Refugee Population Figure

Total Refugee Population
876,049 individuals
201,527 families

Registered Refugees
33,788 individuals (4%)
6,325 families

Counted Refugees*
842,261 individuals (96%)
195,202 families

* Some refugees living in host communities and in certain locations beyond the camp boundaries may not have been counted.

Demography

55% children
42% adult
3% elderly

48% Male
9% 0-4
9% 6-12
12% 5-11
7% 12-17
18% 18-59
18% 60+

52% Female
9% 0-4
9% 6-12
11% 5-11
7% 12-17
23% 18-59
2% 60+

Refugee Population Density

The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.
Risk Analysis

Bangladesh is ranked 13\textsuperscript{th} in the world at risk for Natural Disasters

Analysis in January 2018 estimated that over 100,000 were at risk of flood or landslide during the upcoming monsoons. Updated numbers are now over 200,000

Land insufficient for relocations, population fearful

Diphtheria, Measles, Hepatitis A, Diarrhea, Emergency levels of malnutrition (24.3\% GAM)
# Impacts on Health and Health Services

## Death and injury
from building and bridge collapse, slipping/falls, wind, falling trees and debris, destruction of homes, accidents

## Damage to health facilities
and transport infrastructure, with subsequent disruption of service delivery, leading to reduced access to and functionality of all levels of health services (35 of 101 health posts, 7 of 28 PHCs, 3 of 14 DTCs, 1 of 6 hospitals and 4 of 6 SRH clinics were identified as at risk for floods or landslides) from the risk mapping of Kutupalong camp. More are expected once the risk mapping for the other camps is completed.

## Increased incidence and risk of communicable diseases
from flood water, displacement and destruction/damage of WASH facilities

## Loss or damage of medical supplies
and interrupted procurement systems

## Increased mortality and risk of complications related to pregnancy and deliveries
and among newborns due to interrupted obstetric and neonatal services

## Increased morbidity and risk of complications among chronic diseases
and palliative patients due to interruption of treatment; impact on health of vulnerable groups—elderly and persons with disabilities

## Possible effect on the capacity of local health authorities
to manage and coordinate the health response and recovery, in particular if their offices have been damaged as well

## Lack of access to facilities
for health workers or patients
Opportunities

3 months to prepare....

1. Relocation of Health facilities (Lead: Health Sector Coordinator)
2. Logistics (Mapping and prepositioning) (Lead: MOAS + WHO)
3. Mobile Medical Teams (Lead: ORC, participants: UNICEF, MOAS, IRC/RTMI, MTI, Medair, Mercy Malaysia, PeaceWinds Japan)
4. Community preparedness (Lead: IOM, participants: Unicef, BDRCS)
5. Outbreak preparedness and response (Lead: WHO Ops)
6. Trauma / MCI (Lead: Medair)
7. DBM
8. Coordination (Lead: Health Sector Coordinator)
9. MHPSS/PFA (Lead: MHPSS subsector)
Challenges

• Limited experience of many partners to do emergency preparedness planning

• Multisector Coordination without strong leadership (No HC, no HCT)

• Humanitarian Access

• Funding for NGOs limited – most going to UN agencies

• Limited surgical capacity

• Limited health human resources

• Communications

• Safety