

HEALTH SECTOR BULLETIN: December 2023




Cox's Bazar District, Bangladesh
 Emergency: Rohingya Refugee – Protracted Grade 2 Emergency¹
 Reporting period: 1st- 31st Dec 2023



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



969,719² Rohingya Refugees living in camps.

HIGHLIGHTS	THE HEALTH SECTOR		
<ul style="list-style-type: none"> Multiple fire incidents abrupted in camps, minor injuries, no casualties, and no health facilities were affected. 		77 14	HEALTH SECTOR (HS) PARTNERS #APPEALING PARTNERS JRP 2023
	REGISTERED HEALTH FACILITIES		
<ul style="list-style-type: none"> The health service utilization rate in December maintained a decline note following the rollout of general health cards in August 2023, the average OPD consultation number for Rohingya people per month dropped around 12% reducing the average figure per month from 415K (Jan-Aug 2023) to 366K (Sep-Dec 23). In 2023 around 5.5 million OPD consultations were recorded which is similar to 2022. 		67 47 01 08 507 345 466	HEALTH POSTS PRIMARY HEALTH CENTRES FACILITIES WITH CEmONC SERVICES SECONDARY CARE FACILITIES #MEDICAL DOCTOR #NURSES #MIDWIVES
	HEALTH ACTION		
		407K 9,212 3,320 98% 85% 10 0%	OPD CONSULTATIONS INPATIENT ADMISSIONS FACILITY-BASED BIRTHS (4W's) % LIVE BIRTHS % HEALTH FACILITY BIRTHS MATERNAL DEATHS COVID-19 CASE FATALITY RATIO
	DISEASE SURVEILLANCE		
		2.83 22 26 140	CRUDE DEATHS/ 1000 Pop (Jan-Dec 23) COVID-19 SENTINEL SITES AWD SENTINEL SITES EWARS REPORTING SITES
	FUNDING \$USD		
<ul style="list-style-type: none"> Following the MDA campaign against scabies, skin diseases decreased by 42% compared to the previous month causing to lose its position from the top morbidity. JRP 2024: 100% of Rohingya Refugees and 25% Host community population have been targeted for health interventions. 		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.

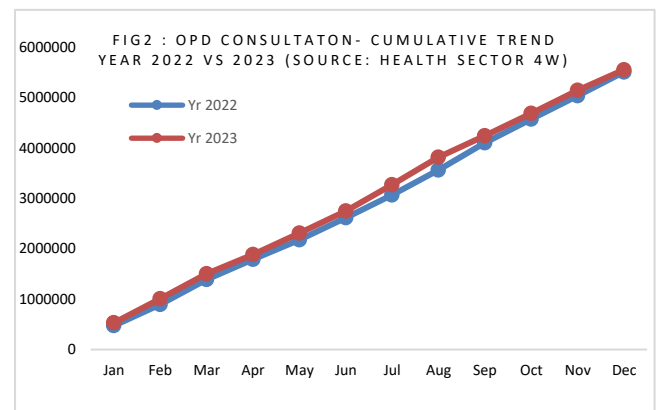
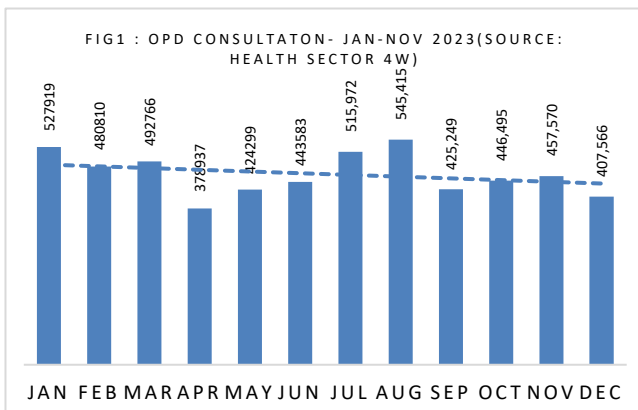
Situation Update

General Situation

- The month of December 2023 experienced overall tranquillity, marked by uninterrupted routine service delivery and unimpeded access to essential healthcare services.
- Multiple fire incidents were reported in camps, no health facilities were affected but shelters were damaged. Mobile Medical Teams (MMTs) were deployed for additional support.
- The pre-election nationwide movement blockade persists with intermittent announcements; however, it is noteworthy that the majority of health sector partners have seamlessly continued their routine operations without significant disruption in Cox's Bazar.

