

Country Emergency Situation Profile: Bangladesh

Priority Needs:

The combination of the high number of disaster events as well as increasing human vulnerability resulting from demographic pressure, poverty, social inequality and coupled with the apprehended climate change indicate that Bangladesh is, currently, at high risk to large scale disasters with consequent impact on human health and survival. Substantial reduction of public health risks of natural as well as human induced disasters through enhanced capacity of the health sector to effectively manage emergencies are some of the priority needs of the country.

Main Recommendations:

Enhanced capability of the health sector to effectively address health risks to emergencies through:

- Development of an integrated emergency health management plan that covers areas of risk assessment, health intelligence, capacity building, public awareness as well as effective emergency response capability;
- Using "public health and hazard mapping" as a useful operational tool for health risk assessment of the hazard prone areas;
- Development of technical guidelines, and surveillance standards in order to promote best health practice during humanitarian crisis situation;
- Setting up of an early warning system for alert and response to epidemic prone diseases following a natural disaster in the country;
- Capacity building for rapid health needs assessment following any emergency in order to ensure that the most vulnerable population benefit from the humanitarian health relief Programme.

Context and Hazards

Bangladesh: At a Glance



The People's Republic of Bangladesh is situated in the southern part of Asia, bordered on the west, north, and east by India, on the southeast by Myanmar, and on the south by the Bay of Bengal. With a total area of 147,570 square kilometer, most of Bangladesh lies within the broad delta formed by the Ganges and Brahmaputra rivers. The country is an exceedingly flat, low-lying, alluvial plain traversed by more than 230 rivers and rivulets (with a total length of 24,140 km) and has a coastline of about 580 km along the Bay of Bengal.

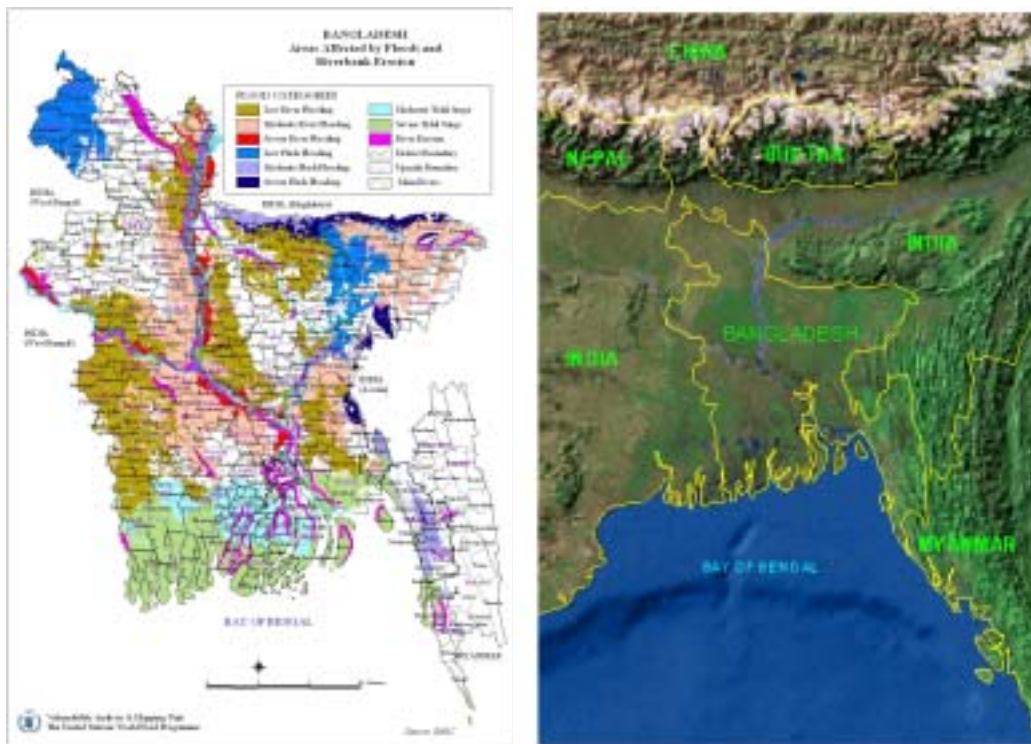


Figure: Maps of Flood and Earthquake/Tsunami prone areas in Bangladesh

The geographical location and topographical features of Bangladesh have exposed the country to almost all kinds of natural and human induced disasters. The monsoon weather brings in tornados and cyclones affecting the entire country with high tidal upsurges at the coastal belts during March-June, and due to heavy rainfall in the country as well as in the northern Indian states of Assam and Maghalaya, floods occur almost every year affecting almost two thirds of the country during the months of July to October, resulting in heavy damage to properties, crops and lives. Although significant earthquake- tremors or Tsunamis did not take place in Bangladesh since over 100 years, a considerable part of the country falls under 'Earthquake zone' and mild tremors continues to occur in the southern parts of the country without any significant casualties or life loss, so far, but the country remains at threat of moderate to major earthquakes along with disasters like Tsunami.

