Cox's Bazar District, Bangladesh
Emergency: Rohingya Refugee – Protracted Grade 2 Emergency[1]
Reporting period: 1 - 30 April 2024

HEALTH SECTOR COX'S BAZAR

1.48 M people in need (PiN, ISCG JRP 2024)

979,306 Rohingya Refugees[2] living in camps
1.07 M Health Sector Target (JRP 2024)[1]

HIGHLIGHTS

- During the last week of April, coinciding with the holy month of Ramadan and the Eid holidays, there was a notable decrease in the number of medical consultations. This trend is consistent with prior years, where a significant decline in health service utilization has been observed during the festivities. In the country and the region, the surge in dengue incidence is likely triggered by various factors, including shift in the circulating serotype and climate change. At least five countries (Bangladesh, India, Myanmar, Nepal, and Thailand) are currently grappling with a severe heatwave.
- Five suspected Leptospirosis cases were reported in the Rohingya refugee camps population.
- Suspected measles outbreaks were declared in Camps 14 and 15. In response, two orientation sessions were conducted for Community Health Workers (CHWs) and their supervisors, focusing on active case search.
- WHO Health Resources and Services Availability Monitoring System (HeRAMS) for the Rohingya response report was published.

THE HEALTH SECTOR

56	ACTIVE HEALTH SECTOR (HS) PARTNERS
17	APPEALING PARTNERS – JRP 2024

REGISTERED HEALTH FACILITIES

57	HEALTH POSTS
46	PRIMARY HEALTH CENTRES
01	FACILITIES WITH CEmONC SERVICES
06	FIELD HOSPITALS
544	MEDICAL DOCTOR
379	NURSES
478	MIDWIVES

HEALTH ACTION

357K	OPD CONSULTATIONS
8,499	INPATIENT ADMISSIONS
2,824	FACILITY-BASED BIRTHS-Refugee & Host
98.4%	% LIVE BIRTHS
1.6%	% STILLBIRTHS
1	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE

0.88	CRUDE DEATHS/1,000 Pop (Jan-Apr 24)
18	COVID-19 SENTINEL SITES
24	AWD SENTINEL SITES
122	EWARS REPORTING SITES

HEALTH FUNDING $USD (JRP 2024)

UN OCHA Financial Tracking System

USD	
86.8 M	Requested
19 M	Received
65.6 M	Funding gap **76 %**

[1] *100% of the Rohingya Refugees living in camps and 25% of the Host Community have been targeted in JRP 2024*

Situation Update

General Situation

April 2024 was characterized by uninterrupted routine service delivery and continuous access to essential healthcare services. However, during the last week of Ramadan and the Eid holidays, the health service utilization rate declined compared to previous months. This trend aligns with past observations, where Ramadan has historically led to a noticeable decrease in health service utilization. Since the introduction of the General Health Card in August 2023, the data indicates a significant increase in the number of host community members receiving services. It is important to note that this population is not monitored through health card usage, suggesting an expansion in service reach beyond the initially targeted groups.

Although not within the Rohingya population, the surge in dengue incidence is likely triggered by various factors, including shifts in the circulating serotype and climate change. At least five countries (Bangladesh, India, Myanmar, Nepal, and Thailand) are currently grappling with a severe heatwave; combined with intermittent rains, these conditions may create suitable conditions for Aedes mosquito breeding and survival. Changes in the predominant circulating serotype increase not only the incidence but also the population risk of subsequent exposure to a heterologous DENV serotype, which in turn increases the risk of higher rates of severe dengue and deaths.

Health Services Delivery

In April 2024, approximately 357,227 outpatient department (OPD) consultations were recorded, marking a notable decrease compared to the average number of OPD consultations in January, February, and March 2024. According to DHIS-2 data, the morbidity distribution among refugees for April was predominantly characterized by Acute Respiratory Infections (ARI), other acute conditions, and skin diseases.

