

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 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 Unchirang. The site preparations are ongoing.

MSF PROJECT LOCATIONS IN COX'S BAZAR

Kutupalong

The number of refugees living in Kutupalong Makeshift Settlement, Balukhali Makeshift Settlement, and Expansion site is now over 547,000. The MSF Kutupalong Health Facility has been operating since 2009 and is the largest MSF health facility in Cox's Bazar. Services in this clinic include a 24-hour emergency room; an outpatient department (OPD); an inpatient department (IPD) including a paediatric and neonatal ward; isolation beds; a diarrhoea treatment ward; sexual and reproductive healthcare services; a mental health department; and basic laboratory services.

Since 25 August, the IPD has been expanded from 50 to 79 beds to cope with the influx and the increasing numbers of patients. Isolation capacity was also expanded due to the potential outbreak of communicable diseases. The OPD currently treats over 300 patients per day. MSF plans to rehabilitate the hospital to increase the number of beds available and improve the overall infrastructure in the hospital to meet the needs of the growing population. Construction works began in November and will continue through to the new year.

MSF has built and manages three Health Posts in Kutupalong Makeshift Settlement (KMS) Expansion area. The health posts treat over 300 patients per day and are located throughout the settlement in order to provide access to newly arrived refugees.

Balukhali

At the end of October, MSF opened a 40-bed mother and child in-patient facility in Balukhali nearby to the existing out-patient clinic. In early December, this has been converted into a diphtheria treatment centre in response to the rapidly growing outbreak of diphtheria. Currently MSF has 70

beds for treating Diphtheria patients in the facility. MSF also runs three Health Posts in the settlement.

Balukhali 2

Since 1 October, MSF has been running a health post in Balukhali 2 where the total population is 285,000 people. It provides basic primary health care and has treated over 18,100 between 1 October and 11 December. Newly arrived refugees are being settled in the zone named SS, which also includes Balukhali 1 and Balukali 2. MSF opened a Health Post in the SS zone on 18 November, which treats an average of 170 patients per day.

Tasnimarkhola

There are over 58,000 refugees living in Tasnimarkhola makeshift settlement, formerly known as Burma Para. MSF opened a health post on 26 October and has treated 12,400 patients between the opening and 11 December. Around 30% of consultations are for children under five. On 3 December, we started sexual and reproductive health activities (antenatal, postnatal, sexual-gender based violence, gynaecological consultations and family planning).

On 26 November, MSF opened an inpatient facility with a 25-bed capacity. The hospital is focused on paediatrics (children < 15 years), the in-patient treatment of severe acute malnutrition (10% of hospitalized patients) and currently the management of measles cases (55% of hospitalized patients). To accommodate for the high number of measles cases, we had to increase the number of isolation beds to 36. By 11 December we received 320 patients in the emergency room of which 171 (53%) were hospitalised.

MSF has completed the drilling of four deep production boreholes to provide water to the health posts and IPD.

Unchiprang

There are over 23,300 refugees living in Unchiprang makeshift settlement. MSF has been running a primary health centre, which was initially opened as Health post in mid-September. We are providing primary healthcare; sexual and reproductive health; and mental health services, with 24-hour capacity and 10 hospitalisation beds. It is the main health-care provider in the settlement and the team is carrying out over 150 consultations per day. MSF has also opened a second health post in Uchiprang and in nearby Nayapara where we treat 200 cases per day respectively.

Jamtoli

There are 48,400 refugees living in Jamtoli makeshift settlement. MSF opened a health post in September that was upgraded later to a primary healthcare centre. The clinic is currently seeing up to 250 patients per day and offers 24-hour primary health care service, with a delivery room and 18 hospitalisation beds. MSF is also running two more health posts in Jamtoli.

Hakimpara

There are over 33,000 refugees living in Hakimpara makeshift settlement. MSF opened a Health Post that was upgraded later to a primary healthcare centre with 24-hour primary health care services and 14 hospitalisation beds where we are treating around 150 patients per day. We are running also two more health posts.

Moynarghona

There are over 19,500 refugees living in Moynarghona makeshift settlement. MSF started a mobile clinic in September, which has since been upgraded to Health Post. The clinic sees 200 patients per day on average. MSF also plans to open an IPD outside of the makeshift settlement with a 63-bed capacity before the end of the year. The IPD will offer ER, paediatric and inpatient therapeutic

feeding centre (ITFC), for both the Rohingya and host community. This site is currently in use as a Diphtheria Treatment Centre since 11th December, with an 85 bed capacity, while the construction works are on-going.

Sabrang entry point

At the border point in Sabrang, MSF started a mobile clinic on 8 October, offering nutritional screening and basic primary health care and monitoring, whose services have been integrated in the circuit of the reception centre.

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 November 18th 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

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**

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, 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.

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 WHO¹, 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 Tasnimarkhola 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.

¹ Morbidity and Mortality Weekly Bulletin Vol. 8, 3 December 2017:
<http://www.searo.who.int/bangladesh/mmwb/en/>