



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








989,585 Rohingya Refugees living in camps

1.07 M Health Sector Target (JRP 2024).¹

HIGHLIGHTS

- In August 2024, there was a significant increase observed in health service delivery and utilization in camps recording more than 13% higher number of OPD consultations and 19% higher number of inpatient admissions compared to the average monthly numbers reported in the previous months of the year.
- An active cholera outbreak is ongoing in camps, a total of 64 culture-positive cholera cases were reported in camps during the reporting period.
- The weekly trends of dengue fever have increased since the beginning of August 2024. 2,821 confirmed new dengue cases were reported in August 2024.
- The 2nd round bOPV campaign for under-five Rohingya children is scheduled from 1-12 September 2024.

THE HEALTH SECTOR

	56	ACTIVE HEALTH SECTOR (HS) PARTNERS
	17	APPEALING PARTNERS – JRP 2024
REGISTERED HEALTH FACILITIES		
	57	HEALTH POSTS
	46	PRIMARY HEALTH CENTRES
	02	FACILITIES WITH CEmONC SERVICES
	428	MEDICAL DOCTOR
	359	NURSES
	462	MIDWIVES
HEALTH ACTION		
	453K	OPD CONSULTATIONS
	10,662	INPATIENT ADMISSIONS
	2,779	FACILITY-BASED BIRTHS-Refugee & Host
	98.5%	% LIVE BIRTHS
	1.5%	% STILLBIRTHS
	4	MATERNAL DEATHS
	0%	COVID-19 CASE FATALITY RATIO
DISEASE SURVEILLANCE		
	1.48	CRUDE DEATHS/1,000 Pop (Jan-July 24)
	12	COVID-19 SENTINEL SITES
	32	AWD SENTINEL SITES
	125	EWARS REPORTING SITES
HEALTH FUNDING \$USD (JRP 2024)		
	<u>UN OCHA Financial Tracking System</u>	
	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

The month of August 2024 was marked by significant socio-political changes in Bangladesh. An interim government led by Chief Adviser Professor Muhammad Yunus ministry was formed on 8 August 2024 in Bangladesh, following the resignation of Prime Minister on 5 August 2024 amid nationwide student and public protests against the government. However, the change in government did not impact the routine healthcare service delivery and access to essential healthcare services since there was no interruption like July 2024.

Health Services Delivery

During the month of August 2024, there was a steep increase observed for both the number of outpatient (OPD) consultations and inpatient admissions with approximately 453,506 OPD consultations and 10,662 inpatient admissions recorded in the month. These increases were significantly higher than the average monthly consultations (13.6% higher) and inpatient admissions (19% higher) compared to other months of this year ($P=0.003$ and <0.001). Upon further analysis, it was found that the increment in the number of OPD consultations in August 2024 was only significant ($P<0.001$) among the Rohingyas with around 16% higher consultations recorded in August 2024 compared to the other months of this year; for the Host community, the increment in OPD consultation is not statistically significant. A similar result was observed for the number of Inpatient admissions as well, recording a 36% higher number of inpatient admissions ($P<0.001$) for Rohingyas and a 20% smaller number of inpatient admissions this month for the host community compared to other months of this year. Additionally, this month was also recorded with a significantly higher number of OPD consultations (29% higher, $P<0.001$) and inpatient admissions (58% higher, $P<0.001$) for under 5 years of children this month compared to other months of this year. All other life-saving service utilization e.g., basic emergency obstetrics services showed a similar trend. These findings align with the partner's concern about the increased patient loads in their facilities shared in the August 2024 monthly Health Sector Coordination meeting. The possible reasons include new arrivals, security situation, and weather impact since many partners also stated that they were getting a lot of unregistered patients and the month was marked with heavy and frequent rain.

According to DHIS-2 data, the morbidity distribution among refugees for August 2024 remained almost similar to the other months of the year 2024, predominantly characterized by Acute Respiratory Infections (ARI), and skin diseases.

