

# AUGUST 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> August 2023



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



963,303<sup>2</sup> FDMN<sup>3</sup> Forcibly Displaced  
Myanmar Nationals / Rohingya Refugees

## HIGHLIGHTS

- August 25<sup>th</sup> marked the 6<sup>th</sup> year of the Rohingya refugee response since the massive 2017 influx into Cox's Bazar.
- In August, the continued heavy rainfall triggered by the monsoon season resulted in slope failures, flooding, and landslides that partially damaged about 8,400 affecting 48,915 people, and four deaths
- In Camp 11 following the devastating fire that health facilities early in the year, the proposed reconstruction of an integrated health and nutrition facility is now approved.
- About 3.8 million curative consultations has taken place in Jan-Aug 2023, representing a 7% increase for the same period during Year 2022 although the seasonal variation is maintained so far. This approximates an average of 2.7 consultations per person during the 8-month period. The Crude Death Rate among the refugees was estimated at about 2.1 per 1000 people as of Jan-August 2023 (1,946 deaths)
- There was a significant reduction in the incidence of Dengue cases recorded in the Refugee camp. Fourteen dengue related deaths (dengue Case Fatality Rate of 0.2%)
- Scabies MDA: Ongoing preparations with distribution planned to be started Oct 2023.
- Up to 96% refugees have so far received their individual general health card with implementing gradually rolling out.

## THE HEALTH SECTOR



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

### REGISTERED HEALTH FACILITIES



72 HEALTH POSTS  
45 PRIMARY HEALTH CENTRES  
01 FACILITIES WITH CEmONC SERVICES  
08 SECONDARY CARE FACILITIES  
470 #MEDICAL DOCTOR  
347 #NURSES  
471 #MIDWIVES

### HEALTH ACTION



538K OPD CONSULTATIONS  
9,185 INPATIENT ADMISSIONS  
2,685 FACILITY-BASED BIRTHS (4W's)  
97% % LIVE BIRTHS  
81% % HEALTH FACILITY BIRTHS  
06 MATERNAL DEATHS  
0% COVID-19 CASE FATALITY RATIO

### DISEASE SURVEILLANCE



260 CRUDE DEATHS (AUGUST)  
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

August 25<sup>th</sup> marked the 6<sup>th</sup> year of the Rohingya refugee response since the massive 2017 influx into Cox’s Bazar. This milestone attracted several reiterations acknowledging that the conditions in Myanmar remain fragile and unsuitable for a safe voluntary return, hence a call for continuing international support for the refugees ([US Government](#), [Australian Government](#)). Further to that, most of the major responders under the health sector Joint Response Plan anticipating fiscal adversity in the coming months unless donor fund levels improve.

During the month of August, Bangladesh continued to receive very heavy rainfall triggered by the monsoon season. The resulting slope failures, flooding, and landslides that partially damaged about 8,400 affecting 48,915 people, and four deaths in August ([Needs and Population Monitoring](#), August 2023). Relatedly, the heavy rain has been identified as a crucial factor behind the raving Dengue virus transmission in the Country including Cox’s Bazar. No health facilities were destroyed although some camps experienced temporary access interruptions. In August, all the 72 health posts and 45 Primary healthcare Centres remained functional. One CEmONC centre operative by HOPE Foundation in Camp 4 Extension ceased its operations (unrelated to the monsoon), leaving one centre providing CEmONC services. In response, UNFPA is leading efforts to scale up CEmONC capacity at other nearby centers to meet the need that could potentially result from the gap.

In Camp 11 where a devastating fire destroyed shelters including health facilities early in the year, the proposed reconstruction of an integrated health and nutrition facility was approved paving way for a facility to build with fire/water resistant materials. This approval is a significant positive policy shift that could pave way for more similar initiatives in the future. An integrated facility will facilitate access to a more comprehensive and better interdisciplinary collaboration with the sturdier infrastructures proving better protection for the refugees during adverse weather events.

