

Quarter 1/2022 Health Sector



Fig 1: GeneXpert Testing in Teknaf Upazilla Health Complex (WHO, Feb 2022)







Cox's Bazar District, Bangladesh
Emergency: Rohingya Refugee Emergency Response
Reporting period: January to March 2022



1.4 M
PEOPLE IN
NEED



903,585¹ REFUGEES/FORCIBLY
DISPLACED MYANMAR
NATIONALS (FDMN)²

HIGHLIGHTS	THE HEALTH SECTOR	
<ul style="list-style-type: none"> COVID-19 pandemic continued to dominate the health response agenda throughout Q1/2022 due to a resurgence in infection driven by Omicron Variant. Simultaneously, the Government of Bangladesh supported by the Health Sector partner pushed forward on the COVID-19 vaccination for refugees/FDMNs 18 years+ and Pregnant and Lactating Women Selected partners piloted the General Health Card at 02 Primary Health Care Centres, 03 Health Posts, and 02 field hospitals in the camp, targeting 500 patients. Health Sector Partners continue to face impediments to volunteer-driven health activities due to inconsistent implementation of volunteer incentive policy by camp authorities The Health Sector Gender Action Plan 2022 has been developed. The Sector is also working on strengthening capacity to monitor the quality of GBV services across the health services using the GBV Quality Assurance Tool. The 2022 Joint Response Plan was launched on 29th March, with the Health Sector partners appealing for USD 110m, by end of Q1 only 1.9% of requested funds were reportedly received. 		98 HEALTH SECTOR PARTNERS
	REGISTERED HEALTH FACILITIES	
		44 PRIMARY HEALTH CENTRES
		90 HEALTH POSTS
		32 BEMONC FACILITIES
	HEALTH ACTION	
		1,385,932 OPD CONSULTATIONS
		6,076 FACILITY-BASED DELIVERIES
		5,943 FACILITY LIVE BIRTHS
		222 FACILITY STILLBIRTHS
		17 MATERNAL DEATHS
	VACCINATION AGAINST	
		53721 POLIO ³
		16966 MEASLES
	SURVEILLANCE	
		42 COVID-19 SENTINEL SITES
		20 AWD SENTINEL SITES
		166 EWARS REPORTING SITES
	FUNDING \$USD	
		USD 110M REQUESTED
		USD 2,112,676 ⁴ RECEIVED

¹Joint Government of Bangladesh - UNHCR Population map as of 31 March 2022. UNHCR Operational Data Portal (ODP).
<https://data2.unhcr.org/en/documents/details/92092>

²The Government of Bangladesh refers to the Rohingya population in Bangladesh as "Forcibly Displaced Myanmar Nationals (FDMNs)." The United Nations (UN) system refers to this population as Rohingya refugees, in line with the relevant international framework. In this document, both terms are used, as appropriate, to refer to the same population (JRP 2022)

Situation update

- The Rohingya refugee/FDMN population demography has remained largely stable in Cox's Bazar with 926,561 continuing to receive humanitarian assistance by March 2022. Of these, 22,976 are on Bhasan Char Island⁵. Bangladesh experienced a surge in COVID-19 infection in quarter 1/2022 largely driven by the Omicron variant. By end of 31 March 2022, the country had recorded more than 1.9 million cases and 29,000 deaths. Simultaneously, the country scaled up nationwide COVID-19 vaccination campaigns delivering more than 200 million doses by end of March 2022.
- Despite the COVID-19 pandemic, the Health Sector partners in Cox's Bazar maintained access and delivery of health care services through the existing networks of more than 90 Health Posts, 44 PHCs, and 4 secondary healthcare facilities (MSF, Friendship, Turkish, and Hope Field Hospitals) in the camps. Overall utilization of health services was like Q4/2021. There was a total of 1,385,932 in Q1/2022 compared to a 1.4million in Q4/2021
- The partners also maintained support to 13 SARI ITCs to provide case management of COVID-19. Overall, utilization of health care services through these facilities was largely unaffected.
- Besides COVID-19, scabies emerged as an important public health concern among the refugees. Compared to 2020, there was a 6,242 increase in the average number of skin diseases reported in 2021, p-value <0.001. In addition, the 2020 and 2021 data showed a seasonal pattern with a peak in September - November before starting to decline to a nadir in April. This is yet to be evaluated in 2022.
- Overall, many partners have raised concerns about the dwindling fund in 2022 for health response. The Health Sector will conduct a rapid funding situation assessment in April 2022 to provide a comprehensive snapshot as a basis for future advocacy and prioritization.
- GBV mainstreaming remains a priority for the health sector. From Jan-March 2022, the Health Sector Gender Action Plan was developed expressing the sector's central commitment to enhancing gender capacity and the framework for monitoring progress across the sector. The partners participated in a one-day workshop to raise awareness among partners on gender and health under the theme 'Women's Day Gender equality in health for a sustainable tomorrow' in commemoration of International Women's Day.

