**Cox's Bazar District, Bangladesh**
**Emergency: Rohingya Refugee – Protracted Grade 2 Emergency**
**Reporting period: 1 - 28 February 2025**

HEALTH SECTOR COX'S BAZAR

**1.61 M people in need (PiN) (ISCG JRP 2025)**

**1,006,107 Rohingya Refugees**
**1.18 M Health Sector Target (JRP 2025)**[1]

## HIGHLIGHTS

- The month of February has witnessed zero caseloads of culture-confirmed cholera cases and zero deaths (CFR-0%) ending the upsurge that started in June 2024.
- Dengue outbreak season is over and by Jan 2025 transmission has been controlled with weekly cases stabilized to endemic thresholds (<50 weekly cases) .
- USAID, one of the largest donors supporting the Health Sector in the Rohingya response frozen its financial assistance. Consequently, agencies reliant on this funding have been compelled to lay off staff or place projects on indefinite hold. As of this month, impact directly affected 5 Primary Healthcare centers and 17 static rehabilitation centers partially, while the procurement of Hepatitis C drugs (for 7,000 patients) and Sexual Reproductive Health kits has been halted.

## THE HEALTH SECTOR

| | |
|---|---|
| 56 | ACTIVE HEALTH SECTOR (HS) PARTNERS |
| 15 | APPEALING PARTNERS – JRP 2025 |

### REGISTERED HEALTH FACILITIES

| | |
|---|---|
| 51 | HEALTH POSTS |
| 46 | PRIMARY HEALTH CENTRES |
| 02 | FACILITIES WITH CEmONC SERVICES |
| 427 | MEDICAL DOCTOR |
| 407 | NURSES |
| 473 | MIDWIVES |

### HEALTH ACTION

| | |
|---|---|
| 423K | OPD CONSULTATIONS |
| 8,422 | INPATIENT ADMISSIONS |
| 2,322 | FACILITY-BASED BIRTHS-Refugee & Host |
| 96% | % LIVE BIRTHS |
| 4% | % STILLBIRTHS |
| 4 | MATERNAL DEATHS |
| 0% | COVID-19 CASE FATALITY RATIO |

### DISEASE SURVEILLANCE

| | |
|---|---|
| 0.41 | CRUDE DEATHS/1,000 Pop (Feb 25) |
| 12 | COVID-19 SENTINEL SITES |
| 32 | AWD SENTINEL SITES |
| 118 | EWARS REPORTING SITES |

### HEALTH FUNDING $USD (JRP 2025)

ISCG Financial Analysis, Feb 2025

| USD | |
|---|---|
| **92.3 M** | Requested |
| **20.5 M** | Received/ Committed |
| **71.8 M** | Funding gap **77.8 %** |

[1] *100% of the Rohingya Refugees living in camps and 25% of the Host Community have been targeted in JRP 2025*

## Situation Update

### General Situation

*Impact of US government funding suspension:* Due to the sudden suspension of US government funding with immediate effect, essential health services, pharmaceuticals, and medical supplies, and Sexual and Reproductive Health (SRH), have been critically affected across the camps. Depending on the partners' capacity to reprioritize existing resources, the US funding freeze is putting at risk 11 Primary healthcare centers in the camps, affecting some 300,000 refugees. Essential health services have been partially interrupted in 5 Primary Health Care (PHC) facilities, resulting in limited access to essential health services and overburdening the referral system. The procurement of Hepatitis C drugs and other supplies has been suspended, putting at risk humanitarian partners' capacity to screen, test, and provide treatments to patients, impacting some 7,000 patients. The procurement of SRH kits has been halted, affecting the quality of SRH services in camps for over 150,000 refugees, while only the most basic emergency care is being delivered. Specialized disability services in 17 camps (static rehabilitation centers) have been suspended, depriving 19,158 individuals with disabilities of accessing rehabilitation facilities, nursing, and mental health services.

### Health Services Delivery

In February 2025, more than 423,201 outpatient (OPD) consultations were recorded, which is lower than the number of consultations recorded last month; but the decrease is not significant considering the number of days, i.e., average consultations/day which is almost similar in the last six months (15,000-16,000 consultations/day on average. In February 2025, more than 8,422 inpatient admissions were recorded, which is almost similar to the last six months' monthly average number of inpatient admissions.