Major Hazards of Bangladesh:

Natural: Flood including Flash Flood, Cyclone & Tidal surge, Tornado, River erosion, Land slide, Mild Earthquake, Draught etc.

Human induced/Biological/Technological: Road & River Traffic accident, Epidemics, Fire, Buildings Collapse, Gas Field explosion, Political Conflicts etc.

A range of factors such as over population, social inequality, escalated environmental degradation and rapid urbanization is considerably increasing the impact of disasters on human health and survival in the country demanding a more complex nature of emergency response in recent times. Moreover, the economic burden of poverty and demographic pressures are making a vast majority of people more vulnerable by forcing them to migrate to high risk areas such as flood plains and far flung islands which are normally not suitable for human settlement. The arsenic contamination of drinking water is now gradually evolving as a new public health emergency of a scale never witnessed before. At the same time, the country is at risk of being inundated, at-least ten percent of its land mass with in the first half of this century due to rising sea levels as a result of climate change.

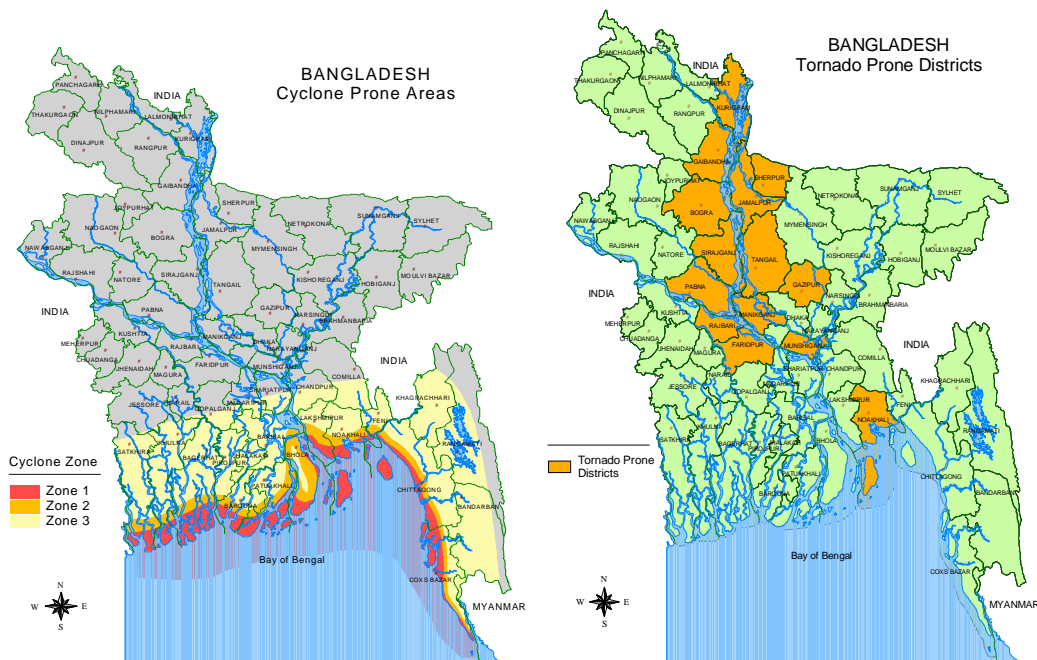


Figure: Maps of Cyclone and Tornado prone areas in Bangladesh

Population

The population of Bangladesh is approximately 123.15 million of which approximately 23 percent of the population live in the urban areas while the rest (77%) live in the rural areas. The population growth rate is 1.47 percent per annum. The current density of population is approximately 834 persons per square kilometer which is one of the highest in the world. The average household size (persons) is 4.8 and most of the people are relatively young, some 45 percent being under the age of 15 and only about 3 percent being 65 or older. Life expectancy at birth is about 62 years for both males and females. (Source: Population Census of Bangladesh, Bangladesh Bureau of Statistics. August 2001).

Water and Sanitation

Currently, over 97 percent of the population in the country has access to improved water sources. In the urban areas, over 99 percent of the populations have access to improved water source against 97 percent population in the rural areas. Despite this improvement in the availability of improved water sources, 30-35 million people of Bangladesh are exposed to drinking water that contains harmful concentrations of arsenic. This arsenic poisoning from drinking water has been recognized as the largest mass poisoning of a population in history. In comparison with the water sector, the sanitation situation in the country is still far behind as access to improved sanitation remains low. Overall, the percentage of people having access to improved sanitation is only 43 percent. In the rural areas it is only 40.2 percent while it is about 71 percent in the urban cities of the country.

