KEY HIGHLIGHTS

- As of 13 October 2017, cumulative new arrivals in all sites of Ukiah, Teknaf, Cox’s Bazar and Ramu stand at 536,000.¹
- In Myanmar, mobile clinics have resumed activities in 34 sites in central Rakhine. Some of these mobile clinics are supported by WHO.
- Oral Cholera Vaccine campaign in Cox’s Bazar to deliver 900,000 doses to the newly arrived and host communities enter day 4 today.
- Field visits to Tasnimarghona spontaneous settlement, Ukhia and Teknaf Upazila health complex and Tanjimara makeshift settlement have identified gaps in management of WASH and health services.
- Reports from health centres in Bangladesh suggested a rise in communicable diseases including skin ailments.
- Among health issues being reported are - cases of acute respiratory infection, skin infection, malnutrition is rampant.
- The communities are reluctant to use family planning measures.

SITUATION OVERVIEW

Ongoing campaign

**OCV campaign** - A total of 235,441 people given OCV during first three days of the campaign - of them 62,552 children in the age group of one and five and the rest 172,889 over five years.

Random Coverage Assessments are being conducted in the settlements. A mop-up strategy after the first dose is being finalized to cover those who have been missed during the campaign.

<table>
<thead>
<tr>
<th>District</th>
<th>Upazila</th>
<th>Date of campaign</th>
<th>Camp Name</th>
<th>Estimate Pop</th>
<th>Target Pop (≥1 year)</th>
<th># Vaccinated for the day of Reporting</th>
<th>Team Worked for the Day</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1-5 years</td>
<td>≥ 5 years</td>
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<tr>
<td>Coxs Bazar</td>
<td>Ukhiza</td>
<td>10-Oct</td>
<td>Shahullah Keta &amp; Baguna Jamtoli</td>
<td>77,095</td>
<td>71,698</td>
<td>15677</td>
<td>50382</td>
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<tr>
<td>Coxs Bazar</td>
<td>Teknaf</td>
<td>10-Oct</td>
<td>Chakmarkul &amp; Daharchara</td>
<td>25,600</td>
<td>24,000</td>
<td>5593</td>
<td>14193</td>
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<tr>
<td><strong>Day-1</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>102,775</strong></td>
<td><strong>95,638</strong></td>
<td><strong>21,460</strong></td>
<td><strong>65,174</strong></td>
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<tr>
<td>Coxs Bazar</td>
<td>Ukhiza</td>
<td>11-Oct</td>
<td>Halimpara &amp; Tazimmir Khola</td>
<td>78,394</td>
<td>73,464</td>
<td>17638</td>
<td>45386</td>
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<tr>
<td>Bazar</td>
<td>Teknaf</td>
<td>11-Oct</td>
<td>Unchipong</td>
<td>20,885</td>
<td>19,500</td>
<td>4704</td>
<td>12152</td>
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<td><strong>Day-2</strong></td>
<td></td>
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<td></td>
<td><strong>93,859</strong></td>
<td><strong>92,364</strong></td>
<td><strong>22,342</strong></td>
<td><strong>58,040</strong></td>
</tr>
<tr>
<td>Bazar</td>
<td>Ukhiza</td>
<td>12-Oct</td>
<td>Monergona</td>
<td>70,764</td>
<td>65,310</td>
<td>16728</td>
<td>43375</td>
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<tr>
<td>Bazar</td>
<td>Teknaf</td>
<td>12-Oct</td>
<td>Unchipong</td>
<td>20,330</td>
<td>19,000</td>
<td>4022</td>
<td>6300</td>
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<tr>
<td><strong>Day-3</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>91,094</strong></td>
<td><strong>84,310</strong></td>
<td><strong>16,750</strong></td>
<td><strong>49,675</strong></td>
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<tr>
<td><strong>Cumulative total as of today</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>707,021</strong></td>
<td><strong>646,130</strong></td>
<td><strong>62,552</strong></td>
<td><strong>172,889</strong></td>
</tr>
</tbody>
</table>

Table 1: Preliminary coverage as per OCV plan
**Situation Report #06, Bangladesh/Myanmar: Rakhine conflict 2017, 13 October 2017**

**PUBLIC HEALTH CONCERNS**

**Status in new settlements**

**Streamlining services in Sabrang Union:** This is one of the most important entry points near Shah Porir Dwip and now controlled by armed forces. People fleeing Myanmar are reaching this point by boat during high tide. Their numbers have declined in the last 5 days. They are suitably managed, given entry tokens, checked for yaba (addictive drug) and sent to the health centre.

**Health services:** People are sent to Hariakhali where 2 mobile medical teams run by Bangladesh MoH and Bangladesh Army is providing health care services.

**WASH:** Water sanitation points, 4 shallow tube wells and 3 pit latrines installed at Hariakhali High School post.

**Coordination and logistics**

**Update on cholera preparedness and response:** IFRC has committed to establishing a full Cholera Treatment Centre (CTC), while MSF, UNHCR/MTI and UNICEF are exploring establishing cholera treatment units. Based on WHO projections of cholera caseloads, the available stocks of medicines and IV fluids in Cox’s Bazar are likely to meet only 50% of the requirement.

