



WHO team led by Director of Administration and Finance, SEARO visited the District Sadar Hospital, Cox's Bazar- 13th February 2019



World Health Organization

Bangladesh

Bi-weekly Situation Report # 04
Date of issue: 28 February 2019
Period covered: Weeks 7-8, 2019
(10 -23 February 2019)
Location: Bangladesh

Emergency: Rohingya Crisis



911 000

total Rohingya
in Bangladesh



622 880

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

- WHO OSL is coordinating and creating a synergy between partners and UN agencies to help each other in case of stockout.
- A total of 33 alerts (triggers) were reported and reviewed in the EWARS system in week 8 2019 which is lower than previous week (75 in week 7). All alerts were reviewed within 48 hours.
- The health sector is continuing its engagement to 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.
- A joint WASH-Health Team investigated the high number of bloody diarrhea cases reported in camp 10 and 11. The team worked closely together with the WASH partners in the field to improve WASH conditions.

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. 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 8 2019 are presented below; according to the WHO functions.

RESPONSE

EPIDEMIOLOGY

Summary

- As of week, 8, 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 26 February 2019 resulting in a cumulative completeness of 74% for 2019.
- A total of 33 alerts (triggers) were reported and reviewed in the EWARS system in week 8 2019 which is lower than previous week (75 in week 7). All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), suspected Varicellas 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 7 and 8. Total case-patients reported in EWARS is now 8 455

- Of these, 293 case patients have tested positive on PCR, with the last confirmed case reported on 31 December 2018. Of the remaining cases 2,719 were classified as probable and 5,443 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 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.

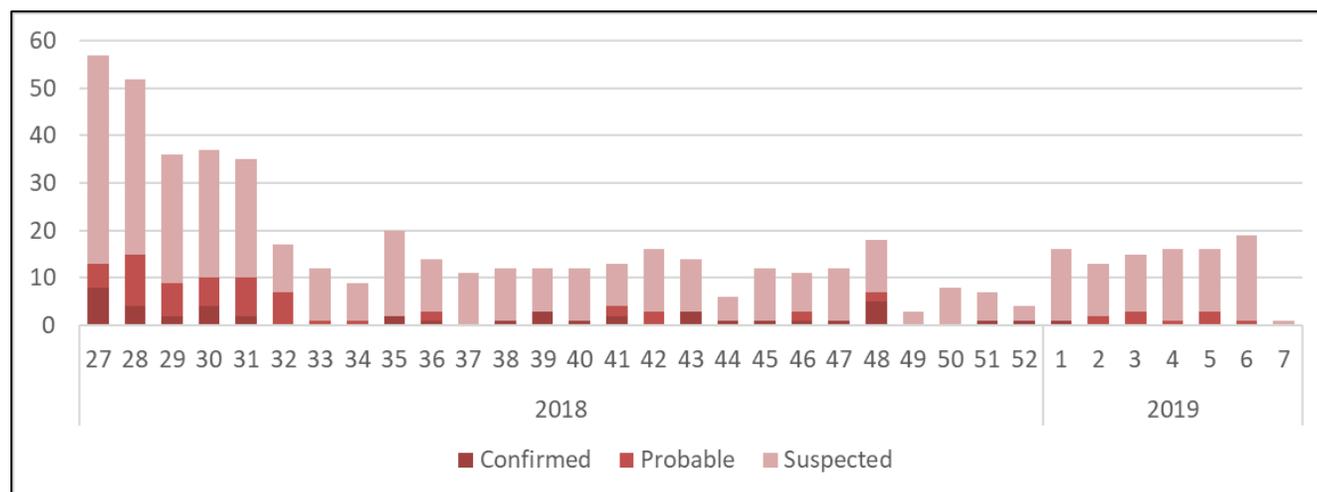


Figure 1: Diphtheria case-patients reported from Week 16 2018 to week 8 2019, Cox's Bazar, Bangladesh

Varicella Update

- The number of varicella cases reported this week in 7,294. The number of varicella cases is lower than previous week (9,232 in week 7).
- 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	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	7,294
Total Varicella cases			40,790

Table1: Number of Varicella cases reported in EWARS from Week 49 2018 to week 8 2019, Cox's Bazar, Bangladesh