Health Services Delivery

In December more than 407K OPD consultations were recorded which is the second lowest compared to the other months in 2023 (Fig 1). More than 5.5 million consultations have been conducted this year which is almost equivalent to the OPD consultation number recorded in last year. This brings 3.8 consultations per person per year which is the ideal threshold for emergencies as per Sphere standards. After the launch of the General Health Card in August 2023, the average OPD consultation number for Rohingya people per month dropped around 12% reducing the average figure per month from 415K (Jan-Aug 2023) to 366K (Sep-Dec 23). On the other hand, it's worth to note that the consultation number for the Host population increased by around 11% comparing the same period (on average 6.5K consultations increased for the Host).



As shown below in Figure 3, the morbidity distribution among the refugees throughout the year was highlighted by Skin Diseases, Acute Respiratory Infections, diarrhoea, and other acute conditions. Throughout the year, Skin Diseases were the number one reason for medical consultations, accounting for 21% of the cases, mostly due to the ongoing scabies outbreak (Fig 3). However, following the MDA campaign against scabies started in November, Skin diseases reported cases dropped by almost 60%, from around 80K to 46K, making Skin Diseases the 3rd reason for the medical consultation during this month (Fig 4). This significant drop besides seasonal variation may indicate the probable effectiveness of the MDA against scabies and its contribution to reducing the consultation load and patient burden at the facility level, though it is too early to conclude. A post-MDA scabies prevalence survey will be conducted in the coming months.

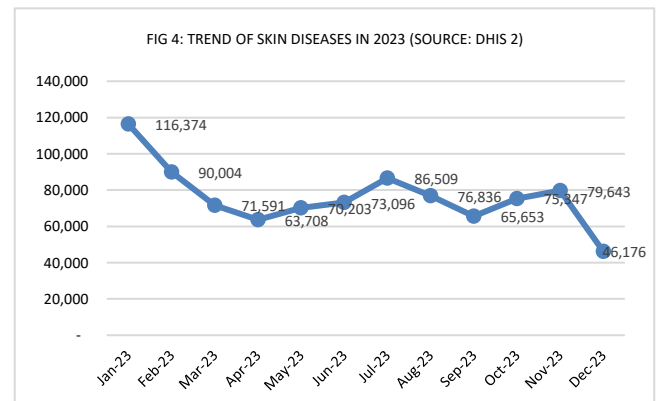
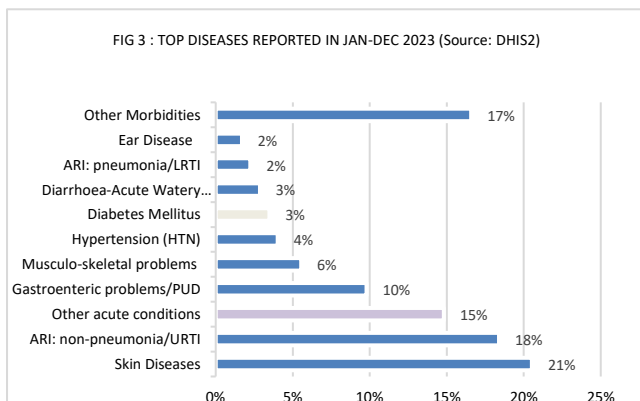


Table 1: Selected Health System Performance Data

Indicator	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Total	Remarks
Total number of Inpatient Admissions	9,536	7,946	8,788	8,191	7,463	7,866	8,389	9,185	9,112	9,185	9,807	9,212	104,680	Male 34%, Female 66%
Total number of children 6-59 months referred for nutrition services	1,268	2,792	2,011	2,218	1,247	2,188	1,882	839	1,405	668	1,352	414	18,284	Total screened: 673,187
Of the births, Number of mothers who had ANC 4 or above visits	2,048	1,881	2,193	1,778	2,432	2,161	2,494	2,353	2,015	2,199	2,268	2,186	26,008	75% ANC4 for Rohingya
Total number of C-Sections at the facility	145	115	193	115	115	118	127	116	180	219	236	240	1,919	C/S Rate: 5.7%
Total Number of Post-Abortion Care Provided (Host and Rohingya)	293	361	371	237	308	238	208	236	183	142	156	125	2,858	
Total # Skilled Birth Attendants (Medical Doctors, Nurses, Midwives)	1,277	1,252	1,276	1,192	1,257	1,260	1,291	1,300	1,340	1,285	1,321	1,318	Average: 1,277 (37% Medical Doctors, 27% Nurses, 36% Midwives)	