Epidemiological Profile

The leading causes of mortality and morbidity in the country are still from infectious diseases. However, due to demographic transition in the country leading way to epidemiological transition, non-communicable diseases are also becoming a major disease burden in addition to the common infectious diseases. A selective list of health indicators of the country is shown below:

Selected Health Indicators: Bangladesh

Indicator	Estimated status in 2001-2002
Crude mortality rate	7.5 per 1000 population
Infant mortality rate	56 per 1000 live births
Under 5 mortality rate	77 per 1000 live births
Maternal mortality ratio	3.2 per 1000 live births
Immunization coverage	<ul style="list-style-type: none">BCG: 95 % ; OPV3/ DPT3: 72%; Measles:69%;Fully immunized 63% (Source: EPI Coverage Evaluation Survey 2003)Total confirmed Polio cases 17 in 2006. Though Bangladesh last five years (2000-2005) passed as polio free state.
HIV/AIDS	<ul style="list-style-type: none">At the end of 2006, an estimated 7500 adults suffering from HIV/AIDS in Bangladesh. (The s prevalence is <0.1%). Also, during the same time, the reported cases of HIV were 874, with 240 cases of AIDS of whom 109 had died.

Reported outbreak in recent time	<ul style="list-style-type: none"> ▪ Dengue in Dhaka city in 2006 (Cases: 2,171; Deaths: 10; Case Fatality Rate: 0.46%) ▪ From the first week of July up to end of October 2004, flash floods affected almost two-third (42/62 districts) area of Bangladesh. A total of 3,49,000 cases and 120 deaths (CFR = 0.030%) of acute watery diarrhea including 30,000 cases of Pneumonia were reported during July-September 2004. ▪ During December 2003 through until end of April 2004, an unidentified disease having fever, altered neurological state (semi or unconsciousness) and/or respiratory distress struck in few clusters in the northern and middle part of Bangladesh which later was diagnosed as Nipah Virus Infections. The disease showed very high case fatality rates having 56 cases with 44 deaths (CFR: 78.5%).
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Administrative Division and Structure of the Health System

Bangladesh has a unitary form of government. The country is administratively divided into divisions, 64 districts, 472 upazilas (sub-districts), 4,500 unions and 90,500 villages. The lowest tier of administration is upazila having, on an average, 200,000 to 250,000 populations. In the public sector, the largest health service provider of the country is the Ministry of Health & Family Welfare (MOH&FW). The MOH&FW has established a country wide network physical and organizational infrastructure to plan, manage and deliver public health and family planning services. While the MOH&FW is responsible for policy planning and decision making at macro level, there are two major implementation wings under the MOH&FW- the Director General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP). The DGHS is responsible for implementation of all public health programmes in the country including emergency preparedness and response (EPR) programme in the health sector. The Directorate of Family Planning is responsible for implementing family planning programme and providing family planning related technical assistance to the Ministry.

The national health system, in the public sector is organized in the following five tiers in line with universal primary health care approach:

Level of Care	Administrative Unit	Health Facility	Population coverage
Tertiary Referral Level	Division (6) or District	Teaching Hospitals/Institutes (19) :250-1050 beds each	10-15 million population
Second Referral Level	District (64)	District Hospitals (59): 50-250 beds each	1-2 million
First Referral Level	Upazila (472) Urban (District Sadar) upazilas do not have UHC	Upazila Health Complexes-UHC (399): 31 beds each	200,000 - 450,000
First Level Health Facility	Union (4,500) UH & FWCs are not established in 397 unions where UHCs exist	Union Health and Family Welfare Centre-UH&FWC (3200)	21,000
First Contact with Health services/health providers	Ward (13,500)	One Family Welfare Assistant (FWA) and One Health Assistant (HA)	6,000
	Village (90,500)	Trained Birth Attendants (TBA) and Village Health Volunteers	1,000 - 1,500

Source: Directorate General of Health Services of Government of Bangladesh.

Besides, there are 54 Maternity and Child Welfare Centers and more than 30 special hospitals (Cancer hospital, mental hospital, dental hospital, TB and Leprosy hospital etc) in country. In addition, more than 280 small clinics and over 640 hospitals with total bed capacity of 8025 were operational in the country in the private sector.

Some of the other important health services provision indicators are:

Indicator	Ratio/Number
Population: Physician number	3532:1
Population: Hospital bed	2801:1
Physician: Nurse number	2:1
Number of registered medical doctors	36,576
Number of registered nurses	19,500
Number of peripheral level health workers	43,366

Source: Statistical Pocket Book, Bangladesh 2004 (Published By BBS in January 2006).

