



Water quality surveillance, Round 9 samples collection in the camps



World Health Organization

Bangladesh

Weekly Situation Report # 57

Date of issue: 27 December 2018

Period covered: 18-24 December 2018

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



908 000

total Rohingya
in Bangladesh



706 364

new arrivals since
25 Aug 2017



3 963 707

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

KEY HIGHLIGHTS

- About 30 health facilities have received exemption from restricted movement during the election period and will remain open to provide essential health services.
- About 363 411 people (110.6%) benefited from the OCV campaign including 264 280 people (117.5%) from Rohingya population.
- Since February 2018 to date, a total of 35 148 BCG doses have been given children and 19 906 Td doses to pregnant women.

SITUATION OVERVIEW

- There are an estimated 908 000 Rohingya refugees (215 796 families) in Cox's Bazar, according to the latest Needs and Population Monitoring (NPM) round 12 exercise. The Rohingya refugees continue to arrive in Bangladesh, though the overall influx has slowed since the onset of the crisis in late August 2017. Rohingya refugees have continued to arrive in Bangladesh, though in much fewer numbers than the initial influx in late 2017. More than 15,247 new arrivals were reported from 1 January to 30 November 2018 (source: UNHCR). The refugees continue to face compounding vulnerabilities including health.
- Over the past one year, WHO and the health sector partners responded to the health needs of the affected populations by supporting government health facilities with human resources, renovations and medical supplies; ensuring availability of essential medicines and other supplies through logistics support; maintaining a strong disease surveillance system; delivering vaccination campaigns and strengthening

routine immunizations; strengthening laboratory diagnostic capacity and monitoring and improving water quality in health facilities.

- However, going into 2019, more still need to be done to ensure that the gains of 2018 are sustained including strengthening of the health services delivery at the health complex hospitals in Ukhia and Teknaf Upazillas. The health sector has begun coordination meetings at the two hospitals.
- Critical gaps continue to exist in health service provision including surgical capacity, 24/7 health service provision and psychiatric and psychological specialists. Also exacerbating the situation is the closure of one field hospital at the end of 2018. The health sector is urgently reviewing this situation to identify means of mitigating the risks. Further, Programming for non-communicable diseases (NCD), malaria, TB, and HIV/AIDS remains insufficient. Similarly, partners are struggling to scale up 24/7 service provision which is critical for emergencies including obstetric emergencies. Data on the NCD burden in the camps is incomplete.
- An External Review of Health Service Delivery for Rohingyas in Cox's Bazar carried out in October 2018 made several recommendations which WHO and the health sector will seek to implement in 2019. Among the recommendations is to strengthen service provision by Integrating health services and improving horizontal and vertical coordination and reduction of duplication of efforts through rationalization and optimizing the geographical distribution of health facilities. Already, WHO and the sector have initiated this process by organizing a workshop on referral pathways and held meetings with partners on improving coordination at field levels and rationalization of health services with the aim of reducing the number of health posts. Another key recommendation is to improve the quality of care. This involves building the capacity of staff; improve capacity for monitoring and supervision; develop case management guidelines and protocols; carry out facility-based improvements; and explore opportunities to improve quality of medicine. The health sector and partners, have developed 'The Minimum Standards Essential services package' for the Rohingyas in the camps which has now been approved by the Civil Surgeon.

RESPONSE

EPIDEMIOLOGICAL SUMMARY

- As of week 51, a total of 164 health facilities have registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 77 per cent (164/212) *.
- Of these sites, 145 submitted their weekly reports (85%) by 18 December 2018 resulting in a cumulative completeness of 85% for 2018.
- A total of 21 alerts (triggers) were reported and reviewed in the EWARS system in week 51. Acute watery diarrhea (AWD) and suspected measles were the most common. All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI) and acute watery diarrhoea 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.

**Updated numbers from health facility registry data*

AWD UPDATE

- The number of cases reported with diarrhoeal diseases were 6 988 this week of which 4 780 were reported with acute watery diarrhoea (AWD), 338 with bloody diarrhoea and 1 870 with other diarrhoea.

- A couple of AWD alerts and one bloody diarrhoea alerts were triggered last week. All the alerts were investigated by WHO and joint assessment team (JAT).

DIPHTHERIA UPDATE

- A total of four new diphtheria case-patients (all suspected) were reported this week. Total case-patients reported in EWARS is now 8 339.
- Of these, 290 case patients have tested positive on PCR, with the last confirmed case reported on 29 November 2018. Of the remaining cases 2 710 were classified as probable and 5 339 as suspected. The total number of deaths remains 44. Last death was reported on 28 June 2018.
- No death has been reported from the host community.

