



1.48 M people in need (PiN, ISCG JRP 2024)



984,591 Rohingya Refugees living in camps
1.07 M Health Sector Target (JRP 2024)¹

HIGHLIGHTS

- In the last week of June 2024 (23-30th June), the Rohingya Refugee Camps experienced a surge in culture-confirmed Cholera cases (16 cases) majority in camps (13 cases) and three (03) in the surrounding host community in Ukhiya Upazila.
- Due to the recent Cholera upsurge Epi WG meetings shifted from biweekly to weekly and became Cholera IMS.
- In June 2024, three catch-up vaccinations were conducted in camps 7, 14, and 15, aimed at reducing dropout rates and reaching zero-dose children within the Rohingya population.
- PMTCT and Persons with Disability have been included in DHIS-2 reporting forms.
- A Bivalent Oral Polio Vaccine (bOPV) campaign has been planned in July 2024.

THE HEALTH SECTOR



55	ACTIVE HEALTH SECTOR (HS) PARTNERS
17	APPEALING PARTNERS – JRP 2024

REGISTERED HEALTH FACILITIES



57	HEALTH POSTS
46	PRIMARY HEALTH CENTRES
01	FACILITIES WITH CEmONC SERVICES
443	MEDICAL DOCTOR
393	NURSES
484	MIDWIVES

HEALTH ACTION



390K	OPD CONSULTATIONS
8,848	INPATIENT ADMISSIONS
2,570	FACILITY-BASED BIRTHS-Refugee & Host
98.4%	% LIVE BIRTHS
1.6%	% STILLBIRTHS
5	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE



1.21	CRUDE DEATHS/1,000 Pop (Jan-June 24)
14	COVID-19 SENTINEL SITES
28	AWD SENTINEL SITES
125	EWARS REPORTING SITES

HEALTH FUNDING \$USD (JRP 2024)



[UN OCHA Financial Tracking System](#)

USD	
86.8 M	Requested
34.8 M	Received/ Committed
62 M	Funding gap 60 %

¹ 100% of the Rohingya Refugees living in camps and 25% of the Host Community have been targeted in JRP 2024

General Situation

In June 2024, routine service delivery and access to essential healthcare services remained uninterrupted despite challenges posed by severe weather conditions, including heavy rainfall, landslides, and the Eid-ul-Azha holiday. Health facilities continued to operate without damage or disruption, maintaining full-service capacity even in the face of floods and waterlogging within the camps.

Health Services Delivery

During the month, approximately 389,635 outpatient (OPD) consultations were recorded. According to DHIS-2 data, the morbidity distribution among refugees for June 2024 remained almost similar to the other months of the year 2024, predominantly characterized by Acute Respiratory Infections (ARI), other acute conditions, and skin diseases.

