



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



1,004,986 Rohingya Refugees living in camps

1.07 M Health Sector Target (JRP 2024).¹

HIGHLIGHTS

- Dengue upsurge continued, a total of 3,577 confirmed new dengue cases were reported in October 2024.
- An active cholera outbreak is ongoing in camps, a total of 45 culture-positive cholera cases were reported in camps during the reporting period.
- The Health Sector completed the Public Health Needs Assessment (PHNA) 2025 in Rohingya Refugee Camps in October 2024. In the PHNA, the identified top priorities were continuation of primary healthcare services, including immunization, Non-Communicable Diseases (NCD) management and medical referrals with transportation; disease control and treatment; expansion of secondary healthcare services; Emergency and outbreak preparedness and response; and enhancement of Community Health Services.

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
436	MEDICAL DOCTOR
385	NURSES
483	MIDWIVES

HEALTH ACTION



452K	OPD CONSULTATIONS
10,949	INPATIENT ADMISSIONS
3,136	FACILITY-BASED BIRTHS-Refugee & Host
98.2%	% LIVE BIRTHS
1.8%	% STILLBIRTHS
3	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE



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

HEALTH FUNDING \$USD (JRP 2024)



USD	<u>UN OCHA Financial Tracking System</u>	
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

Situation Update

General Situation

The month of October 2024 was marked by uninterrupted routine service delivery and unimpeded access to essential healthcare services. There was a warning of Cyclone “Dana” due to which light rain for a couple of days was observed with no significant incident. The monsoon season is over, and overall there was less rain compared to the previous month.

Throughout the month, the health sector field team identified some key challenges-

- *Hepatitis C Treatment:* Due to limited resources and specialized care options, some patients faced challenges in accessing treatment for Hepatitis C.
- *Unauthorized drug dispensers:* The growing number of unauthorized drug dispensers at the block level in a few camps were observed leading patients to self-prescribe antibiotics, delayed treatment at the health facilities and potential complications.
- *Chronic Disease Referrals:* Significant challenges observed in referring patients with chronic conditions with many patients were observed being refused referrals to higher-level health facilities.
- *Security Concerns:* Some health facilities reported facing security-related challenges that hinder patient access to health services during nighttime.

Health Services Delivery

Since August 2024, there was a steep increase observed for almost all the health services utilizations including the number of outpatient (OPD) consultations and inpatient admissions, which was observed continued in October 2024, recording 452,456 OPD consultations and 10,949 inpatient admissions. These numbers were significantly higher than the average monthly consultations (13% higher) and inpatient admissions (22% higher) compared to

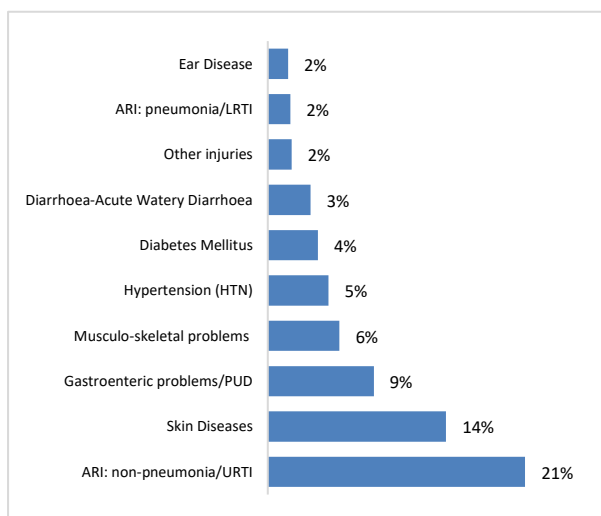


Figure 1: Top Morbidity Reported in DHIS2 (Oct 2024)

