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

HEALTH SECTOR COX'S BAZAR

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

989,585 Rohingya Refugees living in camps
1.07 M Health Sector Target (JRP 2024)[1]

HIGHLIGHTS

- In the last two weeks of July 2024 routine service delivery and access to essential healthcare services were interrupted due to the country-wide political unrest.
- An active cholera outbreak is ongoing in camps, a total of 61 culture-positive cholera cases were reported in camps during the reporting period.
- A steep rise in Dengue cases was observed in July 2024 having 966 cases which is almost 3 times higher than the previous month.
- The 1st round of the Bivalent Oral Polio Vaccine (bOPV) campaign was conducted in July in all camps, a total of 176,052 under-five children received the bOPV vaccine during this campaign.
- World Hepatitis Day on 28 July 2024 was celebrated by different partners with different awareness activities.

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
443	MEDICAL DOCTOR
393	NURSES
484	MIDWIVES

HEALTH ACTION

356K	OPD CONSULTATIONS
8,938	INPATIENT ADMISSIONS
2,694	FACILITY-BASED BIRTHS-Refugee & Host
98.4%	% LIVE BIRTHS
1.6%	% STILLBIRTHS
2	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE

1.34	CRUDE DEATHS/1,000 Pop (Jan-July 24)
14	COVID-19 SENTINEL SITES
28	AWD SENTINEL SITES
125	EWARS REPORTING SITES

HEALTH FUNDING $USD (JRP 2024)

UN OCHA Financial Tracking System

USD	
86.8 M	Requested
34.8 M	Received/ Committed
62 M	Funding gap **60 %**

[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

In the last two weeks of July 2024, routine service delivery and access to essential healthcare services were interrupted due to the country-wide political unrest. Due to movement restrictions in camps routine service delivery was severely hampered though life-saving activities were continued. Additionally, EWARS services were not functional (only 31% timeliness of reporting in that week). Moreover, several health NGOs suspended their services and several health posts were closed. During the last two weeks of July, among 58 registered health posts, only 14 were functional, however all 46 Primary Healthcare Clinics (PHCs) remained open, but some of them limited their services to emergency lifesaving services, inpatient care, basic emergency obstetrics, and neonatal care services. Routine Immunization activities were also affected, the ongoing bOPV campaign was postponed for four days and most of the fixed sites were not functional during this period. All of the training sessions during the unrest were postponed.

Health Services Delivery

During the month, approximately 356,245 outpatient (OPD) consultations were recorded which was the lowest among all other months in 2024. This is mostly due to the country-wide political unrest and curfew in the last two weeks of July 2024 as during this time most of the health posts were closed. Though this has not impacted inpatient admission, around 8938 inpatient admissions were recorded during this month which is similar to the other month of the year. Additionally, all other life-saving service utilization e.g., basic emergency obstetrics services showed a similar trend as the other month of the year. According to DHIS-2 data, the morbidity distribution among refugees for July 2024 remained almost similar to the other months of the year 2024, predominantly characterized by Acute Respiratory Infections (ARI), and skin diseases.

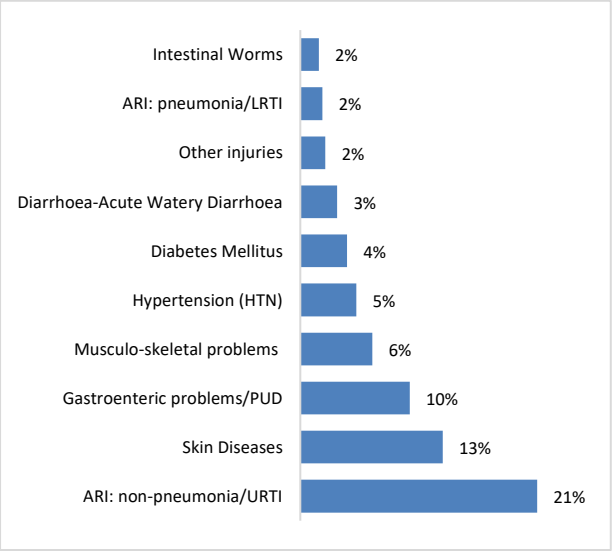

Figure 1: Top Morbidity Reported in DHIS2 (July 2024)

