



9th round of water quality surveillance



**World Health
Organization**

Bangladesh

Weekly Situation Report # 54

Date of issue: 09 December 2018

Period covered: 28 Nov – 04 Dec 2018

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis

HIGHLIGHTS



921 000

Total Rohingya
in Bangladesh



706 364

New arrivals since
25 Aug 2017



3 568 905

Total number of consultations
reported in EWARS in 2018



728 786

People are being
monitored for diseases



1.3 million

people targeted for health
assistance

- The 9th round of water quality surveillance in refugee settlements started from 26 November 2018 and planned to be completed by 12 December 2018.
- Four days training on Gender-Based Violence in Emergencies (GBViE) was conducted from 26-29 November 2018. The training targeted health partners providing health services to GBV survivors in the Rohingya refugee camps.
- Health sector completed the review of JRP projects in the online project system.
- Third week of the OCV campaign covered 257 682 doses (78.4%) of the targeted beneficiaries.

SITUATION OVERVIEW

Over a million Rohingya refugees have fled violence in Myanmar in successive waves of displacement since the early 1990s. The latest exodus began on 25 August 2017, when violence broke out in Myanmar's Rakhine State, driving more than 723,000 to seek refuge in Bangladesh. Most arrived in the first three months of the crisis. An estimated 12,000 reached Bangladesh during the first half of 2018. The vast majority reaching Bangladesh are women and children, and more than 40 per cent are under age 12. Many others are elderly people requiring additional aid and protection. The Rohingya are a stateless Muslim minority in Myanmar - have nothing and need everything.

RESPONSE

EPIDEMIOLOGICAL SUMMARY

- As of week 48, 160 health facilities registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 75 per cent (160/212)*.
- Of these sites, 139 submitted their weekly reports (87 per cent) by 1 December 2018 resulting in a cumulative completeness of 85 per cent for 2018.
- A total of 33 alerts (triggers) were reported and reviewed in the EWARS system in week 48. All the alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), acute watery diarrhea (AWD) and unexplained fever (UF) are the diseases with highest proportional morbidity in last week. All these conditions are being monitored by WHO Epidemiology team.

*Updated numbers from health facility registry data

AWD UPDATE

- A total of 4 817 AWD cases were reported from weekly report forms which is similar to the previous week (4 477 in week 47).
- In recent weeks, the proportion of cases in those aged under-5 has increased above the proportion of cases above-5. *See figure below*
- Three (3) new severe AWD cases reported from diarrhea treatment center (DTCs) in week 48 bringing down the total number of cases to 758 since June 2018.
- No Rapid Diagnostic Test (RDT) positive alerts have been reported this week.

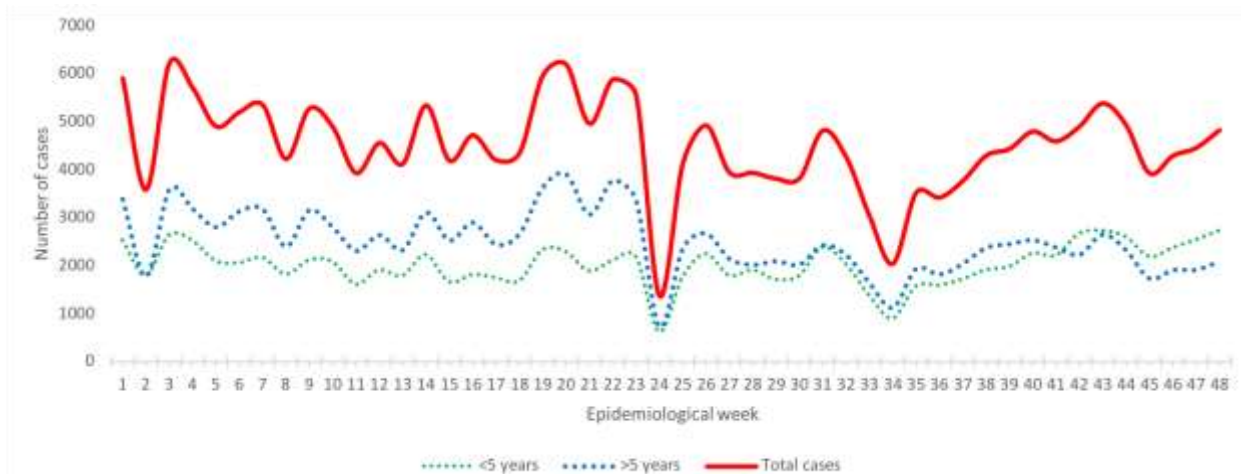


Figure: Acute watery diarrhoea reported from week 1 – week 48, 2018 by under-5, above-5 and total, Cox's Bazar, Bangladesh

