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Refugees who fled from Myanmar to Bangladesh since August 2017 have faced major acute mental health and psychosocial concerns that can seriously affect their long-term mental health and psychosocial well-being. In addition to their experiences in Myanmar and the impact those events have had on their mental health, living conditions in the settlements in Cox’s Bazar, limited access to services, lack of livelihood opportunities, and limits on freedom of movement are among a series of factors contributing to maintaining high levels of daily stressors on the Rohingya population. Consequently, the mental well-being of the most vulnerable continues to be impacted and requires support.

**Progress**

UNHCR in collaboration with its partners have continued to make progress to improve the mental health situation of refugees in Cox’s Bazar since May 2018:

2,214 refugees received individual psychosocial support services	442 clinical mental health consultations provided	1,572 refugees and local staff participated in capacity building activities organised by UNHCR	26,361 refugees participated in psychosocial group activities
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**Way forward**

UNHCR is working to strengthen different levels of mental health and psychosocial support interventions: recruiting and training Community Psychosocial Volunteers (CPVs) through health partners to promote community based activities, training of psychologists and counsellors for individual psychosocial support, and provision of mental health services through integration of mental health into primary health care (currently in five locations with possibility to extend to more locations). UNHCR published a study on the culture, context and mental health of Rohingya refugees (2018), which will also inform the way forward: <https://www.unhcr.org/protection/health/5bbc6f014/culture-context-mental-health-rohingya-refugees.html>

**Challenges going forward**

- Community based psychosocial group activities need to be scaled up to reach more refugees
- Significant needs for clinical mental health services integrated in general health care system
- MHPSS Data collection and reporting needs to be streamlined across different sectors

**15-20%** refugees potentially with mild or moderate mental disorders

**3-4%** refugees potentially with severe mental disorders

**312,000** refugees are targeted through outreach activities to identify their needs and refer them to different Mental Health and Psychosocial Support (MHPSS) services

**UNHCR MHPSS strategic objectives are:**

- 1** Develop community-based psychosocial awareness and support
- 2** Scale up psychological intervention
- 3** Integrate mental health interventions into general health care

**Partners**

UNHCR MHPSS services are delivered through partners in health and protection (TAI, BRAC, HI, GK, RHU, RI). Capacity building activities (e.g. scalable psychological interventions) are conducted in partnership with University of New South Wales (Australia) and Columbia University (USA).

## Working in partnership

UNHCR co-chairs a Strategic Executive Group (SEG) in Bangladesh 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 a range of international and national actors. It has a strong network of 23 partners, including:

**ACF** (Action Contre la Faim) | **ADRA** (Adventist Development and Relief Agency) | **BDRCS** (Bangladesh Red Crescent Society) | **BNWLA** (Bangladesh National Women Lawyers Association) | **BRAC** (Bangladesh Rehabilitation Assistance Committee) | **CARITAS BANGLADESH** | **CODEC** (Community Development Centre) | **DRC** (Danish Refugee Council) | **FH** (Food For the Hungry) | **GK** (Gonoshasthaya Kendra) | **HELVETAS** Swiss Intercooperation | **HI** (Handicap International) | **IUCN** (International Union for Conservation of Nature and Natural Resources) | **NGOF** (NGO Forum) | **OXFAM** | **PUI** (Première Urgence Internationale) | **REACH** | **RI** (Relief International) | **RTMI** (Research Training and Management International) | **SCI** (Save the Children) | **SI** (Solidarités International) | **TAI** (Technical Assistance Incorporated) | **TDH** (Terre Des Hommes Foundation) |

UNHCR would also like to acknowledge the crucial role played by the refugees in the response; with over 1,000 **volunteers from the refugee community** who are **often the first responders on the ground**. UNHCR and partners have trained and work with **safety unit volunteers** (SUVs) who support the emergency response, **community outreach volunteers** who support raising awareness on important issues and in addressing protection risks, **community health workers** who assist with outreach for health and nutrition, and others who provide further critical support to the emergency response.

## Donor Support

The response of the Government and people of Bangladesh has been very generous. More support is currently needed from the international community to assist the ongoing humanitarian response in Bangladesh for refugees and host communities. Continued political efforts to work for a solution to the situation remain vital. UNHCR is appealing for USD 238.8m (part of its Supplementary Appeal for 2018) in order to support Bangladesh's humanitarian response to refugees.

## Donor country contributions to UNHCR Bangladesh (2017/2018)



## UNHCR financial needs for 2018

	Protection	26.7 m
	Basic relief items	5.6 m
	Water, sanitation & hygiene	40.8 m
	Shelter/infrastructure	25.0 m
	Energy and environment	13.4 m
	Education	10.0 m
	Community mobilization	18.1 m
	Health and nutrition	34.5 m
	Logistics	11.0 m
	Camp management	35.3 m
	Support costs	18.4 m
<b>TOTAL</b>		<b>238.8 m</b>

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