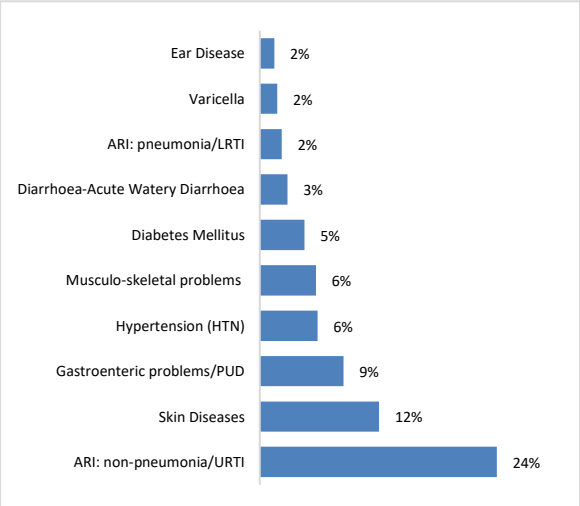


*Figure 1: Top Morbidity Reported in DHIS2 (Feb 2025)*

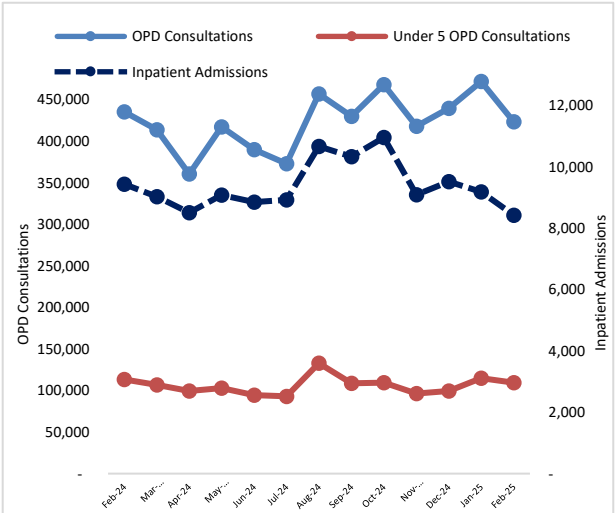


*Figure 2: Trends of OPD consultations and Inpatient Admissions*

Since August 2024, a steep increase has been observed and continued till February 2025 for almost all health services utilizations, including the number of outpatient (OPD) consultations and inpatient admissions. However, in the last six months, these numbers stabilized and were consistent, becoming the new normal trend. As there are no changes in DHIS-2 morbidity distribution and no record of newly emerged diseases in camps, this may be attributed to the new arrivals. This increasing patient load was observed to be equally distributed among all the health facilities, with no facilities reporting an absurdly high number. The UNHCR registration team has already identified more than 100,000 new arrivals through their Biometric Identification Exercise of New Arrivals (BIE). This is an ongoing exercise, and the numbers are likely to increase over time. 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 February 2025 remained almost similar to the last month, predominantly characterized by Acute Respiratory Infections (ARI) and skin diseases. ARI cases contributed 24% of the consultations for diseases (Fig. 1) during the reporting period, with around 82,808 consultations for non-pneumonia infections. Seasonal variations and shifts in weather patterns may contribute to the changes in ARI consultations. Skin Diseases contributed to 12% of the consultations for diseases during the reporting period, with around 41,724 consultations. Varicella cases increased, becoming one of the top 10 disease morbidities in February 2025. No unusual pattern in the morbidity distribution was observed.