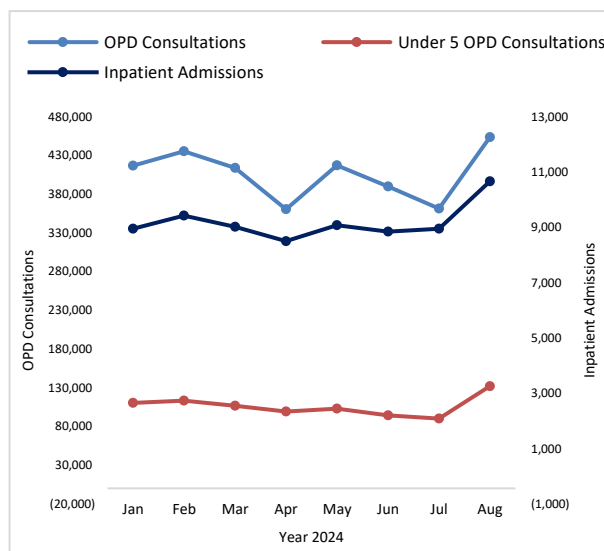
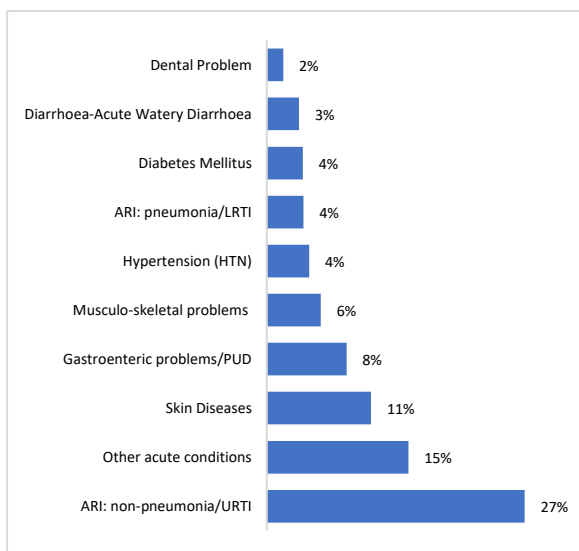


Figure 1: Top Morbidity Reported in DHIS2 (Aug 2024)

Figure 2: Trends of OPD consultations and Inpatient Admissions

ARI cases contributed 27% of the consultations for diseases (Fig 1) during the reporting period, with around 92,465 consultations for non-pneumonia infections, which is significantly higher (around 18,000 more monthly consultations, 25% higher, $P < 0.001$) compared to other months of this year, infect this month was recorded with the highest number of ARI cases compared to other months of last couple of years. 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. Skin Diseases contributed to 11% of the consultations for diseases during the reporting period with around 37,402 consultations.

Table 1: Selected Health System Performance Data

Indicator	Aug 2024	Cumulative in 2024	Baseline-2023	Progress
Total number of OPD Consultations (Host and Rohingya)	453,506	3,247,542	5,546,581	3.2 per person
Total number of Inpatient Admissions (Host and Rohingya)	10,662	73,425	104,680	70%
Total number of patients referred out	4,177	33,259	43,727	76%
Total number of first-time users (Host and Rohingya)	10,566	85,475	138,152	62%
Total number of ANC 1 Visit -Rohingya	9,801	58,392	156,397	37%
Total number of Live births at the facility (Host and Rohingya)	2,779	22,762	NA	
Total number of Stillbirths at the facility (Host and Rohingya)	43	417	NA	
Of the births, number of mothers who had ANC 4 or above visits (Rohingya)	2,417	13,210	26,008	51%
Total number of C-Sections at health facilities	252	1,951	1,919	

Total number of Post Abortion Care provided (Host and Rohingya)	279	2,271	2,858	79%
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	5,953	59,402	142,322	42%
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	2492	32,339	123,677	26%
Total Number of NEW clinical mental health consultations done by psychiatrist and/or mh-GAP doctor(Host and Rohingya)	1082	9,820	NA	
Number of NEW focused counselling done by psychologist or counsellor (Host & Rohingya)	3,160	26,389	NA	
Number of Health staff trained on mhGAP under the facility	40	640	2,449	26%
Total number of Minor surgeries conducted (Host and Rohingya)	5952	44,288	59,483	74%
Total number of Major surgeries conducted (Host and Rohingya)	444	3,579	4,401	81%
Total number of Post Natal Care (PNC) visits after discharge from health facility following birth/delivery or first visit after home delivery (Host and Rohingya)	3705	31,636	58,881	54%
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	1616	7,288	18,284	40%

Public health risks, priorities, needs, and gaps

Public Health and Epidemiological Analysis

1. Communicable Disease Control and Surveillance

Dengue

During the reporting period, 2,821 (2527 Rohingya, Host 294) confirmed new dengue cases were reported, the weekly trends of dengue fever have increased since the beginning of August 2024, the number of cases is high when the trends began to rise above the previous weeks though the weekly cases. Dengue Fever Readiness plan was prepared with the leadership of the Health Sector