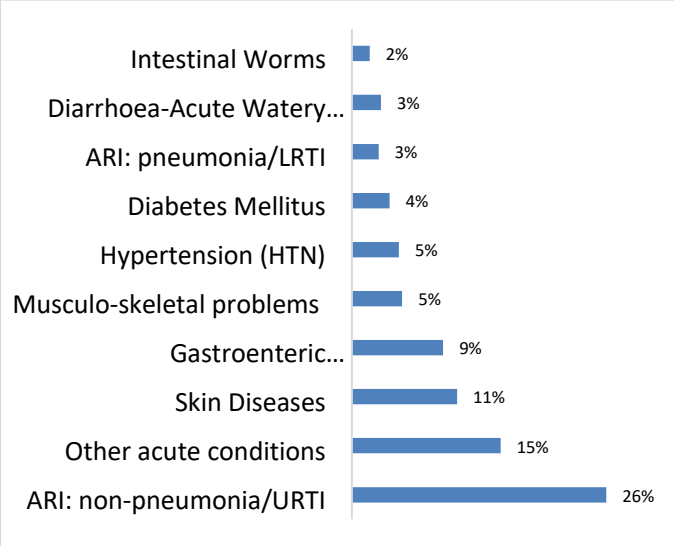

Figure 2: Top Morbidity Reported in DHIS2

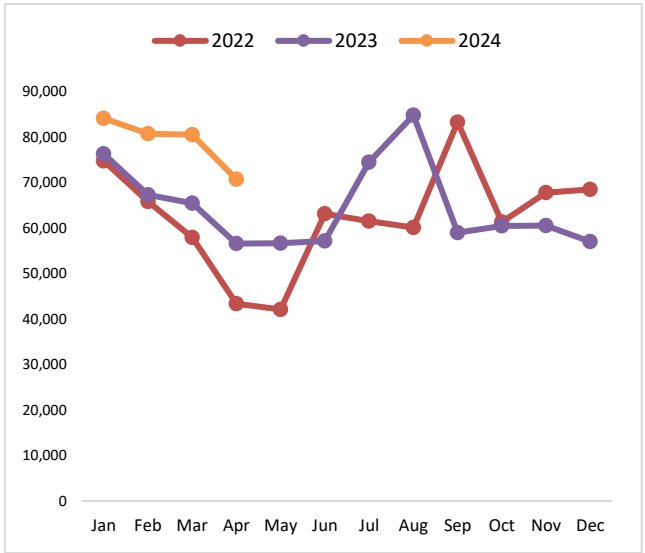

Figure 2: Non-pneumonia/URTI ARI trends

Acute Respiratory Infection (ARI) cases contributed 26% of the consultations for diseases (Fig-1) during the reporting period with more than 70,000 consultations for non-pneumonia infections. The trend is higher compared to any period of the last couple of years as seen in Figure 2. Seasonal variations and

shifts in weather patterns may contribute to the observed increase in ARI consultations. However, this factor alone does not suffice to fully account for the heightened caseload, given that the numbers exceed those recorded during the corresponding seasons of the previous year. Notably, the current data indicates the highest incidence of ARI consultations within three months (January to March 2024). It is worth mentioning that the incidence of COVID-19 cases in camps remains low, which is unlikely to be the reason for the increase in ARI cases. This might be associated with other flu-like diseases which might be a concern if not detected. WHO and the Epidemiology WG are closely monitoring.