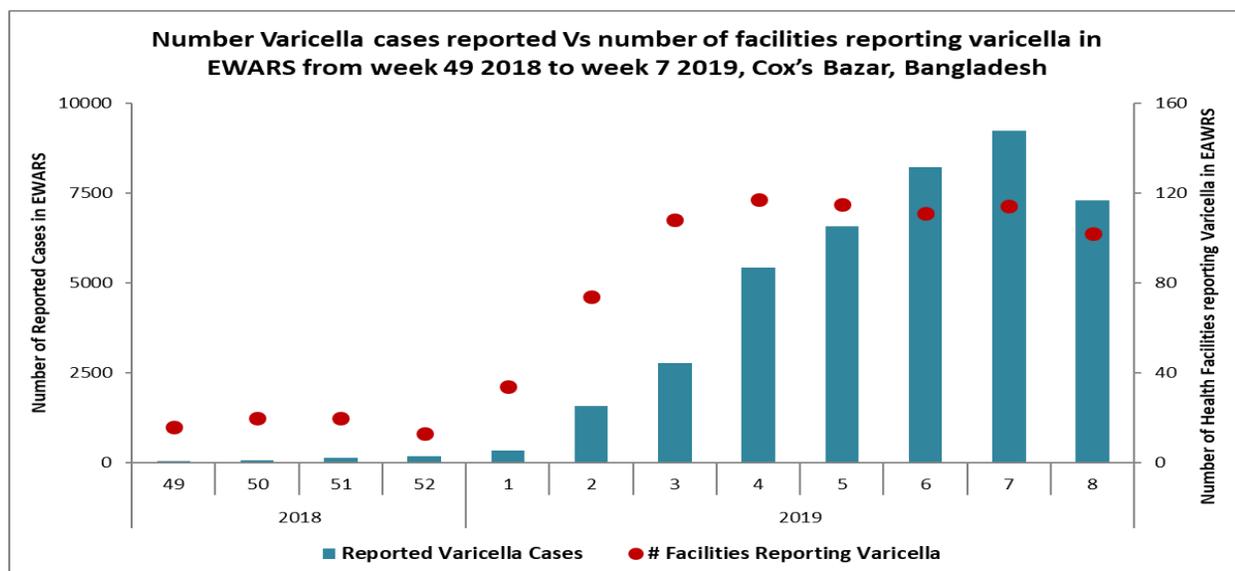


Figure 2: Number of Varicella Cases reported vs number of facilities reported varicella in EWARS from Week 49 2018 to Week 8 2019, Cox's Bazar, Bangladesh

LOGISTICS

- The site assessment of ten Health Facilities ongoing by OSL Team prior to procurement and delivery of Solar Panel, Solar AC DC and Generators which enables the facilities to run 24/7.
- The National TB Program already approved the Bill of Quantity prepared based on their Expert's specifications of the X-Ray Room and WHO is intending to initiate the bidding process for the refurbishment of the existing room prior to the delivery of the new machine as part of WHO support to TB control program.
- The Autoclave Room made of Thai glass at the same floor close to the IEDCR Lab at the Medical College, Cox's Bazar. Some electrical and sanitary work in process and to be finalized by the end of February.
- The site preparation for 1x40ft Reefer and 1x20ft container has been already prepared and waiting the containers to be delivered shortly in Malaysian Filed Hospital.
- The spaces for other 4x20ft containers being negotiated with other Partners like Swiss RC and Hope Foundation and waiting for their formal permission before we preposition for the emergency stock.
- OSL is planning to move completely the WHO warehouse to Medical College before the monsoon season.
- Laboratory perishable supplies, 7 Surgical Kits, 8 sample collection kits and urine containers were well received at WHO Warehouse in Cox's Bazar.
- **Successful Health-logistic meeting was held on 11th February co-Chaired by logistic sector, UNFPA and WHO includes the presence of all UN agencies and MSF pharmacists. Presentation of SRH kits by UNFPA and consumption method by WHO.** OSL is coordinating and creating a synergy between partners and UN agencies to help each other in case of stock outs.
- Evaluation of the total price of our stock has been done. The result is \$ 750,000.

HEALTH OPERATIONS

WASH

- The Life Straw Drinking Water Filter monitoring was finished 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 and reviewed for their operational status, usage by beneficiaries etc. The comprehensive report will be finished in due course.
- WHO continues supporting the WASH sector with technical inputs for the drinking water quality monitoring system. The water quality surveillance 2019 will be executed by WHO together with DPHE & UNICEF monitoring water sources and drinking water at household level 5 times a year in the FDMN/Refugee settlements as well as in the 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.
- A joint WASH-Health Team investigated the high number of bloody diarrhea cases reported in camp 10 and 11. The team worked closely together with the WASH partner in the field to improve WASH conditions such as repairing the broken hand-wash facilities in the area and measuring the water quality around the affected households

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 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

- The construction of the autoclave room at the IEDCR Field Laboratory is close to completion and is expected to be fully functional shortly. 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 a more important role in the detection and identification of infectious diseases.
- A Sadar District Hospital laboratory referral system is underway to improve the diagnostic capacity and to better utilize the capacity at the IEDCR field laboratory.

