



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








**1,005,520 Rohingya Refugees living in camps**  
**1.07 M Health Sector Target (JRP 2024).<sup>1</sup>**

### HIGHLIGHTS

- A devastating fire in Camp 1W on December 24, 2024, caused 2 fatalities and 24 casualties. No Health Facilities were damaged and a Mobile Medical Team (MMT) was activated to provide additional support.
- An active cholera upsurge is ongoing in camps, the transmission rose by 26% in December 2024 compared to the last month with a total of 158 culture-positive cholera cases reported in camps.
- OCV Campaign is planned to be conducted from 12-16 Jan 2025 in Rohingya camps and 12-19 Jan 2025 in surrounding Host communities.
- Dengue Fever transmission continued to decline as the upsurge season ended.
- The HPV vaccination campaign took place on December 3–11, 2024, targeting girls aged 10–14 years in the Rohingya camps, achieving more than 100% coverage.

### THE HEALTH SECTOR

	56	ACTIVE HEALTH SECTOR (HS) PARTNERS
	17	APPEALING PARTNERS – JRP 2024
<b>REGISTERED HEALTH FACILITIES</b>		
	51	HEALTH POSTS
	47	PRIMARY HEALTH CENTRES
	02	FACILITIES WITH CEmonc SERVICES
	447	MEDICAL DOCTOR
	392	NURSES
	504	MIDWIVES
<b>HEALTH ACTION</b>		
	439K	OPD CONSULTATIONS
	14,444	INPATIENT ADMISSIONS
	3,327	FACILITY-BASED BIRTHS-Refugee & Host
	98.4%	% LIVE BIRTHS
	1.6%	% STILLBIRTHS
	3	MATERNAL DEATHS
	0%	COVID-19 CASE FATALITY RATIO
<b>DISEASE SURVEILLANCE</b>		
	2.46	CRUDE DEATHS/1,000 Pop (Jan-Dec 24)
	12	COVID-19 SENTINEL SITES
	33	AWD SENTINEL SITES
	120	EWARS REPORTING SITES
<b>HEALTH FUNDING \$USD (JRP 2024)</b>		
		<a href="#"><u>UN OCHA Financial Tracking System</u></a>
	USD	
	<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 December 2024 was marked by uninterrupted routine service delivery and unimpeded access to essential healthcare services.

On 24 December 2024, a devastating fire incident happened in Camp 1W, resulting in 2 fatalities and 24 casualties. No Health Facilities were damaged during the incident, Mobile Medical Team (MMT) were activated to provide additional support while all the existing health facilities continued their routine service delivery without interruption.

### Health Services Delivery

In December 2024, more than outpatient (OPD) 439,583 consultations were recorded which makes the total number of OPD consultations more than 5 million in the year 2024, which is almost half a million lower than last year. This makes the average number of OPD consultations per person per year 4.7 against the Health Sector JRP 2024 target population. In December 2024, more than 14,444 inpatient admissions were recorded which is significantly higher than the average of the other months of this year (50% higher,  $P<0.001$ ). More than 118,192 inpatient admissions were recorded in 2024, which is 13% higher than last year. Since August 2024, a steep increase has been observed and continued till the end of the year for almost all health services utilizations, including the number of outpatient (OPD) consultations and inpatient admissions. Compared to the first seven months (Jan-July 2024) of the year, in the last five months (Aug-Dec 2024) the average number of health service utilizations for all indicators significantly increased by 10-20% on average and this increment was only significant ( $P<0.001$ ) among the Rohingyas. As these increasing numbers were consistent in the last five months and became new normal trends despite no change in DHIS-2 morbidity distribution and no record of newly emerged diseases in camps, this is certainly