DIPHThERIA UPDATE

- A total of 16 new diphtheria case-patients (4 probable and 12 suspected) were reported this week. Total case-patients reported in EWARS is now 8 322
- Of these, 285 case patients have tested positive on PCR, with the last confirmed case reported on 20 November 2018. Of the remaining cases 2 711 were classified as probable and 5 326 as suspected. The total number of deaths remains 44. Last death was reported on 28 June 2018.
- 194 case-patients were reported from host community since the beginning of the outbreak. 28 case-patients were confirmed on PCR testing, rest of the cases were categorized as probable (63) and suspected (103).
- No death has been reported from the host community.

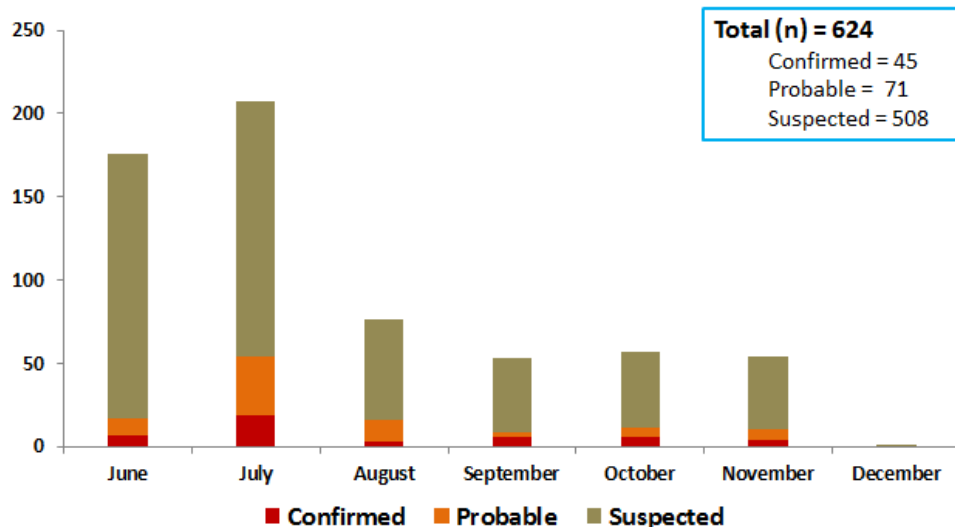


Figure: Diphtheria case-patients reported from 01 June 2018 to 01 December 2018, Cox's Bazar, Bangladesh

HEALTH OPERATIONS

TB review mission for Cox's Bazar: A team comprising of Director, National TB Programme; Chittagong Divisional TB Programme; WHO SEARO and WHO Country Office; Civil Surgeon; Medical Superintendent, Sadar Hospital; Consultants, Chest Disease Hospital and partners reviewed the status of TB situation in Cox's Bazar for the period Jan through Dec 2018. The review was followed by a stakeholders meeting where various achievements and challenges facing the active case finding, diagnosis, treatment and follow up for TB were discussed. A detailed report is expected from the mission within December 2018 that will help planning and further strengthening prevention and control of TB and related co-morbidities for 2019.

Resource mobilization: After a series of discussions with MoHFW, DGHS, DGFP, WBG and WHO, the World Bank proposal was finalized to support the Rohingya refugee's population for the next three (3) year period ending 2021. The grant is expected to support the coordination of the health sector, monitoring and supervision of health activities, strengthen disease surveillance, facilitate health care waste management and enable better prevention and management of communicable and non-communicable diseases.

Water and Sanitation

- The 9th round of water quality surveillance in refugee settlements started from 26 November 2018 and planned to be completed by 12 December 2018. So far, DPHE has reported that a total of 704 households' storage water samples were collected from Hakimpara, Jamtoli, Jadimura and Nayapara settlements to date. A total of 1 056 sanitary inspections were conducted, and 1 200 water samples analyzed during the period. The results of the 9th round water quality surveillance will be available by the last week of December 2018.
- The life straw community and family drinking water filter monitoring activity started with a planning meeting. The Chief Engineer of DPHE chaired the planning meeting. An action plan was prepared. As per the action plan, partners meetings and training of the enumerators will start from mid-December 2018. The field enumerators are expected to start their work from 1 January 2019.
- A concept note was developed for monitoring the situation of health care waste management ~~in refugee~~ in refugee settlement and host community and is under review. In this regard, a bilateral meeting was conducted with UNDP to align with the larger solid waste management system for Cox's Bazar district funded by Swedish fund of USD 4.8 million. WHO and UNDP agreed to share and learn from solid waste management situation analysis and WASHFIT survey.

