Cox's Bazar District, Bangladesh
Emergency: Rohingya Refugee – Protracted Grade 2 Emergency
Reporting period: 1 - 31 May 2024

HEALTH SECTOR COX'S BAZAR

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

981,064 Rohingya Refugees living in camps
1.07 M Health Sector Target (JRP 2024)[1]

HIGHLIGHTS

- May 2024 was characterized by uninterrupted routine service delivery despite the severe weather during Cyclone Remal and multiple fire incidents reported in camps. No health facilities affected and no significant drop in service delivery was reported.
- According to WHO Hepatitis C Virus (HCV) surveillance data, 4,662 Rohingya patients were screened for HCV, among them 38% were positive using Rapid Diagnostic Tests (RDT).
- The Post-Mass Drug Administration (MDA) Scabies Prevalence Survey showed that the current estimated Prevalence of Scabies across camps is 19.2% with a 95% CI [16.6%,22.1%]. The intervention reduced the prevalence by almost half.
- Another highly contagious skin condition caused by parasites which required an MDA intervention was Head Lice. The targeted MDA for head lice (*Pediculus humanus capitis*) infestation conducted to mitigate the spread reached 106% coverage.
- The CHWG co-chair election was held physically on 30 May 2024 during the CHWG meeting. Green Hill/CPI was elected as the co-chair to join UNHCR as the leading agencies of the CHWG for 2024.

THE HEALTH SECTOR

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

REGISTERED HEALTH FACILITIES

58	HEALTH POSTS
46	PRIMARY HEALTH CENTRES
01	FACILITIES WITH CEmONC SERVICES
457	MEDICAL DOCTOR
398	NURSES
469	MIDWIVES

HEALTH ACTION

407K	OPD CONSULTATIONS
9,075	INPATIENT ADMISSIONS
2,832	FACILITY-BASED BIRTHS-Refugee & Host
97%	% LIVE BIRTHS
3%	% STILLBIRTHS
4	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE

1.06	CRUDE DEATHS/1,000 Pop (Jan-May 24)
16	COVID-19 SENTINEL SITES
27	AWD SENTINEL SITES
125	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

May 2024 was characterized by uninterrupted routine service delivery and continuous access to essential healthcare services despite the severe weather conditions followed by Cyclone Remal and furthermore, multiple fire incidents in the camps settings. During Cyclone Remal which was supposed to hit on 26th May 2024, all the Health Facilities remained functional and providing services. However, three health facilities (2 PHCs and 1 Field hospital) downscaled their outpatient services and continued with only emergency services. . Only one health post was partially damaged and this did not affect the functionality of the health post. No injuries were reported, and services including obstetric care were provided in a timely manner. Stockpiles for the emergency health logistics and medical supplies were maintained by the Health Sector partners, and Mobile Medical Teams (MMTs) were on standby.

On May 24, 2024, a devastating fire incident occurred in Camp 13, damaging over 200 shelters and affecting more than 1,100 Rohingyas. No health facilities were directly impacted. Mobile Medical Teams were deployed to provide care, treating a total of 176 patients, with some requiring referrals for higher-level care. Psychological First Aid and Emotional Support were also provided to those in need. Additionally, over 50 Community Health Workers (CHWs) were deployed to educate residents on safety measures, assist in evacuations/relocations, distribute safe drinking water, and provide clinical and psychological first aid. These efforts ensured the immediate health and safety of the affected population.

Health Services Delivery

During the month, approximately 407,007 outpatient department (OPD) consultations were recorded. According to DHIS-2 data, the morbidity distribution among refugees for May 2024 was predominantly characterized by Acute Respiratory Infections (ARI), other acute conditions, and skin diseases.

