EMERGENCY HEALTH CARE RESPONSE IN COX'S BAZAAR

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Cox,s Bazaar

EMERGENCY HEALTH CARE RESPONSE IN COX'S BAZAAR

- icddr,b is playing a key role to prevent disease outbreak among the Forcibly Displaced Myanmar Nationals (FDMNs).

- The plight of the FDMNs got exposed in August 2017 when they fled Myanmar after a violent military crackdown.

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- The prevailing conditions were high risk for cholera and other diarrheal diseases.
- Overcrowding, poor hygiene practices, shallow tube wells and sanitary latrines in close proximity
- Poor infection control, open defecation, inadequate desludging of pits
- Lack of safe water and large families
- Mobility between Rohingya and host population where diarrhea is endemic

All lead to anticipation of cholera epidemic and preparedness

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- Reliable distribution system for response
- Haiti is one example where there was a chaotic situation because of the lack of an unreliable distribution system
- The involvement of media and Government is always a problem
- Cox,s Bazaar health emergency preparedness is a classical example of excellent collaboration between all stakeholder's

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- icddr,b took the important initiative to jointly apply with its partners for OCV from the global stockpile, managed by the International Coordination Group (ICG).
- Convinced of the appalling conditions, the ICG responded within 24 hours to send 900,000 doses of OCV.

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The study of Shanchol OCV on Rohingya Myanmar Nationals (RMN) in children and adults will be able to give information regarding the effectiveness of vaccine in RMN subjects.

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- The campaign successfully immunised approximately 700,000 FDMNs from 10–16 October 2017; an additional two days were required to cover everyone scattered across the numerous camps.

- A second dose of OCV, along with a second dose of oral polio vaccine (OPV) was administered from 4-9 Nov, 2017 including around 200,000 children aged 1-5 years.

EMERGENCY HEALTH CARE RESPONSE IN COX'S BAZAAR

- **Emergency health care (AWD preparedness) response for the Rohingya refugees and host community in Cox's bazar and**

- **Effectiveness Study on Oral Cholera Vaccination campaign among the Rohingya Myanmar Nationals in Bangladesh**

Emergency health care (AWD preparedness) response for the Rohingya refugees and host community in Cox's bazaar

November 01, 2017 to December 31, 2018

There are three main field components of the Program Corporate Agreement:

PCA with UNICEF: Components

- Training of doctors, nurses, and community health workers of GOB and other NGOs on Management of diarrheal diseases and associated malnutrition
- Management of five Diarrheal Treatment Centres (DTC) in Leda, Shyamlapur, Balukhali, Teknaf, and Ukhia)
- DTC based Diarrheal Diseases Surveillance.

PCA with UNICEF: Training

PCA with UNICEF: Training Deliverable

Category of Staff	Target	Trained	Comments
Doctors	110	140	Additional request from GoB and other stakeholders.
Nurses and Medical Assistants	125	104	Diphtheria Outbreak with nurses unable to attend sessions
Community Health Workers	670	419	Diphtheria Outbreak with CHW's unable to attend sessions
TOTAL	**905**	**663**	To be completed by December, 2018


লেদা ডায়রিয়া ট্রিটমেন্ট সেন্টা
unicef
unicef

Hand Over of Leda DTC to icddr,b

Ukhia DTC

Services offered in each DTC

- Management of Diarrheal Diseases and associated malnutrition
- Infection control measures
- Ambulance for referral of complicated cases to tertiary hospital's
- Counseling, and communication with clients on prevention of diarrheal diseases, promotion of ORS and exclusive breast feeding practices, and personal and environmental hygiene
- Washing, cleaning and Morgue for the dead

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CHALLENGES:

- ORS promotion and Metronidazole use
- Indiscriminate use of other antibiotics
- Indiscriminate use of IV fluid
- **Other challenges**

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- **COMMUNITY INVOLVEMENT**

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Surveillance

Objectives:

- **To identify common pathogens that are responsible for diarrhea in those seeking care from icddr,b operated Diarrhea Treatment Centres in Rohingya camps, Cox's Bazar**

- **To evaluate WASH practices of the families of patients seeking care for diarrhea**

- **To understand infant and young child feeding (IYCF) practices of mothers and caregivers of infants and young children reporting to diarrhea treatment centre from the Rohingya refugee camps as well as the host population**

