



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



**1,003,394 Rohingya Refugees living in camps**

**1.07 M Health Sector Target (JRP 2024).<sup>1</sup>**

## HIGHLIGHTS

- The newer version of the Minimum Package of Essential Health Services (MPEHS) has been endorsed by the Civil Surgeon, Cox's Bazar, and the RRRRC.
- Dengue upsurge continued, a total of 4,116 confirmed new dengue cases were reported in September 2024.
- An active cholera outbreak is ongoing in camps, a total of 59 culture-positive cholera cases were reported in camps during the reporting period.
- The second round of the bOPV campaign for under 5 years old children was conducted from 01-12 September 2024 in Cox's Bazar Rohingya camps, a total of 175,482 children under five (99.7% of the target) received the 2nd dose of bOPV vaccine during this campaign.

## THE HEALTH SECTOR



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

### REGISTERED HEALTH FACILITIES



53	HEALTH POSTS
47	PRIMARY HEALTH CENTRES
02	FACILITIES WITH CEmONC SERVICES
414	MEDICAL DOCTOR
371	NURSES
463	MIDWIVES

### HEALTH ACTION



430K	OPD CONSULTATIONS
10,329	INPATIENT ADMISSIONS
2,883	FACILITY-BASED BIRTHS-Refugee & Host
98.2%	% LIVE BIRTHS
1.8%	% STILLBIRTHS
4	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

### DISEASE SURVEILLANCE



1.84	CRUDE DEATHS/1,000 Pop (Jan-Sep 24)
12	COVID-19 SENTINEL SITES
33	AWD SENTINEL SITES
119	EWARS REPORTING SITES

### HEALTH FUNDING \$USD (JRP 2024)



USD	<a href="#"><u>UN OCHA Financial Tracking System</u></a>	
<b>86.8 M</b>	Requested	
<b>34.8 M</b>	Received/ Committed	
<b>62 M</b>	Funding gap	<b>60 %</b>

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

## Situation Update

### General Situation

The month of September 2024 was marked by uninterrupted routine service delivery and unimpeded access to essential healthcare services. The monsoon season is almost over, and there was less rain compared to the previous month, no cyclone or flood incidents have been recorded during the reporting period.

### Health Services Delivery

In August 2024, there was a steep increase observed for both the number of outpatient (OPD) consultations and inpatient admissions, which was observed reduced slightly in September 2024, recording 429,669 OPD consultations (around 26K less than the previous month) and 10,329 inpatient admission (almost similar to the last month). But these numbers were still significantly higher than the average monthly consultations (7.5% higher) and inpatient admissions (15% higher) compared to the first seven months of this year ( $P=0.03$  and  $<0.001$ ). Similar to August 2024, the increment in the number of OPD consultations in September 2024 was only significant ( $P=0.027$ ) among the Rohingyas, with around 7% higher consultations recorded in Sep 2024 compared to the first seven months of this year. A similar result was observed for the number of Inpatient admissions as well, recording a 31% higher number of inpatient admissions ( $P<0.001$ ) for Rohingya refugees. 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. The possible reasons include new arrivals since many partners also stated that they were getting a lot of unregistered patients.

