





## Emergency: Rohingya Crisis

Monthly Situation Report # 3

Period covered: 1 – 31 MAR 2022

Location: Cox's Bazar, Bangladesh

Population	 Total Population	 Total number of tests conducted	 Total lab confirmed COVID-19 cases	 Total COVID-19 related deaths
Rohingya refugees	903 585*	96 160 (4 541)	5 902 (190)	42 (1)
Host Community	541 021	204 517 (5 635)	23 444 (133)	269 (2)

Note: The figures above are cumulative since the beginning of the pandemic, in parenthesis the monthly cases.

\* Only Refugee population in Cox's Bazar - Source: UNHCR Population Factsheet 31 March 2022 | (XXX) 1 -31<sup>st</sup> March 2022

### COORDINATION, PLANNING, AND MONITORING:

Stable coordination mechanism for COVID-19 preparedness and response: As a lead agency of the Health Sector, WHO has continued to provide leadership and coordination of about 90 health partners, together with the Ministry of Health and Family Welfare for a sustained quality response to COVID-19 and essential health care. Despite the significant decline in COVID-19 infection rate by the end of March 2022, the local multi-sectoral coordination arrangements continued to function at levels like the beginning of the response. Routine COVID-19 information analysis and dissemination is ongoing to inform local risk analysis and monitoring.

**COVID-19 Vaccination:** The government of Bangladesh in collaboration with WHO and other partners has endorsed additional allocation of COVID-19 vaccination for Rohingya Refugees in May 2022. About 117,000 people 18 years and above are set to receive *Sinopharm*<sup>®</sup> as first dose or second dose.

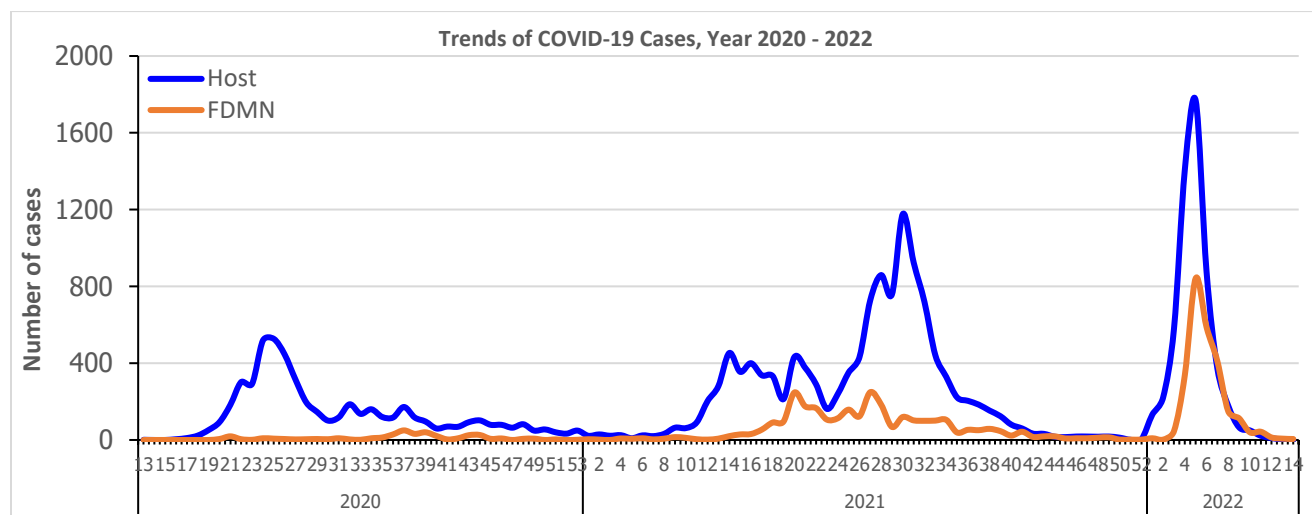
**2022 Joint Response Plan (JRP):** The 2022 Joint Response Plan ([JRP](#)) was launched in a meeting led by the GoB, UNHCR, and IOM principals on 29<sup>th</sup> March 2022 in which the Health Sector is appealing for USD 110 million to deliver prioritized life-saving health interventions.