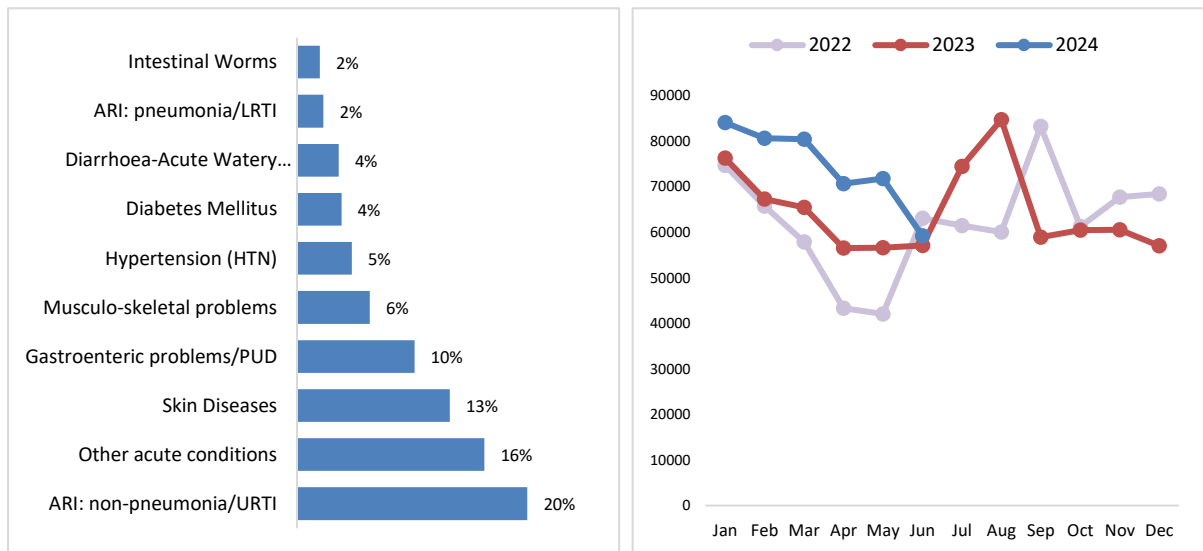


Figure 1: Top Morbidity Reported in DHIS2 (June 2024)

Figure 2: Non-pneumonia/URTI ARI trends

ARI cases contributed 20% of the consultations for diseases (Fig 1) during the reporting period, with around 59,000 consultations for non-pneumonia infections, which is slightly lower than the previous month. The trend is higher compared to any six-month period of the last couple of years, though the number of consultations is decreasing to be similar to the trends of June 2022 & 2023 (Fig 2).. Seasonal variations and shifts in weather patterns may contribute to the observed increase in ARI consultations. However, this factor alone does not suffice to fully account for the heightened caseload, given that the numbers exceed those recorded during the corresponding seasons of the previous year.

Table 1: Selected Health System Performance Data

Indicator	June 2024	Cumulative in 2024	Baseline-2023	Progress
Total # of OPD Consultations -Host + Rohingya	389,635	2,429,642	5,546,581	2.27 per person
Total # of Inpatient Admissions -Host + Rohingya	8,848	53,814	104,680	51%
Total # of Patients referred out	4,436	25,583	43,727	59%
Total # of first-time users -Host + Rohingya	9,901	64,306	138,152	47%
Total # of ANC 1 Visit -Rohingya	6,605	44,832	156,397	29%
Total # of Live births at the facility -Host + Rohingya	2,528	17,343	NA	
Total # of Stillbirths at the facility -Host + Rohingya	42	331	NA	
Total # of mothers who had ANC 4 or above visits -Rohingya	2,009	9,851	26,008	78%
Total # of C-Sections at health facilities	211	1,490	1,919	8.4%
Total # of Post Abortion Care provided Host + Rohingya	319	1,726	2,858	60%
Total # of beneficiaries newly diagnosed with Hypertension Host + Rohingya	5,240	48,095	142,322	NA
Total # of beneficiaries newly diagnosed with Diabetes Mellitus Host + Rohingya	2,801	27,412	123,677	NA
Total # NEW clinical mental health consultations by psychiatrist and/or mhGAP doctor -Host + Rohingya	1017	7,803	NA	
Total #of NEW focused counseling done by psychologist or counselor -Host + Rohingya	3,605	19,717	NA	
Total #of Health staff trained on mhGAP	57	528	2,449	NA
Total # Minor surgeries conducted Host + Rohingya	6,317	32,989	59,483	55%
Total # Major surgeries conducted Host + Rohingya	353	2,785	4,401	63%
Total # Post Natal Care (PNC) visits after discharge following birth/delivery or first visit after home delivery -Host + Rohingya	3,250	24,115	58,881	41%
Total # of children 6-59 months referred for nutrition services	771	4,585	18,284	25%

Public Health and Epidemiological Analysis

1. Communicable Disease Control and Surveillance

Dengue

In the current reporting period, there were 288 cases of Dengue reported with no death which is slightly higher than by 16% compared to the previous month (249 cases). Generally, the trends of Dengue cases have remained the same over the past six months with no documented upsurge during the period. There was no confirmed Dengue death report during the reporting month.