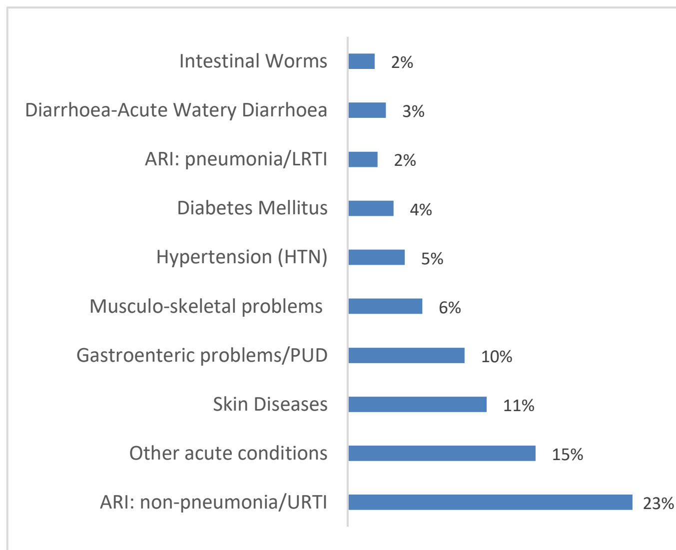


Figure 1: Top Morbidity Reported in DHIS2 (May 2024)

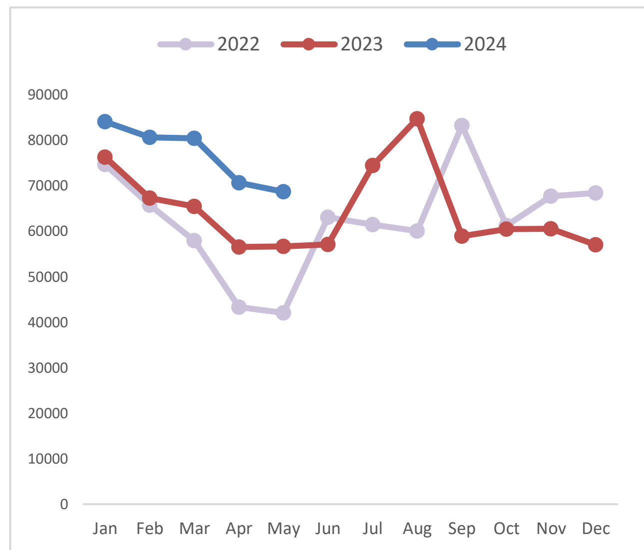


Figure 2: Non-pneumonia/URTI ARI trends

Acute Respiratory Infection (ARI) cases contributed 23% of the consultations for diseases (Fig-1) during the reporting period with around 69,000 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 a five-month period (January to May 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	May 2024	Cumulative in 2024	Baseline-2023	Progress
Total # of OPD Consultations -Host + Rohingya	407,007	**2,029,788**	**5,546,581**	**1.90 per Person**
Total # of Inpatient Admissions -Host + Rohingya	9,075	**44,966**	**104,680**	**43%**
Total # of Patients referred out	4,711	**20,961**	**43,727**	**48%**
Total # of first-time users -Host + Rohingya	11,379	**54,098**	**138,152**	**39%**
Total # of ANC 1 Visit -Rohingya	7,683	**37,821**	**156,397**	**24%**
Total # of Live births at the facility -Host + Rohingya	2,743	**14,714**	**NA**	
Total # of Still births at the facility -Host + Rohingya	89	**288**	**NA**	
Of the births, number of mothers who had ANC 4 or above visits -Rohingya	1,998	**7,842**	**26,008**	**82%**
C-Section: Total number of C-Section at the facility	257	**1,279**	**1,919**	
Total # of Post Abortion Care provided Host + Rohingya	315	**1,386**	**2,858**	**48%**
Total # of beneficiaries newly diagnosed with Hypertension Host + Rohingya	5,521	**42,855**	**142,322**	**30%**
Total # of beneficiaries newly diagnosed with Diabetes Mellitus Host + Rohingya	2,698	**24,611**	**123,677**	**20%**
Total # NEW clinical mental health consultations by psychiatrist and/or mhGAP doctor -Host + Rohingya	994	**6,774**	**61,221**	**11%**
Number of NEW focused counselling done by psychologist or counsellor -Host + Rohingya	3,440	**16,063**	**NA**	
Number of Health staff trained on mhGAP	51	**471**	**2,449**	**19%**
Total # Minor surgeries conducted Host + Rohingya	6,077	**26,672**	**59,483**	**45%**
Total # Major surgeries conducted Host + Rohingya	494	**2,432**	**4,401**	**55%**
Total # Post Natal Care (PNC) visits after discharge following birth/delivery or first visit after home delivery -Host + Rohingya	3,817	**20,714**	**58,881**	**35%**
Total # of children 6-59 months referred for nutrition services	799	**3,814**	**18,284**	**21%**

