
Situation Report: April 2024

WHO Cox's Bazar: Rohingya Emergency Crisis

Coordination and Leadership

The second Health Resources and Services Availability Monitoring System (HeRAMS) report, a pivotal document reflecting the current state of health services and resources at the camp level, was finalised after a comprehensive data validation and verification process from December 2023 to February 2024. This critical endeavour, supported by the WHO Headquarters' HeRAMS initiative team, provides insights into service availability, and identifies service gaps and barriers. The health sector team's diligent review and incorporation of feedback ensured the report's accuracy, leading to its publication and distribution among all health sector partners and relevant stakeholders.

The WHO-led health sector's focal point of April's activities was their commitment to coordination and strategic planning, exemplified by regular monthly meetings at Cox's Bazar and field levels. The Strategic Advisory Group (SAG) convened a vital meeting, prioritizing the completion of the Standard Operating Procedures (SoPs) for Sector/Cluster Coordination, Performance Monitoring, and Referrals. Moreover, the regular Working Group (WG) meetings played a significant role in keeping partners updated on the latest developments.

The Community Health Working Group (CHWG) carried out a Head Lice prevalence survey through Community Based Surveillance (CBS), supported technically by Epi WG and WHO. The initiative uncovered that 35% of the camp's population was affected by Head Lice. Notably, female children under five years of age had the highest infestation rates. The surveillance also found that females had a notably higher infestation rate at 48%, compared to 21% for males. In response to these findings, a Mass Drug Administration (MDA) commenced on May 5th and is set to conclude by May 16th, 2024, aiming to treat around 196,000 high-risk individuals.

The enhancement of evidence-based decision-making for the prevention and response to sexual misconduct stood at the forefront of the WHO Multisectoral Technical Consultation in Geneva on April 18-19, 2024. This pivotal hybrid event, orchestrated by WHO Headquarters brought together a diverse array of researchers and expert practitioners across multiple sectors. Their collaborative efforts focused on strengthening system wide PSEA work, addressing challenges and opportunities in PRSM work, advocating for the integration of a Victim and Survivor Centred Approach, and drawing on insights from the UN SEA Survey and other SEA Risk

Assessments to inform PRSM decision-making. Further, the consultation underscored the transformative role of leadership and organizational culture in fostering sustainable changes in behaviour and culture.

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Information Management and Epidemiology

Dengue Fever: In the current reporting period, the weekly patterns of confirmed Dengue Fever incidents have largely stayed within the anticipated baseline levels, except for week 14 which recorded a single confirmed fatality due to Dengue Fever, yet the Case Fatality Rate has remained under 1%. The typical pattern of endemic occurrence is anticipated to persist throughout this dry season until the onset of the rainy season in May 2024. The efforts to raise awareness and disseminate Risk Communication and Community Engagement (RCCE) messages to the public may have also played a role in reducing the number of cases reported in April 2024.

Diphtheria: During the period under review, there were no confirmed cases or deaths from Diphtheria, maintaining a case-fatality ratio of less than 1%. This achievement is likely due to the enhanced immunity across the population, resulting from the effective Diphtheria immunisation campaign in the latter part of 2023, which achieved a 95% vaccination rate. Moreover, prompt surveillance and the organised and collaborative case management efforts by WHO and health sector partners have been instrumental.

Cholera: In April, Cholera transmission was detected in samples tested from 02 of the 24 sentinel sites that consistently perform Rapid Diagnostic Testing (RDT) for suspected Cholera cases. There were no confirmed deaths due to Cholera. The combined WASH sector surveillance and response teams, operating under the Joint Assessment and Response Teams (JARTs), continue to monitor and coordinate Cholera response efforts in the camps.

COVID-19 transmission has been substantially curtailed in the Rohingya Refugee Camps and the adjacent host communities across all eight Upazilas of Cox’s Bazar. Nonetheless, a slight level of transmission is still observed within the Rohingya Refugee population, whereas it has been fully halted among the host communities during this timeframe. With no deaths recorded, the Case Fatality Rate (CFR) has stayed at zero per cent for this period. The number of cases reported in April has decreased by 50% compared to those reported in March 2024

Skin Diseases: The weekly consultation rates for skin infections have been declining throughout April, mirroring the trend observed in March 2024. This decrease may be largely credited to the effective Mass Drug Administration (MDA) campaign against scabies that was conducted in December 2023.