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

| Indicator | Feb 2025 | Cumulative 2025 | Baseline-2024 | Progress |
|---|---|---|---|---|
| Total number of OPD Consultations (Host and Rohingya) | 423,201 | **896,975** | **5,017,149** | **0.78 per person/ year** |
| Total number of Inpatient Admissions (Host and Rohingya) | 8,422 | **17,602** | **118,192** | **15%** |
| Total number of patients referred out | 4,415 | **9,179** | **52,599** | **17%** |
| Total number of first-time users (Host and Rohingya) | 10,951 | **23,757** | **131,377** | **18%** |
| Total number of ANC 1 Visit - Rohingya | 7,044 | **14,825** | **86,323** | **17%** |
| Total number of Live births at the facility (Host and Rohingya) | 2,322 | **5,192** | **NA** | |
| Total number of Stillbirths at the facility (Host and Rohingya) | 78 | **140** | **NA** | |

| | | | | |
|---|---|---|---|---|
| Of the births, the number of mothers who had ANC 4 or above visits (Rohingya) | 1,285 | **2,670** | **69%** | **70%** |
| Total number of C-sections at health facilities | 221 | **482** | **2,950** | |
| Total number of Post Abortion Care provided (Host and Rohingya) | 187 | **527** | **3,402** | |
| Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya) | 7,059 | **15,738** | **NA** | |
| Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya) | 3,408 | **7,455** | **NA** | |
| Total Number of NEW clinical mental health consultations done by a psychiatrist and/or mhGAP doctor (Host and Rohingya) | 777 | **1,664** | **NA** | |
| Number of NEW focused counselling done by psychologist or counsellor (Host & Rohingya) | 2,989 | **6,827** | **NA** | |
| Number of Health staff trained on mhGAP under the facility | 109 | **196** | **NA** | |
| Total number of Minor surgeries conducted (Host and Rohingya) | 5,756 | **12,711** | **70,450** | **18%** |
| Total number of Major surgeries conducted (Host and Rohingya) | 673 | **1,287** | **6,019** | **21%** |
| 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) | 3,409 | **7,454** | **48,189** | **15%** |
| Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services | 488 | **1,308** | **12,174** | **11%** |

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

### 1. Communicable Disease Control and Surveillance

#### *Varicella (Chickenpox)*

During this month, there has been an upsurge in Varicella cases in camps, given that a new season has begun, and so far, around 5,446 cases and zero deaths of Varicella have been reported in February 2025.

#### *Rubella (German Mesales)*

In February 2025, one lab-confirmed Rubella was identified in Teknaf camp-24.

### *Dengue*

Dengue fever transmission has been controlled with weekly cases stabilized to normal endemic thresholds (<50 weekly cases) in February 2025, similar to the last three months, sustaining the case fatality rate at 0%. This could be attributed to multi-sectoral response interventions deployed by humanitarian agencies in camps and end of the outbreak season.

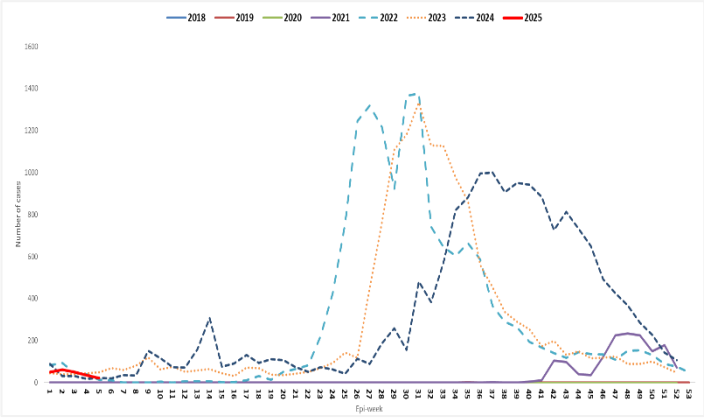


*Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)*

### *AWD/Cholera*

Followed by a round of Oral Cholera Vaccination (OCV) campaign held on 12-16 January 2025 in both the Rohingya camps and the surrounding host community, and other multi-sectoral interventions, the month of February has witnessed zero caseloads of culture-confirmed cholera cases and zero deaths (CFR-0%) ending the upsurge that started in June 2024.

