



LifeStraw Water filters are being distributed in the camps- 21 October 2019.

Emergency: Rohingya Crisis



World Health Organization

Bangladesh

Bi-weekly Situation Report #22

Date of issue: 07 November 2019

Period covered: Weeks 43-44 2019
(20 October to 02 November 2019)

Location: Bangladesh



911 566

total Rohingya
Refugees
in Bangladesh



3 198 042

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

- Diarrhoeal diseases are showing an increasing trend. Since 5 September 2019, a total of 120 cases of Acute Watery Diarrhea (AWD) have tested positive by cholera Rapid Diagnostic Tests (RDTs), or culture, or are linked to these cases (data as of 5 November 2019).
- A total of 40 community-size and 100 family-size LifeStraw water filters have been distributed among Rohingya and host community at Teknaf.
- A total of 21 healthcare facilities which are implementing Water and Sanitation for Health Facility Improvement Tool (WASH FIT), were evaluated in the reporting period.
- WHO's laboratory team has helped strengthen laboratory facilities by distributing and installing autoclaves for safe handling and disposal of infectious laboratory waste at six facilities including Sadar Hospital, Cox's Bazar; and handing over three Global Pharma Health Fund (GPHF) Minilabs to the Directorate General of Drug Administration (DGDA) Drug Superintendent at Cox's Bazar.

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 43 and 44 of 2019 is presented below by WHO functions.

OPERATIONS SUPPORT AND LOGISTICS

- The renovation works of the X-Ray rooms and installation of the new (as well as old) Digital X-Ray machines have been completed and training is expected to start from the second week of November.
- Repair construction work of the entire Sadar Hospital's roof continues, as planned. The new lime terracing layer has been started.
- WHO Operation Support and Logistics (OSL) unit has received the following supplies: 10 ERH Kit -blood transfusion Kit, 1600 Oxytocin, 10 000 SD Bioline Dengue Duo to support the partners and government health facilities.
- A total of 40 community-size and 100 family-size LifeStraw water filters have been distributed among Teknaf camps and host community. Distribution of another 23 community and 120 family filters is planned for the first week of November for Ukhiya and Teknaf.
- Shifting stock to 'virtual' warehouse, General Inventory Management System (GIMS), has been initiated with support of HQ, Regional and WCO offices.

INFORMATION MANAGEMENT – EPIDEMIOLOGY

Overview

- A total of 161 health facilities are registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 86 % (161/187).
- Of these sites, 124 out of 161 submitted their weekly reports (76%) by 5 November 2019.
- A total of 56 alerts (triggers) were reported and reviewed in the EWARS system in week 44 which is less than the 66 alerts raised in week 43. 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.

Diarrhoeal disease

- A total of 5837 diarrhoeal diseases cases have been reported in EWARS.
- Among these, 4135 cases were reported with acute watery diarrhoea (AWD), 448 cases reported with bloody diarrhoea and 1254 cases reported with other diarrhoea.
- Diarrhoeal diseases are showing an increasing trend in the last two weeks but remain below the weekly average.
- Since 5 September 2019, there have been 120 cases of AWD that have tested positive by cholera Rapid Diagnostic Tests (RDTs), or culture, or are linked to these cases (data as of 5 November 2019).
- To ensure that cases receive adequate clinical management, WHO and the Health Sector has recommended that all cases of AWD that present to health facilities with ANY dehydration should be referred to diarrhoea treatment centres (DTCs), or, if there are no DTCs nearby, to PHCs with isolation facilities. Cases without dehydration can be managed as outpatients.
- The majority of cases, 83%, were reported from Teknaf; 64% of cases were reported in Rohingya camps; 45% of cases are aged over 15 years and 56% are females.
- Leda DTC (14 beds) and Teknaf DTC (30 beds) remain open.
- Clinical management training will be conducted in Ukhiya (six batches) in the coming week.

- Institute of Epidemiology, Disease Control and Research (IEDCR) field laboratory has tested 25 stool samples from Teknaf children under five years of age for rotavirus. Sixteen 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.
- A request to access the global oral cholera vaccination stockpile for 1.2 million doses was submitted on 31 October 2019. A response is expected this week.

