Weekly Situation Report # 3
Date of issue: 15 November 2017
Period covered: 8 to 15 November 2017
Location: Bangladesh
Emergency type: Arrival of Rohingya population from Myanmar following conflict in Rakhine state

618 000 new arrivals in Bangladesh
300 000 Refugees from Myanmar
199 472 children aged 1 to 5 years vaccinated second dose of oral cholera vaccine
1.2 million people targeted for humanitarian assistance

KEY HIGHLIGHTS

- As of 14 November 2017, the cumulative number of new arrivals in all sites was 618 000. This number includes over 338 000 arrivals in Kutupalong Balukhali expansion site, 234 000 in other camps and settlements, and 46 000 arrivals in host communities.
- According to the disease early warning and response system (EWARS), a total of 412 suspected cases of measles have been reported between 1 September and 4 November 2017 and the numbers increased significantly this week. Case investigation is ongoing and a vaccination campaign is planned.
- The preliminary results of a recent inter-agency health service mapping of all camps and settlements conducted from 8 to 14 November 2017 confirm that distribution of health services is not equitable. The information is being used to plan for allocation and reallocation of health care services providers.
- Ministry of Health and Family Welfare, supported by WHO and partners completed the second phase of an oral cholera vaccination campaign during which a total of 199 472 children aged between one and five years received a second dose of oral cholera vaccine for added protection. In addition, 210 000 children under five years of age were given oral polio vaccine (bOPV).
- WHO is assisting Ministry of Health and Family Welfare (MOHFW) efforts to scale up vaccination at transit sites, static facilities and through household visits by vaccinators.
- WHO and partners have begun mapping mobile and fixed health care facilities in FDMN camps and settlements. The information will be used to rationalize the distribution of health care services.

SITUATION OVERVIEW

Over 65 health sector partners and approximately 200 health care facilities are known to be operating across all camps and settlements. However, there is limited oversight or coordination of these facilities, and no process for analysing health care coverage and assigning new facilities to under-served areas. Moreover, the services provided are not standardized and the quality of health care services varies considerably. Government hospital facilities are overcrowded and do not have the resources to cope with the high volumes of referral patients.

The latest EWARS data shows that acute respiratory infections remain the most commonly reported disease (29%), followed by fevers of unexplained origin (28%) and acute watery diarrhoea (21%). While the most recently published data on measles reports 412 suspected cases (from the 4th Mortality Morbidity Weekly Bulletin (MMWB) EWARS 4th November), there has been a significant increase in the number of measles cases this week. In view of the low immunization coverage among the FDMN population, vaccination programmes need to be strengthened as a priority.

Potential outbreaks of diarrhoeal diseases including cholera are also a concern, given the inadequate water and sanitation facilities in camps and settlements. WHO water quality data analysis from the 4th MMWB of 624 source and 1248 household water samples shows that just 35% of source samples and 7% of household samples are free from *E. coli* contamination.

WHO ACTIONS

**Mapping of health care facilities and services**

From 8 to 14 November 2017, WHO, UNFPA, IOM, UNHCR and REACH Initiative conducted a rapid service availability mapping of health care facilities in FDMN camps and settlements, using an assessment tool developed in consultation with health sector partners. Preliminary results from the survey were presented to MoHFW and health sector partners.

WHO will now conduct gap analysis to identify zones with over and under supply of health facilities. WHO will then work with the International Office for Migration, the Office of the United Nations High Commissioner for Refugees, the government’s Refugee Relief and Rehabilitation Committee and the Civil Surgeon’s office to review the allocation of health care facilities.

**Package of minimum basic health services**

WHO has prepared a recommended package of minimum basic health services for health posts and health care centres, based on the MOHFW’s service delivery package and UNHCR/SPHERE guidelines. The package has been approved by MOHFW and shared with all health sector partners.

**Disease early warning and response (EWARS)**

The EWARS has now been functional for six weeks, with an average reporting rate of 90 percent. Disease trends remain relatively stable, with acute respiratory infections still the most common type of disease reported.

**Water, Sanitation and Hygiene**

WHO has now completed a first round of water quality surveillance, and the analysis report was shared with the WASH sector to inform actions to improve sanitary conditions and prevent the further deterioration of drinking water quality. In this first round, 624 source and 1 248 household water samples were collected and tested between 24 October and 12 November. Of these, just 35% and 7% were free from *E. coli* contamination, respectively. Sanitary Inspections (SI) were also conducted, whereby WHO and DPHE teams inspected water sources and household storage containers and observed household hygiene practices. Based on the scoring
system used, 68% of surveyed households were considered at high risk of water contamination, necessitating urgent remedial action. The second round of water quality testing began on 13 November and water sample collection and testing is ongoing on a daily basis.

**Preparedness for outbreaks of acute watery diarrhoea**

Given the poor quality of water and sanitation in the FMD camps and settlements, WHO and health partners are preparing for eventual outbreaks of acute watery diarrhoea (AWD). WHO and partners have estimated the needs and gaps for diarrhoea treatment centres (DTCs), oral rehydration points and supplies, and WHO has helped health partners to identify additional sites to establish DTCs. UNICEF will shortly begin training health care workers on the case management of AWD and WHO has ordered additional AWD kits to bolster contingency supplies.

**Nutrition**

Addressing the alarmingly high rates of severe acute malnutrition is a multi-sectoral priority, and nutritional services are included in the package of minimum health services. WHO is providing technical support to the preparation of a multi-sectoral plan led by the Nutrition sector with the involvement of the Food Security, Shelter, Health and WASH sectors. In addition, WHO will support the nutrition sector to standardize the management of children in Outpatient Therapeutic Program (OTPs) supported by different organizations.

**Vaccination campaigns and routine immunization**

On 9 November 2017, WHO and partners completed the second phase of a cholera and polio vaccination campaign for children. A total of 199,472 children aged between one and five years received a second dose of oral cholera vaccine for added protection (estimated target population: 180,000), and 236,696 children under five years received oral polio vaccine (estimated target population: 210,000).

In addition, WHO continues to support the MOHFW’s efforts to strengthen routine vaccination. Since 1 November, 970 children (6 months - 15 years) passing through the two transit sites have been vaccinated against measles and rubella (MR) and 1038 children under five years received oral polio vaccine (bOPV). Meanwhile polio, measles and tetanus immunization began on 11 November from static sites within the camps. Through these static sites, to date 719 children have been vaccinated against polio, 589 children against measles and 476 pregnant women against tetanus.

Establishing the routine Expanded Programme on Immunization (EPI) in camps and settlements and setting up vaccination posts at entry points into Bangladesh are both key to controlling measles and other diseases. However, in response to the significant increase in measles cases this week, WHO, MoHFW and partners have agreed to rapidly initiate a measles campaign targeting 360,000 children under 15 for MR vaccination. In view of the urgency of the situation, the campaign is planned to start on 18 November and microplanning began this week.

**Coordination**

There are now at least 65 health partners known to the health sector. To address crucial health issues that require urgent attention WHO, the MOHFW and selected health partners have set up a Strategic Advisory Group (SAG). The group met for the first time this week, and will continue to meet on a weekly basis. This week the group has been tasked with designing a plan for referrals from within the camps to tertiary facilities.
1. Dr Edwin Salvador  
   Deputy Representative  
   WHO Bangladesh  
   Email: salvadore@who.int

2. David Wightwick  
   Incident Manager  
   WHO Bangladesh  
   Email: wightwickd@who.int