**Health Resource and Service Availability Monitoring Systems (HeRAMS):** WHO is leading the efforts to establish the HeRAMS platform in Cox's Bazar, to promote a more efficient mechanism for health resource and service monitoring. So far, an initial landscape analysis on preliminary discussions has taken place will subsequent progressive actions planned for May 2022.

**Mainstreaming Gender Based Violence (GBV):** Through the Health Sector Coordination, WHO is supporting partners technical capacity to strengthen GBV mainstreaming into the health actions. In March 2022, the Health Sector Gender Action Plan was developed expressing the sector's central commitment to enhancing gender capacity and the framework for monitoring progress across the sector.

## SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION:

WHO is guiding the operational decision-making for the COVID-19 response in Cox's Bazar, with epidemiological data. The relevant data has been made available to partners through a [dynamic dashboard](#) that is regularly updated and the trends are seen as the number of cases per epidemiological weeks/year in below graph.

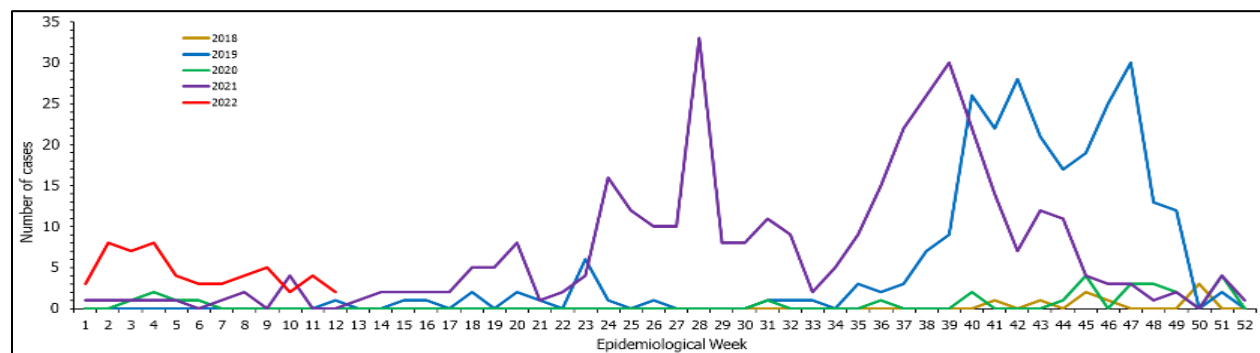


By end of March 2022, a total of 23,444 cases of COVID-19 (65% male and 35% female) were reported in the Cox's Bazar host community- with a Test Positivity of 11.4%. Among the Rohingya refugees, a total of 5,902 (Females- 55%, Males- 45%) COVID-19 cases were reported. In the month of March 2022, a total of 133 (46% Male and 54% Female) new positive cases were registered in the host population with a TPR of 2.3 % while 190 new confirmed cases were reported among the Rohingyas with a Weekly TPR of 4.2%.

There were two new COVID-19 confirmed deaths among the host population with cumulative deaths standing at 269 while one new death was registered among the Rohingya Refugees in March 2022 with cumulative deaths standing at 42. WHO is closely supporting contact tracing through the Camp Health and Disease Surveillance Officers (CHDSOs). Contact tracing continues across the camps through a network of 33 supervisors and approximately 150 volunteers working within the COVID-19 Rapid Investigation and Response Teams (RIRTs) for COVID-19.

### Acute Watery Diarrhea

In the reporting period 1-31 March 2022, there were 17 RDT confirmed/Suspected cholera cases in the host and refugee populations; of these one (1) was a culture-confirmed cholera case. The refugee population bears the burden of the disease as it accounts for 59% (10/17) of cumulative RDT confirmed cases. The AWD yearly trends are see in below graph.



## Varicella

An increase of varicella cases was detected among Rohingya Refugees with a total of 3,909 suspected cases as of 27 March, of these 2,857 reported in month of March 2022. The highest increase in suspected cases was reported in Epi week 12 which accounted for 34% (980/2,857) of total cases. Under-five years were the most affected as they contribute 59% of total cases so far reported.

