



Snippet of Community feedback session during camp visit by Rationalization task team- 28 February 2019



World Health Organization

Bangladesh

Bi-weekly Situation Report # 05

Date of issue: 14 March 2019

Period covered: Weeks 9-10, 2019
(24 February- 9 March 2019)

Location: Bangladesh

Emergency: Rohingya Crisis



911 000

total Rohingya
in Bangladesh



776,059

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

- Construction began for a microbiology facility at the IEDCR Field Laboratory, Cox's Bazar. A new distilled water facility is also being installed there.
- A total of 38 alerts (triggers) were reported and reviewed in the EWARS system in the 10th week of 2019, which is lower than previous week (60 in the previous week number 9). All alerts were reviewed within 48 hours.

SITUATION OVERVIEW

There are an estimated 911 000 Rohingya refugees in Cox's Bazar, according to the latest ISCG situation report (January 2019). This includes 34 172 previously registered refugees from Myanmar in Kutupalong refugee camp and Nayapara refugee camp. 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 5 and 8 2019 are presented below; according to the WHO functions.

EPIDEMIOLOGY

Summary

- As of week 10, 2019, a total of 171 health facilities are registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 81 per cent (171/212).
- Of these sites, 133 submitted their weekly reports (76%), resulting in a cumulative completeness of 76% for 2019.
- A total of 33 alerts (triggers) were reported and reviewed in the EWARS system in the 8th week of 2019 which is lower than previous week (75 in week 7). All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), suspected varicella and acute watery diarrhea (AWD) 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.

Diphtheria Update

Twenty new diphtheria case-patients (all suspected) were reported in weeks 9 and 10. Total case-patients reported in EWARS is now 8 474

- Of these, 294 case patients have tested positive on PCR, with the last confirmed case reported on 12 February. Of the remaining cases 2,724 were classified as probable and 5,456 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 206 diphtheria case-patients were reported from host community. Of them, 30 were diagnosed as confirmed on PCR, 63 were classified as probable and 110 as suspected.
- No diphtheria death has been reported in the host community.

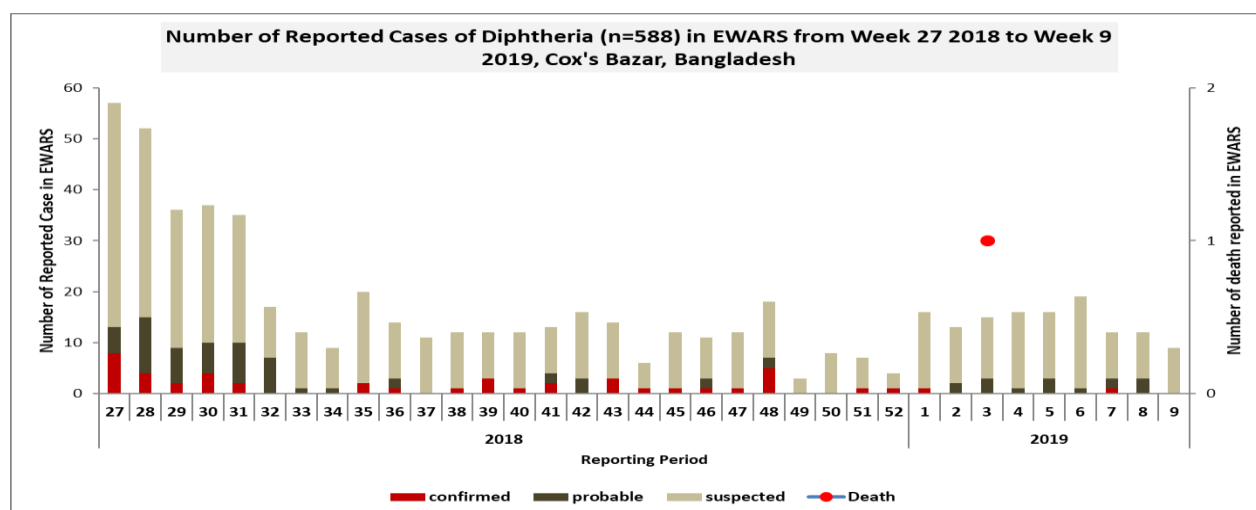


Figure 1: Diphtheria case-patients reported from Week 27 2018 to week 9 2019, Cox's Bazar, Bangladesh.

Varicella Update

- 7 065 varicella cases reported this week, lower than 9389 in the previous week.
- An increase in awareness among frontline community health workers, medical and paramedical staff in health facilities, education sector, child protection sector, communitarian with communities working group and others has led to an increase in sensitivity of reporting.