Public health risks, priorities, needs, and gaps

1. Public Health and Epidemiological Analysis

- **General Health Card and the Health Facility Rationalization exercise:**

Since the launch of the **General Health Card** in August 2023, **OPD consultations for the Rohingya community decreased significantly**, while **consultations for the Host Community increased**. An independent samples t-test on the last two years' monthly OPD consultations data showed that Rohingya consultations reduced by more than 70,000 per month ($t= 4.360$, $P <0.001$) and Host community consultations increased by more than 11,000 ($t= -4.023$, $P <0.001$).

Additionally, following the **Rationalization of Health Facilities** in August 2022, more than 30 Primary Health Care Facilities were closed. The correlation between monthly OPD consultations and the number of existing facilities is insignificant ($\rho=0.3$, $P= 0.164$). Linear regression analysis, using the number of existing facilities and the General Health Card as explanatory variables, showed that the rationalization exercise did not significantly impact the average monthly OPD consultations for both communities (For Rohingya: $\beta= 567.369$, $P=0.370$, For Host: $\beta= 77.87$, $P= 0.517$).

This indicates that implementing the rationalization exercise has not affected people's access to health services. However, **the General Health Card significantly impacted average monthly consultations**, reducing them for the Rohingya ($\beta= -64{,}621$, $P=0.002$). One possible explanation is that the General Health Card has streamlined visits and curtain the duplication in health services from different health providers.

- **Post-MDA Scabies Prevalence Survey**

In early 2023, WHO documented **a high prevalence of scabies infection** among refugees, leading to a comprehensive survey in the camps, revealing **a 39.6% disease burden** as of July 2023. In response, WHO, in collaboration with the Bangladeshi government and health sector partners, conducted a Mass Drug Administration (MDA) campaign to control and mitigate scabies.

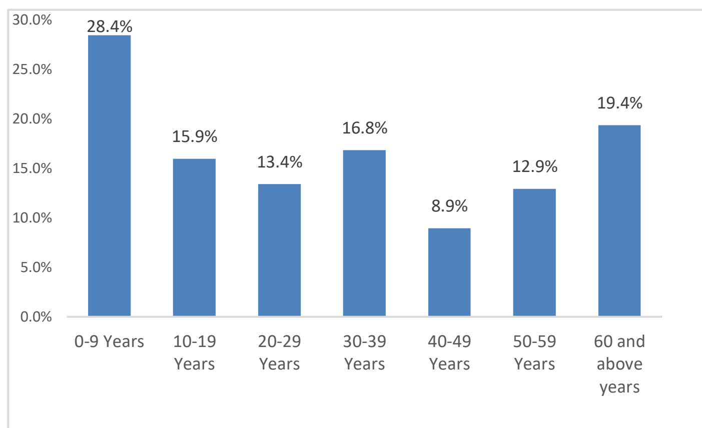


Figure 3: Post-MDA Estimated Prevalence of Scabies in Rohingya Camps at Cox'sBazar by different Age-Group

