

# Situation Report: Nov 2022

## WHO Cox's Bazar: Rohingya emergency crisis

---

### Coordination and Leadership

WHO faces challenges supplying key leadership roles for emergency contexts around the world. To fill this gap, WHO's **Leadership in Emergencies training**, held this year in Turkey, identified and trained potential staff members for strengthened emergency capacities. WHO Cox's Bazar leadership attended the training from 31 October to 3 November.

In addition, twenty-two colleagues from the SEARO region joined the **SIMEX-based Health Cluster Coordination** training in India. Colleagues joined the training from Nepal, Sri Lanka, Myanmar, India and Bangladesh to exchange experiences and build competencies for health responses in acute and protracted crises.

A **policy dialogue** was held in November by BRAC at the University of Dhaka regarding the Rohingya crisis response in Bangladesh. The dialogue included several key speakers from BRAC and, notably, the Honorable Minister Mr M. A. Mannan MP. WHO staff also joined a consultative meeting for coastal protection programs on 30 November 2022.

The Third Annual **Global School for Refugee and Migrant Health** was also hosted virtually from Dhaka in November. This unique event helps humanitarian actors develop the skills and knowledge they need to provide health services in crisis settings. It features keynote lectures, live panel discussions and video reportages produced by WHO offices on the front lines of refugee and migrant responses around the world.

Finally, sector-wide consultative meetings for coastal protection programs were held on 30 November in Cox's Bazar. The meetings tackled both disaster risk reduction issues and climate change adaptation and mitigation.

---

### Information management and epidemiology

**COVID-19, cholera and dengue** cases have all significantly declined against October's figures. COVID-19 test-positivity rates declined eight-fold from 7.1% to just 0.9%. Cholera declined from eight to two cases and transmission rates for dengue declined marginally from 556 in October to 553 cases.

In November, WHO disseminated contact-tracing SOPs for epidemic- and pandemic-prone diseases across the health sector. We also drafted protocols for the integration of influenza-like illness sentinel surveillance alongside consultative meetings with the Institute for Epidemiological Disease Control and Research (IEDCR).

The team attended further discussion meetings on diphtheria and COVID-19 contact tracing with ten focal agencies to agree on coordination, responsibilities and logistics support. They also met with

ICDDR to explore behavioural risk assessments and community practices to lower cholera transmission rates.

.....

## Immunization

Routine immunization for children has reached record levels in Cox's Bazar as the IVD team crossed the 500,000 vaccinations mark in November 2022. WHO also conducted Penta and TD vaccination campaigns in response to the diphtheria outbreak. It targeted populations aged six weeks to 15 years and was conducted from 5 November to 24 November 2022. Cumulatively, 92% (388,003) of children received the Penta and Td vaccines against a target of 419,613. A further 96% (205,311) of children received Penta vaccine against a target of 213,471. Meanwhile, routine vaccination is ongoing, with 13,759 children vaccinated against polio and 5,157 against measles (DHIS-2 data).

.....

## Health operations & technical (response)

### Non-communicable disease

WHO supplied all upazila health complexes with essential NCD medicines, with gap-filling support given to 11 health-sector partners. In addition, we provided supportive supervision on NCD delivery to four health complexes and the Cox's Bazar district hospital.

Training for NCD care is ongoing. WHO Bangladesh trained 53 primary healthcare workers on the management of hypertension and diabetes mellitus in line with national protocols. A further 40 community health staff, including 24 CHCPs were trained on NCD screening and behaviour risk modification counselling.

### Communicable disease

With the support of the IVD team, the WHO communicable disease team held training sessions on the reporting of communicable diseases. Over 100 healthcare workers have been trained.

### Mental health and Psychosocial Support

WHO conducted eight mhGAP supportive supervision sessions in Cox's Bazar to better integrate mental health and psychosocial support with primary health care services. A total of 26 doctors and psychiatrists participated. WHO's resident psychiatrist also provided real-time advice on patient management issues through 16 direct consultations.

### Clinical case management

There are currently seven Severe Acute Respiratory Infection Isolation and Treatment Centers (SARI ITCs) in Cox's Bazar with 223 functional beds. The bed occupancy rate in November averaged 28% (Ukhiya 21% and Teknaf 34%). Of the admitted patients, 35% were categorized as mild, 35% as moderate, 29% as severe and 2% as critical patients.

