



# HEALTH SECTOR COX'S BAZAR

## JULY 2023 BULLETIN

Cox's Bazar District, Bangladesh

Emergency: Rohingya Refugee – Protracted Grade 2 Emergency<sup>1</sup>

Reporting period: 1<sup>st</sup>- 31<sup>st</sup> July 2023



1.44 million People in Need  
(PiN, ISCG JRP 2023)



962,416<sup>2</sup> FDMN<sup>3</sup> Forcibly Displaced  
Myanmar Nationals / Rohingya Refugees

### HIGHLIGHTS

- **Monsoon Season:** The month of July continues to experience wet weather due to the seasonal monsoon rains leading to sporadic flooding in the camps although the delivery of health services hasn't been affected. However, the rain is a significant accelerator for the current surge in Dengue infections in the camps.
- **Utilization of health services** remains steady with 464,023 OPD consultations in the month of July. In the same period, about 2,550 Dengue cases were detected- approximately 0.5% of the total consultations. The current Dengue outbreak in Bangladesh is reportedly one of the largest, occurring unusually earlier than expected seasonal surge, and is being driven predominantly by DENV2 (51.5%) and DENV3 (43.9%). So far about 69,000 cases have been reported in the country (mostly Dhaka) with a Case Fatality Rate (CFR) of 0.43%. In the Rohingya refugee camps, about 4,182 cases have been reported in Jan-July 2023 with 5 deaths- CFR 0.1%.
- **Health Resource:** An analysis of the global Humanitarian Response Plan shows Bangladesh's Health response to have an abnormally high appeal cost of USD75 per person targeted per year for health assistance- an issue to be critically looked at in upcoming JRP
- **Scabies MDA:** Ongoing preparations with distribution planned to be started Sept – Oct 2023.

### THE HEALTH SECTOR



77 HEALTH SECTOR (HS) PARTNERS  
14 #APPEALING PARTNERS JRP 2023

#### REGISTERED HEALTH FACILITIES



72 HEALTH POSTS  
45 PRIMARY HEALTH CENTRES  
03 FACILITIES WITH CEmONC SERVICES  
08 SECONDARY CARE FACILITIES  
443 #MEDICAL DOCTOR  
325 #NURSES  
463 #MIDWIVES

#### HEALTH ACTION



464K OPD CONSULTATIONS  
8,255 INPATIENT ADMISSIONS  
2,609 FACILITY-BASED BIRTHS (4W's)  
96% % LIVE BIRTHS  
80% % HEALTH FACILITY BIRTHS  
09 MATERNAL DEATHS  
1% COVID-19 CASE FATALITY RATIO

#### DISEASE SURVEILLANCE



214 CRUDE DEATHS (JULY)  
23 COVID-19 SENTINEL SITES  
24 AWD SENTINEL SITES  
140 EWARS REPORTING SITES

#### FUNDING \$USD



USD  
97.3m

3.4 % reported in the [UNOHCA Financial Tracking System](#) However, the June 2023 sector funding analysis indicates about USD 47.3m (49%) may have been received/committed by the time of the assessment

**General Situation**

Monsoon Season: Due to the seasonal monsoon rains, the month of July continued to receive very heavy rainfalls leading to sporadic flooding in the camps, landslides, and temporary relocation of a few affected households within the camps though no death was reported. The forecast indicates that the heavy rain will extend into September before gradually reducing. So far, the delivery of health services has not been adversely affected, however, the rain is a significant hazard due to the resulting stagnant water that may be partly responsible for the current surge in Dengue infections in the camps.

**Health Services**

General services: Despite the seasonal rain; access, and utilization of health services remained stable in the month of July. There was a nominal 7% increase in total OPD consultations in July (464,023- 38% male, 62% female)) compared to 424,299 in June 2023. About a quarter (27%) of the consultations are children under 5 years. In the same period, about 2,550 Dengue cases were detected- approximately 0.5% of the total consultations. Most of the health facility visits were attributed to skin diseases, acute respiratory tract infections, and acute watery diarrhea. From Jan-July 2023, a total of 1,393 cases of Tuberculosis was diagnosed among the refugees

Table 1: List of common morbidities

Morbidity	Proportion of OPD Consultation
Skin Diseases	20%
ARI: non-pneumonia/URTI	18%
Other acute conditions	17%
Gastroenteric problems/PUD	10%
Musculo-skeletal problems	6%
Hypertension (HTN)	4%
Diabetes Mellitus	3%
Diarrhoea-Acute Watery Diarrhoea	3%
Other	21%