Table 1: Selected Health System Performance Data

Indicator	Jan-24	Feb-24	Mar-24	Apr-24	Cumulative 2024	Baseline 2023	Progress
Total number of OPD Consultations (Host and Rohingya)	416,679	431,065	403,242	357,227	**1,608,213**	**5,546,581**	**29%**
Total number of Inpatient Admissions (Host and Rohingya)	8,945	9,427	9,020	8,499	**35,891**	**104,680**	**34%**
Total Number of Patients referred out	4,002	4,294	3,936	3,770	**16,002**	**43,727**	**37%**
Total number of first-time users (Host and Rohingya)	11,529	11,126	11,183	8,442	**42,280**	**138,152**	**31%**
Total number of ANC 1 Visit (Rohingya)	8,992	7,511	6,588	6,638	**29,729**	**156,397**	**19%**
Total number of Live births at the facility (Host + Rohingya)	3,202	2,933	2,984	2,776	**11,895**	**NA**	**%??**
Total number of Stillbirths at the facility (Host + Rohingya)	52	52	44	48	**196**	**NA**	
Of the births, the number of mothers who had ANC 4 or above visits (Rohingya)	1,652	1,553	1,322	1,317	**5,844**	**26,008**	**22%**
Cesarean Section: Total number of C-Sections at the facility	292	216	279	121	**908**	**1,919**	
Total Number of Post-Abortion Care Provided (Host and Rohingya)	283	316	271	193	**1,063**	**2,858**	**37%**
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	11,929	11,803	8,767	4,835	**37,334**	**142,322**	**26%**
Total Number of beneficiaries newly diagnosed with Diabetes Mellitus (Host & Rohingya)	5,870	7,070	5,413	3,560	**21,913**	**123,677**	**18%**
Total Number of NEW clinical mental health consultations done by psychiatrist and/or mh-GAP doctor (Host and Rohingya)	2,039	1,688	1,119	920	**5,766**	**61,221**	**9%**
Number of NEW focused counseling done by psychologist or counselor (Host & Rohingya)	3,012	3,173	3,657	2,657	**12,499**	**NA**	
Number of Health staff trained on mhGAP under the facility	58	227	86	49	**420**	**2,449**	**17%**
Total number of Minor surgeries conducted (Host and Rohingya)	5,262	4,976	5,338	5,019	**20,595**	**59,483**	**35%**
Total number of Major surgeries conducted (Host and Rohingya)	467	374	382	715	**1,938**	**4,401**	**44%**

Total number of Post Natal Care (PNC) visits after discharge from health facility following birth/delivery or first visit after home delivery (Host and Rohingya)	4,529	4,362	4,004	3,802	**16,697**	**58,881**	**28%**
The sum of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	676	959	584	796	**3,015**	**18,284**	**16%**

Public health risks, priorities, needs, and gaps

1. Communicable Disease Control and Surveillance

Dengue

In the current reporting period, the weekly patterns of confirmed Dengue Fever incidents have largely stayed within the anticipated baseline levels, except for week 14 which recorded a single confirmed fatality due to Dengue Fever, yet the Case Fatality Rate has remained under 1%. The typical pattern of endemic occurrence is anticipated to persist throughout this dry season until the onset of the rainy season in May 2024. The efforts to raise awareness and disseminate Risk Communication and Community Engagement (RCCE) messages to the public may have also played a role in reducing the number of cases reported in April 2024.

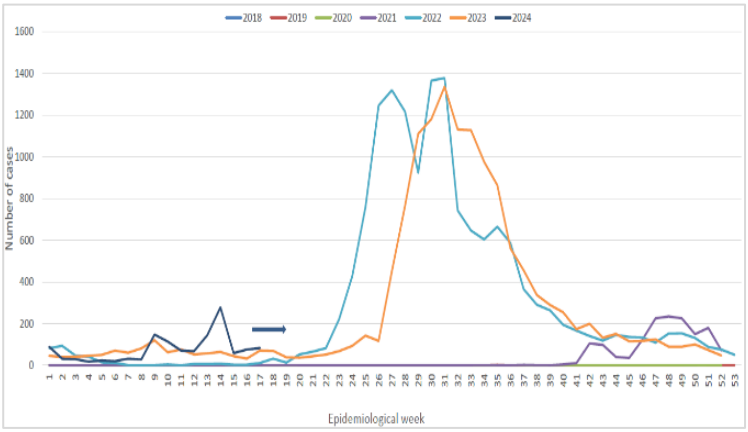

Fig 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

AWD/Cholera

In April, Cholera transmission was detected in samples tested from 02 of the 24 sentinel sites that consistently perform Rapid Diagnostic Testing (RDT) for suspected Cholera cases. There were no confirmed deaths due to Cholera. The combined WASH sector surveillance and response teams, operating under the Joint Assessment and Response Teams (JARTs), continue to monitor and coordinate Cholera response efforts in the camps (Figure 5 graph).

