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MSF BANGLADESH

ACTIVITY REPORT 2023



সীমান্তবিহীন চিকিৎসক দল



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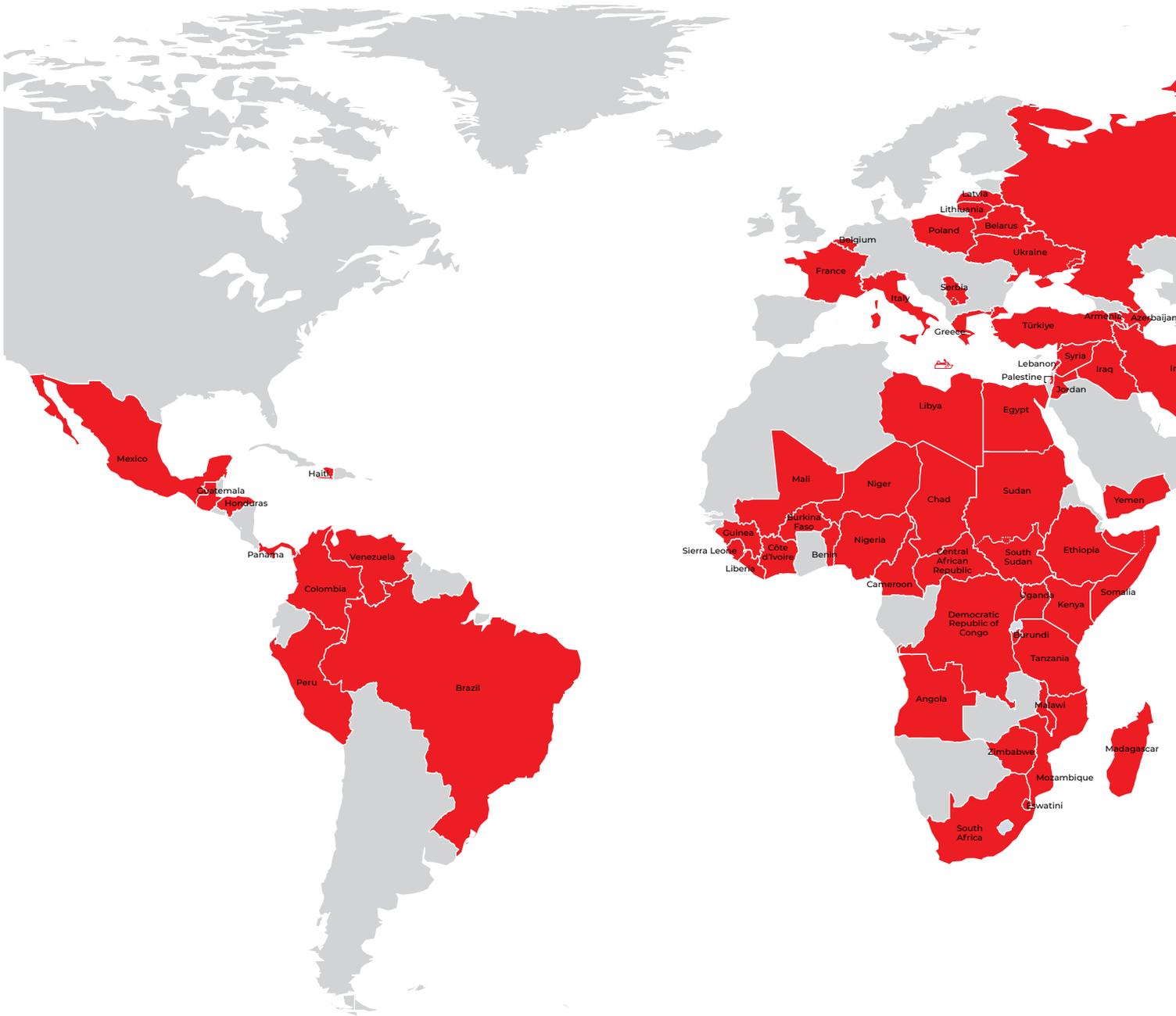
MSF CHARTER

Médecins Sans Frontières/Doctors Without Borders (MSF) is a private international organisation made up of health professionals and logistic and administrative staff.

