


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

**1,173,171 Rohingya Refugees
1.18 M Health Sector Target (JRP 2025)¹**
HIGHLIGHTS

- Skin disease cases are increasing alarmingly, with 64,785 cases reported this month (around 18% of total consultations for diseases). Scabies contact management, including identification, treatment, health promotion, environmental interventions, and follow-up ongoing.
- The Declining trends in dengue cases continued in the Rohingya community; however, the adjacent host community showed an increasing trend.
- TCV Campaign (Nov 2–25, 2025): 410,345 children aged 9 months to <15 years vaccinated across Rohingya camps, yielding an 86.3% coverage against the target.
- Health Sector, Cox's Bazar, completed its Peer Review Process for the Health Sector Joint Response Plan (JRP) 2026. 17 proposals out of 23 were recommended for inclusion with revision.

THE HEALTH SECTOR


49	ACTIVE HEALTH SECTOR (HS) PARTNERS
15	APPEALING PARTNERS – JRP 2025


REGISTERED HEALTH FACILITIES

45	HEALTH POSTS
46	PRIMARY HEALTH CENTRES
03	FACILITIES WITH CEmONC SERVICES
390	MEDICAL DOCTOR
386	NURSES
440	MIDWIVES


HEALTH ACTION

437K	OPD CONSULTATIONS
7,113	INPATIENT ADMISSIONS
3,296	FACILITY-BASED BIRTHS-Refugee & Host
98%	% LIVE BIRTHS
2%	% STILLBIRTHS
3	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO


DISEASE SURVEILLANCE

2.12	CRUDE DEATHS/1,000 Pop (Jan-Nov 25)
12	COVID-19 SENTINEL SITES
35	AWD SENTINEL SITES
105	EWARS REPORTING SITES


HEALTH FUNDING \$USD (JRP 2025)

USD	ISCG Financial Analysis, June 2025
92.3 M	Requested
53.7 M	Received/ Committed
38.6 M	Funding gap 41.8 %

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

In November 2025, routine service delivery and access to essential healthcare services remained uninterrupted without any major incident. Health facilities continued to operate without damage or disruption.

Health Services Delivery

In November 2025, more than 437,080 outpatient (OPD) consultations were recorded (5,361 consultations per PHC and 2,844 consultations per HP), which is almost similar to the number of consultations recorded last month and slightly above the average monthly consultations recorded since January 2025. According to DHIS-2 data, the OPD consultations are mainly contributed to by ARI and skin diseases, the same as last month.

In November 2025, more than 7,113 inpatient admissions were recorded, which is 21% lower (significant, $P<0.05$) than the monthly average number of inpatient admissions this year, but similar to the last month, indicating less severity of cases in the last two months compared to other months of the year. All other health service utilization indicators showed almost the same decreasing pattern compared to last month and the last six months' average, including emergency referrals (not significant).

According to DHIS-2 data, the morbidity distribution among refugees for November 2025 changed slightly compared to the previous months, but is still 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 78,311 consultations for non-pneumonia infections, which was 19% higher than last month. Seasonal

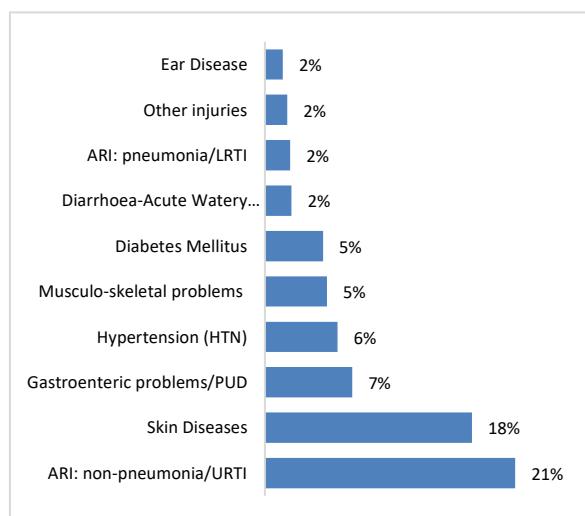


Figure 1: Top Morbidity Reported in DHIS-2 (Oct 2025)

