



World Health Organization

REGIONAL OFFICE FOR

South-East Asia

Situation Report: 7

Date: 16 October 2017

Emergency type: Bangladesh/Myanmar: Rakhine

Conflict 2017



537 000
new arrivals
in BAN



300 000
previously
existing in BAN



Internally
displaced in
MMR



555 619
vaccinated with OCV
(since 10 October)



1.2 million
target population for
humanitarian action



No. of deaths
unknown

KEY HIGHLIGHTS

- As of 15 October 2017, cumulative number of new arrivals in all sites of Bangladesh's Cox's Bazar district (Ukiah, Teknaf, Cox's Bazar and Ramu): 537 000¹, including 89 000 in host communities, 212 000 in Kutupalong Balukhali camps and 162 000 in new spontaneous sites.
- The speed and scale of the influx has triggered a humanitarian emergency where close to three quarters of a million displaced people are depending on humanitarian assistance for shelter, food, water, sanitation and other life-saving needs.
- An oral cholera vaccination campaign launched on 10 October is ongoing, 555 619 people above the age of one year were covered at the end of sixth day. The campaign to administer 900 000 doses of OCV, targets 650 000 people in the first phase.
- UNICEF and Ministry of Disaster Management and Relief, GoB will construct 10 000 latrines in Rohingya camps and settlements of Cox's Bazar.
- Partners are working with GoB to set up WASH facilities (pit latrines, de-sludge facilities and production wells) in the new camps.
- *E. coli* testing of household water samples in Leda makeshift settlement found that they meet Bangladesh and WHO standards of *E. coli* (<1 cfu/100ml).
- Field visit to Chakmarkul Spontaneous Settlement and Upazila Health Complex, Teknaf highlighted gaps in WASH services, food and nutrition and health post function.

Oral cholera vaccination (OCV) campaign

555 619 people vaccinated at the end of the 6th day: A total of 150 teams deployed in Ukhiya, 60 teams in Teknaf and 20 teams in Naikhangchari have successfully administered OCV to 84% of the total estimated target population. Rapid coverage assessments showed 92% of those assessed had received the vaccine. Good momentum has been achieved with many initial gaps addressed with help of partners. So far no cases of Adverse Effects Following Immunization (AEFI) have been noted.

District	Upayila	Date of campaign	Camp Name	Estimated Pop	Target Pop (>1 year)	# Vaccinated for the day of Reporting				# Team Worked for the Day
						1-<5 years	≥ 5 years	Total vaccinated	Coverage in %	
Cox's Bazar	Ukhiya	10-Oct	Shafiullah Kata & Bag Gona Jamtoli	77,095	71,698	15877	50982	66859	93	150
Cox's Bazar	Teknaf	10-Oct	Chakmarkul & Baharchara	25,680	24,000	5583	14192	19775	82	60
Total Day-1				102,775	95,698	21,460	65,174	86,634	91	210
Cox's Bazar	Ukhiya	11-Oct	Hakimpara & Taznirmar Khola	78,994	73,464	17638	45888	63526	86	150
Cox's Bazar	Teknaf	11-Oct	Unchiprong	20,865	19,500	4704	12152	16856	86	57
Total Day-2				99,859	92,964	22,342	58,040	80,382	86	207
Cox's Bazar	Ukhiya	12-Oct	Moinergona	70,764	65,810	16728	43375	60103	91	145
Cox's Bazar	Teknaf	12-Oct	Unchiprong	20,330	19,000	2022	6300	8322	44	60
Total Day-3				91,094	84,810	18,750	49,675	68,425	81	205
Cox's Bazar	Ukhiya	13-Oct	Balukhali	45,470	42,287	17960	46570	64530	153	150
Cox's Bazar	Teknaf	13-Oct	Leda camp	26,978	25,213	6769	18404	25173	100	60
Total Day-4				72,448	67,500	24,729	64,974	89,703	133	210
Cox's Bazar	Ukhiya	14-Oct	Kutupalong unregistered camp	76,046	60214	19154	55951	75105	125	152
Cox's Bazar	Teknaf	14-Oct	Nayapara camp	36,626	34,230	9029	26633	35662	104	60
Total Day-5				112,672	94444	28183	82584	110767	117	212
Cox's Bazar	Ukhiya	15-Oct	Kutupalong unregistered camp	76,046	60214	23422	68853	92275	153	150
Cox's Bazar	Teknaf	15-Oct	Nilha	53,500	50000	4568	15425	19993	40	60
Bandarban	Naikhangchari	15-Oct	Uttorpara & Konarpara(Gundhum Uni)	13,163	12242	1701	5739	7440	61	20
Total Day-6				142,709	122456	29691	90017	119708	98	230
Cox's Bazar	Ukhiya	16-Oct	Kutupalong Registered & unregistered camp	76,046	91741			0	0	
Bandarban	Naikhangchari	16-Oct	Bahimat, Sapmarijhil & Bara Sonkhola	9,418	8759			0	0	
Total Day-7				85,464	100500	0	0	0	0	0
Cumulative total as of today				707,021	658,372	145,155	410,464	555,619	84	