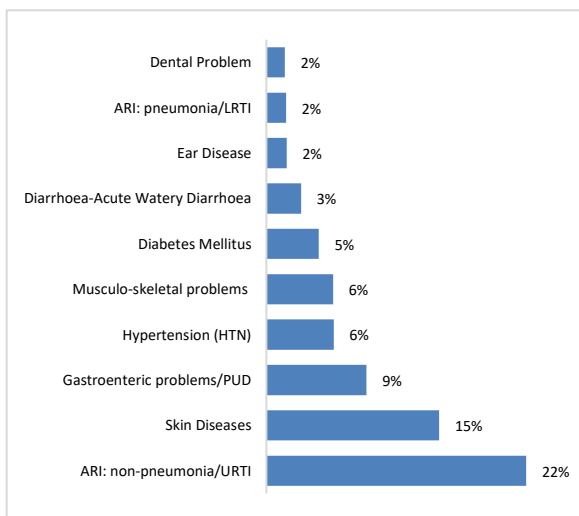


Figure 1: Top Morbidity Reported in DHIS2 (Dec 2024)

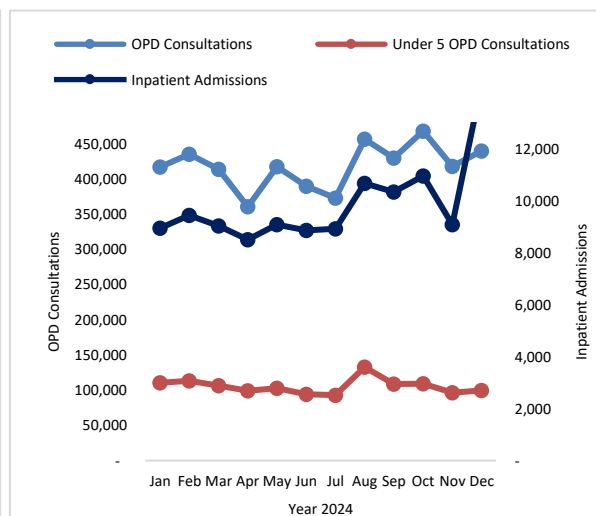


Figure 2: Trends of OPD consultations and Inpatient Admissions

due to the new arrivals since many partners also stated that they were getting a lot of new arrivals patients. This increasing patient load was observed to be equally distributed among all the health facilities with no facilities reporting an absurdly high number. Considering this, the Health Sector target for JRP 2025 was adjusted with the inclusion of new arrivals, and consequently the appeal for JRP 2025 slightly compared to last year. General Health Cards are also being distributed among the new arrivals to track their treatment record and avoid duplication, and their referral to the higher level of care is also facilitated by the sector irrespective of whether they have token/ biometrics or not.

According to DHIS-2 data, the morbidity distribution among refugees for December 2024 remained almost similar to the other months of the year 2024, predominantly characterized by Acute Respiratory Infections (ARI), and skin diseases. However, the reported numbers were lower in December 2024 than the other months for all diseases and morbidities due to a lower reporting rate compared to other months (71% in December 2024 compared to 82% average).

ARI cases contributed 22% of the consultations for diseases (Fig 1) during the reporting period, with around 65,868 consultations for non-pneumonia infections. Seasonal variations and shifts in weather patterns may contribute to the changes in ARI consultations. Skin Diseases contributed to 15% of the consultations for diseases during the reporting period, with around 43,807 consultations.

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

Indicator	Nov 2024	Cumulative in 2024	Baseline-2023	Progress
Total number of OPD Consultations (Host and Rohingya)	439,583	<b>5,017,149</b>	<b>5,546,581</b>	<b>4.70 per person</b>
Total number of Inpatient Admissions (Host and Rohingya)	14,444	<b>118,192</b>	<b>104,680</b>	<b>113%</b>
Total number of patients referred out	4,559	<b>52,599</b>	<b>43,727</b>	<b>120%</b>
Total number of first-time users (Host and Rohingya)	11,898	<b>131,377</b>	<b>138,152</b>	<b>95%</b>
Total number of ANC 1 Visit -Rohingya	9,426	<b>120,477</b>	<b>156,397</b>	<b>77%</b>
Total number of Live births at the facility (Host and Rohingya)	3,273	<b>35,016</b>	<b>NA</b>	
Total number of Stillbirths at the facility (Host and Rohingya)	54	<b>631</b>	<b>NA</b>	
Of the births, number of mothers who had ANC 4 or above visits (Rohingya)	1,712	<b>21,882</b>	<b>16,922</b>	<b>69%</b>
Total number of C-Sections at health facilities	281	<b>2,950</b>	<b>1,919</b>	
Total number of Post Abortion Care provided (Host and Rohingya)	279	<b>3,402</b>	<b>2,858</b>	<b>119%</b>
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	7,877	<b>87,859</b>	<b>NA</b>	

Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	3,550	<b>43,958</b>	<b>NA</b>	
Total Number of NEW clinical mental health consultations done by psychiatrist and/or mh-GAP doctor (Host and Rohingya)	1180	<b>13,818</b>	<b>NA</b>	
Number of NEW focused counselling done by psychologist or counsellor (Host & Rohingya)	3,847	<b>41,060</b>	<b>NA</b>	
Number of Health staff trained on mhGAP under the facility	127	<b>1098</b>	<b>NA</b>	
Total number of Minor surgeries conducted (Host and Rohingya)	6,754	<b>70,450</b>	<b>59,483</b>	<b>118%</b>
Total number of Major surgeries conducted (Host and Rohingya)	708	<b>6,019</b>	<b>4,401</b>	<b>137%</b>
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)	4,174	<b>48,189</b>	<b>58,881</b>	<b>82%</b>
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	1167	<b>12,174</b>	<b>18,284</b>	<b>67%</b>

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

### Public Health and Epidemiological Analysis

#### 1. Communicable Disease Control and Surveillance

##### Dengue

Dengue Fever Transmission has continued to significantly decline as the upsurge season ended though year-round transmission has continued. During the reporting period, 773 (684 Rohingya, 89 Host) new RDT-positive dengue cases were reported, which is almost a 3-fold decline from the previous month. This brings the total Dengue-positive cases to 16,679 (Rohingya 15095, Host 1584) in 2024, with 9 confirmed deaths so far. The case fatality ratio (CFR) remains <0.01% which is less than the dengue CFR of Bangladesh this year (0.514%) and the WHO threshold for Dengue CFR (<1%).

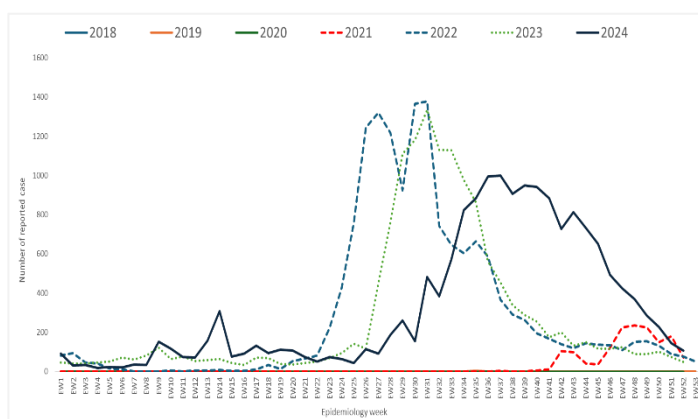


Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

## AWD/Cholera

Since the last week of June, there has been an active cholera outbreak ongoing in camps and continued throughout December 2024. The Cholera transmission rose by 26% in December 2024 with a total of 158 (Rohingya 158, Host 0) culture-positive cholera cases reported compared to 122 cases in the previous month. This brings a total

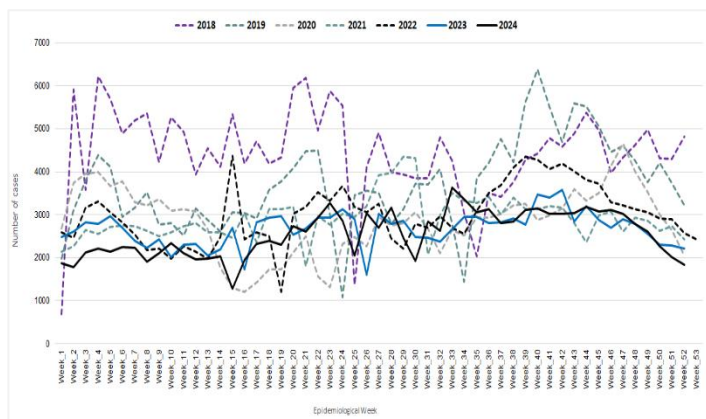


Figure 4: Trends of AWD cases reported in EWARS 2018-2024.

of 541 culture-confirmed cholera cases in 2024 (Rohingya 504, Host 37) making the upsurge largest ever in Rohingya Camps. However, no fatality (CFR-0%) has been reported so far. The cases were observed sporadically distributed across 30 camps. 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 Oral Cholera Vaccination (OCV) Campaign is planned to be conducted from 12-16 Jan 2025 in Rohingya camps and 12-19 Jan 2025 in surrounding Host communities.