Health Service Utilization (Jan-March 2022)

1,385,932 OPD Consultation

- Rohingya 89%, Host community -11%
- Female 64%, Male-36%
- Under 5 years- 25%

Top five reasons for consultations (DHIS2)

1. Skin Diseases: 29.1%
2. Upper Respiratory Tract infection: 28.3%
3. Gastroenteric problems: 15.1%
4. Acute Watery Diarrhoea: 3.5%
5. Ear Disease: 3.2%



Fig 2: Public Dialogue: International Women's Day (Health Sector March 2022)

³. OPV (1st to 3rd dose); fIPV (1st and 2nd dose) = 53721

⁴ Bangladesh 2022 | Financial Tracking Service. [fts.unocha.org. https://fts.unocha.org/countries/19/summary/2022](https://fts.unocha.org/countries/19/summary/2022)

⁵ Joint Government of Bangladesh - UNHCR Population factsheet as of 31 March 2022

Selected Health Sector Performance Indicators

Table 1: Health Facility Service Monitoring- Jan- March 2022

Indicator	Ukhiya	Teknaf
Number of 24/7 in-patient beds (excluding maternity beds)	426	81
Number of maternity beds	152	44
Number of facilities with 6 BEmONC signal functions excluding, Assisted Vaginal Delivery	22	10
Number of health facilities with 5 core medicines for the management of priority mental health conditions	24	1
Number of facilities providing CMR services	62	20
Number of facilities reporting stockout of essential medicines for more than 4 days, in the last 30 days	68	19

Table 2: Selected JRP Indicators

Indicators	Baseline	Jan	Feb	Mar	Target
Number of health consultations/person/year for Rohingya refugees and host community members (sex-disaggregated) *	2.1	471,882	423,297	490,753	>2
Under 5 deaths / 1,000 live births /month in camps.	25	25	21	17	<15
% of health facility-based deliveries	68%	71%	76%	73%	80%
Penta 3 coverage among children < 1-year-old.	65%	123%	109%	124%	75%
% of households visited by a community health worker at least once per week.	75%	88%	87%	87%	80%
% of health facilities with measures in place to improve access for persons with disabilities.	94%	95%	95%	95%	100%
# of Rohingya women of reproductive age in camps using any method of contraception.	96,461	18,414	14,570	18,755	200,618
% of health facilities offering GBV services (CMR/IPV or first-line support and referral).	95%	95%	95%	95%	100%

*Reporting monthly numbers of consultations with target utilization calculated at 12 months.

Table 3: Availability of Selected Cadres of Health Workers				
HR	Health Post	Primary Health Centre	Total, January-March 2022	Total, October-November 2021
Doctors (Male)	81	180	261	227
Doctors (Female)	54	120	174	165
Nurses (Male)	23	118	141	89
Nurses (Female)	104	276	380	280
Medical Assistants (Male)	88	152	240	227
Medical Assistants (Female)	42	63	105	105
Midwives (Male)	0	0	0	0
Midwives (Female)	82	256	338	294
Dispenser (Male)	66	38	104	122
Dispenser (Female)	23	20	43	54
Total	563	1223	1786	1563