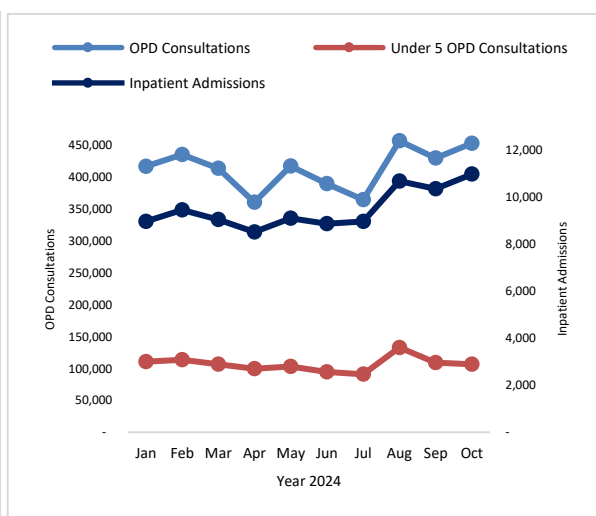


Figure 2: Trends of OPD consultations and Inpatient Admissions

the first seven months of this year ($P=0.003$ and <0.001). Similar to August-September 2024, the increment in the number of OPD consultations in October 2024 was only significant ($P<0.001$) among the Rohingyas, with around 18% higher consultations recorded in Oct 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 39% 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. As these new increasing numbers were consistent in the last three months and becoming new normal trends despite no change in DHIS-2 morbidity distribution and no record of newly emerged diseases in camps, this is almost certain that this is due to the new arrivals since many partners also stated that they were getting a lot of unregistered patients. This increasing patient load was observed to be equally distributed among all the health facilities with no facilities reporting an absurdly high number.

According to DHIS-2 data, the morbidity distribution among refugees for October 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 75,193 consultations for non-pneumonia infections, which was almost similar to the last month. Seasonal variations and shifts in weather patterns may contribute to the changes in ARI consultations. Skin Diseases contributed to 14% of the consultations for diseases during the reporting period, with around 52,043 consultations which is slightly higher than last month.

Table 1: Selected Health System Performance Data

Indicator	Oct 2024	Cumulative in 2024	Baseline-2023	Progress
Total number of OPD Consultations (Host and Rohingya)	452,456	4,135,781	5,546,581	3.86 per person
Total number of Inpatient Admissions (Host and Rohingya)	10,949	94,703	104,680	90%
Total number of patients referred out	4,754	43,364	43,727	99%
Total number of first-time users (Host and Rohingya)	11,670	108,168	138,152	78%
Total number of ANC 1 Visit -Rohingya	7,435	72,803	156,397	47%
Total number of Live births at the facility (Host and Rohingya)	3,078	28,670	NA	
Total number of Stillbirths at the facility (Host and Rohingya)	58	528	NA	
Of the births, number of mothers who had ANC 4 or above visits (Rohingya)	2,465	17,489	26,008	90%
Total number of C-Sections at health facilities	229	2,434	1,919	

Total number of Post Abortion Care provided (Host and Rohingya)	360	2,949	2,858	103%
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	6,007	72,282	142,322	
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	2,162	37,403	123,677	
Total Number of NEW clinical mental health consultations done by psychiatrist and/or mh-GAP doctor (Host and Rohingya)	1064	11,711	NA	
Number of NEW focused counselling done by psychologist or counsellor (Host & Rohingya)	3,766	33,603	NA	
Number of Health staff trained on mhGAP under the facility	166	882	NA	
Total number of Minor surgeries conducted (Host and Rohingya)	7,891	59,368	59,483	100%
Total number of Major surgeries conducted (Host and Rohingya)	388	3,472	4,401	79%
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)	4,332	39,754	58,881	68%
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	1839	10,422	18,284	57%

Public health risks, priorities, needs, and gaps

Public Health and Epidemiological Analysis

1. Communicable Disease Control and Surveillance

Dengue

During the reporting period, 3,577 (3251 Rohingya, Host 326) confirmed new dengue cases were reported, which is a 13% decrease from the previous month. This brings the total Dengue positive cases to 13,707 (Rohingya 12,444, Host 1263) in 2024 with 7 confirmed deaths (1 in October) so far (CFR <0.01%). General weekly trends of dengue cases were observed slowly but gradually declining in the past five weeks.

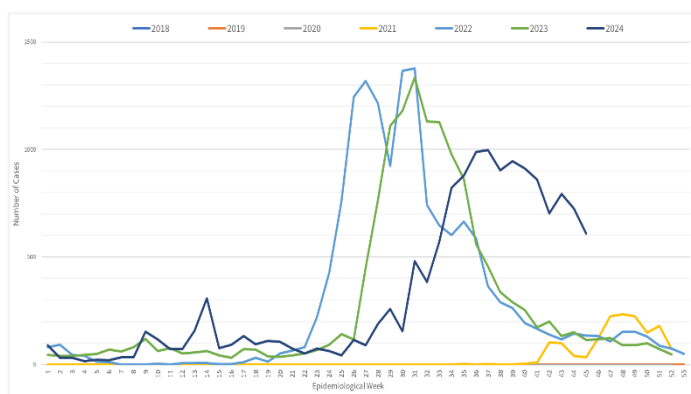


Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

AWD/Cholera

Since the last week of June, there has been an active cholera outbreak ongoing in camps and continued throughout October 2024. A total of 48 (Rohingya 45, Host 3) culture-positive cholera cases were reported during the reporting period. This brings a total of 258 culture-confirmed cholera cases since the outbreak (Rohingya 187, Host 23). However, no fatality (CFR-0%) has been reported so far.