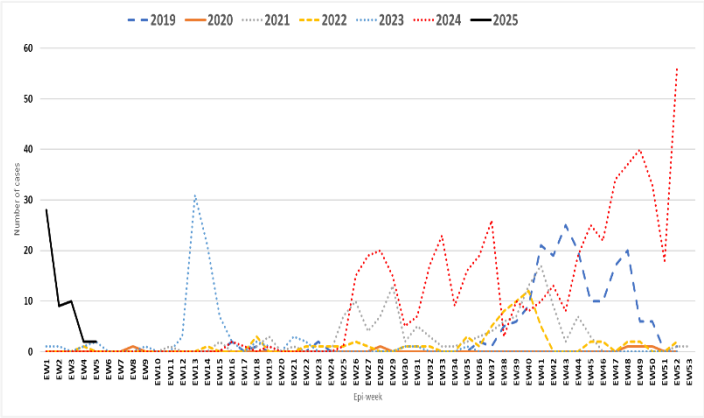


*Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2025*

## 2. Routine Immunization and AFP & VPD surveillance

In February 2025, more than 38,000 doses of different antigens were administered, targeting less than 2 years of children. This includes 11,846 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 6,352 doses of the Measles vaccine (MR 1st and 2nd doses).

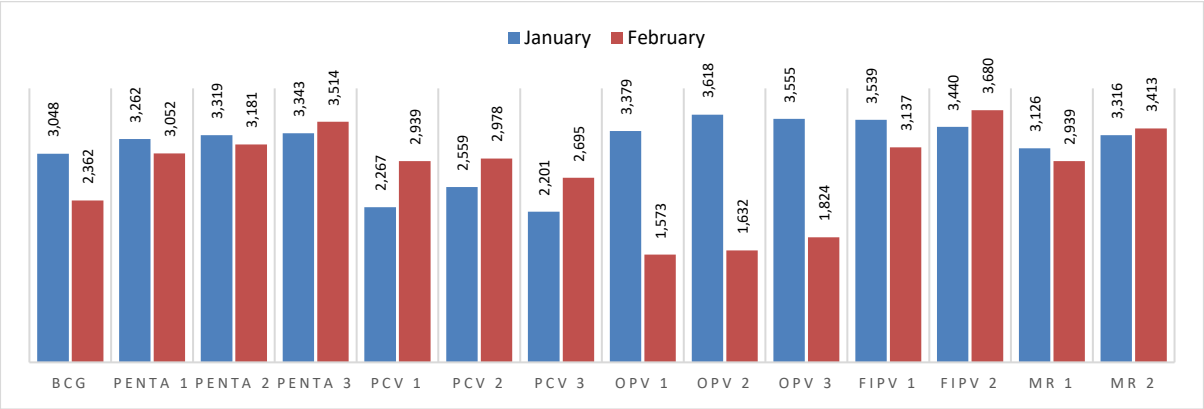


*Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)*

## Health Sector Action

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

**Field Coordination**

In February 2025, 32 camp-level health partner coordination meetings were held across all camps. These meetings focused on updates regarding available health services, epidemiological trends, and public health programs. Key discussions included strategies for the community health outreach support, and public health promotion efforts targeting communicable diseases like Dengue, Varicella (Chickenpox) and Cholera/AWD. Critical updates were shared with partners, and emerging issues were addressed collaboratively.

### 2. Working Groups (WGs)

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

In February 2025, the Epi TWG continued to monitor the weekly trends of epidemic-prone diseases with notable improvement on Cholera as the outbreak ended and transmission was controlled, followed by the OCV campaign that was concluded between 12-21 January in Rohingya Refugee Camps and the surrounding host population. The month of February has witnessed zero caseloads of culture-confirmed cholera cases and zero deaths (CFR-0%).

The Epi-TWG reviewed the current Mortality Surveillance protocol, and the newly revised version has been circulated internally within the WHO Sub-Office technical team for further inputs before it is circulated externally to other technical experts and working groups. The Epi TWG reviewed and currently drafting the 2nd edition of mortality surveillance operational guidance for Cox's Bazar Rohingya refugee camps.

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

*SRH Training and Capacity Building initiatives:* Midwives Mentors delivered off-site capacity building and a Trainer of Trainers (TOT) program in Sexual and Reproductive Health (SRH-WG) for 21 midwives. The training focused on the emergency management of Post-Partum Haemorrhage (PPH), Helping Babies Breathe (HBB), and the management of severe Pre-eclampsia and Eclampsia. These conditions remain the primary drivers of maternal and perinatal mortality in humanitarian settings. This ToT approach aims to facilitate the transfer of knowledge and skills from the trained midwives to their colleagues within their respective facilities.