All of its members agree to honor the following principles:

- Médecins Sans Frontières provides assistance to populations in distress, victims of natural or man-made disasters and victims of armed conflict. They do so irrespective of race, religion, creed, or political convictions.
- Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.
- Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic or religious powers.
- As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

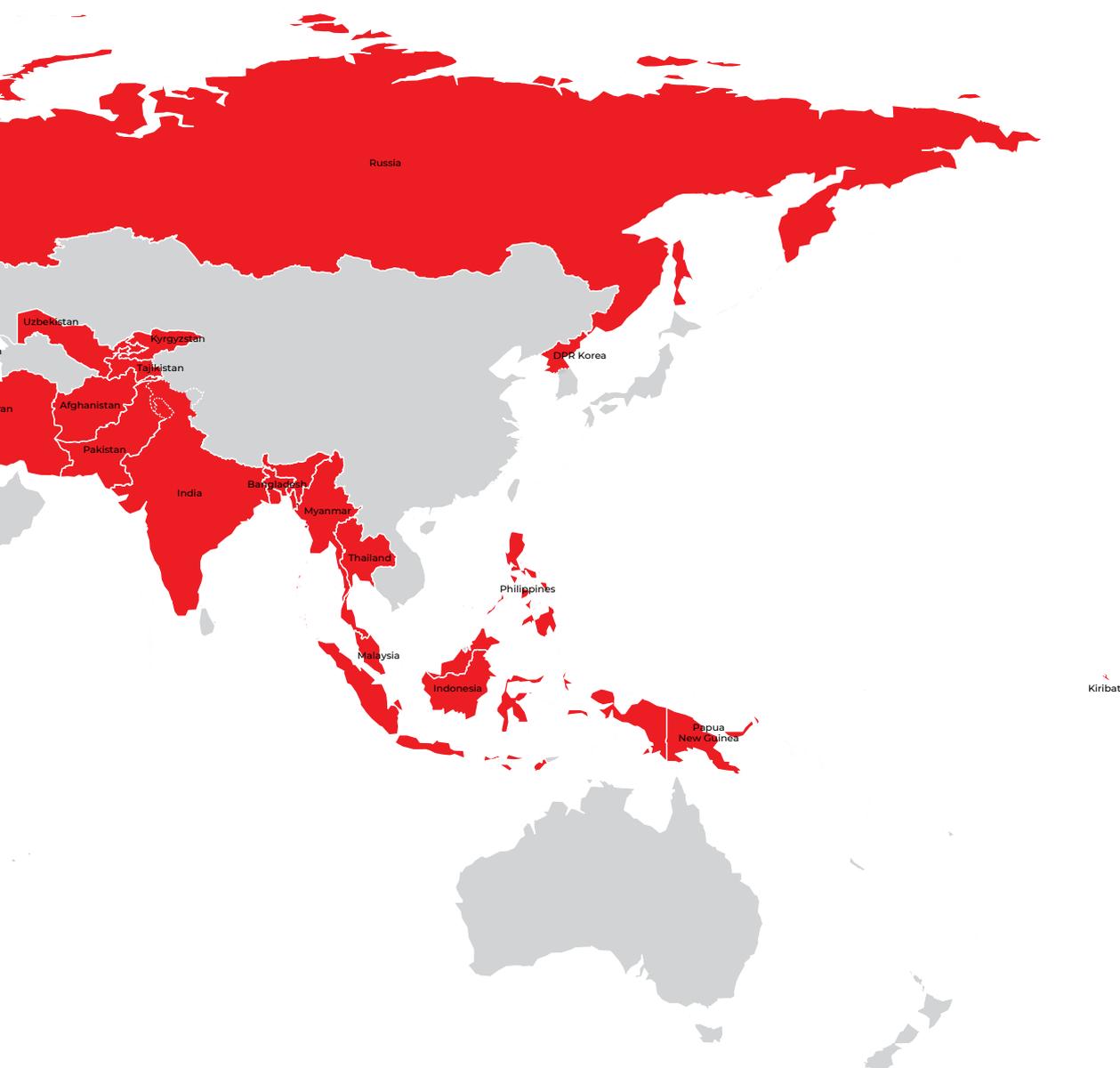
ABOUT MSF



An international, independent medical humanitarian organisation.

Médecins Sans Frontières (MSF) translates to Doctors without Borders. We provide medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare. Our teams are made up of tens of thousands of health professionals, and logistic and administrative staff all bound together by our charter. Our actions are guided by medical ethics and the principles of impartiality, independence and neutrality. We are a non-profit, self-governed, member-based organisation.