Year	Month	Week no	Varicella Cases
2018	December	Week 49	32
		Week 50	37
		Week 51	86
		Week 52	133
2019	January	Week 1	345
		Week 2	1 578
		Week 3	2 763
		Week 4	5 435
	February	Week 5	6 570
		Week 6	7 285
		Week 7	9 232
		Week 8	8 144
	March	Week 9	9 389
		Week 10	7 065
Total Varicella cases			59 172

Table 1: Number of Varicella cases reported in EWARS from Week 49 2018 to week 8 2019, Cox's Bazar, Bangladesh.

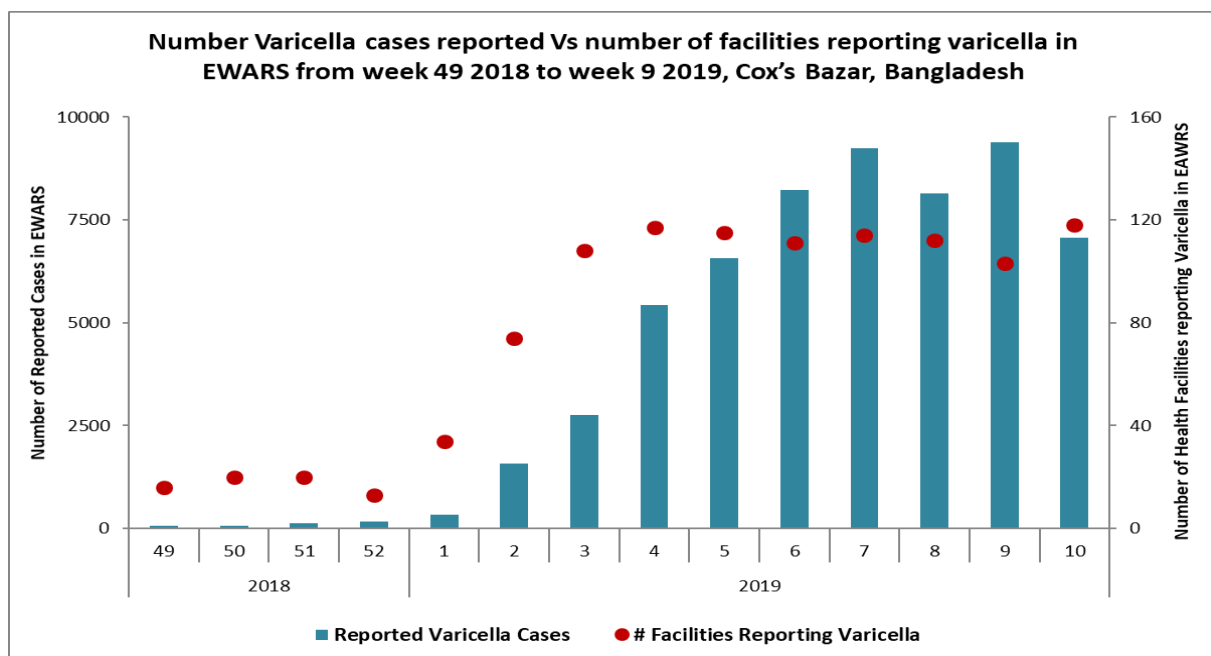


Figure 2: Number of Varicella Cases reported vs number of facilities reported varicella in EWARS from Week 49 2018 to Week 10 2019, Cox's Bazar, Bangladesh

LOGISTICS

- WHO Cox's Bazar has received 7 Trauma A kits and 6 Trauma B kits, each of which covers 100 interventions.
- 22 320 tablets of Azithromycin were delivered to Civil Surgeon Office, Cox's Bazar.
- 20 boxes of expired drugs, around 650 Kgs are being sent to Dhaka for destruction, with WHO support.
- The IEDCR Lab at the Cox's Bazar Medical College is being refurbished.
- For installing Solar Panels, Solar AC DC and Generators, assessments have been carried out at twelve health facilities.
- Refurbishment of the new OT Complex is being carried out in District Sadar Hospital, Cox's Bazar, with support of KSRRelief.
- The Principal of Medical College, Cox's Bazar, has allotted space for 2 X 20 feet containers for prepositioning supplies ahead of the monsoon season starts.

HEALTH OPERATIONS

WASH

- WHO continues to support the WASH sector by monitoring quality of drinking water. WHO with UNICEF, will be monitoring water sources and drinking water at household level 5 times a year in the Refugee settlements and Health Care facilities. Community engagement and risk management for drinking water quality using WHO's Water Safety Plan/Framework approach, will be piloted in the FDMN settlements.