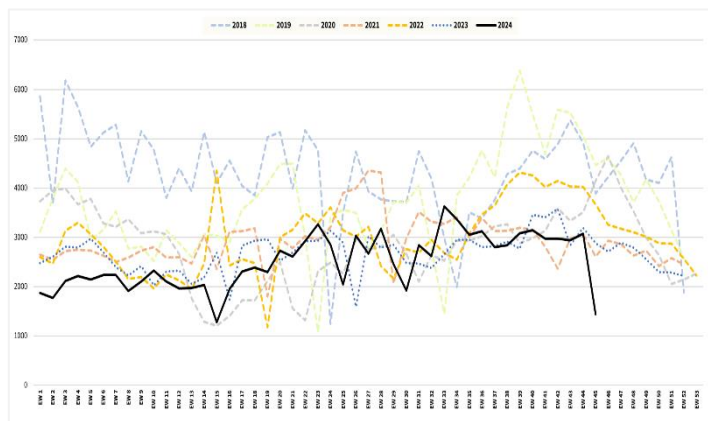


Figure 4: Trends of AWD cases reported in EWARS 2018-2024.

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

COVID-19 transmission is currently under control in Rohingya Camps and the host population with sustained zero confirmed cases throughout October 2024.

2. Routine Immunization and AFP & VPD surveillance

In October 2024, more than 39,000 doses of different antigens were administered, targeting less than 2 years of children. This includes 11,886 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 7,200 doses of the Measles vaccine (MR 1st and 2nd doses).

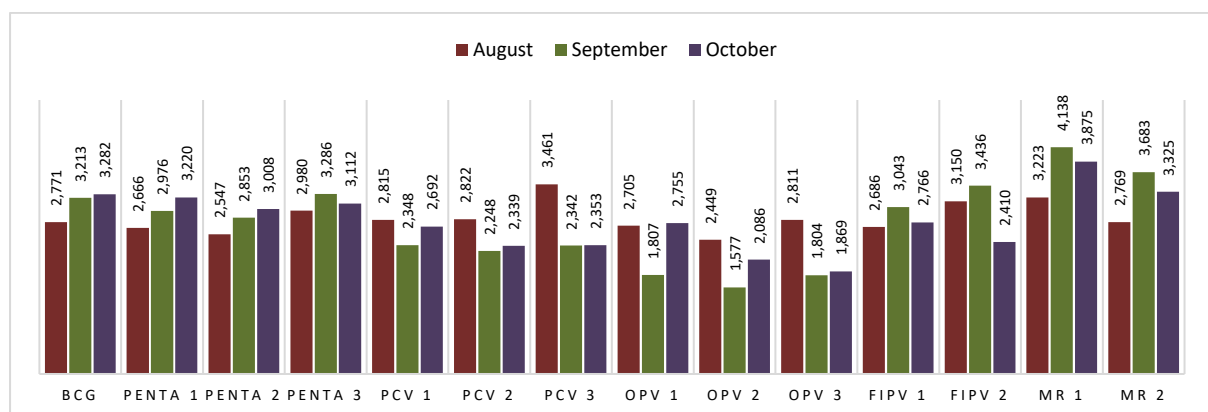


Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at 'Cox's Bazar (Source: DHIS-2)

1. Coordination, Collaboration, and Strategic Guidance

Health assistance to the new arrivals

General Health Card distribution for newly arrived Rohingya is ongoing with the help of the UNHCR-led Community Health Workers Technical Working Group (CHW TWG), with referrals for children under two years old to routine immunization (EPI) sites. A temporary immunization card was developed for new arrivals, to be replaced with a regular card once full immunization is completed. The distribution process of the general health card is proceeding smoothly.

