HEALTH SECTOR BULLETIN: Jan 2024

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

1.48 million People in Need (PiN, ISCG JRP 2024)

975,350[2] Rohingya Refugees living in camps.

HIGHLIGHTS

- The health service utilization in January 2024 maintained a decline note since August 2023. The average OPD consultation number for Rohingya people in Jan 2024 was slightly over 400,000, a decreased from a quarterly average of half a million.
- The Mass Drug Administration to control Scabies infection among the Rohingya refugee population is ongoing in Bhasan Char aiming to reach 100% coverage.
- The trend of Skin diseases maintained a decreasing trend following the MDA campaign to control scabies, around 51% drop compared to the pre-MDA period in Cox's Bazar camps.
- Launch of the "Activity Info" as the new default Reporting System for the Health Sector. Around 70 persons from the health Partners were trained.
- Multiple fire incidents abrupted in camps, minor injuries, no casualties, and no health facilities were affected.

THE HEALTH SECTOR

53	ACTIVE HEALTH SECTOR (HS) PARTNERS
17	#APPEALING PARTNERS JRP 2024

REGISTERED HEALTH FACILITIES

58	HEALTH POSTS
47	PRIMARY HEALTH CENTRES
01	FACILITIES WITH CEmONC SERVICES
06	SECONDARY CARE FACILITIES
471	#MEDICAL DOCTOR
571	#NURSES
678	#MIDWIVES

HEALTH ACTION

407K	OPD CONSULTATIONS
8,945	INPATIENT ADMISSIONS
3,254	FACILITY-BASED BIRTHS (4W's)
98.5%	% LIVE BIRTHS
1.5%	% STILLBIRTHS
9	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE

0.3	CRUDE DEATHS/ 1000 Pop (Jan24)
18	COVID-19 SENTINEL SITES
24	AWD SENTINEL SITES
122	EWARS REPORTING SITES

FUNDING $USD (JRP 2024)

USD **86.8 M** — *UNOHCA Financial Tracking System*

Funding analysis for 2023

97.3 M Requested
64.4 M Received
32.9 M Funding gap 34 %

Situation Update

General Situation

- The month of Jan 2024 was 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, however extensive damages were reported in shelters. Mobile Medical Teams (MMTs) were deployed for the emergency needs and further support.

Health Services Delivery

In the month of January around 407,000 OPD consultations were recorded which is similar to December 2023 and less than the average number of OPD consultations recorded. The average OPD consultation number for Rohingya people per month dropped around 12% reducing the average figure per month after the launch of the General Health Card and the decreasing consultations for skin diseases following the MDA campaign to control scabies. As per DHIS-2, the average number of consultations for skin diseases per month was significantly reduced from 87,000 (Jan-Nov 2023) to 42,000 (Dec 23-Jan 24) which is a 51% drop compared to before the MDA period. As shown below in Figure 1, the morbidity distribution among the refugees throughout the month of Jan was highlighted by Acute Respiratory Infections (ARI), Other acute conditions, and Skin diseases. Skin Diseases were the number one reason for medical consultations through the year 2023, however, appears the MDA campaign immediate impact in reducing the burden of skin disease consultations which also contributed to reducing the overall burden of consultations.