### Health Services

In August, utilization of curative health services at the health facilities remained unchanged from July. Cumulatively, about 3.8 million curative consultations has taken place in Jan-Aug 2023, and this is 7% above the total in the same period during Year 2022 although the seasonal variation is maintained so far. This approximates an average of 2.7 consultations per person during the 8-month period.

If the same monthly average of 470,000 consultation is maintained, average utilization may still reach the 2022 level of nearly 4 consultations person per year.

The morbidity patterns remain consistent through the year as demonstrated in Fig. 2. By August, the Crude Death Rate was estimated at about 2.1 per 1000 people as of Jan-August 2023 (1,946 deaths) among the refugees. Still births, neonatal deaths accounted for about 20% of the deaths.

In January to August 2023, a total of 20,604 births have occurred in the health facilities. Of these, about 97% were livebirths while the Caesarean Section rate remain at about 5%.

Figure 1: OPD Consultation

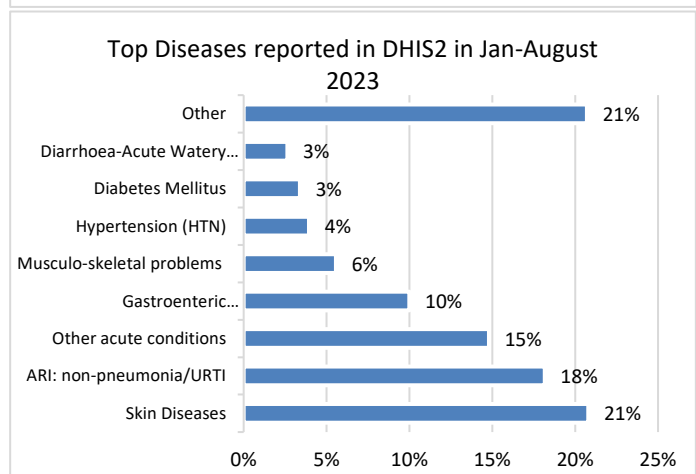
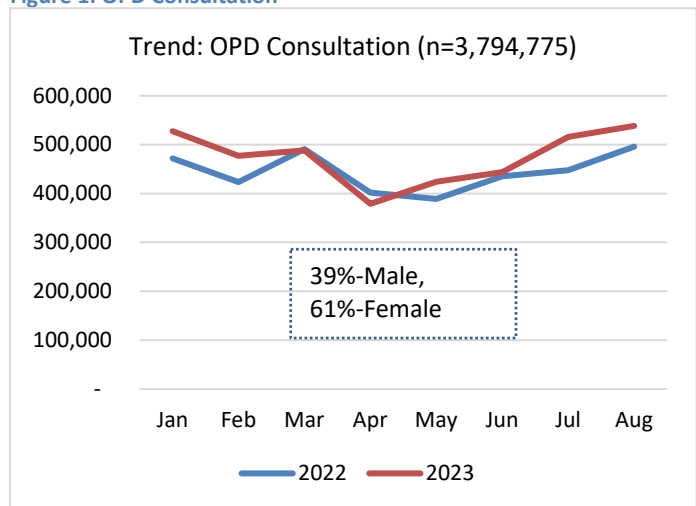


Figure 2: List of common morbidities

An estimated 85-90% of the recorded still births were from the health facilities. While the high facility based still birth may be partially explained by the high proportion (80%) of health facility-based births generally, this data further underscores the need for service providers (partners) escalate concrete actions that strengthen the quality of services/approach to prevent these excess deaths.

