HEALTH SECTOR COX'S BAZAR

Bulletin #17

Figure 1: Health Education and Awareness on Family Planning (SRWH WG/RTMI)

Bangladesh
Emergency: Rohingya Refugee/FDMN[1] Crisis in Cox's Bazar District
Reporting period: October to December 2021

1.4M PEOPLE IN NEED | **913,660[1] REFUGEES** | **1.4M PEOPLE TARGETED** | **98 PARTNERS**

HIGHLIGHTS

- In December 2021; 306,727 people 18 years or older received the first dose of COVID-19 vaccine- representing 79% of the targeted 389,369 people. Cumulatively, this brings the total number of those who have received at least 01 dose of COVID-19 vaccine to 343,3670.
- Observed a 17% increase in health care utilization in Q4. Facility based delivery has improved throughout the year and reached its highest of 75% in December 2021.
- As of December, there were 14 Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) with of 573 active beds. There are 327 standby beds that can be activated in a surge response.
- Completed Oral Cholera Vaccination: 87% (754,172) of 869,095 targeted were reached in the first round, while 98% of the 754,172 in round 2 were vaccinated.
- General Health Card has been endorsed.
- Joint Response Plan (JRP)2022: 27 projects submitted with a total value of USD 110m.
- By end of 2021, the government of Bangladesh officially closed camp 23 although recommended for health services to continue for host population.

THE HEALTH SECTOR

98[3]	HEALTH SECTOR PARTNERS
HEALTH FACILITIES	
42	PRIMARY HEALTH CENTRES
89	HEALTH POSTS
HEALTH ACTION	
1,420,642	OPD CONSULTATIONS
6,809	ASSISTED DELIVERIES
10,124	REFERRALS[4]
VACCINATION AGAINST	
32,645	POLIO[5]
15,980	MEASLES
SURVEILLANCE	
43	COVID-19 SENTINEL SITES
23	AWD SENTINEL SITES
171	EWARS REPORTING SITES
FUNDING $US	
135M	REQUESTED
42,109,810 (31.2%)[6]	RECEIVED

[1] Forcibly Displaced Myanmar Nationals

2. Joint Government of Bangladesh - UNHCR Population factsheet as of 31 December 2021

3. 98 individual partners providing various health intervention-69 operating health facilities, 25- CHWG partners, 41 MHPSS WG

4. Medical referrals out of the camps to Upazila Health Complexes and Sadar Hospital (WHO, Health Sector 4W)

5. OPV (1st to 3rd dose); fIPV (1st and 2nd dose) =22,076

6. https://fts.unocha.org/appeals/906/clusters

Situation update

- As of December 2021, there were 913,660 refugees/FDMNs[7] in the 33 camps.
- Shamplapur (camp 23) was officially closed with the FDMN/Refugees relocated to other settlements. Health Sector continues to provide services to the host community through one Health Post (HP) and one Primary HealthCare Centre (PHC) supported by IOM and IRC respectively.
- There was substantial decline in COVID-19 incidence in Q4, while incidence of Dengue rose drastically in Kutupalong and Nayapara. Intersectoral efforts, including Health, Site management, WASH, and others were stepped up to contain the upsurge in Dengue cases.
- The Sector focused on maintaining access to essential health facilities through 131 health facilities (89-health post, 42-primary health care facilities).
- In Q4 there was cumulative increase in utilization of health care evidenced by 17% increase in OPD consultations compared to Q3.
- UNHCR signed an MoU in December 2021 to offer specialized medical referral services upon the request of government/RRC. To that regard, construction of Ukhia Specialized hospital is underway.