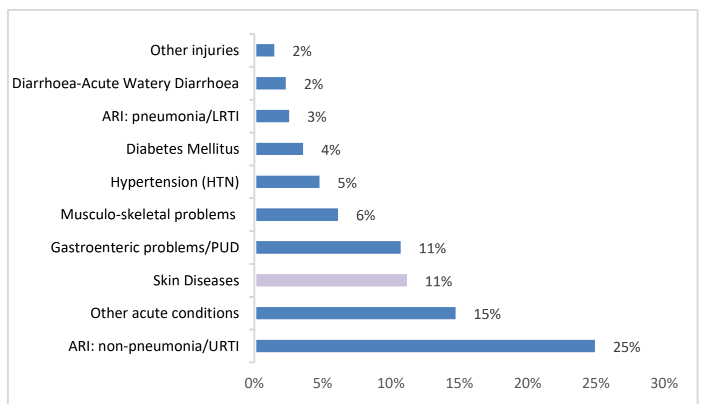


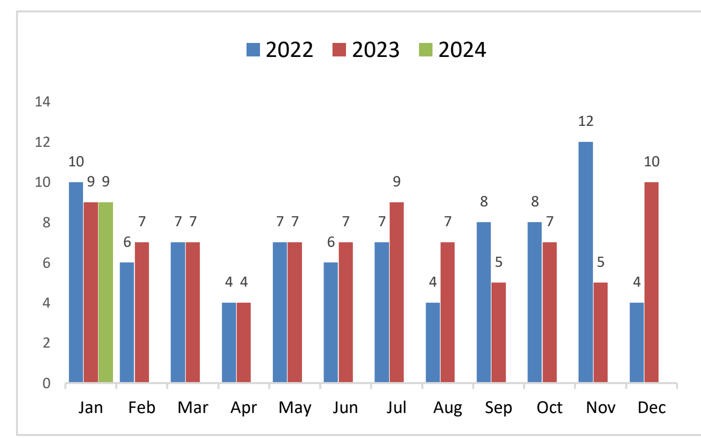
Figure 2: Top 10 reasons for morbidity in Jan 24(Source: DHIS-2)

Figure 1: Trend of Skin Diseases (Source: DHIS-2)

ARI cases contributed 25% of the consultations for diseases (Fig-1) on Jan 24 with more than 80,000 consultations for non-pneumonia ARI which is similar to the Jan-23 consultation number for ARI indicating the seasonality of the increasing ARI cases mostly due to the weather change. It is notable to mention that the incidence of COVID-19 cases is still very low in camps, not likely the reason for the increased ARI cases.

Mortality Surveillance

Maternal Mortality has been a concern for the last couple of years. In 2022, 83 Maternal deaths (rate 321/100,000 live births) were reported in camps followed by 84 in 2023 (rate 295/100K). 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. As of Jan 24, 9 Maternal deaths were reported with an estimated rate of 446/100K live births. Among these 9 deaths, 8 were facility-based. Cause of death according to ICD10MM



major groups was non-obstetric complication (4 deaths), Obstetric haemorrhage (3 deaths), Pregnancy related infection (1 death), and Hypertensive disorders in pregnancy childbirth and the puerperium (1 death). This is alarming based on the reporting received that the facility-based delivery rate as per the Community Healthcare Working Group is more than 80% and ANC 4 coverage is around 80% as per the CHWG data and the Health Sector 4W data respectively. More in-depth analysis is required to follow and understand the reasons behind, including data collection and reporting modalities.

The MPMSR committee initiated a feedback mechanism this month following the death audit to the respective facility and partner to ensure quality SRH services and reduce maternal mortality. In addition, 14 perinatal deaths (Fresh stillbirth: 4, Macerated stillbirth: 3, Early neonatal: 7) were reported in Jan 2024. More details about these deaths can be found in the MPMSR Dashboard.

Fire Response

In Camp 5 on 7th January 2024, a devasting fire occurred in Camp 5 affecting 976 shelters. However, no operational Health Facilities were affected. Furthermore, no major injuries and no casualties were reported. In response. two Mobile Medical Teams (MMT) were deployed immediately after the incident. They remained on the ground and were operational for 3 days from the 7th to the 9th of Jan 2024. Together they screened 222 affected people/patients, among them 112 came with Injuries/Burns/Casualties; 11 patients were referred to the nearest PHC. In addition, 10 pregnant women and mothers were provided with SRH care (ANC&PNC), and 67 other patients were treated. 82 patients were screened for Mental Health Support. All the existent operational Primary Health Centers (PHCs) in Camp 5 extended their support (two PHCs-FH/UNHCR_UID-051 and RTMI/UNICEF_UID-46) and were fully accessible and functioning. 19 fire-affected Patients from the affected block received health services from these PHCs, among them 6 with minor burns and 13 with other injuries. Psychological first aid was provided with blanket coverage, Refugees with previous specific needs at risk of relapse and exacerbation were outreached. 135 of them were directly affected by the fire and thus provided with the required specialized counselling along with their families.