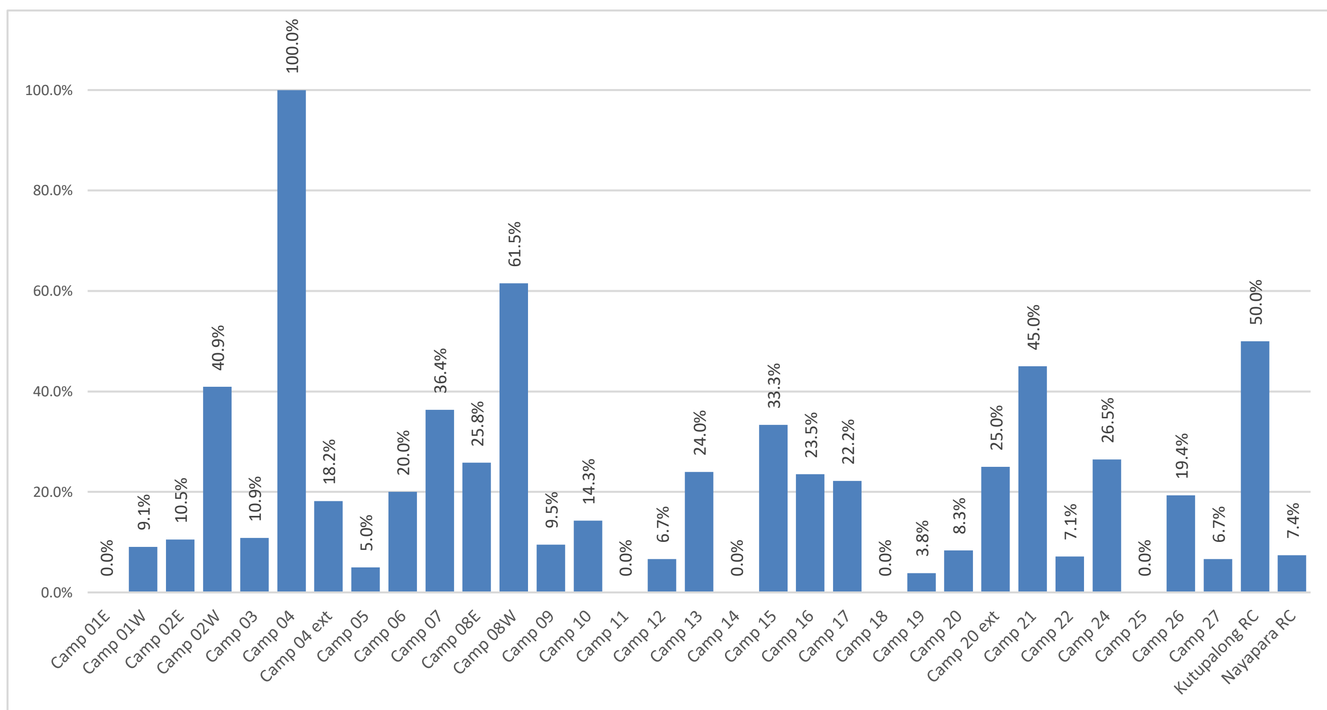
To assess the MDA's impact, a cross-sectional survey was conducted from March 24-28, 2024, with 807 samples collected.

Preliminary results published in May 2024 **showed a current estimated prevalence of scabies at 19.2%** with a 95% CI [16.6%, 22.1%], **which is half of the previous year's prevalence (39.6%)**. Prevalence by sex was males at 18.9% and females at 19.7%, with no significant difference. **Prevalence by age group was 31% among children under 5 years and 17% among those aged 5 years and above**, indicating a higher risk among younger children ($P < 0.001$, CI: 95%).

The survey results show the **current prevalence is significantly lower than in 2023 before the MDA** ($P < 0.001$) but still **significantly higher than the WHO cut-off point of 10%** ($P < 0.001$), indicating the need

for further targeted interventions to break the transmission chain. The MDA's impact was significant, reducing scabies prevalence by almost half, but additional efforts are required.

Figure 4: Post-MDA Estimated Prevalence of Scabies in Different Rohingya Camps at Cox's Bazar



2. Communicable Disease Control and Surveillance

Dengue

In the current reporting period, the weekly patterns of Dengue Fever confirmed cases continued to be lower in this reporting month (249 cases). The transmission remains continuous around the year with weekly cases remaining below 100 cases per week as expected in the baseline/endemic phase. No case fatality has been reported this month. This is largely attributed to the timely detection and management, and overall to consider that most (84%) of cases are mild cases.