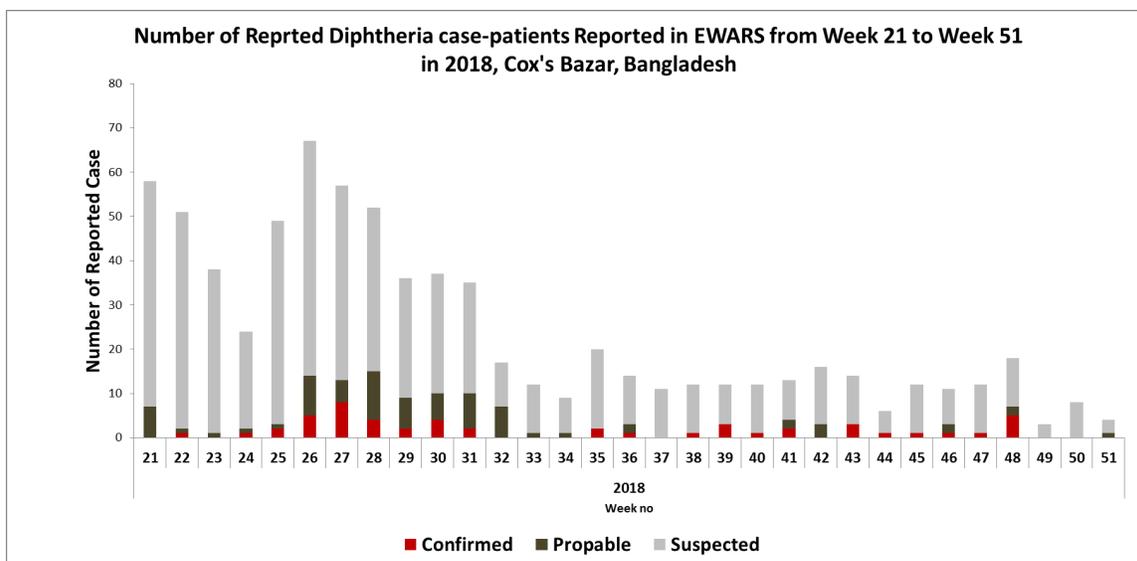


Figure1: Diphtheria case-patients reported from Week 21 to week 51 2018, Cox's Bazar, Bangladesh

HEALTH OPERATIONS

Oral Cholera Vaccination (OCV) Campaign

- About 363 411 people (110.6%) benefited from the OCV campaign including 264 280 people (117.5%) from Rohingya population. A total of 99 161 people (95.7%) from the host community were reached, including 96 963 people from 53 sub-blocks in 11 wards in 5 unions in Teknaf. Further, in no-man's land at Nakyongchari in Bandarban district, 2 475 (104.3%) received OCV dose against a target of 2 374. In registered camps at Kutupalong, Ukhia and Nayapara, Teknaf, a total of 539 (107.2%) and 840 (112.3%) children of 12-23 months were immunized respectively.

Routine Immunization

- Since February the focus has been on routine EPI targeting children 0-23 months of age. This has been implemented through 780 outreach session sites run by 65 outreach mobile teams (12 sessions in a month) comprising of two Ministry of Health (MoH) vaccinators and 59 fixed sites in-built in health facilities run by different agencies using their own vaccinators across the camps.
- From the beginning of February 2018 to date, the following antigen doses were delivered to children: 35 148 BCG doses; 51 259 pentavalent doses; 52 385 Oral Polio Vaccine (OPV) doses; 49 386 PCV doses; 23 928 Measles/Rubella (MR) doses and 19 906 Td doses to pregnant women.

Water quality surveillance (9th Round)

- The results of 9th round water quality testing are now available. A total of water 2 400 water samples were collected and examined comprising of 600 unsterile sources, 600 sterile sources and 1200 household's storage water samples.
- The analysis of 600 unsterile source water samples showed that 90% were free of E. Coli contamination and matched the WHO guideline value as well as the Bangladesh standards. The remaining 8%, 1% and 1% have 1-10 cfu/100ml, 11-100 cfu/100ml and >100 cfu/100ml level of E. Coli contamination respectively. The camp wise details are presented in figure 2.