MSF was founded in 1971 in Paris by a group of journalists and doctors. Today, we are a world-wide movement of nearly 68,000 people.



Countries/regions in which MSF only carried out assessments or small-scale cross-border activities in 2022 do not feature on this map.





HOW WE WORK

Our teams conduct independent evaluations to determine medical needs and assess what assistance to provide. Different criteria determine what we do, such as the magnitude of a given crisis, the levels of illness and mortality in the population, the severity of exclusion from healthcare, and the added value we can bring to the affected people.

Rapid and effective response to emergencies is at the core of our work. MSF keeps pre-packaged kits so that teams can offer rapid lifesaving assistance — from surgical kits to inflatable hospitals to cholera kits. Our cash reserves for emergencies means we can provide assistance quickly, when and where the need is great.

At times, MSF may speak out publicly to bring a forgotten crisis into view, denounce abuses, challenge the diversion of assistance, or call out policies that restrict access to medical care or essential medicines.



 **MEDECINS
SANS FRONTIERE**

FOREWORD

Looking back on 2023, at MSF, we have witnessed the resilience of the Rohingya refugees and the Bangladeshi host community in Cox's Bazar, a resilience that comes through in their mutual support and solidarity. Simultaneously, in Kamrangirchar, Dhaka, we have seen the strength of factory workers and their families as they manage the risks of poor working conditions and gender violence.

Healthcare needs remain high amongst the Rohingya and the host community in Ukhiya, Cox's Bazar. More than 2,200 people a day were treated at MSF facilities in 2023. We have seen more than 650,000 outpatient consultations, 115,000 emergency cases, almost 50,000 consultations for mental health support, 55,000 for antenatal care, 5,000 deliveries, 2,500 sexual violence cases, and 25,000 cases admitted to hospitals.

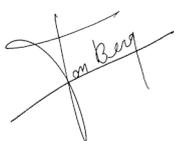
In Kamrangirchar, in addition to conducting more than 40,000 consultations for factory workers and their families, MSF has engaged authorities in improving occupational health. In October, MSF organised a roundtable on occupational health with government, civil society and multilateral actors, with whom we discussed work environments, child labour, sexual violence, and increasing the visibility of the need for policy change.

Before thanking you for your support, let us invite you to read between the lines on the achievements and statistics of this report. Ask how humanitarians and governments can challenge "business as usual" in 2024.

- In what ways can stakeholders in Kamrangirchar take more ownership of improving occupational health?
- What policies can improve conditions for the Rohingya and the host community regarding confinement, quality of life, and access to healthcare and water, sanitation, and hygiene (WASH)? Are current resources enough?
- But most importantly, six years on from the mass influx of 2017, is this status quo acceptable?

Because the greatest threat to any population in a context of marginalization or crisis is accepting the status quo.

Thank you,



Antonia Johanna Mathilda Berg
Country Representative



MSF & BANGLADESH

MSF has been committed to supporting Bangladesh with medical and humanitarian assistance for almost fifty years, implementing a range of activities across the country in response to evolving needs.

MSF first provided medical assistance to Bangladesh in 1972 following the country's independence, sending medical doctors to help rebuild the health infrastructures, including hospitals in Khulna and northwest Bangladesh, and a blood bank in Dhaka.

Since then, MSF has been present in Bangladesh for various natural disasters, outbreaks and refugee crises—notably, during natural disasters in 1985, 1998, 2007, and more recently in 2022, when MSF provided emergency assistance in response to different cyclones and floods in Sylhet.

In 1992, MSF provided medical services in Cox's Bazar in response to the arrival of over 250,000 Rohingya refugees from Myanmar. In 2010, we opened a facility in Kamrangirchar, Dhaka, to provide mother and child nutrition services. In 2013, MSF started an occupational health project in Kamrangirchar. In August 2017, following the latest and largest campaign of targeted violence waged against the Rohingya in Rakhine State by the Myanmar military, when around 700,000 Rohingya refugees fled to Bangladesh, MSF stepped up its response to the crisis. We now run 8 health facilities in and around camps.