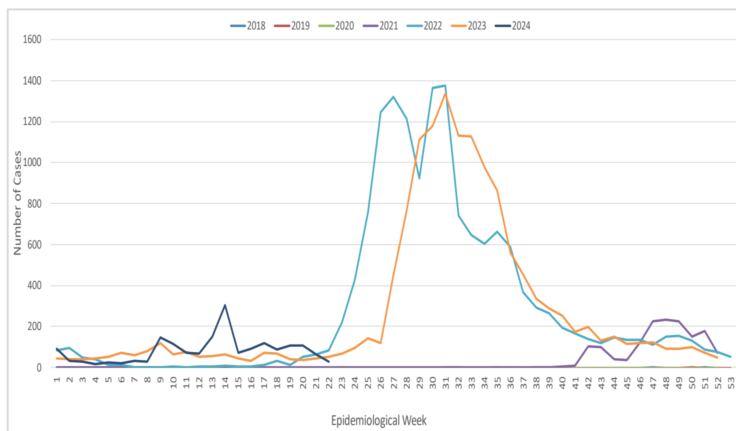


Figure 5: Dengue Trends among the Refugees (WHO, Cox's Bazar)

AWD/Cholera

In May, There was one (01) culture-confirmed case of Cholera, unlike the previous month when there were 03 culture-confirmed Cholera cases, while this is low, culture detection only began in two of the 24 sentinel sites In April 2024 and testing level may still be low, so the clear picture of Cholera transmission has not been established. Regarding AWD cases, around 3% of children under 5 Children are recorded with AWD every month which is alarming (4,656 cases among under 5 in May 2024). 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.

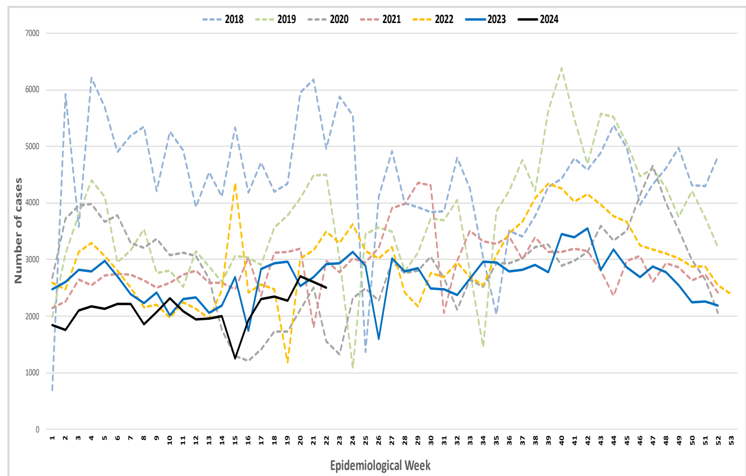


Figure 6: Trends of AWD cases reported in EWARS 2018-2024.

COVID-19:

COVID-19 transmission remains low with only 06 cases including Zero Deaths reported this month in camps and host communities compared to 15 cases and zero deaths reported in the same camps and host community in April 2024. The transmission of COVID-19 has largely been under control since WHO declared an end to the COVID-19 pandemic on 5th May 2023. The surveillance system remains robust to detect COVID-19 cases and case management stable enough to manage confirmed cases though testing rates have gone down given the low transmission and changing priorities to other pressing health conditions. Overall, the rising level of transmission in 2024 so far is still low compared to the past waves of upsurges reported in the past four years since the pandemic began.

3. Routine Immunization and AFP & VPD surveillance

In May 2024, more than 45,000 doses of different antigens were administered targeting children of less than 2 years. 17,171 doses of Polio vaccine (OPV one to 3rd dose and fIPV 1st & 2nd dose) and 6,360 doses of Measles vaccine (MR 1st and 2nd dose).