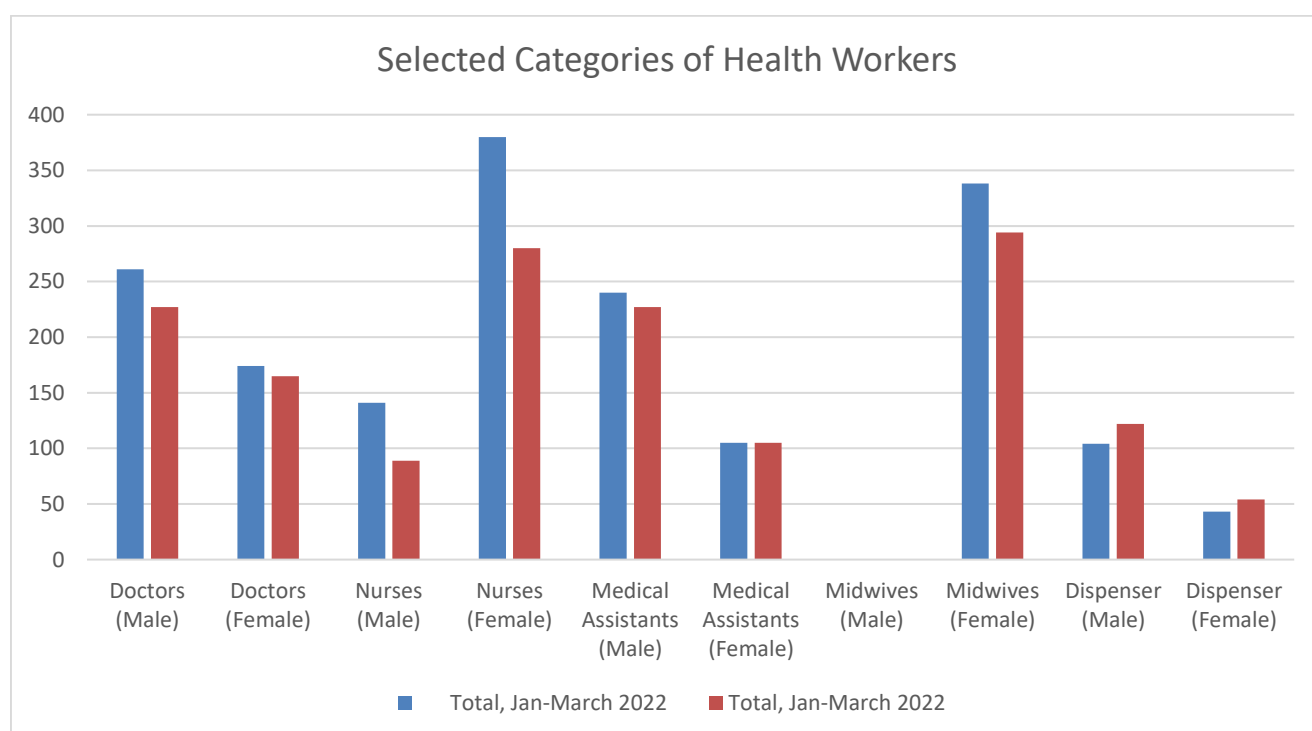


Fig 3: Bar chart for Selected Categories of Health Worker

1. Communicable Disease Control and Surveillance

1.1 COVID-19:

- Q1/2022 was dominated by the Omicron-driven rise in COVID-19 infection. During this period, a total of 2,594 new infections were recorded- representing 44% of the total 5902 (44% Male, 56%-Female) infections recorded since the onset pandemic. This trend was like global trends of intense transmission rate from the variant
- Despite the high infection rate in the Jan-March 2022, COVID-19 Case Fatality Rate among the FDMN/Rohingya the refugees was estimated at 0.3% (WHO Surveillance Data, Jan-March 2022). Compared to the delta wave in Q3/2021, the Q1/2022 CFR associated with the Omicron surge was remarkably low, in keeping with trends.
- Since epidemiology week 12 (end of March 2022), the infection has waned to very low levels, with Test Positivity Rate less than 1.4% from a peak of 44.5% in Epi Week 05 (Feb 2022)
- To sustain the decline rate of infection, the Sector recommends partners to sustain risk communication and communication engagement, laboratory testing, as some of the core response interventions, and ongoing COVID-19 vaccinations to achieve at least 70% vaccination coverage.

COVID-19 Epidemiologic Curve: Cox's Bazar

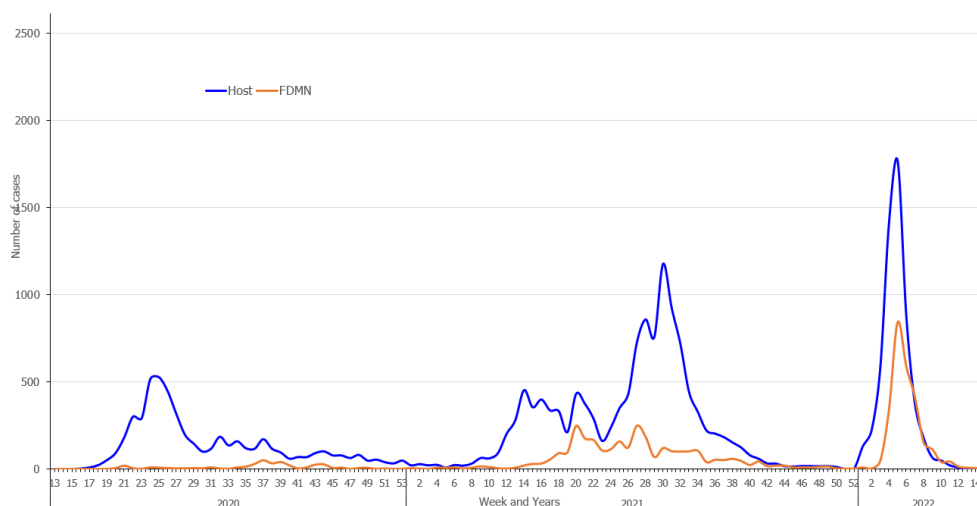


Fig 4: Observed TPR 7day Host and Rohingya/go.data EWARS (WHO, Cox's Bazar)



Refugee/FDMN COVID-19 Vaccination

Jan 26 -Feb 27, 2022

- Target: 18yrs+, Pregnant and Lactating Women
- #Targeted: 306,727
- Vaccine: Sinopharm®
- Number Reached: 280,334
- Cumulativeve (% target vaccinated)
 - 1st dose: 379,320 (88%)
 - 2nd dose: 313,720 (73%)

COVID-19 Case Management:



13 SARI ITC (Camps)



585 Active Beds
290 Standby beds

COVID-19 Infection

- Mild: 69%
- Moderate: 20%
- Severe: 11%



1.2 Varicella

- Surveillance data (2018, 2020, and 2021) indicate a seasonal rise in Varicella infection in Epi week 10-12, like the observed rise in Epi week 12-14 in 2022. Although this rise remains far below the 2019 outbreak trend, the WHO-led Epidemiology Working Group together with the Immunization and Vaccination teams are conducting further risk analysis for the observed trend in 2022. A total of 3,909 cases were reported, most (59%) of these were children under five years, mainly from Camp 14 and 16.