## COVID-19 & Diphtheria

In December 2024 there was 1 confirmed Diphtheria case (0 deaths) reported in Rohingya camps. COVID-19 transmission remained under control and zero monthly caseloads were sustained in December 2024 in camps just like in November 2024.

## 2. Routine Immunization and AFP & VPD surveillance

In December 2024, more than 51,000 doses of different antigens were administered, targeting less than 2 years of children. This includes 20,321 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 6,267 doses of the Measles vaccine (MR 1<sup>st</sup> and 2<sup>nd</sup> doses).

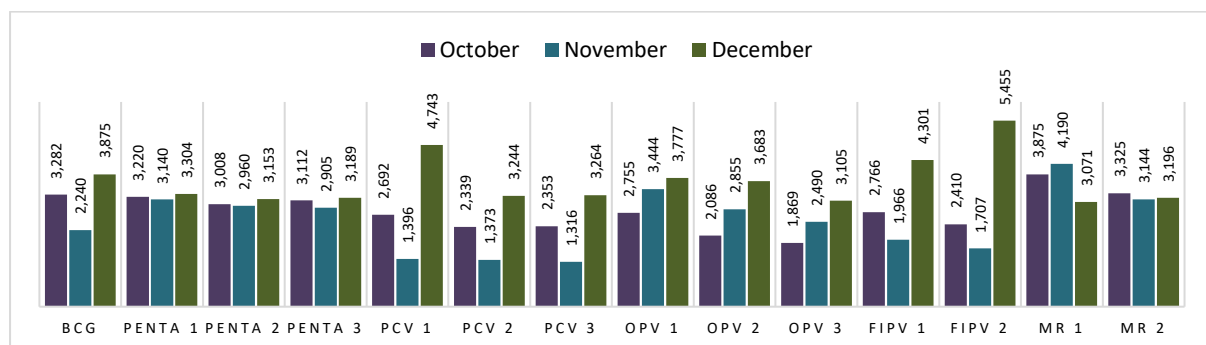


Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at 'Cox's Bazar' (Source: DHIS-2)

*Human papillomavirus (HPV) vaccination campaign:* As part of the nationwide HPV vaccination Campaign program by the Bangladesh government, the HPV vaccination campaign was conducted in Cox’s Bazar Rohingya Camps from 3 December to 11 December 2024 (7 days excluding the weekend), targeting girls aged 10–14 years in the Rohingya camps. Additionally, the campaign took place in Bhasanchar from December 17 to December 23, 2024 (5 days, excluding the weekend). A total of 72,324 girls (including Bhasanchar) aged 10–14 years or in grades 5–9 (or equivalent grades in other learning centers) were vaccinated across all locations, achieving 109.8% coverage of the target, though the Rapid Convenience Monitoring (RCM) findings showed 92% coverage.

*Oral Cholera Vaccination (OCV) Campaign:* The OCV campaign in the Rohingya camps at Cox’s Bazar is scheduled to plan from 12-16 Jan 2025 and continue for five days. To ensure its successful implementation, training sessions were organized in Dec 2024 for 200 CHW and wash supervisors, Health Field Monitors, and Camp Health Focal Person for vaccine administration, reporting, and documentation with the support of the WHO IVD and Epidemiology & Surveillance team. Later on, CHW and wash supervisors will facilitate the cascade training for CHWs and wash volunteers from 5 Jan to 9 Jan 2025.