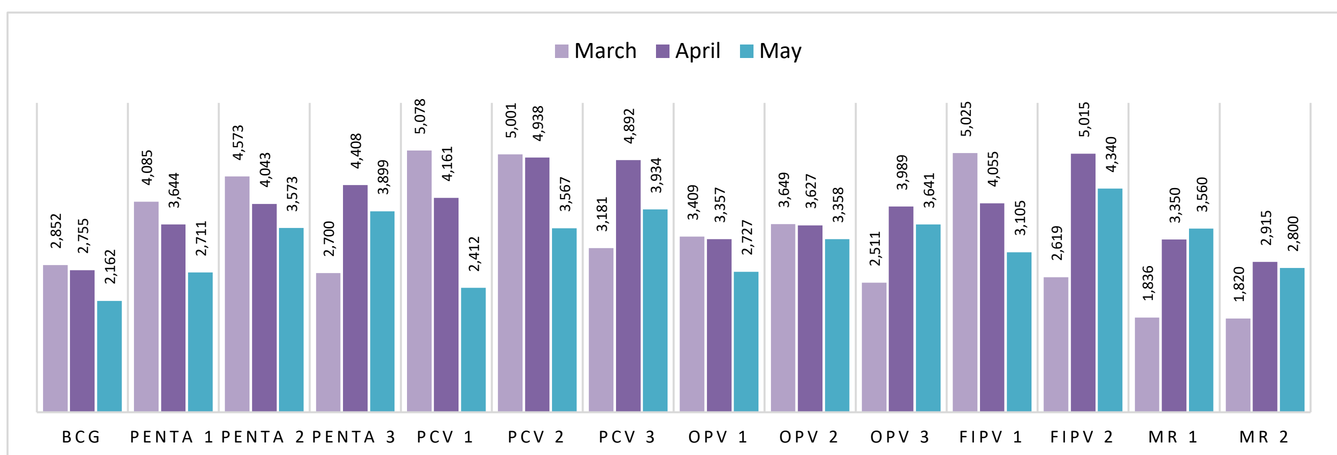


Figure 7: Number of doses administrated through Routine Immunization in Rohingya Camps at Cox's Bazar

During this month, in response to a suspected measles outbreak, an orientation session was conducted for Community Health Workers (CHWs) and their supervisors. This session focused on Active Case Search (ACS) and compiling lists of unvaccinated children, with a total of 75 CHWs and supervisors participating. Additionally, another orientation session was held for community leaders to promote awareness and engagement, attended by 60 Majhi.

Health Sector Action

1. Working Groups (WGs)

Sexual and Reproductive Health Working Group (SRH-WG)

On the 5th of May 2024, UNFPA, and the Sexual Reproductive Health Working Group (SRH WG), and partners joined the rest of the world to celebrate the international day of the midwife in Cox's Bazar. The colourful day with a theme of "Midwife a vital climate solution", started with a march in Cox's Bazar town. Several stakeholders from the Health sector, UN agencies, national and international NGOs, and all humanitarian actors from the Rohingya response joined the midwives. Midwives set up stalls showcasing the different aspects of midwifery and maternal health including family planning, health response to Gender-based violence, skilled delivery, and management of pregnancy-related complications and emergencies.

Figure 8: International Midwife day celebration at Cox'sBazar

Epidemiology, Case Management, and IPC Working Group (Epi WG)

In April Community Health Workers (CHWG) conducted door-to-door visits for Headlice surveillance through Community Based Surveillance (CBS), with technical support from the Epi WG and WHO. 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%.

Based on these findings, as a control intervention WHO-led Epi WG with the support of the CHWG completed a targeted Mass Drug Administration in Rohingya camps. WHO provided technical oversight/support and supply of drugs (permethrin 1% lotion) and UNHCR provided operational leadership in delivering the medicine through CHWs. Targeted Mass Drug Administration administered in two doses 7 days apart through DOTs Strategy for highest compliance, Informed by the modest supply of drugs(138,724 tubes of Permethrin 1% lotion) & focus on the most affected population (196,677)- Under 5 Years old children and pregnant and Breast-Feeding Women. The campaign, which began on May 5th, and concluded on May 16th, 2024, marked a concerted effort to mitigate the spread of infestation. 106% coverage was achieved against the target.

Emergency Preparedness and Response Technical Committee and MMT TWG

Under the Health Sector guidance, EPR TC & MMT TWG ensured their technical support and field-level Medical Mobile Team implementation by ensuring the coordination, collaboration, communication, and partnerships with the other Working Group partners in response to the Fire Incident at Camp 13 on 24 May 2024. Two (2) Medical Mobile Teams; IOM MMT 8 and BRAC MMT 3 were deployed to

ensure the emergency response and health services to the affected and vulnerable people. Nearly 100 individuals were served direct health services by these two Medical Mobile Teams which ensured the patient's referral according to their condition. In correspondence with the situation of the Fire Incident, the Dispatch & Referral Unit System was available there to ensure emergency transportation (Ambulance) services. EPR TC made sure the communication with the RRRC Office, District Civil Surgeon, Cox's Bazar and updated them accordingly about the situation and with the technical support and concurrence from the Civil Surgeon, Cox's Bazar, made sure the readiness of the Ukhiya, Teknaf and Ramu Upazila Health Complex and 250 Bed District Sadar Hospital, Cox's Bazar to make sure the emergency medical support.