Maternal and Child Health: An average of 2,480 births are reported every month, of this, 80% are in the health facility, and 3% are stillbirths. As of July 2023, the maternal death rate is estimated at 352 per 100,000 live births, and infant mortality at 24.6 per 1000 live births. Note- the mortality estimates are based on surveillance data and not mortality surveys. Compared to WHO standards of 10-15%, the Caesarean Section rate is slightly low at 5.3%. In the health sector, partners are also closely monitoring the nutrition status of children under 5 years especially considering the recent cuts in food rations. So far, there have not been reports of a significant change in the total number of children 6 -59 months identified with acute malnutrition

Table 2: Selected Indicator Performance

Indicator	Jan	Feb	Mar	Apr	May	Jun	July	Total	Remarks
Total number of OPD Consultations	527,919	477,387	478,506	370,052	424,299	432,537	464,028	3,174,728	Male 38%, Female 62%
Total number of Inpatient Admissions	9,536	7,946	8,685	8,191	7,463	7,866	8,255	57,942	Male 35%, Female 65%
Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	1,268	2,789	2007	2218	1247	1984	1582	13,095	Total screened: 362,453
Tuberculosis Cases Identified	628			553			212	1393	
Total number of births at the facility (Live + Still)	2,662	2,158	2,569	2,408	2,389	2,566	2,609	17,361	Live Births: 97%
Of the births, the number of mothers who had ANC 4 or above visits	2,048	1,881	2,131	1,778	2,432	2,161	2,450	14,881	86% ANC4
Total number of C-Sections at the facility	145	115	193	115	115	118	127	928	C/S Rate: 5.3%

Total Number of Post-Abortion Care Provided (Host and Rohingya)	293	361	371	237	308	238	206	2014	
Total # Skilled Birth Attendants (Medical Doctors, Nurses, Midwives) as of July 2023	1,277	1,241	1,255	1,192	1,257	1,260	1,231	Average: 1245 (37% Medical Doctors, 27% Nurses, 37% Midwives)	
Total Number of Patients referred out	3,642	3,241	3,357	2,465	3,087	2,985	3,471	19,102	

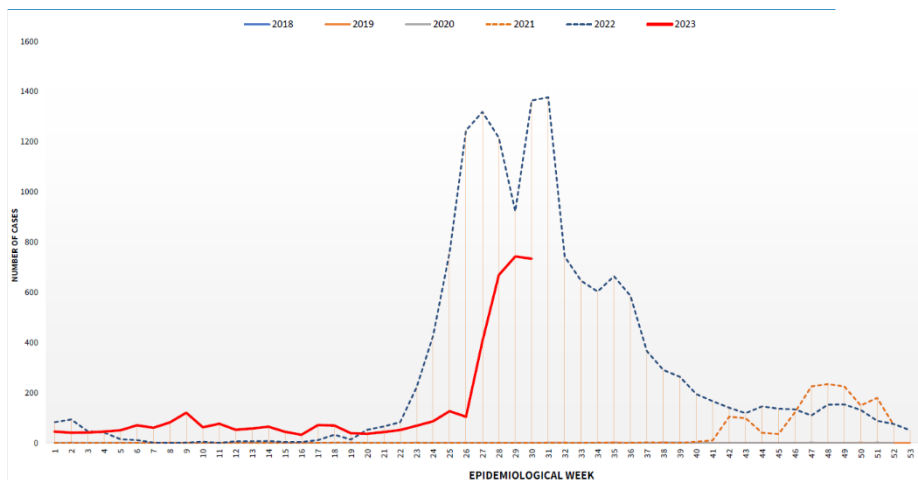
**Public health risks, priorities, needs, and gaps**

**1. Communicable Disease Control and Surveillance**

**1.1 Dengue**

Dengue Virus is endemic in Bangladesh with seasonal surges observed annually. Generally, all four serotypes of DENV are present in the country. The current outbreak is reportedly one of the largest, occurring unusually earlier than expected seasonal surge, and is being driven predominantly by DENV2 (51.5%) and DENV3 (43.9%). So far about 69,000 cases have been reported in the