Support was also provided through the Community Health Outreach Activities. 237 individuals were reached with fire safety messages, 190 individuals received basic first aid, and 1254 individuals received Psychological First Aid, and 82 patients were referred. The MHPSS response was integrated with the emergency health response through psychologists, community health workers, community para counsellors, and community psychosocial volunteers. Furthermore, WHO as Health Sector lead agency in support to the Civil Surgeon's office and partners conducted a "Training on Fire Safety and Clinical Care of Burns for Healthcare Workers".

Table 1: Selected Health System Performance Data

Indicators	Unit	Target	Jan-Dec 2023	Jan-24	Progress against Target in 2024 (%)
Total number of OPD Consultations (Host and Rohingya)	Consultations	≥2	5.5 M	406,878	14%
Total number of Inpatient Admissions (Host and Rohingya)	Individuals	N/A	105 K	8,945	N/A
1.2 First-time Users of Family Planning Methods: Total number of first-time users in camps	Individuals	175,000	138 K	11,289	6%
3.1. Antenatal care coverage - at least four visits (%) - Rohingya	Percentage (against women with live births)	≥80%	75%	82%	103%
3.3 Percentage of births assisted by a skilled attendant (Facility-based delivery)	Percentage (of births)	≥80%	82%	85%	106%
Cesarean Section: Total number of C-Section at the facility	Individuals	N/A	1919	292	N/A
1.1. Crude Mortality Rate in camps /1000 Population	Rate (Per 1,000 population)	<2.1	2.83	0.3	14%
1.2. Maternal Mortality Rate /100,000 live births in camps	Rate (Per 100,000 live births)	<179	295	446.65	-150%
1.3. Under 5 deaths / 1,000 live births in camps	Rate (Per 1,000 live births)	<23	25.31	39.70	-73%

Public health risks, priorities, needs, and gaps

1. Communicable Disease Control and Surveillance

Dengue

In January 2024, the Dengue outbreak maintained a declining trend (Fig. 4) with no new deaths reported. Case Fatality remained at 0% with 232 confirmed cases and Zero deaths reported in this year 2024. Active surveillance continues across all the camps. There is no further clustering of cases around previously identified '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 trends of AWD cases from syndromic surveillance data in 2024 showed gradual increase since Epi week 3, 2024 as per Fig. 5 below.

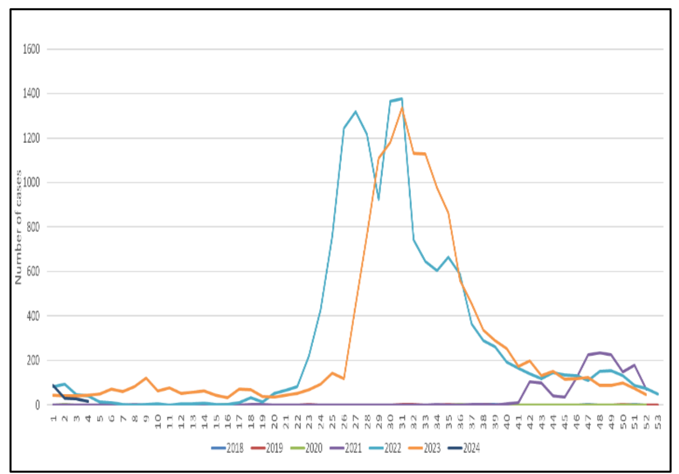


Fig. 4: Dengue Trends among the Refugees (WHO, Cox's Bazar)