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Immunisation

In April 2024, the immunization team successfully delivered over 55,000 doses of various vaccines to children below two years of age. Specifically, the month saw the administration of 20,043 doses of the Polio vaccine including the first to third doses of the Oral Polio Vaccine (OPV) and the first and second doses of the inactivated Polio Vaccine (iPV). Further, 6,265 doses of the Measles vaccine were given, covering the first and second doses of the Measles-Rubella (MR) vaccine.

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Health operations & technical (response)

Essential Lab Services

The laboratory team equipped five health facilities within the camps with HbA1c analysers and delivered practical training on-site to the lab staff. Throughout April, a total of 551 HbA1c tests were performed across 37 health facilities in the camp. The lab team completed 10 rounds of supportive supervision and monitored the development of Standard Operating Procedures (SOPs). Further, to support the Hepatitis C surveillance efforts, 59 Hepatitis C Rapid Diagnostic Test (RDT) positive samples were collected for viral load testing.

Infection Prevention and Control

The IPC team undertook supervisory visits to evaluate the Infection Prevention and Control (IPC) measures at healthcare establishments in the Ukhiya and Teknaf camps over the month. A total of five healthcare facilities were inspected, including three primary healthcare centers and two health posts. The primary goal of these visits is to identify any IPC shortcomings and provide additional support where needed.

Non-Communicable Diseases (NCD) Services

To support treatment adherence in the Rohingya refugee camps, WHO has backed four health sector partners with the necessary NCD diagnostics and medicines, adhering to the national protocol. The focus was on managing Hypertension, Diabetes Mellitus, and Chronic Respiratory Diseases. During the reported period, WHO distributed a significant quantity of medications, including 86,000 tablets of Amlodipine 5 mg, 29,792 tablets of Losartan 50 mg, 4,500 tablets of Hydrochlorothiazide 25 mg, 85,000 tablets of Metformin 500 mg, 13,000 tablets of Gliclazide 80 mg, 6,580 tablets of Aspirin 75 mg, 41,384 tablets of Rosuvastatin 5 mg, and 9,100 inhalers of Salbutamol.

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Health operations & technical (Services)

Risk Communication and Community Engagement

To protect public health amidst heatwave conditions, the Risk Communication and Community Engagement (RCCE) plan has been established with essential information on heatwaves. This plan has been tailored and shared within Rohingya communities following the approval from the Directorate General of Health Services (DGHS). The dissemination of these messages is being carried out through various methods, including printed posters, door-to-door visits, community awareness sessions, and the involvement of community leaders to ensure widespread awareness.

Reproductive Mother Newborn Child Adolescent Health (RMNCAH)

Interagency joint SRH monitoring and supportive supervision framework: The ongoing process includes regular quarterly evaluations of health facilities to confirm their preparedness for Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services, as well as to improve the standard of Sexual and Reproductive Health (SRH) services. During the reporting period, WHO carried out these evaluative assessments at a primary health care centre in Camp 1 East and conducted a supportive supervisory visit to a primary health care centre in Camp 3.

Facility based Maternal and perinatal death audits: WHO maintained its support for the Sexual and Reproductive Health Working Group (SRH WG) and the Maternal and Perinatal Mortality Surveillance and Response (MPMSR) sub-committee by regularly auditing all facility-based maternal and perinatal fatalities. In April, WHO was involved in two maternal death audits, following which action plans were formulated at the facility level to address and rectify the shortcomings found.

