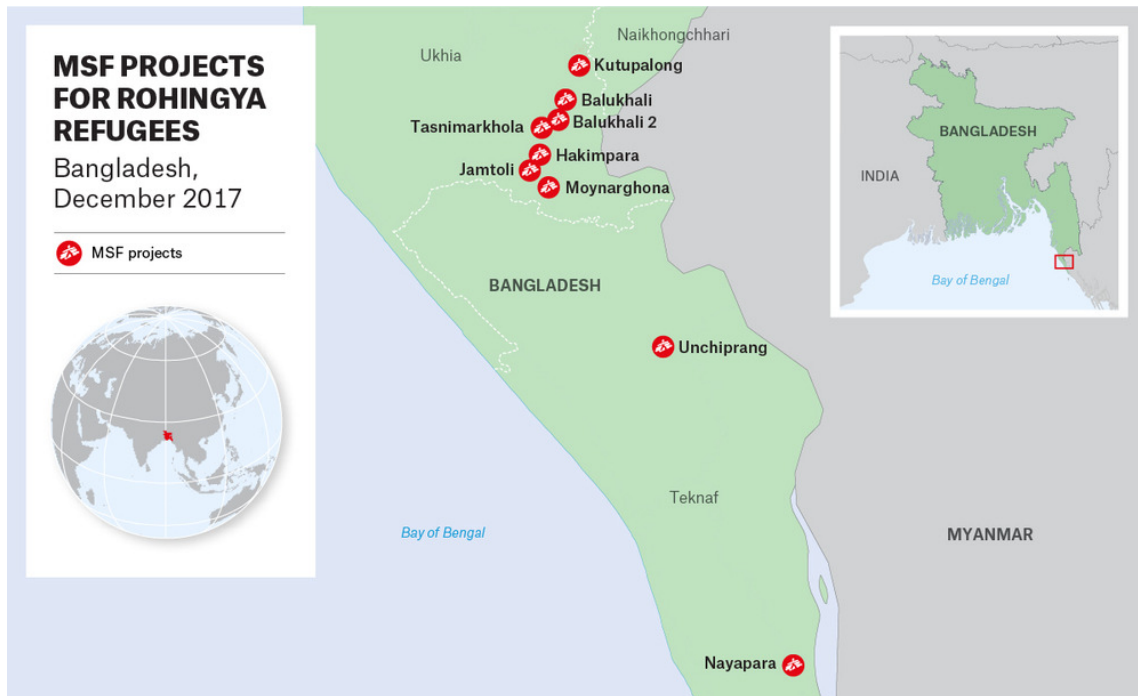


ROHINGYA REFUGEE EMERGENCY RESPONSE | BANGLADESH

MSF UPDATE December 2017



SUMMARY OF MSF ACTIVITIES IN COX'S BAZAR

Since 25 August, MSF has scaled up massively its operations, and we now manage 19 health posts, three primary health centres and four inpatient facilities, having around 2300 people working for MSF in Cox's Bazar district. The main morbidities among patients in our clinics are respiratory tract infections, diarrheal diseases and increasing cases of infant malnutrition which are directly related to the poor living conditions in the settlements, in particular the shelter and water and sanitation conditions.

Up to the end of November, we have seen 2,165 cases of measles across all the MSF health facilities and over 77 cases of jaundice.

In addition, there has been a large increase in the number of suspected diphtheria cases presenting to MSF health facilities. MSF has treated more than 2,000 cases as of 21 December. The majority of cases are aged between 5 and 14 years. Diphtheria can result in a high case-fatality rate without the anti-toxin, but only a limited quantity arrived in Bangladesh just recently. Active case investigation commenced in most of the settlements where MSF is working to see if anyone else was sick in the household, collect information on the number of residents of the household of the patient and any further contacts made prior to presentation. Contacts are being treated prophylactically with antibiotics via the health

KEY FACTS & FIGURES

Number of health facilities:

- 19 health posts,
- 3 primary health centres,
- 4 in-patient health facilities

Number of staff: 2,258 national & international staff

Number of patients: (end Aug to end Nov)

- 142,985 patients have been treated at MSF outpatient facilities
- 3,117 patients in inpatient facilities

Main morbidities:

- respiratory infections,
- diarrheal diseases,
- measles
- rapid increase in diphtheria cases

Other activities:

- water and sanitation (water trucking, hand pump, tube well and latrine installation) and mental health services

facilities. Preparation and establishment of a reserved isolation area for suspected cases are ongoing. Most of these vaccine preventable diseases are yet another example of how little access the Rohingya population in Myanmar had to routine healthcare. We worked on the expansion of isolation capacity for measles and other infectious diseases in most of the MSF facilities.

