



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 vaccine coverage rates, malnutrition in some cases, and low health-seeking behavior shaped by their own experiences in Myanmar.

Efforts by the Government of Bangladesh, UNHCR and humanitarian partners, have contributed to stabilising the health status of refugees. However, risk factors arising from poor health status, disease outbreaks in settlements, and risks of from monsoon/cyclone incidents, require continued systematic and comprehensive public health interventions in collaboration with other sectors such as water, sanitation, hygiene, nutrition, and community outreach.

Progress

UNHCR works with the Ministry of Health and Family Welfare, and the Refugee Health Unit (RHU) of the Refugee Relief and Repatriation Commissioner (RRRC), and partners in strengthening health infrastructure and providing healthcare service for refugees. Curative, preventive and promotive health services are provided through 22 health facilities and more than 300 Community Health Workers (CHWs). A 24/7 referral system through ambulances enables access to hospital services outside the camps for the care of critically ill patients. UNHCR leads the the Community Health Working Group and is instrumental in promoting coordination outreach activities of the health actors.

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

406,964 consultations at UNHCR-supported health facilities during 2018

5,963 referred for secondary and tertiary healthcare

57,432 households provided with bi-weekly health promotion session by trained CHWs

Way Forward

UNHCR is working to enhance 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.

Challenges

- Refugees unfamiliar with healthcare system
- Lack of knowledge on maternal health among women of reproductive age
- Gap of dedicated sexual and reproductive health program for adolescent boys and girls

Partners: Gonoshastaya Kendra (GK), Food for the Hungry/Medical Teams International (FH/MTI), Relief International (RI) and Research Training and management International (RTMI)

312,000 refugees supported by UNHCR with access to primary healthcare facilities

252,824 covered by UNHCR/partner's community-based surveillance

22 UNHCR-supported health facilities running

304 community health volunteer groups trained by UNHCR/partners to provide health messages/awareness

UNHCR is working to support refugee health by:

- 1** Enhancing **access to essential health services**
- 2** **Health promotion and surveillance** through community health workers (CHWs) across settlements
- 3** **Building capacity of refugees** to prevent/handle common issues
- 4** **Support for national healthcare system** for access to more advanced health support

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
TOTAL		238.8 m

With thanks to the many private donations from individuals, foundations, companies including Calouste Gulbenkian Foundation, IKEA Foundation, International Islamic Relief Organization Kuwait Finance House, OPEC Fund for International Development, Prosolidar-Onlus Foundation, Qatar Charity, Rahmatan Lil Alamin Foundation, The Big Heart Foundation, The Church of Latter-Day Saints, and UPS Corporate. Special thanks also to CERF.