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 behaviour. Key indicators such as Crude Mortality Rate initially exceeded the emergency threshold in 2017, but was brought under control.

The Government of Bangladesh, UNHCR, and humanitarian partners made efforts to stabilize the health of refugees and reduce mortality rates. However, risk factors such as overcrowded refugee settlements, lack of access to water, sanitation and hygiene (WASH), disease outbreaks and poor health seeking behavior, made it imperative to improve and expand healthcare services quickly, as well as better integrate health considerations in the work of other sectors of the Rohingya response, such as WASH, nutrition and protection. Equally important was the need to embed the health response in a community-based outreach approach.

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 UNHCR-supported health facilities operational.

More than 300 trained Community Health Workers (CHWs) from the refugee community are reaching out to all households to raise awareness on various health issues – such as newborn care, infectious diseases prevention, identifying health cases, and providing referrals to appropriate services. A 24-hour 7-days ambulance service is now available for transporting, on referral, 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 the refugee settlements with other health partners.

| Crude mortality rate decreased by 70% to 0.38 in 2018 (from 1.36 in 2017) | 164,973 consultations at UNHCR-supported health facilities since January 2019 | 1,746 patients referred for secondary and tertiary healthcare since January 2019 | 212,395 households provided bi-weekly health promotion sessions by trained CHWs |
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, and poor service utilization. UNHCR is working with CHWs to share messages on ante- and post-natal care, risks of homebirth, and family planning.

Limited surgical capacity in the settlements, and limited availability of specialized services (e.g. dental care and treatment, ophthalmology services).

Way Forward
UNHCR is continuing to improve sexual, and reproductive health programs as a critical issue of concern, as well as strengthening access to services for refugees with specific needs. A scale-up of detection and treatment of non-communicable diseases has started also.

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 28 partners, including:

Action Aid Bangladesh | ACF (Action Contre la Faim) | ADRA (Adventist Development and Relief Agency) | BNWLA (Bangladesh National Woman Lawyer's Association) | BRAC (Bangladesh Red Crescent Society) | Caritas Bangladesh | Center for Natural Resource Studies | 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 | World Vision | Solidarites International | Terre des Hommes | TAI (Technical Assistance Incorporated) | NRC (Norwegian Refugee Council)

UNHCR would also like to acknowledge the crucial role played by the refugees in the response. Over 3,000 volunteers from the refugee community are working side by side with humanitarian agencies.

Donor country contributions to UNHCR Bangladesh (2018/2019)
UNHCR’s humanitarian response in Bangladesh is made possible thanks to the generous support of major donors who have contributed unrestricted funding to UNHCR’s global operations, and to donors who have generously contributed directly to UNHCR Bangladesh operations.

In 2018 and 2019, support has been received from the people and governments of: Australia, Bangladesh, Canada, Denmark, Estonia, the European Union, France, Germany, Ireland, Italy, Japan, the Republic of Korea, the Netherlands, New Zealand, Norway, Qatar, the Kingdom of Saudi Arabia, Spain, Sweden, Switzerland, Thailand, the United Arab Emirates, the United Kingdom, and the United States of America.

UNHCR is sincerely grateful for the additional support received from many individuals, foundations, and companies worldwide including Bill & Melinda Gates Foundation, the Church of Jesus Christ of Latter-day Saints, Education Cannot Wait, Kuwait Finance House, Qatar Charity, and Thani Bin Abdullah Humanitarian Fund.