



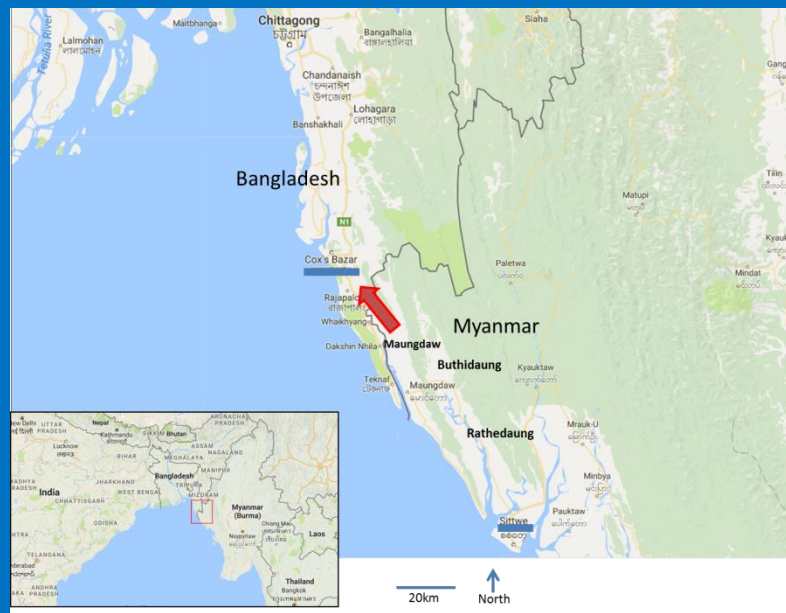
World Health Organization

Regional Office for South-East Asia

Situation Report: 03

Date: 25 September 2017

Emergency type: **Bangladesh/Myanmar: Rakhine Conflict 2017**



>430 000
Newly arrived
Rohingyas BAN*



> 26,747 Internal
displaced in MMR*



Unknown
At borders*



Unknown
Injured*



Unknown
Death*

*since 25 Aug

KEY HIGHLIGHTS

- Since 25 August more than 430 000 people have crossed the border and entered Bangladesh's Cox's Bazar (as of 22 September). The number of new arrivals has reduced substantially over the last week.
- As of 23 September, government's biometric registration was completed for 13 418 people.
- Government has allocated 2 000 acres of land where a new camp is being constructed at Kutupalong. Planners and engineers are working on building access roads and footpaths to ensure speedy delivery of services; however, spontaneous settlement is already taking place.
- Army has been deployed to help with relief work and to support construction of new roads leading up to the sites.
- Immediate health needs are being met by the government supported by humanitarian health partners, while medium term strategies are being developed, such as sustainability of health service provision.
- Health sector response plan is being reviewed to cover 1.2 million population, including new arrivals, existing population and host communities.

SITUATION OVERVIEW

Bangladesh

- An estimated 1.2 million people are in need of humanitarian assistance. This includes those who arrived before 25 August, estimated future arrivals and the host population.
- 56% water points from tube-wells abstracting groundwater have been found to be contaminated at medium level of risk (within 1-10 cfu/100ml).
- Dedicated working groups for MHPSS (led by ACF), sexual and reproductive health (led by UNFPA) and outbreak preparedness and response (led by WHO) are now active.
- As of 21 September, 183 latrines have been installed and mobile toilets are under construction; efforts are being made to give 3.5 litres of water per person per day through mobile trucks carrying drinking water; new tube wells are being installed.
- Heavy rains affect the delivery of services.

