

MARCH 2023 BULLETIN



Figure 1: IOM Mobile Medical Team responding to people affected by the fire (IOM)

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



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



930,729² FDMN³ Forcibly Displaced
 Myanmar Nationals / Rohingya Refugees

HIGHLIGHTS		THE HEALTH SECTOR		
<ul style="list-style-type: none"> A large fire broke out in Camp 11 destroying three health facilities among other vital infrastructures and equipment. No fatalities were reported. Partners immediately responded through the mobile medical teams before the service delivery was restored. Reconstruction planning is ongoing. Overall health services and utilization remain stable with consultations averaging at 479,598/month for the last three months. Disease patterns remain like in past periods with most morbidities attributed to skin diseases, ARI, and gastroenteric problems among others. Notably, there was a spike in cholera culture-confirmed cases in camps 2W and 6 although total diarrhea cases remain low. No confirmed cholera deaths were reported. The Health and WASH sector partners continue with a coordinated targeted approach to contain the surge. All other diseases -Dengue, Diphtheria, and COVID-19 remain under control. Seven (7) health posts were closed due to reprioritization/alignment based on the health sector health facility rationalization and funding constraints. The remaining facilities still meet the standard coverage of at least 1 primary healthcare facility per 10,000 people. The health sector has received ethical clearance for the proposed scabies community prevalence survey with the implementation slated for May 2023. 		77 14	HEALTH SECTOR (HS) PARTNERS #APPEALING PARTNERS JRP 2023	
	REGISTERED HEALTH FACILITIES			
			77	HEALTH POSTS
			45	PRIMARY HEALTH CENTRES
			03	FACILITIES WITH CEmONC
			08	SECONDARY CARE FACILITIES
	HEALTH ACTION			
			460K	OPD CONSULTATIONS
			2,556	FACILITY-BASED BIRTHS (4W's)
			82%	% HEALTH FACILITY BIRTHS
		05	MATERNAL DEATHS	
		0%	COVID-19 CASE FATALITY RATIO	
VACCINATION COVERAGE				
		56%	MEASLES RUBELLA 2	
		70%	PENTA 3	
		90%	COVID-19 VACCINATION	
DISEASE SURVEILLANCE				
		27	COVID-19 SENTINEL SITES	
		28	AWD SENTINEL SITES	
		160	EWARS REPORTING SITES	
FUNDING \$USD				
		USD 97.3m	0.7% reported in the UNOHCA Financial Tracking System However, the Feb 2023 sector funding analysis indicates about USD25M funds were received/committed by Feb 2023.	

Situation Update

Fire in Camp 11: In the densely populated refugee camps in Cox's Bazar, the risks from fires from the highly flammable bamboo and plastic sheets used for shelter construction remain eminent, this risk is amplified during the dry and hot seasons. On 05 [March 2023](#), a large fire broke out in Camp 11- affecting almost half of the 32,250 Rohingya refugees when 2,805 shelters were burnt and 5,274 people were displaced. Three health facilities- 02 Primary Health Care Centres (PHCCs), and one Health post (HP) were destroyed in the fire resulting in the loss of valuable assets, including medical supplies, equipment, furniture, and generators although no lives were lost nor major fire-specific injuries, thanks to a timely community and trained fire response. In the long run, health providers in the neighboring camps are able to absorb the needs. Based on rationalization as the basis for prioritization, the sector is advocating for the reconstruction of one integrated health and nutrition PHC.

Given the recurrent pattern of fires in the camps- [18 January 2022](#), [08 March 2022](#) (01 PHC destroyed), and the recent 05 March 2023, the health sector urges partners to escalate fire risk mitigation and response mechanisms within the health facilities to minimize future losses while it also advocates further with the local authorities to prioritize less flammable/fire resistant materials as a standard building material for such critical investments. For instance, Save the Children and Health and Education for All (HAEFA) have reported field-based training for their staff in this regard.

Security Situation: The security situation remained stable in the camps with reports of sporadic rivalry between various armed groups in the camps. The events have continued to target mainly local Rohingya leaders and youth. No humanitarian workers or programs have been impacted so far.

Health Resources and Services: A total of 1,440,818 OPD consultations were reported, a mean of 479,598/month. The mean consultation for Jan-March 2023 is not significantly different compared to the Jan-March trend for 2022, p-value of 0.522. Males accounted for 62% of the consultations. The common cause of morbidity remains unchanged in most of the medical consultations attributed to skin diseases (19%), acute respiratory tract infection (18%), hypertension (4%), and gastroenteric morbidities (9%).