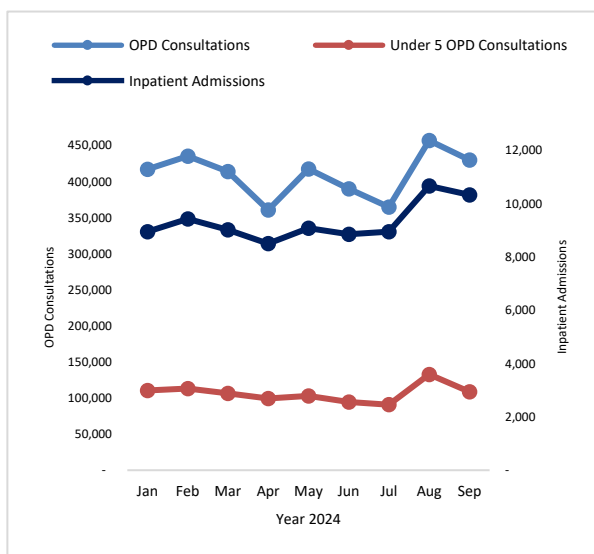


Figure 1: Trends of OPD consultations and Inpatient Admissions

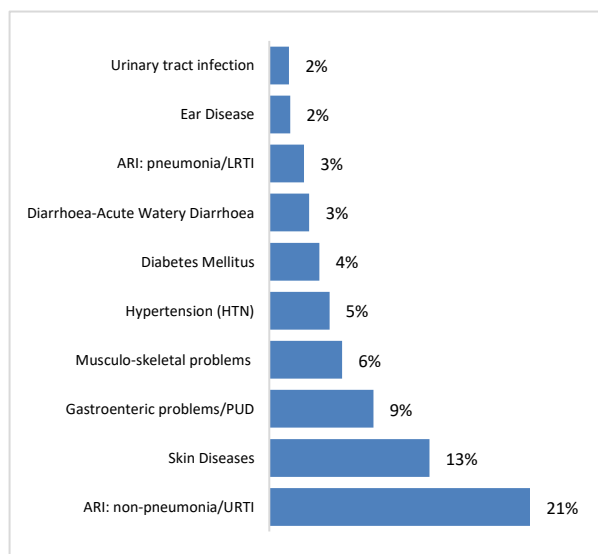


Figure 2: Top Morbidity Reported in DHIS2 (Sep 2024)

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

ARI cases contributed 21% of the consultations for diseases (Fig 1) during the reporting period, with around 70,796 consultations for non-pneumonia infections, which was a steep decrease compared to the previous month (around 23K less) and similar to the average of the first seven months of the year. Seasonal variations and shifts in weather patterns may contribute to the changes in ARI consultations. Skin Diseases contributed to 13% of the consultations for diseases during the reporting period, with around 43,493 consultations.

**Table 1: Selected Health System Performance Data**

Indicator	Sep 2024	Cumulative in 2024	Baseline-2023	Progress
Total number of OPD Consultations (Host and Rohingya)	429,669	3,683,325	5,546,581	3.84 per person
Total number of Inpatient Admissions (Host and Rohingya)	10,329	83,754	104,680	80%
Total number of patients referred out	4,895	38,610	43,727	88%
Total number of first-time users (Host and Rohingya)	11,023	96,498	138,152	70%
Total number of ANC 1 Visit -Rohingya	6,931	65,368	156,397	42%
Total number of Live births at the facility (Host and Rohingya)	2,830	25,592	NA	
Total number of Stillbirths at the facility (Host and Rohingya)	53	470	NA	
Of the births, number of mothers who had ANC 4 or above visits (Rohingya)	2,675	22,717	26,008	78%
Total number of C-Sections at health facilities	254	2,205	1,919	
Total number of Post Abortion Care provided (Host and Rohingya)	318	2,589	2,858	91%
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	6,839	66,275	NA	
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	2,851	35,241	NA	
Total Number of NEW clinical mental health consultations done by psychiatrist and/or mh-GAP doctor (Host and Rohingya)	827	10,647	NA	
Number of NEW focused counselling done by psychologist or counsellor (Host & Rohingya)	3,448	29,837	NA	
Number of Health staff trained on mhGAP under the facility	76	716	1,248	57%

Total number of Minor surgeries conducted (Host and Rohingya)	7,047	51,477	59,483	87%
Total number of Major surgeries conducted (Host and Rohingya)	638	4,217	4,401	96%
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)	3,786	35,422	58,881	60%
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	1295	8,583	18,284	47%

## Public health risks, priorities, needs, and gaps

### Public Health and Epidemiological Analysis

#### 1. Communicable Disease Control and Surveillance

##### Dengue

During the reporting period, 4,116 (3749 Rohingya, Host 367) confirmed new dengue cases were reported, which is a 36% increase from the previous month. This brings the total Dengue positive cases to 10,131 (Rohingya 9,193, Host 938) in 2024 so far with 5 confirmed deaths so far (CFR <0.01%). The weekly trends of dengue fever have increased since the beginning of August 2024. The trends began since then as anticipated due to the seasonal upsurge of Dengue Fever in the upcoming months of 2024. Dengue fever prevention interventions have been continued in Camps. World Health Organization (WHO) has procured 20,000 RDT kits for the timely detection of cases at sentinel sites as part of response actions.

