



WHO colleagues during field visit the Mission led by H.E. Ambassador of the Norway- 09<sup>th</sup> February 2019



# World Health Organization

## Bangladesh

Bi-weekly Situation Report # 03  
Date of issue: 14 February 2019  
Period covered: Weeks 5-6, 2019  
(27 January-9<sup>th</sup> February 2019)  
Location: Bangladesh

## Emergency: Rohingya Crisis



**909 000**

total Rohingya  
in Bangladesh



**472 562**

Total number of  
consultations reported in  
EWARS in 2019



**728 786**

people are being  
monitored for diseases



**1.3 million**

people targeted for health  
assistance

### KEY HIGHLIGHTS

- WHO participated in a field visit on 9<sup>th</sup> February for the Mission led by H.E. Ambassador of the Norway to Bangladesh, to demonstrate WHO's work in the Rohingya response.
- The total number of varicella cases reported from week 49 2018 to week 6 2019 is 24 264. WHO and the health sector are responding in collaboration with the community health working group.
- Renovation work of the second operating theatre complex in Sadar District Hospital, Cox's Bazar began and is expected to be completed by the end of this month.
- The health sector is progressing in its rationalization effort, to reduce duplication of health facilities in the refugee camps. Inter-agency teams were trained on the scoring process and begin to assess health facilities.

### SITUATION OVERVIEW

There are an estimated 909 000 Rohingya refugees in Cox's Bazar, according to the latest ISCG situation report (9 January 2019). This includes 33 956 previously registered refugees from Myanmar in Kutupalong refugee camp and Nayapara refugee camp. Rohingya refugees continue to arrive in Bangladesh, though the overall influx has slowed substantially since the onset of the crisis in late August 2017. Lately, new refugees have arrived from India. 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 6 2019 are presented below; according to the WHO functions.

## RESPONSE

### EPIDEMIOLOGY

#### Summary

- As of week 6, 2019, a total of 170 health facilities have registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 80 per cent (170/212).
- Of these sites, 140 submitted their weekly reports (82%) by 12 February 2019 resulting in a cumulative completeness of 74% for 2019.
- A total of 91 alerts (triggers) were reported and reviewed in the EWARS system in week 6 2019 which is lower than previous week (120 in week 5). All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), suspected Varicella & acute watery diarrhea 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

Thirteen new diphtheria case-patients (all suspected) were reported this week. Total case-patients reported in EWARS is now 8 435

- Of these, 293 case patients have tested positive on PCR, with the last confirmed case reported on 31 December 2018. Of the remaining cases 2 718 were classified as probable and 5 424 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 203 diphtheria case-patients were reported from Host community. Of which 30 were diagnosed confirmed on PCR, 63 were classified as probable and 110 were classified as suspected.
- No death has been reported from the host community.

