Cox's Bazar District, Bangladesh
Emergency: Rohingya Refugee – Protracted Grade 2 Emergency
Reporting period: 1 - 30 November 2024

HEALTH SECTOR COX'S BAZAR

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

1,006,670 Rohingya Refugees living in camps
1.07 M Health Sector Target (JRP 2024) [1]

HIGHLIGHTS

- The Health Sector completed the JRP 2025 peer review process, 15 projects were recommended for inclusion by the PRT team out of 23 projects received by the sector. This makes the total appeal for the Health Sector 92.3 million USD for JRP 2025.
- An active cholera outbreak is ongoing in camps, a total of 101 culture-positive cholera cases were reported in camps during the reporting period.
- There was a steady decline in the number of Dengue cases observed throughout November 2024 with 3661 cases (44% less than the previous month).
- The HPV vaccination campaign is planned for December 3–11, 2024, targeting girls aged 10–14 years in the Rohingya camps.

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
395	MEDICAL DOCTOR
329	NURSES
424	MIDWIVES

HEALTH ACTION

378K	OPD CONSULTATIONS
9,041	INPATIENT ADMISSIONS
2,842	FACILITY-BASED BIRTHS-Refugee & Host
98.5%	% LIVE BIRTHS
1.5%	% STILLBIRTHS
3	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE

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

HEALTH FUNDING $USD (JRP 2024)

UN OCHA Financial Tracking System

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

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

Situation Update

General Situation

The month of November 2024 was marked by uninterrupted routine service delivery and unimpeded access to essential healthcare services.
The monsoon season is over, and the winter season has started.

Health Services Delivery

Since August 2024, there has been a steep increase observed for almost all health services utilizations, including the number of outpatient (OPD) consultations and inpatient admissions. However, in November 2024, around 378,472 outpatient consultations were recorded, which is lower than the number reported in the last three months on average. This decrease is due to the reporting rate as 5 HPs and 9 PHCs have not reported for the month of November

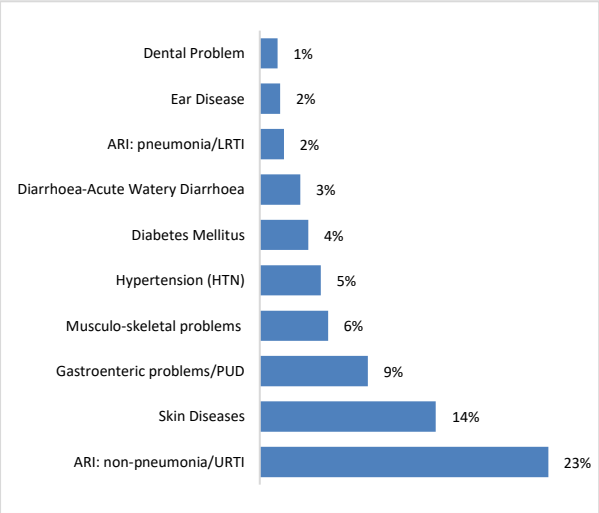

Figure 1: Top Morbidity Reported in DHIS2 (Nov 2024)

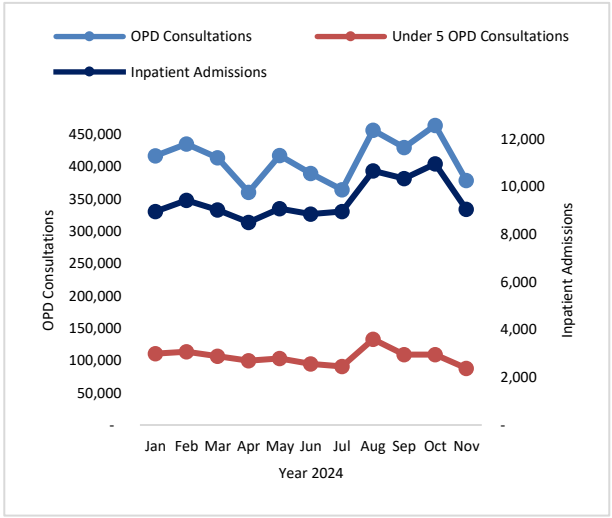

Figure 2: Trends of OPD consultations and Inpatient Admissions

2024. However, when extrapolating the average number of OPD consultations from the health facilities that did not report, it can be said that the actual number of OPD consultations remains similar to the last month with more than 450,000 consultations in the reporting period. These numbers remained significantly higher than the average monthly consultations (13% higher) and inpatient admissions (22% higher) compared to the first seven months of this year (P=0.003 and <0.001), and this increment was only significant (P<0.001) among the Rohingyas. A similar result was observed for all other health services utilization indicators. As these new increasing numbers were consistent in the last four 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 certainly 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 November 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 23% of the consultations for diseases (Fig 1) during the reporting period, with around 82,255 consultations for non-pneumonia infections. 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 50,181 consultations, which is almost similar to the last month.