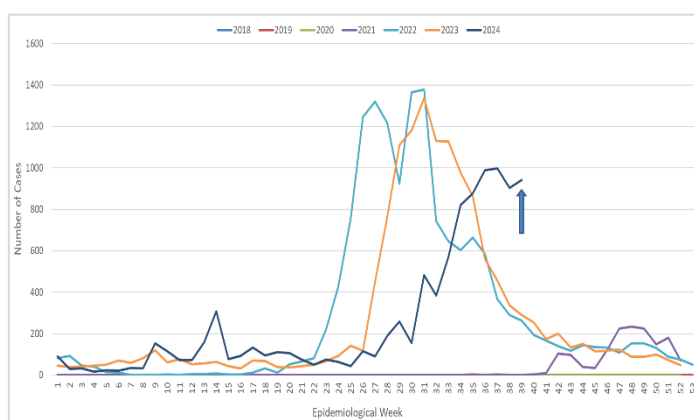


Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

## AWD/Cholera

Since the last week of June, there has been an active cholera outbreak ongoing in camps and continued throughout September 2024. A total of 59 (Rohingya 47, Host 12) culture-positive cholera cases were reported during the reporting period. This brings a total of 210 culture-confirmed cholera cases since the outbreak (Rohingya 187, Host 23). However, no fatality (CFR-0%) has been reported so far.

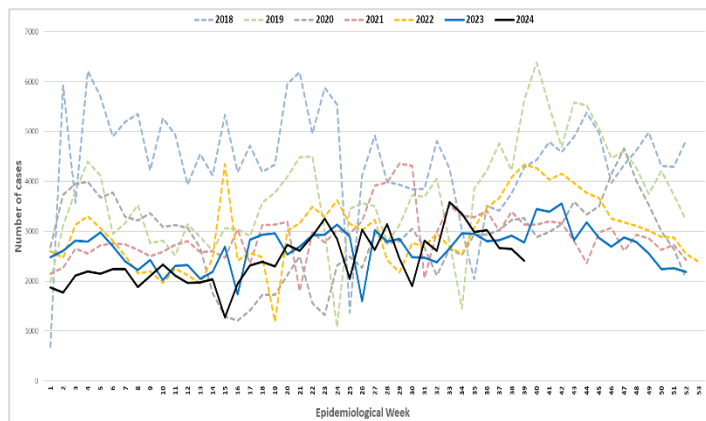


Figure 4: Trends of AWD cases reported in EWARS 2018-2024.

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 of 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. In September 2024, 48 tests were done among the Rohingya population, of which one was positive, giving the Test Positivity Rate (TPR) less than 5%.

## Diphtheria

There has been a documented confirmed case of diphtheria in camps (camp 7) during this timeframe. This was the first case of confirmed diphtheria, reported after more than a year when the last case was reported. The patient was an infant and was found not vaccinated, as documented during the investigation. Interventions such as case investigation, active case search, and contact vaccination were completed, and no suspect case was found through the active case search.

## 2. Routine Immunization and AFP & VPD surveillance

In September 2024, more than 38,000 doses of different antigens were administered, targeting less than 2 years of children. This includes 11,667 doses of the Polio vaccine (OPV 1<sup>st</sup> to 3<sup>rd</sup> doses, fIPV 1<sup>st</sup> and 2<sup>nd</sup> doses) and 7,821 doses of the Measles vaccine (MR 1<sup>st</sup> and 2<sup>nd</sup>

doses).

