



# World Health Organization

REGIONAL OFFICE FOR

## South-East Asia

Situation Report: 5

Date: 6 October 2017

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



>515 000  
displaced in  
BAN\*



> Internal  
displaced in MMR\*



Unknown  
At borders\*



Unknown  
Injured\*



Unknown  
Death\*

\*since 25 Aug

### KEY HIGHLIGHTS

As of 5 October 2017, cumulative new arrivals in all sites of Ukiah, Tekna, Cox's Bazar and Ramu was 515 000, of which 198 000 are in makeshift settlements, 225 000 in new spontaneous sites and 92 000 in host communities.

At the weekly health sector coordination meeting, the revised humanitarian response plan was shared, targeting 1.2 million people in need and the present requirement across sectors totalling USD 434 million. The health sector is targeting to reach these 1.2 million people in need with USD 48 million.

An oral cholera vaccine (OCV) campaign will be rolled out in two phases. 1<sup>st</sup> dose of OCV vaccination campaign is scheduled for 10-16 October, targeting 650 000 people (new arrival population and host communities) aged 1 year and above including pregnant women. 2 weeks after the first dose, the 2<sup>nd</sup> dose would be given to children under 5 years of age to be given.

### SITUATION OVERVIEW

#### Delegation from all three levels of WHO arrived in Cox's Bazaar on 2 October 2017, comprised of:

- Dr Rick Brennan, Director Emergency Operations, WHE/HQ
- Dr Roderico Ofrin, Regional Emergency Director, WHE/WHO- SEARO
- Dr N. Paranietharan, WR Bangladesh and
- Dr Edwin Salvador, Deputy WR, Bangladesh

The delegation visited the Health Emergency Operations Centre at the Civil Surgeon's office, taking stock of the latest situation updates, the process of collecting epidemiological data and discussions were undertaken with staff on various information products being supported by WHO.

**Revised humanitarian response plan finalised:** The plan will be guided by three strategic objectives, namely: providing life-saving basic assistance in settlements, camps and host communities; improving conditions in and

management of both existing and new settlements, including infrastructure and site planning and promoting safety, dignity and respect for the individual rights of refugees. For the **health component of the response**, there are 13 partners reflected with the aim of reaching 1.2 million people in need. The health response plan has three objectives: improving access to essential lifesaving primary and secondary health services for crisis-affected populations aimed at reducing avoidable morbidity and mortality; providing life-saving reproductive, maternal, neonatal and child health care to reduce maternal and neonatal mortality and morbidity; and ensuring the prevention, preparation and response to outbreaks of diseases with epidemic potential and other health emergencies .

**Vaccination coverage for the 14-day campaign:** Coverage for vaccinations during 16 September - 3 October has been **72 334** BoPV (0-59M), **135 519** MR (06M to <15 Y) vaccines and **72 064** doses of Vitamin-A.. The BoPV vaccinations and MR vaccines exceeded the initial target estimated population

District	Upazila	# Estimated Total Target Children		# Team Worked (Sessions) as of Repot Date	# Vaccinated as of day of Reporting			# Cases Reported for the day of Reporting		
		0-59 M	6 M - <15 Y		bOPV (0-59 M)	MR (06 M to <15 Y)	Total Children Received Vit-A	# AEFI	# AFP	# Suspected Measles
Cox's Bazar	Teknaf	14,450	29,410	235	20,826	36,116	21,265	0	0	9
Cox's Bazar	Ukhiya	28,800	84,000	323	48,713	93,634	47,676	0	0	14
<b>Cox's Bazar Total</b>		<b>43,250</b>	<b>113,410</b>	<b>558</b>	<b>69,539</b>	<b>129,750</b>	<b>68,941</b>	-	-	<b>23</b>
Bandarban	Naikhongchhari	3,915	9,170	104	2,795	5,769	3,123	0	0	0
<b>Grand Total for 3 Upzila</b>		<b>47,165</b>	<b>122,580</b>	<b>662</b>	<b>72,334</b>	<b>135,519</b>	<b>72,064</b>	-	-	<b>23</b>

**Update on WASH:** The WASH team had a meeting with UNHCR WASH to discuss different issues of WASH facilities inside the camps covering water sources, sanitation facilities and WASH practices. Detailed maps of each camp would be provided to enable easy selection of sample sites. WASH is the biggest concern in those areas. Similarly, WHO conducted an analysis of 6 drinking water samples (2 sources and 4 household) collected on 2 October 2017 in Kutupalong spontaneous settlement, Ukhiya, Cox's Bazar. The results showed 3 household water samples having high E. coli contamination and variable degrees of source contamination.