In response to the needs of inpatient capacity, MSF has increased the number of beds at the existing facilities in Kutupalong and its newly built health facility in Balukhali. We also opened a new inpatient facility in Tasnimarkhola settlement with 25 beds, which is the only inpatient centre in the area, and another inpatient facility is planned to be open near Moynarghona makeshift settlement, but this location is now functioning as a temporary Diphtheria Treatment Centre with 85-bed capacity.

As part of our preparedness plans for a potential outbreak of cholera or other diarrhoeal diseases, MSF has identified sites for the Diarrhoea Treatment Units in Balukhali, Hakimpara, Jamtoli, and Unchiprang. The site preparations are ongoing.

OTHER ACTIVITIES

Vaccination

MSF is supporting the government in expanding routine vaccination in the camps through initiating vaccination for children and pregnant women at MSF facilities. Staff at all MSF health facilities will have the capacity to administer immunisation for measles and rubella, oral polio and tetanus according to national protocols.

The Ministry of Health started a measles and rubella vaccination catch-up campaign from 18 November which ran for 12 days and targeted a total of more than 336,000 children between the ages of 6 months and 15 years. MSF supported this campaign with community mobilization, site identification, logistics, and transportation of vaccines. A vaccination coverage survey is planned in mid-December in order to evaluate the success of the campaign.

Sexual violence

Since 25 August, MSF has treated 113 survivors of sexual violence at MSF's Sexual and Reproductive Health Unit in Kutupalong. 33% of survivors are under the age of 18 years, including one under the age of ten.

Estimating the number of survivors is not possible. However, sexual violence is often underreported due to stigma and shame, fear of reprisals, a lack of knowledge about the medical consequences of sexual violence and the need for timely medical care, and a lack of awareness about the medical and psychological support available. Given these barriers, it is likely that the number of SGBV survivors MSF has treated so far is just a fraction of reality.

KEY FIGURES

- Total number of sexual violence cases from 25 August – 3 December: 113
- Number of rape cases: 91
- Number of SGBV cases under 18: 37
- Number of cases of male on male sexual violence: 0

MSF is starting to see more survivors seeking medical care as some of these women and girls have become pregnant as a result of rape.

MSF has specialised staff on the ground to treat survivors who are referred for treatment as a result of trauma, including sexual assault and rape. MSF's local community outreach workers are visiting the people living in the settlements, informing them about the free services the organisation offers, including treatment for sexual violence.

Water and Sanitation (WASH)

Outside of the medical response, improving water and sanitation is a major part of our attempts to prevent the spread of disease. [According to the WHO](#)¹, 91% of household and 60% of source samples were contaminated with Escherichia coli (E. coli). Due to the lack of a drainage system, stagnant water is present around a quarter (26%) of

all tube wells. As for sanitation, 39% of emergency latrines installed by WASH partners, mostly at the early stage of the emergency response are non-functional. And desludging and decommissioning of these latrines remains a priority to improve the inadequate sanitation environment.

MSF is targeting its water and sanitation response in the most difficult to reach areas. So far MSF has built 1247 latrines, 157 water wells and a gravity water supply system both in the settlements located in the North as well as in the ones in the South.

By the end of December, MSF aims to install a total of 400 boreholes and 1,000 latrines in the Balukhali and Kutupalong Makeshift Settlements. Considering that the shallow aquifer - the main water source, abundant in quantity and easy to access – is contaminated with fecal coliforms throughout the camps, we started drilling deep production boreholes up to 150-200 meters deep to have clean water. Four deep boreholes have been drilled so far. We plan to start a hygiene promotion to clean latrines and educate about hand washing, as well as soap and other non-food item distribution in MSF facilities. To make sure vulnerable population get clean drinking water, MSF plans to distribute water filter in our clinics in Tasnemarkhola and Balukali 2, for patients of malnutrition, measles and pregnant women. In the southern settlements of Unchiprang and Jamtoli MSF is aiming to construct 56 more latrines and 43 wells in the coming weeks.

MSF also includes water supply and sanitation in its emergency response for new arrivals. MSF has deployed teams to arrival, transit and settlement locations to ensure that newly arrived refugees have access to safe drinking water and adequate sanitation facilities.

Previous MSF Communications on the Rohingya Refugee Crisis

- [MSF surveys estimate at least 6,700 Rohingya were killed during the attacks in Myanmar](#) | 12 December 2017
- [A living nightmare: Photo Story](#) | 12 December 2017
- ["This is still a population teetering on the edge."](#) | 6 December 2017
- [Bangladesh: Crisis update](#) | 20 November 2017
- [Opinion - Rohingya refugees "People are in survival mode"](#) | 23 October 2017
- [Bangladesh 'Voices from the Violence'](#) | 22 October 2017
- [Bangladesh Crisis Update](#) | 17 October 2017
- [Myanmar: International humanitarian access to Rakhine State must urgently be permitted](#) | 18 September 2017
- [Rohingya in Myanmar and Bangladesh urgently require medical and humanitarian assistance](#) | 6 September 2017