Accessibility and Essentials for Logistics

Bangladesh enjoys, generally, a sub-tropical monsoon climate. While there are six seasons in year, three-namely winter, summer and monsoon are prominent. Winter begins in November and ends in February. The hot and humid summer season starts in March and stays till June. The monsoon starts in July and stays up to October. The period accounts for 80 % of the total rainfall in the country. The average annual rainfall in the country varies from 1429 to 4338 millimeter. The average winter temperature varies between 11⁰ c to 29⁰ c and the average summer temperature ranges between 21⁰ c to 40⁰ c. The country has about 2734 kilometers of rail road, 17,554 kilometers of paved road and roughly 5968 kilometers of perennial and seasonal waterways. The two seaports of Bangladesh are Chittagong and Mongla while there are three international airports in the country (Dhaka, Chittagong and Sylhet) and six domestic airports (Jessore, Rajshahi, Ishwardi, Cox's Bazar, Syedpur and Barisal)

IDPs and Refugees

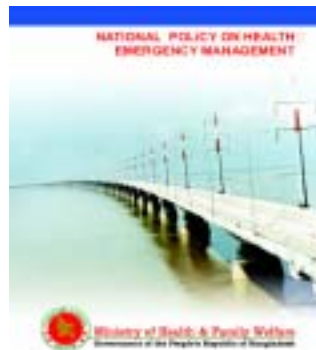
At the end of 2002, Bangladesh hosted approximately 22,000 ethnic refugees called "Rohingya" refugees from the neighboring country Myanmar. An estimated 60,000 Chakma and other Jumma peoples (ethnic groups of which the Chakma are a subgroup) were also internally displaced in the Chittagong Hill Tracts areas of the country. In addition, some 240,000 to 300,000 Biharis were living in Bangladesh in refugee-like circumstances at year's end. However, internal displacement in Bangladesh is most often associated with the devastating cyclones and floods that occur regularly. In addition to such large-scale natural disasters, close to one million people are displaced annually by the inundation of flood plains, erosion and the shifting courses of the country's major river systems. (Source: Profile of Internal Displacement: Bangladesh Global IDP database. November 2001. Available at URL:<http://www.idp.org>)

National Policies and Public Health Guidelines

A number of written policies, public health guidelines and standard operating procedures for emergency response are currently available in the country for use by the health managers. Below is an inventory of such policies and public health guidelines (approved by the government) wk are effectively contributing to the protection and promotion of health during a humanitarian crisis situation in the country:

- Bangladesh National Food and Nutrition Policy, 1997
- National Policy on HIV/AIDS, STD and related issues, 1997
- Bangladesh National Environmental Action Plan, 1997
- Guideline for Health Information Management in emergency situation, 1999
- Standing Order for Disaster Management, 2000
- National Safe Blood Transfusion Policy, 2001
- Technical Guidelines: Public Health Action for Emergencies in Bangladesh, 2001
- Protocol for Mass Casualty Management in Bangladesh, 2001
- Bangladesh National Policy for Emergency Health Management, 2004
- Standard Operating Procedure: Management of Public Health in Emergencies, 2004
- Guideline on Addressing Health in Emergencies (The context of a developing country), 2004

- National Avian Influenza and Human Pandemic Influenza Preparedness and Response Plan, 2006
- WHO & UNDMT Contingency plan (Prepared by WHO, UNDP, UNICEF & WFP), 2006
- National Plan for Disaster Management , 2006 (Version 3)



Main WHO Programs

The major focus of WHO's Emergency and Humanitarian Action (EHA) Programme in the country is towards capacity building of the health sector for prevention and mitigation of adverse health effects of natural disasters and emergencies in the country. In particular, the EHA programme provides technical assistance and expert advisory services to the national health authority for implementing programs and activities that are aimed at protecting public health of the population, at risk, both during and in the aftermath of an emergency in the country. These include:

- Technical assistance for development of appropriate public policies, plans, guidelines and procedures so that best health practices, norms and minimum humanitarian standards are followed during any emergency health relief operation in the country;
- Providing emergency health intelligence services at times of emergencies through analyzing vital health, nutritional and epidemiological data for real time alert and response to epidemics;
- Lessons learnt in a humanitarian crisis are used to improve health emergency preparedness in future disaster situations contributing to subsequent disaster impacts on human health and survival;
- Capacity building for health needs assessment in emergencies and ensuring that the government's emergency health relief operations are in line with the assessed need;
- Harnessing scientific knowledge on risk factors of health and nutrition problems of disasters in Bangladesh with a view to promote informed decision and evidence base for disaster risk reduction strategy.

To this end, WHO, through its EHA unit, is providing technical assistance to the emergency preparedness and response programme of Bangladesh in the following important areas:

- Specific skills and competency development on search, rescue, evacuation and first aid for health workers of high risk areas in the country;
- Capacity building for epidemic investigation and response to outbreaks in emergency situation;
- Setting up protocolized procedure for triage and management of trauma victims in mass casualty situation;
- Skills Development for effective management of food aid and nutrition in emergencies;
- Building a response capability of the local health authority for emergency water supply and sanitation in emergencies;
- Development of health risk assessment tools for vulnerability analysis of hazard prone districts in the country;
- Ensuring multi-sectoral support and collaboration for emergency response;
- Public health mapping services to support decision making for disease surveillance and for emergency relief operation.

In addition, WHO sits in the UNDMT in the country and actively participates with other UN agencies for launching UN Consolidated Appeal when any international assistance is requested by the national government to respond to any large scale disaster in the country. On request by the government, WHO also coordinates international humanitarian aid in the health sector when an international humanitarian relief operation is mobilized in the country.