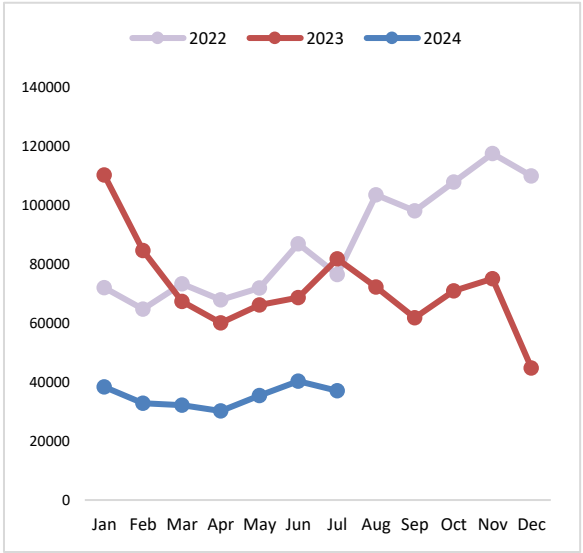

Figure 2: Trend of Skin Diseases

ARI cases contributed 21% of the consultations for diseases (Fig 1) during the reporting period, with around 61,400 consultations for non-pneumonia infections, which is slightly higher than the previous month. 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. Skin Diseases contributed to 13% of the consultations for diseases (Fig 1) during the reporting period with around 37,000 consultations. The trend of skin diseases (Fig 2) showed a slow increase in the last three months after the cases decreased by half followed by the Mass Drug Administration (MDA) to interrupt the transmission of scabies in Nov-dec 2023 in camps. Before the MDA, skin diseases were the number one reason for medical consultations through the years 2023 and 2022 with on average around 80,000 cases reported per month. However, the Scabies MDA campaign's immediate impact in reducing the burden of skin disease consultations contributed to reducing the overall number of consultations. The Post-MDA Scabies Prevalence Survey conducted in March 2024 also supported the same; showed that the estimated prevalence of scabies is 19.2% which is half of the previous year's prevalence (39.6%).

Table 1: Selected Health System Performance Data

Indicator	July 2024	Cumulative in 2024	Baseline-2023	Progress
Total # of OPD Consultations -Host + Rohingya	389,635	**356,245**	**2,789,016**	**2.61 per person**
Total # of Inpatient Admissions -Host + Rohingya	8,848	**8,938**	**62,752**	**60%**
Total # of Patients referred out	4,436	**3,454**	**29,082**	**67%**
Total # of first-time users -Host + Rohingya	9,901	**10,485**	**74,867**	**54%**
Total # of ANC 1 Visit -Rohingya	6,605	**6,669**	**51,503**	**33%**
Total # of Live births at the facility -Host + Rohingya	2,528	**2,650**	**20,050**	
Total # of Stillbirths at the facility -Host + Rohingya	42	**44**	**375**	
Total # of mothers who had ANC 4 or above visits -Rohingya	2,009	**1,518**	**11,370**	**78%**
Total # of C-Sections at health facilities	211	**209**	**1,699**	**8.3%**
Total # of Post Abortion Care provided Host + Rohingya	319	**265**	**1,992**	**70%**
Total # of beneficiaries newly diagnosed with Hypertension Host + Rohingya	5,240	**5,335**	**53,437**	
Total # of beneficiaries newly diagnosed with Diabetes Mellitus Host + Rohingya	2,801	**2,423**	**29,837**	