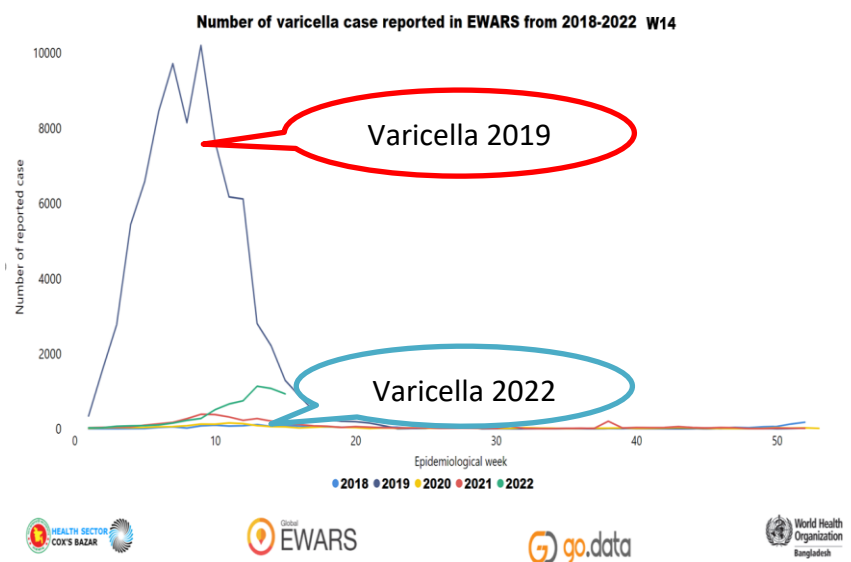


Fig 5: Epidemiologic Trend for Varicella (WHO, Cox's Bazar)

1.3 Skin infection (Scabies)

- There was an observed seasonal rise in reported skin diseases, including seasonal scabies. In response, the sector is undertaking immediate strategic approaches to ensure the treatment of cases and all household contacts. About 1,400 CHWs are supporting community identification and referral for appropriate treatment, health education on preventive measures
- A rapid treatment capacity assessment of 33 partners showed most had stocked permethrin and ivermectin tablets for scabies treatment.

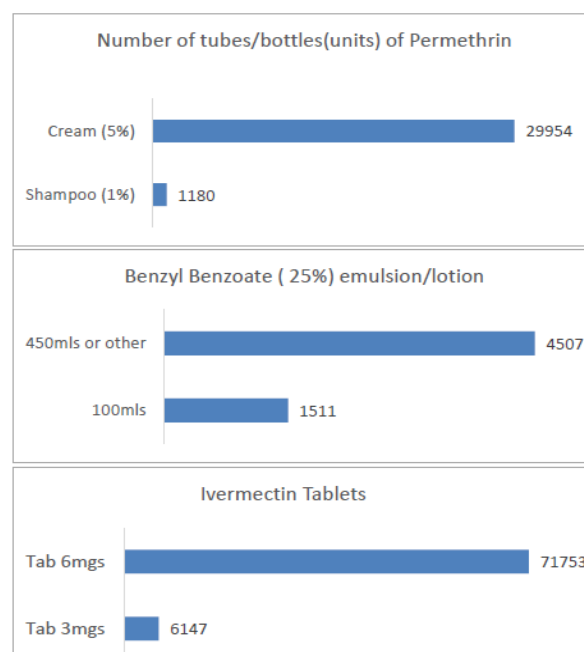
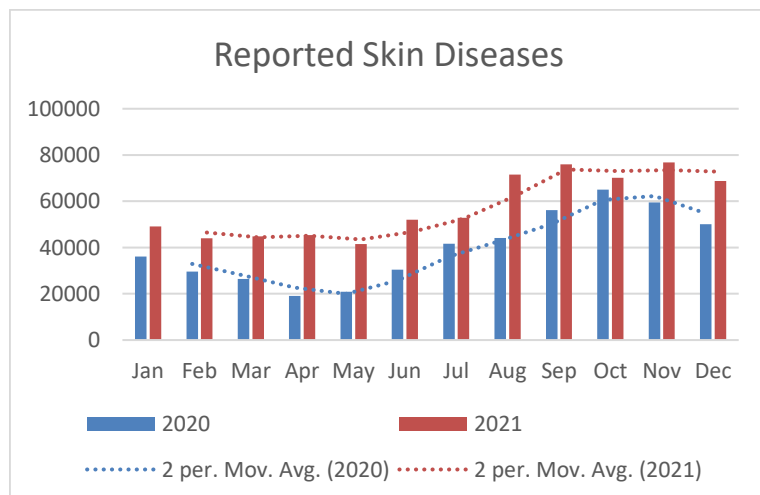