Public Health Needs Assessment (PHNA) 2024-2025

The Health Sector completed the Public Health Needs Assessment (PHNA) 2025 in Rohingya Refugee Camps in October 2024 to identify the most pressing health concerns among Rohingya refugees, evaluate the accessibility and quality of health services, assess gaps in medicines, medical equipment, and medical services, understand community awareness of health services, as well as barriers to accessing these services and to provide actionable recommendations for improving healthcare service delivery.

Surveys were conducted among Rohingya households and healthcare providers from different NGOs providing healthcare services in Rohingya camps. 670 Households were visited and household heads were interviewed by the trained data collectors (CHW supervisors) comprising households from all 33 camps based on their population ratio. 268 healthcare workers and 25 NGOs represented by their health managers/ leads providing healthcare services in camps participated in the survey.

The Health Sector shared the PHNA findings with over 30 partners at a finding dissemination workshop on October 27, 2024.

Key findings from PHNA 2025: The PHNA identified the continuation of primary healthcare services, including immunization, Non-Communicable Diseases (NCD) management and medical referrals with transportation; disease control and treatment; expansion of secondary healthcare services; Emergency and outbreak preparedness and response; and enhancement of Community Health Services as the top priorities within the Health Sector. Additionally, support for surveillance and field coordination has been recognized as key priorities.

In terms of public health concerns, Mental Health (MH) and NCDs—particularly hypertension among persons with disabilities (PwD)—have emerged as critical needs, alongside respiratory diseases, skin conditions, diarrhea, and hepatitis. The assessment found that NCDs and other long-term health conditions e.g., diabetes, hypertension, etc. (NCDs) are prevalent in 40% of households.

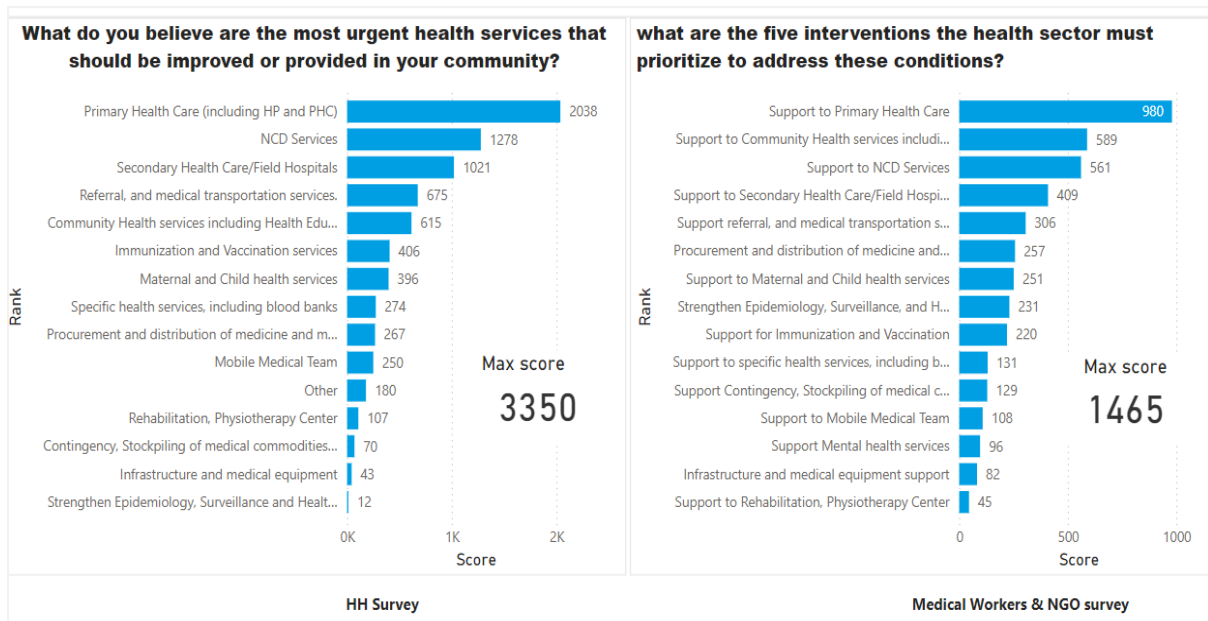


Figure 6: Identified Health Priorities and needs in the PHNA 2025 survey

As per the PHNA findings, 22% of households rely on unauthorized drug sellers due to certain medicine shortages, and 23% of health facilities face regular disruptions in essential medicine availability at their health facilities. Mental health is a major concern, especially for people with disabilities. Emotional distress and MH problems affect 32% of households, but only 39% access MHPSS services, and among households with a PwD, distress rises to 48%, with 52% lacking access to MHPSS services.