Today, MSF's services encompass inpatient and outpatient healthcare ranging from treatment for chronic diseases such as diabetes and hypertension to 24/7 emergency room services, along with neonatal and paediatric care, primary healthcare, and women's healthcare. Kutupalong Hospital, one of the three MSF hospitals in Cox's Bazar, also acts as the main referral hub in the camps to transfer patients to secondary and tertiary healthcare facilities outside the camps, including for surgeries. The MSF medical teams treat patients for a wide range of conditions, including respiratory tract infections and diarrheal diseases, as well as more specialised care such as the treatment of hepatitis C. The densely populated camps and poor hygiene and sanitation conditions are making the Rohingya refugees vulnerable to diseases and outbreaks. This is made worse by the area's hilly terrain, which is prone to flooding and landslides.

In Dhaka's Kamrangirchar area, MSF still operates two clinics and offers reproductive health care, medical and psychological treatment for victims of sexual and gender-based violence, and occupational health services for factory workers.

MSF is continuously strengthening its outreach program activities such as health promotion, community engagements, early referrals, patient follow-up, and surveillance of health emergency alerts based on medical needs in both Cox's Bazar and Dhaka.



TIMELINE OF MSF IN BANGLADESH

1972 MSF provides support in the rebuilding of health infrastructure in Dhaka, Khulna, and the northwest.

1985 MSF provides emergency assistance in response to Cyclone May.

1992 After the arrival of 250,000 Rohingya refugees, MSF mobilises medical services in Cox's Bazar.

1998 MSF responds to major flooding across Bangladesh.

2007 MSF responds to Cyclone Sidr in southern Bangladesh.

2009 MSF establishes Kutupalong Field Hospital in Cox's Bazar and responds to Cyclone Aila.

2010 In partnership with the Ministry of Health, MSF begins treating kala azar in Fulbaria. MSF also starts working in Kamrangirchar, providing nutrition as well as mother and child services.

2013 The Kamrangirchar project introduces occupational health for factory workers.



2014 MSF responds to malaria outbreak in Bandarban, supporting the Ministry of Health's program.

2017 More than 750,000 Rohingya flee targeted violence in Myanmar; MSF scales up medical and humanitarian activities in response.

2020 In response to the COVID-19 pandemic, MSF expands its medical activities.

2022 MSF contributes to the National Mental Health Act and supports the government's response to flooding in Sylhet.

2023 Six years after the biggest Rohingya influx MSF consolidates eight health facilities in Cox's Bazar with complementary water and sanitation projects.

MSF also speaks out on conditions contributing to the two-year scabies outbreak amongst the Rohingya, and health actors respond with mass drug administration to cover most of the camp population.

MSF IN BANGLADESH



In 2023, MSF Bangladesh operated total 12 medical facilities, 10 in Cox's Bazar and 2 in Dhaka with around 1900 Bangladeshi staff, around 60 international staff, and a team of camp-based staff who are providing high-quality healthcare to Bangladeshi communities and Rohingya refugees. However, by the end of 2023, MSF had consolidated its activities to 8 facilities. Throughout the year, we

provided a range of general and specialized healthcare services to the Rohingya refugees and host communities. Services included – general healthcare, treatment for non-communicable diseases such as diabetes, hypertension, emergency care and healthcare services for women, sexual and gender-based violence, sexual and reproductive healthcare and mental health.

2023 ACTIVITY HIGHLIGHTS



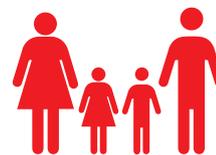
695,875

Outpatient and emergency
room consultations



78,453

Antenatal
consultations



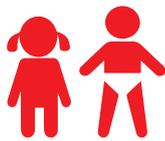
13,504

Family planning
continuous users



25,616

Family planning
(new users)



6,613

Births assisted



41,707

Individual mental health
consultations



3,421

Sexual and
gender-based care



MSF RESPONSE IN BANGLADESH

● Cities or towns where MSF worked in 2023



সীমান্তবিহীন চিকিৎসক দল

Cox's Bazar



Overview

Six years after an unprecedented exodus of Rohingya people from Myanmar to Bangladesh, people are still living in overcrowded and basic bamboo structures, entirely dependent on humanitarian assistance. As the area is prone to natural disasters, shelters made of bamboo and plastic sheeting are often damaged and destroyed by strong winds, torrential rains and landslides. That was the case during Cyclone Mocha in May 2023. Most of our hospitals had to close for two days, their semi-permanent structures at risk of collapse.