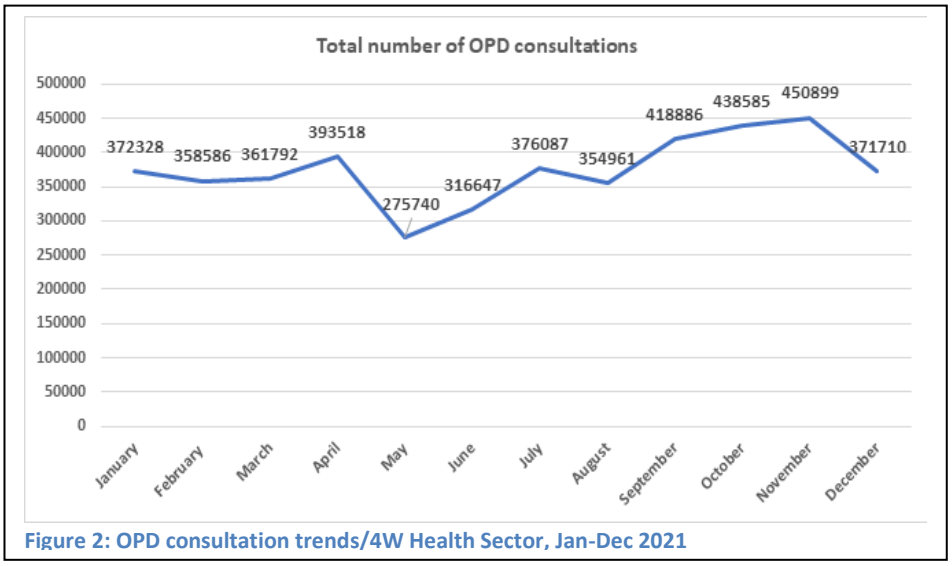


Figure 2: OPD consultation trends/4W Health Sector, Jan-Dec 2021

- Partners continue to prioritize and support access to secondary heath care service through medical referral services.
  - Conducted 10,124 referrals to secondary care facilities out of the camps. Of these, 80% supported under the MRALC[8] systems supported by UNCHR and IOM.
- Strengthening access to blood transfusion services for the Rohingya refugees/FDMNs: Accessibility to blood and blood products has been a concern of the health sector partners. Ongoing work to establish blood banks in all Upazila health Complexes in Cox's Bazar (Govt/WHO/World Bank). Simultaneously, two refrigerators, for blood preservation have been installed in Teknaf and Ukhiya Upazila Health Complexes. Regular blood donation is anticipated to start in the first quarter of 2022 marking a crucial step to address shortage of blood as an essential lifesaving tool.

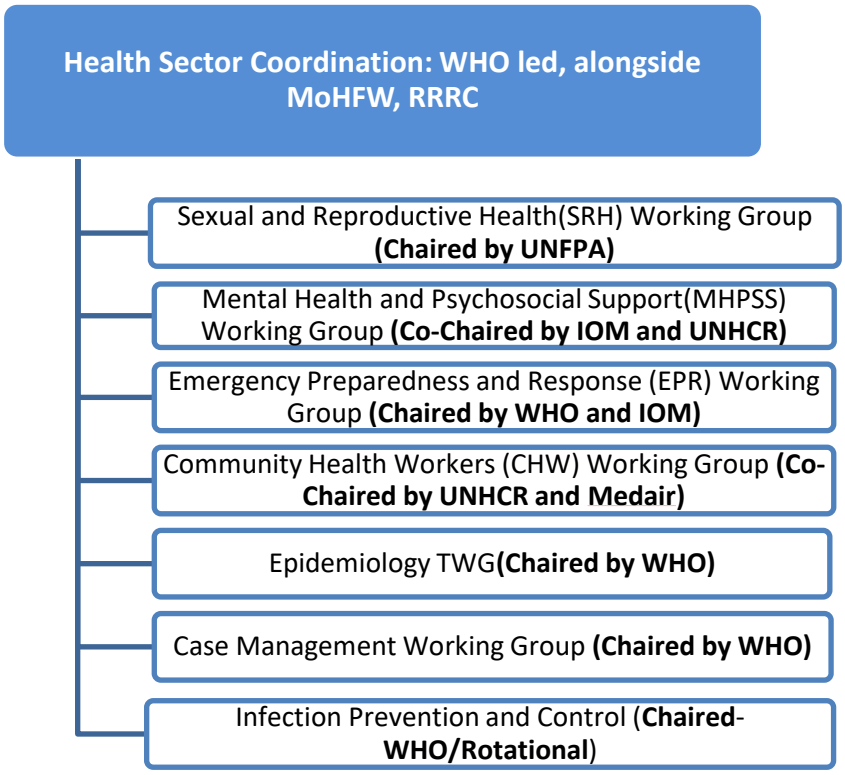

Figure 3: Medical referral support / UNHCR


Figure 4: OT support at night in Ukhia health complex /IOM

[7] https://data2.unhcr.org/en/situations/myanmar_refugees
[8] Medical Referral for Acute and Life-threatening Conditions