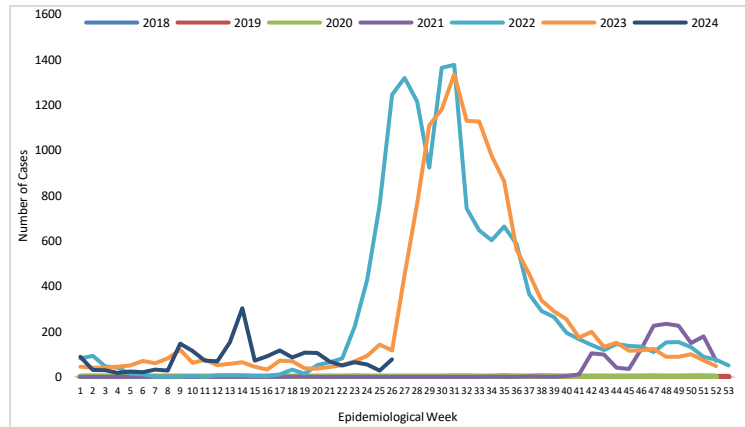


Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

AWD/Cholera

In the last week of June 2024 (23-30th June), the Rohingya Refugee Camps experienced a surge in culture-confirmed Cholera cases (16 cases) majority in camps (13 cases) and three (03) in the surrounding host community in Ukhiya Upazila. This was an exponential and steep increase from one single case reported in May 2024.

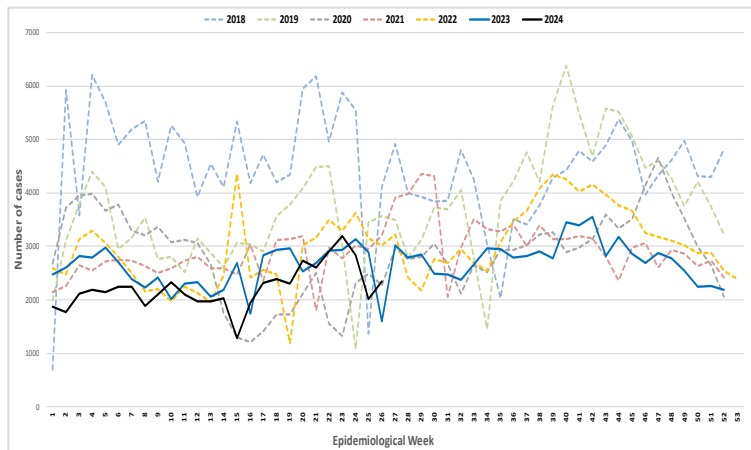


Figure 4: Trends of AWD cases reported in EWARS 2018-2024.

There has however been no fatality (CFR-0%) underscoring the importance of an agile surveillance system, functional tier system of case management, and clear referral pathway established in the Multi-sectoral AWD and Cholera Preparedness and Response Plan 2022/23. The Health Sector Led by WHO has initiated field investigations jointly with the WASH Sector under the Joint Assessment and Response Team (JART) Mechanism within the Joint Multi-Sectoral Health and WASH AWD and Cholera Preparedness and Response plan. A small IMS system by WHO and MOH has been initiated to monitor and coordinate the health sector

response and MOH briefed on the situation including cases so far reported in the host Bangladeshi population.

COVID-19:

During the month, there were 11 PCR-confirmed COVID-19 cases with zero deaths which is an 83 % drop from the previous month at 06 cases in the camps. The COVID-19 transmission has remained low during the year 2024 with limited transmission going on. Sustained surveillance is ongoing in camps.

2. Routine Immunization and AFP & VPD surveillance

In June 2024, more than 51,000 doses of different antigens were administered targeting less than 2 years of children. Among them, 17,178 doses were Polio vaccine (OPV one to 3rd dose and fIPV 1st & 2nd dose) and 9,384 doses were Measles & Rubella vaccine (MR 1st and 2nd dose).