Table 1: Selected Health System Performance Data

Indicator	Nov 2024	Cumulative in 2024	Baseline-2023	Progress
Total number of OPD Consultations (Host and Rohingya)	378,472	**4,525,792**	**5,546,581**	**4.24 per person**
Total number of Inpatient Admissions (Host and Rohingya)	9,041	**103,744**	**104,680**	**99%**
Total number of patients referred out	2,389	**27,171**	**43,727**	**62%**
Total number of first-time users (Host and Rohingya)	10,374	**118,796**	**138,152**	**86%**
Total number of ANC 1 Visit -Rohingya	7,525	**110,048**	**156,397**	**70%**
Total number of Live births at the facility (Host and Rohingya)	2,842	**31,602**	**NA**	
Total number of Stillbirths at the facility (Host and Rohingya)	42	**573**	**NA**	
Of the births, number of mothers who had ANC 4 or above visits (Rohingya)	2,066	**19,555**	**26,008**	**78%**
Total number of C-Sections at health facilities	235	**2,669**	**1,919**	
Total number of Post Abortion Care provided (Host and Rohingya)	174	**3,123**	**2,858**	**109%**
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	6,226	**78,508**	**142,322**	
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	2,528	**39,931**	**123,677**	
Total Number of NEW clinical mental health consultations done by psychiatrist and/or mh-GAP doctor (Host and Rohingya)	814	**12,537**	**NA**	
Number of NEW focused counselling done by psychologist or counsellor (Host & Rohingya)	3,281	**36,886**	**NA**	
Number of Health staff trained on mhGAP under the facility	80	**964**	**NA**	
Total number of Minor surgeries conducted (Host and Rohingya)	4,217	**63,585**	**59,483**	**107%**

Total number of Major surgeries conducted (Host and Rohingya)	519	**5,299**	**4,401**	**120%**
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)	3,719	**43,620**	**58,881**	**74%**
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	585	**11,007**	**18,284**	**60%**

Public health risks, priorities, needs, and gaps

Public Health and Epidemiological Analysis

1. Communicable Disease Control and Surveillance

Dengue

There was a steady decline in number of dengue cases observed throughout the month of November 2024. During the reporting period, 2,050 (1832 Rohingya, Host 218) confirmed new dengue cases were reported, which is a 44% decrease from the previous month. This brings the total Dengue-positive cases to 15,841 (Rohingya 14352, Host 1489) 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 in this year (0.514%) and the WHO threshold for Dengue CFR (<1%).

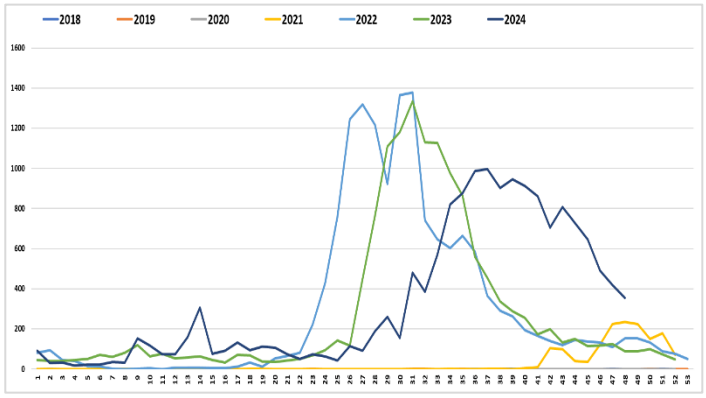

Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

AWD/Cholera

Since the last week of June, there has been an active cholera outbreak ongoing in camps and continued throughout November 2024. A total of 110 (Rohingya 101, Host 39) culture-positive cholera cases were reported during the reporting period which was more than 2 times higher than the previous month. This brings a total of 371 culture-confirmed cholera cases since the outbreak to the reporting period (Rohingya 336, Host 35). However, no fatality (CFR-0%) has been