Figure 9: IOM MMT 8 Response - Camp 13 Fire Incident

Regarding Cyclone Remal 2024 preparedness, EPR TC had preparatory meetings with the Health Sector, Cox's Bazar. EPR TC & MMT TWG shared the updated Medical Mobile Team (MMT) line list and ambulances list, disseminated the Map of the Medical Mobile Teams to the partners, and shared updated HR and Logistics list of available resources. In addition, disseminated awareness and preparedness messages to the MMT partners/teams.

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 CHWG co-chair election was held physically on 30 May 2024 during the CHWG meeting. In the election, Green Hill/CPI was elected as the co-chair of the CHWG for 2024.

Community-based distribution of family planning

A pilot program for community-based distribution of family planning methods was launched in 10 selected camps. Community Health Workers (CHWs) distribute oral pills and condoms, and providing prior counseling on their use, benefits, and side effects. After a one-month pilot, the program will be expanded to all 33 camps.

2. Health Sector Partners Update

International Rescue Committee (IRC)

On 5th March 2023, a massive fire broke out in Camp 11, home to over 33,000 Rohingya refugees. The devastating blaze completely destroyed the IRC's 24/7 Primary Health Care Center (PHCC), reducing its infrastructure, sophisticated medical and laboratory supplies, solar power unit, equipment, furniture, and generators to ashes.

Figure 10: Inauguration event of the Integrated Nutrition and Primary Healthcare Centre in Camp 11

In the face of this adversity, the IRC forged ahead with a steadfast determination to rebuild a facility fortified against future disasters. Under the umbrella of the WHO-led Health Sector and unwavering support from RRRC/CIC, ISCG, WHO, UNFPA, WFP, SHED, site management, and various sectors, IRC and UNICEF as Nutrition sector lead agency spearheaded a collaborative effort to erect a new structure to provide integrated Health & Nutrition services. This facility is engineered with materials designed to withstand fire and environmental hazards for enhanced safety and resilience.

Save the Children International (SCI)

As a part of localization, SCI initiated an inclusive project under DFAT-IV, where SCI involved Bandhu Social Welfare Society as one of the technical partners along with CDD in Camp-15 SCI PHCC and Camp-17 SCI-PHD HP aims to create a safe and inclusive environment for gender-diverse people through different types of sensitization activities, awareness sessions, capacity-enhancing programs, module development, strengthening reporting and referral mechanisms, etc. Bandhu's work focuses on sexual and reproductive health (SRHR) and creating a safe and supportive environment.

Under the AHP-IV project, Bandhu has identified 45 SOGIESC2 individuals so far at the camp level to establish support groups, ensured general health services and medications for 35 SOGI Rohingya and the host community, conducted 22 awareness events on "gender, GBV, and SOGIESC rights" for 440 participants, trained nearly 50 healthcare providers on these issues to improve service delivery, and organized two consultation meetings to ensure inclusive healthcare for all.

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[2] SOGIESC: Umbrella term for all people whose sexual orientations, gender identities, gender expressions and/or sex characteristics place them outside culturally mainstream categories

Friendship

Figure 11: Blood Grouping and Donation awareness campaign

Friendship, funded by UNFPA, successfully organized a Blood Grouping and Donation Awareness Campaign for Rohingya and Host Communities in Cox's Bazar. The campaign aimed to raise awareness of blood donation engaged the community and implemented blood grouping initiatives to meet the crucial demands of blood donors in maternity care. Under the campaign, around 1200 beneficiaries received blood grouping services, among them 75% were from the Rohingya community.