In 2023, MSF provided 648,050 outpatient and emergency room consultations in Cox's Bazar—a slightly decrease from 750,138 last year. In 2023, despite being one of the largest healthcare providers in the camps, MSF reached capacity in several areas and set stricter criteria to prioritise patients most in need and cope with the overwhelming medical demand on our facilities. We provided comprehensive care to an increasing number of survivors of sexual and gender-based violence. Since 2019 we have observed a steady increase of survivors, up to 2,693 in 2022 and 2,326 in 2023.

An MSF water and sanitation survey of Rohingya households in Bangladesh conducted in 2023, showed a significant drop in several WASH indicators compared to a similar survey conducted in 2018. While there were significant advances in access to improved water quality (53% in 2018 to 99% in 2022), more than half (56%) of households reported that water

was not continuously available. More concerning still is the sanitation situation. Only 11% of respondents had access to proper sanitation facilities (with water point and soap), while over three-quarters of respondents (76%) used toilets that were overflowing (35% in 2018). More than half of households (58%) used latrines with visible feces (30% in 2018). A follow-up sanitation survey conducted in August 2023 indicated that camp water, sanitation and hygiene (WASH) indicators had mostly remained unchanged or had deteriorated since 2022, alongside a noticeable increase in waterborne disease rates.

We have also seen a sharp increase in the number of scabies patients. In 2023, MSF treated 165,071 patients with scabies, and 158,528 in 2022. In April 2023, MSF facilities in Cox's Bazar decided to send patients to health facilities for advanced treatment close to their catchment areas. Also, MSF continued to advocate for mass drug administration. As a result, mass drug administration against scabies for all the camps began in November and ended in December 2023.

MSF RESPONSE IN COX'S BAZAR



KUTUPALONG FIELD HOSPITAL

24/7 hospital, general healthcare consultations, sexual and reproductive healthcare (ANC, PNC, Family planning), vaccination, mental health care, sexual and gender-based violence care for survivors, laboratory facility, referrals for both host and rohingya refugee community.



HOSPITAL ON THE HILL

24/7 medical services, emergency care, an adult intensive care unit, non-communicable diseases (Hep - C), sexual and gender-based violence, and sexual and reproductive healthcare.



GOYALMARA MOTHER & CHILD HOSPITAL

24/7 hospital, emergency room, neonatal and pediatric intensive care, ITFC, care for sexual and gender-based violence survivors, mental health support, routine EPI, Laboratory.



BALUKHALI SPECIALIZED CLINIC

Family planning, care for sexual and gender-based violence survivors, mental health/psychiatry, vaccination/EPI.



JAMTOLI PRIMARY HEALTHCARE CENTER

Comprehensive NCD services, Hepatitis C treatment, 24/7 emergency room/observation, antenatal care, postnatal care, family planning, delivery services, care for sexual and gender-based violence survivors, routine EPI, mental health with psychiatry support.



HAKIMPARA PRIMARY HEALTHCARE CENTER

An outpatient department with comprehensive NCD services, 24/7 emergency room/observation, antenatal care, postnatal care, family planning, care for sexual and gender-based violence survivors, routine EPI, mental health with psychiatry support.



UNCHIPRANG PRIMARY HEALTHCARE CENTER

Outpatient department, DTC/outbreak response beds, referrals.



MULTI-OUTBREAK RESPONSE CENTERS IN RUBBER GARDEN

Standby healthcare facility for outbreak response.