## Diphtheria

Between 1 and 31 March 2022, a total of 21 Diphtheria cases were reported, of these 3 were confirmed, and 18 were suspected cases. In 2020, pentavalent vaccination coverage among infants under 1-year-old had declined among the Rohingya refugees due to the COVID-19 pandemic – hence the recent confirmed cases heighten the risk of a resurgence.

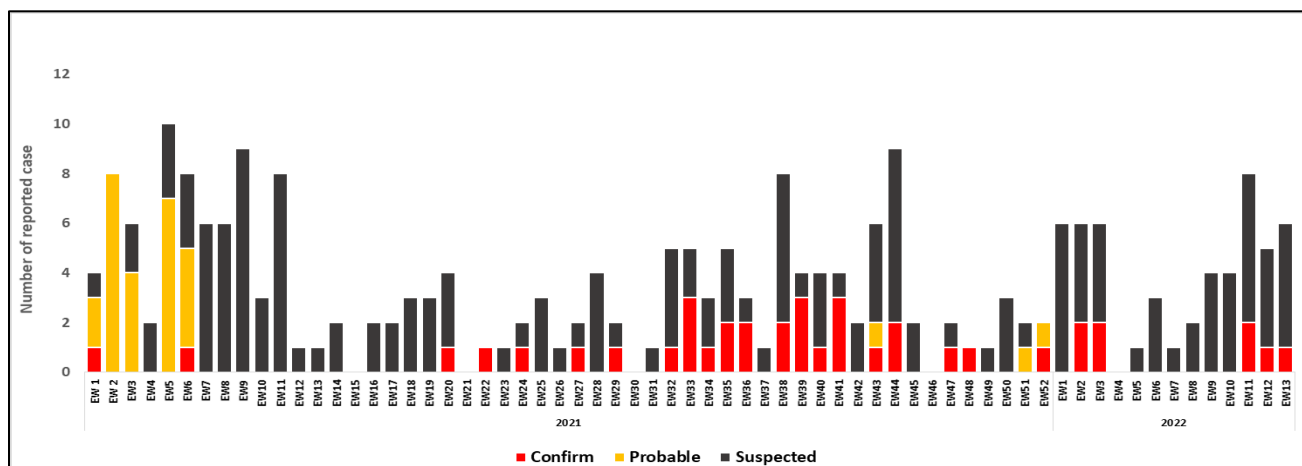


Figure: Total number of diphtheria cases reported in EWARS from 2021 – Epi week 12, 2022

## Active Case Search/Response to lab-confirmed Diphtheria cases in March

In epi week 11, 2 lab-confirmed diphtheria cases were reported from camp 20Ext and 8W. In response to these laboratory-confirmed cases, an Active Case Search (ACS) in the community was conducted through Health Field Monitors (HFM) within 4 days. In Camp 20Ext, 19 suspected cases of Diphtheria were reported during ACS in the community. Among these suspected cases 7 did not match the case definition, 5 refused and did not show up to the facility and 7 samples were tested and found negative. In camp 8W, 2 suspected cases of Diphtheria were reported during ACS but no samples were collected as not meeting the case definition.

## Skin infection (Scabies)

There have been rising skin infections among Rohingya Refugees in Cox's Bazar in the past five years (2017-2021). According to data on DHIS2, there is a 1.8-fold increase in Skin infection consultations in 2022 compared to 2019 while consultations on skin infections reported in 2021 are 45% higher than in 2020. From health facility data on scabies, in March 2022, there was a total of 28,526 new consultations of skin infection, of these, 14,751 (52%) were scabies. Patients aged above 05 years seem most affected as they contributed 66% of total cases so far reported with no gender difference.

## Mortality Surveillance

Between 1 and 31 March 2022, 5 confirmed maternal deaths had occurred in health facilities with an additional 9 probable maternal/WRA (12-49 years) deaths recorded through Community Based Mortality Surveillance. Seven (7) suspected SARI deaths were reported including one (1) death due to probable COVID-19. All deaths have been investigated by RIRT as a part of the COVID-19 response.