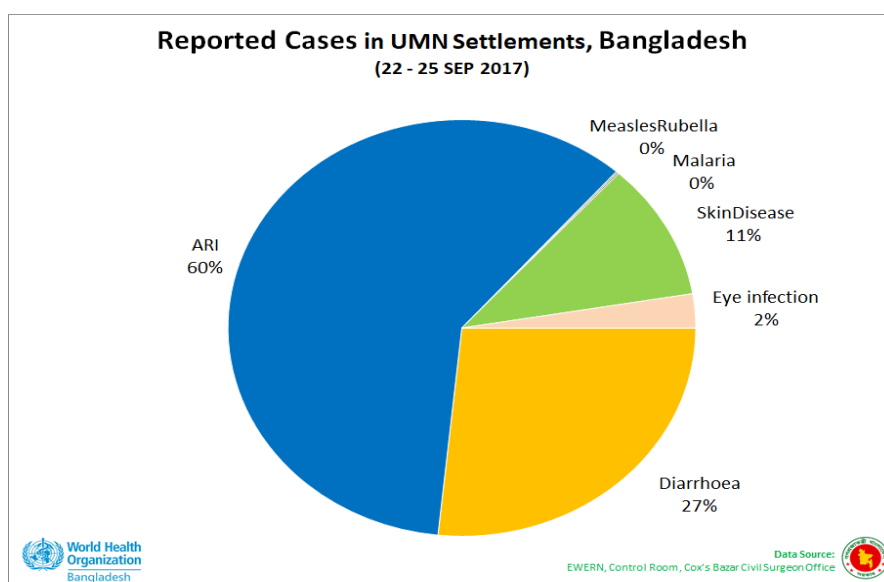
**Mental health and psychosocial support (MHPSS) update:** All partners were in agreement over the need to improve reporting on MHPSS related activities. Key decisions taken by partners at the meeting include conducting a situation analysis on MHPSS issues with a view to identify the scale and extent of MHPSS needs.

**OCV campaign:** The International Coordinating Group of Vaccine Provision (ICG) has approved 900 000 doses of oral cholera vaccine (OCV). The campaign is scheduled to start on 10 October. The development of macro and micro plans were discussed at the Civil Surgeon's Office on 4 October. An overview of the cholera Response Plan and the strategy for OCV roll-out were touched upon as well. The vaccines will be distributed daily from the district cold room at the Upazila health complex (UHC) to the distribution point and from distribution points to the vaccination sites. Motorbikes may be used for faster delivery. Soaps will be used as an incentive to every vaccine recipient. However, there is a need for better micro planning to manage multiple functions and initiatives within settlements.

## PUBLIC HEALTH CONCERNS

**Status on measles cases:** Suspected AFP case notified from Cox's Bazar Sadar Hospital on 2 October was investigated on 3 October and sample collected. Total of 23 suspected cases reported as of 4 October from Ukhiya and Teknaf, of which 14 are measles IgM positive, 4 negative and results from two pending. Sample collection is in process for 2 newly reported cases since patients had left the facility before any collection of sample could be made. As of 4 October, no deaths reported due to measles from any camp.

**EWARS Daily Report:** A total of 4 801 cases (from 22-25 Sep 2017) of selected communicable diseases were reported through EWARS into the Control Room of Civil Surgeon Office, Cox's Bazar.



**More attention towards mental health issues needed:** Suicidal ideation, trauma, nightmares and depression are the common mental health and psychosocial problems identified amongst the newly arrived population.

**Shortage of health care staff:** Concerns relating to inadequate human resource support remain. However, a decision was taken to build a pool of volunteers drawn from local colleges.

**Reporting:** Health partners have not been very responsive to complete the 4W matrix. A request has been made to provide their activities to the 4W which would help the sector to better identify the needs.

## WHO ACTIONS

While welcoming new agencies to the weekly Health Sector Coordination meeting on 4 October, WHO urged them to follow the governmental registration processes before starting any activities in Cox's Bazar.

WHO team conducted their regular visits to routine EPI outreach sites. They reviewed Upazila EPI cold room and counted and verified vaccine stock registry.

## CONTACTS

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### Sources of Information

- World Health Organization (WHO): Headquarters (HQ), Regional Office for South East Asia (SEARO), WHO Country Offices of Myanmar and Bangladesh
- Ministry of Health and Sports (MoHS), The Republic of the Union of Myanmar
- Ministry of Health and Family Welfare (MoHFW), The People's Republic of Bangladesh