



Following violence in Myanmar in August 2017, many Rohingya refugees arrived in Bangladesh with wounds, injuries, or weak with sickness. They also arrived with low vaccination coverage rates, malnutrition, and demonstrated poor health-seeking behavior shaped by their experiences in Myanmar. Key indicators such as Crude Mortality Rate initially exceeded the emergency threshold in 2017.

The Government of Bangladesh, UNHCR and humanitarian partners, made efforts to stabilize the refugees' health status and reduce mortality rates. However, risk factors such as overcrowded refugee settlements, lack of access to water, sanitation and hygiene (WASH), potential disease outbreaks and poor health seeking behavior, made it critical to continuously improve and expand healthcare services for refugees, and work in collaboration with other sectors such as WASH, nutrition and protection. Equally important has been the need to embed the health response in community-based outreach.

Progress

UNHCR works with the Ministry of Health and Family Welfare, Refugee Health Unit (RHU) of the Refugee Relief and Repatriation Commissioner (RRRC), and other partners to strengthen health infrastructure and provide healthcare services to refugees. Curative and preventive health services are provided through 23 health facilities supported by UNHCR.

More than 300 trained Community Health Workers (CHWs), mostly Rohingya refugees, are reaching out to their communities to raise awareness on various health issues – such as newborn care with new mothers and infectious diseases prevention, identifying health cases and providing referrals to appropriate services. A 24/7 ambulance service is now available through a medical referral for transporting critically ill refugees to hospital services outside the refugee settlements. UNHCR leads the Community Health Working Group in Cox's Bazar which is instrumental in coordinating outreach activities in refugee settlements with other health partners.

38,763 refugees were provided with medical consultations through UNHCR supported primary healthcare facilities during March, 2019

251,975 covered by UNHCR and partners' community-based surveillance

23 UNHCR-supported health facilities operational

309 community health volunteers trained by UNHCR and partners to increase awareness on health issues

- 1 UNHCR continues to work on:**
Enhancing **access of refugees to essential health services**
- 2 Health promotion and surveillance**
through community health workers
- 3 Building capacity of refugees** through health promotion
- 4 Supporting national healthcare system** the benefits refugees and host communities




Crude mortality rate decreased by 70% to 0.38 in 2018 from 1.36 in 2017

129,195 consultations at UNHCR-supported health facilities since January 2019

1,289 patients referred for secondary and tertiary healthcare since January 2019

212,395 households provided with bi-weekly health promotion sessions by trained CHWs of CHWG chaired by UNHCR

Challenges

-  Rohingya community demonstrate generally poor health-seeking behavior which is due to unfamiliarity with healthcare system, and trust in services, though the situation has been improving
-  There are significant gaps in knowledge on maternal health and reproductive health (a need for more awareness on ante- and post-natal care, risks of homebirth, and family planning), and poor service utilization
-  Limited surgical capacity in the settlements, and limited availability of specialized services (e.g. dental care and treatment, ophthalmology services)

Way Forward

UNHCR will continue to improve sexual, and reproductive health programs and strengthen access to services for refugees with specific needs; improve the quality of health services and promote the use of health facilities; and scale up detection and treatment of non-communicable diseases.

Working in Partnership

UNHCR co-chairs the **Strategic Executive Group** together with the UN Resident Coordinator and IOM. The Refugee Agency leads on the protection response for all refugees, and heads a **Protection Working Group** in Cox's Bazar. UNHCR welcomes its valuable partnership with a number of UN agencies and coordinates the delivery of its assistance with humanitarian partners through a number of working groups under the Inter-Sector Coordination Group (ISCG). UNHCR's main government counterpart is the Ministry of Disaster Management and Relief and its Cox's Bazar-based Refugee Relief and Repatriation Commissioner (RRRC). UNHCR staff work closely with the Camp-in-Charge officials in different refugee settlements, as well as with a range of international and national actors. It has a strong network of 27 partners, including:

Action Aid Bangladesh | **ACF** (Action Contre la Faim) | **ADRA** (Adventist Development and Relief Agency) | **BNWLA** (Bangladesh National Woman Lawyer's Association) | **Bangladesh Red Crescent Society** | **BRAC** (Bangladesh Rehabilitation Assistance Committee) | **Caritas Bangladesh** | **Center for Natural Resource Studies** | **CODEC** (Community Development Centre) | **COAST** (Coastal Association for Social Transformation Trust) | **Danish Refugee Council** | **FH Association** (Food for the Hungry) | **GK** (Gonoshasthaya Kendra) | **IUCN** (International Union for Conservation of Nature and Natural Resources) | **Handicap International** | **Helvetas Swiss Intercooperation** | **Light House** | **Oxfam GB** | **Relief International** | **Mukti Cox's Bazar** | **NGO Forum for Public Health** | **RTMI** (Research, Training and Management International) | **Save the Children International** | **Sesame Workshop** | **Solidarites International** | **Terre des Hommes** | **TAI** (Technical Assistance Incorporated)

UNHCR would also like to acknowledge the crucial role played by the refugees in the response; with over 3,000 volunteers from the refugee community who are often the first responders on the ground.

Donor country contributions to UNHCR Bangladesh (2018/2019)

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