## CLINICAL CASE MANAGEMENT

During March 2022, WHO led health sector case management working group conducted two (02) meetings to update the health partners on case management, admission analysis, and provide operational guidance in alignment with government and health sector priorities. In March 2022, to foster peer to peer support and knowledge exchange one (1) bi-weekly online case conference for SARI ITCs was arranged with presentation from International Rescue Committee (IRC) on 'Confirmed COVID-19 with Chronic Obstructive Pulmonary Disease' with participation of 22 healthcare staff supporting in COVID-19 response for Rohingya refugees.

In addition, two (2) bi-weekly online case conferences were also arranged for clinical staff working in ICU/HDU department of Cox's Bazar Sadar District Hospital on management of Critical COVID-19 cases with participation of 10-15 healthcare professionals in each call. In these online calls, two (2) clinical presentations were discussed focusing on Acute Exacerbation of Chronic Obstructive Pulmonary Diseases, Type-2 Respiratory Failure, Pulmonary Tuberculosis and Septic Shock. These sessions are conducted with the remote support of international panel of infectious disease experts.

## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- Updated and shared weekly English and Bangla versions of the radio script on COVID 19 update among host and refugee community for airing through Bangladesh Betar and Community Radio Naf 99.2 FM.
- Prepared IEC materials and shared with health sector partners to mark the World Health Day 2022 in Cox's Bazar
- Drafted, reviewed, and finalized the IEC material and FAQs on Scabies with validation from the RCCE TWG and shared with partners for wider dissemination
- Developed public health messages on Ramadan and disseminated for community engagement actions after its finalization by the RCCE TWG
- Reviewed and validated the scripts of the audio materials drafted by BBC Media Action on antenatal and postnatal care

## ESSENTIAL LABORATORY SERVICES

The IEDCR Field laboratory at Cox's Bazar Medical College with support from WHO continues to conduct COVID-19 testing for samples collected from the Rohingya camps and host community. By 30 March 2022, a total of 324,189 COVID 19 tests had been conducted by the lab since the start of the pandemic. Specifically, for the Rohingya camps, since the start of the pandemic until 30 March 2022, a total of 96,389 samples had been tested with 5,958 samples being tested March 2022 alone. WHO maintained the sample collection and transportation network with dedicated vehicles and support with supplies to all 45 sentinel sites in and around the Rohingya camps.

WHO conducted laboratory training on "general laboratory practices for laboratory personnel" on 22 March 2022 from different govt and camp-based healthcare facilities, with a total of 38 laboratory staff (8 female and 30 male). Participants were able to understand and describe the efficient management of the laboratory, including personnel, facilities, equipment, supplies, and reagents; the importance of laboratory management protocols and other written procedures, distinguish the basics of the ideal laboratory practices and management principles, and understand the need to keep good lab documentation, among others. The training will be followed with on-site support to ensure implementation.

## INFECTION PREVENTION AND CONTROL

### Implementation of IPC monthly score card in general health facilities

To strengthen the core component of monitoring, audit and feedback in infection prevention and control program in the Rohingya camps, implementation of the daily IPC checklist and monthly score card continues. 69% of the general health facilities in the camp have reported using the IPC score card an increase of 8% from February 2022 report. In addition, all SARI ITCs reported against the IPC score card. The use of the daily checklists and monthly score card in the SARI ITCs, has consistently been reported every month by 100% since introduction

in September 2020. The IPC score card not only helps the health facilities to monitor their own performance in IPC activities for improvement but also for health sector and WHO to offer targeted support in identified areas of weakness.

Following the identification of shortfalls in reprocessing of medical devices in the camp through the monthly IPC score cards, WHO conducted training on decontamination of medical devices for 62 (22 female, 40 male) health workers supporting IPC in the Rohingya camps. Decontamination of medical devices is an important standard precaution to avoid spreading infection in the health facility, and for patients and health workers safety. It is anticipated that the training will help health workers improve on decontamination of medical devices. Changes will be monitored through the monthly IPC score card.