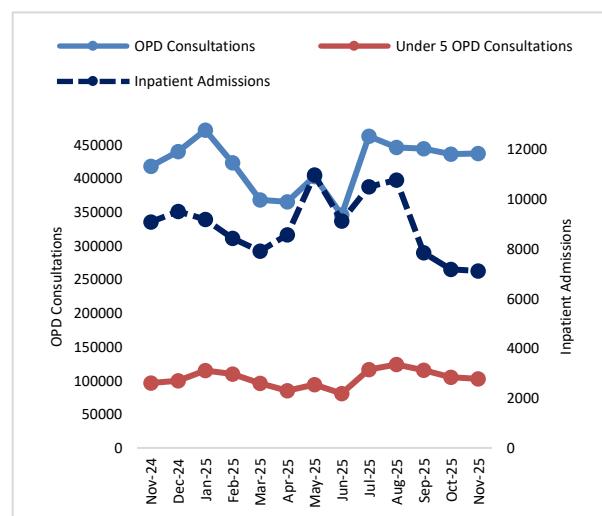


Figure 2: Trends of OPD consultations and Inpatient Admissions

variations and shifts in weather patterns may contribute to the changes in ARI consultations. The trend in skin diseases is increasing at an alarming rate, with an upsurge observed since

last couple of months, with more than 64,785 cases reported this month, which is similar to the last month, but 49% higher than the first six months' average of this year, highest in this year and contributed to around 18% of the total consultations for diseases during the reporting period. The top 10 reasons for consultations remained largely unchanged throughout the year.

Table 1: Selected Health System Performance Data

Indicator	November 2025	Cumulative 2025	Baseline-2024	Progress
Total number of OPD Consultations (Host and Rohingya)	437,080	4,616,308	5,017,149	3.89 per person (target ≥2)
Total number of Inpatient Admissions (Host and Rohingya)	7,113	97,540	118,192	83%
Total number of patients referred out	4,562	46,091	52,599	88%
Total number of first-time users (Host and Rohingya)	9,295	104,802	131,377	80%
Total number of ANC 1 Visit - Rohingya	6,546	75,197	86,323	
Total number of Live births at the facility (Host and Rohingya)	3,231	31,457	NA	
Total number of Stillbirths at the facility (Host and Rohingya)	65	652	NA	
Of the births, the number of mothers who had ANC 4 or above visits (Rohingya)	2,389	20,248	69%	82%
Total number of C-sections at health facilities	369	2,956	2,950	
Total number of Post Abortion Care provided (Host and Rohingya)	298	3,345	3,402	
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	9,202	76,777	NA	
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	3,194	29,816	NA	
Total Number of NEW clinical mental health consultations done by a psychiatrist and/or mhGAP doctor (Host and Rohingya)	883	7,564	NA	

Number of NEW focused counselling done by a psychologist or a counsellor (Host & Rohingya)	3,008	32,338	NA	
Total number of Minor surgeries conducted (Host and Rohingya)	8,050	76,465	70,450	109%
Total number of Major surgeries conducted (Host and Rohingya)	379	5,707	6,019	95%
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)	4,563	41,911	48,189	
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	1061	8,226	12,174	68%

Public health risks, priorities, needs, and gaps

1. Communicable Disease Control and Surveillance

Dengue

During the reporting month, there has been a steady decline in the number of weekly Dengue Fever cases observed in the Rohingya camps at Cox's Bazar compared to the previous months, with more than 372 cases reported in November 2025, which is almost similar to the last month. No confirmed deaths were reported during the reporting period (CFR 0%). The multi-sectoral response interventions continue to be scaled up by Health, WASH, and Camp and Site Management teams across all camps. However, for the Host Communities, following the national trends, dengue cases were observed increasing slightly, with more than 175 confirmed cases reported in November 2025 compared to 121 in October 2025 (44% increase).

