



World Health Organization

REGIONAL OFFICE FOR

South-East Asia

Situation Report: 8

Date: 20 October 2017

Emergency type: Bangladesh/Myanmar: Rakhine

Conflict 2017



589 000
new arrivals
in BAN



300 000
previously
existing in BAN



Internally
displaced in
MMR



700 487
106% OCV coverage
(1 year and above
since 10 October)



1.2 million
target population for
humanitarian action



No. of deaths
unknown

KEY HIGHLIGHTS

- As of 17 October 2017, cumulative number of new arrivals in all sites of Ukiah, Teknaf, Cox's Bazar and Ramu: 589 000¹, including 46 000 in host communities, 313 000 in Kutupalong Balukhali and 161 000 in new spontaneous sites.
- By end of 8th day of the Oral Cholera Vaccine campaign, 700 487 people were vaccinated, reaching 106% of the total estimated target population. No immediate adverse events from immunization were reported.
- First Morbidity Mortality Weekly Bulletin built on the Early Warning and Response System (daily data received from MoHFW and various service providers operating in settlements in Myanmar and CXB) provides data on the prevailing epidemiological situation for the period 25 August to 10 October.
- MSF has issued an urgent appeal for humanitarian assistance, even as it scales up its response by hiring additional 800 staff, increasing five-fold their strength staff on the ground in Cox's Bazar to 1 000.
- WASH situation in temporary settlements in Shah Porir Dwip and Kerontuli/Chakmarkul show improvement though accessing safe water continues to be a challenge.
- UN Humanitarian Advisor Mr Henry Glorieux and UN Humanitarian Specialist Mr Kazi from UNRC office visited the new and existing settlements in CXB for the OCV campaign and other public health efforts.

¹ https://reliefweb.int/sites/reliefweb.int/files/resources/171017_iscg_sitrep_one_pager_final.pdf; ; Situation Report: Bangladesh Rohingya crises response | 17 Oct 2017; Published by: ISCG

First Morbidity Mortality Weekly (MMW) Bulletin released: The MMWB built on Early Warning and Response System (EWARS), daily data received from MoHFW and other service providers operating in the settlements in Myanmar and Cox's Bazar, aims at providing better understanding of the prevailing epidemiological situation. The EWARS reporting form comprises of a list of priority diseases and syndromes based on epidemiological profiles. According to the Bulletin, for the period 25 August and 10 October, the following were recorded:

- Of the 38 209 consultations reported, 32% were for ARI, 10% AWD, 7% skin diseases, 6% unexplained fever, 4% injury, 2% bloody diarrhea and 40% others;
- 71 deaths were reported - 41% due to ARI, 8% injury, 7% AWD, 7% neonatal disease, 4% cardiovascular disease, 3% suspected malaria, 3% meningitis like disease and 7% unknown causes;
- Between 10-25 September, 22 suspected measles cases reported from CXB. Lab results showed 64% positive for measles specific IgM, 18% negative and for 18% results are still awaited and
- Between 18 September and 5 October, 112 water samples from different water sources in CXB were tested using membrane filtration technique. Only 23% were found negative for *E.Coli* while 77% tested positive for fecal contamination. Further, 40% of all positive samples were very highly contaminated (> 100 cfu/100 ml), 17% highly contaminated (>50 and <100 cfu/100 ml) and 43% had intermediate contamination (<50 cfu/100 ml). Of the contaminated samples, 59% were collected from water stored at household level, and 35% from tube wells. No contamination was found in any tested supply reservoirs. Location wise, highest contamination found in Kutupalong settlement.

OCV vaccination campaign

The oral cholera vaccination campaign, that started on 10 October, covered 700 487 people one year and above, 179 848 of them children in the age group of one to five years. While the first phase ended on 16 October, mop-up vaccination was carried out on 17-18 October in Hakimpara and Shafulah Kata. OCV was also given to new arrivals at Arjumandpara, Sabrang and Anjumpara. WHO teams visited Arjumandpara, Palongkhali entry point to support the OCV team and Sabrang to monitor and support OCV mop-up activities. No adverse events following immunization have been reported so far.