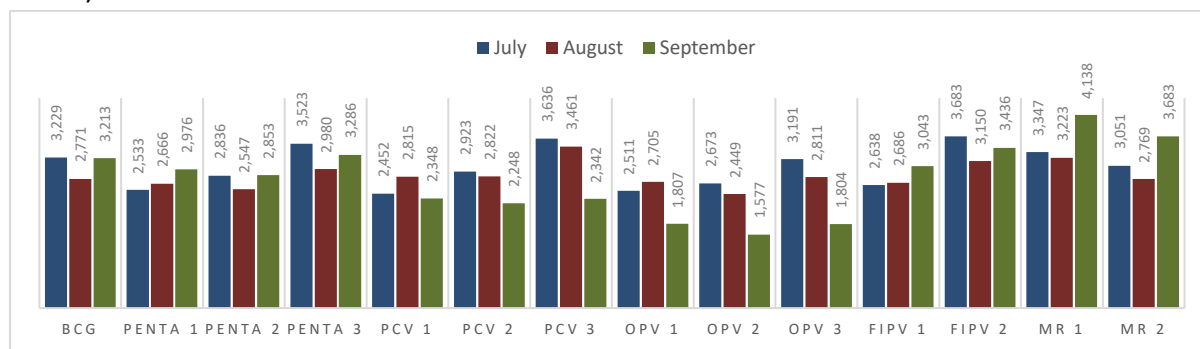


Figure 5: Number of doses administrated through Routine Immunization in Rohingya Camps at 'Cox's Bazar (Source: DHIS-2)

### Bivalent Oral Polio Vaccine (bOPV) campaign:

The second round of the bOPV campaign for under 5 years old children was conducted from 01-12 September 2024 led by the Bangladesh government and with technical support from WHO and Health Sector partners.

During this 11-day campaign, a total of 175,482 children under five (99.7% of the target) received the 2nd dose of bOPV vaccine, against the target of 176,052. In Ukhia, 148,171 children (99.6% of the target) were vaccinated, while in Teknaf, 27,311 children (99.8% of the target) were vaccinated. In addition, 7,497 children received their first dose, including 1,957 newly arrived children.

Additionally, Rapid Convenient Monitoring (RCM) was conducted through WHO-recruited Health Field Monitor (HFM) to gather real-time data and identify gaps in coverage. During the RCM, 7017 children across the camps were visited and verified, and 97% of them were found vaccinated during the bOPV campaign.

## Health Sector Action

### 1. Coordination, Collaboration, and Strategic Guidance

*Minimum Package of Essential Health Services (MPEHS):* The last version of the Minimum Package of Essential Health Services (MPEHS) has been endorsed by the Civil Surgeon, Cox's Bazar, and the RRRC. This version of the MPEHS, which was developed based on the WHO's package of High-Priority Health Services for Humanitarian Response (H3 Package), will set new standards for primary and Secondary Healthcare facilities. The Health Sector will arrange an MPEHS dissemination workshop for the partners in November 2024 to make the transition smoother.

*Public Health Needs Assessment (PHNA) 2024-2025:* The Health Sector is conducting a Public Health Needs Assessment (PHNA) 2025 ahead of JRP 2025 with the following key objectives- a) Identify the most pressing health concerns among Rohingya refugees, b) evaluate the accessibility and quality of health services in the camps, c) Assess gaps in the provision of

medicines, medical equipment, and medical services, d) Understand community awareness of health services, as well as barriers to accessing these services, e) Provide actionable recommendations for improving healthcare service delivery. The PHNA 2025 plan and questionnaire were finalized, and the Health Sector Information Management unit conducted a training for the data collectors on 26 September 2024, and data collection started on 30 September. The data analysis and findings sharing timeline will be in line with the ISCG ISNA and JRP 2025. The health sector will arrange a dissemination workshop to share the PHNA findings in the last week of October 2024.

*Primary Healthcare (PHC) technical committee:* The Health Sector is establishing a new Technical Committee, the Primary Health Care and Referrals Technical Committee (PHC TC), to revise and update the current referral system more in-depth, recommend required changes or development actions, and revise or develop standardized referral policies and tools in order to address the referral gaps. The ToR of the PHC TC was drafted, reviewed by the SAG, and finalized.

*Other assessments and surveys:* As the Health Sector is currently facing a significant challenge with the existing referral system, the health sector designed and initiated a survey to assess the current referral system and identify the challenges and gaps. Findings from this survey will help the sector to identify the current system, partner's capacity, resources, challenges, and gaps. Additionally, the Health Sector initiated several surveys related to cholera to address the current cholera situation in camps. It is notable to mention that since the last week of June 2024, there has been a continued upsurge of cholera in the camps. These surveys include a Cholera outbreak coordination matrix survey, Diarrhea and Cholera Treatment Centers capacity assessment, and a knowledge, Attitudes, and Practices (KAP) survey.

## **2. Working Groups (WGs)**

### ***Epidemiology, Case Management, and IPC Technical Working Group (Epi TWG)***

There has been an ongoing cholera outbreak in Rohingya Refugee Camps since 23 June 2024, The Epi TWG, in collaboration with the WASH Sector, has continued to effectively respond through JART investigations of each case (both culture-positive and RDT-positive), contact tracing, and active case search. In September 2024, 58 culture-confirmed cholera cases were reported, which was slightly lower than the previous month (65 cases).