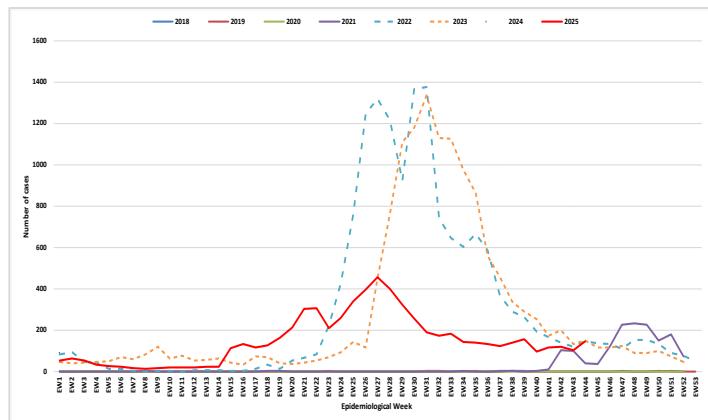


Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

AWD/Cholera

After six consecutive months with zero reported cases, an Oral Cholera Vaccination (OCV) campaign was conducted from 12-16 January 2025 in both the Rohingya camps and the surrounding host community, alongside other multisectoral interventions. In August 2025, 2 culture-confirmed cholera cases were reported in the camps, signalling the onset of renewed transmission. By October 2025, transmission was brought under control, which was continued throughout November 2025, with no culture-confirmed cholera cases reported in the camps. No cholera-related deaths were confirmed this year (CFR-0%).

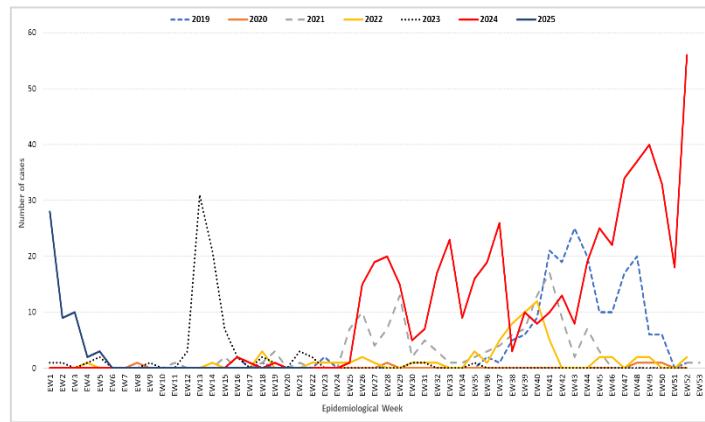


Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2025

COVID-19

COVID-19 transmission is also under control, with 0 cases reported in November 2025.

Diphtheria

In November 2025, one new confirmed diphtheria case was reported in the Rohingya Camps at Cox's Bazar, signaling that the transmission is ongoing. In total, 7 lab-confirmed Diphtheria cases have been reported in 2025 to date.

2. Routine Immunization and AFP & VPD surveillance

In November 2025, more than 43,000 doses of different antigens were administered, targeting children less than 2 years old. This includes 15,767 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 5,352 doses of the Measles vaccine (MR 1st and 2nd doses).