### Capacity building of the IPC committees and focal persons

Institutionalization of IPC into the health system in the camps and Cox's bazar as a whole continues following formation of committees and selection of IPC focal persons in all health facilities. WHO has started training of committees and IPC focal persons on running of IPC program and in the month of March, 100 (65 male, 35 female) health workers have been reached from 40 health facilities across the Rohingya camps. The training will continue to cover all facilities and the eight upazila health complexes after the Ramadhan period. This initiative is intended to support appropriate operationalization of the IPC committees for their efficiency and sustainability of the IPC program in the Rohingya camps and Cox's Bazar district.

### Steering IPC in the Rohingya camps

The IPC TWG continues to conduct monthly meetings that bring together all health workers supporting IPC activities to discuss issues pertaining improvement of IPC in the camps and share knowledge and good practices. The 21<sup>st</sup> IPC TWG meeting was held on 22 March 2022 Chaired by MSF-OCA. The meeting emphasized the need to vaccinate all health workers against Hepatitis B to reduce risk of infection while at work, need to implement use of work clothes and closed shoes for all health workers while on duty to reduce risks of infection transmission to community and needle stick injuries respectively. The team also discussed the need to improved storage of medicines and non-medical items including temperature regulation in all pharmacies in the health facilities.

### Health Care Waste Management

- Facilitated the visit by the Deputy Director and Program Manager of Upazila Health Care OP and Deputy Program Manager – Medical Waste Management in Ukhiya, Teknaf, Ramu and Chakaria UHCs to inspect the ongoing healthcare waste management activities in the Upazila Health Complexes under the Medical Waste Management Component under the Upazila Health Care Operational Plan of the DGHS and to inspect the activities of disposal pits for the management of health care waste.



*Figure: 250 Bed Cox's Bazar DSH IPC focal point is briefing WHO CXB HoSO on waste segregation at source in the wards of the hospital*

- Facilitated the visit of WHO and Swedish International Development Cooperation Agency (SIDA) delegations to HOPE Field Hospital at Camp 4 to showcase the WASH and HCWM interventions supported by WHO in the facility and the camps. Besides that, the team was briefed on WASH FIT, Water Quality Surveillance and Health Care Waste Management in it.

## ESSENTIAL HEALTH SERVICES

### Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH)

- Coordinated with SRH WG a service mapping survey for understanding the enabling factors, challenges, and standards on Ultrasonography (USG) services for Emergency SRH services in the Rohingya health facilities.

- WHO continue to support SRH partners with distribution of RMNCAH commodities.
- Briefed US ambassador Peter Hass on his visit to the skills lab installed in Cox's Bazar Medical College.
- Provided technical inputs in the Meeting on "Development of action plan on FP" based on FP strategy 2021-2023 with support from GOB stakeholders, Deputy Director of family planning (DDFP) and RRRC.
- Provided technical inputs to ASRHR TWG in drafting Action plan for the year 2022 as a core team member
- Received PEP Kit Custodians training for UN Bangladesh as technical focal point for WHO.

### Communicable diseases

During March 2022, preparations have been finalized for a cooperation arrangement with the National Malaria Elimination Program to conduct a pre-monsoon Entomological Survey to assess the Diversity and Density of Medically important Mosquitoes (Malaria, Dengue and Chikungunya) in FDMN areas at Cox's Bazar to determine the distribution and density of Malaria, Dengue and Chikungunya vectors in the Rohingya camp areas. The actual field activity will take place in April and May 2022.

WHO supported preliminary mapping of HIV service providers in the camps. These information products assist partners in ensuring necessary referrals and improving access to services for key populations among the refugees and host community. This was retaliated in a meeting organized by the STD/HIV control program.