Total # NEW clinical mental health consultations by psychiatrist and/or mhGAP doctor -Host + Rohingya	1017	**934**	**8,738**	
Total #of NEW focused counseling done by psychologist or counselor -Host + Rohingya	3,605	**3,512**	**23,229**	
Total #of Health staff trained on mhGAP	57	**72**	**600**	
Total # Minor surgeries conducted Host + Rohingya	6,317	**5,335**	**38,324**	**64%**
Total # Major surgeries conducted Host + Rohingya	353	**350**	**3,135**	**71%**
Total # Post Natal Care (PNC) visits after discharge following birth/delivery or first visit after home delivery -Host + Rohingya	3,250	**3,720**	**27,892**	**47%**
Total # of children 6-59 months referred for nutrition services	771	**1083**	**5,672**	**31%**

Public health risks, priorities, needs, and gaps

Public Health and Epidemiological Analysis

1. Communicable Disease Control and Surveillance

Dengue

During the reporting period, 966 confirmed dengue cases were reported which was almost three times higher than the previous month (314 cases). The weekly trends of Dengue Fever have remained within the normal baseline level except for the last week of July when the trends began to rise above the previous weeks though the weekly cases remain within the expected baseline in endemic settings as no Action or Epidemic threshold has been attained.

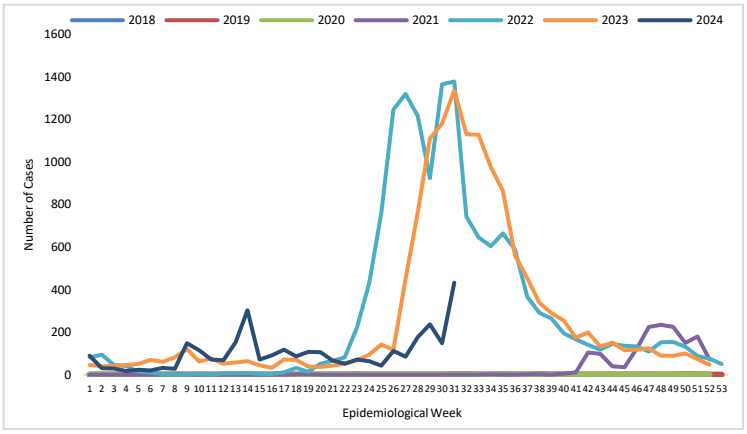

Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

Dengue Fever Readiness plan was prepared with the leadership of the Health Sector to guide response to the anticipated seasonal upsurge of Dengue Fever in August 2024. Dengue fever prevention interventions have been continued in Camps.

AWD/Cholera

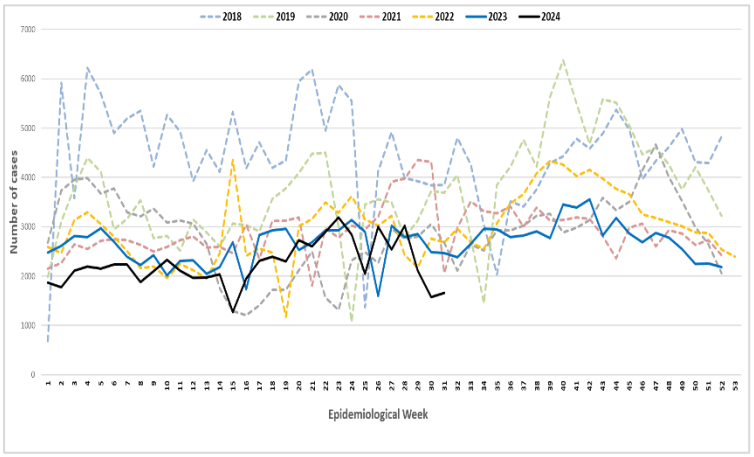

Figure 4: Trends of AWD cases reported in EWARS 2018-2024.

Since the last week of June, there has been an active cholera outbreak ongoing in camps and continued throughout July 2024. A total of 63 culture-positive cholera cases (61 from Rohingya and 2 from Host community) were reported during the reporting period. There has however been no fatality (CFR-0%) reported so far. Though there is an active ongoing cholera outbreak in camps, the weekly trends of AWD and Cholera continued to decline from mid-July probably due to coordinated Health and WASH response interventions that have impacted transmission of Cholera and other pathogens that cause AWD.