Table: OCV coverage at the end of day 9

District	Upagila	Date of camp	Camp Name	Estimated Pop	Target Pop (>1 year)	# Vaccinated for the day of Reporting			Coverage in %	# Team Worked for the Day	# Cases Reported for the Day		
						1-<5 years	≥ 5 years	Total vaccinated			# AEFI	# AFP	# Suspected Measles
Total Day-2				99,859	92,964	22,342	58,040	80,382	86	207	0	0	0
Bazar	Ukhiya	12-Oct	Moinergona	70,764	65,810	16728	43375	60103	91	145	0	0	0
Bazar	Teknaf	12-Oct	Unchiprong	20,330	19,000	2022	6300	8322	44	60	0	0	0
Total Day-3				91,094	84,810	18,750	49,675	68,425	81	205	0	0	0
Bazar	Ukhiya	13-Oct	Balukhali	45,470	42,287	17960	46570	64530	153	150	0	0	0
Bazar	Teknaf	13-Oct	Leda camp	26,978	25,213	6769	18404	25173	100	60	0	0	0
Total Day-4				72,448	67,500	24,729	64,974	89,703	133	210	0	0	0
Cox's Bazar	Ukhiya	14-Oct	Kutupalong unregistered camp	76,046	60214	19154	55951	75105	125	152	0	0	0
Bazar	Teknaf	14-Oct	Najapara camp	36,626	34,230	9029	26633	35662	104	60	0	0	0
Total Day-5				112,672	94444	28183	82584	110767	117	212	0	0	0
Cox's Bazar	Ukhiya	15-Oct	Kutupalong unregistered camp	76,046	60214	23422	68853	92275	153	150	0	0	0
Bazar	Teknaf	15-Oct	Niha	53,500	50000	4568	15425	19993	40	60	0	0	0
Bandarban	Naikhanchari	15-Oct	Uttorpara & Konarpara (Gundhum Uni)	13,163	12242	1701	5739	7440	61	20	0	0	0
Total Day-6				142,709	122456	29691	90017	119708	98	230	0	0	0
Cox's Bazar	Ukhiya	16-Oct	Kutupalong Registered & unregistered camp	76,046	91741	24142	69989	94131	103	150	0	0	0
Bazar	Teknaf	16-Oct	Hnilla			4922	16282	21204		60			
Bandarban	Naikhanchari	16-Oct	Bahimat, Sapmarijhil & Bara	9,418	8759	2263	6461	8724	100	20	0	0	0
Total Day-7				85,464	100,500	31,327	92,732	124,059	123	230	0	0	0
Cox's Bazar	Ukhiya	17-Oct	Hakimpura & Anjumangara			2,100	9,692	11,792			0	0	0
Cox's Bazar	Teknaf	17-Oct	Sabrang Entry Point			168	350	518			0	0	0
Total Day-8						2,268	10,042	12,310					
Cox's Bazar	Ukhiya	18-Oct	Shahullah Kats			890	7,033	7,923			0	0	0
Cox's Bazar	Teknaf	18-Oct	Sabrang Entry Point			208	368	576			0	0	0
Total Day-9						1,098	7,401	8,499					
Cumulative total as of today				707,021	658,372	179,848	520,639	700,487	106		0	0	0

Status in new settlements

WASH situation in Shah Porir Dwip and Kerontuli/Chakmarkul showed improvement though issues related to access to water continue: Shah Porir Dwip is the landing place for boatloads of Rohingyas crossing Naf River from Myanmar.

Mega camp at settlement site: The Rohingya Refugee Repatriation Commissioner's Office (RRRC) organized an ad hoc meeting with the Minister and secretary of Disaster Management and Relief (MoDMR) in CXB. It was decided to divide the mega camp (amalgamation of Kutupalong and Balukhali extension camps) into four zones with each zone having five blocks. In all there will be 20 blocks with each block housing about 30 000 people. The plan is to have 2 mosques, 20 tube wells and 500 latrines in each block. There will be one community health centre in each block.