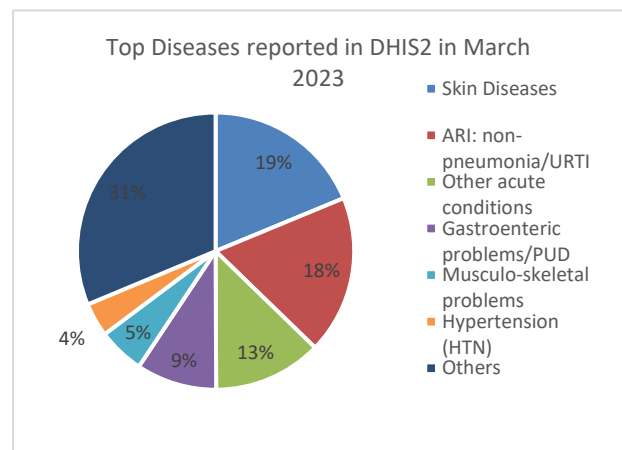
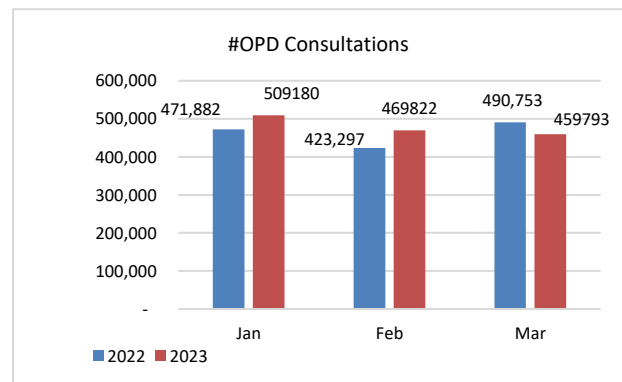
By March 2023, there was an average of 1,474 skilled birth attendants (717 Medical Officers, 327 Nurses, and 430 midwives). The current number of SBAs is 31% below the expected 2,140 based to meet the expected standard coverage of 23 SBA per 10,000 people.



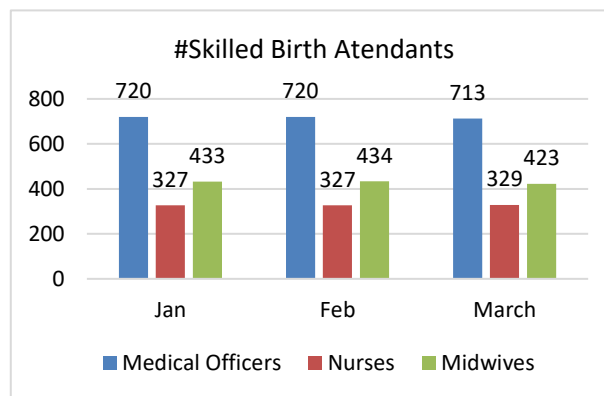
Figure 2: Blazing fire that gutted a refugee camp in Cox's Bazar (UNHCR)



Figure 3: Save conducting training for its field health workers on fire preparedness and response (SCI)



By end of March, 07 more health posts were closed mainly in line with reprioritization based on the health sector health facility rationalization and funding constraints. With about 122 primary healthcare facilities (77 health posts, and 45 PHCCs), the current coverage of 1 primary healthcare facility per 7,628 is still with the standards of 1 per 10,000. All the health facilities are within 30 minutes of walking distance.



Public health risks, priorities, needs, and gaps

Communicable Disease Control and Surveillance

This month, Acute Watery/Diarhea and Varicella remain the two diseases of interest while COVID-19 and Dengue remain under control as reported in the February bulletin.