## Health Sector Action

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

#### Field Coordination

In December 2024, a total of 33 camp-level health partner coordination meetings were held across all camps (each per camp). These meetings focused on key issues, including updates on camp-level health service activities, epidemiological trends, and significant public health programs. Discussions specifically covered the strategy for the HPV vaccination campaign, support through the health outreach workforce, community engagement efforts for Dengue prevention, and public health promotion activities related to Cholera/AWD. Critical updates were shared with partners, and emerging issues were addressed in a collaborative manner. This approach enhanced monitoring of the response, facilitated informed decision-making, and fostered constructive dialogue between health partners and stakeholders.

Given the identified gaps in the IOM-supported Camp Health Focal Points (CHFPs), the WHO’s CHFPs played a crucial role in ensuring consistent coordination with partners across 26 camps, excluding those managed by UNHCR.

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

- *Patient Referrals:* Referral restrictions in IOM-managed camps, except those with IOM-managed health facilities, continue to limit access to higher-level health facilities. This disrupts the continuity of care for patients with both life-threatening conditions

and Chronic diseases who require extended support from tertiary care centers such as Cox's Bazar Sadar Hospital and Chittagong Medical College Hospital. The Health Sector team continues to coordinate with partners and strives to arrange ad-hoc support from the Sadar Hospital referral hub on a case-by-case basis.

- *Data Management at Health Posts:* During field visits to several Health Posts, the Health Sector team identified inefficiencies in record-keeping, reporting, and overall data management systems which require to be addressed.
- *Hygiene Conditions at Health Posts:* Observations from the Health Sector team during visits indicated that hygiene conditions at some Health Posts do not meet standard infection prevention and control protocols, posing risks to both staff and patients.

These challenges highlight the need for improved resource management to address health issues in the 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 December 2024, 259 JART Response interventions in collaboration with the WASH sector were conducted. The TWG continued to collaborate with the WASH sector to scale up Joint Assessment and Response towards the Cholera outbreak across the camps and surrounding host population and encourage the WASH Sector to further strengthen capacity for quality WASH infrastructure and services to break the ongoing transmission of Cholera pathogens and enhance effective community sensitive hygiene promotion activities.

The OCV campaign is planned for 12- 16 January in Camps and 12- 19 January in the host population, the campaign preparation activities are ongoing.

The Epi-TWG reviewed the recent surge in scabies infections in camps as reported by some health sector partners and continued to encourage case management partners to invest their time, human and materials resources in the detection and management (Ivermectin and permethrin 5% creams) of scabies in camps including follow-ups and treatment of all contacts in the communities.

The Epi TWG reviewed and currently drafting the 2nd edition of mortality surveillance operational guidance for Cox's Bazar Rohingya refugee camps.

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

UNHCR and WHO co-organized the R.E.A.D.Y Workshop, which took place from December 2–4, 2024 aiming to improve mental health and psychosocial support preparedness planning as a component of disaster risk management. The workshop was led by WHO consultants from HQ in addition to the WHO’s Regional MHPSS Adviser. The program was attended by 44 participants from non-governmental organizations and UN Agencies working within Health, Protection (GBVSS, CPSS), and Education sectors in Bangladesh. The government was represented through the director of the National Institute of Mental Health in Dhaka, RRRC’s office, RHU, and line directors from the Ministry of Health. The event was followed by a national-level MHPSS risk assessment workshop and a community risk assessment workshop at Camp 5. The analysis of the assessments’ findings will inform an action plan that UNHCR and IOM – as the co-leads of the MHPSS TWG, will follow up on.

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

During the reporting period, SRH TWG organized several capacity-building initiatives for health service providers. Training on Adolescent Sexual Reproductive Health in Humanitarian Settings for Health Service Providers was organized for a total of 22 Health Service providers of the Rohingya response to build their capacities in dealing with adolescents with the right approach as well as Four batches of Midwifery Life-Saving Skills (MLS) training were conducted for 77 midwives, along with one batch of Basic Maternity Care training for 17 midwives. These trainings aim to enhance midwives' confidence in the early identification, management, and referral of complications. The training topics were carefully selected based on the leading causes of maternal mortality, including postpartum hemorrhage, eclampsia, sepsis, and newborn resuscitation.