Laboratory

- Construction on the microbiology facility has begun at the IEDCR Field Laboratory, Cox's Bazar and is expected to be completed in 2 weeks' time. In addition, the installation of a new distilled water facility is also underway. The autoclave room is fully functional providing sterilization support to the laboratory. The initial batch of consumables and reagents, that will allow smooth functioning of the laboratory during the year 2019, have started coming in. IEDCR has accepted to provide experts for training partner laboratory personnel in biosafety and usage of RDTs and the training will be organized in the month of April. In addition, a schedule has been drawn to visit partner laboratories to discuss and understand their needs and to train them in simple safety and quality techniques in the field.
- All the needed tests, reagents and consumables have been procured and preparations done to enable the participation of the IEDCR laboratory in implementing the Unexplained Fever Protocol that intends to look at the predominant causes of unexplained fever among the population. This will help to better understand the reasons for an unusually high reporting of unexplained fever among the FDMN population last year through EWARS. Stocks have been made available for RDTs, PPE and waste management material for the use of partner organization laboratories that are in need and the same has been conveyed to partner organizations through the bi-weekly health sector meeting.

Immunization

Routine Immunization

- In February, the administered doses of BCG were 6250, Penta 7722, PCV 7646, bOPV 7915, MR 5191 and Td 5233. This is being implemented through 804 outreach session sites monthly run by 67 outreach mobile teams (12 sessions in a month) consisted of 2 MoH vaccinators and 58 fixed sites (672 sessions) in-built in HF's run by different agencies by their own vaccinators across the camps.
- Since beginning of February 2018 to date, the following antigen doses were delivered to children through routine immunization: 53 932 BCG doses; 76 381 pentavalent doses; 78 797 Oral Polio Vaccine (OPV) doses; 74 788 PCV doses; 42 590 Measles/Rubella (MR) doses. Pregnant women are targeted for Td (40 183 doses delivered from February to date 28 February 2019).

VPD Surveillance

- In 2019, 3 AFP cases were investigated so far, 1 results discarded and others still pending. The total no of cases was 11 in 2018 and 8 in 2017. No wild polio virus was isolated.
- A total of 179 suspected measles/rubella cases were reported in weeks 1-10 2019. National measles surveillance program has been expanded into the refugee camps since September 2018. Under this, all suspected cases are laboratory tested through the National surveillance system (in Dhaka) subject to completion of a case report form (CRF) in EWARS. Of the 179 cases reported in EWARS from week 1-10 2019, only 68 (38%) completed a CRF. Out of these laboratory results are available at present for just 42 cases of which 26 tested negatives, 1 was laboratory confirmed rubella and 4 were laboratory confirmed measles (other laboratory results are pending).

Chicken Pox Field Monitoring

During field monitoring of Varicella outbreak 1 277 responses received from beneficiaries from household level. Below graphs showed the proportions (%) of volunteers contributed.

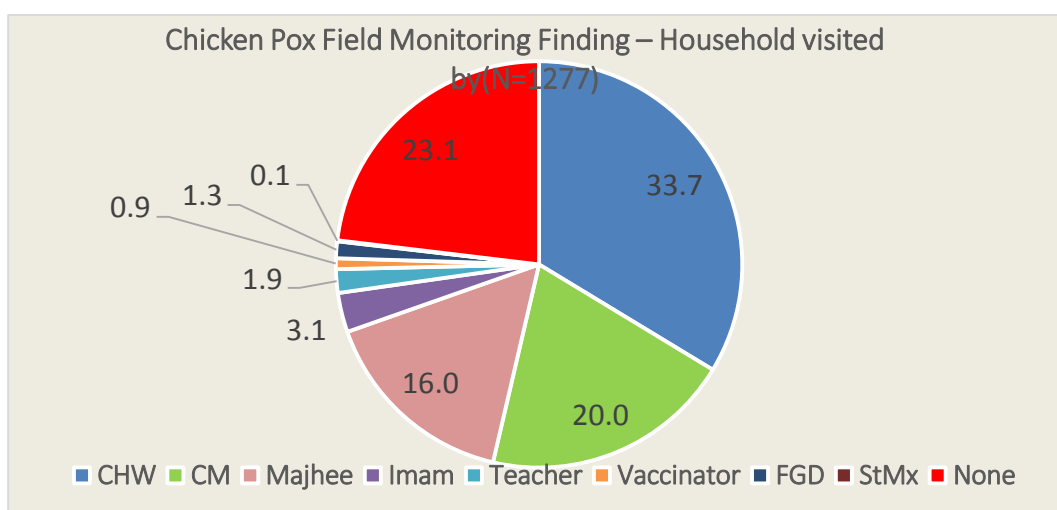


Figure 3: Chicken Pox Field Monitoring Findings (as of 5th March'19)