1.1 Acute Watery Diarrhea/Cholera

From January-March 2023, about 30,000 syndromic AWD/Cholera cases were reported- this caseload closely mirrors similar seasonal trends observed over the last 3-4 years with cases peaking in the pre (April-May) and post-monsoon (Sept-Oct) season. However, by Epi week 12 (end of March), the health sector disease surveillance mechanism identified a significant increase in the proportion of cholera cases both on RDT and or Culture tests. Of the 59 cholera cases recorded in 12 weeks, 66% were detected in week 12 with; a median age of 6 years. Of this, 38% had severe dehydration, and no fatalities have been recorded. Further analysis reveals a clustering of the cases in Camp 2W and Camp 6 in Ukhiya. The Joint Assessment and Response investigation have identified gaps in the water treatment at the source that supplies the 2 camps above and the point of use at the household level in these areas. In response, the Health and WASH sectors have mounted an intensified response in these two areas, providing Aqua-tab, soap, water storage containers, disinfection, drainage cleaning, camp-wide RCCE, and water quality monitoring. WHO-led Epidemiology Working Group/Health Sector continues to lead the coordination and surveillance mechanisms. AWD/Cholera case trends are seen in the below graphs.

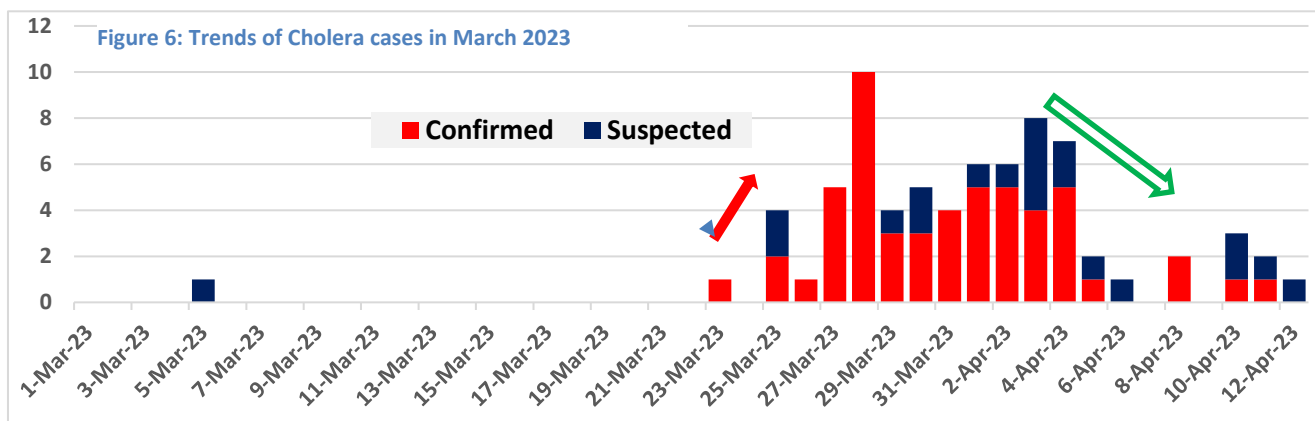
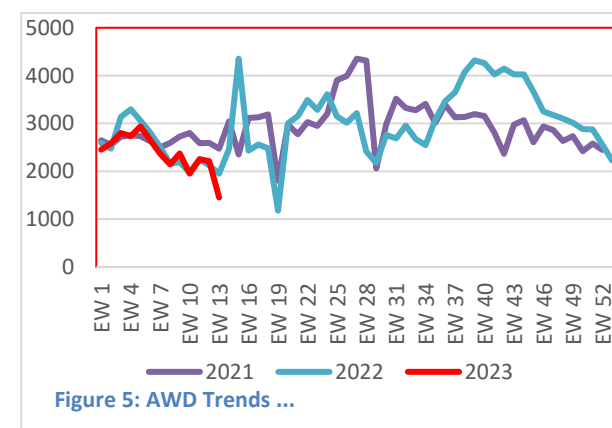
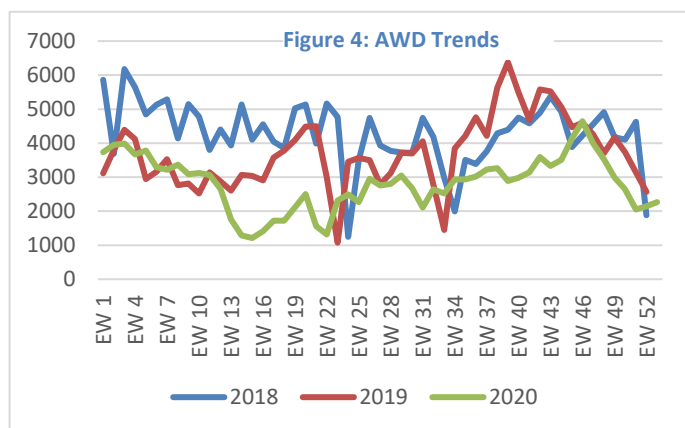
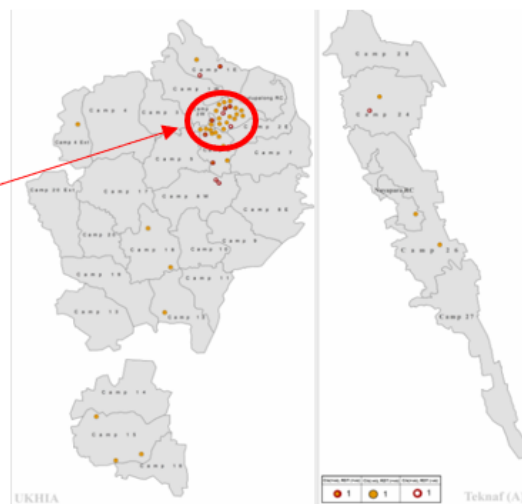