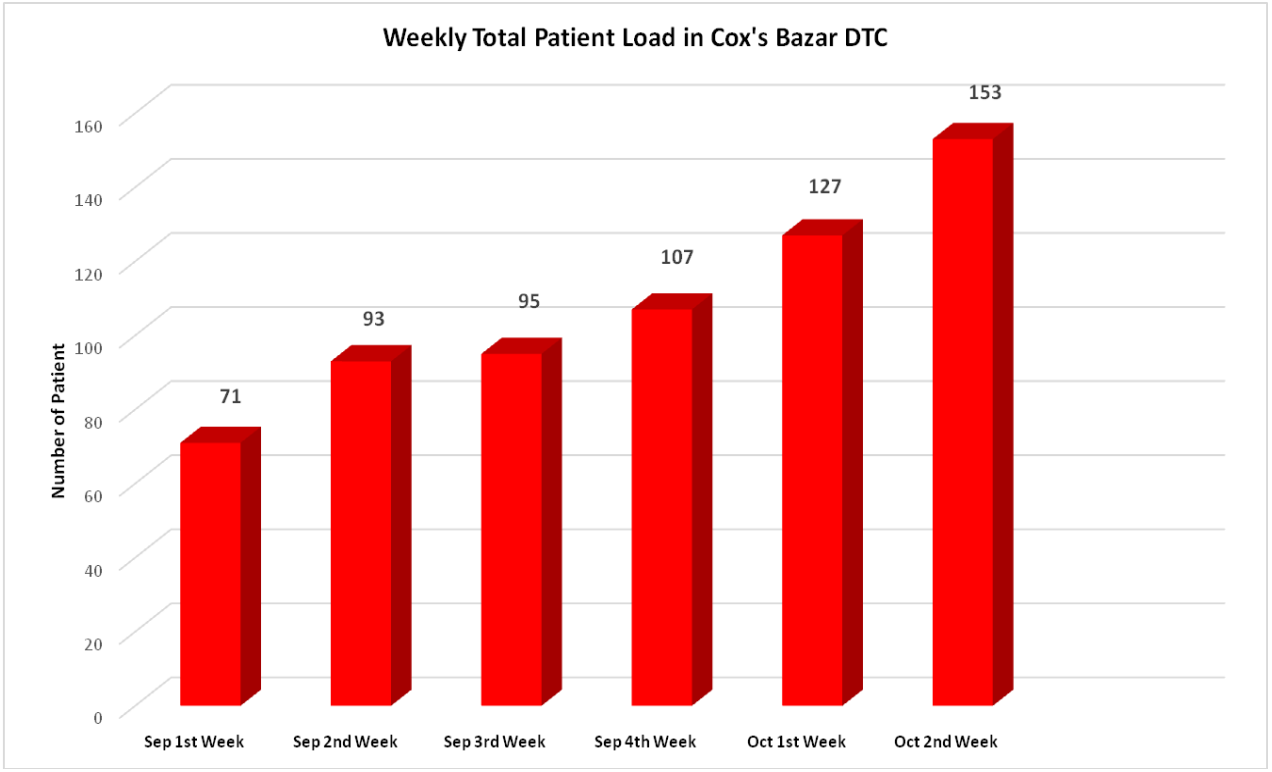
- **To evaluate nutritional status of respondents and identify any changing trend**

Detection of enteric pathogens in Diarrhoea Treatment Centres, Cox's Bazar

22 April, 2018 – 25 October, 2018

Isolated Pathogen	All Population n= 781 (%)
Aeromonas species	114 (14.6)
Aeromonas sobria	1 (0.1)
Rotavirus	157 (20.1)
Vibrio cholerae non O1/O139	19 (2.4)
Vibrio fluvialis	1 (0.1)
Vibrio parahaemolyticus	3 (0.4)
Shigella flexneri	2 (0.3)
Shigella dysenteriae 2	2 (0.3)
Shigella sonnei	1 (0.1)
Plesiomonas shigelloides	4 (0.5)
Salmonella group B	6 (0.8)
Salmonella para typhi B	5 (0.6)
Salmonella group C1	12 (1.5)
Salmonella group C2	1 (0.1)
Salmonella group D	2 (0.3)
Salmonella group E	7 (0.9)
Salmonella infantis	2 (0.3)
No pathogen	467 (59.8)

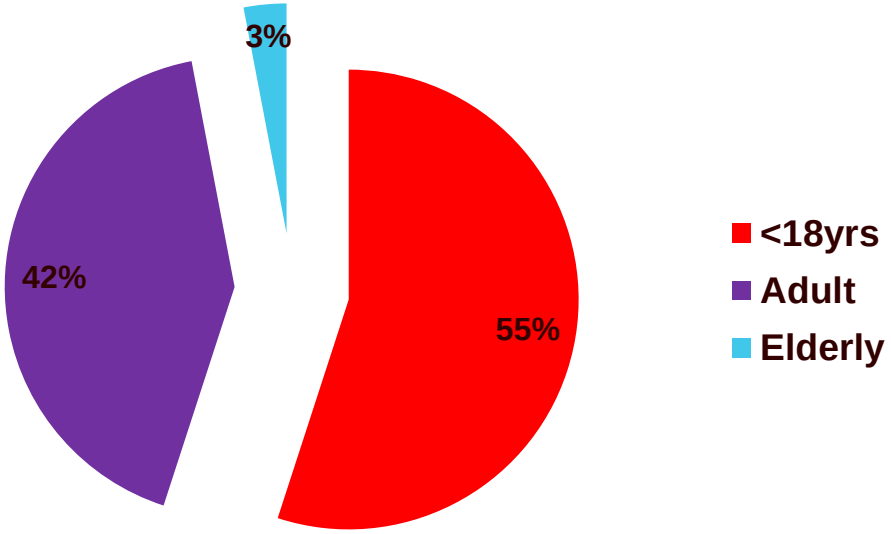
Weekly total patient load in Cox's Bazzar DTC