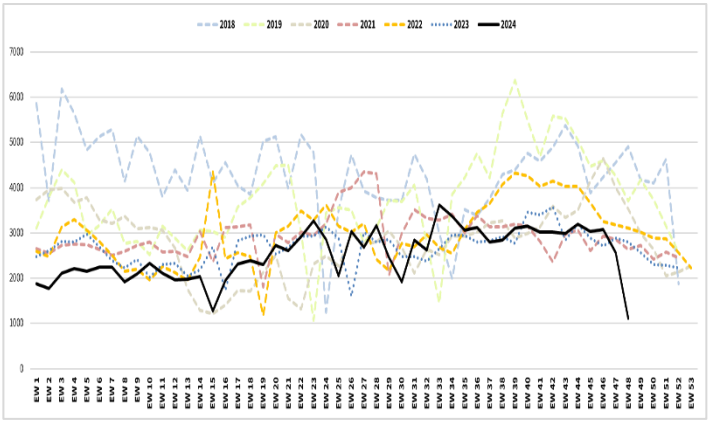

Figure 4: Trends of AWD cases reported in EWARS 2018-2024.

reported so far. The cases were observed sporadically distributed across 27 camps. AWD trends continued to decline while Cholera trends started rising again.

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. WHO has secured 1,635,000 single doses of Oral Cholera Vaccine (OCV) for Rohingya Camps in Cox's Bazar, Bhasan Char, and the host population in Ukhiya & Teknaf. The probable timeline for the OCV campaign second week of January 2025.

COVID-19 & Diphtheria

There was no confirmed Diphtheria case in camps and the surrounding host population this month, similar to the previous month. A similar pattern was seen for COVID-19, only two cases were reported in camps and zero cases in the host population. Therefore, transmission of Diphtheria and COVID-19 remains under control.

2. Routine Immunization and AFP & VPD surveillance

In November 2024, more than 35,000 doses of different antigens were administered, targeting less than 2 years of children. This includes 12,462 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 7,334 doses of the Measles vaccine (MR 1st and 2nd doses).

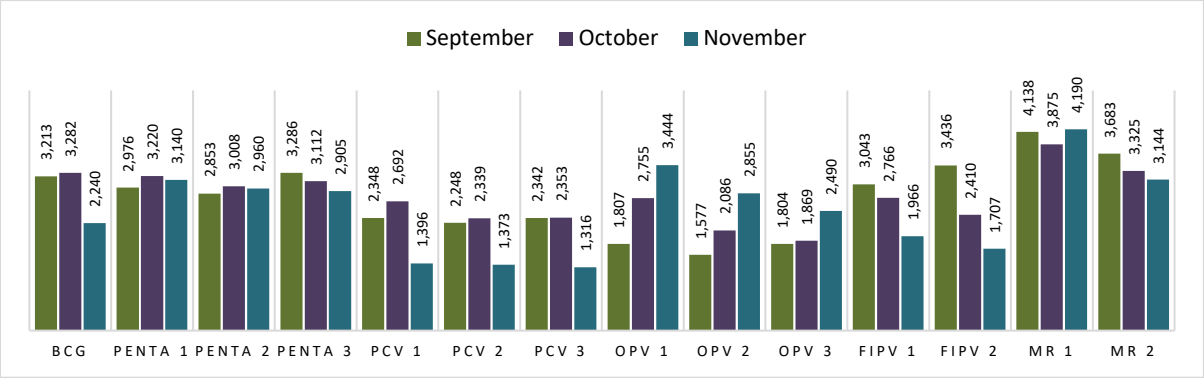

Figure 5: Number of doses administrated through Routine Immunization in Rohingya Camps at 'Cox's Bazar (Source: DHIS-2)

Vaccine-Preventable Disease (VPD) surveillance: In November 2024, one lab-confirmed measles and one lab-confirmed rubella were identified in Camp 3 and 4 respectively. As part of vaccine-preventable disease surveillance, five batches of training were conducted with the support of the World Health Organization to enhance the capacity of doctors, nurses, midwives, and lab technicians, where more than 300 participants attended.