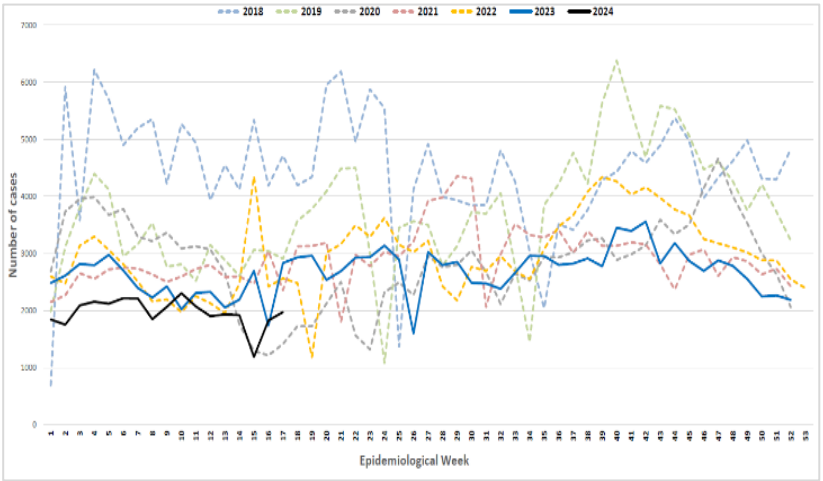

Figure 4: Trends of Culture confirmed Cholera cases 2018-2024.

COVID-19:

There has been a static pattern of COVID-19 infection observed among Rohingya Refugees with Persistent transmission while new cases are being reported in the host population after a week's pause. Overall, the rising level of transmission in the early part of 2024 is still low compared to the past waves of upsurges reported in the past four years since the pandemic began.

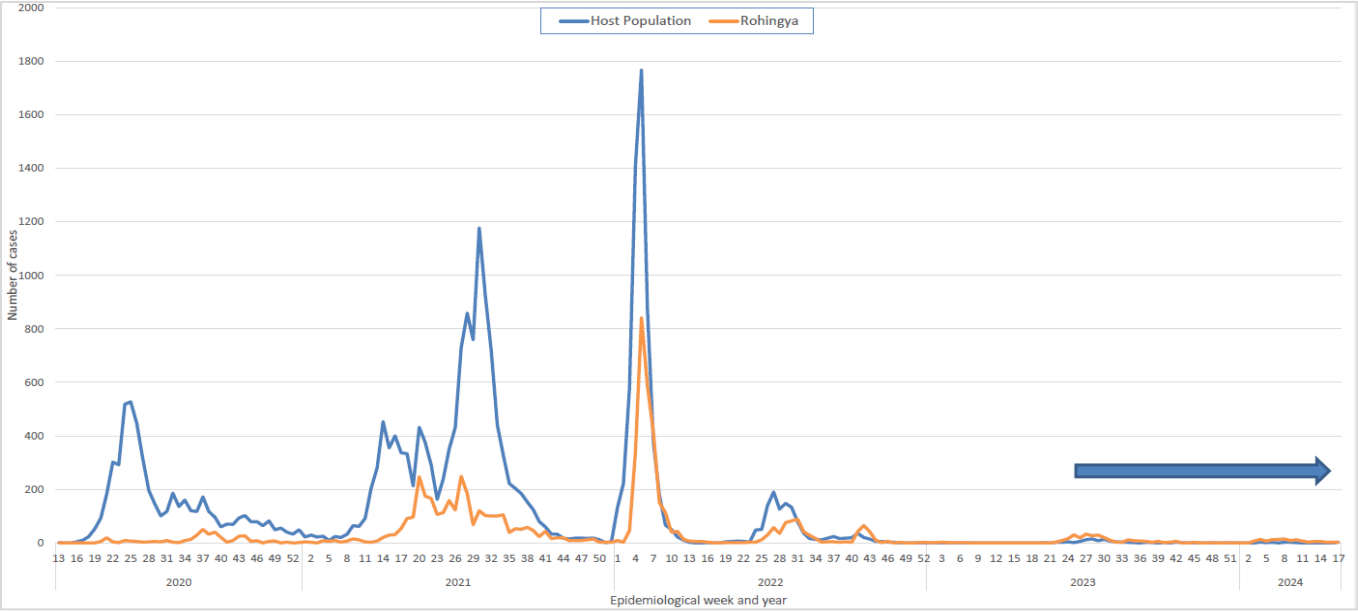

Figure 5: Epi-week COVID-19 cases reported in Rohingya refugees and host population.