The Health Sector in collaboration with the WASH Sector continues to respond to ongoing Cholera outbreaks in camps through the Joint Assessment and Response Team by investigating each case and undertaking contact tracing and active case searches. The team coordinated a Multi-Sectoral Rapid Risk Assessment of the Cholera Outbreak which provided evidence on the scope and drivers of the outbreak.

COVID-19:

The transmission of COVID-19 remains under control except for occasional pockets of cases reported irregularly on a weekly basis. During the month, there were 10 PCR-confirmed COVID-19 cases (8 from the Rohingya Community and 2 from the Host community) with zero deaths reported.

2. Routine Immunization and AFP & VPD surveillance

In July 2024, more than 42,000 doses of different antigens were administered targeting less than 2 years of children. Among them 14,696 doses were Polio vaccine (OPV 1st to 3rd dose and fIPV 1st & 2nd dose) and 6,398 doses were Measles vaccine (MR 1st and 2nd dose).

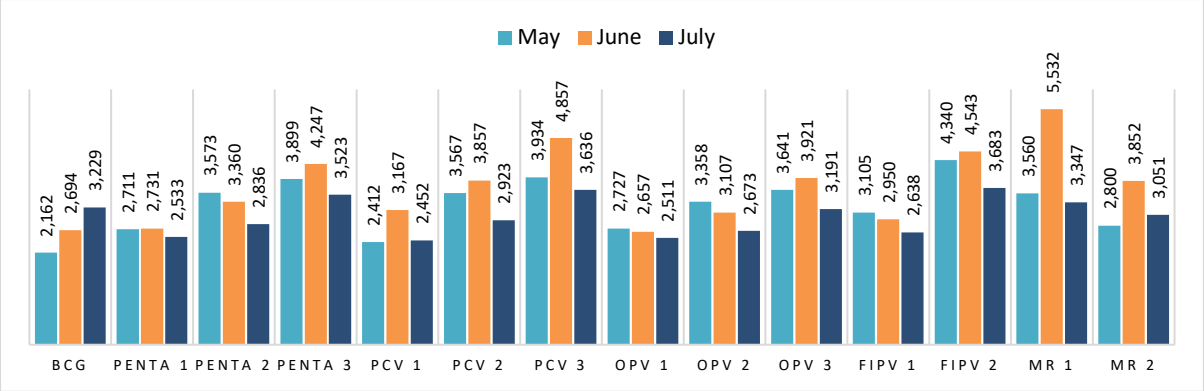

Figure 5: Number of doses administrated through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)

Bivalent Oral Polio Vaccine (bOPV) campaign:

The first round of the bOPV campaign for 0 days- <5 years children was conducted from 14-29 July 2024 led by the Bangladesh government and with technical support from the World Health Organization (WHO) and Health Sector partners. To ensure the quality of the campaign's implementation, 150 CHW supervisors and over 1,400 CHWs were trained in vaccination techniques, documentation, and the management of AEFI. The tireless efforts of the Community Health Workers (CHW) team resulted in broad coverage.

During the 11-day campaign, a total of 176,052 children under five (122% of the target) received the bOPV vaccine, exceeding the target of 144,317. In Ukhia, 148,699 children (122.5% of the target) were vaccinated, while in Teknaf, 27,353 children (119% of the target) were vaccinated.