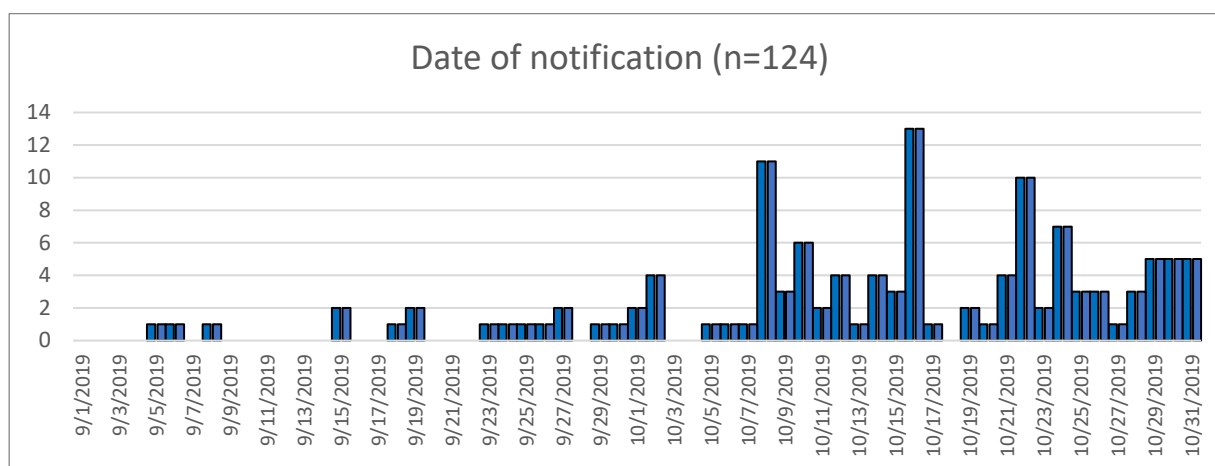


Figure 1: Suspected and confirmed cases by date of notification, 1 September to 31 October 2019.

Diphtheria Update

- Number of diphtheria cases reported to date is 8827. Of these, 308 were confirmed, 2757 were probable and 5762 were reclassified as suspected.
- In 2019, a total of 481 diphtheria cases were reported in EWARS: 16 were confirmed, 48 were probable and 411 were suspected.
- A total of 45 deaths were reported due to diphtheria since the beginning of the outbreak. No death was reported in 2019.
- Last confirmed case of diphtheria 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 of 31 diphtheria case were reported from host community. Two were confirmed, five were probable and 23 were suspected. No death was reported from the host community.