Figure 7: Geographic distribution of Cholera cases (WHO, March 2023)

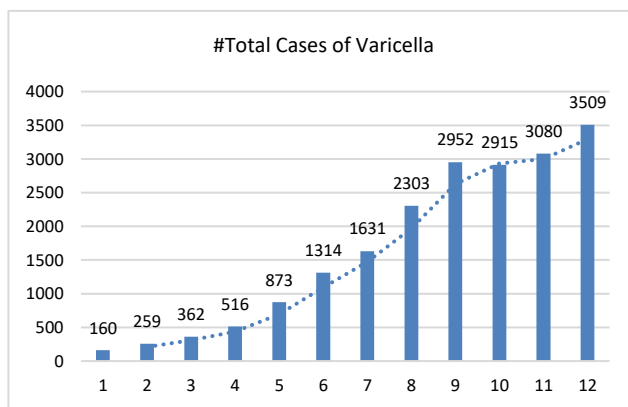
Summary of distribution: Culture Positive

Culture +ve 25 Mar-1 Apr, n=28	Camp/Location	Sub-block/Union
12	2W	B2 (1), C1 (7), C2 (4)
9	6	A (2), A2 (3) A5 (1), A6 (3)
2	8W	A36, I16
2	1E	D9, E13
3	Host	Ukhiya (2), Naikyongchori (1)



1.2 Varicella

In March 2023, up to 12,456 cases of Varicella cases were reported bringing the total caseload to 19,874- representing 3.4% of the morbidities reported in the OPD consultations. Most of the cases are amongst children under 5 years with no significant difference in the gender distribution (51% male, 49% female). There are ongoing responses that include risk communication and community engagement activities that have been activated- being led by the community health workers to contain the transmission in a timely manner.



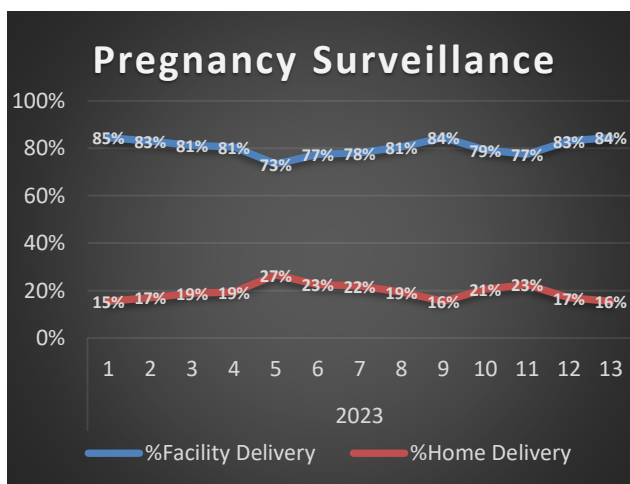
Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance.

Scabies Community Prevalence Survey: By end of March, the health sector had obtained the ethical clearance for the scabies survey protocol. It is now pending RRRC approval for implementation in the camps.

Community Health Working Group (Chair: UNHCR, Co-chair: CPI/GH)

Fire response: On 5th March 2023, in response to the fire in Camp 11, the UNHCR-led Community health working group (CHWG) partners (BDRCS, GK, FH, PHD, MUKTI, BRAC, and RTMI) mobilized 91 community health workers (CHWs) to support the fire response through first aid, disseminating messages on do's and don'ts during and after the fire incident, ORS and drinking water distribution to the dehydrated individual and MHPSS support through the provision of Psychological First Aid (PFA) and referral to relevant sectors.