Fig 6: Availability of selected medicines for Scabies (WHO, Cox's Bazar)



Skin disease (DHIS2)

	Year	
#Cases	2020	2021
Mean	14,008	20,251
#Camps	34	34
Standard deviation	8221	111467
Mean difference		6242
P-value		<0.001

Fig 7: Bar Chart, reported Skin disease

1.4 Tuberculosis

WHO and partners are supporting the National TB program in Ukhiya and Teknaf Upazila in Cox's Bazar.

In Q1/2022 in Ukhiya and Teknaf (Host & FDMN)

- 1451 GeneXpert tests conducted (Male -676 & Female- 775)
- 1818 Routine microscopy tests (M- 937, F- 881) were done in Ukhiya and Teknaf Upazilla Health Complex
- 6.0% of the 3269 tests (Sputum and GeneXpert) were positive
- More than 400 people reached out with community awareness sessions, distributed sputum collection pots to TB suspects, and referred them to the nearby BRAC facility for further testing.

Other Diseases in Jan- and March 2022

Diphtheria: 7 confirmed, 39 suspected. Zero deaths

Acute Watery Diarrhoea (AWD)

- 20 Sentinel sites for Cholera surveillance
- 2097 samples tested- 53 RDT positive cases reported compared to 98 in Q4/2021

1.5 Immunization

Routine Immunization (RI), Acute Flaccid Paralysis (AFP) & Vaccine-Preventable Disease (VPD) surveillance update:

- RI: more than 145,000 different antigens doses were administered to children under 2 years through 59 fixed and 75 outreaches RI centres.
- As part of the surveillance, 119 samples were tested for suspected Measles (07 were positive for rubella and 01 measles); 05 samples were tested for suspected AFP and all were negative.

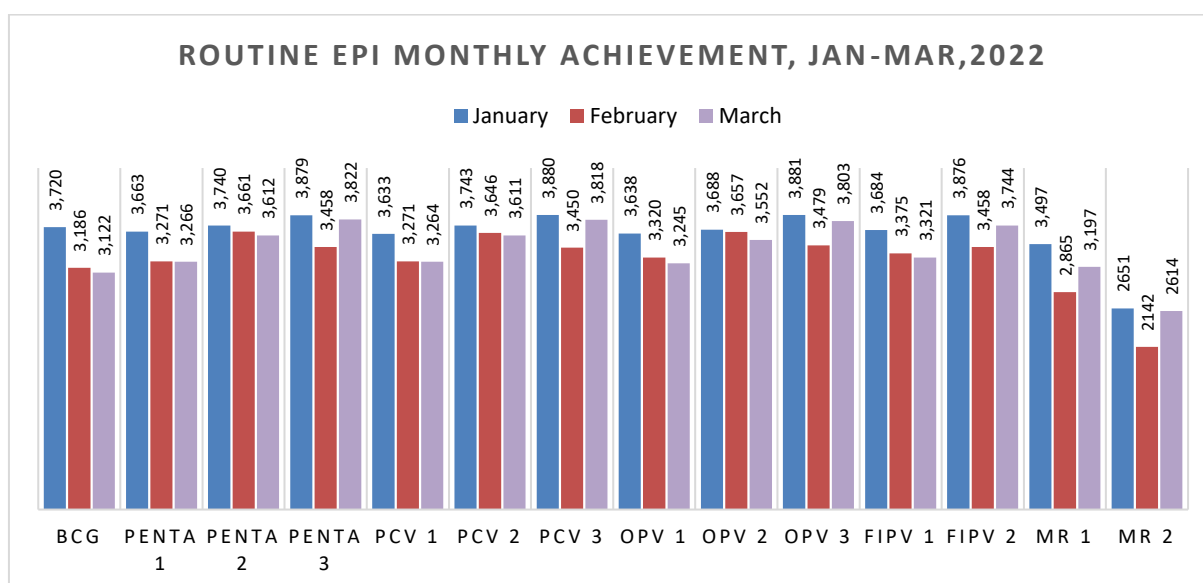


Fig 8: Bar Chart Doses Administered by Antigen

2. Non-Communicable Diseases (NCD)

- As part of the Noncommunicable Diseases (NCDs) program with the technical assistance of WHO, a total of 117,999 patients (Rohingya refugees & adjacent host community) from Ukhiya & Teknaf were reported in DHIS-2 to have sought care with NCDs from health facilities situated in Rohingya refugee camps. Among the monthly NCD consultations, Hypertension was reported with the highest percentage of 34% followed by Diabetes Mellitus (33%), Chronic Obstructive Pulmonary Disease (9%), Asthma (7%), Cardiovascular Disease (1%), and other NCDs/chronic conditions (16%).