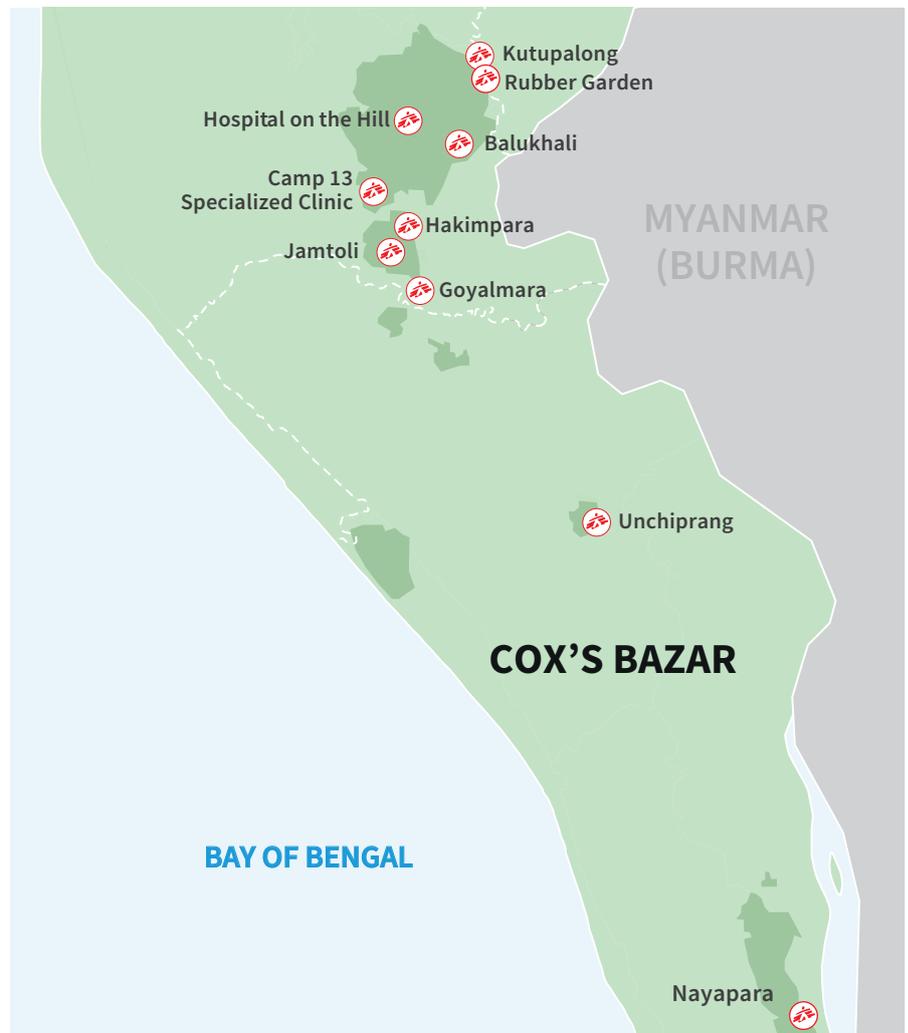
MULTI-OUTBREAK RESPONSE CENTERS IN NAYAPARA

Standby DTC.



CAMP 13 SPECIALIZED CLINIC

Non-communicable diseases, mental health, psychiatric care.



MSF FACILITIES



Kutupalong Hospital

In 2009, MSF established the Kutupalong Field Hospital in Cox's Bazar district, serving both Rohingya refugees already settled in Ukhiya Upazilla and host communities. In 2017, MSF increased its medical and humanitarian activities in Bangladesh in response to the massive influx of Rohingya refugees fleeing a campaign of targeted violence by the Myanmar army.

Kutupalong is a 131-bed hospital that has been providing a range of specialized health services to address some of the vast health needs of both Rohingya refugees and the host community in Cox's Bazar since 2009. These services include general healthcare consultations, women's sexual and reproductive healthcare (antenatal care, post-natal care, family planning and care for survivors of gender-based violence), vaccination, mental health and psychiatric care. In cooperation with other health actors, we also provide care for tuberculosis, physiotherapy and laboratory support. In addition to 24/7 inpatient services, there is an emergency room, neonatal and pediatric care, adult admissions, maternity and isolation wards. This hospital also acts as the main hub to for referrals to secondary and tertiary healthcare facilities outside the camps, including for surgeries. In 2023, 3,437 critical and priority patients were referred to Cox's Bazar and Chittagong hospitals. In 2023, Kutupalong Hospital started to readdress outpatient (OPD) green cases to other health facilities.



Hospital on the Hill

The Hospital on the Hill health facility, which is located in camp 8W in the heart of the main concentration of Rohingya refugees, provides general and specialized consultation services for chronic diseases, hepatitis C, and mental health. The inpatient department has a 42-bed hospitalization capacity for adults including an intensive care unit. Outreach teams work in nearby camps.

In 2023, there was a huge increase in the number of general consultations at Hospital on the Hill. In order to focalize attention on the more severe cases and ensure continued quality of care, MSF had to limit the number of patients per day in its OPD in September 2023 and redirect some patients to other health facilities. The focus was to strengthen our existing activities, adapt our services based on the needs (non-communicable diseases and hepatitis C), and advocate for continuous quality services in other health facilities by targeting donors and implementing partners.