### Essential lab services

WHO conducted a refresher training on biosafety, IPC and COVID-19 sample collection for 37 health workers from Rohingya refugee camps on 10 November 2022.

### Infection prevention and control

WHO held the 2nd IPC Workshop and 1st IPC conference of Cox's Bazar district on 2 November 2022 with a theme of implementing IPC programs in fragile, conflict and crisis settings for health worker

and patient safety. A total of 153 participants attended the Conference with 24 presentations made from over ten organizations and two work plans of 2023 drawn for both IPC and Antimicrobial Stewardship (AMS).

.....

## Health operations & technical (services)

### **Tuberculosis**

TB technologists conducted a total of 250 microscopic test in Ramu and Pekua for TB diagnosis. A total of 162 x-rays were completed for TB suspects and other chest diseases at Pekua UHC. During the month, TB field assistants reached over 500 people and conducted 10 field sessions for a community awareness program in the FDMN camps and host community. They distributed sputum collection pots to suspected TB patients and referred them to the BRAC health facility for further testing. TB coordinators also conducted a meeting with partners of the National TB Control Program (NTP).

### **Emergency preparedness and response**

WHO conducted the first two batches of training on Basic First Aid for Healthcare Workers, training forty people including medical officers, assistants and nurses. The training is planned for 100 participants across five batches.

### **Healthcare waste management**

After October's HCWM training, WHO dispatched locally procured supplies to eight health facilities, and district hospitals in Sadar and Pourushabha. Items included safety boots, working coveralls, kevlar gloves, aprons, gloves, safety goggles and more.

### **WASH**

WHO delivered four days of training on Water Quality Standards (WQS) for 21 participants from the Department of Public Health Engineering, as well as water sample collectors and analysers. WQS activity began after the training, with participants carrying out water sample collections, testing and inspections.

A total of 271 unsterilized and sterilized water points, as well as 542 Household water samples, were analysed for E. coli testing. Samples were also tested using field testing kits for pH and turbidity.

### **Risk Communications and Community Engagement**

WHO's RCCE team prepared 14 PH/IEC materials on HCWM for use in camp health facilities. We also finalized FAQs, IEC materials, and campaign plans for the diphtheria vaccination campaign.

We are developing public health messages and IEC materials on earthquake preparedness in Bangla and Burmese languages. We also provide technical support for the translation of a discussion guide for FGDs and interviews with health facility managers. A PPT and info kit on vaccine-preventable disease surveillance and contact-tracing training materials are also being provided, alongside necessary support for a documentary filming for the WHO Global School on Refugee and Migrant Health.

.....

## Administration, finance and logistics

A total of 90 consumable items relating to the Blood Transfusion, NCD and HCWM have been distributed to eight health complexes in Cox's Bazar, worth of \$85,173.22 USD. Further, 57 items

---

were delivered to eighteen health-sector partners to cover technical needs in both FMDN and host communities. A total of 20,655 dengue, cholera, hepatitis and COVID-19 rapid diagnostic tests were delivered to 11 partners in the FMDN camps and five Cox's Bazar health facilities. A further 50 diphtheria antitoxins were delivered to Medicines Sans Frontiers (MSF) facilities in the FMDN camps.

WHO delivered 10,000 indelible markers to Ukhiya, Teknaf and for use in Penta vaccination campaigns. Another 15 different varieties of items totalling \$40,432 were delivered to the Department of Public Health Engineering (DPHE) lab in Cox's Bazar for Water Quality Standards surveillance. We also dispatched equipment and reagents to the DPHE.

Throughout November, WHO has received 61 different item types to WHO warehouses worth \$86,076. Items will be used by IVD teams, the IEDCR lab, NCD and blood transfusion teams, and the health sector at large.

WHO has collected COVID-19, diphtheria and dengue samples from all 33 of the FMDN camps and delivered them to the IEDCR laboratory in Cox's Bazar. We also continue to support the OSL unit for the transference of logistics to different FMDN camps and health complexes in the host communities.

---

.....

## Contacts

Dr Bardan Jung Rana  
WHO Representative to Bangladesh  
ranab@who.int

Dr Jorge Martinez  
Head of Sub Office, Cox's Bazar, Bangladesh  
martinezj@who.int

---