

SEPTEMBER 2023 BULLETIN

Cox's Bazar District, Bangladesh

Emergency: Rohingya Refugee – Protracted Grade 2 Emergency¹






Reporting period: 1st- 30th September 2023



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



963,303² FDMN³ Forcibly Displaced
Myanmar Nationals / Rohingya Refugees

HIGHLIGHTS	THE HEALTH SECTOR			
<ul style="list-style-type: none"> Overall number of security incidents in September appears to have dipped slightly, although the level of threat and risk remain significant. The public health situation remained stable in September with no observed change in morbidity or mortality pattern, availability and access to essential services remain stable. Dengue incidence continued to decline. Maternal and Child Health outcomes remain a concern. In September, a total of 415,898 OPD Consultations were recorded, representing a 25% reduction from August 2023. It coincides with the rollout of the general health card; however, it is too early to associate this with the use of health cards. The general morbidity/disease distribution pattern has remained consistent with the previous months where skin diseases accounted for most (21%) of the top 10 morbidities followed by Acute Respiratory Infection:18%, other acute illnesses, etc. The Crude Death Rate among the refugees remained static at an estimated 2.1 per 1000 people as of Jan-September 2023 (2015 deaths). Scabies MDA: Ongoing preparations with distribution planned to be started Oct 2023 in a geographically phased approach. 		77 14	HEALTH SECTOR (HS) PARTNERS #APPEALING PARTNERS JRP 2023	
	REGISTERED HEALTH FACILITIES			
			72	HEALTH POSTS
			45	PRIMARY HEALTH CENTRES
			01	FACILITIES WITH CEmONC SERVICES
			08	SECONDARY CARE FACILITIES
			510	#MEDICAL DOCTOR
			370	#NURSES
			450	#MIDWIVES
	HEALTH ACTION			
		415K 9,112 3,102	OPD CONSULTATIONS INPATIENT ADMISSIONS FACILITY-BASED BIRTHS (4W's)	
		98%	% LIVE BIRTHS	
		82%	% HEALTH FACILITY BIRTHS	
		05	MATERNAL DEATHS	
		0%	COVID-19 CASE FATALITY RATIO	
DISEASE SURVEILLANCE				
		260 23 26 140	CRUDE DEATHS (September) COVID-19 SENTINEL SITES AWD SENTINEL SITES 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	

Situation Update

General Situation

- Although the overall number of security incidents in September appears to have dipped slightly, the events that do occur still represent a significant threat and impact. Like most incidents this year so far, the reported incidents in September remain majorly gun-related violence more events now occurring during day times. This is also around the same time when there are many service providers inside the in the camps and could increase the risk to service providers as well.
- The public health situation remained stable in September with no observed change in morbidity or mortality pattern, availability and access to essential services remain stable. Dengue incidence continued to decline as detailed below. Maternal and Child Health outcomes remain a concern.

Health Services

In September, a total of 415,898 OPD Consultations were recorded, representing a 25% reduction from August 2023. This drop coincides with the rollout of the general health card; however, it is too early to confidently associate this dramatic trend with the health card. The health sector will continue to monitor the data/trends for consistency in the coming months before a correlation is confirmed. The other factor may be related to the significant seasonal decline in Dengue cases. Overall, the cumulative total consultation stands at about 4.2 million like the 4.1 million total consultations recorded around the same time last year (2022). The general morbidity/disease distribution pattern has remained consistent with the previous months where skin diseases accounted for most (21%) of the top 10 morbidities followed by Acute Respiratory Infection:18%, other acute illnesses, etc.