**Figure 1: Dengue Trend**

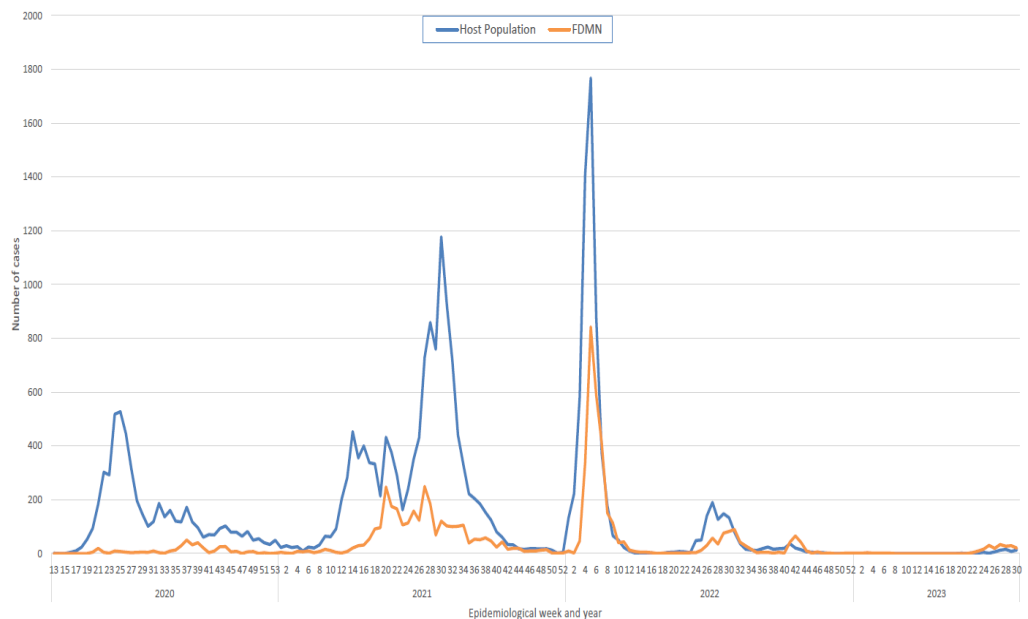


country (mostly Dhaka) with a Case Fatality Rate (CFR) of 0.43%<sup>4</sup>. In the Rohingya refugee camps, about 4,182 cases have been reported in Jan-July 2023 with 5 deaths- CFR 0.1%. Like the nationwide trend, the current outbreak in the refugee camp-like that of Yr. 2022 is equally- compared to the past years when caseloads were very low. Most of the cases (55%) are originating from the relatively congested northerly camps in Ukiya i.e., Camps 3, 4, 17, 9, and 1W. Most (86%) of the cases are mild. With the rainy season still ongoing, the lack of approved vaccines against dengue, poor drainage/flooding, and overcrowding; it is unlikely that the infection is yet to reach a peak (Fig 1). The risk remains, and ongoing intervention aims at strengthening prevention and timely case management to reduce fatality.

**1.2 COVID-19**

A mild increase in COVID-19 - was detected in June 2023 (Epi-weeks 22-26) and continues to be monitored closely. Since then, there appears to be a sustained decline from epidemiology week 28-30. Overall, these surges remain very low compared to trends seen during the acute phase of the pandemic in 2020-2022 (Fig 2).

**Figure 2: COVID-19 cases in Refugee Camp and Host Community, Jan-June 2023**



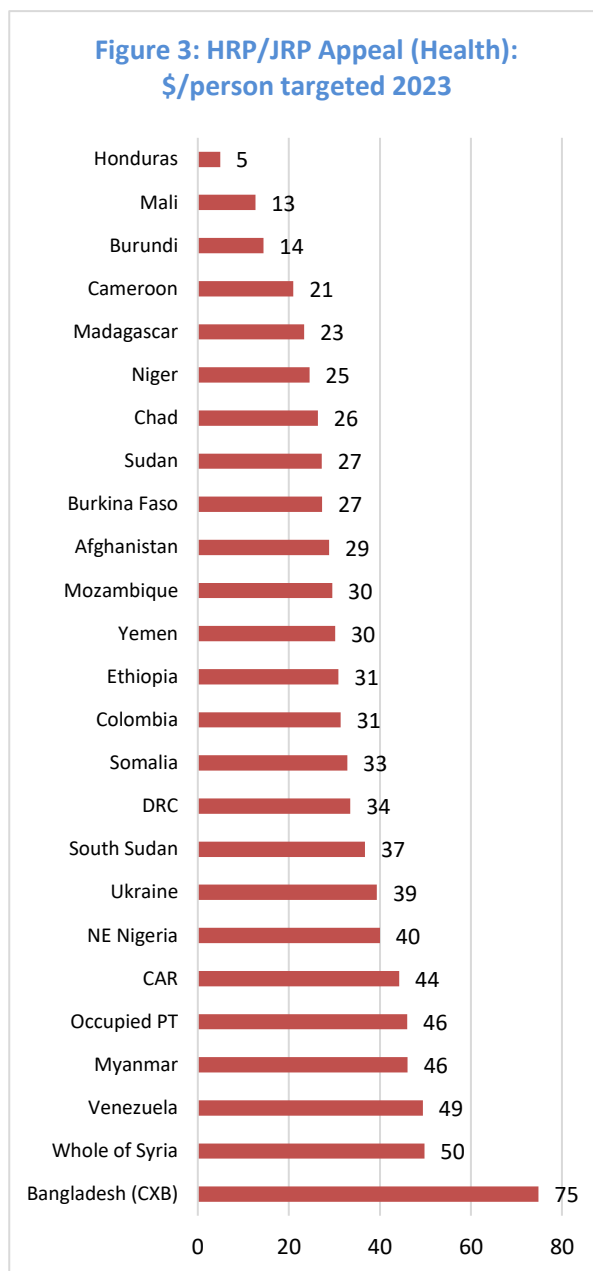
**1. Coordination, Collaboration, and Strategic Guidance.**