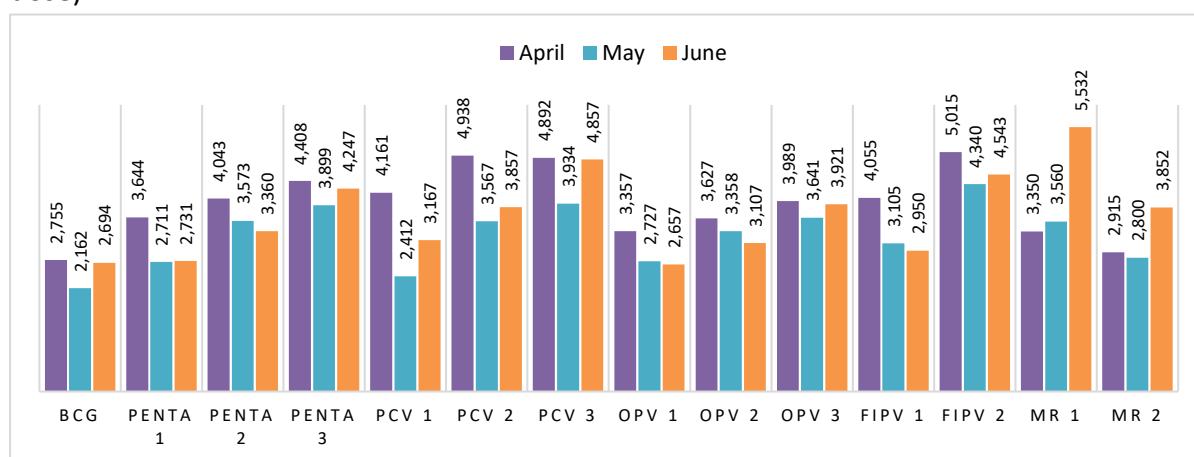


Figure 5: Number of doses administrated through Routine Immunization in Rohingya Camps at Cox's Bazar

During June 2024, three catch-up vaccinations were conducted in camps 7, 14, and 15, aimed at reducing dropout rates and reaching zero-dose children within the Rohingya population. These efforts resulted in the administration of over 2,200 doses of various antigens to children under two years old.

Furthermore, a measles-rubella outbreak response immunization was carried out in Camp 7, 14 & 15 with the technical support of WHO, where a total of 3,740 unvaccinated children under the age of 10 received the MR vaccine as part of this initiative.

Bivalent Oral Polio Vaccine (bOPV) campaign:

As, in January 2024, Sabin-like type 1 poliovirus (SL1) with seven nucleotides (7nt) changes from 2 environmental samples collected from camps 21 and 24, to mitigate the associated risk, the EPI program, as well as the National Committee for Certification of Poliomyelitis Eradication (NCCPE), recommended two rounds bOPV campaign in under 5 children for Cox's

Bazar Rohingya population. As per the recommendation, a bOPV campaign is planned to be conducted in July 2024 targeting Under 5 Children living in camps (144,317 children in total). Preparatory activities for the campaign are ongoing.

Health Sector Action

1. Working Groups (WGs)

Epidemiology, Case Management, and IPC Working Group (Epi WG)

During the reporting period, a total of 16 culture-confirmed cholera cases were recorded. Additionally, 314 confirmed Dengue cases were reported through the sentinel sites.

The health sector, in collaboration with Epi WG, is working on an action-tracking cholera plan to monitor the outbreak response activities.

Mental Health and Psychosocial Support (MHPSS) Working Group (MHPSS WG)

In celebration of World Refugee Day 2024, MHPSS service providers organized a cultural event to honor resilience in the face of adversity. The event featured a photo exhibition showcasing daily life stories, captured by Rohingya participants, highlighting the courage and strength of the community.

On the operational side, the MHPSS teams immediately responded to the heavy rainfall and landslide incidents in refugee camps by deploying crisis intervention strategies and providing Emergency Mental Health Services. MHPSS Service providers offered Psychological First Aid (PFA), and grief counseling for bereaved families, and facilitated community activities to restore normalcy and social cohesion. Additionally, issues such as grief, heightened anxiety, sleep disturbances, and community tension were addressed through safe spaces and support groups, ensuring both immediate relief and long-term mental health care.