Public health risks, priorities, needs, and gaps

1. Communicable Disease Control and Surveillance

Scabies Mass Drug Administration

In response to the documented high prevalence of scabies infection among refugees earlier this year, WHO spearheaded a comprehensive scabies prevalence survey within the refugee camps, revealing a disease burden around 40% as of July 2023. Subsequently, WHO collaborated with the government of Bangladesh and received support from health sector partners to organize and execute a Mass Drug Administration (MDA) campaign as a control strategy against scabies.

The MDA initiative aimed to administer ivermectin tablets and permethrin 5% cream to all Rohingya refugees residing in both Cox's Bazar and Bhasan Char. An adequate supply of the MDA drugs was mainly ensured by MAP International from Edenbridge Pharmaceuticals donation and WHO USA donor funding.



Figure 5: Head of Sub-Office, WHO Cox's Bazar launching the MDA against Scabies (WHO, Cox's Bazar)

The implementation of this campaign commenced in the camps based in Teknaf and progressively extended to the Ukhiya camps in December 2023. Notably, the overall coverage in both Teknaf and Ukhiya reached 103% of the target population, accounting for individuals who migrated from adjacent camps and host community. Around 1.9 million doses have been administered so far during this phase of the campaign. Though the coverage is more than 100%.

It is worth mentioning that a limited number of individuals have declined the medication, attributing their decision to misinformation regarding perceived links between scabies drugs and family planning. Efforts are underway to address and rectify such misconceptions through targeted communication strategies and community engagement.

Dengue

In December, the Dengue outbreak maintained a declining trend with no new deaths reported. Case Fatality remained at 0.1% with 13,902 confirmed cases and 18 deaths reported in this year 2023. Active surveillance continues across all the camps. There is no further clustering of cases around 'hotspots' (i.e. Camp 3 and surrounding camps) but sporadic distribution of cases across the camps.

AWD/Cholera

Despite no culture test being done since September 2023, the total Culture-confirmed Cholera cases were 81 in 2023 which is higher than in 2022 (70 cases) signaling a rising level of transmission and waning immunity after 3 years of the OCV Campaign.

Figure 6: Dengue Trends among the Refugees (WHO, Cox's Bazar)

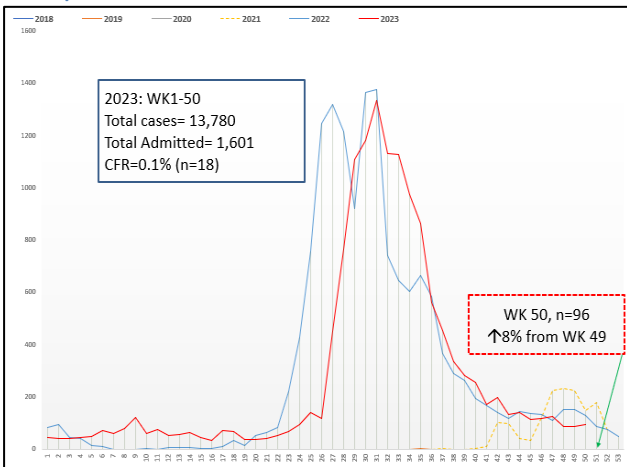
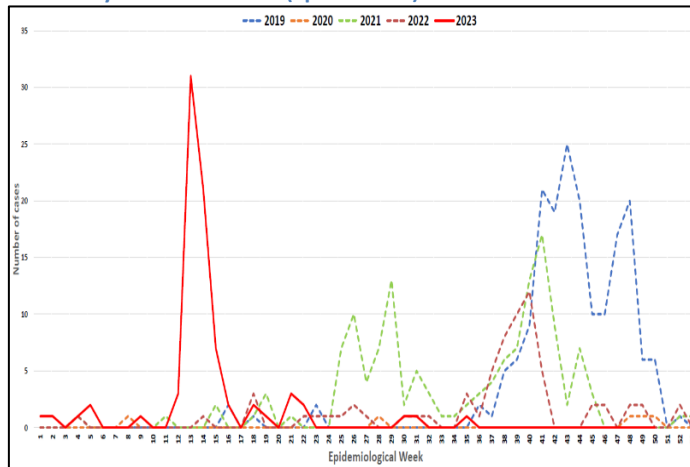