Source: UNHCR
Rohingya refugee crisis:
Population Data Analysis

Profile of the registered and counted population

Age distribution:



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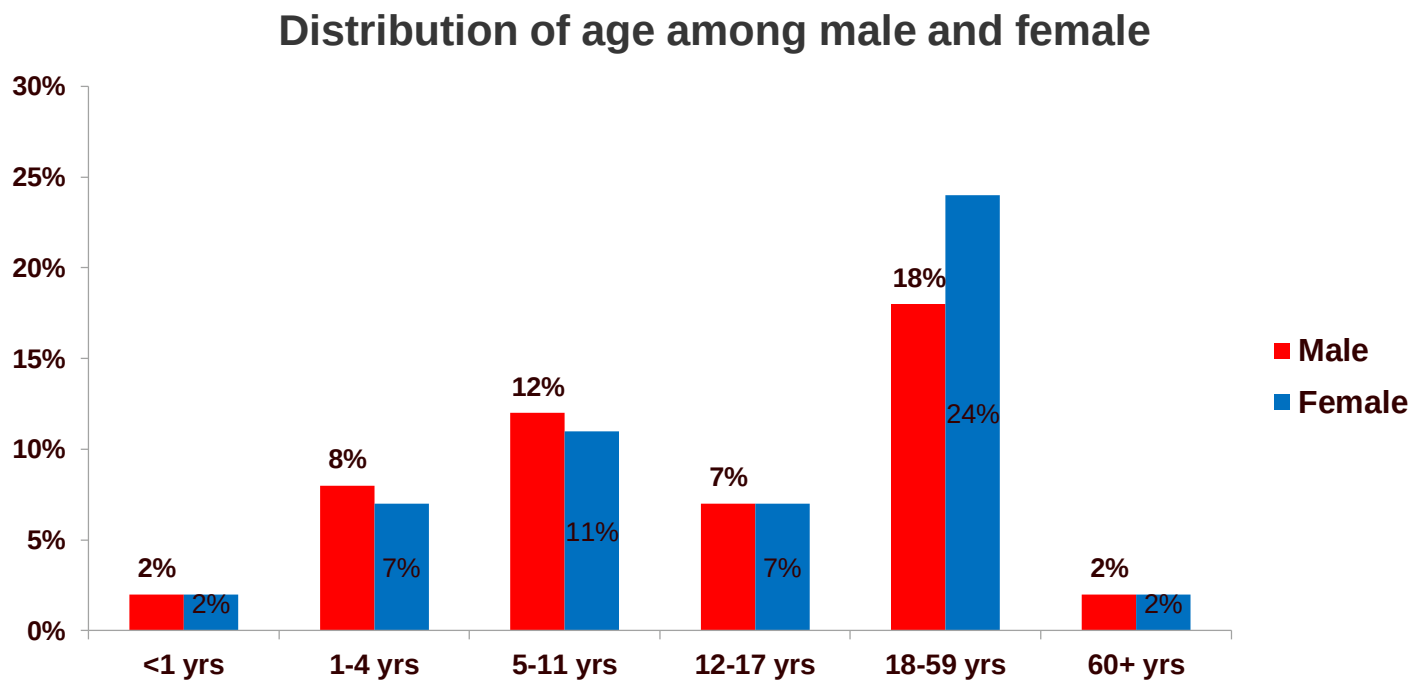
Source: UNHCR
Rohingya refugee crisis:
Population Data Analysis

Demographics

52% of the Rohingya refugees are female



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Source: UNHCR
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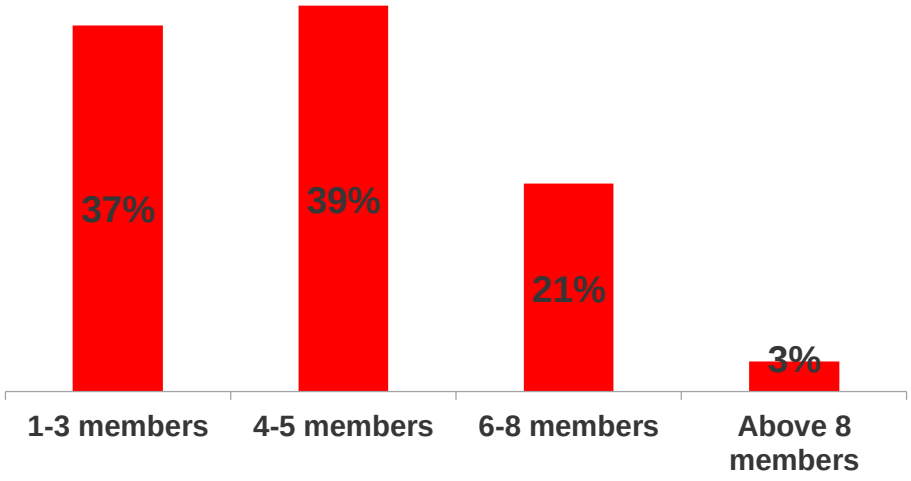
Population Data Analysis

Family size:



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- Till now no outbreak of cholera???
- Should we relax???
- The Rohingya's are not going anywhere
- What should we do???