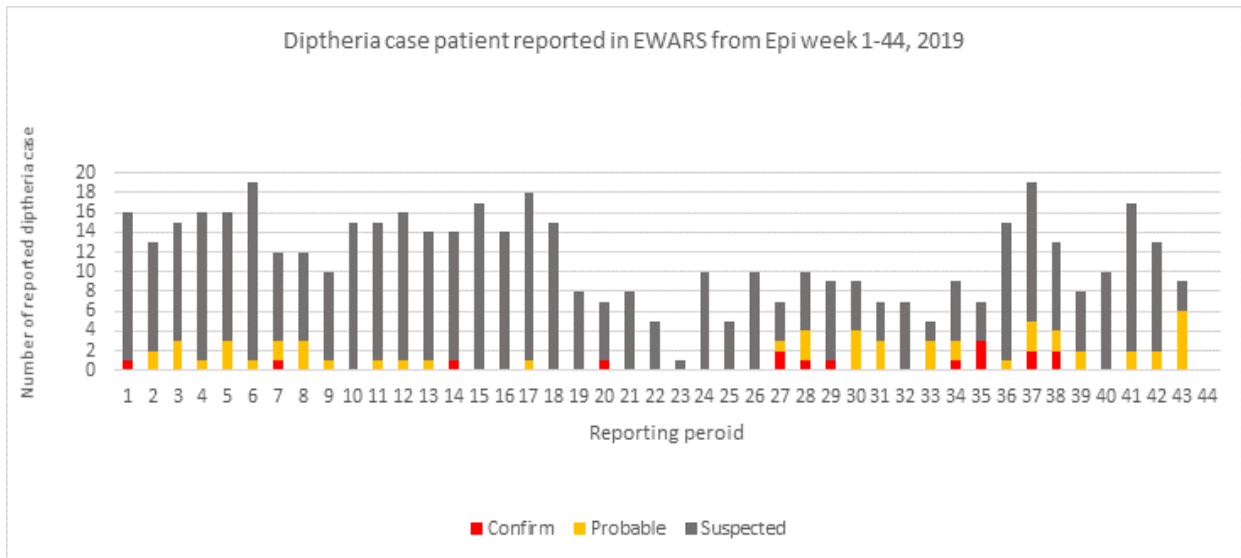


Figure 2: Diphtheria case-patients reported from week 1 to week 44 2019 in EWARS, Cox's Bazar, Bangladesh.

Community Based Surveillance(CBS)

- In week 44, a total of 21 deaths were recorded. Of these deaths, 11 (52%) are due to causes classified as "others" and 6 (28%) were due to stillbirths and neonatal deaths, two were due to infectious disease injury and two were due injury

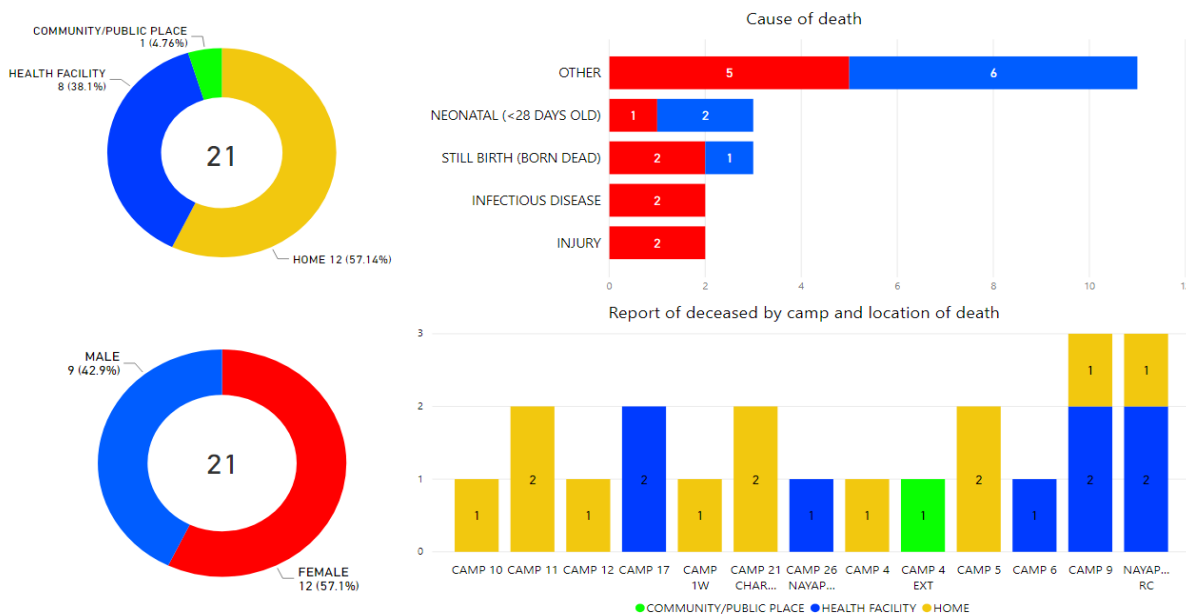


Figure 3: Total deaths by place of death and cause of death, reported in week 43 and 44, Cox's Bazar, Bangladesh.