A total of 2,015 deaths from all causes were recorded through the local mortality surveillance data from January to September 2023, giving a stable Crude Death Rate of about 2.1 deaths per 1,000 people among the refugees. Maternal and Child-related mortalities remain one of the most common individual causes of death: Stillbirths and neonatal deaths accounted for about 20% of the deaths. From the same data, Infant Mortality (Jan-August) stands at 25.2 per 1,000 live births while mortality rates for children under 5 years is at 28.4 per 1,000 live births. So far, the Maternal Mortality Rate is estimated nearly 300 per 100,000 live births. As pointed out above, the mortality rates are estimates based on mortality surveillance data rather than mortality surveys. Nonetheless, these estimates are believed to be representative of the mortality situation since it is broadly capturing most deaths in the camps. When compared to the MMR from the [RAMOS mortality survey](#) conducted 1 year after the influx when the MMR was estimated at 179 per 100,000; the current rate would appear high.

However, the current MMR should be viewed as a new baseline of a probable actual situation, due to the robust mortality surveillance and audit systems hence perhaps equally reliable estimates. With this new baseline, the

Figure 1: OPD Consultation

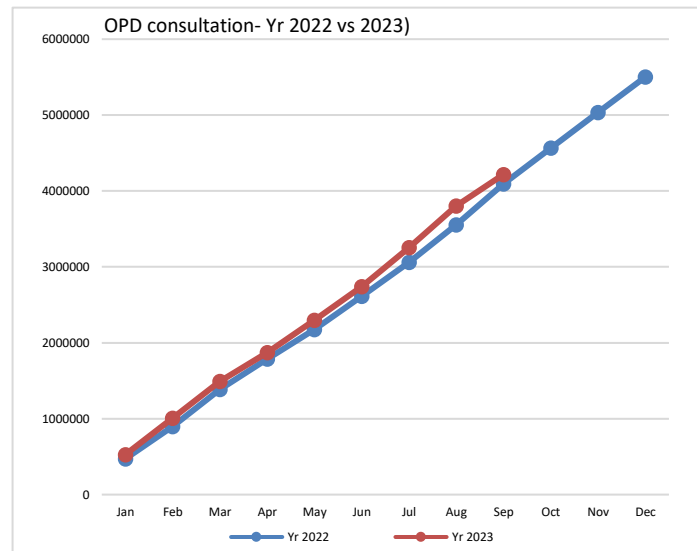
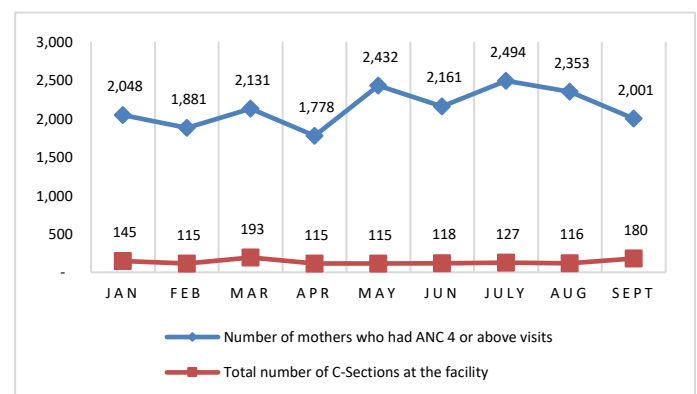


Table 1: Proportionate Causes of Mortality Among Rohingya Refugees (Jan-Sept 2023)

Probable causes of death (Total= 2015, Jan-Sept 2023)	Proportion
Still Birth	12%
Neonatal Death (<28 days old)	11%
Infectious Disease	3%
Severe Acute Respiratory Infection (SARI)	1%
Injury	2%
Maternal Death	2%
Acute Malnutrition	0.14%
Other	69%

Figure 2: Trend: Births and C/S (Jan-Sep 2023)



health sector is working with partners to explore new strategies to reduce MCH-related deaths. The key contributing factors noted include i) the need for implementing better to ensure a stronger institutional accountability process following the recommendations of the Maternal and Perinatal Death Reviews and ii) consolidating and strengthening capacity at the CEmONC centers to ensure pregnant mothers have access to appropriate medical intervention and minimize multiple layers of referral that is currently associated with the deaths iii) explore new opportunities to revamp pregnancy surveillance and linkages to birthing centers.