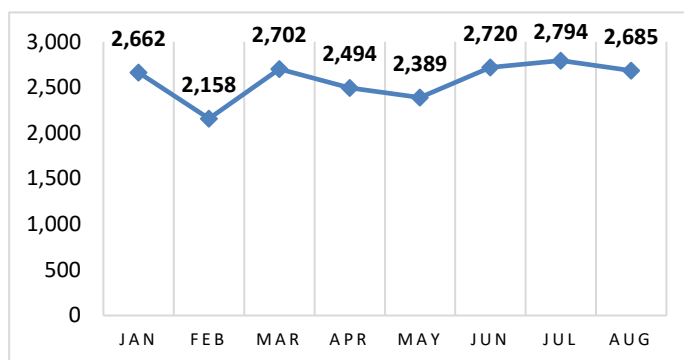


Figure 3: Total number of facility births at the (n=20604)

Table 1: Other health system performance Indicator

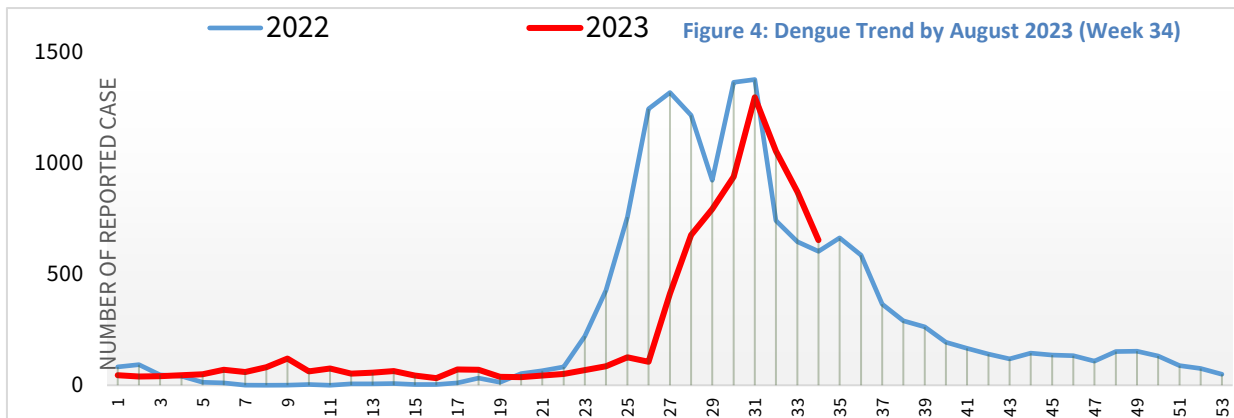
Indicator	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Total	Remarks
Total number of Inpatient Admissions	9,536	7,946	8,685	8,191	7,463	7,866	8389	9185	67,261	Male 34%, Female 66%
Total number of children 6-59 months referred for nutrition services	1,268	2,789	2,007	2,218	1,247	2,188	1,882	813	14,412	Total screened: 470,538
Number of mothers who had ANC 4 or above visits	2,048	1,881	2,131	1,778	2,432	2,161	2,494	2,154	17,079	83% ANC4
Total number of C-Sections at the facility	145	115	193	115	115	118	127	116	1,044	C/S Rate: 5%
Total Number of Post-Abortion Care Provided (Host and Rohingya)	293	361	371	237	308	238	208	235	2,251	
Total # Skilled Birth Attendants (Medical Doctors, Nurses, Midwives)	1,277	1,241	1,255	1,192	1,257	1,260	1,291	1,288		Average: 1258 (37% Medical Doctors, 27% Nurses, 37% Midwives)

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

### 1. Communicable Disease Control and Surveillance

#### 1.1 Dengue

In August 2023, there was a significant reduction in the incidence of Dengue cases recorded in the Refugee camp. From January to August 2023, a total of 8,645 have been recorded with most of the cases (42%) detected in children up to 10 years, males generally accounted for 55% of the overall caseload. Fourteen dengue related deaths (dengue Case Fatality Rate of 0.2%) were recorded, of which 77% were males. As reported in July 2023, most of the cases are mild and mainly from camps 3, 1W, 3, and 9. With the daily rainfall expected to decline after August, subsequently the overall vector breeding and Dengue infection rates may decline after the peak in the month of August. (Fig 4). WHO is continuing to coordinate a multisectoral response in support of the local ministry of health, work with partners to strengthen surveillance and case management. At community level, the UNHCR-led Community Health Working Group HWG is coordinating more than 1,650 CHWs at camp level to support risk communication and community engagement on preventive measures. The CHWs reached 90% of the total households on a weekly basis delivering Dengue prevention messages.