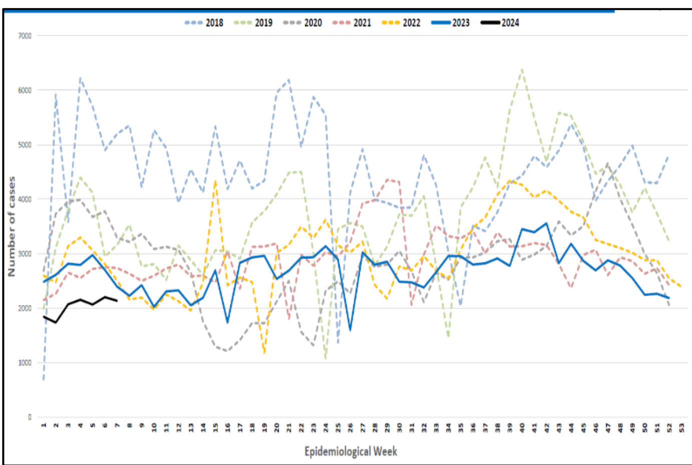


Fig. 5: Trends of Culture confirmed Cholera cases reported 2018-2024

The graph has gradually smoothed after data from late reporting were incorporated in the final analysis for 2024, the total Culture-confirmed Cholera cases were 81 in 2023 which is higher than in 2022 (70 cases) signalling a rising level of transmission and waning probable immunity on the 3rd year of the OCV Campaign.

COVID-19:

Elevated transmission rates persist in Rohingya Refugee Camps (8/20), contrasting with minimal transmission observed in the Host Population since Epi Week 3. The Test Positivity Rate stands at 13.8%, accompanied by a case incidence of 13.8 cases per 1 million population per week. Notably, 90% of the reported cases (8/20) are among the Rohingya Population. As of this year, a total of 20 cumulative cases have been documented, with no reported fatalities (Case Fatality Rate - 0).

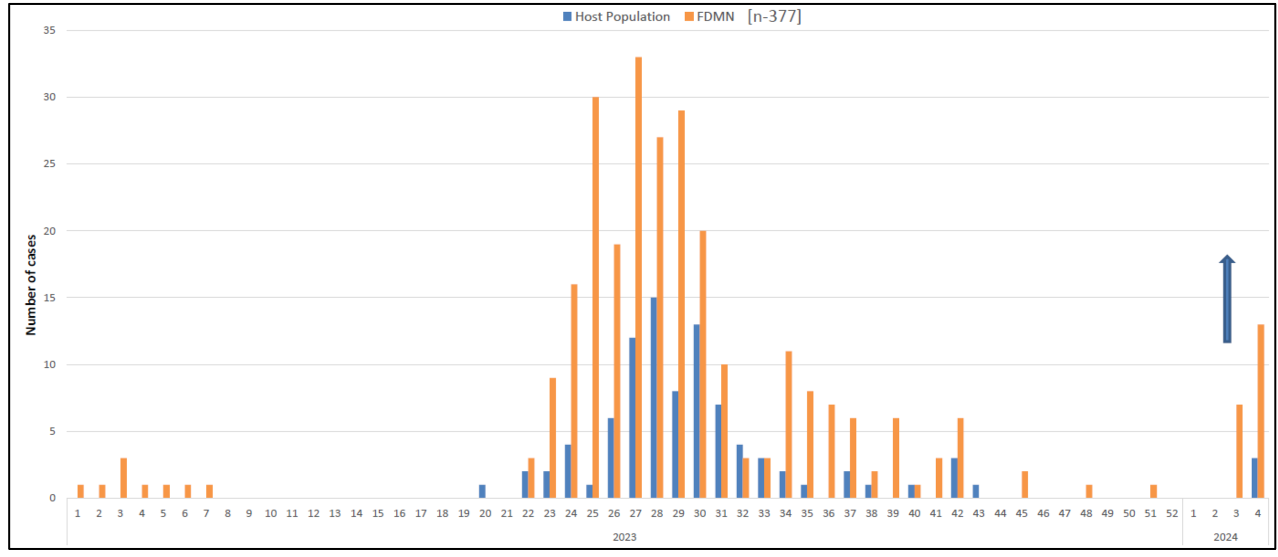


Figure 6: weekly COVID-19 cases reported.

2. Routine Immunization and AFP & VPD surveillance

In January 2024, more than 33,000 doses of different antigens were administered targeting less than 2 years of children. In January we administered 13,607 doses of Polio vaccine (OPV one to 3rd dose and fIPV 1st & 2nd dose) and 3,569 doses of Measles vaccine (MR 1st and 2nd dose). Despite the establishment of a regular vaccine supply since mid-January 2024, 66 Gavi-supported outreach teams have not been operational since dismissed due to performance and ongoing recruitment processes. Consequently, the antigen coverage is lower compared to previous months.