Table 2: Other health system performance Indicator

Indicator	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Total	Remarks
Total number of Inpatient Admissions	9,536	7,946	8,685	8,191	7,463	7,866	8,389	9,185	9,112	76,373	Male 40%, Female 60%
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	839	1,208	15,646	Total screened: 520,035
Total Number of Post-Abortion Care Provided (Host and Rohingya)	293	361	371	237	308	238	208	236	183	2,435	
Total # Skilled Birth Attendants (Medical Doctors, Nurses, Midwives)	1,277	1,241	1,255	1,192	1,257	1,260	1,291	1,300	1,330	Average: 1,267 (37% Medical Doctors, 27% Nurses, 37% Midwives)	

Public health risks, priorities, needs, and gaps

1. Communicable Disease Control and Surveillance

1.1 Dengue

The incidence of Dengue cases continued to decline throughout the months of August and September 2023. The outbreak peaked in early August and receded in September when a total of 12,229 cases were detected across the camps. Of these, 11% (1,349) were hospitalized. Two Dengue additional Dengue deaths occurred in September, bringing the total to 16 and a Case Fatality Rate of 0.1%. The case distribution remained concentrated mainly around camps 3, 1W, 3, 4, 9, and 11 as in the past. As seen in Figure 3, the 2023 epidemiological trend closely mirrors that of 2022 and is strongly correlated with the seasonal rainfall pattern. In terms of the serotype, although a small sample was tested; 8 out of the 11 samples showed DENV-2 while the other 3 were DENV-1 and DENV-3 in keeping with the national data on serotypes.

The situation for the other infectious diseases e.g., Measles, Diphtheria, COVID-19, and AWD/Cholera remain under control without any significant increase in incidence during the reporting period.

- COVID-19: 28 cases, no deaths detected in September. A total of 251 cases out of 9,601 tests and 01 deaths in Yr 2023.
- AWD Cholera: no abnormal trend in case detection rates, no deaths in September

Figure 3: Dengue Epidemiological Trend in Rohingya Refugee Camps

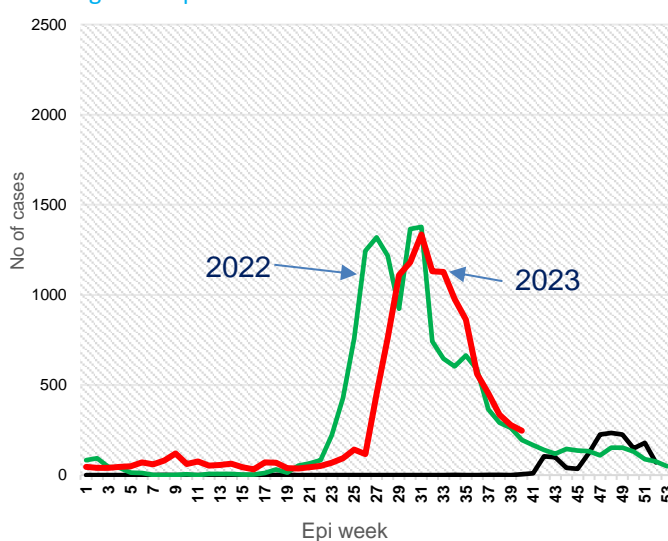
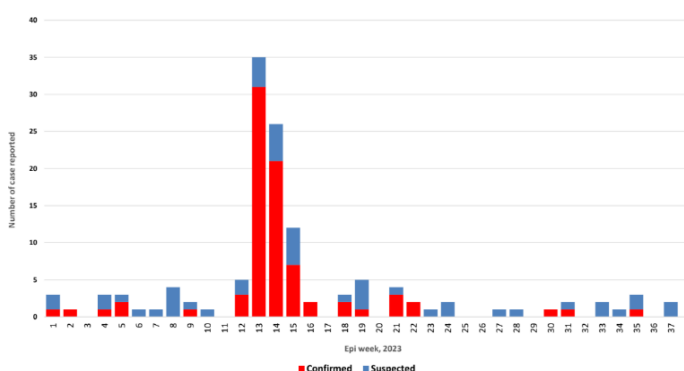