Myanmar

- Since 25 August 2017, 26 747 people have been internally displaced in Rakhine, Myanmar). According to reports from Myanmar government, 176 villages are now empty and deserted.
- As per report by the government Relief and Resettlement department (RRD), Ministry of Social Welfare, Rakhine State Government and donors provided MMK 228 in cash assistance and MMK 61 million in kind to IDPs from 27 August to 15 September. Humanitarian support has been provided by Red Cross to 19 000 people in more than 10 cities.
- State Health Directorate (SHD) has tentatively scheduled Health Sector meeting during first week of October 2017, with health partners providing development and humanitarian assistance. Prior to this, smaller operational meetings are likely to be held geared towards rapidly organizing health service provision to the new IDP sites in Sittwe. WHO continues to provide support through technical assistance for disease surveillance in these new sites.
- Contributors to a high-level meeting in Naypyidaw have developed a framework of support for the current situation identifying four groups in need: (1) IDPs at the Bangladesh border, (2) IDPs outside of Maungdaw town proper, (3) IDPs in Maungdaw town proper, and (4) IDPs in Sittwe and central Rakhine State.

PUBLIC HEALTH CONCERNS

Bangladesh

- Water and sanitation is a major challenge which increases the risk of water-borne diseases, including cholera.
- Two suspected measles cases (one is 2.5 years, one is 14 years old) were reported from Ukhiya camp; both the cases were investigated and specimen collected from one.
- One suspected measles case (2 years old) reported in IOM clinic at Leda unregistered camp under Teknaf upazila. The case is referred to Teknaf UHC.
- Providing access to essential health care to the new arrivals remains challenging due to the continuous mobility of the population, and shortage of health workers on the ground.
- The measles, rubella and Polio vaccination targets will be revised to adjust for those children that arrived after the micro-plans were finalized.
- Proper coordination of the work and the locations of the medical teams remain weak since not all partner agencies provide their plans prior to medical team deployment. In addition, composition of medical teams varies between agencies.

Myanmar

- Access to basic health care and referral services of newly displaced population and pre-existing camps and villages remains a concern.

HEALTH NEEDS, PRIORITIES AND GAPS

- In this first response phase, life-saving interventions have top priority. An early warning and response system has been developed to strengthen disease surveillance. As of 25 September, 22 sites are reporting, the main reasons for seeking health care being (in order of frequency): acute respiratory infections, diarrhea (other than dysentery), injuries, dysentery, eye infections, malnutrition, psychological trauma, and sexual assault.
- Existing health facilities continue to be overwhelmed by the health care needs.
- Water and sanitation in the settlements is being scaled up by a number of humanitarian partners, but the needs are nowhere near being met.

WHO ACTIONS

Bangladesh

- Between 16 and 25 September 2017,, 91 861 children between 6 months and 15 years of age were vaccinated against measles and rubella, 49 325 children under the age of 5 received polio vaccination, and 51 076 children received Vit. A capsules through a WHO and UNICEF supported vaccination campaign.
- One serious AEFI case was admitted in Cox's Bazar Sadar Hospital and investigation is going on.
- WHO has established EWARS and is strengthening diseases surveillance.
- WHO will provide support of the early diagnosis and treatment of cholera by providing rapid diagnostic tests; sample transport to Dhaka for culture if needed; And prepositioning medicines and cholera kits within 2 days.
- WHO will also strengthen rapid diagnostic capacity for Hepatitis E, malaria, dengue, chikungunya and influenza A & B in the new settlement areas through the provision of rapid diagnostic tests (RDTs). This is part of the interventions aimed at enhancing the management of communicable diseases with outbreak potential .
- WHO continues to test and monitor water quality at water sources as well as at household level in the settlement areas.
- WHO is ensuring the availability of water in temporary health facilities
- WHO is supporting 20 mobile medical teams, in order to improve access to essential health services.
- WHO is strengthening the existing health coordination structure.

Myanmar

- The WHO Representative met with MoHS at Naypyidaw on 14, 15 and 19 September 2017, discussed the development of two additional emergency proposals for Rakhine: one, for emergency health response provided through mobile health clinics in the three northern townships of Maungdaw, Buthidaung, and Rathedaung.
- WHO has mobilized operational cost to support government health workers in southern townships of Rakhine state, augment local health interventions in central Rakhine state, and for newly displaced people at evacuation sites in Sittwe.

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