WHO, the lead of the Health Sector, and Epi WG in collaboration with WHO IVD and WHO CDS units submitted a request approved by DGHS-CDC to ICG which has secured 1,635,695 doses of Cholera vaccines to support a reactive OCV campaign in Mid-November targeted Rohingya Refugees in 'Cox's Bazar and Noakhali districts respectively and Bangladeshi population in Ukhiya and Teknaf. So far 1.2 million doses have been delivered in the country while a draft



OCV campaign operational budget was submitted to DGHS-CDC for review and approval for onward transmission to GAVI to secure funding for the campaign.

During this period, The Epi TWG in collaboration with the CHWG and MPMSR conducted a training on Mortality Surveillance for 101 HCWs focusing on improving the quality of maternal mortality reporting in terms of adequacy, accuracy, and timeliness, and essentially reducing the gaps of primary notification of respective mortality between the field and facility-level.

A Diseased Surveillance and EWARS Training for the Health Facilities in camps was conducted and the objectives for this year were to sensitize, refresh, and reinforce the emergency disease surveillance activities in camps and efficient uses of EWARS by the designated health personnel. A total of 106 health personnel were trained in the training.

In September 2024, the number of reported Dengue cases rose to 3827, which was a 36% increase from the previous month (August) and 5-fold higher than the average for the previous three months (May-July) combined.

As stated in the last bulletin in August, the weekly trends of dengue fever have increased since the beginning of August 2024, and the number of cases remains high compared to the three-year trend. The epidemiology and surveillance teams continue to collaborate with WASH and CHWG to sustain dengue fever prevention interventions in camps.

Dengue fever detection and management training was undertaken jointly by Epi TWG and the WHO Health Operation team to capacity-build 150 Healthcare workers from different health sector partners involved in the management of Dengue cases in their health facilities.

### ***Mental Health and Psychosocial Support (MHPSS) Technical Working Group (MHPSS WG)***

The MHPSS WG and WHO jointly conducted mhGAP staff and MHPSS service mapping. Based on the service mapping, it was found that 57% of doctors and 60% of psychologists did not receive mhGAP training. Shortage of psychotropic drugs was also found to be a gap in MHPSS service at the health facility level. Also, the MHPSS TWG carried out an MHPSS supervision needs assessment and found that about 36% of mental health staff did not receive supportive supervision. It was recommended to arranging more supportive supervision sessions with all MHPSS staff and volunteers.

With the theme "Changing the Narrative on Suicide", several organizations, including BRAC, Care Bangladesh, Food for the Hungry (FH), Friendship, Gonoshasthaya Kendra (GK), IOM, and UNHCR held events in the host communities, refugee camps, and Bhasan Char to commemorate World Suicide Prevention Day 2024 on September 10 and 11. The events included school-based initiatives, talks with local leaders, seminars, awareness campaigns, and recreational activities like acting and drawing. Sessions centered on debunking myths, talking about protective factors, and recognizing the warning signs and symptoms of suicide.



UNHCR shared the suicide-related training materials, IEC materials, and tool kit with MHPSS actors as a part of minimizing the existing gap and building local capacity regarding suicide prevention and response.

### ***Community Health Workers Technical Working Group (CHW TWG)***

A comprehensive 3-day training was conducted for 200 CHW Supervisors, Managers, and Coordinators focused on First Aid, Civil Registration, Cyclone Preparedness, and Mass Casualty Management. This program strengthens CHW's capacity to respond to emergencies, particularly during the monsoon and cyclone seasons, fires, and other crises, enhancing alignment with Joint Response Plan (JRP) targets for community health preparedness.

Over 180 CHW supervisors received training to engage Traditional Birth Attendants (TBAs) and key community groups in non-labor support. By encouraging antenatal visits, promoting safe delivery practices, and educating the community on maternal and neonatal health, CHWs and community leaders help foster better health outcomes for mothers and newborns.

