



Training of Trainers for Community Health Worker supervisors from community health working group (CHWG) partners organizations



# World Health Organization

## Bangladesh

Bi-weekly Situation Report #24

Date of issue: 5 December 2019

Period covered: Weeks 47-48 2019

(17 to 30 November 2019)

Location: Bangladesh

## Emergency: Rohingya Crisis



**911 566**  
total Rohingya  
Refugees  
in Bangladesh



**3 366 095**  
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 1 270 170 doses of oral cholera vaccine (OCV) was approved for the OCV campaign, targeting around 635 000 individuals, which will take place from 8 to 14 December in the Rohingya camps and 8 to 31 December in the host communities.
- Since 5 September 2019, a total of 213 cases of Acute Watery Diarrhea (AWD) have tested positive by cholera Rapid Diagnostic Tests (RDTs), or culture.
- An assessment undertaken for the operational risks associated with Fecal Sludge management (FSM) and water sources has concluded that, urgent actions are required to improve the water safety situation in these camps.

### SITUATION OVERVIEW

As per Inter-Sector Coordination Group (ISCG) report of September 2019, there are 914 998 Rohingya refugees in Cox's Bazar. 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 47 and 48 of 2019 is presented below.

### OPERATIONS SUPPORT AND LOGISTICS

- WHO has supported the host community through the distribution of various supplies during the reporting period. This include 2000kgs of NCD kits to Kutubdia sub-district in Cox's Bazar and two Cholera Periphery Kits to Civil Surgeon in Cox's Bazar.
  - Several supplies were also distributed to Refugee Health Unit- Refugee Relief and Repatriation Commissioner (RHU-RRRC) in Cox's bazar. This included eight Cholera Peripheral kits, eight Interagency Emergency Health Kit (IEHK), two kits of Surgical Supply and several Rapid Diagnostic Test (RDT) kits such as Chikungunya (1000), Cholera SD Bioline (400), Malaria (1000) and Leptospirosis SD Bioline (9990). Other supplies included biohazard bags (40 000 pieces), disposable syringes of 5ml and 3ml (20 000 packs each), examination gloves (30 000) and Vacutainer needles (20 000 pieces).
- Laboratory reagents for IEDCR laboratory and one automated blood culture machine-BACTEC FX40 blood culture instrument have been received in Cox's Bazar.

### INFORMATION MANAGEMENT – EPIDEMIOLOGY

#### Overview

- The WHO coordinated Early Warning, Alert and Response System (EWARS) has 167 of the total 187 health facilities – nearly 89 % - as active reporting sites.
- A total of 99 alerts (triggers) were reported and reviewed in the EWARS system in weeks 47 and 48. All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), acute watery diarrhea (AWD) and unexplained fever were the most common causes of illness reported during the 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 5041 diarrhoeal diseases cases were reported in EWARS during the reporting period. Of these, 3347 cases reported with acute watery diarrhoea (AWD), 451 cases with bloody diarrhoea and 1243 cases with other diarrhoea. Diarrhoeal diseases have shown a decreasing trend in week 48.
- Since 5 September 2019, there have been 213 cases of AWD that have tested positive by cholera Rapid Diagnostic Tests (RDTs), or culture. The majority (83%) of the cases have been reported from Teknaf, nearly 63% from Rohingya camps, 41% in people over 15 years of age and 56% among females.
- Due to the intensified Health and WASH interventions, the identified clusters that were linked to unsafe water sources were acted upon to break the chain of transmission resulting in decline of cases.
- To ensure adequate clinical management of AWD cases, WHO and the Health Sector has recommended that all cases that present to the health facilities with dehydration should be referred to diarrhea treatment centres (DTCs), or, if there are no DTCs nearby, to PHCs with isolation facilities. Leda DTC (14 beds) and Teknaf DTC (30 beds) remain open.
- The Risk Communication Taskforce has been activated to spread awareness on how to prevent diarrhoea, and reinforce the benefits of taking oral cholera vaccine.