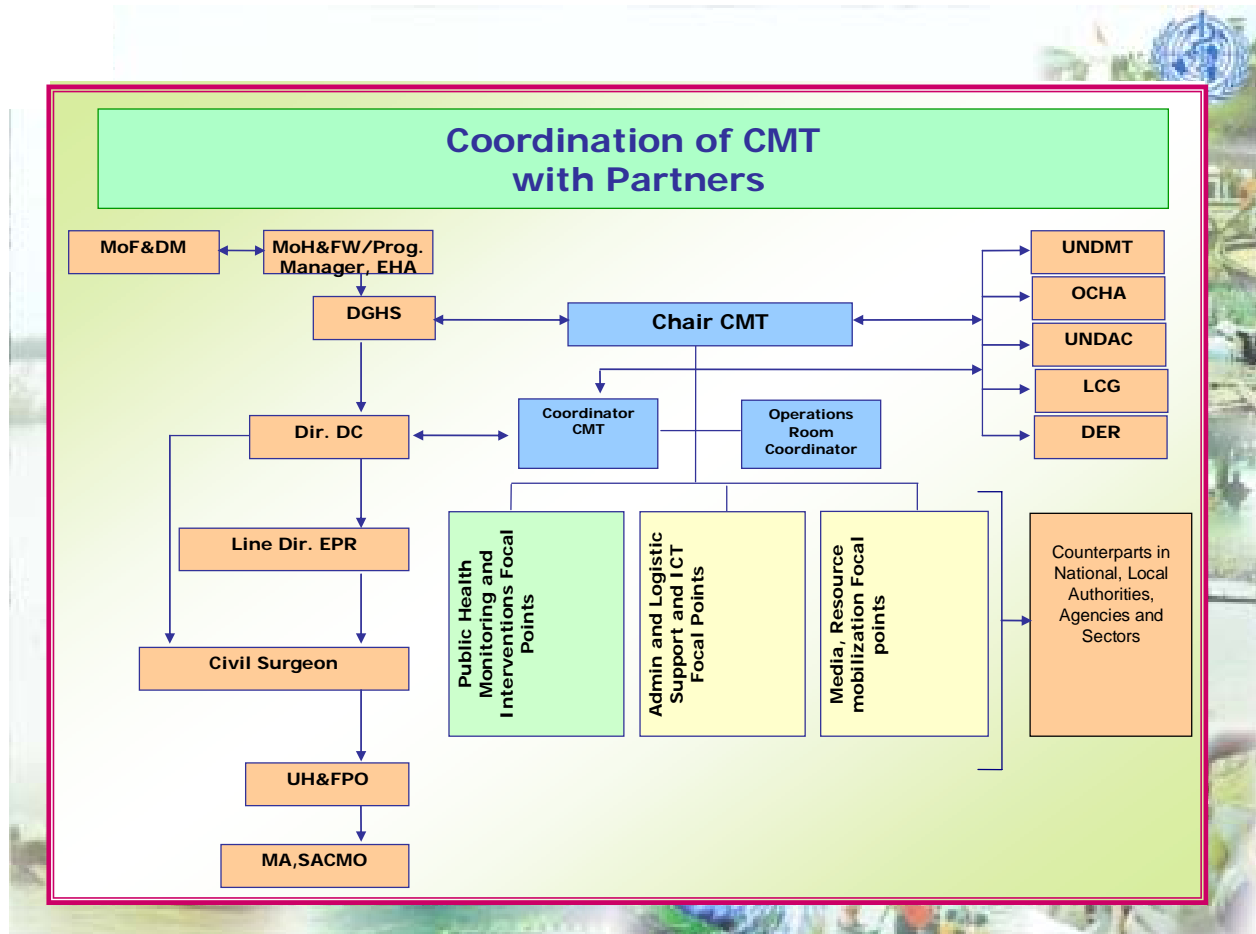


Photos: Training on Diarrhea and CPR

UN Emergency Preparedness

Objectives of Contingency Plan of WHO, Bangladesh:

- Ensure that a functional framework exists for WHO Bangladesh to perform its functions in emergencies;
- Operationalize an integrated and multi-sectoral coordination and collaboration within WHO Bangladesh for preparedness response, and recovery;
- Identify areas of need for specific skills and competency development for WHO staffs to act in emergencies.



The UN Inter-Agency contingency plan for Bangladesh is prepared to ensure that effective and timely humanitarian assistance is provided to the people in need and the national and local authorities so as to speed up immediate response and to facilitate early recovery. UN Country Team will generally respond to complex emergencies, natural and environmental disasters and other significant crisis that severely affect large number of people and requires external support without which the population is unlikely to resume their normal lives. The UN response will take in to account the situation, government and community capacity, donor support, and population's vulnerability.