Health Sector Action

Coordination, Collaboration and Strategic Guidance



Health Sector Coordination: All routine coordination and Technical Working Group coordination activities continued normally. Meetings included biweekly Cox's Bazar Health Sector Coordination, Strategic Advisory Group (SAG), Working Group meetings. At camp level, the Camp Health Focal Points (CHFPs), supported by IOM and UNHCR, represent Health Sector coordination at field level and maintain linkages to Cox's Bazar through field coordinators.

SRH Working Group (WG): Government has endorsed the Family Planning Strategy for the Rohingya Humanitarian Crisis 2021-2023. 32 SRH WG partners participated in a Coordination Performance Monitoring Assessment of the WG. Key findings and recommendations can be found here.

JRP 2022: A total of 27 projects were recommended at Health Sector level- totaling to approximately USD 110 million. The draft JRP is undergoing review with launching planned for February -March 2022.

General Health Card: The Office of the Civil Surgeon and RRRC have endorsed the draft General Health Card with pilot planned for February 2022. The pilot is planned at 2 Health Posts (Camp 4/SCI, 8W-RI/UNHCR), 3 PHCs (Camp 4Ext-GK/UNHCR, KRC-GK/UNHCR, Camp 24- IOM) and 2 Field Hospitals (Friendship, Turkish Field Hospital)

Health Facility Monitoring: With the assistance of the Camp Health Focal Points (CHFPs), the Health Sector will conduct Q4 Health Facility Monitoring Assessment covering 135 health facilities (42 PHC's and 89 health posts) - planned for January 2022

Protection Mainstreaming: The Health Sector continues to monitor the Gender and Gender Based Violence (GBV) mainstreaming as outlined in the Health Sector Gender Action Plan. This mainstreaming work was embedded into the development and evaluation of the 2022 Joint Response Planning (JRP) proposals- an exercise supported by Gender in Human Action (GiHA) to ensure JRP the proposals fulfilled the Gender with Age Marker (GAM). UNFPA in collaboration with Health Sector developed advocacy and awareness raising messages to increase community awareness and engagement on the GBV services availability. This included 400 posters, 100 stickers and 100 tanglers for targeted selected partners.

Trainings: Details of Q4 partners training available as Annexure i

Public health risks, priorities, needs and gaps

1. Communicable Disease Control and Surveillance

1.1 COVID-19:

- Overall decline in Test Positivity Rate and COVID-19 incidence in Q4.
- Total of 357 cases in Q4 (Cumulative -17,759-56%-Female, 44% Male).
- In the camps, 199 new total infections (cumulative 3, 443).
- Notably, sample testing in host community has been suboptimal – below the WHO target of 1test/1000 population/week declined in both host and refugee/FDMN camps. Priority for surveillance is to ensure an increase in testing rates to meet WHO standard.
- Deaths: 04 in the host community in Q4 compared to 146 in Q3. In the FDMN/Rohingya refugee camps, no deaths were recored in Q4 (WHO Surveillance Data, Oct-Dec 2021)

