## Health Sector Updates

- **General Health Card:** The distribution of the general health card is rescheduled from mid-July to August tentatively. This is to allow more time to finalize the distribution planning and technicality with the support of the UNHCR Registration team who will be tracking the distribution. The Health sector, UNHCR registration team, and CHWG are working on it.

- **Security situation in camps:** There are reports of growing fears among the partners due to the security situation in the camps. The Health sector appeals to partners to share information and concern with the sectors for further escalation/advocacy. To note, there are active high-level discussions ongoing with the government to advocate for more concrete security mechanisms from the law enforcement bodies to improve the security situation.

- **JRP 2024 and the MSNA:** For JRP 2024 the discussion has been activated. This year the MSNA will be conducted.

- **Revision of the Minimum Essential Health Service packages:** Though the Minimum Essential Health Service Packages for primary health care (PHC and HP) are available, this needs to be revisited and revised again (the last was done in February 2020). No Minimum Packages of Essential Health Services for Secondary Health Care are available. The Health Sector is aiming for the end of August or the first week of September to revise the minimum essential health service packages for both primary and secondary health.

## Health Information Management

### Health Systems Performance and Public health update

- **Updates on the new webpage on rohingyaresponse.org**
  - The official [https://rohingyaresponse.org/](https://rohingyaresponse.org/). The health sector page can be accessed by clicking on the ‘Sectors’ tab on the landing page and selecting ‘Health’ or alternatively directly visiting the link [https://rohingyaresponse.org/sectors/coxs-bazar/health](https://rohingyaresponse.org/sectors/coxs-bazar/health). From now on, it will serve as the primary webpage for the Health Sector, Cox’sBazar.
  - The website [www.humanitarianresponse.info](http://www.humanitarianresponse.info) has been archived but still accessible.

### Preliminary findings from a qualitative research study understanding the experiences of frontline health workers/volunteers during infectious disease outbreaks in the Rohingya camps

- The Preliminary findings from “A qualitative research study understanding the experiences of frontline health workers/volunteers during infectious disease outbreaks in the Rohingya camps” was presented by the Lead researcher Georgia Venner (MPH, Ph.D. Candidate) from the London School of Hygiene & Tropical Medicine. The study aims to examine the role of HW and how they can be supported during outbreaks in refugee humanitarian responses with a focus on the Rohingya crisis. The study findings were very positively received underscoring its significance – documenting the experience of health workers.
- The preliminary findings identified problems/challenges and recommendations which can be useful for the policymakers, CHWG, and other healthcare workers working in the camps.
- The health sector TWG (SRH, Epi, CHWG) will take forward some of the study findings and recommendations which can be found in slides 15-40. Readers may also contact Georgia Venner at georgia.venner@lshtm.ac.uk for further inquiries.

### MHPSS WG

- The MHPSS WG conducted a 4W mapping exercise for the WG on 15th June. 13 Agencies participated, among them service mapping was submitted by 7 agencies fully and 6 agencies partially. Some partners neither joined nor reported.
- The WG has presented the MHPSS service utilization data extracted from the Health Sector 4W Dashboard, comparing Jan-Feb, March-April, and May periods. As per the WG, some indicators are showing inconsistent data, the WG group asked for the Health Sector IM team’s help to identify the partners who are reporting inconsistent data so that they can be followed up further to identify the issue such as their concept, definition and understanding of the indicators.
- The psychometric tools have been translated into the Rohingya language and the WG will be sharing this with everybody soon.

## Working Group Updates

### Epidemiology, Case Management, and IPC WG updates

**Dengue Situation Update:** The Dengue cases increase by 3-folds compared to the last week; 338 new cases were reported this week. The cumulative confirmed cases stand at 1968 with 4 deaths (CFR 0.2%) reported so far in 2023. Most of the cases have so far been reported in Camp 3, which accounts for a third (32%) of the cases so far reported in 2023.
The trends show the same seasonal pattern throughout the years. Health Sector led dengue preparedness activities include epidemiological surveillance and laboratory support, coordination for multisectoral preparedness and response plan for possible dengue upsurge, close monitoring of disease trends in the disease-prone area, Dengue detection, and case management sensitization training, dissemination of RCCE messages to the communities (WHO led) and Community Health Working Group led Community-based dengue surveillance, scaling up awareness creation and community engagement messages.

- **Other Pandemic and Epidemic Prone Diseases:** Cholera: One (1) new suspected Cholera case was reported from Ukhia FDMN camp in week 27. No new confirmed Cholera cases were reported in the last four weeks. COVID-19: Transmission seems to continue in the camps since this year Week 22. Thirty-three (33) new confirmed cases were reported this week from FDMN Camps Weekly TPR is 15.2% and incidence/new infections are 35.7 cases/1m pop/week with no new deaths reported in this year.

**Ivermectin MDA for Scabies Implementation Updates:**
- MDA Implementation plan has been prepared by the WHO Epi team for internal review by the Health Sector.
- WHO has received the first batch of Ivermectin (3.2 million tablets) at its Warehouse in CXB. Procurement of additional 2 million Ivermectin tablets and 138,726 permethrin is currently underway.
- Epidemiology and CHWG continue to engage, and two MDA scale-up plans have been proposed for discussion – a. staggered approach (12 days per dose cycle) and b. Rapid scale-up (6 days per dose cycle) with 10 days space between the two doses.
- The Tentative plan for the Campaign is Mid-August 2023 (when all drugs will arrive in CXB)

**CHWG:**
- The reporting compliance for last week was observed lower than the previous with only 75% received. The Facility based Delivery rate was observed at 80% in 2023 so far. Less reporting was observed for community-based dengue surveillance. Partners are requested to report the cases in a timely manner.

A.O.B
- The new Civil Surgeon has deployed in Cox’s Bazar

**Next Meeting:** Tentative Date- 26th July 2023, Tentative Time- 10:30 am- 12:30 pm **Location:** TBA