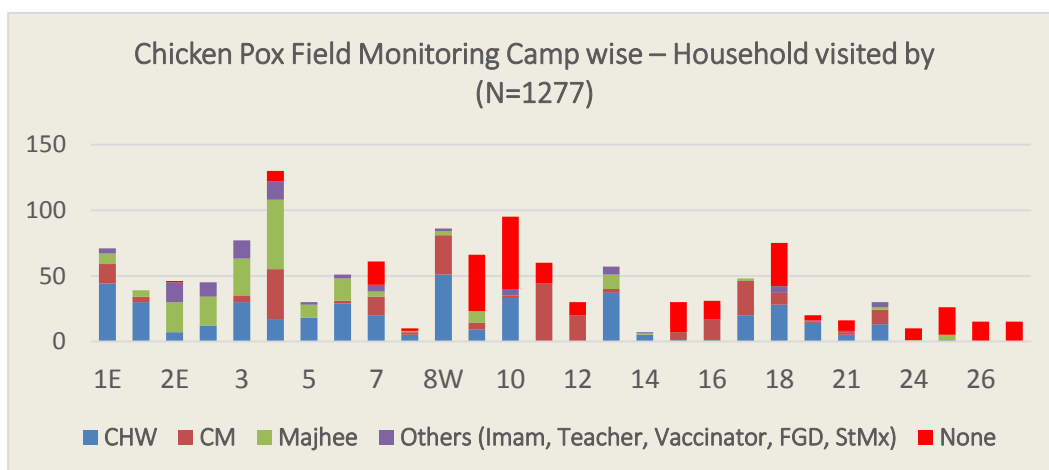


Figure 4: Chicken Pox Field Monitoring Findings (Camp wise) (as of 5th March'19)

HEALTH SECTOR COORDINATION

- The health sector participated in the launch of the International Sphere standards in Cox's Bazar and facilitate a partner discussion on contextualization of sphere standards.
- The health sector is continuing its coordination of the rationalization process to consolidate health services and ensure appropriate geographic distribution of health facilities. The health sector initiated the rationalization process through an inter-agency task team, endorsed by the Civil Surgeon. Task team members have now completed their scoring of health facilities and the sector is planning a plenary workshop for next week to review camp-wise suggestions from the task team.
- The health sector is committed to strengthening the reporting and use of DHIS2, the National HMIS tool, in this context. In response to concerns raised from implementing partners that the DHIS2 in its current state is not optimal, health sector-initiated review of the variable list and developed recommendations to improve reporting and usage of DHIS2 information in this response. This process involved wide consultation workshop with key stakeholders; technical review by SAG members, and field piloting the draft revised DHIS-2 variable list. During the last two weeks, the final draft variable list was submitted to the relevant Ministry of Health Authorities along with key recommendations for review; pending endorsement.
- The Health sector conducted two meetings to adapt the GBV quality assurance tool-minimum care version to the context of Cox Bazar; The first meeting was held on March 4th, 2019 with technical representatives from GBV, Child protection and health field coordination. As an outcome, the team settled on 14 quality assurance standards and 29 verification criteria from the tool that align with the issues identified in the health sector action plan on GBV. A second follow-up meeting was held with the GBV coordination team on March 7th, 2019 and further adjustments made on the tool in readiness for the planned GBV quality assurance assessment.
- In view of cases of obstetric emergencies including pre-eclampsia reported in recent weeks, a task-force was put together to review these cases and to provide recommendations to the RRRC office. The SRH project focal point represented the Health Sector in a task-force. The task-force deliberated a robust, evidence-based recommendations spanning preventative measures in the community; access to ANC services; training for clinical staff at PHC and referral facilities; and strengthened referral mechanism.
- The review and the development of the CHW training package on SRH have been held since early February on weekly basis. Alongside the CHW training package, the Group has also compiled draft narrative and pictorial IEC messages for use by the CHWs to raise awareness of SRH issues and services. The training package and IEC material are scheduled to be piloted in the 3rd week of April. This will be followed with the ToT training for the CHWs.
- In view of the huge need for SRH, maternal and newborn services among Rohingya refugee population, a formal meeting was held between the WHO and UNFPA Cox's Bazar sub-Office heads together with respective technical teams. The aim was to formalize and strengthen the collaboration and partnership working between two agencies particularly in SRH. The SRH project focal point organized the meeting. As result, clarity and agreement of common areas and modalities of collaboration were achieved. Also, it was agreed to hold the meeting monthly.

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