PUBLIC HEALTH CONCERNS

3 new temporary health posts operationalized in Chakmarkul: Government and 2 NGOs are providing healthcare – primary health care (PHC), pregnancy related care, Acute Respiratory Tract Infection (ARI), skin disease, Chronic Obstructive Pulmonary Diseases (COPD) and diarrhoea.

WASH services in Leda makeshift camp: The camp has nearly 26 000 people, majority of who arrived prior to the influx on 25 August. There are 5 production wells with total supply of 500 000 litres a day.

E. coli Analysis results of Leda makeshift camp: Seven drinking water samples were collected from different households of Leda Makeshift Camp on 14 October. Source of water here is ground water that is supplied after filtration and chlorination. Tap water could not be collected as supply is intermittent. Results of *E. coli* testing of household samples indicate their meeting Bangladesh and WHO standards of *E. coli* (<1 cfu/100ml). Experts attribute this to chlorination being a catalyst.

Table 1: *E. coli* analysis and sanitary inspection results of drinking water samples of Leda Makeshift Camp

ID	Latitude	Longitude	Collection point	Water source	Water supply system	<i>E. Coli</i> (cfu /100 ml)	Sanitary score (out of 3)	Remarks
H01A	20.974753	92.243398	User's storage	Ground water	STW	0	1	
H01B	20.974878	92.243530	User's storage	Ground water	STW	0	1	
H02A	20.975368	92.243815	User's storage	Ground water	STW	0	1	
H02B	20.975355	92.243800	User's storage	Ground water	STW	0	1	
H03A	20.975812	92.243702	User's storage	Ground water	STW	0	1	
H04A	20.975938	92.243032	User's storage	Ground water	STW	0	2	
H04B	20.976315	92.243113	User's storage	Ground water	STW	0	2	

STW: Shallow tube well, DTW: Deep tube well

Challenges faced by people living in Chakmarkul settlement: Many are in a state of shock. Patients are having difficulty in understanding how to take prescribed drugs. Ambulances are needed for referral process especially in the case of patients suffering from complications. Open defecation is a common. There is need to scale-up health education and promotion. People are not familiar with family planning practices.

Following initiatives are needed in the settlement:

- Semi-permanent health post with adequate amount of drugs, medical supplies and human resources;
- Community awareness on basic hygiene and family planning;
- Water and food to prevent malnutrition;
- At least one ambulance for referring critical patients and
- Improving living conditions by increasing space of shelters

WHO ACTIONS

Coordination and supplies - WHO has taken over the health sector coordination from IOM with effect from 1 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, cholera 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. WHO 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 one million USD for the emergency response (USD175 000 from WHO's South-East Asia Region Health Emergency Fund (SEARHEF), WHO Bangladesh reprogrammed USD400 000 to support the emergency response and WHO provided USD500 000 from the Contingency Fund for Emergencies).

As part of the overall Humanitarian Response Plan and appeal, WHO has requested for USD 6.8 and USD 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

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