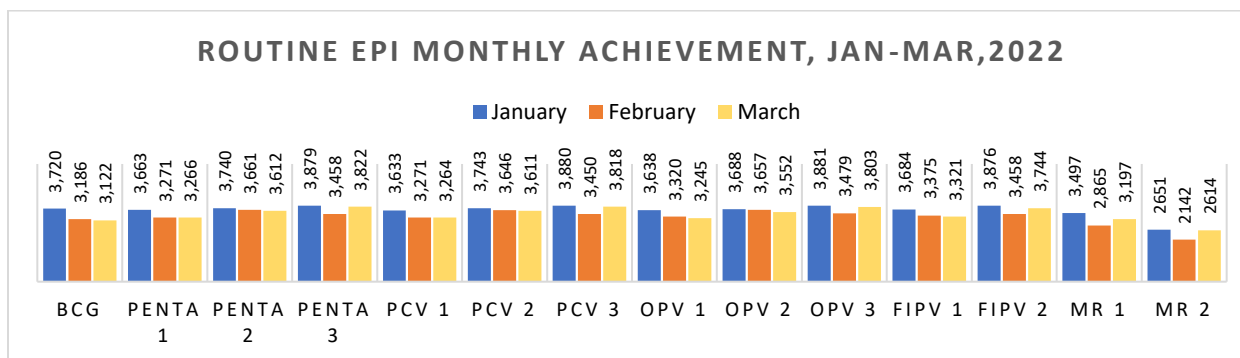
### Tuberculosis:

The National TB Control Program (NTP) spearheaded by Government of Bangladesh is supported through human resources, technical and logistical assistance to scale up screening and early diagnosis for unreached populations with partners for FDMN and host community in Cox's Bazar. A total of 487 GeneXpert tests (Male -234 & Female-253) and 595 routine microscopy tests (M- 294, F- 301) were done in Ukhiya and Teknaf UHC for TB diagnosis. Among them, 69 tested positive for TB in Ukhiya and Teknaf (Host & FDMN) in March 2022. Among which 42 male and 27 were female. 35 X-rays were done in (M-24, F-11) in March for TB & COVID-19 suspects at Teknaf UHC. During the month, TB field assistants reached over 400 people and conducted 10 field sessions for community awareness program in refugee camps and host community. They distributed sputum collection pot to the TB suspect and referred them to the near-by BRAC facility for further testing.

### Immunization

#### **Routine Immunization and AFP & VPD surveillance update:**

Routine Immunization sessions are being continued in FDMN camps without any disruption. In January- March 2022, more than 145,000 doses of different antigens were administered targeting less than 2 years of children. AFP&VPD surveillance activities are also being continued through active and passive surveillance system. In 2022 (up to 31 March 2022), 119 suspected Measles samples and 5 suspected AFP samples have been collected after investigation. Among them 5 Lab Confirmed Rubella and 1 Lab Confirmed Measles cases were found from different camps.



### Non-Communicable Diseases (NCD)

During March 2022, as part of the Noncommunicable Diseases (NCDs) program with technical assistance of WHO, a total of 34,894 patients (Rohingya refugees & adjacent host community) from Ukhiya and Teknaf were



reported in DHIS-2 to have sought care with NCDs from health facilities situated in Rohingya refugee camps. Among the monthly NCD consultations, Diabetes Mellitus was reported with highest percentage of 35% followed by Hypertension (33%), Chronic Obstructive Pulmonary Disease (10%), Asthma (7%), Cardiovascular Disease (1%) and other NCDs/chronic conditions (14%).

## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

### mhGAP training

WHO conducted one session of mhGAP training in March. A total of 31 (14 female and 17 male) healthcare workers from health facilities reporting no mhGAP trained staff as guided by the quarterly monitoring quarterly assessment report by the Health Sector. Amongst the trainees, 18 were medical Doctors, 3 Medical Assistants, and 10 psychologists. With this training, WHO has ensured at least one mhGAP trained Health care professional in each of the PHCs and HPs in the camps.



*Figure 1: A visiting Swedish Embassy/ SIDA and WHO team with participants of mhGAP training. March 2022/ WHO Bangladesh*

### mhGAP Supportive supervision and mentorship

In March 2022, WHO and health partners conducted 14 supportive supervision sessions, including one group Supportive supervision session, reaching 53 (23 male and 30 female) healthcare workers in Rohingya camps. The supportive supervision looked at the performance and comparison to standards of evidence-based clinical practice; provision of corrective and supportive feedback on performance; onsite discussion with clients and benefactors; provision of technical updates or guidelines in accordance with the principles of mhGAP Intervention Guidelines; Onsite training; use of data and client input to identify opportunities for improvement; joint problem- solving; case discussions and follow-up on previously identified issues. The sessions are designed to continuously improve the quality of the health care services and integrate mental health and psychosocial support services in the primary healthcare systems

### Technical support for mental health patient management in the Rohingya camps.

WHO also offered ongoing remote technical support to health workers attending to mental health patients in the Rohingya refugee camps. The support is given through the social media platform WhatsApp and over the phone, where the mhGAP trained doctors reach out to the WHO psychiatrist for real-time advice regarding patient management issues that might be beyond their capacity to handle. A total of 32 consultations (13 male and 19 female) were directly assisted through this innovation in the month of March 2022.