A four-day Training of Trainers on Reproductive Tract Infection/ Sexually Transmitted Infection (RTI/STI) was conducted for 15 physicians (2 males, 13 females) from various NGOs, INGOs, and UN agencies in Cox's Bazar, following revised Government guidelines. The training focused on improving skills in diagnosing and managing RTIs/STIs with syndromic approaches to enhance care and reduce transmission rates. Additionally, a one-day Abortion VCAT (Values Clarification for Action and Transformation) orientation was held for 40 participants, including SBCC officers, midwives, and CHW supervisors, to align their practices with professional responsibilities and prevent maternal deaths from unintended pregnancies and unsafe abortions.

A comprehensive workshop focused on reducing maternal and perinatal mortality was organized by the SRH TWG on 23 December 2024. In the workshop, participants engaged in dynamic discussions to share insights and experiences, ultimately working together to formulate effective strategies and actionable plans that could be implemented with the collective support of all involved parties.



### **Mobile Medical Team Technical Working Group (MMT TWG)**

Following a devastating fire in Camp 1W, Block C on 24 December 2024, the MMT TWG led by IOM, conducted the emergency response. Two fatalities and 24 casualties were reported. The TWG immediately activated the MMT teams, deploying one to the site and placing others on high alert. Close coordination with CiC, Site Management, and Health Sector partners ensured a rapid response. The deployed MMT (IOM-1) conducted field screening, established a temporary medical station at Camp 1W CiC office to provide immediate care to affected individuals, provided on-site treatment for various injuries, including burns, cuts, and other medical conditions, and provided referral care.

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

#### **BRAC**

BRAC provided healthcare services to affected people in the 24 December fire incident at Camp 1W. Three PHCs of BRAC in camps 1E and 1W treated 162 people for superficial burns, cut injuries, and other injuries during the incident. Moreover, BRAC Community Health Workers (CHWs) provided first aid, distributed facemasks, and Community Para Counselors (CPC), Community Psychosocial Volunteers (CPV), and psychologists provided Psychological First Aid (PFA) to 270 people in Camp 1W. SRH and referral services continued.

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

HAEFA inaugurated an ambulance service in the Rohingya Camp, Ukhiya, Cox's Bazar to address emergency medical needs. This life-saving initiative ensures the rapid transportation of critical patients to referral hospitals, improving their chances of survival. Designed to prioritize emergencies, the service will benefit patients requiring urgent care, including trauma and severe medical conditions. By bridging the gap in emergency response, this initiative reflects HAEFA's commitment to safeguarding lives and enhancing healthcare access for vulnerable populations in the camp.



*Figure 6: Emergency Patient Care Inside the Ambulance*

## International Organization for Migration (IOM)

*Support to HPV vaccination campaign:* In collaboration with the government of Bangladesh, the Health Sector, and its partners, IOM provided critical support to the first-ever Human papillomavirus (HPV) vaccination campaign for girls aged 10 -14 years in the Rohingya refugee camps by deploying 42 vaccinators, 30 healthcare workers and conducting risk communication and community engagement interventions in 11 camps. A total of 14,454 girls were vaccinated against HPV by IOM vaccinators across 33 refugee camps in this campaign, providing them protection against cervical cancer in the future.



Figure 7: IOM vaccinator administering HPV vaccine

*Fire response:* IOM responded to the fire incident at Camp 1W on 24 December 2024 by deploying one mobile medical team to ensure rapid screening, treatment, and referral of casualties. A total of 24 casualties were managed with various conditions of superficial burns, cut injuries, and other medical conditions.

*Cholera Response:* In response to the acute upsurge of cholera in multiple camps, IOM scaled up its surveillance, case management, risk communication, and community engagement activities. In December, IOM health facilities conducted 438 rapid diagnostic tests of which 144 were positive (with 86 culture-confirmed) with treatment provided. IOM further scaled up the total bed capacity for cholera case in-patient management by 43 beds to a total of 80 beds and trained 60 healthcare workers.

## Médecins Sans Frontières (MSF)

Since 2018, MSF has been providing essential outpatient services under the MSF Hospital on the Hill Project in Camp 8W, operating from a bamboo-structured facility that served thousands of patients. MSF undertook the construction of a new OPD structure to improve accessibility, patient flow, and IPC measures, to support service quality, and to enhance patient experience. During the construction period, OPD services continued uninterrupted at temporary locations adjacent to the Inpatient Department. The new MSF OPD-3 became operational on December 17, 2024. The available services include general OPD, NCD Clinic, HepC Clinic, Mental Health, and Health Promotion Services.