Figure 4: AWD/Cholera Surveillance Trend for Rohingya Refugees (Jan-Sept 2023)



1. Coordination, Collaboration, and Strategic Guidance.

Adapting the WHO Package of High Priority Health Services for Humanitarian Setting (H3 Package):

In March 2023, WHO released the H3P- guidance for a package of evidence-based services considered appropriate for most humanitarian contexts. This guidance sets the 'redline' above which humanitarian partners should aim to achieve as they provide health services to vulnerable people. To tailor this global tool into a Cox's Bazar appropriate package, the health sector convened a 2-day meeting with multidisciplinary experts from academic institutions, clinicians from all levels of the healthcare system in Cox's Bazar (tertiary, secondary, and primary care facilities in the camps), leaders/managers, policymakers from the ministry of health, UN, INGO, and local partners. Through this, a draft version of the Cox's Bazar Minimum Package of Essential Health Services for the refugee response was developed based on the group's consideration of the existing local practice standards/policy, capacity, resources, and other context-specific considerations. As a next step, the draft package shall be reviewed by the health sector Strategic Advisory Group and thematic technical staff before being submitted to the local Ministry of Health for technical endorsement. The final guidance is expected by the end of December 2023.



Figure 5: Plenary Session at the Meeting to develop the Cox's Bazar MPEHS (WHO, Sept 2023)

Through this, a draft version of the Cox's Bazar Minimum Package of Essential Health Services for the refugee response was developed based on the group's consideration of the existing local practice standards/policy, capacity, resources, and other context-specific considerations. As a next step, the draft package shall be reviewed by the health sector Strategic Advisory Group and thematic technical staff before being submitted to the local Ministry of Health for technical endorsement. The final guidance is expected by the end of December 2023.

Joint Response Plan (JRP) 2024: In preparation for the 2024 JRP, through a consultative dialogue with the Health Sector partners in September 2023, a preliminary sector strategic objective was formatted. The proposed 2024 objectives remain aligned to the broader Health Sector Strategic Plan and the JRP objectives of 2023 namely i) to support equitable access to essential primary and secondary healthcare services for Rohingya refugees/FDMN and the host community, ii) to prepare for, prevent, and respond to outbreaks of communicable disease and other hazards that have potential negative public health consequences, and iii) to promote health and well-being at the individual and community level. Note, that the scope of health sector JRP will remain limited to Cox's Bazar Rohingya refugees and the host community. Like in 2023, Bhasan Char's response will be a separate chapter within the JRP and coordinated through UNHCR.

Implementation of the General Health Card: Since the distribution of the General Health Card commenced in August, more than 97% of the refugees have already received their individual cards by September. Similarly, the implementation/utilization of the cards by the health workers has kicked off well, supported by extensive general orientation/awareness creation targeting the clinicians at the camps. For the health cards to become etched as a standard of practice, program managers must be wholly involved in the change management process at a facility level by closely monitoring the implementation by health workers, and identifying, and providing required support, otherwise, the change will be difficult to sustain. Concurrently, the health sector has committed to the limited support of CHFPs and Field Coordinators to provide field support to manage this transition.



Figure 6: The Health Sector continue to provide field orientation and guidance on the use of the General Health Cards

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2. Health Sector Partners Update

Save the Children: SCI conducted 2 batches of training on “Outbreak Readiness and Response: Prioritizing Sexual Reproductive, Maternal and Newborn Health Service in Humanitarian Setting” facilitated by the READY team. The training aimed to capacitate the Health and SRH partner to prioritize and continue the SRH services during infectious disease outbreaks through contextualized barriers exercised for SRMNH during outbreak, cluster coordination structure and pillars for infectious disease outbreak with preparedness- response plan, maintaining essential SRMNH services for reproductive age groups including staff health, case management, safe referral plan. Around 45 representatives from MoH, UN, INGO, and NGOs participated in the training.