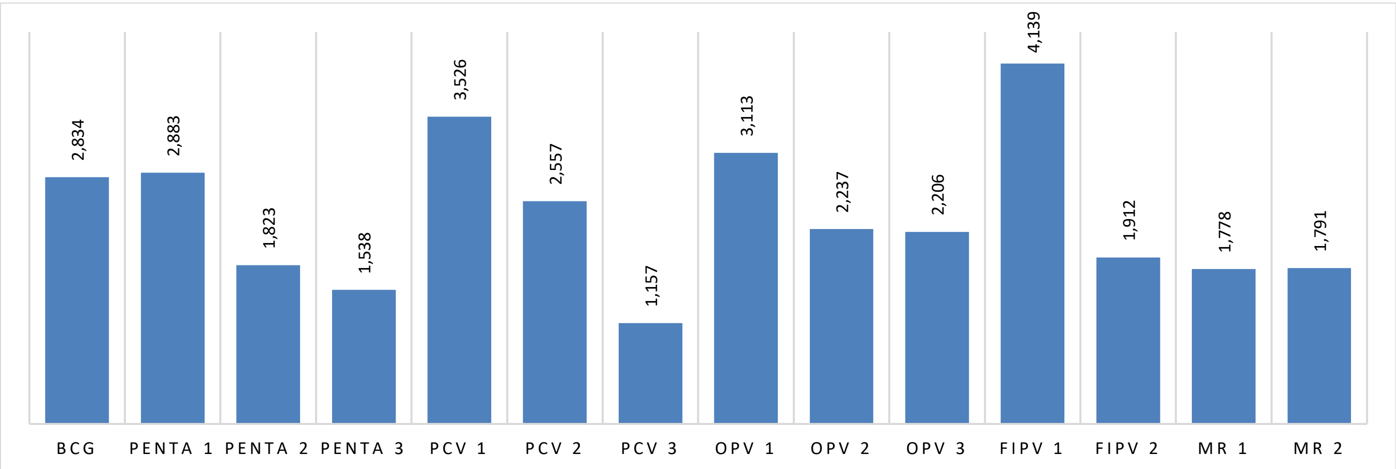


Figure 7: Number doses Administered in January 2024

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance.

The Health Sector Information Management team organized an extensive one-day training session on 15 Jan 2024 for the designated reporting focal persons from various Non-Governmental Organizations (NGOs) on the “Activity Info”. In the upcoming year of 2024, Activity Info will serve as the primary data collection tool for the 4Ws reporting. It's important to note that Kobo has been discontinued as of the end of December 2023. To ensure a smooth transition, access to Activity Info was made available during the last week of January 2024. This streamlined process aims to facilitate efficient communication and data sharing among all stakeholders where approximately 70 focal persons were trained on the system.

2. Health Sector Partners Update

Gonoshasthaya Kendra (GK)

GK-UNHCR-supported Ukhiya Specialized Hospital (USH) provides vision therapy and through this provides treatment to patients with Refractive Amblyopia. Amblyopia is the leading cause of visual impairment in children. If not treated early, children may even be functionally blind. GK diagnoses and treats a variety of ocular conditions in the USH Eye Unit, including Amblyopia.

Health and Education for All (HAEFA)

Figure 8: Child Play Corner at Camp 1W HP

Health and Education for All (HAEFA) introduced Child Play Corners at their Kutupalong Camp 1W and Balukhali Camp 9 Health Posts to enhance the healthcare experience. This enables children to enjoy in the designated Child Play Corner while their guardians are waiting for treatment in the waiting room. This thoughtful addition not only ensures a stress-free wait for guardians but also creates a playful and nurturing space for the little ones. HAEFA continues to prioritize holistic well-being, making every visit to the health posts a positive and inclusive experience.