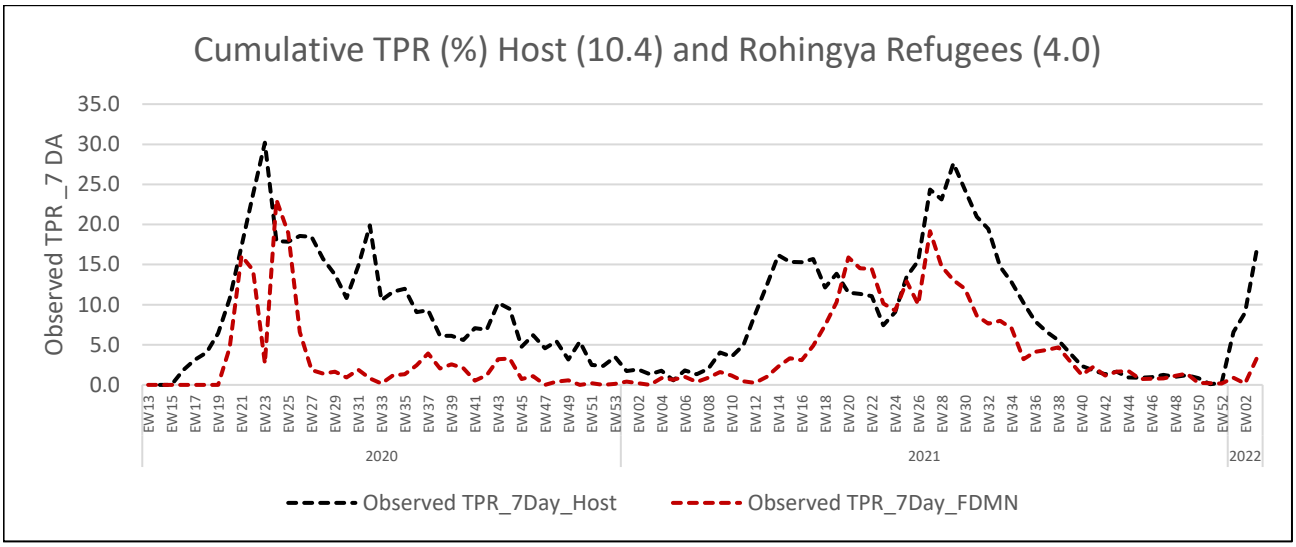


Figure 6: Observed TPR 7day Host and Rohingya/WHO EWARS

- COVID-19 sample testing: IEDCR Field laboratory at Cox's Bazar Medical College (MoHFW/WHO)
  - Q4: 43,109 COVID-19 tests conducted (cumulative 277,596)
  - Q4 FDMN/Rohingya refugees: 16,047 tests (cumulative 81,558)
- Case Management: SARI ITCs remain the core response pillar for COVID-19 case management
  - A total of 13 SARI ITCs with 541 beds functional and 327 on standby were available in Q4.
  - In total, 2557 patients (46%-Male, 54% Female) were admitted in these centers, including other non-COVID-19 related respitatory infections. 80% of SARI ITCs admissions were mild cases
  - As of Dec 2021, UNCHR phased out its support to the Intensive Care Unit (ICU) at Sadar disrict hosptial and handed over operations to the government.
  - In Q4, Six (06) case conferences for SARI ITCs as well as twelve (12) case conferences for ICU were conducted.

1.2 Other Acute Respiratory Infection (ARI):

- Noted a 37% increase in the number of ARI in Q4 (228,269 cases- 47% male, 53 % female) compared to Q3 (WHO, EWARS). This variation is similar to past trends and is likely to be seasonal.

1.3 Diphtheria:

Between Oct-Dec 2021, 45 cases were reported and no death was recorded.

1.4 Acute Watery Diarrhoea (AWD):

- 23 Sentinel sites for Cholera surveillance were fully functional
- 2,245 samples tested- 98 RDT positive cases reported in Oct-Dec 2021 represents a 79% increase compared to same period 2020(21 RDT postivie).

1.5 Tuberculosis (TB):

- TB field assistants (WHO) reached 10,000 people and conducted 28 field sessions for community awareness program in the refugee camps and host community of Ukhiya and Teknaf Upazilla. They distributed sputum collection pot to the TB suspect and referred them to the near-by BRAC facility for further testing

1.6 Dengue:

- Q4 recorded a dramatic rise in incidence of Dengue fever in the camp, of the 1,494 cases recorded in 2021, 99% were in Q4 alone.
- Entomological survey: WHO together with the National Malaria Elimination Program (NMEP), conducted an entomological survey of mosquito fauna in the FDMN camp and identified Dengue and Chikungunya vectors in 07 FDMN camps with the highest numbers of vectors and vector breeding sites in Kutupalong Registered Camp- areas that had the highest incidence of Dengue. Additionally, the one primary malaria vector species was found -contrary to the previous surveys. The NMEP recommended regular monitoring through surveys of malaria, dengue, and chikungunya vectors and individual Aedes survey three times a year (pre-monsoon, monsoon, and post-monsoon).