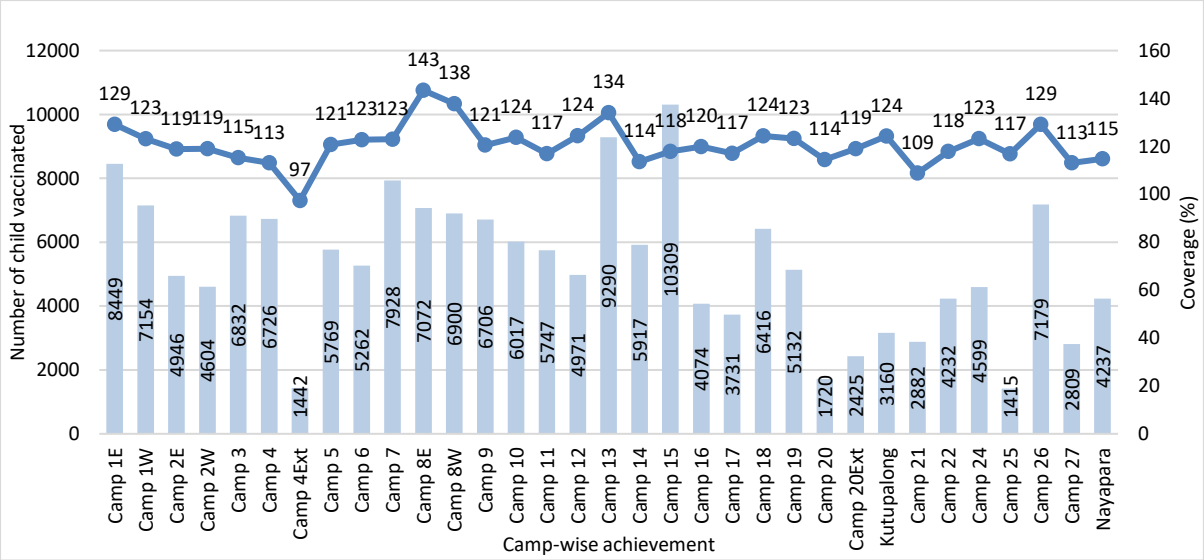

Figure 6: Camp-wise achievement in the 1st round of the bOPV campaign

Additionally, Rapid Convenient Monitoring (RCM) was conducted through the WHO-recruited Health Field Monitor (HFM) to gather real-time data and identify gaps in coverage, they

visited 2,851 households across the camps to assess the coverage and gaps. As per the RCM, the monitoring coverage was 98% and all the camps achieved more than 90% coverage.

Health Sector Action

1. Working Groups (WGs)

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

During this reporting period, there has been an ongoing outbreak of Cholera in Rohingya Refugee Camps which the Epi WG in collaboration with the WASH Sector, has continued to effectively respond to through JART investigations of each case, contact tracing, and active case search.

During the period, WHO-led multi-agency Rapid Risk Assessment (RRA) in Camps was conducted to determine the scope and drivers of the Cholera outbreak. An RRA report was prepared, and the findings have been utilized to further refine the response.

WHO, the leader of the Epi WG further engaged the DGHS-Communicable Disease Control and International Coordination Group (ICG) and Global Taskforce on Cholera Coordination (GTFCC) to commence the preparation request for OCV vaccines for the reactive outbreak campaign in the camps.

The WHO and the Health Sector jointly prepared and monitored the implementation of the multi-sectoral Dengue Fever Readiness Plan and Cholera Outbreak Action Plan.

Mental Health and Psychosocial Support (MHPSS) Working Group (MHPSS WG)

The curfew and overall general situation in Coxs Bazar caused challenges in ensuring the continuity of MHPSS services in the camps. During the curfew, trained MHPSS refugee volunteers in the camps helped in extending the care needed to those in need.

The MHPSS Working group shared Bangla translated Columbia Suicide Severity Rating Scale (C-SSRS) and PFA pocket guide as a part of strengthening MHPSS services at the community level.

To identify the gap and way forward, MHPSS WG has planned to initiate MHPSS supervision needs assessment and the mapping of mhGAP-trained health staff.

The Gender-Based Violence (GBV) sub-sector was technically supported by MHPSS WG to design and prepare the content of the training on suicide prevention with midwives and case workers.

Emergency Preparedness and Response Technical Committee and MMT TWG

Emergency Preparedness & Response Technical Committee (EPR TC) under the technical expertise of WHO, developed the draft version of the Terms of Reference of the EPR TC and shared it with the Health Sector Coordinator for the final authorization.