Human papillomavirus (HPV) vaccination campaign: As part of the nationwide HPV vaccination Campaign program by the Bangladesh government, the HPV vaccination campaign is planned for December 3–11, 2024, targeting girls aged 10–14 years in the Rohingya camps. To ensure its successful implementation, the WHO-IVD team organized training sessions for facility managers and vaccinators, focusing on vaccine administration, AEFI management, reporting, and documentation.

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

Field Coordination

In November 2025, the Health Sector partner coordination focused on improving communication and collaboration. Efforts were made to strengthen reporting mechanisms for information sharing and enhance coordination in addressing health needs. Regular meetings ensured progress in delivering necessary health services despite ongoing challenges.
Throughout the month, the health sector field team identified some key challenges-

- *Patient Referrals:* Referral restrictions continue to hinder access to higher-level health facilities, disrupting the continuity of care for patients with chronic conditions who require extended support from the tertiary care level from Cox's Bazar Sadar Hospital and Chittagong. In a few Primary Health Centers (PHCs), patient referral delays occur when ambulances are already engaged in other referrals, making difficult timely medical attention.
- *Cross-marriage related Issues:* Health facilities struggle to issue Birth Notification Forms for children in cross-marriage cases, requiring clearer guidance from the authorities.
- *Poor Hygiene Practices in Learning Centers:* Inadequate sanitation and hygiene education in learning centers were observed contributing to an increase in Acute Watery Diarrhea (AWD) cases among children.
- *Infectious Case Referral and Isolation:* A shortage of isolation units and resources hampers the referral and management of infectious cases, and risks to patients and the community.

These challenges highlight the need for improved resource management to address health issues in the camps.

Knowledge, Attitudes, and Practices (KAP) Survey for Cholera

The Health Sector, Cox'sBazar conducted a Knowledge, Attitudes, and Practices (KAP) Survey for Cholera among the Rohingya Refugees at Cox's Bazar camps with the objectives to assess

the knowledge, attitudes, and practices (KAP) regarding cholera prevention and treatment among Rohingya refugees in identified hot spots within the camps, to determine the level of awareness about available cholera treatment facilities and prevention strategies, to identify gaps in knowledge and behavior that could lead to cholera outbreaks and provide recommendations for the implementation of future interventions.

The survey encompassed a total of 661 respondents, 84% from Ukhia and 16% from Teknaf. The majority of respondents belong to the 30-49 age group (52%), followed by those aged 18-29 years (24%) and individuals aged 50 and above (23.6%). Sex representation was nearly balanced, with 51.7% males and 48.3% females.

The findings revealed that About 90% of the sample had heard of cholera, but 59.5% were unaware of its cause. Only 31.6% could fully explain how cholera spreads, 55.5% had partial understanding, and 12.9% did not know. Lower education levels were significantly associated with less awareness of transmission methods, individuals with lower levels of educational attainment are more likely to lack awareness of cholera symptoms and transmission ways. 65.6% could identify cholera symptoms correctly, while 34.4% could not. Lower education levels were also linked to less knowledge of symptoms. Nearly 86% knew cholera could be fatal if untreated. However, respondents from Teknaf were more likely to be uncertain or incorrect about this. 70% knew ORS is the first-line treatment for cholera. Ukhia respondents had better knowledge compared to those from Teknaf. Older populations were less likely to know about ORS. Almost 97% knew they could get ORS from the nearest health facility. 22.5% believe breastfeeding must stop if the infant has cholera. Males are 1.69 times more likely to hold this incorrect belief, with 61.7% of those holding this belief being male. 63.7% believe cholera patients must eat less food, with 55% of these individuals being male. Males are more likely to hold this incorrect belief about dietary recommendations for cholera patients. 6.24% lack precise information about who is at risk of cholera, with 32.5% thinking only children are at risk. People with disabilities (PwD) have better knowledge compared to non-disabled individuals. 95.6% consider cholera a serious health concern, and almost 90% are willing to follow awareness messages and precautions. 84% know cholera is preventable. 35% are uncertain about using ORS for cholera or diarrhea. Higher education levels correlate with better knowledge and adherence to recommended actions. Most people frequently wash their hands with soap and water, especially before preparing food or contacting sick persons. 12.1% lack access to latrines, with 61.3% of these being female. 61.7% report latrines are not separated by sex. 32.5% use unsafe methods or lack information on ensuring safe drinking water. 88.5% store water in covered containers, while 11.5% do not follow hygienic storage practices. 83.8% use safe methods to prepare and cook food, while almost 10% use both safe and unsafe methods. PwDs have significantly better practices for ensuring safe drinking water. Regarding vaccination, 21.18% of respondents are unaware of the cholera vaccine, and 11.5% of respondents would not take the cholera vaccine, with the likelihood of rejection increasing with age.