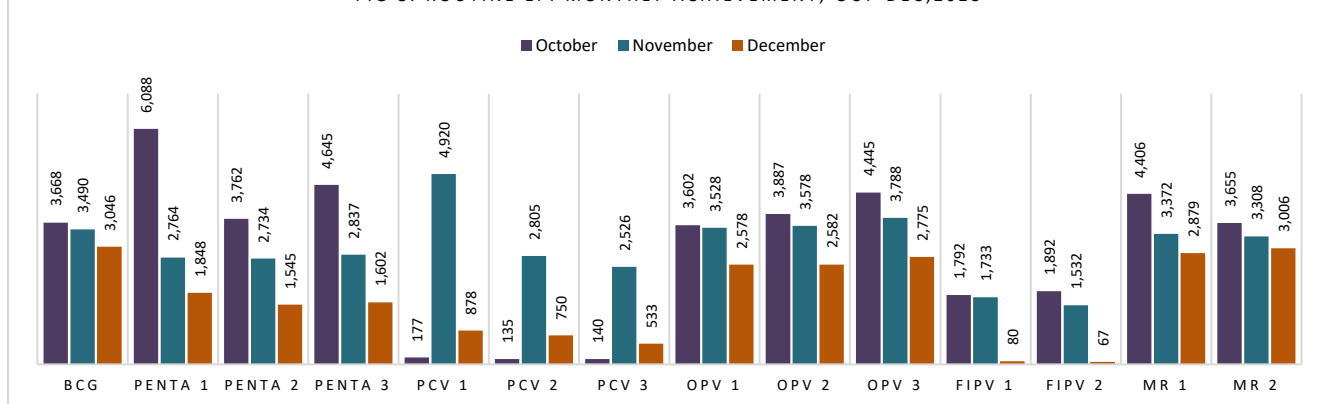
Figure 7: Trends of Culture confirmed Cholera cases reported by the laboratory from 2018-2023 (Epi week 50)



2. Routine Immunization and AFP & VPD surveillance

Since September, there has been an intermittent shortage of Penta, PCV, and IPV vaccines, consequently, the coverage of these vaccines is lower than in prior months. In December 2023, more than 24,000 doses of different antigens were administered targeting children less than 2 years.

FIG 8: ROUTINE EPI MONTHLY ACHIEVEMENT, OCT-DEC, 2023



Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance.

Joint Response Plan (JRP) 2024: People Targeted: The health interventions will ensure access and availability of quality lifesaving essential health services to all the Rohingya refugees and at least 25% of the host community: these are people living within 30 minutes of walking distance to the supported primary healthcare facilities or two hours to a secondary healthcare facility that includes Ukhiya and Teknaf Health Complexes; Ukhiya Specialized Hospital, and non-JRP partners e.g. Turkish Field Hospital, MSF Kutupalong Field Hospital, MSF Hospital in Goyalmara, and BDRCS/IFRC Field Hospital.

Prioritization and Sector Response Strategy: The health response will focus on maintaining a facility-based comprehensive curative and community health response package. To improve the health status and well-being of affected people, the Sector will ensure availability and access to essential health services to reduce excess morbidity and preventable mortality from common causes by addressing Maternal and Child Health

priorities – including Family Planning, pregnancy, and birthing services, newborn care and general services, vaccinations, and services for Non-Communicable Diseases.

From the 2023 JMSNA, about 89% of the refugees were able to access care when they needed it. As such, the sector will prioritize the operations of approximately 120 Primary healthcare facilities (health posts and primary healthcare, clinics) to maintain access to life-saving health services, supported by medical referrals to secondary care and/or hospital services. The Sector will also ensure adequate capacity to detect, prepare for, and respond to all hazards (natural and biological) with threats to public health especially those with outbreak/epidemic potential. To relieve the strain on local health systems, the Sector will advocate for extended support targeting the Teknaf and Ukhiya Upazila health complexes, as well as the Ukhiya Specialized Hospital. Health partners will also support the Government’s capacity to respond to health emergencies through the Office of the Civil Surgeon in Cox’s Bazar.