In times of disasters or emergencies, UNCT Bangladesh aims to provide a coordinated inter-agency response in close collaboration with the Government of Bangladesh, donors, NGOs and other relevant agencies. The UN Resident Coordinator (UNRC) will lead the overall management and coordination of the UNDMT, while the individual Agency Heads are the valuable members contributing for coordinated and effective approaches of the UNDMT. The DMCPT will work as the Secretariat of the UNDMT. The individual Agency Focal Points for disaster management and emergency response are:

UNDP : DMCPT Leader
 UNICEF : Head of Field Operation
 WFP : Advisor, DPR
 WHO : EHA

To facilitate efficient planning and implementing disaster response and timely interventions of UN agencies clusters or teams will be organized with specific sectoral focus, effectiveness areas, and scope of activities as below:

<i>Sector</i>	<i>Lead Agency</i>	<i>Participating Agencies</i>	<i>Comments</i>
Food & Nutrition	WFP/UNICEF	FAO	WFP will take lead in food. UNICEF and WFP will decide the lead in nutrition depending on the nature of response and organizational comparative advantage.
Search, Rescue & Evacuation	UN OCHA and UNRC	All Agencies	Support/Co-ordination of national efforts
Non-food relief	UNDP	UNICEF	
Shelter	UNDP	UNHCR, UNICEF	
Economic Recovery	UNDP	WFP	
Water and Sanitation	UNICEF	WHO, UNDP	
Health	WHO	UNICEF, UNFPA	
Education	UNICEF	WHO	
Agriculture/Fisheries	FAO	UNDP	
Registration	IOM/UNHCR	-	
Reintegration	UNICEF	-	
Humanitarian Access	UNRC	All Agencies	
Protection	UNICEF	-	

General Emergency Coordination

Bangladesh has multi-sectoral co-ordination committees within ministries for making essential disaster management in the health sector sustainable:

- National Disaster Management Council (NDMC) headed by the Hon'ble Prime Minister provides policy guidelines/advice for disaster management;
- Inter-Ministerial Disaster Management Coordination Committee (IMDMCC) headed by the Minister of Food and Disaster Management, is responsible for implementation of NDMC policies and decisions on an inter-ministerial basis;
- The other committee known as National Advisory Committee is responsible for advising to the NDMC and the IMDMCC on specific technical, management and socio-economic aspects relating to disaster mitigation, preparedness and emergency response.
- Apart from these committees, the Disaster Management Bureau (DMB) within the Ministry is responsible for coordinating disaster management activities.
- Outside the government functionaries, the United Nations Disaster Management Team (UNDMT) comprising of all UN and other international humanitarian agencies, operational in Bangladesh, functions as the core disaster management coordination structure within the UN system.
- The activities of the NGOs during any emergency are coordinated by the NGO bureau of the government which has a representation in the IMDMCC.
- Teleconference with field level executives for close supervision and monitoring.
- Frequent DER Sub-Group meeting for situation analysis, information dissemination and probable external assistance.
- Coordination and collaboration with social/political/religious leaders, local administration, NGOs, CBOs and other partner agencies and publication of daily bulleting explaining current situation and measures taken.