Nineteen participants, including midwives and doctors, received training in Obstetric Lifesaving Skills, with a focus on PPH, HBB, and the management of severe Pre-eclampsia and Eclampsia. This collaborative training is intended to foster teamwork by enabling doctors and

midwives to jointly manage emergency situations, thereby clarifying each participant's specific role.

Furthermore, weekly midwifery facility mentorship is being provided by International Midwife Mentors, National Midwife Coordinators, and Clinical Mentors on a weekly basis.

In late February 2025, IRC Bangladesh, in collaboration with UNFPA, the SRH TWG, and the Health Sector, delivered an intensive Intimate Partner Violence (IPV) training to enhance healthcare providers' ability to provide survivor-centered care within the Rohingya response. The training engaged 20 medical doctors from 10 SRH stakeholder organizations, equipping them with crucial skills in trauma-informed clinical care, psychosocial support, and effective referral systems for IPV survivors. The training underscored the importance of empathetic medical assessments, accurate documentation, and mental health support, ensuring survivors receive care with dignity, respect, and confidentiality. By strengthening coordination and referral pathways, this initiative seeks to improve the accessibility and quality of IPV response services across SRH facilities in the Rohingya camps.

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

In February 2025, under the framework of the Mobile Medical Team – Technical Working Group (MMT-TWG), the International Rescue Committee (IRC) organized a simulation-based Mass Casualty Incident (MCI) Management Program in Cox's Bazar. This initiative aimed to strengthen the capacity of healthcare workers in effectively managing mass casualty incidents. IRC facilitated the program through clinical orientation sessions, practical hands-on training, and scenario-based casualty management drills. Furthermore, IOM, representing the MMT-TWG, contributed to operational management by facilitating the Incident Command System (ICS) and leading the simulation exercise. This capacity-building initiative reinforces the commitment of MMT-TWG partners to enhancing emergency response readiness in humanitarian settings.

## 3. Health Sector Partners Update

**BRAC**

BRAC health facilities provided adolescent counselling sessions to both adolescent boys and girls (10-19 years old) in addition to basic health services. These sessions help them to cope with the physical and mental transitions that occur during adolescence. Moreover, sessions were conducted on nutrition, hygiene, healthy lifestyle, risk of early marriage and risk of early pregnancy, and Adolescent Sexual and Reproductive Health and Rights (ASRHR). These services aim at sensitizing adolescents about their physical and mental well-being and their health rights and access to health facilities. The knowledge empowers them to voice their concerns in their families and communities.

**International Organization for Migration (IOM)**

*Support to hepatitis C Response:* IOM, in collaboration with WHO and Save the Children International, is conducting research to understand the risk factors associated with the high prevalence of hepatitis C among the Rohingya refugees in Cox's Bazar. In February, 41 enumerators and research assistants were trained and deployed for data collection from 1800 individuals in case and control groups. IOM also initiated treatment of hepatitis C patients, in collaboration with WHO, in two new Hepatitis C treatment centers at Camp 24 PHC and Camp 20 Ext IDTC.

*mhGAP training: IOM,* with the support of WHO, held a three-day mhGAP training from February 24-26, 2025, for 24 participants, including doctors, nurses, and MHPSS counsellors from IOM and partners like Friendship, ICDDR'B, and RTMI. The training focused on enhancing skills to diagnose and manage mental health issues in resource-limited environments.

*Figure 6: mhGAP training is ongoing*

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

In February 2024, UNICEF conducted two batches of training for Community Health Workers (CHWs) to raise community awareness on disability inclusion; 50 participants from Camp 5 & 10 were trained.

Following the two batches of ToT at the district level, UNICEF also supported cascading Community Kangaroo Mother Care (C-KMC) training with technical and logistic support to train 600 CHWs from RTMI-UNFPA, FH, BRAC, PHD, IOM, GK-MI, and IRC.

During the reporting period, 20,111 households were visited by 156 trained U EPI volunteers who conducted IPC sessions, identified drop-out children, and reached a total of 42,753 parents and caregivers regarding immunization.

