

Weekly Situation Report # 6

Date of issue: 6 December 2017

Period covered: 30 November – 6 December 2017

Location: Bangladesh

Emergency type: **Rohingya Refugee Crisis**



**626 000**  
new arrivals  
in Bangladesh



**300 000**  
Refugees from  
Mvanmar who arrived



**199 472 children aged  
1 to 5 years vaccinated  
with second dose of  
oral cholera vaccine**



**105% target of 336 943  
population under 15  
years vaccinated in  
mop up MR campaign**



**1.2 million**  
people targeted for  
humanitarian assistance

### KEY HIGHLIGHTS

- As of 6 December 2017, the cumulative number of new arrivals in all sites was 626,000. This number includes over 343,000 arrivals in Kutupalong Balukhali expansion site, 237,000 in other camps and settlements, and 46 000 arrivals in host communities.<sup>1</sup>
- As of 6 December, 354,982 adolescents and children received measles and rubella vaccination. Rapid convenience assessments are being carried out in parallel to the campaign, and based on their results corrective actions will be taken.
- More than 110 suspected cases of Diphtheria, including 6 deaths, have been clinically diagnosed by health partners, including Médecins Sans Frontières (MSF) and the International Federation of the Red Cross (IFRC) as of 6 December. WHO is working with the Bangladesh Ministry of Health and Family Welfare and partners to contain the spread of the highly infectious respiratory disease through effective treatment and adequate prevention.
- WHO assisted for the facilitation of routine EPI basic training in Ukhiya and Teknaf. Training is underway for vaccinators in preparation for a vaccination campaign targeting all children up to 6 years with pentavalent (DPT-HepB-Hib) and pneumococcal vaccines, which protect against diphtheria and other diseases.

### SITUATION OVERVIEW

Since 26 November, there have been 1,622 new arrivals.<sup>1</sup> As of 2 December, the Bangladeshi Immigration and Passports Department has registered 730,654 people through biometric registration.

<sup>1</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/171205\\_iscg\\_sitrep\\_one\\_pager\\_final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/171205_iscg_sitrep_one_pager_final.pdf)

Most site allocations are complete and partners have been informed where their facilities will be located. WHO coordinated the allocation of land for health facilities with the agencies in charge of site management.

Many Rohingya refugees are reported to have been physically and mentally traumatized by the violence, including sexual and gender-based violence (SGBV). Stress management and trauma counseling is much needed for the targeted population. Ensuring life-saving minimum initial service package (MISP) of Sexual and Reproductive Health and Rights (SRHR) services is critical.

Communicable disease risks remain high due to crowded living conditions, inadequate water and sanitation (WASH) facilities and low vaccination coverage.

## WHO ACTIONS

### Epidemiology updates

Out of 190 cases of jaundice, samples from 8 cases tested negative for Hepatitis E. The results will be confirmed by a laboratory in Dhaka. Chronic Hepatitis B or C markers were found in 3 patients. The latest EWARS data show that fevers of unexplained origin are the most commonly reported disease (30%), followed by acute respiratory infections (26%) and acute watery diarrhoea (22%). WHO is expecting to receive stock of RDTs in December and, together with the Institute of Epidemiology, Disease Control & Research (IEDCR), will make them available to partners in the field.

### Water, Sanitation and Hygiene

A second round of water quality testing was conducted from 11 to 25 November. A total of 509 water sources and 1,107 household samples were collected. Among source and household samples, 53% and 88% were contaminated with *E. coli*, respectively. The results have been presented at the health sector partners meeting and shared with WASH sector for corrective actions.

The main recommendations are to chlorinate contaminated tube-wells; install new safe water points, preferably deep tube wells; decommission/relocate latrines near water sources; intensify hygiene promotion activities; develop a chlorination plan for household water storage. In line with the ongoing response, WASH interventions among the existing host community continue to be implemented by partners.

### Vaccination campaigns and routine immunization

Measles and rubella vaccination campaigns are being conducted by WHO, MoHFW and partners. In total 354,982 children between 6 months and 15 years of age have been vaccinated (105% coverage of the targeted 336,943 children). A total of 94 teams (72 in Ukhiya and 22 in Teknaf), each comprising two vaccinators and three volunteers, have been mobilized for the campaign. Rapid convenience assessments are being carried out in parallel to the campaign, and based on their results corrective actions will be taken.

### Referrals

A directory of health facility services was compiled with information on the health services being provided by partners inside and outside the camps. Several referral pathways are currently being reviewed to develop a harmonized referral guideline.

### Review of hospital services

The field visit to review available services in the three main secondary government facilities in Cox's Bazar district (Sadar District hospital, and the Ukhiya and Teknaf upazila health complexes) was completed on 5 December with participation from health sector partners. The review teams interviewed Sadar Hospital Superintendent, the UH&FPOs and their medical personnel, and conducted a walk-through of the facility to

note related services. The findings will be shared to all health sector partners with the aim that these contribute to 2018 work planning and the health humanitarian needs overview process.

### Drugs and medical supplies

During the reporting period, WHO received the following supplies in Cox's Bazar to be distributed to partners:

- Donation of 3 tents (2 of 24 m2 and 1 of 72 m2) to MSF to increase the number of isolation beds for the diphtheria cases.
- 2 central cholera kits given to MSF-France.
- Benzylpenicillin sodium (250 doses) and Benzathine benzylpenicillin (50 doses) given to MSF-Holland for the diphtheria patients.
- Urgent order of 2000 DAT doses.
- Reception of the Dubai cargo with tents, water tanks and other logistic material for the contingency AWD plan.
- Approval for the extension of the WHO warehouse.
- Follow up of the drugs donated last end September to the Civil Sergeant Office and its distribution to the Upazilas.
- Dispatch of 40 stretchers to MSF and 10 stretchers to Medical teams International.
- Water purification unit Emwat400 donated to MSF-Spain is already operational in Unchiprang.

### Coordination

The strategic advisory group led by WHO, was mobilized to coordinate the planning the for health humanitarian needs overview for the Crisis Response Plan March to December 2018. The needs appraisal will be broken down into several groups for the sake of operational ease:

- SRH + Protection linkages (led by UNFPA);
- Nutrition, WASH & other Intersectoral linkages and actions (led by UNICEF);
- Primary health care services, CD, NCD, MH & chronic diseases care services including rehabilitation and palliation, and referrals (led by UNHCR & IOM with technical support from WHO); and
- Surveillance & health information management, public health interventions, hospital services & quality (led by WHO)

The needs analysis is aimed to be finalized by 10 December, to be followed by the development of the strategic and operational plan (8 January 2018) and the project portfolios (14 February).

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