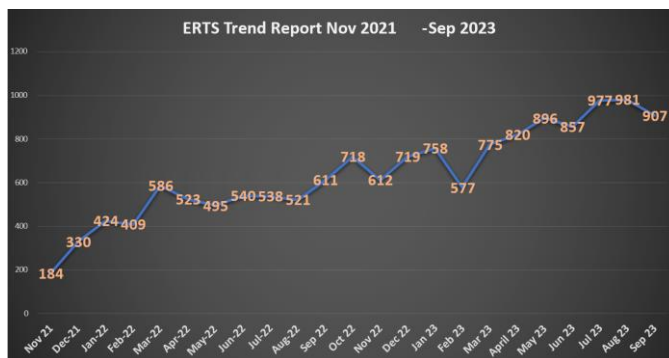


Figure 7: Outbreak Readiness and Response: Prioritizing Sexual Reproductive, Maternal and Newborn Health Service in Humanitarian Setting (SCI, Sept 2023)

RTMI’s Emergency Referral Transportation Services:

RTMI is operating 09 vehicle ambulances in the host and refugee communities in a bid to address gaps in transportation for emergency obstetric care. This service, available 24/7 contributes to addressing Level 2 (delay to get to the healthcare facilities) in the access pathway for maternal health services.

Figure 8: RTMI’s Emergency Referral Transportation Service performance



World Health Organization:

- The MDA implementation micro-plan has been contextualized at the camp level, logistic plans put in place for the distribution and storage of drugs at health facilities within the 33 camps, HCWs and CHWs training undertaken, and data collection tools finalized. A phased approach is being considered to expedite the rollout of the Scabies MDA in October 2023.
- 87 health workers from seven (07) Upazila and Cox’s Bazar District Referral Hospitals received EWARS training in a bid to roll out EWARS outside of the refugee camp targeting the host community.

UNHCR: Bhasan Char

- Eye Services: A medical camp for eye surgery attended to 60 patients with cataracts and pterygium
- Mental Health: Building on the Mental Health GAP (mhGAP) supervision for physicians aiming to early detection of mental health issues and providing timely support, a tele-supportive supervision session was arranged with the support of WHO and the National Institute of Mental Health (NIMH) on the 13th of September. The trainees got the opportunity to discuss the cases they received in the last month and the support they have provided them – for advice and guidance from the psychiatrists of the NIMH
- WHO conducted a one-day training on "Acute Flaccid Paralysis (AFP), and Vaccine Preventable Disease (VPD)" conducted for 60 healthcare professionals.
- Nutrition survey: Conducted the 2nd nutrition survey on Bhasan Char in August 2023. In September, SARPV/UNHCR organized a workshop to disseminate the preliminary results. The survey estimated the

prevalence of acute malnutrition among children aged 6-59 months at 14.7% based on weight for height (WHZ)- without significant change from 14.9% in 2022.

- Vitamin A Campaign on Bhasan Char: Conducted a 2nd round of the Vitamin A campaign in September reaching 5,479 children aged 6-59 months (97%). A total of 5,526 children aged 6-59 months were screened for acute malnutrition and 22 were referred to the nutrition centers for treatment.

UNHCR: Cox's Bazar

- In Camp 5, where a health facility was destroyed by a fire incident in 2022, UNHCR rebuilt the facility and inaugurated it on 12 September to provide essential healthcare services 24/7 for refugees in that camp and nearby areas.

Figure 9: The RRRC accompanied by UNHCR staff at the inauguration of the rebuilt health facility in camp 5 (UNHCR, Sept 2023)



Key Events

- Upcoming Mass Drug Administration for Scabies control in the refugee camps: Despite some delays with the shipping of some commodities, the plan remains to commence distribution in October 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 August 2023. UNHCR Operational Data Portal (ODP). [Country - Bangladesh \(unhcr.org\)](https://data.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

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