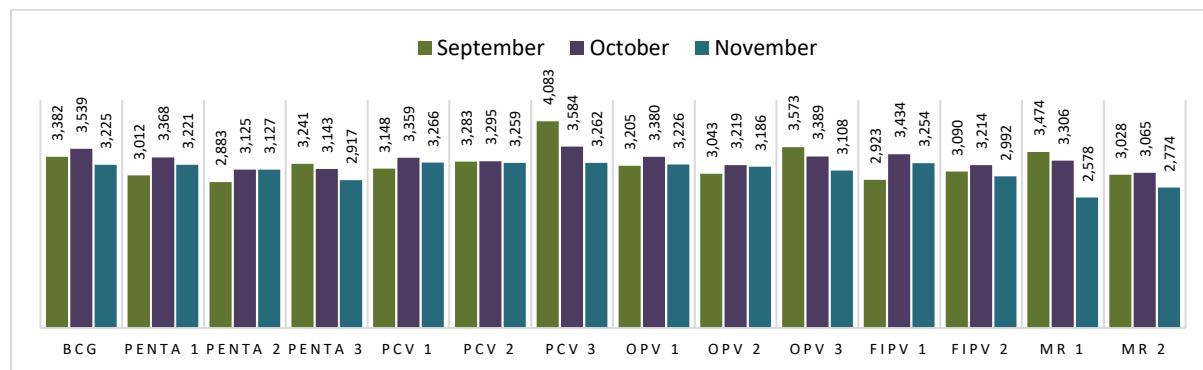


Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)

Typhoid Conjugate Vaccine (TCV) Campaign update: From November 2 to 25, 2025, a comprehensive TCV campaign was implemented across the Rohingya camps with the technical support of WHO and other Health Sector partners, targeting children aged 9 months to under 15 years. Over 18 working days, the initiative successfully vaccinated 410,345 children, representing an 86.3% achievement compared to the target. Performance varied by region, with Ukhia reaching 87.2% and Teknaf achieving 82.2% of their respective targets. The campaign's success was bolstered by community mobilization efforts, which included community sensitization meetings and active engagement of more than 2,000 Majhis.

Acute Flaccid Paralysis (AFP) surveillance: In November 2025, a total of 2 AFP cases were reported; both of them are from Ukhya, and the reports are pending for final classification.

Measles Surveillance: In November 2025, a total of 05 suspected measles cases were reported from Ukhia and Teknaf camps. Of these, two cases (Camp 1E & 22) were laboratory-confirmed measles. All remaining cases tested negative for both measles and rubella.

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

Technical and Strategic Guidance

JRP 2026 Update

The Health Sector, Cox's Bazar, completed its Peer Review Process for the Health Sector Joint Response Plan (JRP) 2026.

Health Sector Peer Review Team (PRT) meeting held on 17 November 2025. In the meeting, all proposals received were carefully reviewed by the Health Sector Peer Review Team (PRT), composed of representatives from the Health Sector Strategic Advisory Group (SAG). The PRT assessed applications to identify projects demonstrating strong technical and operational relevance, feasibility, solid fundraising potential, consistent coordination commitments, and adherence to humanitarian principles, among other criteria outlined in the Peer Review Guidelines. Health Sector Public Health Needs Assessment (PHNA) 2025 and Health Sector Prioritization and Rationalization plan for the year 2026 served as the main document to identify the Sector's needs and gaps, based on which the proposals were reviewed.

Out of the 23 project proposals initially submitted by the Health Sector partners, after the Peer Review, the Health Sector recommended 17 project proposals (Local NGOs - 5, International NGOs - 7, UN-5) for inclusion, subject to revisions.

These revisions focused primarily on ensuring that budgets for all activity groups were fully aligned with the Health Sector Prioritization and Rationalization Plan for 2026, which reflects needs and gaps as per the PHNA 2025 and other Health Sector data, such as Health Sector

monthly 4W, as well as with the recommended unit costs derived from the field-level costing analysis conducted in 2025. This review process was extensive, with the Health Sector applying stringent cost reduction measures. Partners were strongly encouraged to achieve maximum cost reductions while strictly adhering to data-driven guidelines and prioritizing cost efficiency. Proposals submitted by partners operating non-recommended health facilities were rejected, in line with the decisions to ensure that no non-recommended facilities receive funding under the JRP.