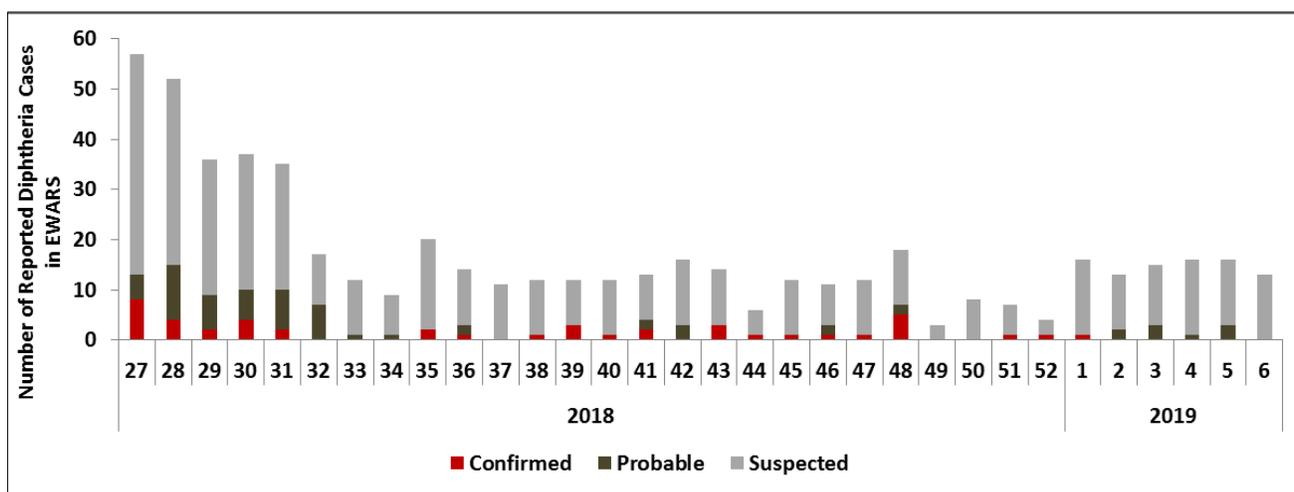


Figure 2: Diphtheria case-patients reported from Week 16 2018 to week 6 2019, Cox's Bazar, Bangladesh

## Varicella Update

- The number of varicella cases reported this week in 7 285. The number of varicella cases is higher than previous week (6 090 in week 5).
- Increase in awareness levels of 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	1578
		Week 3	2763
		Week 4	5435
	February	Week 5	6570
		Week 6	7285
<b>Total Varicella cases</b>			<b>24264</b>

Table1: Number of Varicella cases reported in EWARS from Week 49 2018 to week 6 2019, Cox's Bazar, Bangladesh

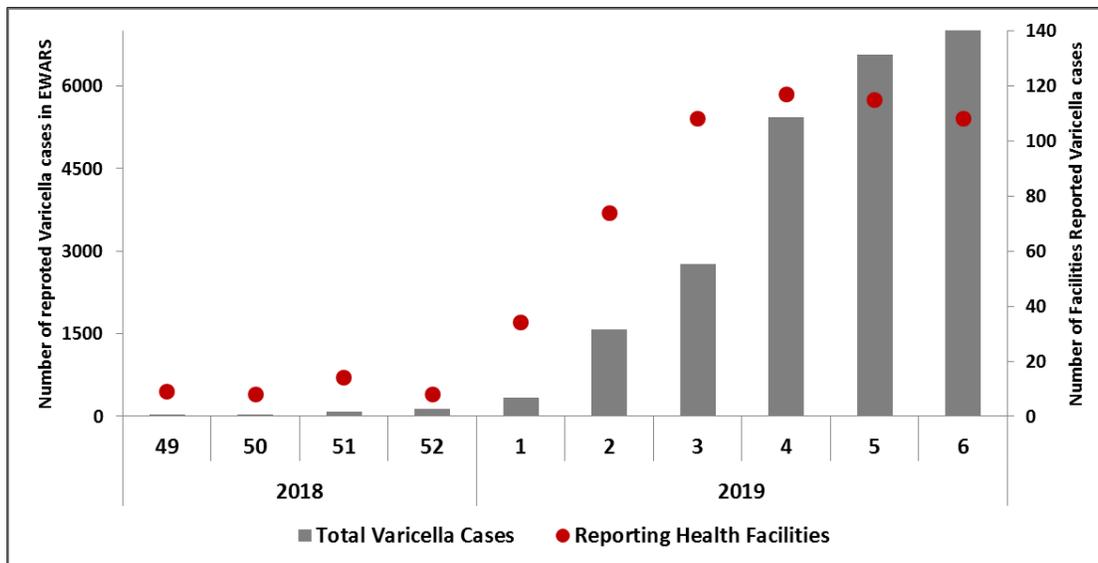


Figure 1: Number of Varicella Cases reported vs number of facilities reported varicella in EWARS from Week 49 2018 to Week 6 2019, Cox's Bazar, Bangladesh