HEALTH OPERATIONS and TECHNICAL EXPERTISE

Communicable Disease

- The WHO Communicable Diseases Team conducted three 1-day trainings on ‘Neglected tropical diseases: focusing on snakebite management’ with the Ministry of Health and Family Welfare in line with WHO and national guidelines, on 20-22 October 2019. The 222 participants included physicians, nurses and medical assistants.
- The team has also conducted three 1-day orientation sessions on basic and safe blood transfusion services for healthcare, in collaboration with Bangladesh Red Crescent Society and Qatar Red Crescent Society, on 28-30 October 2019. Attending these sessions were 115 physicians, nurses and laboratory technologists. This is the first step in a collaboration with is expected to sustainably strengthen the availability of safe blood in the district.
- The team is working with the icddr,b, UHFPO, Ukhiya and other partners to prepare six 1-day training series on ‘Acute watery diarrhea management’. The training, scheduled to start from 06 November 2019, will involve approximately 180 participants over six days.
- On tuberculosis (TB), WHO TB field staff visited three schools, three community clinics and 12 households in two unions of Ukhiya host community to create awareness of the disease. In Teknaf they visited two schools and 10 households for community mobilization. During visits, sputum sample carrying pots were distributed and suspected TB patients were referred to the Upazilla Health Complexes for chest X-Ray and X-pert testing.
- WHO microbiologists, assigned in Teknaf and Ukyia UHCs, supported basic laboratory diagnosis and GeneXpert operation in the respective UHC. In the last fortnight of October 2019, 70 GXP tests were carried out in Ukhiya and 75 in Teknaf. This team also carries out supervisory visits for BRAC facilities in the camp to provide technical support for laboratory activities, specially for TB patient diagnosis. They visited two labs per week in the camp areas of Ukhiya and Teknaf Upazilla. BRAC is the main actor working on tuberculosis in the camps. During supervisory visits, biosafety, slide preparation, microscopic tests, PPE use, quality checks on microscopic slides and GXP services and proper reporting and recording are major areas of attention.

Non-Communicable Disease, including Mental Health and Psychosocial Support

- A 5-day training on Mental Health Gap Action Program (mhGAP) was conducted in Cox’s Bazar by WHO on 27-31 October 2019. Twenty-four service providers (doctors, nurses, midwives, clinical psychologists) working at district and sub-district level facilities participated in the training, and facilitators were from the MoHFW and WHO. This is part of the monthly mhGAP trainings that WHO provides to health workers in Cox’s Bazar, serving both Rohingya and host community facilities.
- Noncommunicable Disease Control Program (NCDCC), Directorate General of Health Services (DGHS) has organized a coordination meeting on ‘Implementation of WHO Package of Essential Noncommunicable Disease (PEN) Interventions in Cox’s Bazar District’ on 20 October 2019 in Cox’s Bazar in collaboration with WHO. The Additional Director General (Planning & Development), DGHS, Prof. Dr A H M Enayet Hussain was the Chief Guest. Key government health officials of Cox’s Bazar district attended and discussed on strengthening coordination of NCD activities based on WHO PEN with the aim of making Cox’s Bazar a Model District for NCD prevention and management.
- On 20 October 2019, a workshop took place in Cox’s Bazar on ‘Behaviour Change Communication (BCC) Materials on Noncommunicable Diseases (NCDs) for Community Health Workers (CHWs)’ organized by

NCDC, WHO, Community Health Working Group (CHWG) and BRAC James P Grant School of Public Health, BRAC University. This workshop was arranged to finalize the BCC materials regarding risk factors of NCDs for CHWs. By December 2020, WHO, in collaboration with partners, will train 300 CHWs on risk factors for NCDs.

- WHO in collaboration with NCDC and BRAC James P Grant School of Public Health, BRAC University have trained 54 healthcare professionals (doctors, nurses and medical assistants) on 'Package of Essential Noncommunicable Disease Interventions (PEN) for Primary Health Care Providers' in two batches from 21 – 30 October 2019. This ongoing training activity is building the capacity of participants to focus on the integration of team-based approach in terms of prevention and management of priority noncommunicable diseases (NCDs).

Immunization

- To strengthen routine immunization, WHO is recruiting additional health field monitors, to be deployed immediately to the field. Existing human resources are receiving refresher trainings to ensure close adherence to national protocols.
- At upazilla level, the routine immunization review meeting in Ukhia took place on 30 October and 29 October in Teknaf. Camp wise data was presented and discussed with government officials to support routine immunization with a focus on dropouts.
- As of 2 November, 181 cases of measles have been reported, of which 79 have been laboratory confirmed. Selective response immunization is ongoing. WHO and partners are assessing the situation closely and preparing more extensive response actions.