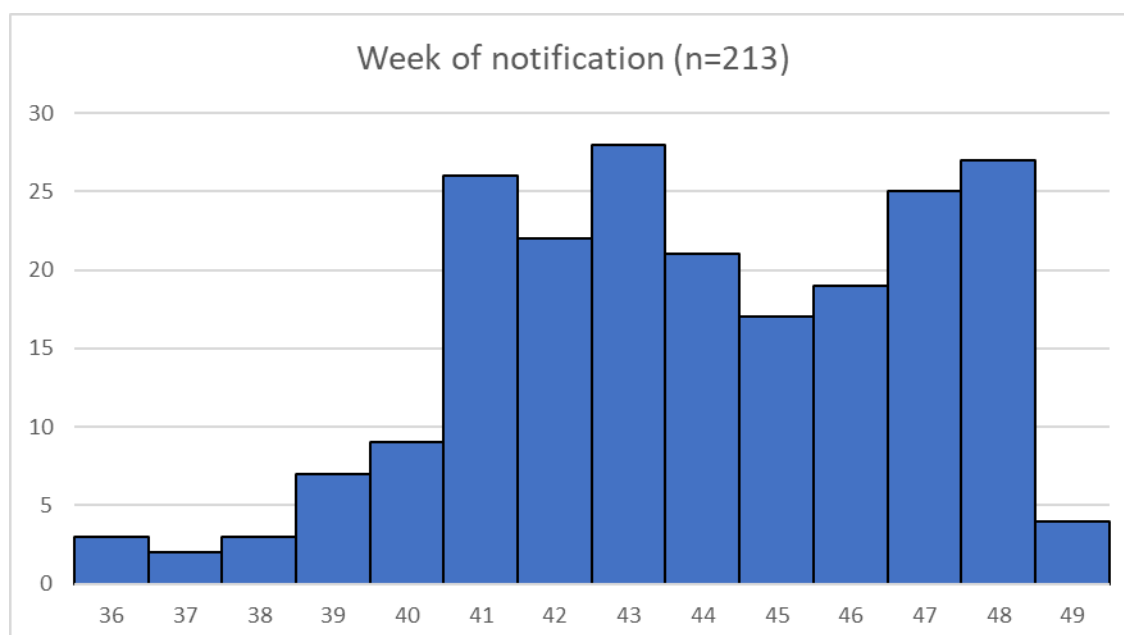


Figure 1: Suspected and confirmed AWD cases by date of notification, 1 September to 1 December 2019.

### Diphtheria Update

- No case of diphtheria has been reported in EWARS in week 48
- Since the beginning of outbreak in November 2017, 8902 cases have been reported. Out of these, 315 were confirmed, 2769 were probable and 5816 were reclassified as suspected.
- In 2019, a total of 550 diphtheria cases have been reported in EWARS. Twenty five are confirmed, 60 probable and 465 suspected. The last confirmed case was reported in Week 47(18 November 2019).
- From the host community, a total of 229 diphtheria cases were reported since the outbreak. Of these,31 were confirmed, 68 probable and 130 suspected. In 2019, 34 diphtheria cases have been reported from host community. Of these, two are confirmed, five probable and 26 suspected. No death was reported from host community.
- A total 46 deaths were reported due to diphtheria. The last death was reported on 25 October 2019.