**Handicap International - Humanity & Inclusion (HI)**

Handicap International - Humanity & Inclusion (HI) provides Stimulation Therapy for Malnourished Children (ST-MC) alongside nutrition, medical care, and psychosocial support. Designed for children aged 6-59 months, ST-MC enhances psychomotor, sensory, cognitive, and communication skills while training caregivers in stimulation techniques. HI operates ST-MC centers in camps 1E, 5, NRC, and 9 with GFFO and BPRM support, partnering with GK and SHED.

Over 1,415 malnourished children have benefited, with 1,030 successfully discharged. Integrating ST-MC with nutrition intervention ensures comprehensive support, maximizing the recovery for SAM/MAM children.

**World Health Organization (WHO)**

To support Hepatitis C surveillance, 41 post-treatment samples were analyzed. Among these, 38 were undetectable for HCV RNA at SVR12, indicating a sustained virologic response and successful treatment outcomes, while three samples remained detectable, suggesting possible low-level viremia or treatment failure. Furthermore, in February 2025, a total of 1,989 Hepatitis C pretests were conducted, of which 1,154 samples were found to be positive for the Hepatitis C RNA test.

*Essential Lab Services:* Eleven diphtheria tests were analyzed, all of which tested negative. Additionally, 225 Antimicrobial Resistance (AMR) samples—categorized as blood, urine, and stool samples were collected and analyzed from various health facilities within the camp sites.

*Mental Health:* WHO facilitated a training on the Mental Health Gap Action Programme (mhGAP) organized by UNHCR for the healthcare providers of different health sector partners working in Bhasanchar on 24th-26th February 2025; more than 23 participants were trained.

WHO also facilitated a training on Psychological First Aid (PFA) for the healthcare providers of the HOPE Foundation on 19 February 2025. The training was held at the conference room of the HOPE Field Hospital at Camp 4.

WHO also provided supportive supervision for 11 previously mhGAP-trained healthcare providers from different health sector partners.

*Reproductive, Maternal, Newborn, Child, and Adolescent Health:* WHO continues to play a critical role in supporting the MPMSR committee to conduct regular maternal and perinatal death audits at the health facility level. During the reporting period, 5 death audits have been conducted at health facilities involving relevant partners and community participation of respective CHWs and family members of the deceased patient. These audits identified causes of mortality, developed facility-based action plans, and created operational recommendations for health partners. Under the guidance of the Health Sector and SRHWG, the MPMSR subcommittee is overseeing the implementation and progress of these plans with partners.

## Upcoming Events / Training Calendar

| Title of Training | Start date | End date | Organizer | Target Participant |
|---|---|---|---|---|
| CMR/IPV Training for Health Service Providers | February 23, 2025 | February 27, 2025 | IRC | Medical Doctor |
| Training on MLS (ToT) for SRHWG Midwives | February 11, 2025 | February 12, 2025 | RTMI-UNFPA | Midwives |
| Social Autopsy session in the camp with community stakeholders | February 12, 2025 | February 12, 2025 | RTMI-UNFPA | SRH-WG Partners |
| Training on OBLSS for Doctors and Midwives-SRHWG | February 18, 2025 | February 19, 2025 | RTMI-UNFPA | Doctors, Midwives |
| Expert review meeting on maternal & newborn death for Rohingya community with CSH | February 26, 2025 | February 26, 2025 | RTMI-UNFPA | SRH-WG Partners |
| Training on E-Stock Management Orientation for SRHWG partners | March 12, 2025 | March 12, 2025 | RTMI-UNFPA | SRH-WG Partners |
| Capacity building of Physicians to provide LARC services | February 16, 2025 | February 19, 2025 | Ipas Bangladesh | Doctor |
| VCAT orientation for SRHR manager/ facility supervisor,/Doctor | February 13, 2025 | February 13, 2025 | Ipas Bangladesh | Doctor |
| Training of Trainers (T.O.T) on Mass Casualty Incident Management | February 25, 2025 | February 27, 2025 | International Rescue Committee | Doctor, Nurses, Midwives, DRU focal, Clinic Leads |

(***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 February 2025. 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 22 March 2025)*



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