## LOGISTICS

- A health logistics meeting hosted by the Logistic sector and co-chaired by WHO, UNFPA and WFP is going to take place on 11th February. WHO will present an introduction on drug quantification methods.
- Partners are sharing their inventories of essential medicines with WHO to enable the development of a common pipeline with other UN agencies.
- 25 Personal deployment kits, 35 Defibrillators and 30 Trauma bags were received from CERF donor.
- WHO is receiving reconciliation forms for faulty Chikungunya Rapid test that should be recalled.
- Five new 20 ft containers will arrive on 20th February; and WHO is seeking locations for these to preposition medical supplies. Work has started to install one 1x40 ft Reefer container and 1x20 ft container at one of the partner field hospitals (Malaysian Field Hospitals).
- In preparation of the installing the new machine as part of the WHO support to TB control program in the district, an external consulting engineer was approached by WHO to prepare a quotation for renovation of the X-Ray Room in Ukhia Health Complex; final approval from National TB Program is pending.

## HEALTH OPERATIONS

### WASH

- The Life Straw Drinking Water Filter monitoring continues during the reporting period. A sample of 460 out of 2,223 Life straw Drinking water filters (54 community + 2169 Family) that were distributed in health care facilities and to families with pregnant women through different partners to various refugee settlements, will be reviewed for their operational status, usage and beneficiaries etc.
- The drinking water filters were shown to the Mission led by H.E. Ambassador of the Norway to Bangladesh, as well as the monitoring in a hospital and household with a young healthy mother.
- WHO joined the WASH sector to provide technical inputs for water strategy to review drinking water quality monitoring system. WHO participated in additional WASH initiatives, namely a) Safe Water Access for People with Special Needs, and b) The Risks, Attitudes, Norms, Abilities, and Self-regulation (RANAS) approach to systematic behavior change is an established method for designing and evaluating behavior change strategies. This workshop responds to an urgent need of building Sector capacities in behavior change approaches to increase the quality of the Rohingya emergency response.

### Risk Communication

- With the support of DFID, and together with the Civil Surgeon of Cox's Bazar district (Ministry of Health) with support of the coordination center under the Directorate General of Health Service, WHO initiated a process to conduct an assessment on health seeking behaviors in the Rohingya community in the refugee camps of Cox's Bazar with an aim to understand cultural factors influencing healthcare seeking practices related to pregnancy, childbirth and newborn care. It is expected to conduct field assessment using applied anthropological research methods to better understand community perceptions and behaviors that are related to pregnancy, childbirth and newborn care. The assessment should identify factors contributing to decisions on healthcare seeking behaviors during pregnancy, decision on place of delivery and need for family planning (e.g. cultural and religious beliefs, family dynamics, past experiences, etc.) in camps with low uptake of services (health facility delivery, ante-natal care visits, and modern family planning methods) and in camps with high health facility delivery.

### Laboratory

- Discussion took place with Sadar Hospital officials to discuss the laboratory referral system that would allow physicians to utilize the diagnostic facilities at IEDCR field laboratory. Following this meeting a second meeting is planned to initiate implementation in the coming days, subject to concurrence of Sadar Hospital authorities.
- The construction of the autoclave room at the IEDCR field laboratory is close to completion and is expected to be fully functional. This will add the capability to safely and efficiently handle contaminated

waste as well as aid in the sterilization activities. In addition, an expansion of current capabilities to include microbiological culture has begun and procurement of reagents and equipment for the same is underway. With the addition of this capability it is expected that the IEDCR field laboratory will play an important role in the detection and identification of infectious diseases.

### Sadar Hospital Project

After months of technical preparations, on 4 February 2019, WHO convened inaugural meeting for renovation of second OT complex in Sadar District Hospital, Cox’s Bazar. With the support of KSRELEIF, the renovation work started on 5 February 2019 and is expected to complete by 28 February 2019. Upon completion, with addition of the second OT complex and subject to availability of human resources, it is expected that the surgical capacity will triple the current capacity to support the referrals from Rohingya camps as well as the host community.