Leptospirosis:

For the first time, five (05) clinically suspected Leptospirosis cases were Reported in Rohingya Camps 14 and 15, including one (01) death. WHO-led team Investigation conducted field verification of the suspected cases. Two cases were from one family/one household and had RDT tests for Leptospirosis done in Chattogram Private Hospital as there were no RDT kits available in Cox's Bazar District. One case was IgG positive while the second was negative. The remaining 03 suspected cases including the one (01) death had no leptospirosis test done due to the unavailability of kits at Cox's Bazar district. An active Case search for the cases was completed, nearby 30 households were searched in the same block with similar symptoms, and no additional cases were found.

Figure 6: Investigation of cases of Leptospirosis reported in Rohingya camps

Diphtheria

During the period under review, there were no confirmed cases or deaths from Diphtheria, maintaining a case-fatality ratio of less than 1%. This achievement is likely due to the enhanced immunity across the population, resulting from the effective Diphtheria immunization campaign in the latter part of 2023, which achieved a 95% vaccination rate. Moreover, prompt surveillance and the organized and collaborative case management efforts by WHO and health sector partners have been instrumental.

2. Routine Immunization and AFP & VPD surveillance

In April 2024, more than 55,000 doses of different antigens were administered targeting less than 2 years of children. In April 20,043 doses of the Polio vaccine were administered (OPV one to 3rd dose and IPV 1st & 2nd dose) and 6,265 doses of Measles vaccine (MR 1st and 2nd dose).

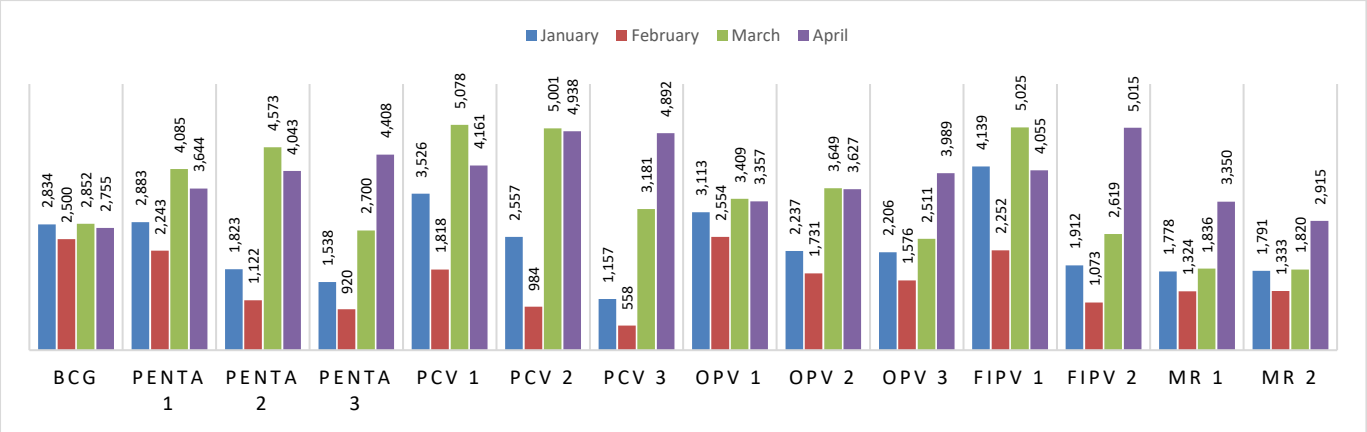

Figure 7: Number of doses administrated through Routine Immunization in Rohingya Camps at Cox's Bazar