Refugee Programme Management Card: This card would enable new arrivals to have access to non-cash and cash services. The card would allow new arrivals to be tracked and at the same time, access to medicines and food. Although, there is still lack of clarity on how this card will be introduced, what kind of services will be accessed and how these services would be accessed.

Additional services at transit facility: At the transit facility being established for new arrivals at the rubber garden, health services would include medical triage including emergency services for pregnant women, nutritional screening using mid-upper arm circumference (MUAC), mental health and psychosocial counselling and Vitamin A and deworming.

General

Community mapping exercise: The mapping exercise was carried out in Balukhali extension area with 32 160 families listed in 268 blocks. According to community leaders, 90% of Kutupalong Extension site has been mapped with 53 000 families getting tokens to collect core relief items kit at distribution point. The community mapping exercise provides an additional opportunity for community engagement and follow-up.

https://www.humanitarianresponse.info/system/files/documents/files/171015_weekly_iscg_situation_update_final_0.pdf

PUBLIC HEALTH CONCERNS

- **Water quality a major priority** – As elsewhere, in Kerontuli/Chakmarkul new settlement areas, WASH continues to be a challenge with tubewells, which are the main source of water, installed at the foot of the hillocks. The distance between latrines and water source is often less than 10 m.
- Some tube wells were non-functional, and the number of toilets was not enough.
- **Health concerns of new arrivals and those stranded on the border:** The UN Refugee Agency has drawn attention to the humanitarian condition of thousands of new arrivals stranded near the Bangladesh-Myanmar border. They have expressed deep concern about newly arrived people including children and elderly who are dehydrated and hungry from the long journey.
- **Lack of inpatient treatment services for children, especially under 5:** Caregivers are not able to access treatment service as many of the centres are far from the settlements and there are no inpatient facilities. Lack of breastfeeding spaces in the settlements is also limiting the promotion and protection of breastfeeding. There is a need to establish mobile Community Nutrition Centres to ensure treatment for children under 5 and pregnant and lactating women.
- **Pressures on host community mounting:** The increasing number of new arrivals in Bangladesh is impacting the local host community. Apart from stretching resources, food and transportation prices have gone up, while wages for daily labour have declined. This is impacting the coping mechanisms of the local Bangladesh community.

PUBLIC HEALTH INTERVENTIONS & WHO ACTIONS

- **Acute malnutrition levels to be assessed:** An assessment will start in the last week of October to measure acute malnutrition rates among children under-five, living in makeshift sites, spontaneous settlements and registered camps. The assessment will include data collection on demographics, anemia, IYCF practices, U5 child morbidity and access, OCV and MR coverage.

- **Contingency planning coordinated by WHO for diarrheal diseases epidemic response begins:** The response will specifically assess the situation related to cholera, dysentery, hepatitis E, rotavirus and typhoid fever. The first step has been to gather current available stock with partners.
- **WASH** interventions are ongoing with teams testing water quality and surveying water sources.

WHO ACTIONS

Coordination & supplies - 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 as cholera and water and sanitation issues in the settlement areas.

Vaccination – Following a risk assessment carried out with WHO support, a cholera vaccination campaign was conducted near Cox's Bazar, beginning 10 October, 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 for the campaign that is being conducted in two phases – the first from 10 – 18 October for people above one year of age. The second phase for children aged one to five years, for added protection against cholera with an additional dose, will begin early November. WHO has been supporting planning, training and monitoring of the OCV campaign.

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 continues to conduct water quality test and will start sanitary survey of both water points and household water from next week with support of District Public Health Engineering staff.

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 two million USD for the emergency response (USD 175 000 from WHO's South-East Asia Region Health Emergency Fund (SEARHEF), WHO Bangladesh reprogrammed USD 400 000 to support the emergency response, WHO provided USD 500 000 from the Contingency Fund for Emergencies and USD one million came from CERF earlier this week). 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.

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