As a result, the total Health Sector appeal proposed by the PRT for the 2026 JRP amounts to \$ 49,868,655 USD, representing a 46% decrease compared to last year's appeal and a 30% reduction from the initial submissions.

Field Coordination

In November 2025, 33 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 community health outreach support and public health promotion efforts targeting communicable diseases like Dengue, Chikungunya, COVID-19, and Cholera/AWD, etc. Critical updates were shared with partners, and emerging issues were addressed collaboratively.

2. Technical Working Groups (TWGs)

Emergency Preparedness and Response Technical Committee (EPR TC)

Ahead of the Cyclone Ditwah alert, the EPR TC convened a virtual refresher session for all 17 MMT Incident Commanders. The session reinforced the application of the Incident Command System (ICS), emergency communication flow, DRU-facilitated referral coordination, and camp-level operational collaboration. Emphasis was placed on the interoperability between MMTs, Medical Hubs, and DRU ambulances. Readiness messaging ensured harmonized actions across all high-risk zones. This refresher contributed to enhanced, unified operational capacity during sudden-onset weather hazards.

Building upon the comprehensive DRU supportive supervision (43 ambulances assessed) and the Partner Dissemination Workshop held in October, the EPR TC maintained coordinated follow-up throughout November to operationalize the DRU Implementing Partners Action Plan. Key achievements included replenishing oxygen kits across priority vehicles, initiating Basic Life Support (BLS) refresher planning for drivers, and activating standardized dispatch and referral logbooks. Furthermore, the initiative improved IPC compliance across 42 active ambulances, while continuous liaison with field partners and the DRU hotline strengthened referral integrity, safety standards, and ambulance interoperability across the camps.

3. Health Sector Partners Update

IOM

Under the Inclusive Services and Opportunities (ISO) project, IOM established and upgraded Infection Prevention and Control (IPC) and biomedical waste management zones at the IOM-supported health facilities.

A Referral System Review Workshop was conducted in collaboration with the Health Sector, Civil Surgeon's Office, RRRC, and partners to strengthen referrals for acute and life-threatening conditions. Comprehensive Emergency Obstetric and Newborn Care (CEmONC) referral pathways were reinforced while maintaining uninterrupted services at the IOM-supported LEDA CEmONC Centre in Camp 24. PSEA community awareness sessions were conducted with WFP, SMS, and RCMC, and MHPSS partners addressed digital gender violence during the 16 Days of Activism against GBV.

World Health Organization (WHO)

Non-Communicable Diseases (NCD) and Mental Health: Post-training supportive supervision is ongoing to strengthen NCD and mental health clinical management. In the month of November 2025, 15 sessions of supportive supervision for the mhGAP were provided for 54 healthcare providers working in Rohingya camps. These supportive supervisions were intended to help them retain their knowledge gained in training and are expected to enable them to implement mhGAP in the PHCs.

15 monitoring visits for NCD services in the PHCs were conducted. The objective of these monitoring visits was to assess the progress and quality of NCD service integration within primary health care facilities, identify gaps, and provide technical guidance to strengthen effective and sustainable NCD care delivery. In addition to these, gap-filling in essential medicines to ensure uninterrupted availability of key NCD and mental health supplies and information materials across all healthcare facilities in the Rohingya camps was continued, supporting consistent service delivery and improved patient care.

Upcoming Events / Training Calendar

Title of Training	Start date	End date	Organizer	Target Participant
Midwife Coordinator Training	11/Nov/25	12/Nov/25	RTMI	Doctor, Midwife
Training On Midwife Coordination	25/Nov/25	26/Nov/25	RTMI	Doctor, Midwife
Clinical Management of Rape (CMR) & Intimate Partner Violence (IPV) Training for Health Care Providers	30/Nov/25	4/Dec/25	IRC	Medical Doctors and Midwives

([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 2025.* [UNHCR Operational Data Portal \(ODP\).](https://unhcr-odp.unhcr.org/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 December 2025)*

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