
Situation Report: June 2022

WHO Cox's Bazar: Rohingya emergency crisis

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Coordination and Leadership

Every donor is important to us at the WHO Sub Office in Cox's Bazar. They provide the much-needed support that the organisation needs to conduct our programmes, serve the Rohingya refugees (FDMN) and host population, and save lives.

The month of June was significant for WHO CXB both as an independent agency and as the Health Cluster Lead Agency (CLA). The Sub Office conducted **six field visits**, including **four donor missions**, with critical partner stakeholders, including:

- Embassy of Finland in New Delhi, Mr. Rauli Kostamo, Second Secretary (5-7 June)
- World Bank, Lynne D. Sherburne-Benz, Regional Director HSADR (12 - 13 June)
- World Bank Implementation Support Mission, Mr. Mohammad Jahangir Hossain, Additional Secretary (Planning) (21-24 June)
- USAID/American Embassy team (20 - 23 June)

The WSO was also represented at two events: the National AEFI Casuality Assessment Expert Committee meeting and the FAO Introductory CPD Expansion Training. The former included national experts, WHO country office and SEARO participants. As the expert committee is also responsible for causality assessment of AEFI cases for Rohingya community, they visited the field to see the way immunization program is happening in the camps.

Camp Health Coordination

To reinforce camp-level health sector coordination, WHO in collaboration with IOM and UNHCR conducted a 2-day health sector coordination training to build the capacity of the Camp Health Focal Points/CHFPs on partners coordination at the Upazilla and Camp level. Nine CHFPs (out of eleven) participated in this training that covered key principles of effective coordination, public health information standards, core role of the CHFPs on quality improvement and promoting minimum standards of the health response.

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Information management and epidemiology

COVID-19 test positivity rates have increased marginally from 1.1% in May to 1.4% in June. WHO supported a COVID-19 review orientation to the RRRC Office alongside the Canadian Red Cross and Bangladesh Red Crescent Society.

Rapid risk assessment for **dengue** was conducted and samples sent for serotyping. WHO also reviewed the referral pathway for dengue and began drafting surveillance and management protocols. RDT test Kits have been procured and distributed for use in dengue sentinel sites. The number of confirmed cases for June (3,581) increased significantly over the number of cases reported in the previous month of May (323 cases).

The weekly community prevalence of **scabies** continued to gradually decline to below 5% in almost all the camps in the month of June 2022. The epi team continues to collaborate with Community Health Working Groups (CHWGs) led by UNHCR to undertake skin infection surveillance and reporting.

A special **diphtheria** surveillance and case management meeting was convened by WHO and MSF to streamline management of dengue cases in the FDMN/Rohingya Camps. Contact tracing for diphtheria is under review.

COVID-19 cases continue to decline in the Rohingya community, with one case reported in Epi week 18 out of 316 new tests performed. That's a 43% decrease in cases compared to the previous week. The total number of confirmed cases are 5,923 with no deaths reported and a total of 42 cumulative deaths.

Immunization

Routine Immunization sessions are being continued uninterrupted in FDMN camps. In January-June 2022, children under the age of 2 received more than 276,000 different antigens. In June we were able to achieve:

Vaccination against Polio—16,683 OPV (1st to 3rd dose) and fIPV (1st and 2nd dose)

Vaccination against Measles—6,367 MR (1st to 2nd dose)

Achievement and coverage of Penta 3 vaccine under 1 year respectively—9,133

A third-phase, round one COVID-19 vaccination campaign was conducted from 4 June to 11 June for the 12-17 years age group in the FDMN population. It targeted 116,076 children and adolescents, and was given to a total of 109,232 beneficiaries with a coverage rate of 94%.

Health operations & technical (response)

Communicable disease

A total of 80 physicians, nurses and medical assistants received training on Acute Watery Diarrhea on 20 and 21 June 2022 in preparation for the upcoming AWD season.

Non-communicable disease

A total of 31,275 patients (Rohingya refugees & adjacent host community) from Ukhiya & Teknaf were reported in DHIS-2 to have sought care with NCDs from health facilities situated in Rohingya refugee camps. Hypertension was reported with the highest percentage (36%) followed by Diabetes Mellitus (35%), Chronic Obstructive Pulmonary Disease (9%), Asthma (7%), cardiovascular disease (1%) and other NCDs/chronic conditions (13%).

Ninety primary health care workers completed a four-day residential training on 'Package of Essential Noncommunicable Diseases Interventions for Primary Health Care Providers' from Upazila

Health Complexes, Union Health and Family Welfare Centers, and Union Sub-Centers of all eight (8) Upazilas in Cox's Bazar district and Cox's Bazar 250 Bed District Sadar Hospital.

Mental health and Psychosocial Support

WHO has organized, conducted and facilitated two new rounds of mhGAP initiative training in June 2022. 66 health care workers were trained including 41 doctors, 6 Medical Assistants, and 19 psychologists. WHO also facilitated a three-day mhGAP training organized and funded by UNHCR and BRAC.

Infection prevention and control

A total 62% of the general health facilities in the camp have reported using the IPC score card; an increase of 2% from May 2022. In SARI ITCs, the use of the score card has stayed at 100% since September 2020. The IPC biannual technical and supportive supervision visits for the 52 health facilities was completed in June 2022. The 24th IPC TWG meeting was also held on 28 June 2022.

Laboratory services

A total of 43 participants (7 Female and 36 males) from different healthcare facilities from Cox's Bazar were trained on basic laboratory techniques, including several microscopic techniques (Staining procedure, Slide method) general laboratory biosafety, and hands on practices to detect the cellular morphology, Malaria and Tuberculosis.

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Health operations & technical (services)

Tuberculosis

June saw 44 positive TB tests out of a total of 171 GeneXpert and 693 routine microscopy tests completed. TB field assistants reached over 600 people and conducted awareness raising community sessions in both the FMDN camps and host community.

Emergency preparedness and response

This month, WHO led meetings regarding a new Health Facility Safety and Resilience tool named STAR. The meetings concluded a desk review of district-level hazards to inform implementation of the new tool, as well as confirming funding sources and a risk-assessment agenda for the project.

The Health Sector Cyclone and Monsoon Contingency Plan was also reviewed and finalised by key stakeholders before being disseminated to partners.

Reproductive, maternal, newborn, child and adolescent health

WHO and UNFPA organized week-long Training of the Trainers (ToT) on Clinical Management of Rape (CMR) and Intimate Partner Violence (IPV). The training explored how to identify IPV and how to approach the patients in such cases WHO also participated in monthly ASRH WG meeting as a technical member.

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