## Health Sector Action

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

#### Community Health Working Group (Led by UNHCR/CPI-Green Hill):

**General Health Card Distribution:** The UNHCR- led Community Health WG partners distributed 890,000 General Health Cards reaching 96% of individual refugees by August 2023. This health sector led initiative, jointly funded by WHO, UNHCR, IOM, UNICEF and UNFPA is aimed at reinforcing better practices for management of individual health information and enabling better communication and follow up within the health system to ensure continuity of access to information care at any service delivery point. The distribution was administered using UNCHR's Global Distribution Tool to prevent duplication. The health card is anticipated to help the partners to track patient interaction with the healthcare system and improve quality and efficiency. Importantly partners are urged to enforce strict implementation of the tool to achieve this anticipated impact.



Figure 5: The RRRC, flanked by officials from WHO, UNFPA, and UNHCR launched the distribution of General Health Card in Camp 5 (8<sup>th</sup> August 2023)

### 2. Health Sector Partners Update

**HMBD:** In Nayapara Registered Camp, HMBD established a dental clinic on 8th August to provide essential dental services and oral hygiene awareness to refugees and nearby host communities. The clinic is equipped with a skilled dental surgeon and assistant, the clinic fills a vital healthcare gap for vulnerable populations.

Figure 6: The RRRC launched the Dental Services in Nayapara Registered Camp. August 2023



#### **International Organization for Migration (IOM): Renovation of Balukhali Subcentre**

With the support of the Qatar Charity, IOM conducted renovation of Balukhali Subcentre, one of the government health facilities in Ukhiya. Since 2017, IOM has supported this centre with a first phase of renovation completed that year. This second phase of renovation that included construction of two-storied building consisting of waiting and triage space, outpatient consultation rooms, MHPSS corner, nutrition corner, laboratory, medical warehouse, and pharmacy is expected to offer further support to the



Figure 7: IOM supported renovation of Balukhali sub-center commissioned on 13 July 2023

government and health partners in delivering a comprehensive primary healthcare service to the Rohingya refugees and host communities.

### World Health Organization (WHO)

Under 'Health and Gender Support Project', gap-filling medications for management of Hypertension and Diabetes mellitus were provided to Chakaria, Kutubdia, Moheshkhali, Pekua, Ramu, Teknaf and Ukhiya Health Complexes alongside two primary health care facilities of Rohingya Displaced Population camps. For ensuring the continuity of care, WHO has provided the following commodities

- Amlodipine 5 mg tablets: 7,203,500
- Metformin 500 mg tablets: 20,600,000
- Losartan 50 mg tablets: 2,935,000
- Gliclazide 80 mg tablets: 2,608,000
- Hydrochlorothiazide 25 mg tablets: 679,000
- Tab Rosuvastatin 5 mg: 1,500,000
- Stadiometers: 155 pcs, and 150,000 urine strips



Figure 8: Supportive supervision on NCD service delivery in Ramu Upazila Health Complex (left) and IOM Primary Health Care Center in Camp 2W (right)

### Key Events

- Upcoming Mass Drug Administration for Scabies control in the refugee camps: October 2023. Ongoing planning with health sector partners
- Upcoming high-level meeting in Cox's Bazar to develop an updated Minimum Package of Essential Health Services for the refugee response
- JRP 2024: Health Sector partners consultative meeting on 20<sup>th</sup> September 2023
- General orientation of health workers on implementation of the general health card system

### 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 August 2023. UNHCR Operational Data Portal (ODP). [Country - Bangladesh \(unhcr.org\)](https://www.unhcr.org/country/bangladesh)
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. Available at: <https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON481>
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, and Sector strategic documents

### Contact:

Health Sector Coordination Team

World Health Organization | Hotel Sea Palace, Kolatoli Road, Cox's Bazar, Bangladesh

Email: [coord\\_cxb@who.int](mailto:coord_cxb@who.int)