## United Nations Children's Fund (UNICEF)

With the theme “Take the rights path: My health, my right!” UNICEF observed World AIDS Day on 1<sup>st</sup> December 2024 in Cox’s Bazar District Sadar Hospital and all 6 UNICEF supported

PHCs in camps. In Sadar Hospital the Civil Surgeon, Cox's Bazar inaugurated the day and the hospital superintendent was also present in the programme. A screening booth for HIV was set up in the Sadar Hospital for 2 days to screen HIV for free.

UNICEF arranged three batches of one-day training on disability inclusion and Prevention of Mother-to-Child Transmission (PMTCT) from 29<sup>th</sup> December 2024 to 31<sup>st</sup> December 2024, a total of 100 participants from different organizations attended the training. The divisional director of health, Chattagram Division, and the Civil Surgeon of Cox's Bazar were the resource persons for the training. UNICEF also arranged Community Kangaroo Mother Care (CKMC) Training in 6 camps for Community Health Workers (CHWs) in December 2024, 300 CHWs from different organizations were trained.

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

*Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH):* To tackle the lack of a comprehensive and standardized antenatal care (ANC) service package, WHO and the Health Sector organized a two-day training on 'ANC and Continuum of Care for a Positive Pregnancy Experience.' This training was a hands-on, clinical skills-based program conducted in the multi-disciplinary skills lab of CXB Medical College. A total of 77 (Male 05, Female 72) healthcare workers, including doctors, midwives, and senior staff nurses from both BEmONC & CEmONC Health Facilities within the camp and the Cox's Bazar District Sadar Hospital participated in fostering cohesive and high-quality service delivery.

*Essential Lab Services:* In December 2024, a training session on Good Laboratory Practices and Biosafety in the Laboratory was conducted for laboratory personnel working in Rohingya Camps, with a total of 40 participants representing 15 partner organizations. During the reporting period, eight Diphtheria tests were analyzed, of which one tested positive. Additionally, 102 Antimicrobial Resistance (AMR) samples, categorized as blood, urine, and stool, were collected and analyzed from various health facilities within the Rohingya camps. To support Hepatitis C surveillance, 160 post-treatment samples were analyzed. Of these, 158 tested undetectable for HCV RNA at SVR 12, indicating a sustained virologic response and successful treatment outcomes, while two samples were detectable, suggesting possible low-level viraemia or treatment failure.

*Mental Health:* On 11<sup>th</sup> – 12<sup>th</sup> December 2024, WHO conducted a two-day refresher training on the Mental Health Gap Action Programme (mhGAP) for doctors and psychologists working in Rohingya Camps. A total of 33 trainees participated. Another Three-days training on mhGAP was arranged by BRAC-UNHCR and facilitated by WHO on 17<sup>th</sup> – 20<sup>th</sup> December 2024. A total of 30 healthcare providers participated in the training.

## Upcoming Events / Training Calendar

Title of Training	Start date	End date	Organizer	Target Participant
Training on Psychological First Aid (PFA) for the Mobile Medical Team (MMT) Members Working at Rohingya Camps of Cox's Bazar District	January 6, 2025	January 8, 2025	WHO (EPR TC)	Medical Doctors, Medical Assistant, Paramedics, Nurses, Midwife, Protection Officer, MHPSS Counsellors etc
Oral healthcare for refugees: symposium	January 19, 2025	January 19, 2025	Refugee Crisis Foundation	Dentist
Ear and hearing care	January 19, 2025	January 20, 2025	Refugee Crisis Foundation	Doctor
Health Sector Coordination Meeting	January 15, 2025	January 15, 2025	Health sector	Coordinators and managers NGOs
Health Sector Coordination Meeting	February 19, 2025	February 19, 2025	Health sector	Coordinators and managers NGOs
CMR/IPV Training for Health Service Providers	February 23, 2025	February 27, 2025	IRC	Medical Doctor

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

### 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 December 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 17 January 2025)*

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