### ***Sexual and Reproductive Health Technical Working Group (SRH TWG)***

In mid-September, UNFPA organized a dissemination workshop on the recently accomplished SRH Survey 2024 and shared the key findings with the key stakeholders from the Government of Bangladesh (GoB), health sector partners, and ISCG members. The presentation highlighted critical improvements in family planning uptake, a reduction in adolescent pregnancies, and evolving gender attitudes within the Rohingya population. During the session, the UNFPA representative provided valuable insights on the community-level distribution of family planning methods and the importance of addressing unmet needs in SRH services.

SRH TWG conducted the Maternal and Perinatal Mortality Surveillance and Response (MPMSR) committee meeting on 26 September 2024, engaging the wider stakeholders' participation of Government officials, UN agencies, and NGOs. The discussions focused on maternal and perinatal mortality surveillance, key findings, barriers, addressing field challenges, and strategies to enhance referral systems and CEmONC support. This meeting reinforced the importance of multi-sectoral coordination in improving maternal and child health outcomes across the camps.

## **3. Health Sector Partners Update**

### **BRAC**

A dedicated Hepatitis C treatment service was launched at BRAC Primary Healthcare Center in Camp-13 in September, marking a significant step in addressing Hepatitis C among the Rohingya community. This initiative, supported by the WHO, offers comprehensive care, including screening, diagnosis, and antiviral treatment capacity building. Additionally, BRAC's enhanced lab facilities ensure accurate and timely diagnostics. Until the end of September

2024, nine people received treatment. The program is crucial in reducing Hepatitis C-related morbidity, improving health outcomes, and serving as a model for healthcare interventions in refugee settings.

### **Food for the Hungry (FH)**

On World Suicide Prevention Day 2024, FH organized awareness sessions in Camps 5, 7, and 12, engaging over 300 participants (81 Female and 219 Male), including community health volunteers, leaders, and NGO workers with the presence of WHO, UNHCR MHPSS team, CIC and other stockholders. The sessions focused on participants' understanding of suicide and explored how they could contribute to its prevention. FH also arranged focus group discussions (FGDs) with the beneficiaries and community leaders, where they shared that relationship problems, marital disputes, extramarital affairs, and financial difficulties are the main reasons for suicide. The religious leaders committed to addressing the topic in their gathering and after the end of prayer. The beneficiaries and community leaders who joined the FGDs came to the point that family support and not being judgmental can lower the suicidal rate. Young beneficiaries brought their thoughts through colors. An art competition was arranged to encourage them and identify their support systems.

### **Health and Education for All (HAEFA)**

The Health and Education for All (HAEFA) started renovating its health facilities in Camps 1W and 09. These renovation efforts brought vital improvements, including constructing robust drainage systems, installing protective geotextile sandbags, and offsetting secure bamboo boundary fences at Camp 09. The new overhead thatch and essential upgrades to the septic tank will ensure a sustainable environment. By October 2024, HAEFA looks forward to completing additional infrastructure enhancements, including elevated platforms, water storage systems, and refined sanitation facilities, all aimed at elevating the quality of healthcare services.



*Figure 6: The repair and renovation efforts at HAEFA Camp 9 HP*

### **International Organization for Migration (IOM)**

*Community Engagement in Dengue Response:* In response to the massive dengue upsurge in the Rohingya refugee camps, IOM conducted extensive risk communication and community engagement intervention aiming to prevent transmission, protect the community, and increase health-seeking behavior. The interventions applied community-based approaches and focused on strengthening community ownership in prevention and response. A total of 200 community health workers, through a wide range of community engagement tools and

approaches, engaged the community in this mobilization process. A series of training sessions, cascaded among 240 healthcare workers, community health supervisors, and community health workers were conducted earlier for the effective execution of these community engagement interventions.

*World Suicide Prevention Day:* To mark World Suicide Prevention Day 2024 on 10 September 2024, the IOM- MHPSS team conducted several activities across the host community, and refugee camps focusing on the theme "Changing the Narrative on Suicide". Activities during September 10-11 included awareness campaigns, discussions with community leaders, seminar sessions, school-based campaigns, and recreational activities like drama and drawing. The sessions focused on identifying signs and symptoms of suicide, dispelling myths, and a discussion on protective factors. These efforts aimed to highlight the critical need for mental health support and foster a sense of community solidarity in the prevention of suicide. In addition, the events also emphasized the importance of support from authorities, mental health professionals, family, community, and peers in overcoming adversities.