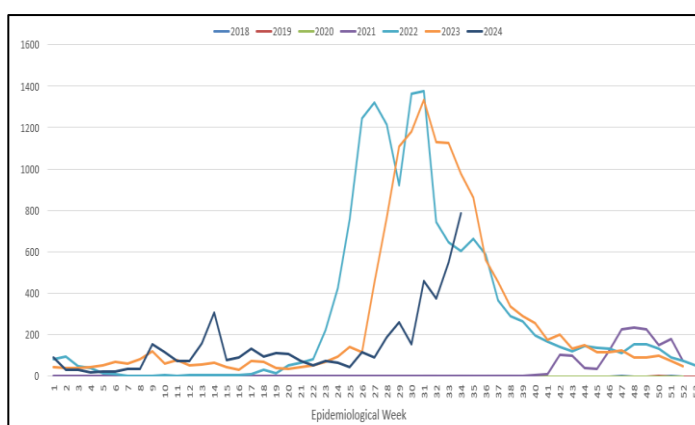


Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

to guide response to the anticipated seasonal upsurge of Dengue Fever in the upcoming months of 2024. Dengue fever prevention interventions have been continued in Camps.

AWD/Cholera

Since the last week of June, there has been an active cholera outbreak ongoing in camps and continued throughout Aug 2024. A total of 68 (Rohingya 64, Host 4) culture-positive cholera cases were reported during the reporting period. This brings a total of 146 culture-confirmed cholera cases since the outbreak (Rohingya 137, Host 9). There has however been no fatality (CFR-0%) reported so far.

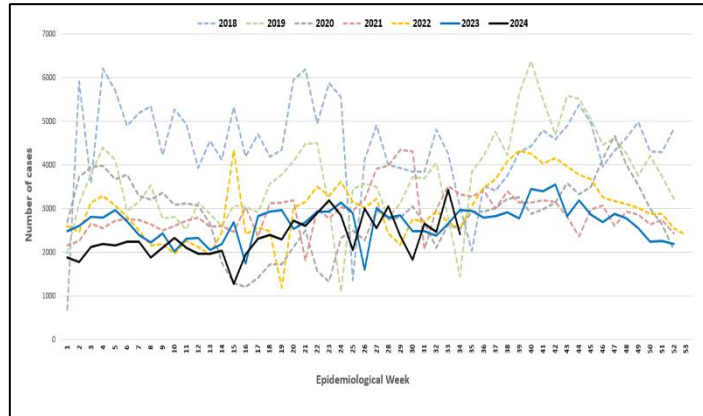


Figure 4: Trends of AWD cases reported in EWARS 2018-2024.

The Health Sector in collaboration with the WASH Sector continues to respond to ongoing Cholera outbreaks in camps through the Joint Assessment and Response Team by investigating each case and undertaking contact tracing and active case searches. The team coordinated a Multi-Sectoral Rapid Risk Assessment of the Cholera Outbreak which provided evidence on the scope and drivers of the outbreak.

COVID-19:

The transmission of COVID-19 remains under control except for occasional pockets of cases reported irregularly on a weekly basis.

2. Routine Immunization and AFP & VPD surveillance

In August 2024, more than 39,855 doses of different antigens were administered targeting less than 2 years of children. In August we administered 13,801 doses of Polio vaccine (OPV

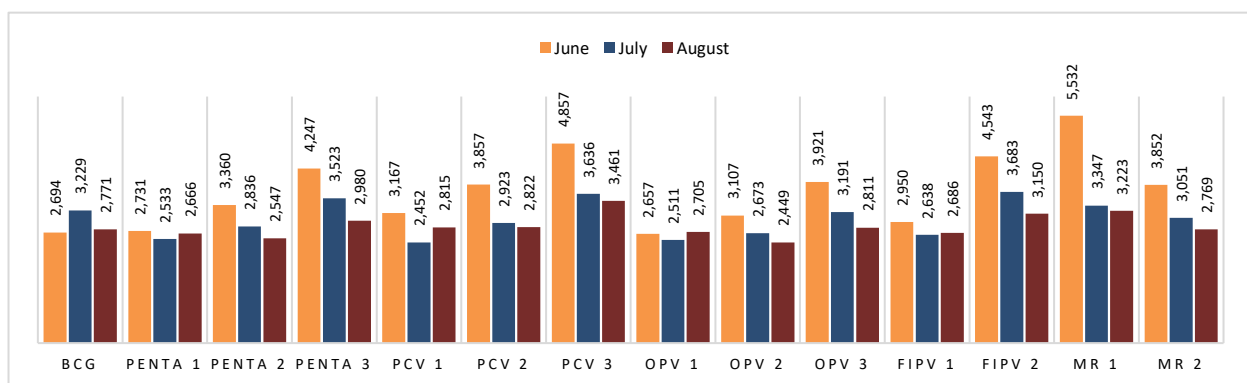


Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)

one to 3rd dose and fIPV 1st & 2nd dose) and 5,992 doses of Measles vaccine (MR 1st and 2nd dose).