Community Health Workers Working Group (CHW-WG)

Community Health Workers' Role in Preventing Acute Watery Diarrheal Cases: The UNHCR-led Community Health Working Group (CHWG) partners have mobilized over 1,600 Community Health Workers (CHWs), who are playing a crucial role in preventing acute watery diarrhea (AWD). In response to the surge in AWD cases, CHWs have been conducting weekly visits to over 90% of households, reaching more than 300,000 people each week. During this period, they identified over 10,500 suspected AWD cases. CHWs have been actively promoting handwashing, safe drinking water practices, and hygiene education, particularly in light of recent AWD spikes in various camps and surrounding host communities. Factors contributing to the spread include contaminated water sources, the ongoing monsoon season, and shared sanitation facilities. Additionally, CHWs have organized nearly 200 courtyard sessions on AWD prevention, engaging over 1,000 key community members, including influential leaders, Imams, and Majhees. CHWG partners are also conducting community-based AWD surveillance to identify and refer cases to nearby health facilities for early management.

Dengue Prevention Messaging: Dengue prevention messaging has been scaled up across all the camps in anticipation of an escalation in cases due to the recent rainfall. Community Health Workers continued educating residents on keeping their surroundings free from waterlogging, cleaning water storage buckets, using mosquito nets, and wearing long-sleeved clothing.

CHW Visits and Referrals: During the reporting period, over 88% of households were visited four times by CHWs. Additionally, there were over 12,500 referrals for ante-natal or delivery facilities, more than 15,000 referrals to routine immunization sites, 14,000 referrals for acute cases, 7,000 non-communicable disease (NCD) referrals, 500 mental health illness referrals, and 1,700 children and pregnant or lactating women (PLWs) referred to nutrition centers. The facility delivery rate was 89% in July.

Sexual and Reproductive Health Working Group (SRH WG)

The Minimum Initial Service Package (MISP) for reproductive health in humanitarian crises is a set of life-saving reproductive health interventions designed to be implemented at the onset of an emergency. The SRH WG in collaboration with the Health Sector Emergency Preparedness and Response Technical Committee (EPR TC) integrated the Minimum initial services package for reproductive health (MISP) in the Health Sector emergency response.

This was done by training all the health sector emergency medical teams on MISP and ensuring the prepositioning of all RH kits and MaMa kits at facilities.

Risk Communication and Community Engagement Technical Committee (RCCE TC)

Risk Communication and Community Engagement (RCCE): As part of the bOPV Campaign in the Rohingya camps, key messages regarding OPV were developed by the RCCE Technical Committee. These messages were disseminated via the UNHCR-led Community Health Working Group (CHWG) and Social and Behavioral Change (SBC) partners of UNICEF. Community consultation meetings and courtyard sessions with key community members, street miking, and Khutba in mosques were utilized along with printed IEC materials to effectively aware and engage the Rohingya community with the campaign.

In the context of the upsurge of Cholera cases from late June 2024, the RCCE Technical Committee revised the historical messages on Acute Watery Diarrhoea (AWD), and revised IEC materials accordingly with technical support of WHO. The Community Health Workers (CHW) were oriented by CHWG on the revised messages. Community Volunteers under SBC partners of UNICEF were oriented on the revised messages and IEC materials over a virtually arranged ToT on 30 July 2024.

2. Health Sector Partners Update

Food for the Hungry (FH)

In July, FH organized a three-day training course on Integrative ADAP Therapy (IAT) for Community Para-Counselors (CPCs) from Camps 5, 7, and 12. A total of 20 participants attended the training, among them 06 were female and 14 were male. The MHPSS Coordinator of FH led the program with support from the UNHCR, MHPSS team, psychologist, and Rohingya volunteers and they performed as co-facilitators.

Figure 7: Training on Integrative ADAP Therapy (IAT) for Community Para-Counselors (CPCs)

The primary objectives of this training were to improve their ability to independently use these techniques under the supervision of psychologists.

Health and Education for All (HAEFA)

Health and Education for All (HAEFA) successfully conducted nine VIA (Visual Inspection with Acetic Acid) camps across community clinics in Ukhiya Upazila to enhance public awareness of cervical cancer screening. This initiative underscores HAEFA's commitment to improving women's health in host communities in Ukhiya, Cox's Bazar.