### **United Nations Children's Fund (UNICEF)**

The 2nd round bOPV campaign for under-five Rohingya children was carried out from 1-12 September 2024. UNICEF supported supportive supervision and Rapid Convenient Monitoring (RCM) and led the Risk Communication and Community Engagement activities during the campaign. 13 "camp level community consultation meetings" and "advocacy meetings" were held with CIC and stakeholders. 1,000 festoons, 9,500 leaflets, and 194 banners were placed at strategic points of 31 camps. For community awareness, hand miking, CNG-based miking, and mosque miking were carried out throughout the campaign.

UNICEF supported the printing and distribution of 20,000 temporary vaccination cards for children and 10,000 temporary vaccination cards for pregnant mothers to document the vaccination of the recent new influx of the Rohingya population.

The second quarterly EPI performance review meeting was organized in Ukhiya and Teknaf Upazilla Health Complexes to discuss the progress of routine immunization activities in the Rohingya refugee camps. The meeting was facilitated over by the Upazila Health and Family Planning Officers in the presence of UNICEF, WHO, and other stakeholders. A Quarterly district-level EPI review meeting was also arranged in the presence of Civil Surgeon Cox's Bazar to discuss the bottlenecks and way forward for improving routine immunization services.

UNICEF supported the provision of AWD and Dengue prevention awareness activities in 17 Camps, including Bhasan Char. More than 285,000 Rohingya Refugees and host communities in 17 Rohingya camps, including Bhasan Char and 15 Host Unions, received AWD and Dengue messages through two-way engagement and inter-personal communication sessions and Information and Feedback Centers. 4,520 adolescents across 190 adolescent clubs were reached through radio



Figure 7: A Session on AWD and Dengue Prevention

coverage in 10 Rohingya camps and five upazilas. A total of 54 community consultation meetings were conducted with the participation of 1,994 people, including camp authorities and other stakeholders. A total of 937 mosques and 897 learning centers in 17 camps were reached with awareness messages for AWD and Dengue. A cleaning campaign was organized for Dengue prevention and AWD awareness in 17 Rohingya Camps. A total of 54 mosquito breeding hotspots were identified and cleaned by the lead of community people.

UNICEF supported the renovation of the Upazila Health Complexes (UHCs) and district hospital to enhance the capacity of these facilities to provide quality health services to the Rohingya community as well as the host community. UNICEF supported the solarization of all seven UHCs to address the critical energy requirement from the Government.

### **World Health Organization (WHO)**

*Communicable Diseases:* As of 30 September 2024, 8,490 individuals were screened for Hepatitis B and C. Of these, 3,694 (43.5%) tested positive for Hepatitis C, and 421 (5.9%) tested positive for Hepatitis B. Co-infection with both Hepatitis B and C was found in 198 individuals (2.8%), including 30 pregnant women. Of the 3,174 pregnant women screened, 541 (17%) tested positive for Hepatitis C and 81 (3%) for Hepatitis B. A total of 797 individuals, including 90 pregnant women, were confirmed as having active Hepatitis C infection. Treatment was initiated for 513 individuals.

*Non-communicable diseases:* As the HOPE Field Hospital has relaunched its NCD services after a period of discontinuity, WHO facilitated a training session on NCD operations for the hospital staff at the hospital premises on 11 September 2024. Additionally, WHO regularly provides necessary medicines and equipment to health facilities to enhance service quality and affordability.

*Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH):* WHO and the Health Sector, with support from CHW TWG and SRH TWG completed the mapping exercise from 25 August to 12 September, 2024 to identify all active TBAs across the 33 camps. Around 1200 TBAs were localized and targeted to sensitize this key community group of

women on non-clinical labor room support and role clarification in the next phase. The identified TBAs will be utilized for their non-clinical supportive role as a part of the health team to improve maternal and child health outcomes.

*Water, sanitation, and hygiene (WASH) and Healthcare Waste Management:* WHO visited 18 healthcare facilities (12 Health Posts and 6 Primary Health care Centers) in the Ukhiya and Teknaf camps to assess the WASH and HCWM. Additionally, the water quality was tested at 18 facility source water points and drinking water sources for parameters including Free Residual Chlorine (FRC), pH, and turbidity. The results of these visits revealed significant deficiencies in the water supply system, sanitation facilities, healthcare waste management and disposal systems, and water quality at the facilities. The recommendations regarding quality improvements were shared with the facilities in charge, and the final recommendations will also be shared during the upcoming health sector meetings.