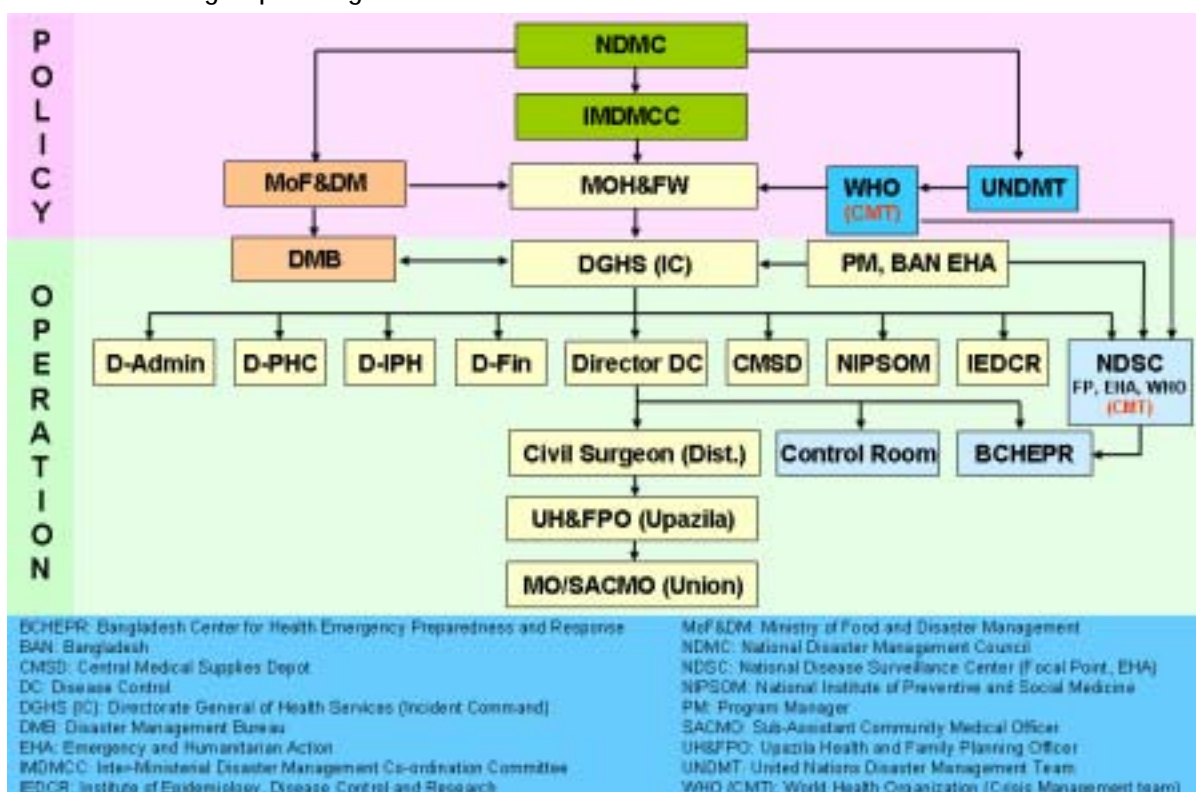


Fig: Coordination of EPR Program in Bangladesh

- WHO-BAN-EHA Programme with the collaboration of Ministry of Health Family Welfare (MoH&FW) provides technical and logistical support to the government health sectors in the county. The Additional Secretary, Ministry of Health and Family Welfare is the Program Manager of BAN EHA. The program is composed of representatives from the Director General of Health Services (DGHS), Armed forces, UN agencies and selected NGOs. The EPR Sector in DGHS headed by Director, DC, CDC & ERR is responsible for integrate health emergency preparedness, response, recovery, management and rehabilitation within the existing health infrastructure.
- WHO Bangladesh has prepared its In-house emergency preparedness and response plan (contingency plan) to reduce the impact of disaster and emergencies through the CMT (Crisis Management Team). Moreover, WHO-BAN-EHA programme with the collaboration of MoH&FW provides technical and logistical support to the government health sectors.

Operational Level for Health Sector During & Post Disaster Situation

Technical Assistance: World Health Organization (WHO)

- **Overall Supervision:** Director General, Directorate General of Health Services (DGHS)
 - **Focal Point EPR:** Director, Disease Control, DGHS;
 - **Management support:** Director (Admin), Director (Finance), Director (Hospital), Director (PHC), Director (MIS), Director (Planning), Director (ME), Director (CMSD), Director (IPH), Director (IEDCR), Director (NIPSOM).
 - **Monitoring:** Deputy Director (CDC), Program Manager (EPR), Deputy Program Manager (EPR), Assistant Director (DC), Assistant Director (CDC), Assistant Director (Disaster), Medical Officer Control Room
 - **Implementation:**
 - **District level:** Civil Surgeon
 - **Upazila level:** Upazila Health & Family Planning Officer
 - **Union Level:** Medical Officer/Medical Assistant/Health Inspector (HI)/Assistant Health Inspector(AHI)
- Ward Level:** Health Assistant (HA)

Response Actions

Initial Action: DG calls Officials of DGHS and other concern Agencies

Continuing Action:

- Situation Assessment
- Activate & deploy of Medical Response Teams
- Coordination of Requests for medical Transportation/Ambulance
- Coordination of Requests for Medical Facilities
- Establishment of Field Hospitals

- Coordination of requests for Aero medical evacuation

WHO Assets available for Emergency Use

World Health Organization operates a sizable fleet of Vehicles throughout the Bangladesh. For the transportation and delivery of medical supplies and equipment, WHO coordinates with and relies on the central Medical Stores Depot, Government of the People's Republic of Bangladesh. The agency does not maintain a warehouse.

WHO has one VSAT located at the Office of the WHO Representative in Dhaka. All WHO Regional Offices at Bangladesh have adequate computer and telecommunication facilities.

Besides, WHO have many Surveillance Medical Officers who are working round the clock at the district level and also has a Divisional Coordinator at divisional level for collecting, compiling, and disseminating data in any kind of emergency. They are supported with four wheel jeeps and adequate telecommunication equipments.

Summary of Recent Activities Performed by WHO BAN EHA Program during 2004-2005

- The BAN EHA program has provided 448 computers, printers, UPS and other relevant materials for strengthening disease surveillance and early warning system of impending outbreaks from periphery to central level and distributed 16 Respiratory Ventilators for respiratory distress patient in isolation wards of Medical College Hospitals and other specialized hospitals for emerging infectious diseases like AI/H5N1, SARS.
- Essential life savings drugs /PPEs/Medical supplies has been procured and distributed for case management of ARI, ARDS, Emerging and Re-emerging communicable diseases like SARS, AI/H5N1 and also stored for maintaining buffer stock at the Upazila and district level.
- Training at central, districts and upazila levels for the health sector personnel is going on and more training providing on mass casualty management; disaster preparedness and response, related public health issues, mitigation and reduction of adverse health effects for capacity building at all level.