2.1 Mental Health and Psychosocial Support (MHPSS)

- Humanity Inclusion (HI) and Mukti Cox's Bazar were elected MHPSS working group co-chair for 2022.
- Over 9500 individuals received individual-level psychosocial support and about 176000 participants attended group psychosocial activities. Besides, more than 7000 individuals received psychosocial in the last two fire incidents in camp-16 and camp-5.
- On March 16, IOM launched the Rohingya Cultural Memory Centre- a community-owned space- to connect with collective and individual identities. The center will host community-based plays, learning, storytelling, arts and crafts, and other psychosocial support activities.
- 31 (14 female and 17 male) healthcare workers (medical Doctors, Medical Assistants, and psychologists) were trained on mhGAP.
- WHO offered ongoing remote technical support to health workers attending to mental health patients in the Rohingya refugee camps. A total of 90 patient consultations (37 male and 53 female) were directly assisted through social media platforms and telecommunication. Through this approach, mhGAP trained doctors reach out to the WHO psychiatrist for real-time advice regarding patient management.



Fig 9: Rohingya Refugees at the newly inaugurated CMC in camp 18 (IOM, March 2022)



Fig 10: Swedish Embassy/ SIDA and WHO team with participants of mhGAP training (March 2022/ WHO)

2.2 Reproductive, Maternal, Neonatal, Child, and Adolescent Health

Q1 achievements:

- Total 6,076 Facility-Based Deliveries in Q1.
- Total 99,541 ANC visits & 22,203 PNC visits.
- Long-Acting Reversible Contraceptives [LARC] accounted for 5.5% of all modern contraceptive methods availed (Implants - 3.7, Intrauterine Device - 1.6 percent). In general, the rise in family planning visits may be a result of greater community participation and awareness-raising efforts by partners coordinated by the HS/SRH Working Group.

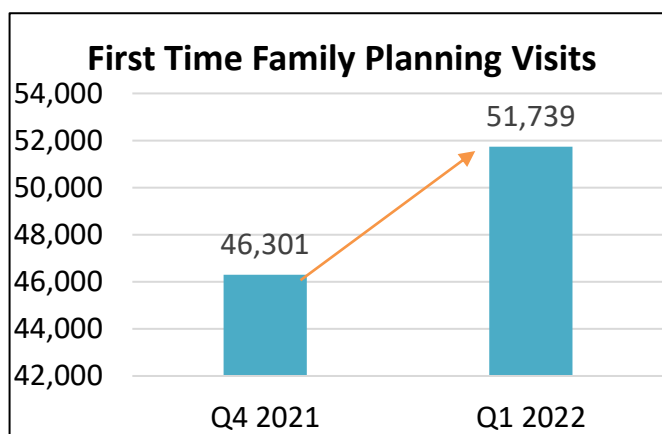


Fig 11: Bar Chart Family Planning visits (SRH WG/UNFPA Bangladesh)

3. Community Health

- Over 1,400 CHWs supported by over 120 CHW supervisors/managers from 24 partner agencies continued with enhanced Community Based Surveillance (CBS) and reporting, risk communication, and engagement with the community for messaging on general health topics including Hygiene promotion, prevention of communicable and non-communicable disease, SRH (ANC, facility-based deliveries, etc.), routine immunization including COVID-19 prevention messages.



BY YEAR FACILITY DELIVERY VS HOME DELIVERY IN ROHINGYA
REFUGEE RESPONSE, COX'S BAZAR

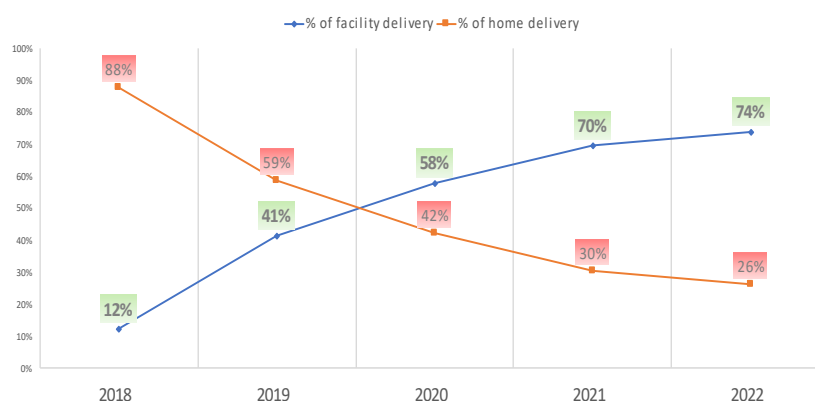


Fig 12: Line Graph, Facility and Community-based deliveries (CHWG/UNHCR, Cox's Bazar)

- On average over 85% of the total households were visited by the CHWs once a week, through which 24,771 people with mild respiratory symptoms (fever, sore throat, cough) and 414 patients with moderate/severe symptoms were identified.
- Risk communication and community engagement on SRH topics have contributed to a significant reduction in-home delivery over the years – shifting from 88% in 2018 to 26% during the reporting period.
- CHWs played an extraordinary role to educate, encourage, and mobilize the community to take the COVID-19 vaccine that contributed to achieving significant coverage. UNHCR, chair of CHWG supported in providing training of the CHWs and providing over 250,000 pcs of different printed IEC materials on COVID-19 vaccination.
- Multiple fire incidents were recorded in Q1/2022 to which CHWG partners immediately deployed CHWs to the affected blocks as first responders. CHWs disseminated the messages on fire safety, provided first aid care, and were referred to the health facility.