The MHPSS Working Group is compiling hotline and tele-counseling numbers for both host and Rohingya communities. Details provided by ASD, FH, and IOM include contact persons, coverage areas, target populations, and other relevant information. This initiative aims to enhance accessibility to MHPSS services, ensuring communities are informed about available resources for mental health and psychosocial support.

Emergency Preparedness and Response Technical Committee and MMT TWG

In Coordination with the EPR TC and under the umbrella of the Health Sector, Cox's Bazar, EPR TC's Co-Chair, IOM organized "Exhibition on Emergency Health Preparedness and Response Best Practices" with the participation of the MMT Partners (BRAC, Save the Children, BDRCS, RTMI, I-Pas). EPR TC's Chair, WHO with its EPR and Epidemiology Units also exhibited their day-to-day activities, preparedness, surveillance system, outbreak response, risk communication, incident management system, reporting, data management research works, etc. IOM also showcased their camp-level activities mechanism, emergency management system, medical mobile team's details, research works, disease surveillance, integration of sexual and reproductive health in emergencies, MHPSS, etc. Other MMT partners also demonstrated their activities, preparedness, and stories in terms of their activities at the Camp level.



Figure 6: Exhibition on Emergency Health Preparedness and Response Best Practices

EPR TC, under the technical expertise of WHO, has developed the Terms of Reference for the EPR TC and submitted it to its Co-Chair (IOM) for further evaluation. Subsequently, it will be also shared with the members of the EPR TC for their evaluation.

Community Health Workers Working Group (CHW-WG)

Community Health Workers' Role in Preventing Acute Watery Diarrheal Cases: Over 1,600 Community Health Workers (CHWs) are playing a crucial role in strengthening community-based awareness messaging to prevent acute watery diarrheal (AWD) cases. They are promoting hand washing, safe drinking water practices, and hygiene education, especially in light of recent spikes in AWD cases in various camps and surrounding host communities. Factors contributing to the spread of the disease include contaminated water sources, the ongoing monsoon season, and shared sanitation facilities. UNHCR-led Community Health Working Group (CHWG) partners are conducting community-based AWD surveillance to identify and refer cases to the nearest health facilities for early management.

Dengue Prevention Messaging: Dengue prevention messaging has been scaled up across all the camps in anticipation of an escalation in cases due to the recent rainfall. Community Health Workers are educating residents on keeping their surroundings free from waterlogging, cleaning water storage buckets, using mosquito nets, and wearing long-sleeved clothing.

Upcoming Oral Polio Vaccination Campaign: Community sensitization on the upcoming Oral Polio Vaccination (OPV) campaign is ongoing to ensure the highest possible uptake during the campaign.

CHW Visits and Referrals: During the reporting period, over 88% of households were visited four times by CHWs. Additionally, there were over 13,000 referrals for ante-natal or delivery facilities, more than 17,500 referrals to routine immunization sites, 14,000 referrals for acute cases, 77,000 non-communicable disease (NCD) referrals, 487 mental health illness referrals, and 1,500 children and pregnant or lactating women (PLWs) referred to nutrition centers. The facility delivery rate was 87% in June.

2. Health Sector Partners Update

Health and Education for All (HAEFA)

Health and Education for All (HAEFA) conducted comprehensive screenings of 41,735 individuals for diabetes and hypertension utilizing the Electronic Medical Record (EMR) system in host communities in Cox's Bazar. This initiative, aimed to facilitate early detection and effective management of these chronic conditions, thereby enhancing community health outcomes. The utilization of the EMR system ensured streamlined and accurate data collection, facilitating efficient follow-up care. This program exemplifies the critical importance of accessible healthcare services and proactive disease prevention measures in underserved populations.



Figure 7: EMR registration at South Holudiya Community Clinic in Ukhiya Upazila, Cox's Bazar

United Nations International Children's Emergency Fund (UNICEF)

UNICEF ensured the inclusion of data collection mechanisms of PMTCT and Persons with Disability into the existing DHIS-2 reporting forms and is in the process of printing them for distribution to the PHCs.