Goyalmara Mother and Child Hospital

At Goyalmara Hospital, MSF focuses on providing mother and child healthcare through emergency services, pediatric and neonatal specialized care, gynecology, and obstetric care. The facility is located outside of Camp 16 and serves both the Rohingya and host populations, south of the main camps. For outpatient department and outreach activities, the catchment area includes around 100,000 people. OPD services include pediatric, sexual and reproductive healthcare (antenatal and postnatal care, family planning, safe abortion care, and comprehensive care for survivors of sexual and gender-based violence), and mental healthcare. For inpatient care, the facility is one of only two field pediatric hospitals (the other is Kutupalong Hospital) and also carries out referrals. The following services are provided 24/7: Pediatric intensive care unit (PICU) level 1 (12 beds), pediatric and inpatient therapeutic feeding center (19 beds), NICU (Neonate intensive care unit) level 1 (10 beds), neonatology (9 beds), and maternity (18 beds). During the summer, with a surge in demand, MSF increased the bed capacity for pediatrics and neonatology to 29 beds.



Jamtoli and Hakimpara

In Camps 14 and 15, hosting a major concentration of Rohingya south of the main camps, MSF aims to serve the refugees (about 93,000 people) and the surrounding host population. Currently, we are managing two primary healthcare centres, (Hakimpara in Camp 14 and Jamtoli in Camp 15), where we offer general outpatient department (OPD) services and emergency services, sexual and reproductive health care (including for sexual and gender-based violence), as well as care for chronic infections (hepatitis C) and non-communicable diseases (primarily for diabetes and hypertension, but also for epilepsy, asthma and mental health). Deliveries and emergency services are provided 24/7. Due to the scabies outbreak in 2022 and the high level of infection, MSF maintained two dedicated scabies clinics, one at Hakimpara primary healthcare center (Camp 14) and the other at Jamtoli primary healthcare center (Camp 15), separated from the two PHC . In both camps, MSF is also supporting water networks.

In June 2023, we moved into our new clinic in Jamtoli.



Balukhali Specialized OPD and Other Activities

In 2019, MSF opened an outpatient department (OPD) specialized clinic in Balukhali, within the eastern part of the main group of camps, to provide primary healthcare to Rohingya refugees living there. In Balukhali (Camp 9), MSF opened an OPD clinic in 2019 with an emergency room, an isolation area for severe acute respiratory infections, and access to sexual and reproductive healthcare (antenatal care, postnatal care, and family planning), mental health care including psychiatry, sexual and gender-based violence health care, and routine and epi (Expanded program on immunization) vaccination for the Rohingya refugees living in the main camp.

In 2021, a fire destroyed the whole clinic. Reconstruction was completed in 2023, and it became a specialized service provider for sexual and reproductive healthcare, mental health care including psychiatry, and sexual and gender-based violence health care (ending services for severe acute respiratory tract infections, emergency room, and outpatient department). Additionally, in 2023 MSF continued to support and run water and sanitation activities in the camps of Cox's Bazar, among which two faecal sludge treatment plants. Also, MSF handed over one of the plants to specialized actors, including the maintenance of the water network of Camp 21. Finally, yet importantly, MSF handed over one primary health care center to another health actor in Camp 22 in October 2023. Also in 2023, MSF still maintained two stand-by multi-outbreak response facilities in Rubber Garden (54 beds) and in Camp 26/Nayapara (100 beds). MSF vaccination teams immunize children under two years old in selected camps in close collaboration with the World Health Organization (WHO).

Key Medical Data from Cox's Bazar



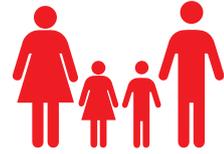
648,050

Outpatient consultations



57,213

Antenatal care (ANC) patients



9,582

Family planning continuous users



21,830

Family planning (new users)



5,224

Births assisted



39,980

Individual mental health consultations



2,326

Patients treated for sexual and gender-based violence

Dhaka



Kamrangirchar

In 2010, MSF opened a facility in Kamrangirchar, Dhaka's area, to provide mother and child nutrition services and in 2013 integrated an occupational health component. In 2023, MSF still operates two clinics and offer reproductive health care, medical and psychological treatment for survivors of sexual and gender-based violence and occupational health services for factory workers. Since 2014, over 30,287 workers from hazardous industries have benefited from MSF's tailored occupational health assistance.