Immunization Vaccine and Development (IVD)

OCV Campaign Nov-Dec 2018 Round, Administrative Coverage: After completion of the 3rd week of the campaign, 257 682 doses (78.4%) of OCV have been administered to targeted beneficiaries. 186 536 beneficiaries (82.9%) from FDMN population has been vaccinated and 71 146 beneficiaries (68.7%) from the host community population (96 963 residing at 53 sub-blocks at 11 wards in 5 unions are being covered through this campaign in Teknaf) has been administered with OCV. In no-man's land at Nakyongchari in Bandarban district, 2 476 (104.3%) received the dose against the target of 2 375. In registered camps at Kutupalong, Ukhia and Nayapara, Teknaf, campaign activities are ongoing Children aged 12-23 months are being covered as they are now eligible. In Kutupalong, a total of 539 children and in Nayapara, a total of 595 children have been immunized. The campaign will continue for one more week.

Campaign Monitoring:

To date, 348 (28.6%) campaign sessions has been monitored. Many local and international partners were involved in the monitoring, namely UNICEF, ICDDRDB, DGHS, CS, WHO amongst others. The major findings included: 1) referral slips with recipients (91%), 2) maintaining ques in the session (88%), 3) sufficient supply of water and disposable glass (92%) and 4) child of less than one year received OCV (2.6%).

House to House Rapid Convenience Monitoring: In total 3 537 beneficiaries were interviewed until 06 December 2018. Evaluated coverage was 94.3% and around 10% beneficiaries had already received at least 2 doses in previous rounds. Referral slips were not received by 13% beneficiaries. The main reasons not being vaccinated (n=203) were: a) beneficiaries not at home (34.9%), b) not aware of campaign (23.5%) and c) beneficiaries too busy (15.7%). The main means of mobilization were Majhee and FDMN mobilizers (49.1%), megaphone (27.6%) and moni-flag (15.9%).

Logistics

- SRH kits: 20 Kit 2A and 40 Kit 2B have been delivered to UNFPA on 6th December
- 5000 RDTs for Malaria have been received
- A new meeting co-chaired by WHO and UNFPA about medical logistics issues with support from Logistics Sector is planned to tentatively occur next week in Cox's Bazar

- A logistics visit was done to check the state of the content of the prepositioned stock inside the containers in Samaritan Purse and Nhila IOM hub. Some fluids are going to expire soon and they need to be disposed of by next month following the government policy of disposal of health care wastes
- Five air conditions are going to be purchased for the new warehouse in Medical College.

Health Sector Coordination

- Health is sector is planning for two field level coordination meetings in each of the Upazilas. Objectives are to strengthen coordination, support Government hospitals and to ensure information sharing;
- Field coordination team supported partners in locating sites or new health facilities;
- Health sector completed a workshop on emergency medical referrals; to review the referral forms; pathways; coordination; transport and financing,
- Health sector is planning a workshop on health information with key stakeholders in information to develop a joint analytic framework to monitor 2019 response;
- Health sector completed the review of JRP projects in the online project system and provided final touches on the JRP based on feedback from ISCG and donors;
- Four days Gender-Based Violence in Emergencies (GBViE) training was conducted for health partners providing health services to GBV survivors in the Rohingya refugee camps and the Ministry of Health supported health complex in Teknaf. Organizations that are operating 24/7 health facilities were selected for the training and 12 health partners sent staff to the training including staff from the Ministry of Health. In total, 28 participants were trained over four.

The training was successful in building the capacity of front-line service providers on the foundational technical knowledge on GBV and equipping them with the knowledge and skills to respond appropriately and provide care and support to survivors. Specifically, the training supported participants to:

- Build knowledge on why health providers must respond to GBV
- Reflect on values and beliefs that affect care to survivors
- Become familiar with the GBV referral pathways
- Enhance skills to respond appropriately and provide CMR.

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