Health and Education for All (HAEFA)

Figure 12: ZEISS Primostar 3 microscope

The Health and Education for All (HAEFA) proudly announces the addition of the ZEISS Primostar 3 microscope in Balukhali Pathology Laboratory, Ukhiya, Cox's Bazar. This advanced model is crucial for identifying Mycobacterium Tuberculosis organisms. Its modern design offers significant improvements over the old microscope, including a brighter objective lens. This enhancement provides greater convenience for viewing cells on Urine R/M/E and CBC slides, ensuring more accurate and efficient analyses.

World Health Organization (WHO)

Hepatitis C surveillance: According to the WHO Hepatitis C surveillance data as of the end of May, 2024, a total of 4,662 Rohingya patients were screened for Hepatitis C. Among these, 38% (1,757) of suspected cases tested positive via the Rapid Diagnostic Test (RDT). Further testing was conducted on 1,611 samples for Hepatitis C RNA, out of which 725 have been analyzed so far. 73.8% (535/725) samples confirmed HCV RNA, confirming a positivity rate of 73.8%, especially high transmission rate among pregnant women, with 77.5% (62 out of 80 tested) showing detectable HCV RNA. Considering the critical situation and the required financial resources, WHO and other health partners are exploring ways to acquire medicines and diagnostics for Hep C response on a mass scale.

Non-Communicable Diseases: In collaboration with WHO and the International Rescue Committee (IRC), a high delegation team of the Non-Communicable Diseases Control (NCDC) program carried out a monitoring and supervision visit on NCD service delivery in Camp 6 IRC Primary Health Care Center of Ukhiya. During this visit on 20 May 2024, different components of NCD service delivery including knowledge status of healthcare providers, alignment to national protocols, supply of essential diagnostics and medicines, operational challenges, and reporting and recording system were observed. Key areas of programmatic improvement were also explored, and elaborate discussion took place with the healthcare staff of visited facilities.

Upcoming Events / Training Calendar

Start date	End date	Training Title	Organizer	Target Participant
11/May/24	14/May/24	Capacity building of Physicians to provide LARC services.	Ipas Bangladesh	Doctor
9/Jun/24	10/Jun/24	VCAT Orientation for Facility Supervisor/Doctor	Ipas Bangladesh	Doctor
3/Jun/24	5/Jun/24	MISP Training for SRHWG partners	RTMI	Medical Doctors and Midwives Working in MMT
6/Jun/24	6/Jun/24	Respective Maternity Care Training	RTMI	Doctors Working on SRHR
10/Jun/24	12/Jun/24	MISP Training for SRHWG partners	RTMI	Medical Doctors and Midwives Working in MMT
3/Jun/24	5/Jun/24	MISP training for MMT members - call for nomination	RTMI	Medical Doctors and Midwives
25/Jun/24	27/Jun/24	Orientation of MPMSR Procedure and Tools among Facility In-charges/ SRHR Focal points	RTMI	Facility In-charge/ SRHR Focal per Health Facility
11/Jun/24	11/Jun/24	Basic WASH and Healthcare Waste Management for Cleaners and Waste Handlers.	WHO	Cleaners and Waste handlers
12/Jun/24	12/Jun/24	Training on Basic WASH and Healthcare Waste Management for Cleaners and Waste Handlers of Health Care Facilities	WHO	Cleaners and waste handlers
20/Jun/24	20/Jun/24	Training on Basic WASH and Healthcare Waste Management for Cleaners and Waste Handlers of Health Care Facilities	WHO	Cleaners and Waste handlers
23/Jun/24	23/Jun/24	Training on Basic WASH and Healthcare Waste Management for Cleaners and Waste Handlers of Health Care Facilities	WHO	Cleaners and Waste handlers
24/Jun/24	24/Jun/24	Training on Basic WASH and Healthcare Waste Management for Cleaners and Waste Handlers of Health Care Facilities	WHO	Cleaners and Waste handlers
26/Jun/24	26/Jun/24	Training on Basic WASH and Healthcare Waste Management for Cleaners and Waste Handlers of Health Care Facilities	WHO	Cleaners and waste handlers
27/Jun/24	27/Jun/24	Training on Basic WASH and Healthcare Waste Management for Cleaners and Waste Handlers of Health Care Facilities	WHO	Cleaners and waste handlers

(***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 May 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 13 June 2024)*

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