Tuberculosis (TB):

During the specified timeframe, TB field assistants made house calls to approximately 471 households in the Ukhiya and Teknaf Rohingya camps. A total of 859 Rohingya individuals were screened for tuberculosis (TB) through these home visits. Additionally, 34 health education sessions were held, reaching 396 people to raise awareness about TB in the community and at partner facilities in the camps. 209 individuals suspected of having TB were identified and referred to the nearby National Tuberculosis Program (NTP) supported BRAC facility for further testing. The team also visited 34 TB-positive patients as part of the TB-DOTS (Directly Observed Treatment, Short-course) monitoring program. Furthermore, a TB officer completed six supportive supervisions to oversee the TB-related activities of field staff in Ukhiya (Camps: 07, 09, 12, 14, 15) and Teknaf (Camps: 24, 26).

On April 29, 2024, the TB officer, with the National Professional Officer for TB (WCO) inspected various BRAC TB labs and partner facilities in Camps 11 and 15 to monitor on-site TB activities. They also visited the homes of patients with Multi-Drug Resistant TB (MDR-TB) as a part of the treatment monitoring process.

WASH and Healthcare Waste Management

Supportive supervisions were conducted at four medical centres within the Ukhiya camps. These inspections included conversations with medical staff regarding WASH and HCWM topics. In addition, WASH-FIT initiatives received supervisory support. The inspections revealed a lack of HCWM-related IEC materials and a shortage of PPE for waste handlers and cleaning staff.

Health partners have completed a self-assessment within the medical sector. This assessment has been analysed to pinpoint deficiencies in training and PPE usage. The insights gained will guide future strategic planning.

WHO has initiated the distribution of HCWM-IEC resources to Health Sector Partners to promote secure HCWM and WASH practices. The distribution process is ongoing, and thus far, 80 medical facilities across different camps have been supplied with these resources.

Two supervisory field visits were carried out in the refugee camps. These visits involved using a checklist to tackle observed issues and challenges, accompanied by immediate briefings and implementation of solutions as needed. Moreover, a self-evaluation was performed to determine healthcare waste management requirements and shortcomings within the camps. Subsequent actions will be aligned with the principal observations from this assessment.

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Administration, finance, and logistics

Operations Support and Logistics

As part of the HGSP project, the Operations Support and Logistics (OSL) team transported and distributed 6.89 cubic meters of Health Care Waste management supplies to seven Upazila Health complexes. This effort is crucial for health protection, environmental safety, legal compliance, community impact, and operational efficiency.

The team gathered and compiled supply demands from partners, aiding the technical team in ensuring the proper clearance of these items. In response to identified needs, the OSL team provided health sector partners with three SAM kits, capable of treating 150 children with severe and mild malnutrition. Further, the WHO logistics team supplied nine IEHK basic kits to three health sector partners potentially serving 9,000 primary patients.

For routine surveillance purposes, WHO distributed 6,185 RDTs for diseases including malaria, dengue, and hepatitis B, C, & E to 14 partners.

Furthermore, the OSL team contributed to budget estimation and preparation for a lice MDA campaign in the Rohingya Refugee camps. The team has been consistently aiding technical teams in monitoring the delivery of supplies. In April alone, the OSL team processed 22 distinct requests.

Information and Communication Technology (ICT)

In the previous month, the IT team successfully set up a new server room adhering to BMS standards. Subsequently, they installed essential network components, including a Firewall, Core Switch, and Hypervisor server, in this specialized area. These elements were integrated flawlessly with our existing network. This key development has enabled our office to operate independently, eliminating the need for the former Ethernet over IP (EoIP) tunnel link with the WCO. As a direct consequence of these enhancements, there has been a notable uptick in the efficiency and reliability of the WHO Cox’s Bazar office’s intranet and internet services.

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References:

- Emergency response framework – 2nd ed. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.
- Joint Government of Bangladesh - UNHCR Population Factsheet as of March 2024. UNHCR Operational Data Portal (ODP). Country - Bangladesh (unhcr.org)
- The Government of Bangladesh refers to the Rohingya population in Bangladesh as “Forcibly Displaced Myanmar Nationals (FDMNs).” The United Nations (UN) system refers to this population as Rohingya refugees, in line with the relevant international framework.

World Health Organization (11 August 2023). Disease Outbreak News; Dengue in Bangladesh. Available at: <https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON481>

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