and Refugee Migration (BPRM). Implementation of quarter one activities have since commenced; the process of establishing baseline on actual number of facilities providing GBV health services and consolidating follow-up actions for improvement of service quality from 16 Primary Health Care facilities. The GBV officer also provided technical guidance and resource materials in an IOM led training for its medical staff on Clinical Management of Rape/Intimate Partner Violence (CMR/IPV) as an action to address identified gaps in GBV service delivery.
- The Health Sector supported the SRH WG to host an SRHR Needs and JRP Planning workshop for stakeholders on 10 October. The workshop was modeled after the 2018 Needs Assessment in Cox's Bazar, and activities led to the identification of six priority areas to be addressed in Q4 of 2019 and in 2020. The priorities included: capacity building, MISP to comprehensive SRH, quality assurance, community engagement, referral pathways and commodities security. Action plans include the implementation of activities to address the priority gaps.
- The last camp Field Hospital was visited for supportive supervision on 15 October by Health Sector SRH technical officer and UNFPA Head of Health. The draft monitoring tool was used and after approval by SRH WG will be transferred to Kobo for future data collection.

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