*Infection Prevention and Control (IPC):* The WHO IPC unit conducted supportive supervision to assess the Infection Prevention and Control (IPC) activities of the healthcare facilities in Ukhiya and Teknaf in the camps throughout the month. A total of nineteen (19) healthcare facilities, including 12 health posts and 07 primary healthcare centres, were visited. The main objective of this activity was to assess the status of Infection, Prevention, and Control (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 the healthcare settings.



Figure 8: Supportive supervision of IPC activities at MSI Health Post, Camp-16

## Upcoming Events / Training Calendar

Title of Training	Start date	End date	Organizer	Target Participant
ToT on Orientation of Key community group on non-clinical labor room support and role clarification	2024-10-06	2024-10-10	WHO	CHW supervisors, managers, and SRH Focal points
MCH orientation	2024-10-01	2024-10-01	SRHWG	1. Midwives supervisor/Midwives 2. SRH Focal Point 3. UN Agency/Technical/IMMs
MCH card orientation	2024-10-07	2024-10-07	SRHWG	1. Midwives supervisor/Midwives 2. SRH Focal Point 3. UN Agency/Technical/IMMs
Training on prevention, control, and treatment of dengue from different NGOs/INGOs and government health facilities in the camps.	2024-10-06	2024-09-08	WHO	Physicians, Nurses, Medical assistants
Training on Package of essential non-communicable (PEN) disease	2024-10-29	2024-10-31	WHO	Doctors

interventions for primary health care in low-resource settings.				
Training on Mental Health Gap Action Programme (mhGAP)	2024-10-22	2024-09-24	WHO	Doctors, Psychologists
Skill Based off site training for midwife- ToT on MLS through SRG WG	2024-10-08	2024-10-09	RTMI	Midwife
PSEAH Training of Sector Focal Points (SCCCM and WASH staff) to mainstream PSEA in humanitarian and emergency response service delivery in Rohingya Refugee Camp	2024-10-09	2024-10-10	WHO	SCCCM and WASH Focal Points
Training on Essential Newborn Care Now (ENC) Providers by MEDGLOBAL	2024-10-19	2024-10-24	MEDGLOBAL	Doctors, Nurse , Midwife
Training on Essential Newborn Care Now (ENC) Providers by MEDGLOBAL	2024-10-26	2024-10-31	MEDGLOBAL	Doctors, Nurse , Midwife
Training on AFP and VPD surveillance	2024-11-03	2024-11-07	WHO	Doctor, Medical Assistant, Nurse
Training on Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings	2024-11-18	2024-11-20	WHO	Doctors
Training on Mental Health Gap Action Programme (mhGAP)	2024-11-05	2024-11-07	WHO	Doctors, Psychologists
Refresher training on Mental Health Gap Action Programme (mhGAP)	2024-11-25	2024-11-26	WHO	Doctors
Refresher training on Mental Health Gap Action Programme (mhGAP)	2024-11-27	2024-11-28	WHO	Doctors
Training on Advance Life support in Obstetrics (ALSO) & BLSO service Providers by MEDGLOBAL	2024-11-09	2024-11-13	MEDGLOBAL	Doctors, Nurses, Midwives, Medical Assistant.
Training Helping Mother Survive (HMS) Provided by MED GLOBAL	2024-11-24	2024-11-30	MEDGLOBAL	Doctors, Nurses Midwives.
CMR/ IPV training for Health Service Provider	2024-11-24	2024-11-28	IRC	Midwives
Interagency training workshop on GBV-Health related Information Management and Referral in the health facility.	2024-11-10	2024-11-11	WHO	Reporting Focal Persons
Workshop on compassionate and empathetic referral - In her Shoes	2024-11-13	2024-11-14	WHO	Doctor, Nurse, Medical Assistant,
Workshop to disseminate the Minimum Package of Essential Health Services (MPEHS) 2024 version for the Health Sector partners	2024-11-21	2024-11-21	WHO	Senior-level officials, leads, or managers who can effectively contribute to the health response

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

**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 September 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 October 2024)*

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