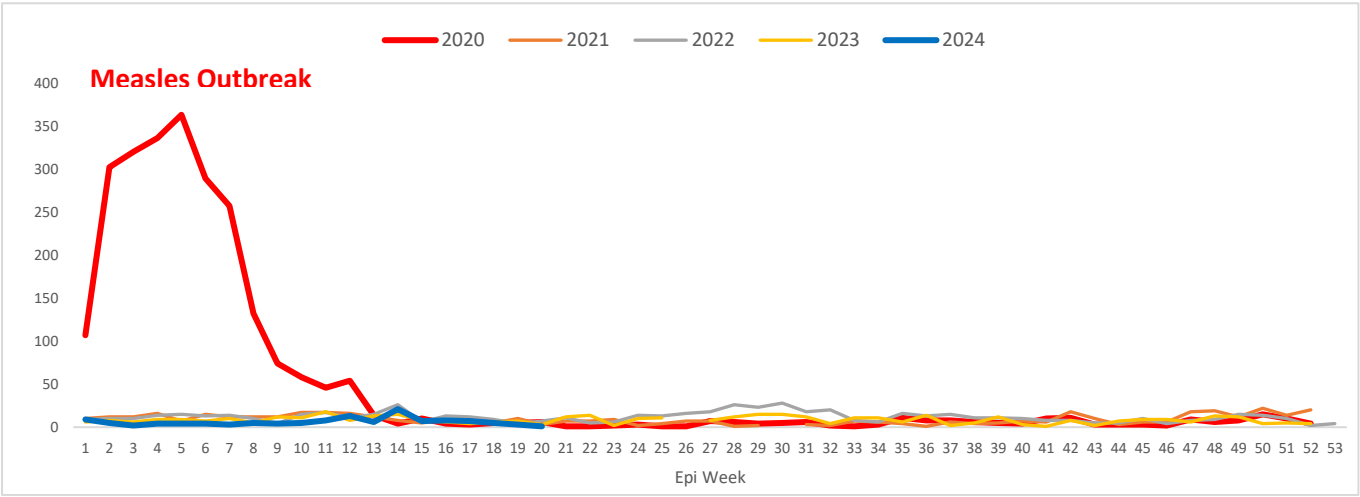

Figure 8: Suspected Measles cases reporting Trends

Additionally, suspected measles outbreaks were declared in camps 14 and 15. As a response, two orientation sessions were conducted for Community Health Workers (CHWs) and their supervisors, focusing on Active Case Search (ACS) and compiling lists of unvaccinated children. A total of 183 CHWs and supervisors underwent this training. Subsequently, measles Outbreak Response Immunization (ORI) started in Camp 14 on 30 April 2024.

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

Health Resources and Services Availability Monitoring System (HeRAMS) report

The Health Resources and Services Availability Monitoring System (HeRAMS), an electronic resource and service monitoring system implemented by WHO in humanitarian settings, has been operational since October 2022. Following a comprehensive data validation and verification exercise conducted at the facility level between December 2023 and March 2024, the second HeRAMS report has been produced. This report, developed with support from the WHO HQ HeRAMS initiative team, provides a detailed analysis of current health service and resource availability at the camp level, including service gaps and barriers.

All sections of the report were meticulously reviewed, feedback was incorporated, and necessary corrections were made by the Health Sector Team. The finalized report has been published and disseminated to all health sector partners and relevant stakeholders.
The published report can be found here - https://www.who.int/publications/m/item/herams-coxs-bazar-status-update-report-2024-03-operational-status-of-the-health-system

Head Lice surveillance

Community Health Workers (CHWG) conducted door-to-door visits for head lice surveillance through Community Based Surveillance (CBS), with technical support from the Epi WG and WHO. During this initiative, 1% permethrin lotion was distributed to all children under 5 years old, as well as pregnant and lactating women, within their designated catchment areas according to the CHWG coverage mapping. The survey revealed that the estimated prevalence of the Head Lice infestation in the camps is 35%. The highest prevalence of infestation was reported among female children under five years old. The prevalence among females was 48%, while the prevalence among males was 21%.