Bivalent Oral Polio Vaccine (bOPV) campaign:

The 2nd round bOPV campaign for under-five Rohingya children is scheduled from 1-12 September 2024. Additionally, Rapid Convenient Monitoring (RCM) was conducted through the World Health Organization (WHO)-recruited Health Field Monitor (HFM) to gather real-time data and identify gaps in coverage, they visited 2,851 households across the camps to assess the coverage and gaps. As per the RCM, the monitoring coverage was 98% and all the camps achieved more than 90% coverage.

Health Sector Action

1. Working Groups (WGs)

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

During this reporting period, there has been an ongoing outbreak of Cholera in Rohingya Refugee Camps which the Epi WG in collaboration with the WASH Sector, has continued to effectively respond to through JART investigations of each case, contact tracing, and active case search. In August a total of 68 (Rohingya 64, Host 4) culture-confirmed cholera cases were reported, and 117 JART investigations were conducted for RDT and culture-positive cholera cases.

WHO, the lead of the Health Sector, and Epi WG submitted a proposal for around 1.5 Oral Cholera Vaccine (OCV) doses for refugees and host communities in Ukhia and Teknaf. Additionally, in collaboration with WHO, a training was conducted for healthcare workers in the camps to improve the health workers' capacity in cholera case management.

The epidemiology and surveillance team, as well as the health sector coordinator, prepared and monitored the implementation of

In response to the ongoing Dengue upsurge, the multi-sectoral dengue fever readiness plan was prepared, and the implementation of the plan was monitored in collaboration with the Health Sector.

An event-based surveillance (EBS) system for Mpox has been introduced in the Early Warning, Alert, and Response System (EWARS).

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

A three-day training on the “Mental Health Gap Action Program (mhGAP)” was conducted on 27 - 29 August 2024 at the Conference Room of the Base office of Terre des Hommes at Teknaf, Cox’s Bazar with an aim to help the physicians identify the mental health problems

among refugee people who come to take healthcare services from the health facilities. The training was organized by Friendship and Terre des Hommes and facilitated by WHO. 12 physicians who provide primary health care services in the health facilities of the mentioned organizations (Male-07 and Female-05) participated in the training. The training is supposed to improve their knowledge of providing psychosocial interventions for various mental health problems of the refugee people.

Community Health Workers Working Group (CHW-WG)

CHWs have conducted 250 sessions with community leaders and organized AWD surveillance to identify and refer AWD cases for timely treatment. Additionally, A training program for 200 CHW supervisors was conducted in August, focusing on emergency response skills like First Aid, Cyclone Preparedness, Mass Casualty Management, and Civil Registration. The aim is to improve health responses during natural disasters and emergencies, supporting the Joint Response Plan (JRP) for better community health preparedness

Sexual and Reproductive Health Working Group (SRH WG)

The SRH Working Group conducted Social Autopsies in Camps 15 and 1E, areas with high maternal and perinatal deaths, to understand the sociocultural barriers to facility-based deliveries. Each session involved over 53 community members, including religious leaders (Imams), teachers, Dhoronis, Majhis, and other stakeholders like health service providers. Key barriers identified were security concerns at night, a preference for traditional birth attendants over health workers due to a lack of respectful maternity care, and the need to strengthen referral systems, including patient back referrals and blood donor support. Participants also highlighted the importance of engaging male and religious leaders in SRH awareness activities and improving the community's understanding of danger signs during pregnancy. The Social Autopsies offered valuable insights into the reasons for home deliveries, aiding in the creation of actionable recommendations to improve maternal health outcomes in the Rohingya humanitarian response.

2. Health Sector Partners Update

Health and Education for All (HAEFA)

HAEFA has initiated bi-weekly general meetings at the HAEFA health posts at Camps 9 and 1W to enhance community health awareness. Recent discussions have focused on fundamental hygiene practices, including proper handwashing, and extended to critical health topics such as nutrition, family planning, tuberculosis (TB) screening, and management of non-communicable diseases (NCDs). Additionally, the meetings addressed gestational diabetes mellitus (GDM), gestational hypertension (GHTN), scabies, and the effective use of oral rehydration solution (ORS). These sessions are crucial for educating and empowering individuals, thereby advancing overall community well-being.