Figure 8: One of HAEFA's VIA camps at Ruhullar Deba Community Clinic in Ukhiya, Cox's Bazar

International Organization for Migration (IOM)

Oral Polio Vaccination campaign: IOM participated in the 1st round of a camp-wide Oral Polio Vaccination campaign targeting children under 5 years old. In July, IOM played a key role in this campaign, deploying 242 Community Health Workers for community mobilization and vaccine administration, and 35 healthcare workers supporting coordination and supervision. The CHWs visited 36,752 households and administered vaccines to 33,050 children (Male: 16,772; Female: 16,278).

Figure 9: One CHW administering Oral Polio Vaccine

World Hepatitis C Day: IOM celebrated World Hepatitis C Day organizing awareness sessions engaging Hepatitis C patients and their family members. IOM operates a Hepatitis C treatment center in Camp 2W Primary Healthcare Center. As of July 2024, 234 hepatitis C patients have been enrolled in Camp 2W PHCC for treatment.

World Health Organization (WHO)

World Hepatitis C Day: In observance of World Hepatitis Day on 28 July 2024, a community awareness session on Hepatitis prevention was arranged at the CiC Office of Camp 2W with the support of UNHCR. The session was facilitated by the Communicable Disease Officer and RCCE Officer of WHO. It was attended by CiC of Camp 2W, representatives from the Civil Surgeon's Office and Health Sector partner organizations, Rohingya community leaders, and religious leaders like Majhee-s and Imam-s. Concerns and questions

Figure 10: Community awareness session on World Hepatitis Day 2024 in Camp 2W CiC Office

regarding the Hepatitis C Treatment Centers supported by WHO were noted from the session. It was decided to address these concerns in key messages on Hepatitis C which are under development.

Laboratory support: In July 2024, cholera culture testing was introduced at the WHO-supported IEDCR field laboratory at Cox's Bazar Medical College. A total of 12 cholera RDT-positive samples, collected from various health facilities in the camps, were tested. HIV retesting commenced in the last week of June 2024 at the IEDCR field laboratory. Additionally, one HbA1c machine and one autoclave machine were installed at health facilities within the camps.

Communicable Disease Services: Based on the information received from the field that there was escalating transmission of Hepatitis C among the refugee population ongoing, the WHO Communicable Diseases (CD) team undertook a critical visit to the Rohingya refugee camp during the curfew period to address this urgent health concern. The CD team implemented essential screening and treatment protocols to curb the spread of the infection and ensure that affected individuals received the necessary care. Simultaneously, there was a notable increase in dog bite cases, with 153 incidents reported, raising the risk of rabies among camp residents. In response, the WHO coordinated the distribution of 200 rabies vaccines to health sector partners within the camp to facilitate prompt post-exposure prophylaxis and prevent potential rabies outbreaks.

Infection Prevention and Control (IPC) activities: WHO IPC unit conducted supportive supervision to assess the Infection Prevention and Control (IPC) activities of the healthcare facilities in Ukhiya and Teknaf in the camps throughout the month. A total of fifteen (15) healthcare facilities were visited (01 field hospital, 03 primary healthcare centers, and 11 health posts) under this activity. The main objective of this activity was to assess the current status of IPC in the Rohingya camp healthcare facilities, identify areas for improvement, and provide necessary guidance and support to enhance the infection prevention and control measures in healthcare settings.

Water, Sanitation, and Hygiene (WASH): The WHO WASH team visited 46 healthcare facilities located in the Ukhiya camps to assess WASH (Water, Sanitation, and Hygiene) and HCWM (Healthcare Waste Management). Additionally, the water quality was tested at 31 facility source water points and 22 drinking water sources for parameters including Free Residual Chlorine (FRC), pH, and turbidity. The results of these visits revealed deficiencies in the water supply system, sanitation facilities, healthcare waste management disposal systems, and water quality at the facilities.

Upcoming Events / Training Calendar

Due to the political unrest from the 3rd week of July 2024, most of the training was postponed, scheduled changed, and is being rescheduled to the upcoming months. For more details please keep an eye on the training calendar.

(***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 July 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 August 2024)*

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