There's a need for medical equipment upgrades such as imaging machines, cardiocography, ECGs, incubators, and surgical and ICU equipment to enhance service delivery quality. Under-5 children, pregnant women, and people with disabilities are the most vulnerable groups, while people with disabilities, the elderly, and pregnant women face the least access to healthcare. 17% of under-5 children were diagnosed with malnutrition in the past 6 months. More details on the findings of the Public Health Needs Assessment – Health Sector 2024 – 2025 can be found on the Dashboard Available on:

<https://rohingyaresponse.org/sectors/coxs-bazar/health/#assessments>

Recommendations:

The 2025 PHNA highlights the need for sustained primary and secondary healthcare, improved service quality, strengthened community health, and expanding services for immunization, NCDs, mental health, and maternal and child healthcare. Addressing medicine shortages, upgrading medical devices, and transitioning to a unified digital health system are essential. Improving accessibility for people with disabilities and the elderly, and strengthening mental health services are key priorities. Addressing WaSH gaps in health facilities is crucial for safer healthcare. The PHNA data emphasizes coordinated efforts to improve service delivery, resource allocation, and support for vulnerable groups which will ultimately lead to advancing public health outcomes in the Rohingya camps.

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 October 2024, 84 JART Response interventions in collaboration with the WASH sector were conducted.

In October 2024, 45 culture-confirmed cholera cases were reported in camps, which was 17% lower than the previous month (58 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 targeting 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.

In October 2024, the Epi TWG conducted a Rapid Risk Assessment (RRA) assessment for the Dengue upsurge in the highest-burdened camps- Camp 13 and 19 in Ukhiya and utilized the RRA findings to inform generalized and targeted response interventions by the multi-sectoral partners. During this period, 3577 RDT-positive Dengue Fever cases were reported of which 91% (3251/3577) were from Rohingya Camps including one death (CFR-0.03%). The Monthly caseloads however dropped by 13% from 4110 cases reported in September to 3577 cases in October. 10 samples from five health facilities were sent for dengue Fever Serotyping at the national reference lab in Dhaka and results are awaited in the first week of November 2024. The multi-sector response interventions continue to be scaled up by Health, WASH, Environment, and Camp Site Management teams.

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

In October 2024, in collaboration with the MHPSS TWG, the World Health Organization (WHO), HOPE Field Hospital, and Food for the Hungry (FH) conducted new and refresher training sessions on the Mental Health Gap Action Program (mhGAP). All these trainings were facilitated by WHO. A total of 82 trainees including doctors, psychologists, and psychosocial counselors providing healthcare services to the Rohingya camps in Ukhia and Teknaf Upazilla of Cox's Bazar participated in these trainings. Pre and post-test assessments showed that the Knowledge of the participants was enhanced by 16%-20% after the training.

FH, BRAC, and IOM marked World Mental Health Day 2024 with impactful activities in refugee camps and host communities, engaging over 1,000 participants. FH hosted awareness

sessions, art competitions, and self-care workshops in Camps 5, 7, and 12, promoting mental well-being. BRAC focused on the theme "It's Time to Prioritize Mental Health in the Workplace," organizing stress management workshops, games, drama, and mindfulness activities across multiple camps. IOM's team led vibrant rallies, interactive discussions, community dramas, and sports, emphasizing mental health in daily and professional life. These events aimed to reduce burnout, enhance awareness, and foster a supportive mental health environment. UNHCR and WHO organized a World Mental Health Day Symposium which was attended by the government and partners.

Community Health Workers Technical Working Group (CHW TWG)

Following the training provided to over 180 CHW supervisors in September 2024 to engage Traditional Birth Attendants (TBAs) and key community groups in non-labor support, in October, around 500 TBAs were oriented on non-labor support, including encouraging antenatal care visits, promoting safe delivery practices, and enhancing awareness of maternal and neonatal health. This initiative aims to improve maternal and newborn



Figure 7: A CHW conducting a session with key community groups

health outcomes by strengthening the capacity of TBAs to work collaboratively with CHWs and community leaders. The combined efforts are fostering safer pregnancies and healthier practices within the community. Through these initiatives, CHWs remain indispensable to the health and resilience of Rohingya refugees and surrounding communities, delivering targeted, effective support across critical health needs.