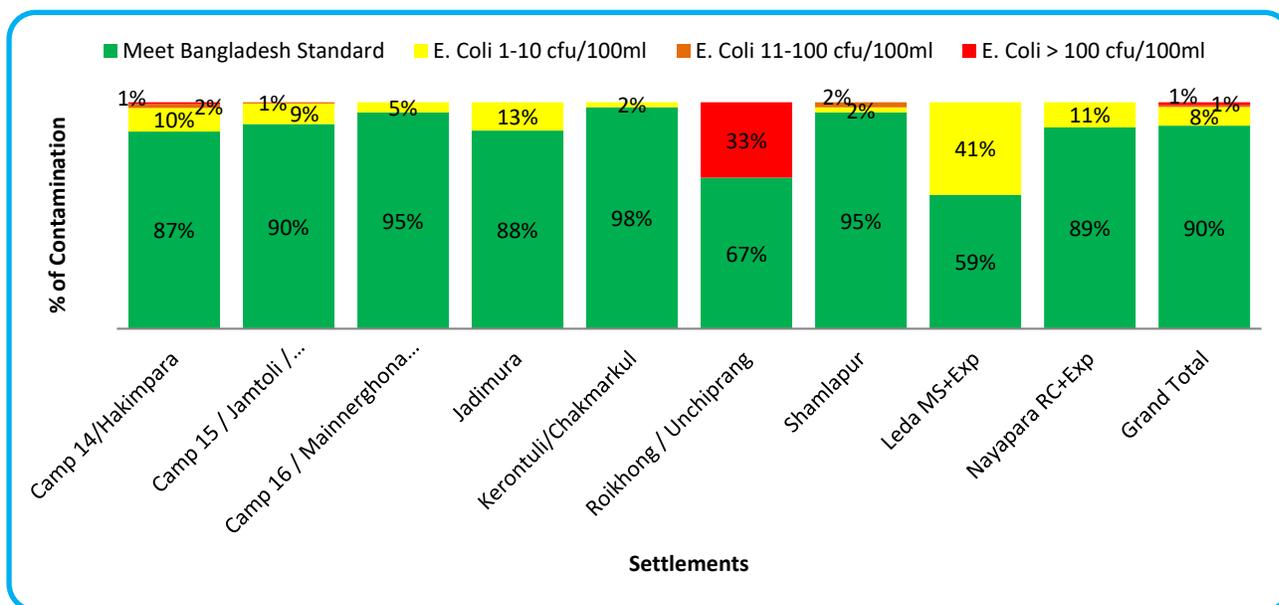


Figure 2: E. Coli contamination of source water samples in different settlement

- The analysis of 1200 household's storage water samples shows that 48% are free of E. Coli contamination. The remaining 31%, 17% and 4% have 1-10 cfu/100ml, 11-100 cfu/100ml and >100 cfu/100ml level of E. Coli contamination respectively. The camp wise details are presented in figure 3.

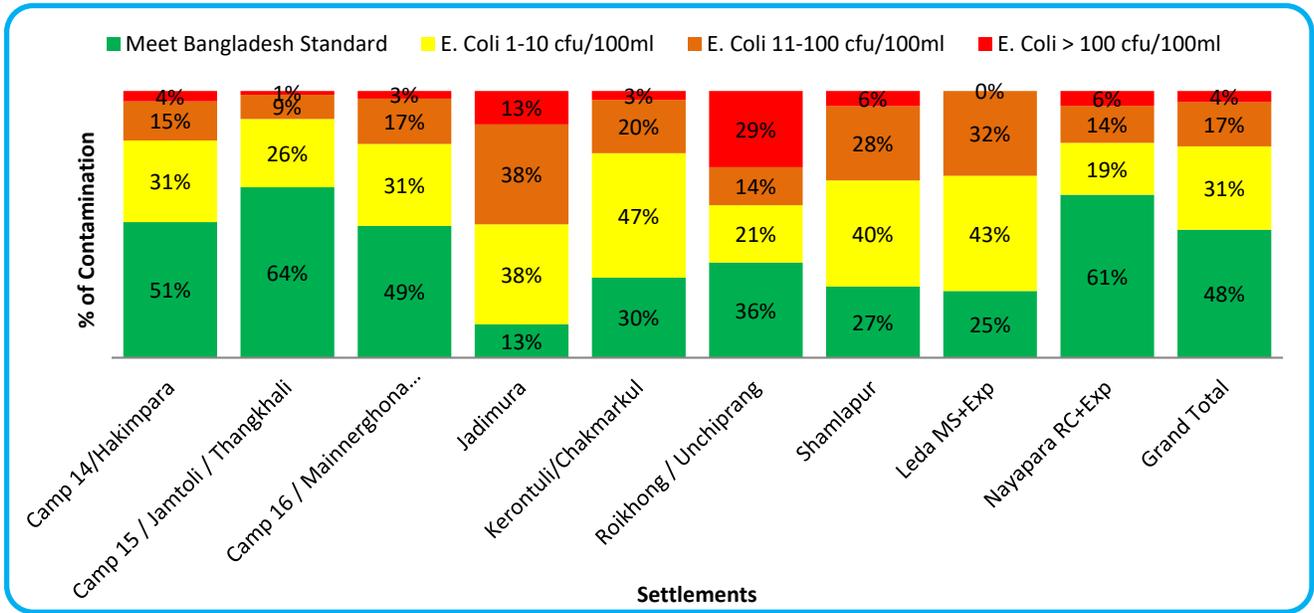


Figure 3: E. Coli contamination of household water samples in different settlement

Logistics

- A total of 11 SAM kits have been received in Cox’s Bazar. ACF requesting 30 SAM kits.
- 30 SRH Kits No 3 and 30 SRH Kits No 5 were delivered to RTMI. The partner’s procurement plan has been adjusted taking into account the remaining stock in WHO.
- The Generator-of 150 KVA has been delivered and installed in Sadar Hospital under KSRelief Funding. A total of 50 beds have also been delivered. Further, the Bill of Quantity and layout has been prepared by the Civil Engineer for the refurbishment of Operation Theater Complex in the hospital.
- The assessment of ten health Facilities has been initiated by WHO prior to procurement of Solar Panel, Solar AC DC and Generators to support the facilities in running 24/7 health service delivery.

COORDINATION

- The health sector compiled a list of health facilities that will remain open during the Bangladesh election period to provide essential health services. The list was authorized by RRRC’s office.
- The Minimum Standards Essential services package for the Rohingyas in the camps was finalized and approved by the civil surgeon.

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