International Organization for Migration (IOM)

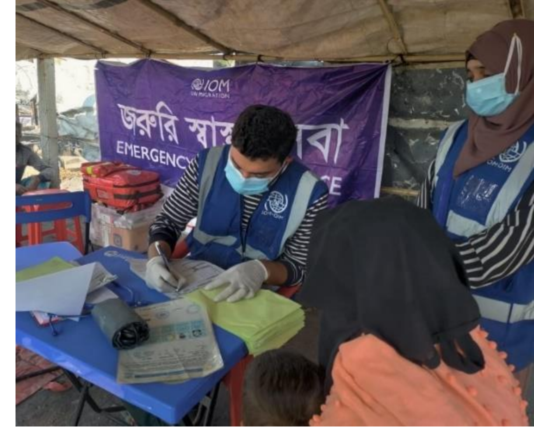


Figure 9: IOM MMT team providing health services

Fire Response in Camp 05: Following the Camp 5 fire incident, IOM promptly deployed a mobile medical team to deliver emergency health services to the affected community. This dedicated team extended medical aid to 169 individuals, with 121 receiving immediate first-aid care. The swift response aimed to address the immediate health needs of the fire-affected population and underscores IOM's commitment to ensuring timely and effective medical assistance in crisis situations.

Dengue Risk Communication: With the objective of preventing dengue transmission and protecting communities from associated risks, IOM implemented comprehensive risk communication and dengue-burden camps, specifically Camp 03, Camp 09, Camp 15, and Camp 24. These initiatives featured interactive and innovative activities such as children's art sessions, henna tattoo events, drama performances, and football matches. By integrating cultural sensitivity and acknowledging gender and age dynamics, these interventions were designed to enhance the efficacy of risk communication strategies.

Save the Children International (SCI)

Figure 10: SCI PHC in Camp 15

Save the Children inaugurated a 10-bed PHC in Camp 15, whose formal inauguration took place on 23rd January 2024, in the presence of the CIC, Health Coordinator-RRRC, representatives from the Health Sector & different working groups, community representatives, and other stakeholders. SCI received facility infrastructure from BDRCS and expanded essential health services from HP to PHCC, including 24/7 emergency and inpatient which preserves 3 male beds (including 1 for adolescents), 3 female beds (including 1 for Pediatrics), and 4 beds dedicated to maternity ensuring BEmONC. In partnership with partners (CDD and Bandhu), SCI demonstrated inclusive measures for mainstream people with disabilities and diverse groups (SOGISC) through integrated approaches. SCI CHWs also expanded their catchment area, including the blocks covered by BDRCS previously, and regularly visited households to ensure access to services for preventive, referral, and linkage activities.

UNICEF

UNICEF as a strong advocate for disability inclusion in terms of service delivery is piloting a mechanism in which health reporting can be done as per the recommendations of UNICEF Disability Inclusion Policy and Strategy 2022 -2030. For this UNICEF conducted a training to all staff of its partners RTMI and PHD in 6 primary health care centres in partnership with Humanity and Inclusion (HI). A total of 304 persons were oriented on the concept of disability inclusion along with guidance for utilizing the Washington Group of Short Set Questionnaire as a screening tool to identify persons with disability. The pilot will result in giving evidence and suitability of inclusion of disability data into the routine health management information systems meeting the gap of disability disaggregated data in health care.

UNHCR (Bhasan Char)

Mass Drug Administration for Scabies:

With a remarkable 99% coverage rate, two rounds of the Mass Drug Administration (MDA) campaign against scabies were carried out in January 2024 with the support of WHO. 31,548 individuals received two doses of medicines out of 32,539 target age group population (97% coverage), and 32,006 individuals received the first dose (99% coverage).