Health facility rationalization: To date, the health sector has conducted two rounds of health facility rationalization exercises, the latest being in July 2022 followed by gradual progress, especially from the UN agencies and INGO in implementing the recommended reforms. The sector continues to urge stakeholders to align their strategic resources/priorities to the rationalization roadmap for the efficient distribution of health service delivery platforms. Further, partners are encouraged to consolidate resources for quality and comprehensive services. To gain further efficiencies, besides quantitative adjustment of the health service delivery platforms that have been achieved through rationalization, partners must explore other areas to shave off the cost of implementation.

A comparative analysis of the various Humanitarian Response Plans indicates a substantially higher planned cost per patient per year for the targeted population in Bangladesh (Fig 3). Due to limited reliable data on funds received for each HRP/JRP, we are unable to compare the funds and the cost based on received funds<sup>5</sup>. Nonetheless, the discrepancy in appeal figures is significant to warrant further investigation of the costing approach, more so, if the same planning figures are used in implementation.

**Recommendations**

- Continue to implement recommendations from the July 2022 health sector rationalization exercise
- Promote partnerships across the current hospitals and create synergies for consolidated comprehensive and quality services
- Revise the minimum service package for primary and secondary health care.
- Organizations should support health workers to make efficient decisions that translate to efficient health resource dispensation
- Partners through to engage with the health sector for an in-depth case-by-case consultation to fine-tune respective decisions based on technical and operational capacity



**Community Health WG (Led by UNHCR/CPI-Green Hill):**

- General Health Card Distribution: The CHWG supported by the UNHCR registration team orchestrated the fundamental plans that would be central to the distribution of the general health cards.
- WHO NCD screening Pilot: Starting on July 24, 2023, the CHWG partners group kickstarted the WHO-led pilot program for community-based hypertension screening in four camps (Camp 5, 4 Ext, 25, and NYP RC) in collaboration with WHO. Up to 122 community health workers have received training in utilizing digital blood pressure apparatus to measure hypertension for the target population aged 40 years and above.



Figure 4: Community based NCD screening pilot (UNHCR/CHWG, July 2023)

## 2. Health Sector Partners Update

**GK-MI:** Since October 2017, GK/MI has operated three health facilities in Camp 1 E, Camp 11, and Camp 22. In Camp 1 E, the organization is actively assisting children with special needs by providing specialized sessions for children with varying degrees of physical disabilities, learning difficulties, intellectual challenges, and emotional disabilities including their parents or caregivers, aiming to break down societal stigmas and misconceptions related to disabilities. Currently, a total of 45 children are being served in collaboration with Handicap International. Through this initiative, most of the children have learned to write and draw and have since transitioned to mainstream learning centers, caregivers are also supported to navigate the unique challenges associated with caring for a special needs child. This collaborative approach has also proven effective in mitigating trauma experienced by both children and their caregivers.



Figure 5: The RRRC interacting with some of the children with special needs

**Save the Children (SCI):** Supported by DFAT AHP, SCI has fortified the health facility, making it disaster-resistant and able to serve as a safe shelter during emergencies. With its unwavering dedication and continuous operation, SCI exemplifies the power of collaboration, compassion, and sustainable solutions in empowering communities and transforming lives. As a rehabilitation hub for PWD, this Health post ascertained all the way accessible for PWD and senior citizens by launching a ramp, rail, tactile surfaces for visual impairment, disabled-friendly toilet, and wider door, etc.