Based on the findings from the survey the Health Sector proposed a set of recommendations with actions, these include- enhancing community health education programs on cholera transmission and treatment, community awareness campaigns on ORS knowledge and usage, increasing awareness of cholera's fatal risks if untreated, address misconceptions about breastfeeding and cholera, promoting accurate dietary guidance for cholera patients, improving access to sanitation facilities, especially for women, ensuring cholera vaccination awareness and uptake, implementation of safe water storage and hygiene practices, increasing Accessibility of Sex-Separated and Disability-Friendly Latrines, etc.

More details on the findings and recommendations of the KAP survey can be found in the published final report.

JRP 2025 process

As per the JRP 2025 timeline by the ISCG, the deadline for the JRP 2025 project submission to the sector was 10th November 2025. The Health Sector led by WHO received 23 proposals from 23 different Health Sector partners (1 proposal for each) for JRP 2025. On 19th November 2024, the Health Sector arranged the Peer Review Team (PRT) meeting, in the meeting all the health proposals that were received, were meticulously reviewed by the Health Sector Peer Review Team (PRT) composed of representatives from the Health Sector SAG.

The PRT assessed applications to identify projects that demonstrate strong technical and operational relevance and feasibility, supported by a strong fundraising track record, consistent coordination commitments, and safeguards for humanitarian principles among other criteria outlined in the PRT Guidelines. After the peer review process, 15 projects were recommended for inclusion by the PRT team out of 23 projects received by the Health Sector.

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 November 2024, 170 JART Response interventions in collaboration with the WASH sector were conducted.

In November 2024, 101 culture-confirmed cholera cases were reported in camps, which was 124% higher 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. WHO secured approval for funding from GAVI to support the OCV campaign operational cost in camps. The probable timeline for the OCV campaign is the second week of January 2025.

There was a steady decline in the number of Dengue cases observed throughout November 2024 with 3661 cases (44% less than the previous month). The multi-sectoral response interventions are ongoing by WASH, Health, Environment, and Site Management in all 33 camps and could partially explain the declining trends and potential end of the upsurge season at the post-monsoon.

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

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)

Preparation of the HPV vaccination Campaign: CHWs played a pivotal role in the preparation of the upcoming HPV vaccination Campaign by visiting Households using a detailed line list, and counseling vaccine candidates and their families one month prior to the campaign. Awareness sessions were organized with community leaders, Majhis, Imams, and educators to ensure acceptance.

Distribution of First Aid Kits and Portable Stretchers: Over 1,600 CHWs received first aid kits to address minor injuries and emergencies. More than 1,000 portable stretchers were

provided for patient referrals, significantly easing transportation challenges in the community.

Winter Health Preparedness: In November 2024, CHWs distributed educational materials and provided guidance to prevent and manage cold-related illnesses, enhancing community resilience during the winter months.

Health Assistance for New Arrivals: General Health Card distribution for newly arrived Rohingya continued with the support of CHWs. Temporary immunization cards were issued for children under two, ensuring access to routine immunization services.

CHW capacity building initiatives: In November 2024, a 2-day training was arranged with the support of WHO on Community-Based Surveillance and Monitoring & Evaluation where more than 200 CHW supervisors attended. Also, a 1-day training was conducted focusing on AWD, dengue, and hepatitis, supported by WHO. Orientation on Kangaroo Mother Care (KMC) for 300 CHWs was conducted with the support of UNICEF. Another cohort of 300 CHWs will be trained by the end of December to promote maternal and neonatal health. 450 CHWs were trained in Basic First Aid at the camp level. This training was facilitated by BDRCS master trainers from Dhaka and supported by UNHCR. The initiative aims to equip CHWs with essential skills to manage minor injuries and emergencies effectively. Plans are underway to train the remaining CHWs in the coming months.

CHW TWG remains committed to enhancing community health through continued training, awareness, and prompt response to health emergencies.