Future Plan of Action

- Establishment of core group at periphery level including all stakeholders (DMB, CDMP, LGRD/Civil Admin./Fire Service & Civil Defense/Army/NGOs/CBOs and other relevant ministries)
- Enhanced the national capacity of disaster mitigation in respect of planning and responding to disasters, like Earthquakes and Tsunamis by preparing Earthquake/Tsunami Response Plan

- Conduct and assess field based survey to find out vulnerability of the area for their capacity building by table-talk & simulation exercise.
- Establishment of quarantine hospital in Airports/Sea & Land ports
- Establishment of Field/Mobile Hospital
- Provide more training - capacity building and regular Mock drill for preparedness for any impending disasters and post-disaster health care management.
- Distribute emergency life- savings drugs for maintaining buffer stock in order to organize case management in emergency situations for Upazila and district level as preparedness for disaster
- Strengthening epidemiological surveillance as well as increase laboratory capacity.
- Provision of emergency transport like country boat, speed boat, emergency ambulance etc and increase reserve fund for emergency response
- Ensuring adequate supply of logistics like life-jacket, rain-coat, umbrella, gum boot, and others essential materials during response activities.
- Strengthening BCHEPR (Bangladesh Center for Health Emergency Preparedness & Response) - both structurally and functionally.

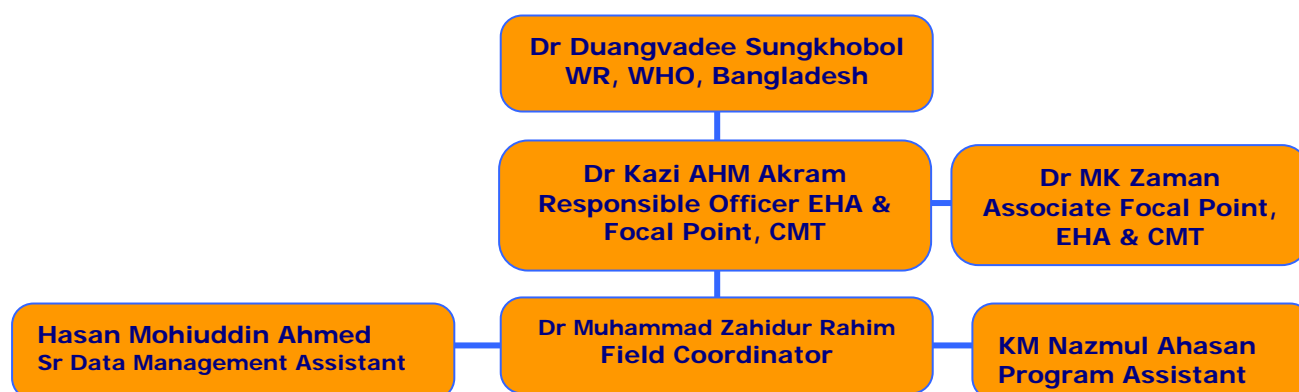


Figure: Emergency and Humanitarian Action (EHA) Organogram - Bangladesh

Responsibilities and Tasks in EHA

WR, WHO Bangladesh

- Liaises with SEARO (RD/DRD and relevant units either directly or through focal points) for continuous update and coordination of support;
- Converse with the GOB's 'Disaster Management Programme', at the Ministry of Food and Disaster Management (MOF&DM), Ministry of Health & Family Welfare (MOH&FW), Directorate-General of Health services and provide technical support in the preparedness and mitigation plans.

Focal Point, EHA

- Assists the WR,WHO-Bangladesh to conduct EHA activities and coordinate through Crisis Management Team (CMT) of WHO and provide technical support & supervise training on health related emergencies to GOB;
- Liaises with Regional Advisor-SEARO EHA, GOB, NGO and UN agencies in country;
- Ensures assessment, coordination, gap identification and filling, capacity building and proper utilization of resources before, during and after any emergency.
- Technical support to GOB for seasonal and post-disaster outbreaks of emerging and reemerging communicable diseases investigation & intervention

Associate Focal Point, EHA

- Assist the Focal Point, EHA in all respects and take over the responsibilities in absence of Focal Point, EHA for any reasonable cause.

Field Coordinator

- Assists Focal Point (EHA) in all EPR activities;
- Maintains liaison and coordination with local Government counter parts as well as other UN agencies, NGOs and professional bodies;
- Field assessments and interventions.

Sr Data Management Assistant

- Ensure ICT support for field operations;
- Support all ICT requirements of the EHA program including the following: updates on the web; maintenance of common drives; maintenance of databases.

Program Assistant

- Assists in training programme, administration and logistic support;
- Assists in budgeting and finance matters for the EPR activities.

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