Facility Delivery Trends in Cox's Bazar: The WG also tracks pregnant mothers and mobilizes the community for better health-seeking behavior. As a result, the proportion of births conducted at a health facility in the camps now stands at 80% in 2023 compared to 75% in 2022 and 70% in 2021.

AWD response: the CHWF further supported AWD/Cholera response through training of CHWs and CHW Supervisors on “Hygiene Promotion and AWD prevention” for community health supervisors to strengthen community-based surveillance and response to Diarrheal disease.

2. Health Sector Partners Update

International Rescue Committee (IRC): On March 5th, 2023, a fire broke out in the Rohingya refugee camp in Balukhali, destroying IRC’s Primary Healthcare Centre (PHC) in Camp 11 and interrupting access to essential medical services and supplies. In response, within hours, IRC set up tents as a temporary measure to restore the delivery of essential medical services. IRC supported the health sector/ Emergency Preparedness and Response Working Group and provided Mobile Medical Teams. To build back better, in line with health sector recommendations, IRC is collaborating with UNICEF to access Central Emergency Response Fund (CERF) funds to rebuild an integrated health and nutrition facility in this camp. The facility will provide better access to both health and nutrition services at a single location under the same roof for Rohingya refugees.



Figure 8: Large fire in Camp 11 that destroyed IRC’s Primary Health Care Center

Green Hill/ Community Partners International (CPI): GH Health Outreach Program funded by CPI successfully enhanced routine EPI coverage in camps 1W & 4 incorporating a strengthened community engagement strategy. In March 2023, GH-CPI’s CHWs incorporated 68 community leaders into sensitization and mobilization of the 2nd round MR & 3rd round Penta vaccination campaign activities achieving 99% vaccination coverage. This initiative promotes strong community participation and engagement in service delivery contributing to the sustainability of quality health services. In addition, GH-CPI was elected as the Co-Chair of the Community Health Working Group (CHWG) for 2023 alongside UNHCR as Chair. With robust community health experience and expertise, in this new role, GH-CPI looks forward to supporting the Health Sector, relevant Government Health Authorities, and the CHWG in coordination and overall implementation of community health outreach programs in line with the Health Sector’s strategy outline in the Joint Response Plan for 2023.



Figure 9: A CHW in dialogue with a community leader, strengthening community mobilization for EPI (GH/CPI)

International Organization for Migration (IOM)

In response to the March fire incident, IOM deployed two core medical mobile teams (MMTs) to address the immediate life-saving health needs of Camp 11. One of the health facilities, where IOM had health operations was completely burnt, however, IOM resumed the service in a makeshift structure. As of 31st March 2023, 4,505 individuals (2,282 female and 2,223 male), including 326 cases of injuries/burns received healthcare services from the IOM health teams. IOM continued to support emergency medical referral services for the fire-affected community through the Medical Referral Unit (MRU) with 14 ambulances on standby. There was a total of 15 referrals and 60 SRH consultations. Mental Health and Psychosocial Support (MHPSS) service remains integrated with emergency and essential health service packages delivered by the emergency health response teams. About 2,064 people (female 1,200, male 864) were aided with MHPSS, including emotional support and psychological first aid. A total of 140 referrals were made for advanced support and services.

UNHCR (Bhasan Char)

Electricity supply: UNHCR installed a solar power system in the newly renovated 64 houses as an annex to the 20-bed MoH hospital for accommodating essential health services.

With the support of UNFPA, a team from the Obstetrics and Gynaecological Society of Bangladesh (OGSB) visited the Island and provided training and orientation to 35 health staff. In their community engagement with the refugees, the team highlighted issues of child marriage, institutional delivery, and family planning. Additionally, the team provided OPD consultations to around 65 patients in a 20-bed MoH hospital.

Oral Cholera Vaccine (OCV) campaign: With the support of MOH, UNHCR, UNICEF, WHO and Icdrr, the 2nd round of the oral cholera vaccine (OCV) campaign on Bhasan Char was conducted from 19th -21st March 2023. At the community level trained refugee community health and nutrition workers and partners supported community mobilization and administration of the vaccine. Overall coverage was 99% reaching a total number of 27,364 Rohingya and 774 Bangladeshi nationals.