Figure 11: Mass Drug Administration for Scabies

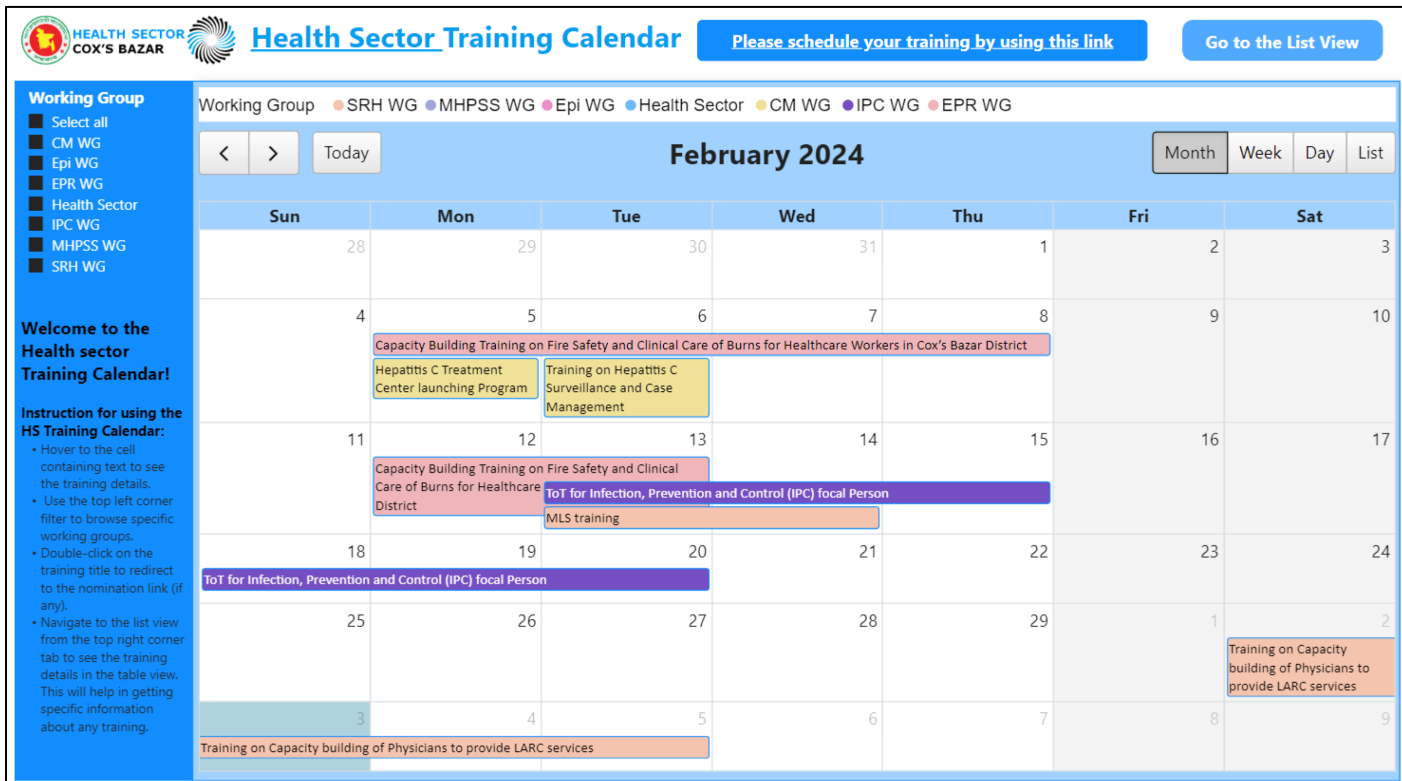
World Health Organization (WHO)

To strengthen the diagnostic capacity of health sector partners working in Rohingya camps, WHO provided four HbA1C machines to four primary health care centres placed in camp settings. In addition, two semi-auto biochemistry analysers were provided to Turkish Field Hospital and Teknaf Upazila Health Complex during the reporting period. Technical support was provided by the WHO regarding the installation of these diagnostic machines.

Figure 12: Distribution of emergency reproductive health Kits

Responding to the fire incident at Camp 5 which affected over 5000 refugees including women and girls of reproductive age, WHO and the Health Sector collaborated with UNFPA and SRH WG to conduct a joint preliminary assessment of the SRH needs among the affected population. The team prepositioned and distributed emergency reproductive health kits such as clean delivery kits, kits for clinical management of rape, dignity kit, Mama kit, and menstrual pads to improve resilience in the community.

Upcoming Training / 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 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 20 February 2024)

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