1.7 Immunization

1.7.1 Oral Cholera Vaccination: October-November 2021

- Targeted: all FDMN/Rohingya refugees above 1 year of age
- Progress: Round 1- 87% of 869,095 reached. Round 2- 98% of the 754,172 vaccinated in round 1.
- WHO provided 12 deep freezers while UNICEF supported Risk Communication and Community Engagement was through its Communication for Development (C4D) activities. Additionally, UNHCR through the CHWG partners & C4D volunteers was crucial for social mobilization. BDRCS, BRAC, IOM, SCI, and other partners supported human resources were supported by

1.7.2 COVID-19 Vaccination: Completed first phase ≥ 55 years FDMNs/ Rohingya refugees in August 2021

- Targeted in Dec 2021: ≥ 18 years of age or older.
- Progress: 79% of the targeted (389,369) people received their 1st dose (47% Male, 53% Female). Notably, was the crucial role of female vaccinators in ensuring that vaccines are provided in a sociocultural acceptable manner.
- Second dose: Planned for January 2022.

1.7.3 Routine Immunization (RI) and Vaccine Preventable Disease Surveillance:

- RI Sessions continued through fixed (59 health facilities) and outreach approaches (75 vaccination). Below is coverage summary.

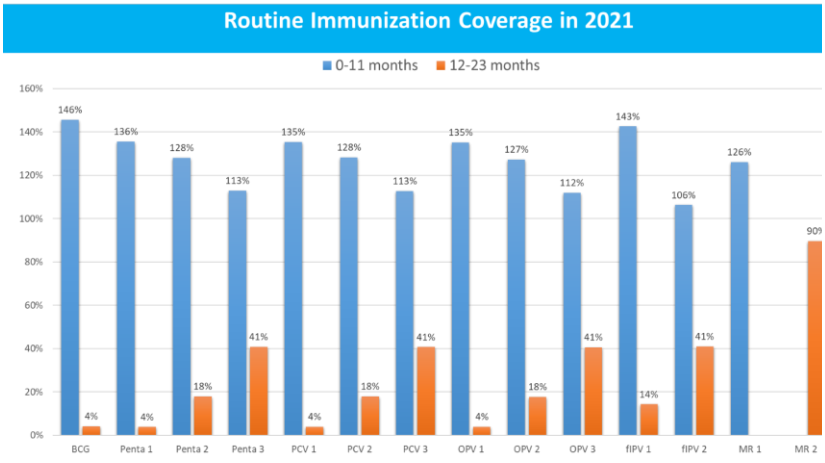


Figure 7: Routine Immunization Coverage/ DHIS2 Health Emergency Control Center

Figure 8: IRC vaccinator administering COVID19 vaccine to a Rohingya beneficiary/SRH WG

2. Non-Communicable Diseases (NCD) and Mental Health

2.1 Hypertension and Diabetes

- *Orientation on National Protocol for Hypertension and Diabetes Mellitus:* A total, 148 facility in-charges and mid-level managers from 134 health attended Orientation sessions on the National Protocol for Hypertension and Diabetes (WHO, November 2021)- to expose partners to updated treatment protocols
- *NCD Prevention and Control Coordination Committee (NCDPCCC):* Cox's Bazar NCDPCCC held its first meeting on 23 December 2021 putting emphasis on health promotion at all levels of care and community
- *Supportive supervision:* NCD supportive supervision visits conducted in 7 UHC, 7 community clinics, and 1 Union Sub Centre of Cox's Bazar district to strengthen implementation of WHO PEN and national protocol in primary health care settings.

2.2 Mental Health and Psychosocial Support (MHPSS)

- A total 6,632 individuals received individual level psychosocial support and 142,870 participants attended group psychosocial activities
- The MHPSS WG election of Co-chair for 2022 planned for January 2022.
- UNHCR distributed IEC material for MHPSS awareness to 21 agencies under the MHPSS WG. Over 100 copies of posters, flipcharts, printed versions of "My Hero Is You" and Intervention Journal, special issue on mental health and psychosocial wellbeing of Rohingya refugees were provided.
- MHPSS WG has launched the MHPSS dashboard.
- A total of 95 mental healthcare workers in Rohingya camps and Cox's Bazar district Sadar hospital received supportive supervision and mentorship sessions (WHO/partners) to improve the quality of mhGAP services and enhance integration of MHPSS in primary health care systems

Figure 9: mhGAP training session by WHO MHPSS consultant

- Mental health patient management technical support to health workers in the Rohingya camps: Ongoing remote technical support to health workers attending to mental health patients in the Rohingya camps- through social media platform. mhGAP trained doctors reach out to the WHO supported psychiatrist for real time advice. During the period an estimated 90 consultations were directly provided through this approach.