AWD and Dengue prevention activities are ongoing following the recent upsurge.

Sexual and Reproductive Health Technical Working Group (SRH TWG)

Orientation on Maternal and Child Health (MCH) Card: During the first week of October 2024, the SRH TWG, guided by the Health Sector and RRRC, and in collaboration with UN Agencies conducted orientation of the MCH cards for service providers and SRH Focal Points of partners working in camps, in Cox's Bazar. The training, conducted in three batches, included midwife supervisors, Facility In-Charge /doctors, and SRH focal points from all 33 camps. An orientation package and SoP were developed with input from UN agencies. Technical experts from UNFPA, WHO, UNHCR, UNICEF, IOM, and Save the Children led sessions on MCH Card components, ANC protocols, high-risk assessment, and essential newborn care. The RRRC chaired the event; the Civil Surgeon, Cox's Bazar, UN agency, and partner representatives were present. A total of 191 participants (59 males and 132 females) were trained in Cox's Bazar, and 40 service providers were trained in Bhasanchar. The training equipped healthcare providers to implement the MCH Card and follow standard ANC protocols, enhancing care

quality in the camps. This initiative aims to support comprehensive healthcare and standardize service documentation across Rohingya camps.

Establishing Mechanism for Expert Review Panel for Maternal and Perinatal Death Review: The MPMSR committee, under SRH TWG and Health Sector guidance, initiated a systematic review of maternal and perinatal deaths. Engaging experts from various fields, the first meeting on 28 October 2024 at Cox's Bazar Sadar Hospital (CSH), chaired by the Additional Director of CSH, included representatives from UN Agencies, RRRC office, Civil Surgeon Office, Cox's Bazar, and partners. The committee presented and discussed death cases, identifying gaps and delays in management, and proposed solutions. This initiative fosters the exchange of views and cross-learning, aiming to improve maternity care, management, and referrals. The forum will meet bi-monthly to review deaths and make informed decisions to enhance maternal and newborn care quality.

3. Health Sector Partners Update

Health and Education for All (HAEFA)

The Health and Education for All (HAEFA) continued renovating its health facilities in Camps 1W and 09 throughout October 2024. In October, key infrastructure developments included the construction of a raised truss platform, installing a high-durability plastic water tank, and a reinforced railing system at Camp 09. A robust brick wall was built to house the main electric distribution board, alongside comprehensive septic and soak pit systems upgrades. Further enhancements encompass new hand-washing facilities, renewed overhead thatching at Camp 1W, bamboo boundary fences, and the refurbishment of existing toilets—all dedicated to ensuring an elevated healthcare experience for patients.

United Nations Children's Fund (UNICEF)

With the support of UNICEF, the Prevention of Mother-to-Child Transmission (PMTCT) and newborn dataset were incorporated in the DHIS2 server of Rohingya Response. Previously, as per the requirements and guidelines from the Programme Director of PMTCT, the Civil Surgeon, Cox's Bazar, the Health Sector, and the Management Information System (MIS) of the Directorate General of Health Services (DGHS) agreed to incorporate the PMTCT database to the DHIS2 server for Rohingya.

As a part of the National HPV Vaccination Campaign UNICEF Provided technical support in the implementation of the HPV vaccination campaign in Cox's Bazar District (Host community). UNICEF supported in capacity development of health workers, risk communication and community engagement, cold chain management, vaccine transportation, data management and reporting, and supportive supervision and monitoring of the vaccination campaign.

World Health Organization (WHO)

Communicable Diseases: The WHO Communicable Diseases team visited Bhasan Char, Bangladesh, from October 19 to 28, 2024, to boost healthcare for the Rohingya refugees. Originally planned as a one-week mission, their stay was extended due to Storm Dana. This allowed them to monitor hepatitis C, improve IPC practices, and build skills among healthcare workers. On October 21 and 23, the team trained doctors, nurses, and lab technicians on IPC, waste handling, and hepatitis C management. Their skills improved, as per the pre and post-assessment results. The training also covered empathic communication to help reduce hepatitis C stigma. On October 27, additional sessions were conducted for healthcare workers for emergency responses to snakebites and scabies.