Figure 6: SCI renovated HP with features to improve accessibility

**UNICEF: Dengue Response:** In support of the ongoing response to the Dengue outbreak, UNICEF is working closely with the Risk Communication and Community Engagement team to improve social awareness for mitigating the community transmission of Dengue. Key messages on Dengue prevention were developed and disseminated through diversified channels that include broadcasting two Public Service Announcements (PSAs) on the Radio, public miking through the District Information Office, and community engagement activities including house-to-house visits, mother-to-mother support group discussions, and adolescent club sessions, mosque-based loudspeaker messaging, and street megaphones. Around 92,000 Rohingya refugees in 17 camps and 30,000 people in host communities including 3,276 adolescents and 5,834 mothers have been reached through the community engagement activities. In collaboration with the WASH sector, a community-wide clean-up campaign was undertaken across the Rohingya Refugee camps and host communities to clean up the stagnant water which is the breeding ground for mosquitos.



Figure 7: Cleaning camp campaign in the community to prevent spread of Dengue. (Camp 9, FIVDB)

Health facility renovations: UNICEF is supporting the structural renovation of 6 Upazila Health Complexes in Cox's Bazar commenced on June 1, 2023. The initiative aims to upgrade the facilities and services and to ensure

readiness for providing quality 24/7 Comprehensive Emergency Obstetric Care (CEmOC) in Moheshkhali and Kutubdia Upazila Health Complexes and Basic Emergency Obstetric Care (BEmOC) in Ramu, Chakariya and Pekua Upazila Health Complexes and to improve the store of Ukhiya Upazila Health Complex. Simultaneously, WASH facilities in the Upazila Health Complexes are also being upgraded.

### World Health Organization

- Water Quality Surveillance (WQS): The 3rd round of Water Quality Surveillance was completed in July. From Jan-31st July 2023, a total of 14,787 water samples were drawn from a variety of water sources in the camps. These sources included 2,400 community water points (tube wells), 165 pipeline systems with 495 public tap stands, 963 learning/multiple centers, 558) healthcare facilities, and 5, 790 households. The tests conducted included tests for pH, turbidity, and residual chlorine. At the same time, sanitary inspection was conducted, and the risk of contamination was assessed at all water points as well as households. 8 WQS summary reports (2 rounds of each type) disseminated to WASH and the Health sector to trigger remedial actions
- WASH FIT: As of July 2023, a baseline assessment is going on after the orientation of the data enumerators. So far, data for 80 HCFs collected out of 104 HCFs has been collected. Subsequently, a WASH FIT training will be conducted in August 2023.
- EPR: A Cyclone Mocha After Action Review (AAR) was conducted with 45 participants from partners and local government authorities. The AAR recommended key actions that will lead to better and wider dissemination of operational decisions with the government to strengthen early decision-making and communication with field-level staff.
- TB: 575 microscopic tests combinedly in Ramu and Pekua, Upazila for TB diagnosis of the host community during this time frame. A total of 34 TB cases were diagnosed and treatment was initiated from the respective UHC.
- Training on “Dengue prevention and management conducted for 150 physicians, nurses, and paramedics to build capacity on dengue clinical case management as part of the dengue outbreak control response at Cox’s Bazar district.



Figure 8: Dengue Prevention and Case Management (WHO, July 2023)

### UNHCR:

- Capacity building: conducted a 2-day training on midwifery lifesaving skills development for 22 health workers in Bhasan char
- Routine immunization: Routine vaccinations continued, reaching 743 under 2 years children (male child 378 and female child 365). Additionally, 287 pregnant women received the tetanus and diphtheria vaccine (Td vaccine).
- Referrals: 21 refugees on Bhasan Char were referred to the mainland for better treatment. Referrals included seven for general surgery, five for orthopaedics, two for gynaecology, two for paediatrics, and one for medicine.
- Blanket supplementary feeding program (BSFP): More than 5,620 children aged 6-59 months and more than 1,620 PLWs were reached through the blanket supplementary feeding program (BSFP) in July 2023.

## References

1. Emergency response framework – 2nd ed. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.
2. Joint Government of Bangladesh - UNHCR Population Factsheet as of July 2023. UNHCR Operational Data Portal (ODP). [Document - Joint Government of Bangladesh - UNHCR Population Factsheet as of July 2023v](#)
3. The Government of Bangladesh refers to the Rohingya population in Bangladesh as “Forcibly Displaced Myanmar Nationals (FDMNs).” The United Nations (UN) system refers to this population as Rohingya refugees, in line with the relevant international framework.
4. World Health Organization (11 August 2023). Disease Outbreak News; Dengue in Bangladesh.
5. <https://healthcluster.who.int/publications/m/item/health-cluster-dashboard-q1-march-2023>
6. Please visit the Health Sector Webpage available [here](#) to access the following
  - Health Sector HeRAMS -
  - Health Sector 4W
  - Health Sector Training Planner
  - Sector strategic documents

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