Sector Summary	JRP 2024 only
Total budget requirement	USD 86.8 M
Total Proposal accepted/ appealing partners	17

2. Health Sector Partners Update

UNHCR: Bhasan Char

Mass MUAC screening and a second round of deworming campaigns were conducted from December 10–14, 2023. During the campaign, deworming tablets were given to 3,345 children (reaching 88.31% of the total target population). 508 children were not included in this campaign because they had already received deworming tablets over the three months before it. 5,762 children in all were screened to look for signs of acute malnutrition. Of them, 26 children were referred to nutrition centers for admission.



Figure 9: Deworming Campaign in Bhasan Char

UNHCR: Cox’s Bazar

UNHCR handed over two primary health care centers, including Mental Health and Psychological Support (MHPSS) services run by RTMI in Camp 1East and West, to BRAC.

Additionally, in line with the Health Sector’s rationalization process, UNHCR phased out two health facilities in Camps 5 and 6.

The UNHCR-led community health working group conducted five batches of a 6-day training of the trainers (ToT) program on the "CHW core package" to introduce the CHWG's guidance notes on the roles and responsibilities of community health workers as well as the monitoring tools for community health outreach activities. Other organizations that offered assistance to complete the training program included UNFPA, WHO, UNICEF, Ipas, and Refugee Crisis Foundation.



Figure 10: Handover of RTMI Health Facility to BRAC in presence of Camp in Charge

UNICEF/PHD

UNICEF-supported Health Post in camp 16 was upgraded to a Primary Healthcare Center (PHC) on 10th December 2023. This newly inaugurated PHC will ensure critical health services in addition to OPD services. UNICEF partner PHD (Partners in Health and Development) is ensuring the service delivery as per the Minimum Package of Essential Health Services at PHCs. This comprehensive approach aims to cover a spectrum of health needs, ensuring a holistic response with quality of care for the Rohingya population, including persons with disabilities.



Figure 11: Inauguration of PHC at Camp 16 (UNICEF)

World Health Organization (WHO)

WHO conducted awareness sessions on “Promoting Self-Care Interventions in Women and Girls Across the Life Course” for a total of 285 women and girls (200 Rohingyas and 85 host beneficiaries) residing in Ukhiya and Teknaf Upazila to commemorate the global 16 Days activism against Gender-Based Violence (GBV) campaign. This was a joint intervention of WHO & IRC with concurrence from SRH Working Group and GBV Sub Sector to raise awareness among the beneficiaries on Sexual and Reproductive health issues and their rights.

In collaboration with the National Institute of Mental Health (NIMH) and UNFPA, WHO provided 3-days training on ‘The Mental Health Gap Action Programme (mhGAP)’ to 59 primary health care staff (27 Males and 32 Females) working in health facilities of Rohingya camps. Where 33 Medical Doctors and 26 Psychologists were trained in essential care and practice on Epilepsy, Psychosis, Depression, Stress-related conditions, Dementia, Self-harm, and Suicide, as well as mental and adolescent behavioural disorders for children and adolescents.



Figure 12: Resource person from the National Institute of Neurosciences delivering in-person lectures during mhGAP training for psychologists.

Health facilities of 25 health sector partners working in Rohingya camps were strengthened on mhGAP interventions as an impact of these training activities.

To strengthen support in the diagnostic capacity for Diabetes Mellitus in health facilities of Rohingya camps, WHO provided installation support and hands-on training on the use of HbA1c equipment at eight health facilities.

To improve the routine immunization coverage and find out the zero dose and under-vaccinated children; WHO HFMs began house-to-house visits in a camp-by-camp rolling approach to enlist the zero dose and under-vaccinated children. Dropout enlistment in Camp 21 was completed in December 2023, and enlistment is still ongoing in Camp 14. A total of 115 children were found to drop out of different antigens. A three-day catch-up vaccination was held in Camp 6 in the first week of December 2023, and 84% of dropout children (641 children) received different antigens.

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 December 2023. [UNHCR Operational Data Portal \(ODP\)](#).
3. <https://healthcluster.who.int/publications/m/item/health-cluster-dashboard-q1-march-2023>
4. 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
5. Health Service Performance Indicators Data Source: Health Sector Monthly 4W report and, HeRAMS (Data Extracted on 15 January 2024)

For further inquiries, Please contact:

Health Sector Coordination Team

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

Email: coord_cxb@who.int