Fig 13: CHW mobilizing elderly refugees for COVID-19 vaccination centre (CHWG, March 2022)

1. Coordination, Collaboration, and Strategic Guidance.

- **2022 JRP:** The 2022 Joint Response Plan ([JRP](#)) was launched in a meeting led by the GoB, UNHCR, and IOM principals on 29th March 2022 in which the Health Sector is appealing for USD 110 million to deliver prioritized life-saving health interventions.
- **Health Facility Gap Analysis:** The Health Sector continues to facilitate the monthly analysis of required and existing health facilities. The Q1/2022 analysis showed that in some camps, there was excess health post than recommended while in 6 camps (2W, 5, 8W, 25, 26, NRC) there were inadequate numbers of Health Posts. In total, there were 90 Health Posts against 81 recommended. Where there is an excess, non-approved facilities have been instructed to close and integrate or relocate their services to areas where there are true gaps. These partners include Basmah Foundation, Muslim Hands International, AWARD, United Purpose, and Friendship which were identified to be operating some health facilities without approval from Civil Surgeons and or Health Sector.
- **Health Facility Quarterly Monitoring:** With the assistance of the Camp Health Focal Points (CHFPs), the Health Sector completed data collection for the Q1/2022 Health Facility Monitoring Assessment. The analysis and report are planned for April 2022.
- **General Health Card:** Six partners (GK, RTMI, SCI, RI, IOM, TFH, Friendship) supported the piloting of the General Health Card in 07 camps (4, 4E, 8W, 8E, 9, KRC, and 24). Up to 500 cards were tested at 2 PHCs, 03 HPs, and 02 Field Hospitals. The final round of feedback has been incorporated into the design and will be presented to the government for review and feedback.
- **Harmonization of reporting:** In a bid to streamline reporting from partners, the health sector is undertaking a harmonization initiative that has identified a set of priority health indicators upon which a uniform reporting tool and data-based will be developed.
- **Health Resource and Service Availability Monitoring Systems (HeRAMS):** WHO is leading the efforts to establish the HeRAMS platform for a more efficient resource and service monitoring- driven and owned by the partners. So far, an initial landscape analysis on preliminary discussions has taken place will subsequent progressive actions planned for Q2/2022.

Routine Health Sector Coordination Activities

- 7/7 Health Sector Coordination Meetings
- 6/6 Health Sector SAG meeting
- 2 Upazila Health Sector Coordination Meetings
- 78 Camp Health Sector Coordination Meeting
- 02 Field Hospital Coordination meetings
- >90% of Biweekly working group meetings

Health Sector Information Products

- COVID-19 weekly updates
- Health Facility Maps
- Health Sector Bulletin
- Link: [Health Sector information hub](#)
- Health Sector and Technical Working Group Meeting Schedules can be found [here](#) (/upcoming events)

2. Health Sector Partners Update

World Health Organization: Trained 38 laboratory staff (8 female and 30 male) from government and different camp-based healthcare facilities, focused on efficient management of the laboratory, including personnel, facilities, equipment, supplies, and reagents; the importance of laboratory management protocols and other written procedures, distinguishing the basics of the ideal laboratory practices and management principles, and understanding the need to keep good lab documentation, among others.

Save the Children (SCI)

- As of March 2022, SCI SARI ITC in Camp-21 managed 183 COVID-19 patients through its 40 active beds. Twenty standby beds are there to be activated in a surge response.
- Deployed a mobile medical team (MMT) in Camp 17 during the massive fire incident in Camp-5 on 8th March.
- Supported the pilot of the General Health Card in Camp 4 SCI Health post.
- With Support from SCI Child Protection (CP) team, a Child-friendly Corner was established in SCI PHCC to ensure every mother can avail of a hassle-free consultation and children remain safe & Secure during the consultation.
- Currently piloting digital facility-based digital Health Information in Camp-21 PHC and will gradually roll out in other SCI Health Facilities.

PULSE-Bangladesh and Médecins du Monde Japon (MdMJ)

- Implementing a non-communicable disease (NCDs) prevention program for FDMNs and the host communities in Cox's Bazar since March 2021 to improve NCDs prevention and control. The program targets adults 40 years and older and their family members through home-based health education provided by trained community health volunteers. About 3,400 individuals were reached in camp 1E and 12,000 in host communities. A post-implementation KAP survey in the camp indicated improved behaviour changes such as practicing regular exercise and increasing consumption of vegetables among 40% of our target population.