Sexual and Reproductive Health Technical Working Group (SRH TWG)

Maternal and Child Health (MCH) Card Launching Program: On 13 November 2024, in Camp 4 extension, a launch event was organized by the SRH TWG and Health Sector partners to officially roll out the MCH card. More than 70 participants from Government stakeholders (Representative from RRRC office, Camp 4 Ext. CiC,) international development partners /UN agencies (WHO, UNFPA, UNHCR, UNICEF, IOM, IRC, IOM, SCI), representatives from international and national NGOs, Community stakeholders, Pregnant mothers, Imam, Majhi attended the program. The objective of the MCH card launch event was to officially introduce the finalized Maternal and Child Health Card to all relevant stakeholders, including healthcare providers, SRH focal points, and other partners involved in maternal and child health services in the Rohingya camps.

Following the launching event, MCH cards will be introduced at all health facilities with the active assistance of partners to ensure the delivery of high-quality and comprehensive sexual and reproductive health (SRH) services. The implementation process will be monitored at health facilities, and partners will be supported in addressing any challenges in collaboration with the SRH TWG.

The launch event marks an important milestone in the formal rollout of the MCH card, setting the stage for widespread adoption across all healthcare facilities. With the active involvement of key stakeholders and healthcare providers, the card is expected to foster greater collaboration, ensure more efficient service delivery, and ultimately contribute to improved health outcomes for mothers and children in the Rohingya refugee community.

Emergency Preparedness and Response Technical Committee (EPR TC)

Strategic Inclusion of EPR TC in Disaster Management Committees (DMCs): In response to the Health Sector's appeal, the RRRC Office approved EPR TC representation in all 33 Disaster Management Committees across the Rohingya camps. This integration aims to: a. Enhance Technical Expertise: Bolster disaster preparedness through specialized input, b. Improve Coordination: Streamline response mechanisms across all camps, c. Mobilize Resources: Optimize allocation and utilization of emergency supplies, d. Strengthen Recovery & Resilience: Promote effective post-disaster recovery strategies. Expected Benefits and Outcomes - Benefits: Enhanced emergency response plans, better resource mobilization, and stronger resilience post-disaster & Outcomes: Reduced casualties and damage, scalable best practices, and improved coordination during crises.

3. Health Sector Partners Update

Health and Education for All (HAEFA)

HAEFA organized a comprehensive practical training session on Cardiopulmonary Resuscitation (CPR) at the HAEFA Health Post, Balukhali Camp 09, Ukhiya, Cox's Bazar. The program focused on enhancing healthcare providers' proficiency by equipping them with essential, life-saving CPR techniques, thereby strengthening emergency response capabilities. Participants actively engaged in hands-on training under expert supervision, refining their skills to manage critical situations effectively. This initiative reflects HAEFA's unwavering commitment to advancing healthcare capacities in underserved communities and fostering resilience through skill development and professional excellence.

Figure 6: Practical Training Session on CPR at HAEFA Health Posts

International Organization for Migration (IOM)

In November 2024, inspired by feedback received during World Hospice and Palliative Care Day, the IOM Palliative Care Team organized a primary orientation on palliative care for Community Health Workers (CHWs) and government healthcare providers. The session, which aimed to strengthen community engagement and raise awareness about palliative care services, was attended by 128 CHWs. Participants shared their experiences in caring for

terminally ill patients, emphasizing the challenges they face, while the IOM team introduced services aimed at improving quality of life. The session fostered dialogue and reinforced a community-centered approach to palliative care.

United Nations Children's Fund (UNICEF)

UNICEF supported the launch of the MCH card and the planning, advocacy, and risk communication of the HPV vaccination campaign planned to be held in December 2024 in Rohingya camps.

World Health Organization (WHO)

Risk Communication and Community Engagement (RCCE): For the upcoming HPV vaccination campaign in the Rohingya Camps, the RCCE plan was developed and implemented in coordination with RCCE Technical Committee members. This included contextualization of existing factsheet and key messages developed during the National HPV vaccination campaign, development of IEC materials (factsheet, information guide for the targeted audience, PSA, banner, festoon, poster), cascaded training for community volunteers and CHWs, and extensive community engagement in collaboration with WHO IVD team, CHWG, Education Sector and SRH WG.

