



World Health Organization

Bangladesh

Weekly Situation Report # 8

Date of issue: 30 December 2017

Period covered: 23 December – 30 December

Location: Bangladesh

Emergency type: **Rohingya Refugee Crisis**



867 550
total Rohingya
in Bangladesh



655 500
new arrivals since
25 Aug 2017



149 962 children aged under 7
years vaccinated with pentavalent,
pneumococcal, and bivalent oral
polio vaccines.



165 927 children
under 15 years were
vaccinated with Td
vaccine.



1.2 million
people targeted for
humanitarian assistance

KEY HIGHLIGHTS

- A total of 2934 cases suspected of diphtheria, of whom 27 died, have been reported from 8 November – 30 December 2017. The District Core Committee for Diphtheria Outbreak, chaired by the Civil Surgeon of Cox's Bazar, has been formalized with WHO and partners to contain the spread of diphtheria through effective treatment, vaccination, and contact tracing activities.
- Around 50% of Rohingya children are malnourished and anemic. The acute malnutrition rate in children under 5 years is 25%. WHO, as co-lead of the health sector, is working to strengthen linkages with WASH, nutrition, and child protection to address issues of acute malnutrition and anemia.
- Approximately 67% of pregnant women have no or very limited access to gynecological and obstetrical pregnancy related complications. Arrangements to obtain 24/7 facility access for maternal health and critical care services are underway in coordination with the Refugee Relief and Repatriation Commissioner (RRRC), Directorate General of Health Services (DGHS), and WHO led Strategic Advisory Group (SAG).

SITUATION OVERVIEW

Since 25 August 2017, an estimated 655 500 Rohingya have crossed the border into Cox's Bazar, joining approximately 300 000 others who had fled in earlier waves of displacement. Respiratory infection, skin disease, and acute watery diarrhea risks remain high with increasingly crowded living conditions, inadequate water and sanitation (WASH) facilities, and low vaccination coverage.

As of 30 December 2017 over 548 000 arrivals are in Kutupalong Balukhali expansion site, 242 000 in other camps and settlements, and 79 000 arrivals in host communities, with impact on the already congested health response. Pre-existing camps and settlements as well as new spontaneous settlements have expanded with the new influx.

RESPONSE

Epidemiological Situation

- A total of 2934 cases suspected of diphtheria, of whom 27 died, have been reported from 8 November – 30 December 2017.
- Around 50% of Rohingya children are malnourished and anemic. The acute malnutrition rate in children under-5 years children is 25%.
- Approximately 67% of pregnant women have no or very limited access to gynecological and obstetrical care services while approximately 15 480 deliveries are expected to occur over the next 3 months. It is estimated that there are around 58 700 pregnant women in the Rohingya population living in the camps.
- Acute respiratory infections, acute watery diarrhea, bloody diarrhea and fever of unexplained origin continue to contribute significantly to overall consultations in all reporting camps and settlements.
- The Early Warning and Alert System (EWARS), established in August 2017, has been strengthened to provide surveillance for a number of diseases and notify focal points when there is a need to investigate an alert. A series of trainings have taken place for DGHS representatives, agency focal points, and health facilities on the upgraded EWARS reporting system which will be implemented in 2018.

Water, Sanitation, and Hygiene

- The third round of water quality surveillance was completed from 4 to 20 December 2017. Approximately 81% of the water samples collected from 1 108 households were found contaminated with *E.coli*. Priority actions that will be implemented include chlorination of contaminated shallow tube-wells, decommissioning of latrines near water sources, installation of new deep tube wells, and promotion of water purification and hygiene methods.
- Health facility assessments in Sadar district hospital, Ukhia Upazila Health Centre, and Teknaf Upazila Health centres were conducted by WHO with health partners to assess the facilities. Hospital waste management procedures were assessed and are currently under review for priority actions.

Vaccination Campaigns and Routine Immunization

- The first round of vaccination for children with Penta, PCV, bOPV and Td will continue for Forcibly Displaced Myanmar Nationals (FDMN) in various camps in Ukhia and Teknaf until 31 December.
- From 24 to 30 December, 62 981 children aged 6 weeks to under 7 years were vaccinated with Penta, PCV and bOPV and 92 250 children aged 7-15 years were vaccinated with Td vaccine.
- From 24 to 30 December, approximately 2 000 health workers from various organization were vaccinated.
- Vaccination was organized in Naikhongchhari Upazila from Bandarban district on 26 to 27 December. 2 920 children aged 6 weeks to under 7 years were vaccinated with Penta, PCV and bOPV and 2 480 children aged 7-15 years with Td vaccine.
- Micro plans were developed for vaccination of school children in host communities in Ukhia and Teknaf. Vaccination of school children in host communities will begin on 1 January.

Referrals

- Guidance for the referral of children from learning centres, schools, and child friendly spaces has been developed in collaboration with UNICEF, UNHCR, and other key partners from the education and protection sectors. A series of trainings will be provided for teachers, community health workers, and all health partners to ensure infection prevention and prompt referral of sick children.
- The SRH Working Group established a Task Force for defining referral pathways on pregnancy related complications. An incentive based ante-natal care system has also been developed.

Review Of Hospital Services

- WHO is supporting Sadar District Hospital, Ukhaia Upazila Health Centre, and Teknaf Upazila Health Centres to review hospital services, investigate cases of reportable diseases, and implement priority actions.
- The MHPSS Working Group is conducting mental health needs assessment in Ukhaia and Teknaf Upazila health facilities.

Risk Communication and Community Engagement

- Rapid assessment of social mobilization activities are underway to revise strategies for subsequent rounds of diphtheria vaccination in coordination with UN and NGO partners in the Communicating with communities working group.
- WHO is working with health sector partners to operationalize activities for risk communication and community engagement based on joint priority objectives outlined.

Logistics

- WHO continues to support the provision of medical supplies, equipment, and medication for partners opening new diphtheria treatment facilities through the coordination of national and international shipments.
- Provisions of Diphtheria Antitoxin (DAT) to diphtheria treatment centres is ongoing in close collaboration with WHO case management teams to ensure that medical staff have received adequate training on DAT administration. The current remaining WHO stock of DAT in Cox's Bazar is 1290 vials.

Coordination

- The District Diphtheria Core Committee chaired by the Civil Surgeon of Cox's Bazar was created on 11 December. Sub-groups (epidemiology, case management, risk communication, laboratory, vaccination, and logistics) of the core committee composed of key partner agencies supporting the response continue to meet regularly to prioritize actions and implement harmonized interventions.
- WHO, as co-lead of the health sector, is working to strengthen linkages with WASH, nutrition, and child protection to address issues of acute malnutrition and anemia.
- Arrangements to obtain 24/7 facility access for maternal health and critical care services are underway in coordination with the Refugee Relief and Repatriation Commissioner (RRRC), Directorate General of Health Services (DGHS), and WHO led Strategic Advisory Group (SAG).
- Draft operational plan for the Health Sector Strategy implementation under the Joint Response Plan (March-December 2018) has been prepared and will be circulated soon among partners for review, comments and suggestion.
- Needs and Population Monitoring Survey Questionnaire was reviewed, revised by the SAG, and will be implemented in the next round of the survey.

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