Sadar Hospital Support Project

- WHO in collaboration with icddr,b conducted two day training program for two batches in 'Management of diarrheal diseases and associated malnutrition' from 9 February – 12 February 2019 for 60 medical doctors in District Sadar Hospital, Cox's Bazar with bed side hands-on session. The training was part of ongoing capacity development for health care professionals in management of diarrheal disease, the first training was conducted in August 2018 for 50 doctors and nurses.
- A team of delegation from WHO SEARO, WHO Country Office, Bangladesh and WHO Cox's Bazar met with the RRRC to discuss the transition after cessation of HR support for Sadar Hospital. WHO has supported Sadar Hospital with 25 doctors, 40 nurses, 16 cleaners and 6 security personnel during 2018 which comes to an end on 28 February 2019.

Immunization

Routine Immunization

- During this period, total 396 outreach sessions were held by 66 mobile teams and 384 sessions were held in 64 health facilities. One fixed facility session was drop out during this period. The achievement of February 2019 will be shared in next SitRep issue.

Training and Orientation

- Training on AEFI management among 11 selected health facilities will be conducted shortly in upcoming week in March 2019. The target participants are Medical Office and Immunization Supervisor of the respected facilities. In addition, orientation for the health facilities on AFP and VPDs is setting up from March as a regular event of IVD unit.

VPD Surveillance

- In 2019, 3 AFP cases were investigated so far, result still pending. The total no of cases was 11 in 2018 and 8 in 2017. No wild polio virus was isolated.

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
EW07	14	7	5	3	0
EW08	12	8	2	1	0

Table1: Measles Surveillance, EW01-08, 2019
Updated as of 24 February 2019, 4 Lab Confirmed Measles and 1 Lab Confirmed Rubella

- IVD Team with HFMs is supporting the rationalization exercise of health system in camps. The IVD team provides support the field visit to help the rationalization team to navigate the camps and support focused group discussions in order to achieve the desired outcome of visits.

HEALTH SECTOR COORDINATION

- The health sector is continuing its engagement to 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. Task team members now trained on the scoring sheets for health facilities. Health sector team briefed 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. Health sector team is in process of analyzing more than 150 responses received in response to an online self-assessment questionnaire. Analysis will help improve quality of health services implementing health sector agreed minimum essential health services standards.
- The health sector now piloted the draft revised DHIS-2 variable list that was drafted earlier in January 2019. Results will help finalizing revised DHIS-2 variable list and its implementation.
- The health sector conducted three meetings to review 2018 health sector monsoon and cyclone season contingency plan and have way forward planning process for 2019 health sector contingency plan. Two meetings were conducted to have After Action Review among health sector and inter sectoral partners. Third meeting was conducted week after in order to share preliminary findings of After Action Review (AAR) and have way forward for 2019 health sector plan. Health sector will work with health sector

partners, other sectors and ISCG to develop and implement 2019 health sector contingency plan. Health Sector will activate Emergency Preparedness and Response Task Force to undertake this process.

- First meeting of newly formed technical committee (comprised of team leads from GBV, child protection, SRH sub-sectors and Health sector) convened on 19th February 2019 to review the plan and discuss implementation arrangements of the Gender Based Violence (GBV) support project - part of the Global Health Cluster initiative to strengthen its work on GBV in humanitarian contexts. Committee agreed to take forward the GBV quality assurance assessment/supportive supervision to be conducted jointly by the health staff who are trained previously on Clinical Management of Rape (CMR) and the GBV/Child protection teams. 33 primary health care facilities in camps have been identified for the GBV quality assurance assessment/supportive supervision. The assessment is scheduled in early March will have clear understanding of capacity in terms of the skills, communication/referral pathways, supply and infrastructural among these facilities.
- The Sexual and Reproductive Health (SRH) Support Project of the Health Sector and UNFPA have held discussions to strengthen further their collaboration on the implementation of the SRH project. A key achievement as a result of these discussions was the agreement to commit to use the remarkable opportunity that the Health Sector mechanism provides as the best way of working together and delivering the SRH project as well other initiatives for the Rohingya refugees.
- As part of a group representing different partners including UNFPA, UNHCR, PHD and CPI, the SRH project has contributed significantly to the development SRH training material for CHWs. Starting from 12 February, the group meets on Tuesdays and expects to finalize the material on 5 March. This will be followed by the training of all the CHWs in the camps on SRH including family planning.

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