### Immunization

**Vaccination at Registration Post:** Three vaccination posts have been established in camp 7, camp 17 and 26 with the support of UNHCR to provide immunization service to newborn eligible for birth registration under family head count. The activity started in Teknaf in Sep 2018 and in Ukhia (camp 7 and 17) in Feb 2019. Immunization activities are offered for 5 days a week.

**Health worker immunization:** Two vaccinations post are providing immunization to health care workers on weekly basis to humanitarian workers in camps. To-date 1,753 Td doses have been administered to health workers.

**VPD Surveillance:** 3 AFP cases have been investigated in 2019 with result still pending. Out of 88 suspected measles cases in 2019, 53 patients (42%) have been investigated through Case Report Form.

### Measles Surveillance, EW01 - 06, 2019<sup>1</sup>

Epidemiological Week	Case notified through EWARS*	CRF received through EWARS	Investigation (CIF) done by IVD	Sample Collected and sent for NPML	Laboratory confirmed case
EW01	11	5	5	4	0
EW02	17	7	7	4	2
EW03	21	10	10	3	2
EW04	21	11	11	6	1
EW05	18	11	11	4	0
EW06	29	9	9	5	0
<b>Total</b>	<b>88</b>	<b>53</b>	<b>53</b>	<b>26</b>	<b>5</b>

### HEALTH SECTOR COORDINATION

- The health sector is fully engaged in a 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. Next week, the health sector will convene a workshop to train task team members on the scoring sheets for health facilities. Health

<sup>1</sup> Updated as of 11 February 2019

sector team will brief all Camp in Charges in the priority camps on the rationalization process, on a one-to-one basis.

- In late 2018, the health sector finalized a minimum standards document for health posts and primary health centers; outlining what services need to be provided. To encourage partners to engage with its content, the health sector information management team had developed an online self-assessment questionnaire. To date, a total of 150 responses were received and analysis is ongoing. Information from this survey will also help the sector to identify the largest gaps in primary health service delivery, and tailor support to partners accordingly.
- Following the DHIS-2 review workshop organized by the health sector in collaboration with UNICEF on 30 January 2019, the health sector reviewed the draft revised DHIS-2 variable list with the strategic advisory group to obtain inputs. The health sector will pilot this new list in the field with the Civil Surgeon's Office HIS officers next week.
- The health sector is planning to initiate preparedness for monsoon and cyclone season early in 2019; and, as a first step, will conduct an after action review workshop next week to review lessons learned from the 2018 preparedness and response efforts.
- The health sector, with the WHO epidemiology team, has engaged with the WASH sector to conduct joint WASH and Health statistical analyses to determine associations between WASH variables and diarrhea outcomes.
- The health sector developed a one page guidance information note on the hospital referral rotation plan, based on an agreement among field hospitals to ensure 24/7 emergency obstetric surgical care. This is a pilot rotational plan; based on human resource constraints.
- The Gender Based Violence (GBV) support project of the Health Sector, as part of the Global Health Cluster initiative to strengthen its work on GBV in humanitarian contexts<sup>2</sup>, will be carried forward by the newly arrived GBV focal point in Cox's Bazar. The health sector draft action plan developed in the last quarter of 2018, which focuses on providing trainings on GBV to medical and non-medical staff at the facility level, rolling out the updated Clinical Management of Rape Survivors to health sector partners, and ensuring functional GBV referral system between health and GBV service providers, is being expanded into a comprehensive annual work plan. An active process of reviewing and completing the plan is underway, in collaboration and consultation with the health sector and GBV sub sector. This involves field visits to the primary health care facilities, desk review of the recent self-assessment on Minimum Package of Essential Health services for Primary health care facilities, engagement in the ongoing UNFPA led Sexual Reproductive Health (SRH) sub-sector field monitoring supervision, and participation in the GBV coordination meetings. The plan is expected to be complete by end of February for sharing and implementation.

## 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)

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<sup>2</sup> Project "Institutionalizing and Strengthening the Capacity to Address Gender-Based Violence in the Health Cluster and in WHO's Emergency Work" funded by U.S. State Department's Bureau for Population, Refugees and Migration