UNICEF

Immunization: UNICEF/WHO and partners contributed to the Oral Cholera Vaccine (OCV) campaign in Bhasan Char which achieved 99% of the target (27,364 Rohingya refugees and 774 Bangladeshi nationals) aged above one year old. Similarly, the 3rd round of the Pentavalent vaccine and the 2nd round of the Measles-Rubella vaccine was completed in the Rohingya refugee camps. As a result of the support, 75 percent (140,785) of the targeted children aged 6 weeks to below 7 years were vaccinated with 3rd dose of Penta, and 75% (102,471) of targeted children aged 6 months to below 7 years were vaccinated with 2nd dose of MR (Source: the tally sheet of Upazilla health complex)

Maternal Health: Reaching Every Mother (REM) is a strategy to achieve the goal of 80% Maternal Health Service Coverage in all districts and 90% nationally. With the support from UNICEF, the REM strategy has been initiated in Ramu Upazila, adapting microplanning systematically ANC service delivery at the community level health facilities to ensure quality ANC services for pregnant mothers, safe delivery at Health facilities and timely referral after initial stabilization of complication.

HIV/AIDS: UNICEF conducted training on Universal Precaution, training on HIV Testing & Counselling (HTC), training on Post Exposure Prophylaxis (PEP), and training on PMTCT and Syphilis Management for Medical Officers, Nurses, Laboratory Technologist, Midwife of 4 Upazila Health Complexes. For PMTCT extension service into campsites facilities, an assessment of three health facilities has been completed in the health post at Camp 10, PHC of Camp 1W, and 4 Extension.

BDRCS-MoHFW PHC in Camp 11

On the 5th of March 2023 massive fire in Camp-11 in Ukhiya, Cox's Bazar also destroyed a health facility operated by BDRCS, IOM, and MoHFW and supported by the Swiss Red Cross. In response to the fire, BDRCS also trained camp volunteers for the control of the fire in coordination with the Site Management Support Agency (SMSA), activated a camp-based Quick Response Team (QRT) and community health volunteers, and upgraded emergency response readiness stocks for possible mobilization, ensured the immediate resumption of basic services, such as OPD, SRH Service (ANC, PNC & Family planning), GBV ref, MHPSS, Essential medicines, ORT, community outreach and first aid, 24/7 ambulance services, and installation of RBS screening in collaboration with IOM and UNFPA. As part of the rationalization, to realign the allocation of health facilities to the priority needs, this PHC will not be reconstructed.



Figure 10: Responders from BDRCS attend to fire-affected people

World Health Organization

- Trained 47 primary healthcare workers (18 Males and 29 Females) from Government and health sector partners on 'WHO Bangladesh Package of Essential Noncommunicable Diseases (PEN)'
- Conducted training for 27 health workers on Case management of Chicken Pox at the request of the Health Sector, Bhasan Char.
- Tuberculosis Program: supported screening and case detection. In the WHO-supported TB diagnostic van, a total of 123 Gene experts were conducted, 14 TB cases were identified and initiated on treatment; 483 chest x-rays conducted.
- Fire response: led the Emergency Preparedness and Response to coordinate the fire response in Camp 11. Additionally, provided partners with four Basic Interagency Emergency Health Kit 2017 (IEHK) for emergency support for MMTs. Trained 108 healthcare workers on fire safety and clinical care of burns.
- WASH Support: Supported water quality surveillance. Collected and tested water form 528 community water points, 25 Pipeline system sources, 75 public tap stands, and 1,206 Households (total of 2,437)



Figure 11: Training of health workers in Bhasan char

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 March 2023. UNHCR Operational Data Portal (ODP). [Document - Joint Government of Bangladesh - UNHCR Population Factsheet as of March 2023](#)
3. The Government of Bangladesh refers to the Rohingya population in Bangladesh as “Forcibly Displaced Myanmar Nationals (FDMNs).” The United Nations (UN) system refers to this population as Rohingya refugees, in line with the relevant international framework.

Other resources

- Health Sector Webpage – [Link](#)
- Health Sector HeRAMS - [Link](#)
- Health Sector 4W – [Link](#)
- Health Sector Training Planner - [Link](#)

Contact:

Health Sector Coordination Team

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

Email: coord_cxb@who.int