2.3 Reproductive, Maternal, Neonatal, Child and Adolescent Health

Q4 Progress: 6,809 facility-based deliveries reported – a 15% increase from Q3 (5,916).

- 12.2% increase in utilization of modern methods of Family Planning (Q4-46,301 visits vs Q3 -41,279 visits).
  - Long-Acting Reversible Contraceptives/LARC- 5.1% (implants- 3.2, Intrauterine Device -1.9%)
  - Short term methods remain the most preferred choices- Condoms -13.1%, Pill /oral contraceptives- 60.1%, and injectables-21.7%.
- Planned distribution of CMR kits by end of January 2022 (UNFPA) to address challenges related to supply chain issues.
- Government endorsed the FP Strategy.

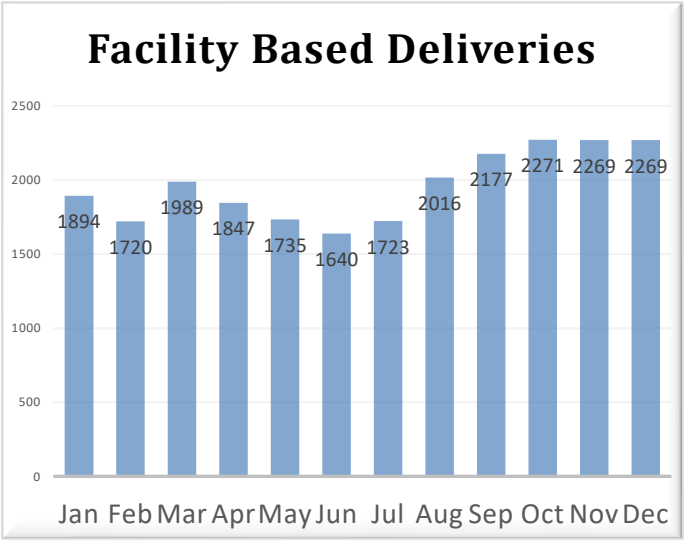


Figure 10: Facility Based Deliveries trend/SRH data Jan-Dec 2021 (SRH/WG)

Other SRH service challenges:

- High attrition of midwives as they join public service. The SRH Working Group is coordinating and supporting partners in recruiting new staff to be trained, deployed, and mentored to provide lifesaving SRHR services.
- Scarcity of blood is impacting the delivery of CEmONC services especially in the Rohingya refugee camps. The Health Sector is working with WHO and partners to establish a blood bank in the close vicinity to the camps

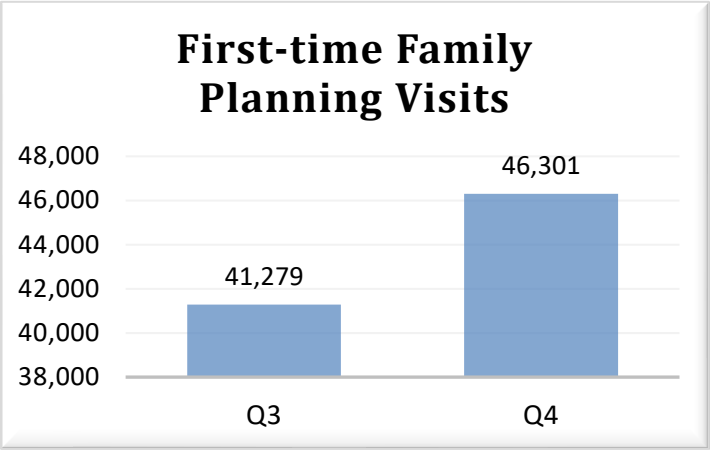


Figure 11: First-time Family Planning visit Jan-Dec 2021 (SRH WG)

3. Community Health

Community-Based Mortality Surveillance: Overall, the health response appears to have been effective in reducing or preventing excess mortality. According to EWARS (Week 39-52, 2021), no substantial change was noted in under-5 mortality and Crude Mortality Rate (CMR).