2. Working Groups (WGs)

Sexual and Reproductive Health Working Group (SRH-WG)

SRHWG under the leadership of the Health Sector with the approval of RRRC, successfully completed the piloting of the Maternal & Child Health Card from January 15 to February 15, 2024, across 14 selected facilities in 13 camps in Cox's Bazar. The findings were finalized and shared with the Health Sector and SAG during the last monthly meetings where a clear roadmap for scaling up was discussed and got approval for the rollout in July 2024 across the camp. The next steps of this initiative include engaging UN agencies and potential partners for the rollout of the MCH Card across camps in Cox's Bazar and Bhasan CharChar.

MHPSS Working Group

UNHCR provided MHPSS actors with common psychometric tools such as PHQ-9, GAD-7, PTSD-8, and GHQ-12. These were translated into the Rohingya dialect for MHPSS actors to assess psychological needs with the aid of these tools and respond appropriately.

The WG has updated an MHPSS 4Ws (Who is Where, When, Doing What) service mapping and shared among all actors. Currently, there 20 agencies are providing mental health support for the Rohingya and the host community. A briefing session on how to fill up the MHPSS part in the general health card was facilitated with MHPSS WG members. Specialized MHPSS services are resumed by the IOM Psychiatrist at Ukhiya and Teknaf.

Community Health Workers Working Group (CHW-WG)

CHWG Election

Within the Working Group, it was decided that UNHCR will continue to serve as the chair of CHWG, with the election for the co-chair position scheduled annually. The election coordination will be overseen by the CHWG chair, with guidance from the health sector. It was unanimously agreed among group members that the co-chair should represent an International or National Non-Governmental Organization (I/NGO). The outlines will be shared with the CHWG partners before the meeting, each

applying organization can present 5 slides (8 min. max) in the next special CHWG meeting on 30th May. The election will be held physically on 30 May 2024 during the meeting.

Community Awareness During Heat Wave

The Community Health Working Group (CHWG), under the leadership of UNHCR, has trained and deployed over 1600 Community Health Workers (CHWs) to raise awareness among the Rohingya and surrounding host communities about the risks of heat and how to prevent heat-related illnesses. UNHCR supported the development of audio-visual Information, Education, and Communication (IEC) materials and distributed 34,000 leaflets on preventing heat-related illnesses. During the heatwave, CHWs played a crucial role in educating communities about the signs of heat-related dangers, providing first aid, and referring individuals to the nearest health facility, thereby helping to prevent major incidents.

3. Health Sector Partners Update

Save the Children International (SCI))

As a part of localization, the international NGO the international NGO-initiated an inclusive project under DFAT-IV, where SC involved the Centre for Disability in Development (CDD) as a technical partner in Camp-15 SCI PHCC and Camp-17 SCI-PHD HP aims to improve health and well-being for Rohingya and host community people with disabilities by addressing and reducing barriers to accessing healthcare services. In this project, CDD offers rehabilitation services to people with disabilities, including those with musculoskeletal and neurological problems. From the start of the project, CDD conducted an assessment and screening campaign for assistive devices. As well as identify and form the Disability Support Committee (DSC), which aims to provide a space for people who have experienced barriers to share their experiences and develop a social support network to assist in problem-solving and facilitate empowerment through new knowledge, getting acquainted with their rights and responsibilities, and thereby improving their self-esteem and motivation. Since the beginning of the project, over 613 one-to-one rehabilitation sessions have been conducted ensuring 78 assistive devices for people with disabilities.

Health and Education for All (HAEFA)

Health and Education for All (HAEFA) proudly announced the inauguration of ECG services at Camp 9, Balukhali, on April 28th, as part of its ongoing commitment to providing quality healthcare to the Rohingya refugees and the surrounding host communities. A comprehensive training session for the organization's staff was conducted.

Bhasan Char Health and Nutrition Sector (Led by UNHCR) update

The construction of the central medical waste management zone on Bhasan Char is nearing completion and anticipated that it will be operational in the near future.

Upcoming Events / Training Calendar

No Trainings were reported in April.

(***LINK TO TRAINING CALENDAR)***

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 Feb 2024. 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 20 February 2024)*

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