Figure 6: Bi-weekly meeting at camp 1W and 9, Ukhia, Cox's Bazar

International Organization for Migration (IOM)

Response to massive dengue upsurge: IOM is responding to the massive resurgence of dengue in the Rohingya refugee camps intensifying its case management, laboratory operation, surveillance, and risk communication and community engagement. As of 31st August 2024, IOM conducted 23,834 rapid diagnostic tests for dengue, diagnosed and treated 4,011 dengue cases, and provided inpatient care to 469 moderate to severe dengue patients. While all 35 facilities are conducting rapid diagnostic tests and providing outpatient services, IOM scaled up the bed capacities to 70 beds at 7 PHCs and 2 Integrated infectious disease treatment centers (IDTCs) across the refugee camps.



Figure 7: CEMONC services at health complexes

United Nations Children's Fund (UNICEF)

UNICEF supported the dissemination of AWD prevention messages to 190,953 Rohingya refugees and host communities across 17 camps. The messages were shared through interpersonal communication sessions targeting parents, caregivers, children, adolescents, community leaders (Majhis), and religious leaders.

AWD prevention messages reached 516 learning centers, were shared during Friday prayers at 206 mosques, and broadcasted via one public service announcement, two magazines, and two live phone-in sessions. Additionally, 16 community consultations and 4 advocacy meetings were held to enhance coordination on AWD prevention among community members and stakeholders.



Figure 8: Response to rise in Acute Watery Diarrhoea cases (AWD)

World Health Organization (WHO)

Communicable Diseases: In August 2024, training on Hepatitis C sample collection and transportation was conducted at BRAC health facilities in which eight laboratory personnel participated. Additionally, an online training was provided on the AWD sample collection and transportation to the camp-level health facilities. Under the Prevention of Mother to Child Transmissions (PMTCT) programme, a total of 10 HIV retests were conducted at the IEDCR national field laboratory.

Mental health and psychosocial support (MHPSS):

WHO facilitated a three-day training on the “Mental Health Gap Action Program (mhGAP)” on 27-29 August 2024 which was organized by Friendship and Terre des Hommes (TdH) jointly at the Conference Room of the Base office of Terre des Hommes at Teknaf, Cox’s Bazar. The training was organized for 12 physicians (7 males and 5 females) from Friendship and TdH NGOs, which provide primary healthcare services in different health facilities with an aim to improve mental health services for refugees by integrating these services into the primary healthcare services.



Figure 9: MhGAP training at Teknaf, Cox’s Bazar

Infection Prevention and Control (IPC): The WHO IPC unit conducted supportive supervision to assess the IPC activities of the healthcare facilities in Rohingya camps throughout August 2024 covering 1 Field Hospital, 7 Primary Healthcare Centers, and 11 Health Posts. The main objective of this activity was to assess the current status of IPC in the Rohingya camp healthcare facilities, identify areas for improvement, and provide necessary guidance and support to enhance the infection prevention and control measures in healthcare settings.

Upcoming Events / Training Calendar

Title of Training	Start date	End date	Organizer	Target Participant
Mortality Surveillance Training	2024-08-04	2024-08-05	WHO	Medical doctor, MA, SRH Manager and Reporting Officer
Training on Disease Surveillance and EWARS	2024-08-19	2024-08-20	WHO	Medical doctor, MA, Nurse and Reporting Officer
Training on Disease Surveillance and EWARS	2024-08-21	2024-08-22	WHO	Medical doctor, MA, Nurse and Reporting Officer
Training on Disease Surveillance and EWARS	2024-08-25	2024-08-26	WHO	Medical doctor, MA, Nurse and Reporting Officer
Basic Maternity Care (Midwives Ips)	2024-08-20	2024-08-21	RTMI	Midwife
MLS-SRHWG (Midwives)	2024-08-28	2024-08-29	RTMI	Midwife
Basic Maternity Care (Midwives Ips)	2024-08-20	2024-08-21	UNFPA	Midwives
MLS-SRHWG (Midwives)	2024-08-28	2024-08-29	UNFPA	Midwives
Laboratory Sample Collection and Transportation of AMR Surveillance Specimen (Only for 7 facilities of AMR surveillance)	2024-08-19	2024-08-19	IOM, GK-UNHCR, Save the Children, Friendship, Turkish Field Hospital, FH, MSF-OCP	Laboratory Personnel
Sample Collection and Transportation of AMR Surveillance	2024-08-21	2024-08-21	IOM, GK-UNHCR, Save the Children, Friendship, Turkish Field Hospital, FH, MSF-OCP	Laboratory Personnel
Training on Basic First Aid & Civil Registration & Vital Statistics	2024-08-24	2024-09-19	UNHCR	CHW supervisors, CHW coordinators

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

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 July 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 20 August 2024)*

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