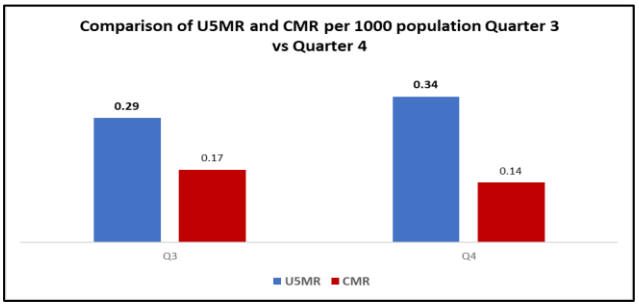


Figure 12: Community-Based Mortality Surveillance/ EWARS

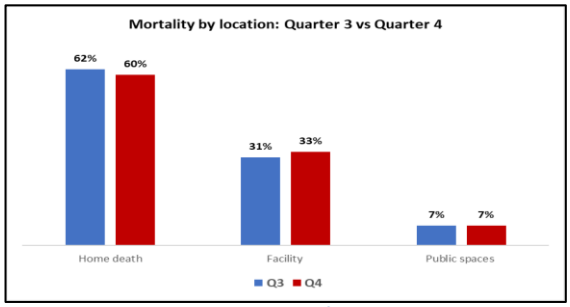


Figure 13: Crude Mortality Rate/ EWARS

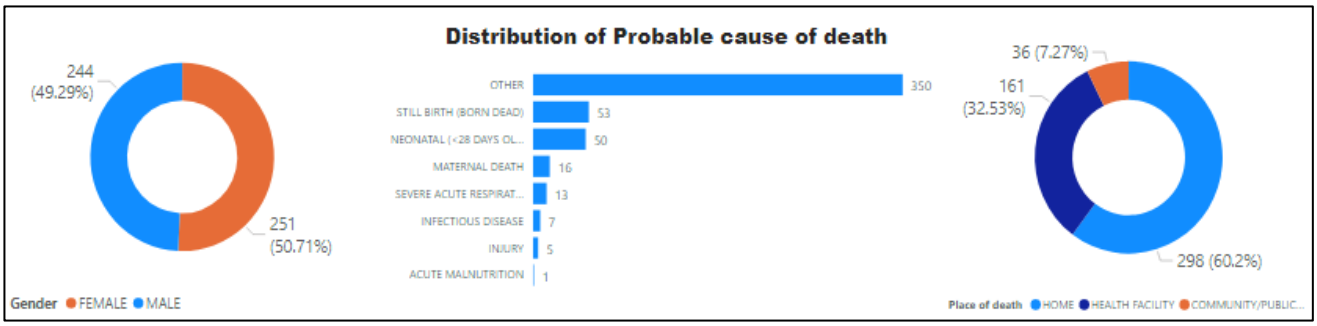


Figure 14: Cause of death/EWARS

Other Community Health Activities

- Over 1,440 CHWs with the support of over 120 CHW supervisors/managers, continued with enhanced Community-Based Surveillance (CBS) and reporting, risk communication and engagement with the community for messaging on general health topics including SRH (ANC, facility delivery, etc.) including COVID-19 prevention messages
- CHWs conducted 290,377 household visits through which 4,205 people with mild respiratory symptoms (fever, sore throat, cough) and 39 patients with moderate/severe symptoms were identified.
- CHWs continued risk communication and community engagement on SRH contributing to a significant reduction in home delivery over the years i.e., 88% in 2018; 59% in 2019; 42% in 2020 and 30% during the reporting period.

Figure 15 Hand washing technique demonstration by CHW's (Photo- CHWG)

Communication and Social Mobilization to COVID-19 Prevention and Preparation for COVID and Cholera Vaccination: CHWG partners continued to raise community awareness to reduce the vaccine hesitancy, build community trust in

health workers.

- CHWG with RCCE & CwC jointly worked on developing IEC materials for communication/messaging and community engagement on COVID-19 Vaccination. UNHCR supported printing of IEC materials that include i) 120,000 copies of key messages, ii) 10,000 festoons, iii) 30,000 posters, and iv) 45,000 copies of FAQs on COVID vaccination.