Centre for Disability in Development (CDD) with the support of CBM Global

- Providing multidisciplinary Rehabilitation services to people with and without disabilities in the camps & host community- camps 8W, 11,13, 18 & 19, and Razapalong, Rotnapalong & Haldiapalong union. CBM-CDD services are available through fixed sites and home-based approaches. In Q1/2022, a total of 2,132 people received Rehabilitation services. The service package includes Physiotherapy, Occupational Therapy, Speech & Language Therapy, Hearing & visual screening, and Assistive device distribution. CDD-CBM also installed different accessibility features in the homes of people with disabilities for improving their mobility.



Fig 14: Physiotherapy session in the camp (CBM Global, March 2022)

International Organization for Migration (IOM)

- Reconstructed its PHC facility in camp 9 which was destroyed by fire in 2021.



Fig 15: Reconstructed IOM Health facility in Camp 9 (IOM, 2021)

BBC Media Action continues to provide training and mentoring to health care staff to support them to improve interpersonal communication and community engagement with Rohingya people who are seeking health care. In addition, BBC Media Action has produced IEC materials to improve the understanding of health issues by the community. One example is [Haas Mo'shoara \(Top Tips\)](#) which is a presenter-led video series in the Rohingya language that raises awareness of SRHR including key information on, maternal, neonatal, and child health and nutrition. The series has been produced with technical support from WHO.

BBC Media Action has also produced content to support the COVID-19 vaccination campaigns with short audio messages that provides accurate and actionable information on the importance of getting vaccinated to keep yourself, your family, and the community safe.

Cross-Cutting Activities

Emergency Preparedness and Response/EPR

- Three MMTs (IOM, RI & SCI) under the MMT Technical Working Group responded to a fire that affected about 600 households (approx. 3,000 people) on 8 March 2022, recording 01 death. A total of 69 people were treated for minor injuries.
- MOAS is providing training and support to partners including health actors on rapid and mobile firefighting approaches across the camps.



Fig 16: Fire damage to SARI ITC in camp 20 E (IOM, 2021)

Risk Communication and Community Engagement/RCCE

- Drafted, reviewed, and finalized the IEC material and FAQs on Scabies with validation from the RCCE TWG and shared with partners for wider dissemination
- Developed public health messages on Ramadan and will be disseminated after the Eid holidays.
- In Q1/2022, two health facilities were destroyed in separate fires: FH HP in Camp 05 (March 14) and IOM SARI ITC in Camp 20E.

Infection Prevention and Control (IPC)

- IPC monitoring tools implementation: Following the roll out the implementation of the daily IPC checklist and monthly core card by IPC TWG and the health sector in the last quarter of 2021, the use of the tools is gradually increasing with 69% of the facilities reporting their monthly scorecards compared to 25% at the beginning of the year. In Q1/2022, the scorecards analysis identified IPC problems in the storage of non-medical equipment, inadequate temperature regulation in pharmacies, improper decontamination of medical devices, and gaps in staff health and safety.
- Institutionalization of Infection Prevention and Control: WHO is training IPC committee chairpersons and IPC focal persons on the running of the IPC program. In Q1/2022, 100 (65 male, 35 female) health workers from 40 health facilities across the Rohingya camps were trained. This initiative will support the operationalization of the IPC committees to sustain the IPC program locally.
- Following the identification of shortfalls in reprocessing of medical devices in the camp through the monthly IPC scorecards, WHO conducted training on decontamination of medical devices for 62 (22 female, 40 male) health workers supporting IPC in the Rohingya camps.

Advocacy

- The Volunteer Incentive Policy continued to pose a remarkable barrier for Health Sector Partners. Although a new policy has not yet been agreed upon, in some cases, the camp authorities are unilaterally pushing the partners to implement the proposed rates- as a condition to conduct some activities. The Sector supported by ISCG is in constant dialogue with the camp in charge to adhere to the existing. The Sector continues to urge local authorities to allow access to implement the community-based health interventions supported by volunteers based on the prior approved policy until such a new arrangement is formally endorsed.
- *Funding Status:* Only 1.9% of the appeal is reportedly committed to date. The significant level of underreporting of funding is compromising the capacity to advocate for adequate resources. The sector is developing simplified funding needs assessment tool to improve an understanding of the resource needs within the Sector. This will be deployed in April 2022 and partners are urged to report comprehensively and timely.

Upcoming Key Events

Event	Tentative Date
Rapid Analysis: Health Sector funding situation	April-May 2022
COVID-19 Vaccination Campaign for Rohingya/FDMN	May 7-12, 2022
Review and Orientation Monsoon/Cyclone preparedness and Response Plan	May 2022
AWD/Cholera multisector response plan- Intra Action Review	May 2022
Health Sector Orientation- Camp Health Focal Points	May 2022
Development of Minimum Package for Essential Health Services for Secondary Care	May-June 2022