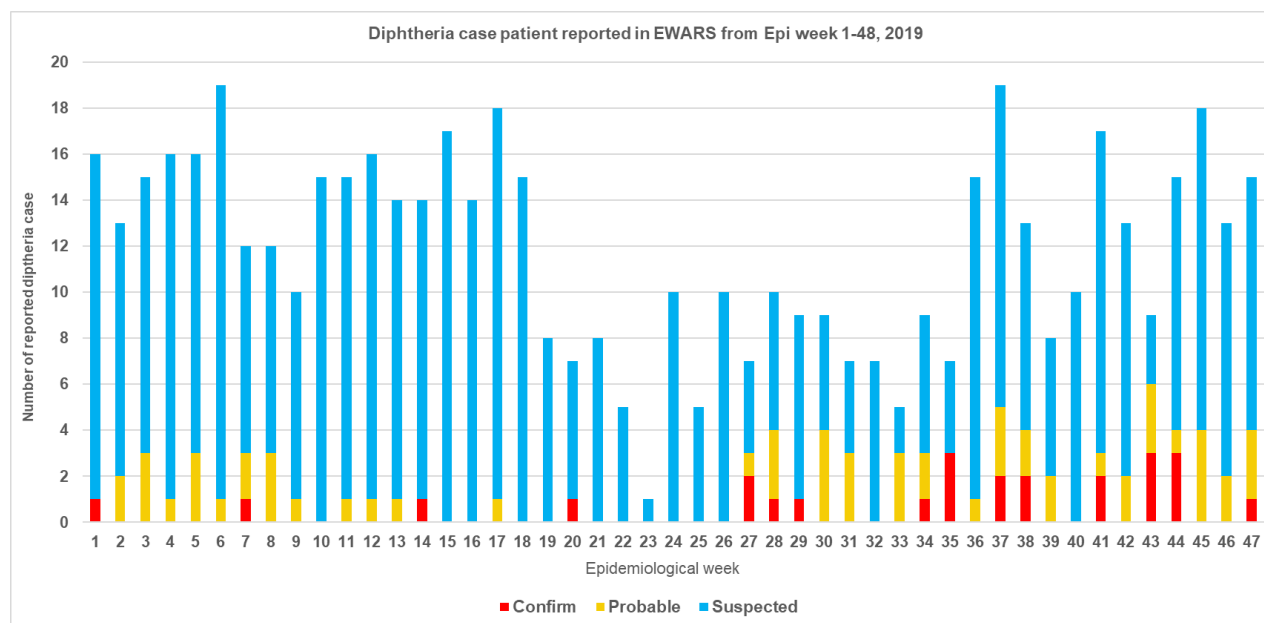


Figure 2: Diphtheria case-patients reported from week 1 to week 48 2019 in EWARS, Cox's Bazar, Bangladesh.

### Community Based Surveillance (CBS)

- In weeks 47 and 48, a total of 28 deaths were recorded. Of these deaths, 16 (57.1%) are due to causes classified as “others”, eight (28.6%) were due to stillbirths and neonatal deaths, two (7.14%) were due to infectious diseases, one (3.58%) was due to injury, and one (3.58%) was due to suspected maternal death.
- Most of the deaths occurred at home (78.6%), followed by reports of death at health facility (17.9%) and remaining at community or public spaces (3.5%).

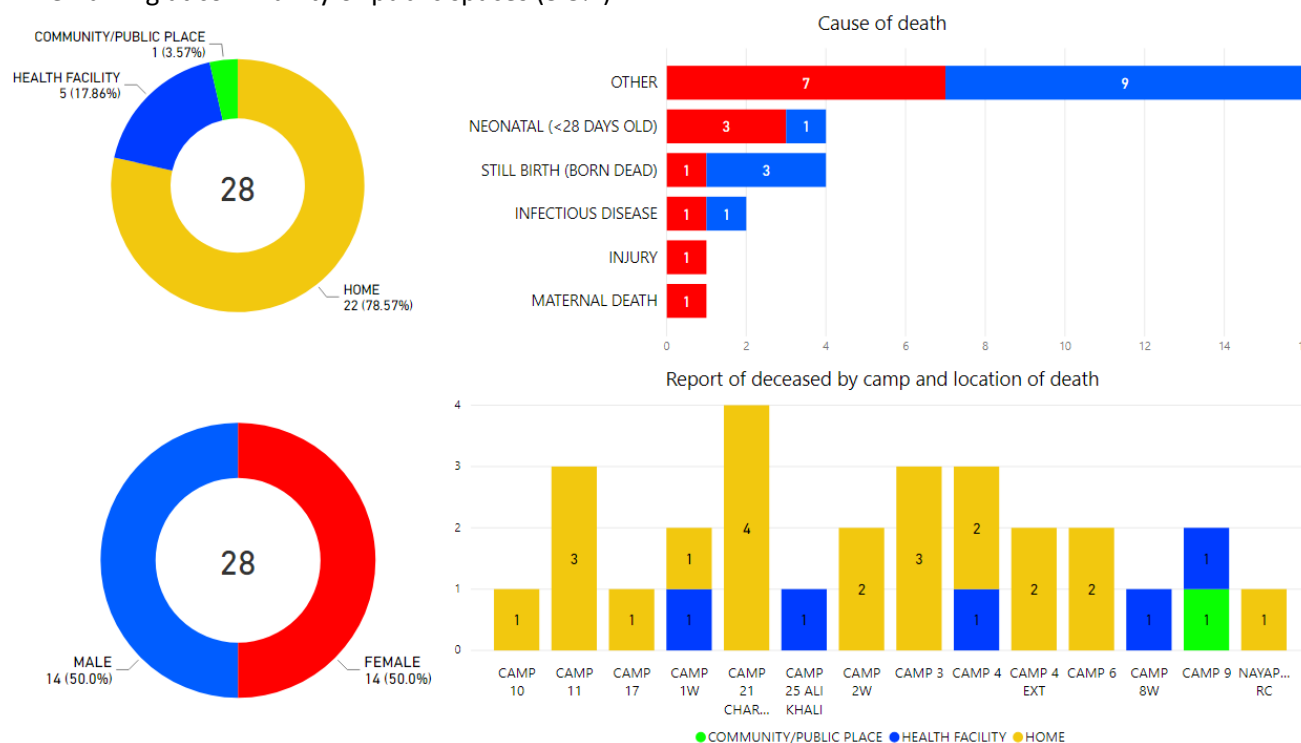


Figure 3: Total deaths by place of death and cause of death, reported in week 47 and 48, Cox's Bazar, Bangladesh.