Essential Lab Services: In November 2024, training on Good Laboratory Practices with molecular techniques was conducted for laboratory personnel from the IEDCR field laboratory. Sample collection for AMR surveillance commenced in November, with a total of 89 samples collected from health facilities at the camp level. A total of 62 cholera RDT-positive samples, obtained from various health facilities in the camps, underwent culture and sensitivity testing. The results were shared with the respective health facilities, and all post-test results were negative.

Communicable diseases: In November 2024, 767 Hepatitis C (Hep C) screenings were conducted, of which 306 tested positive via RDT, and 156 patients commenced treatment at the three Hep C treatment centers. Furthermore, 201 Hep C RNA tests were conducted, including 117 pre-treatment tests and 28 post-treatment tests. A task force meeting on Hepatitis C was held with stakeholders, and it was decided to scale up the Hepatitis C treatment activities in the camps.

Non-communicable diseases: On 18 – 20 November 2024, the 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 35 doctors providing healthcare services at the camps in Ukhia and Teknaf Upazilla of Cox’s Bazar participated in the training, among them 28 were male and

07 were female. As per the pre-test and post-test, the knowledge of the participants was enhanced by 22% after the training.

Mental Health: On 5 – 7 November 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 providing healthcare services in Rohingya refugee camps participated in the training, among them 21 were doctors, and 18 were psychologists and psychosocial counselors (19 male and 20 female).

Another two batches of 2-day refresher training on mhGAP were conducted by WHO on 25-26 & 27-28 November 2024. In total 74 health care providers participated in those trainings. among them 46 were doctors and 28 were psychologists and psychosocial counselors. (46 male and 28 female). Their knowledge enhancement was measured by 15% by calculating their pre-test and post-test number.

WHO also facilitated one three-day PM+ training on 11-13 November 2024. It was organized HOPE Foundation for their MHPSS care providers who were working in the Rohingya camps of Cox's Bazar. A total of 17 healthcare providers (6 male, 9 female) participated in that training.

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 three healthcare facilities, including 02 health posts and 1 field hospital, 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 Prevention and Response of Sexual Misconduct with Supervisors of Community Health Workers for Rohingya Refugee Camp	December 1, 2024	December 4, 2024	WHO	Supervisors of CHWs
ToT on RTI/STI based on revised Govt. guideline	December 1, 2024	December 4, 2024	Ipas Bangladesh	SRH/Health program-level staff /managers
HPV vaccination campaign	December 3, 2024	December 11, 2024	WHO	doctors, nurses, medical assistants, paramedics, midwives, and vaccinators
One day Training on Good laboratory practices and biosafety for the laboratory personal	December 5, 2024	December 5, 2024	all partner organization	laboratory personal only
Training on Prevention and Response of Sexual Misconduct with Supervisors of Community Health Workers for Rohingya Refugee Camp	December 8, 2024	December 9, 2024	WHO	Supervisors of CHWs

Refresher Training on Mental Health Gap Action Programme (mhGAP)	December 11, 2024	December 12, 2024	WHO	Psychologists
ANC & Continuum of care for positive pregnancy experience of mothers	December 11, 2024	December 19, 2024	WHO	Doctors/SRH Focal persons, Midwives, nurses directly involved in ANC & childbirth service delivery
VCAT Orientation for UNFPA supported Midwives	December 12, 2024	December 12, 2024	Ipas Bangladesh	Midwives
Protection mainstreaming	December 15, 2024	December 15, 2024	WHO	Doctors, nurses, medical officers
Interagency CMR-IPV follow up Training workshop	December 17, 2024	December 19, 2024	WHO	Doctors, midwives
CMRIPV follow-up refresher training	December 17, 2024	December 19, 2024	WHO	midwives, nurses, doctors
Health Sector Coordination Meeting	December 18, 2024	December 18, 2024	Health sector	Coordinator and managers NGOs
Expert review meeting on maternal & newborn death for rohingya community .	December 22, 2024	December 22, 2024	RTMI-UNFPA	SRH WG Members
3 days training on ASRH for health service providers	December 22, 2024	December 24, 2024	Partners in Health and Development (PHD)	Doctors, Medical Assistant
Training on Disability Inclusive Humanitarian Action & PMTCT	December 29, 2024	December 31, 2024	UNICEF	Doctor / Facility in-charge / Focal for Disability Screening at facility

(***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 November 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 December 2024)*

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