The team also assessed healthcare facilities, including the Central Medical Waste Management Zone, several Primary Health Centers, and a 20-bed hospital. While the waste zone had safe handling infrastructure, the team found IPC issues like mislabelled chlorine solutions and incomplete sterilization. To address these, they developed IPC quick-reference guides, set up monthly audits, and planned quarterly emergency drills. This mission highlighted WHO's dedication to building strong healthcare systems and preparing local providers to serve the Rohingya community effectively.

Non-communicable diseases: On 29 – 31 October 2024, WHO conducted a three-day training on the WHO Package of Essential Non-communicable Diseases (PEN) Intervention for doctors working in different Health Posts (HPs) and Primary Health Care Centers (PHC) in Rohingya Camps. A total of 40 doctors participated among them 26 were male and 14 were female who are providing healthcare services at the camps in Ukhia and Teknaf Upazilla of Cox's Bazar. As per the pre-test and post-test, the knowledge of the participants was enhanced by 26% after the training.

Mental Health: On 22 – 24 October 2024, the WHO conducted three-day training sessions on the Mental Health Gap Action Programme (mhGAP) for doctors and psychologists working in Rohingya Camps. A total of 39 trainees participated among them 19 were doctors and 20 were psychologists and psychosocial counselors. (18 male and 21 female). All the participants were providing healthcare services to the FDMNs at the camps in Ukhia and Teknaf Upazilla of Cox's Bazar. Knowledge of the participants was enhanced by 20% after the training which was measured by pre-test and post-test. Another three-day training session on mhGAP was facilitated by WHO on 16, 17 & 20 October 2024 which was organized by HOPE Field Hospital at camp-4, Ukhia, Cox's Bazar. A total of 18 healthcare providers (10 male, 8 female) participated in that training. Their knowledge



Figure 8: mhGAP training organized by FH and facilitated by WHO

enhancement was measured by 17% by calculating their pre-test and post-test number.

A two-day refresher training on mhGAP was facilitated by WHO on 1-2 October 2024. It was organized by “Food for the Hungry” (FH) for their MHPSS care providers who were working in the Rohingya camps of Cox’s Bazar. A total of 25 healthcare providers (11 male, 14 female) participated in that training. Their knowledge enhancement was measured by 16% by calculating their pre-test and post-test number.

WHO conducted supportive supervision and refresher training for mhGAP-trained healthcare providers of ‘Friendship’ at Camp-26, Teknaf, Cox’s Bazar. Four psychologists who were working at the MHPSS center of that camp were supervised for better service delivery and knowledge retention of the previous training.

Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH): WHO and the Health Sector are working to engage the Key Community Group of Women (TBAs) to Improve Maternal and Child Health Outcomes among the Rohingya Community in Cox’s Bazar. After the successful localization of around 1,200 Traditional Birth Attendants through mapping exercises across 33 camps, WHO provided Training of Trainers (ToT) for 206 staff, including CHW supervisors, managers, midwives, and doctors on sensitization of TBAs for Non-Clinical Labour Room Support and encourage shared responsibilities with health team at facility and community level. The trainees will remain responsible for rolling out the training at the camp level to sensitize all mapped-out TBAs with support from SRHWG and CHWG.

Water, sanitation, and hygiene (WASH) and Healthcare Waste Management (HCWM): WHO visited 14 healthcare facilities (07 Health Posts and 07 Primary Health care Centers) in the Ukhiya and Teknaf camps to assess the WASH and HCWM. Additionally, the water quality was tested at 14 facility source water points and drinking water sources for parameters including Free Residual Chlorine (FRC), pH, and turbidity. Since June, a total of 102 out of 110 facilities have been visited. The findings from these assessments were presented at the Public Health Need Assessment workshop held on October 27, 2024. The results indicated notable deficiencies in water supply systems, sanitation facilities, healthcare waste disposal practices, and overall water quality at these healthcare facilities.

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 fourteen (14) healthcare facilities, including 06 health posts and 08 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.