In December 2023 MSF also signed a Memorandum of Understanding with the 31-bed hospital to integrate MSF sexual and reproductive health services in 2024 and constructed a waste management area in this public health facility. In October 2023, MSF conducted an Occupational Health Round Table in partnership with the Centre for Injury Prevention and Research, Bangladesh (CIPRB) to discuss work safety, health and protection with the participation of governmental authorities including the Ministry of Labour and Employment additional secretary and Directorate General of Health Services (DGHS), but also International Labour Organization (ILO) and other (I) NGOs and humanitarian actors.

KEY MEDICAL DATA FROM KAMRANGIRCHAR



47,825

Outpatient consultations



21,240

Antenatal care
(ANC) patients



3,922

Family planning
continuous users



3,786

Family planning
(new users)



1,389

Deliveries supported by
MSF in external clinics



1,727

Individual mental health
consultations



1,095

Patients treated for sexual and
gender-based violence



21,856

Vaccination for children
<1 years

MSF ACTIVITIES IN KAMRANGIRCHAR, DHAKA

ALI NOGOR CLINIC

Sexual and reproductive healthcare, care for sexual and gender-based violence, and mental health support

MADBOR BAZAR CLINIC

Sexual and reproductive healthcare, care for sexual and gender-based violence, occupational health, and mental health.



Collaborations & Partnerships



Handover of the infection prevention and control program at the 250-bed Sadar Hospital in Cox's Bazar

In 2018, MSF started supporting the 250-bed Sadar Hospital in Cox's Bazar with infection prevention and control (IPC), providing management, training, supplies and human resources, staff vaccination, support for COVID-19 response by setting up pre-screening corners, constructing a full waste zone, and establishing a laundry service. Between 2018 and 2023, MSF trained 700 staff on IPC practices. In addition, waste management procedures have been improved, ensuring the safe disposal of infectious waste through careful incineration. Sadar Hospital has been encouraged to subject IPC measures to regular monitoring, including assessments of hand hygiene, infectious waste disposal, laundry procedures, glow checks, and adherence to a working checklist. The management and the effectiveness of MSF's IPC project has been carried out in close collaboration with the hospital administration and other stakeholders. At the end of 2023, MSF handed over all responsibilities to the hospital authorities.

Needs assessment in Bhasan Char

In February 2023, MSF conducted a comprehensive assessment in Bhasan Char Island to understand the humanitarian situation, laying the groundwork for tailored future interventions that meet the specific needs of Rohingya refugee community.

MSF contributes to hepatitis C awareness and clinical guidelines in Bangladesh

MSF Bangladesh, along with the Ministry of Health's National Centre for Disease Control (NCDC), organized a workshop on vulnerable communities and a viral hepatitis program. MSF was asked to share expertise in hepatitis C, focusing on awareness, treatment, access to medication, and eradication. In March 2023, the Ministry of Health invited MSF to present the jointly drafted national hepatitis C guidelines to a specialist Bangladeshi panel, which is in the review process.

MSF played a significant role in the mass drug administration (MDA) program organised by the health sector to combat scabies, serving on the implementation committee and providing valuable feedback. MSF supported the program's execution in two camps.

Heading into 2024

Through exchanges with patients in our facilities and through our outreach activities, they have emphatically reminded us they are not only patients but also mothers and spouses, sisters and sons, and grandparents and cousins. They remember and hope, challenging the victim narrative while resiliently dealing with the normalization of violence, anxiety, poor conditions, dependence on overwhelmed services, and exclusion through poverty or confinement.

MSF anticipates challenges for families in Kamrangirchar, especially in improving conditions for occupational health due to hazardous working conditions. There are also concerns about sexual and gender-based violence, requiring the strengthening of robust protection measures. Vigilant planning and support systems with other stakeholders are vital to address these pressing issues effectively.

In 2024, the Rohingya are coping with the consequences of confinement, uncertainty regarding their future, and a status quo of sub-standard conditions and decreasing funding. Healthcare and WASH services fluctuate in quality and availability (including delays in vaccination), exposing the Rohingya to preventable complications and illnesses. Add to this mix environmental risks such as fires and cyclones, as well as an increasing trend of armed violence, and timely access to healthcare continues to be a challenge.

To address the challenges facing the Rohingya, sustained funding is crucial. Healthcare accessibility and quality must improve. Disaster preparedness should be strengthened, and community empowerment is vital for long-term resilience.



Dhaka

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Cox's Bazar

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