## HEALTH OPERATIONS and TECHNICAL EXPERTISE

### Communicable Disease

- Between 16 to 30 November 2019, medical technologists, supported by WHO Tuberculosis (TB) team by conducting 115 and 90 GeneXpert tests in Ukhia and Teknaf, respectively.
- The WHO TB team further, supported routine microscopy tests in Upazila Health Complex (UHC) and made supervisory visits of BRAC facilities in the camps and provided technical support activities for TB patient diagnosis as part of the weekly supportive supervision visits.
- As part of enhancing case detection and identification, eight health facilities including primary health care centers and health posts were visited and TB messages delivered to health workers and community members.

### Immunization

#### Oral Cholera Vaccine and Measles Outbreak Response Immunization campaigns

- The Civil Surgeon, with support from WHO and UNICEF, established an immunization core group. The first meeting took place at the Ministry of Health and Family Welfare (MoHFW) Coordination Cell offices. Details of the upcoming Oral Cholera Vaccine (OCV) campaign were discussed.
- A total of 1 270 170 doses of OCV was approved for the OCV campaign targeting around 635 000 individuals. The campaign will take place from 8 to 14 December in the Rohingya camps and 8 to 31 December in the host communities.
- Several preparatory meetings have taken place. This includes District planning and Coordination meeting on 27 November, Upazila planning and microplanning meetings on 28 November and several advocacy meetings involving different target leaders including political leaders, Imams, Ministry of Education officials, among others.
- Training has taken place for 34 OCV Camp Coordinators, 34 OCV Associate Camp Coordinators on 23 and 24 November 2019. These trainings were cascaded to over 2750 Community Health Workers and Communication for Development volunteers and 240 team supervisors between 28 and 30 November 2019, with support from partners.
- For the host community, 300 vaccinators and mobilizers have been trained alongside 50 supervisors. Training for 1 050 and 900 volunteers commenced and will be completed by 4 December 2019, for Teknaf and Ukhia respectively.
- The Rohingya Camp Wide Measles Rubella Outbreak Response Immunization (MR ORI) is planned in response to the measles outbreak that is currently confirmed in 16 of 34 camps in the Ukhia and Teknaf Upazila. Discussions on MR ORI took place 28 November 2019 during Scientific and Technical Sub-Committee (STSC) of the National Committee for Immunization Practices (NCIP) meeting held in Dhaka. There is need for timely ORI while ensuring quality, good coverage and proper capacity and management plan for any Adverse Events Following Immunization (AEFI).
- MR ORI implementation planned for first week of January 2020 subject to Government approvals and favorable preparedness assessment. The target age group for this ORI is all children 6 months to less than 10 years of age in the Rohingya camps of Ukhia and Teknaf in Cox's Bazar district.

## Non-communicable Disease

- Community health workers supervisors (112 participants) received two-days training of trainers in five batches on 'Risk Factors of Non-Communicable Diseases (NCD) and Behavioral Interventions' from 20 – 28 November 2019. This training was organized by WHO in collaboration with Noncommunicable Disease Control Program (NCDC), Community Health Working Group and BRAC James P Grant School of Public Health, BRAC University.
- A final batch of mhGAP training has been completed from 24-28 November with 24 participants being trained. This was the 9th batch of training on mhGAP in 2019. A total of 214 participants have been trained this year, with 68 (31%) from Government facilities and 146 (69%) from NGO facilities. The aim of the trainings is to strengthen mental health services for Rohingya and host populations.

## Health Systems Strengthening

- A core group will be convened in the coming weeks to establish priorities, support adherence to standards and coordinate between partners with the goal of achieving quality laboratory services under government leadership.
- Laboratory equipment in support of NCD diagnostic capacity, including glucometer with strips and urine kits, were handed over to the Kutubdia Upazila Health Complex as part of support in improving the laboratory services in the facility. The laboratory and clinical staff at the facility were trained by WHO laboratory personnel on the usage of the equipment.
- WHO's support to Sadar hospital continues. A gastroscopy machine was installed during the reporting period.