**New health partners** such as MedGlobal and Friendship, who attended the health sector coordination meeting, were advised to get government registration prior to starting work in Cox’s Bazar.

**Improved 4W matrix data:** The Who What When and Where matrix data showed marked improvement from the previous week. Further, partners were requested to send in their completed 4W for better coordination and planning of response. It was decided to hold a separate meeting to harmonize data being collected under sexual and reproductive health (SRH) and mental health and psychosocial support (MHPSS) sub-groups.

**Health care concerns at Sabrang Union:** Family planning methods were not being practiced much. Unsanitary conditions of latrines are affecting school children and service providers such as people working at the medical post or distributing relief.

**E. Coli analysis from Tasnimarkhola new settlement:** Three source samples and two household samples for each of the sources were collected from Tasnimarkhola new settlement on 10 October. Results indicated that all source samples and 67% household samples meet Bangladesh and WHO standard of *E. Coli* (<1 cfu/100ml). Remaining 33% household samples had intermediate to high level of contamination. High sanitary risk was seen in the household where the sample had the highest level of *E.Coli* contamination (22 cfu/100ml).

**WASH facilities in Tasnimarghona spontaneous settlement** Tube wells and latrines have been installed. However, these are still inadequate and open defecation is still being practised. Bathing/washing facilities for women are inadequate.
Risk of diarrhoeal disease, ARI, malnutrition: Reports from health centres are pointing towards a rise in communicable diseases including skin ailments. Cases of acute respiratory infection are more than those of diarrhoea. Malnutrition is rampant.

Mental health remains a major concern: The extent of the problem needs to be assessed to provide adequate response to what is seen as a major cause of concern. There has been a marked increase in cases reported at health centres with psychologists and counsellors deployed by different agencies.

General concerns

Food: According to UN estimates, 425 075 people still require food assistance. Continuing movement of people, even within the camps, are adding to challenges to food and supply distribution.

Approaching winter: People will need warm clothes. International agencies are working towards arranging woolens and other relief materials.

Sustainability of interventions: Health partners are beginning to look at sustainability of their health interventions / transition.

WHO ACTIONS

Coordination & supplies - WHO has taken over the health sector coordination from IOM with effect from 1st October 2017 and conducts weekly health sector coordination meetings. WHO is the secretariat to the Emergency Coordination Committee which has been set up by the government to lead the health response. WHO is also leading the Health Sector of the Inter-Sector Coordination Group - a coordination structure unique to the area. WHO is the co-lead of the Health Cluster in Dhaka.

WHO has mobilized Inter-Agency Health Kits, surgical supply kits, Inter-Agency Diarrheal Disease Kits, water purification units and water storage kits. WHO is providing medical supplies and medicines for 20 of the 38 mobile medical teams covering the settlements/camps. Medical supplies are also being provided to fixed health facilities in the vicinity. WHO is supporting GoB in providing medical teams to new spontaneous settlements. Planning for the new mega site (identified by Government of Bangladesh) is ongoing; MoH, WHO and partners are supporting the planning of health services for this new site.

Surveillance - WHO has established an Emergency Operations Centre (EOC) in Cox's Bazar to strengthen disease surveillance and support daily reporting of morbidity and mortality from partners. The EOC is actively monitoring the health situation to provide early warning alerts on outbreak prone diseases and allow improved and efficient coordination of various health actors on the ground.

A team of public health specialists supported risk assessment for critical communicable diseases such cholera and water and sanitation issues in the settlement areas.

Vaccination – Following a risk assessment carried out with WHO support, a cholera vaccination campaign began on 10 October near Cox's Bazar to protect the newly arrived Rohingya and host communities from the life-threatening diarrheal disease. 900 000 doses of the oral cholera vaccine (OCV) have been mobilized. W HO
is supporting planning, training and monitoring of the OCV campaign being carried out by 200 + teams of vaccinators and volunteers.

WHO supported Ministry of Health and partners for carrying out a rapid measles and rubella (MR) and polio vaccination campaign from 16 September to 4 October for newly arrived children aged 6 months to 15 years old. WHO is supporting MoH and partners to plan for EPI vaccines beginning November.

**WASH:** WHO is continuing water quality test and will start the sanitary survey of both water points and household water from next week with support of District Public Health Engineering staff and one WASH personnel from WCO Bangladesh who always remains in CXB on rotation basis.

**WHO staff surge:** 40 additional staff have been deployed in Cox’s Bazar to support coordination, disease surveillance, risk assessment, information management, immunization, and risk communication.

**Resource mobilization** - WHO has provided over USD one million for the emergency response (USD 175 000 from WHO’s South-East Asia Regional Health Emergency Fund (SEARHEF), WHO Bangladesh reprogrammed USD 400 000 to support the emergency response and WHO provided USD 500 000 from the Contingency Fund for Emergencies).

As part of the overall Humanitarian Response Plan and appeal, WHO has requested for $6.8 and $10.2 million for six and 12 months of interventions targeting 1.2 million people in the following areas:

- Communicable disease prevention, detection and control;
- Health sector coordination and information; and
- Access to essential health services.

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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