## EMERGENCY PREPAREDNESS AND RESPONSE

Undertaken a preliminary need assessment of the fire-affected population and health care facility at camp 5 with the Health Sector representative and interacted with the community members. During the field assessment, one health facility was destroyed by fire; however, immediate coordination and deployment of MMTs by the MMT Technical Working Group and functional health facilities in the affected area despite the event ensured the continuation of the health services with no interruption of the health services for the affected population. Besides that, Health Sector and partners were coordinated to assess and fulfill the needs of emergency health logistics and medical supplies as gap arrangements to avoid any disruption of the health services.



*Figure 3: WHO personnel interacting with the health care workers supporting fire affected communities.*

Estimated 600 households (approx. 3,000 people) were affected by the fire incident on 8 March 2022. One death was reported; 69 people received treatment for minor injuries (cut injury, abrasion, stampede) in one PHC, three

HPs, and three MMTs. In addition to the hundreds of shelters, the TI-FH-UNHCR PHC (HF\_048) was as well destroyed in the fire. Three MMTs (IOM, RI & SCI) were coordinated and deployed by the MMT TWG for immediate response. MMT Technical Working Group, led by IOM, and EPR Technical Committee led by WHO continuously assessed the situation and coordinated the emergency health response.

## OPERATIONAL SUPPORT AND LOGISTICS

WHO continues to ensure the timely provision of medical commodities for the health emergency operations in Cox's Bazar. WHO has supported the sentinel sites in the camps with 7,600 viral transport media to reinforce the public health response to COVID-19. WHO also provided 269,000 pcs of surgical masks distributed to 9 partners including UNHCR, Médecins Sans Frontiers (Barcelona), Food for Hungry/Medical Teams International, Hope Foundation Field Hospital, Turkish Field Hospital, and Health Education for all Rohingya camps. In addition, WHO donated 3 IEHK Basic kits, RDTs including COVID-19, Dengue, Hepatitis B & E, and HIV. WHO supported transportation to deliver 2563.47 kg of Lab and Health care waste management items in 45 health facilities under Health and Gender support project.

WHO donated 7,415.81 kg with a volume of 37.19 cubic meters of kits, medicines, PPE, and medical equipment to government health facilities and 17 partners in the Rohingya refugee camp. Logistics support to the IEDCR Field Laboratory is ongoing with two vehicles providing transportation of COVID-19 sample collection in the camps.

### ONLINE COVID-19 Resources:

- WHO global situation report: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>
- WHO interim guideline on Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings: [https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-\(COVID-19\)-for-refugees-and-migrants-in-non-camp-settings](https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-(COVID-19)-for-refugees-and-migrants-in-non-camp-settings)
- Institute of Epidemiology, Disease Control and Research (IEDCR) for COVID-19 updates in Bangladesh : <https://www.iedcr.gov.bd/>
- COVID-19 Bangladesh situation reports: [https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(COVID-19\)-update/coronavirus-disease-\(COVID-2019\)-bangladesh-situation-reports](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(COVID-19)-update/coronavirus-disease-(COVID-2019)-bangladesh-situation-reports)
- WHO Bangladesh awareness and risk communication materials in Bengali:
- [https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(COVID-19\)-update](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(COVID-19)-update)
- Previous issues of this Situation Report can be accessed under the following link: <https://www.who.int/bangladesh/emergencies/Rohingyacrisis/bulletin-and-reports>
- COVID-19 Dashboard under WHO Cox's Bazar Data Hub can be accessed here: <https://www.humanitarianresponse.info/en/operations/bangladesh/health>

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