WASH/Healthcare Waste Management

- WHO in partnership with HEKS/EPER has implemented a series of WASH FIT trainings in the settlements over the past year.
- An evaluation of 21 health care facilities which are implementing WASH FIT was undertaken in the reporting period revealed that it had brought about cumulative positive changes, and a final report with recommendations is being prepared to feed into planning for 2020.
- To make senior managers and coordinators aware of successes and challenges of WASH FIT, and obtain their recommendations for its future rollout in the protracted emergency, a workshop was organized, involving 23 representatives from organizations including International Rescue Committee (IRC), TDH, Bangladesh Red Crescent Society (BRCS), Save the Children International (SCI), Relief International, PHD, RTMH, Friendship, BRAC, ICRC, Action Against Hunger (ACF), UNHCR, OXFAM, UNICEF, NGO Forum, Practical Action, HEKS/EPER, WHO, RRRC and Saddar Hospital representatives.
- The workshop highlighted the need for senior managers training on WASH FIT, the possibility of inclusion MHM indicators in the WASH FIT, the need of clarity on the role and responsibility of WASH and Health sector on implementing WASH in HCFs, the coordination gap among WASH and Health sector, the need of standard guidelines for WASH facilities, the possibility of cascading down WASH FIT to reach community level, the possibility of financing WASH FIT in the 2020 JRP.
- WHO in partnership with HESK/EPER has conducted supportive supervision on primary and secondary health care facilities located in the settlement for implementation of WASH FIT. So far, 20 health care facilities have received supportive supervision. This includes on-the-job training, coaching and mentoring as well as review of their WASH FIT action plan, jointly assessing risks and hazards as per the WASH FIT guidelines, identifying gaps and areas of improvement, visiting on-site disposal facilities and demonstrating good practices of waste management and incineration.

- WHO has contracted expert consultants for the development of a Healthcare Waste Management assessment and plan in Cox's Bazar district. The plan is expected to be ready by the end of 2019.

Health Systems Strengthening

- WHO's laboratory team has distributed and installed autoclaves to help in safe handling and disposal of infectious laboratory waste at six facilities including Sadar Hospital, IEDCR Field laboratory, Refugee Health Units (Nayapara & Kutupalong), Friendship Maternity Center and Relief International PHC. This will increase the capacity of these facilities to sterilize laboratory ware that is being reused as well as decontaminate infectious waste that is being sent for disposal.
- The laboratory team has also handed over three GPHF Minilabs to the DGDA Drug Superintendent at Cox's Bazar. This piece of equipment and reagents will be used for testing and identifying low-quality or fake medications and as such will help improve the quality of drugs provided to patients in Cox's Bazar.
- Bangladesh National Formulary copies are being distributed to health workers across the district to enable them to better prescribe according to national protocols, and as such treat conditions according to evidence-based practices.

HEALTH SECTOR COORDINATION

- To strengthen capacity of health service providers to deliver services for gender-based violence (GBV), the Health Sector completed the process of establishing baseline data on Primary Health Care facilities (PHCs) providing Clinical Management of Rape (CMR) to inform some of the targets for October 2019-September 2020 project period. The sector also followed up at facility level on pending action plans on improvement of GBV service availability and quality. A consolidated action plan to address barriers identified by the quality assurance assessment is now complete including improvement actions taken since the assessment. The health sector GBV officer will continue to monitor its implementation and provide relevant support as part of the project plan.
- Collaborative meetings amongst the SRHR partners have been held during the past two weeks to address the challenges identified in the provision of comprehensive sexual and reproductive health care services. Activities are being planned for the remainder of 2019 and into 2020 to ensure appropriate attention on these gaps, with participation from Government of Bangladesh, UN, INGO and NGO partners.
- The Health Sector continues with the development process of Joint Response Plan (JRP 2020). The selection of the peer review team (PRT) is complete and the team is scheduled to meet on 14 November 2019 to review partner projects.
- Camp health focal points continue to have camp level Health Sector/Partners meetings in all camps. In order to respond to recent increase in combined Health and WASH sectors' coordination meeting on AWD response held at Teknaf Upazila Health Complex on 23 October 2019, this meeting will be held twice in a month till situation normalizes. Similar meeting for Ukhia Upzilla has been planned for 4 November 2019. Two Health, WASH, and SMS joint coordination meetings were held for the camps 24, 25, 26, 27 and NYP. In order to ensure effective coordination and monitor the situation, Health Sector Coordination Team together with Camp Health Focal Points visited camps and host community areas that are affected by increase reported trends for Acute Watery Diarrhea (AWD).

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