Figure 16: CHWs are carrying physically disable individual to the vaccination site for COVID vaccination/CHWG

Cross Cutting Activities

4.1 Risk Communication and Community Engagement/RCCE:

- Provided support for the implementation of the OCV campaign in the Rohingya refugee camps.
- Supported and supervised the production of a 15-minute video for the "WHO Global School on Migrant and Refugee health"
- Developed public health message on COVID-19, breast feeding awareness; and prepared IEC materials to counter COVID-19 rumor and increase the vaccine uptake among Refugees/FDMNs.
- Training materials developed on: Enhancing Basic Competencies, Smart Phone Photography for Official Communication; printed IEC materials 72 hours reporting for rape case, IEC materials for World AIDS Days 2021, PH message and PSA on OMICRON for wider dissemination among the Rohingya community through radio broadcasting (Community radio Naf 99.2 FM), IEC materials on Dengue, AWD strategy and developed PH messages

4.2 Emergency Preparedness and Response/EPR

- EPR Technical Committee (WHO, IOM, UNOPS) conducted joint field visits to 04 health facilities in the camp to review and pilot the components of preparedness on structural, non-structural, and critical systems under the "Health Safety and Resilience Tool"
- A 2-day multistakeholder workshop facilitated by IOM (MMT TWG Chair) and WHO (EPR Technical committee chair) for the MMT partners including Protection Sector to review the existing MMT operational plan and logistic plan; and generate recommendations for updating the plans and improve coordination. The recommendations included reviewing the existing MMT kit, considering response to multiple hazards including cyclone, flooding, fire, landslide, and violence.

4.3 Infection Prevention and Control (IPC)

- *Quarterly Supportive supervision of SARI ITCs:* The IPC TWG conducted quarterly IPC supportive supervision in all 13 functional SARI ITC as part of quality assurance and capacity building

- *IPC monitoring tools implementation:* IPC TWG introduced the daily IPC checklist and monthly score card to facilitate monitoring of IPC daily activities. After 2 months of implementation, 25% of the facilities in the camp are already using the monthly score card for monitoring of the IPC practices

- *Institutionalization of Infection Prevention and Control:* 100% primary healthcare facilities at all levels in the Rohingya camp have formed relevant IPC structures. All the committees and IPC focal points will be trained on their roles and responsibilities in the first quarter of 2022 to assure efficiency of the structures.

Figure 17: Monthly score card at FH/MTI PHC in camp 12 (IPC TWG)

- *Health Care Waste Management:* Q4 health facility monitoring for HCWM infrastructure
  - 95% of the facilities had Colour coded waste bins
  - 89% of the Health Post and PHCs had sharp containers available
  - 08% of the facilities had neither functional incinerator on site nor existing link and transport mean to an incinerator offsite.
  - For the PHCs with delivery services, 18% (8 out of 45) did not have placenta pit in the facilities.

- *Water, Sanitation, Hygiene and Environmental Health (WASH)*
  - Completed the third round of water quality surveillance (August – November 2021) in the FDMN settlements (WHO/UNICEF, Department of Public Health Engineering, partners)
  - Over 4,200 water samples were collected from health facilities (158), community point sources (1053),
  - Results: 92% of community point met WHO and Bangladesh Standard based on E. Coli (0 cfu/100ml) concentration. Additionally, sanitary inspections were conducted using observation methods. Further details of the report can be found here.

4.4 Human Resource

Table 1: Availability of Health Workers in the FDMN/Refugee camps by categories (Health Sector, Q4 Health Facility Monitoring report, Oct-Dec 2021)

HR	Health Post	Primary Health Centre	Total	
Doctors (Male)	75	152	227	392
Doctors (Female)	50	115	165	
Nurses (Male)	17	72	89	369
Nurses (Female)	62	218	280	
Medical Assistants (Male)	76	151	227	332
Medical Assistants (Female)	45	60	105	
Midwives (Male)	0	0	0	294
Midwives (Female)	61	233	294	
Dispenser (Male)	59	63	122	176
Dispenser (Female)	26	28	54	
Total	471	1,092	1,563	

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