Upcoming Events / Training Calendar

Title of Training	Start date	End date	Organizer	Target Participant
Training on AFP and VPD surveillance	11/3/2024	11/7/2024	WHO	Doctor, Medical Assistant, Nurse
Training on Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings	11/18/2024	11/20/2024	WHO	Doctors
Training on Mental Health Gap Action Programme (mhGAP)	11/5/2024	11/7/2024	WHO	Doctors, Psychologists
Refresher training on Mental Health Gap Action Programme (mhGAP)	11/25/2024	11/26/2024	WHO	Doctors
Refresher training on Mental Health Gap Action Programme (mhGAP)	11/27/2024	11/28/2024	WHO	Doctors
Refresher Training on Mental Health Gap Action Programme (mhGAP)	12/11/2024	12/12/2024	WHO	Psychologists
Training on Advance Life support in Obstetrics (ALSO) & BLSO service Providers by MEDGLOBAL	11/9/2024	11/13/2024	MEDGLOBAL	Doctors, Nurses, Midwives, Medical Assistant.
Training Helping Mother Survive (HMS) Provided by MED GLOBAL	11/24/2024	11/30/2024	MEDGLOBAL	Doctors, Nurses Midwives.
CMR/ IPV training for Health Service Provider	11/24/2024	11/28/2024	IRC	Midwives
Interagency training workshop on GBV-Health related Information Management and Referral in the health facility.	11/10/2024	11/11/2024	WHO	Reporting Focal Persons
Workshop on compassionate and empathetic referral - In her Shoes	11/13/2024	11/14/2024	WHO	Doctor, Nurse, Medical Assistant,
Interagency training workshop on GBV risk mitigation to health service providers.	11/18/2024	11/19/2024	WHO	Health sector, WASH, SCCCM, GBV SS, MHPSS WG
Interagency CMR-IPV follow up Training workshop	12/17/2024	12/19/2024	WHO	Doctors, midwives
Training on Capacity building of Midlevel Service provider LARC services	11/18/2024	11/20/2024	Ipas Bangladesh	Midlevel Service Provider
Training on E-stock Management Orientation for SRHWG partners	12/9/2024	12/9/2024	RTMI-UNFPA	SRH Working group Partner
Capacity building of Midlevel Service provider LARC services	11/23/2024	11/25/2024	Ipas Bangladesh	Midlevel service Provider
Training on Community Kangaroo Mother Care	11/11/2024	11/12/2024	UNICEF	Midwives/Nurses
Training on Community Kangaroo Mother Care	11/13/2024	11/14/2024	UNICEF	Midwives/Nurses
Expert review meeting on maternal & newborn death for Rohingya community .	12/22/2024	12/22/2024	RTMI-UNFPA	SRH WG Members
Training on Prevention of Priority Health Diseases	11/10/2024	11/14/2024	UNHCR	CHW supervisors
Training on Community-Based Surveillance	11/17/2024	11/28/2024	UNHCR	CHW supervisors
Stakeholders' symposium on health response to addressing GBVIPV and SV in Rohingya Response	11/28/2024	11/28/2024	WHO	Government, NGO, INGO, UN agencies
CMRIPV follow-up refresher training	12/17/2024	12/19/2024	WHO	midwives, nurses, doctors
Protection mainstreaming	12/15/2024	12/15/2024	WHO	Doctors, nurses, medical officers
Training on Prevention and Response of Sexual Misconduct with Supervisors of Community Health Workers for Rohingya Refugee Camp	12/1/2024	12/4/2024	WHO	Supervisors of CHWs

Training on Prevention and Response of Sexual Misconduct with Supervisors of Community Health Workers for Rohingya Refugee Camp	12/8/2024	12/9/2024	WHO	Supervisors of CHWs
One day Training on Good laboratory practices and biosafety for the laboratory personal	12/5/2024	12/5/2024	WHO	laboratory personal only
Refresher Training on DHIS-2	11/20/2024	11/21/2024	UNICEF	MIS officer/HIS/M&E/Data person
HPV vaccination campaign	12/3/2024	12/11/2024	WHO	doctors, nurses, medical assistants, paramedics, midwives, and vaccinators
HPV vaccination campaign	11/21/2024	11/25/2024	WHO	HF managers, nurses, and vaccinators
ANC & Continuum of care for positive pregnancy experience of mothers	12/11/2024	12/19/2024	WHO	Doctors/SRH Focal persons, Midwives, nurses directly involved in ANC & childbirth service delivery
3 days long training on ASRH for health service providers	12/22/2024	12/24/2024	Partners in Health and Development (PHD)	Doctors, Medical Assistant
VCAT Orientation for UNFPA-supported Midwives	12/12/2024	12/12/2024	Ipas Bangladesh	Midwives
Health Sector Meeting	12/18/2024	12/18/2024	Health sector	Coordinator and managers NGOs

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

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 October 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 November 2024)*

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