Figure 8: Inspection of new DHIS-2 reporting tools with inclusion of PMTCT and Persons with Disability (PWD) tally forms

In response to the HCV, IPC measures were further strengthened by providing guidance on safe injection practices among staff, displaying IEC materials, training on the WHO course on "Introduction to Infection Prevention and Control" and providing supervision and monitoring support. UNICEF with the RCCE technical members developed a risk communication and community mobilization strategy in preparation for the upcoming Oral Polio Vaccination campaign from 14 July. UNICEF also participated in the mission of 21 and 22 June 2024 which was led by the Secretary of Health of the Ministry of Health and Family Welfare. The purpose was to review the performance of the Health and Gender Support Project of the World Bank.

World Health Organization (WHO)

Hepatitis C surveillance: As of June 30, 2024, a total of 7,734 individuals have been screened for Hepatitis C according to the WHO Hepatitis C surveillance report, with 3,370 (43.6%) testing positive on the Rapid Diagnostic Test (RDT). Of those, 72% (760 out of 1,069 taking HCV RNA test) confirmed to have an active Hepatitis C infection. There were 2,923 pregnant women screened for Hepatitis C. Among these, an alarming rate of 80.3% (112 out of 484 taking HCV RNA test) of active Hepatitis C infection was found. To date, treatment has commenced for 290 individuals identified through this surveillance effort.

Infection Prevention Control (IPC): After completing a training-of-trainers (ToT) Programme, a cascaded training initiative on infection prevention and control (IPC) was implemented for healthcare workers from various NGO and INGO facilities in the Rohingya camps. This training was carried out in collaboration with the WHO Sub-Office in Cox's Bazar, with the facilitators serving as dedicated IPC focal points for the different health facilities. The goal was to strengthen the IPC knowledge and skills



Figure 9: IPC cascaded Training Session in BDRCS-TRC, Camp-20 Extension

of healthcare workers across NGO/INGO Field hospitals, Primary health centers, and Health posts in the camps. A total of 303 participants (130 males and 173 females) attended the training, representing 12 organizations and 20 health facilities. A total of 303 healthcare workers, including physicians, Medical Assistants, Nurses, midwives, pharmacists Paramedics, and other HCWs received IPC cascaded training. The training focused on hand hygiene, Rational use of Personal Protective Equipment (PPE), and safe waste management practices.

Laboratory support: The government has agreed to start the HIV EQA/retesting in the IEDCR field laboratory at Cox's Bazar Medical College for the PMTCT and ART corner where WHO has taken the lead to initiate the program. About the initiation of Cholera culture testing in the IEDCR field laboratory at Cox's Bazar Medical College, WHO will start the collection and transport of RDT-tested samples from camp sentinel sites from 08 July 2024 and onwards.

Upcoming Events / Training Calendar

Start date	End date	Training Title	Organizer	Target Participant
14-Jul-24	18-Jul-24	ToT on TB Case Finding, Child TB, MDR-TB, TPT and Reporting for Healthcare Workers	WHO	Doctors
29-Jul-24	30-Jul-24	Mortality Surveillance Training	WHO	Medical doctor, MA, SRH Manager and Reporting Officer
31-Jul-24	1-Aug-24	Mortality Surveillance Training	WHO	Medical doctor, MA, SRH Manager and Reporting Officer
14-Jul-24	18-Jul-24	Inter-agency training workshop on clinical management of rape and intimate partner violence and Sexual Violence.	WHO	Midwives
22-Jul-24	25-Jul-24	Health Managers training to improve facility preparedness for provision of clinical management of rape and intimate partner violence (CMRIPV) Survivors.	WHO	PHC Health Managers
23-Jul-24	24-Jul-24	MLS-SRHWG	RTMI	Midwives
30-Jul-24	31-Jul-24	Basic midwifery care training (Midwife Ips)	RTMI	Midwife
21-Jul-24	21-Jul-24	AWD training for HCWs on 21 July (Online)	WHO	Doctor, Nurse, Medical Assistant

[\(LINK TO TRAINING CALENDAR\)](#)

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 June 2024. [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 16 July 2024)

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