## WASH

- WHO in partnership with HEKS/EPER<sup>1</sup> conducted WASH FIT<sup>3</sup> trainings for Health and WASH Coordinators in Cox's Bazar. Twenty four coordinators from WASH and Health sector took part. The main purpose of the training was to provide basic understanding WASH FIT and encourage support and follow up by coordinators on WASH FIT activities in their respective health facilities.
- The regular WASH FIT training for health facilities' workers was conducted from 27 to 30 November 2019 at Teknaf Upazila Health Complex (UHC) with 29 participants attending.
- Seven health facilities were supported with on-job coaching and mentoring as part of implementation of supportive supervision<sup>2</sup> findings. Since 15 Sep 2019, 40 health facilities have been supervised and supported.
- An assessment for the operational risks associated with Fecal Sludge management (FSM) and water sources was undertaken in camp-26 Block-I, G and Registered Camp (RC). Findings revealed urgent actions to be taken to improve the water safety situation in these camps
- Health care waste management policy, institutional and financial review is ongoing. A draft policy review document is under review by WHO and a draft plan is to be presented to partners in mid-December.

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<sup>1</sup> HEKS/EPER (Hilfswerk der Evangelischen Kirchen Schweiz)

<sup>2</sup> A facilitative approach to supervision that promotes mentorship, joint problem-solving and communication between supervisors and supervisees.

<sup>3</sup> A risk-based, continuous improvement framework with a set of tools for undertaking water, sanitation and hygiene (WASH) improvements

- A WHO commissioned ethnographic assessment titled “Health Seeking Behavior for Sexual Reproductive Health Rights (SRHR) Services of Rohingya women in Rohingya camps of Cox’s Bazar” was completed. The assessment was implemented by the BRAC James P Grant School of Public Health (JPGSPH), BRAC University, Dhaka and the findings disseminated on the 28 November 2019. Discussions on the findings have taken place and recommendations will be shared with SRH WG partners.

### HEALTH SECTOR COORDINATION

- The Health Sector coordination team together with Camp Health Focal Points and their deploying agencies, are actively participating to the forthcoming OCV campaign for Rohingyas and Host Community. Eight out of ten Camp Health Focal Points have been assigned leading OCV campaign in eight camps. Two Camp Health Focal Points are supporting coordination of Community Health Workers and other volunteers in mobilization for the campaign.
- Health Sector Emergency Preparedness and Response (EPR) Working Group organized After Action Review (AAR) of response readiness for Cyclone Bulbul. The Working Group reviewed the response readiness process of Mobile Medical Teams, Dispatch and Response Unit (DRU), Community Health Workers, 24/7 Priority Health Facilities, Ambulance network and overall health coordination.
- With support from WHO, Emergency medical Mobile Team Working Group organized one day orientation for seven Medical Mobile Teams as part of regular training and orientation to ensure response readiness for any emergency.
- Health Sector partners continue to respond to current AWD situation in Teknaf and Ukhia Upzilla Rohingya camps and Host Community.
- Efforts to address gaps in reproductive health commodities continues and a workshop is being organized with SRH WG partners to clarify current needs and forecast demands in 2020. A SRH tool is being translated into Burmese and will be printed alongside the English version for use by community health workers in the field. This is being done in collaboration with the SRH WG and community health working groups. Further, a field monitoring tool for supportive supervision at reproductive health facilities is being developed.
- The Health sector visited six primary health care facilities where GBV services are yet to be established to inform 2020 priority actions. The health sector also actively followed up with nine health partners to update information on health services for GBV survivors and contacts for 12 primary health care facilities in the GBV referral pathway link. Finally, the health sector convened a meeting with core group members from SRH working group; UNFPA, IOM, UNHCR, SCI and IRC to review the draft SOP on health service delivery for GBV survivors. Health Sector is in the process of incorporating feedback from the meeting.

### CONTACTS

Dr Bardan Jung Rana  
WHO Representative  
WHO Bangladesh  
Email: [ranab@who.int](mailto:ranab@who.int)

Dr Khalid El Tahir  
Incident Manager  
WHO Cox’s Bazar  
Email: [eltahirkh@who.int](mailto:eltahirkh@who.int)