505,057

Consultations conducted in UNHCR supported facilities.

3,778

Deliveries took place in UNHCR-supported facilities, with **89%** attended by skilled health workers.

1,217,302

Referrals were made from community to health facilities by CHWs

30

CHWs completed the first ever University (University of Geneva) certified course on Advanced Community Health

13,301

Children aged 6-59 months with moderate acute malnutrition (MAM) received treatment

FOR MORE INFO, CONTACT

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A 10 year old Rohingya refugee girl getting vaccinated for protection against cervical cancer.©UNHCR

Key achievements Public Health

Health Response Progress:

In 2025, the public health response in the Rohingya refugee camps in Cox's Bazar focused on ensuring access to life-saving healthcare services, responding to emergencies and enhancing disease prevention through immunization campaigns and surveillance. UNHCR's support continued through 8 primary healthcare centers, with **505,057** primary healthcare consultations provided in UNHCR-supported facilities, including **9,043** dental and **8,757** eye care consultations, **2,264** physiotherapy sessions, and **279** specialized telemedicine consultations.

During this period, UNHCR strengthened the integration of Mental Health and Psychosocial Support (MHPSS) across community-based interventions, nutrition, primary health care, and protection sectors. The program reached **223,990** refugees through awareness sessions by community psychosocial volunteers (CPVs), and community para-counsellors (CPCs) provided evidence-based counseling to 23, 828 refugees. In addition, **10,432** individuals were provided individual psychological counselling by psychologists and trained and supervised community para-counselors.

Health and Nutrition Integration:

In line with the Health and Nutrition Sectoral Integration Plan, UNHCR provided strategic guidance to implementing partners to coordinate with nutrition actors at field level, assess feasibility, and identify potential operational challenges for service integration.

SRH Quality Monitoring:

In 2025, UNHCR continued to support SRH (Sexual and Reproductive Health) Quality of Care monitoring through a joint initiative with the SRH Working Group, utilizing a structured KoBo-based assessment tool that captures all key SRH components, including antenatal care, post-natal care, family planning, adolescent SRH, clinical management of rape, and Sexually Transmitted Infections services, to generate a comprehensive overview of quality-of-care standards across SRH services. A total of **3,778** deliveries took place in UNHCR-supported facilities, with **89%** attended by skilled health workers.

Strengthening health services for key populations:

In 2025, under the leadership of UNHCR and implementation by BANDHU, comprehensive Sexually Transmitted Diseases (STIs) and HIV prevention, testing, and treatment services were delivered for key population groups among Rohingya refugees in Cox's Bazar. A total of **3,634** refugees, including men, women, and adolescents, accessed HIV testing services, demonstrating equitable and people-centered outreach.

Vaccination Coverage:

During the reporting period, several mass vaccination campaigns were conducted, including those for Cholera, Cervical Cancer, Typhoid, and Measles, targeting specific age cohorts according to established criteria. Across all campaigns, nearly 100% coverage was achieved, underscoring the strong efforts of UNHCR and BRAC-led Community Health Working Group (CHWG) partners and the dedicated work of Community Health Workers (CHWs) in improving health-seeking behavior and raising awareness about the importance of vaccination. The CHWG, in collaboration with WHO, coordinated micro-planning, CHW mobilization, and community sensitization activities. These campaigns contributed significantly to the reduction of their respective targeted diseases. In addition, routine immunization coverage improved to **80%** in 2025, as reported by WHO.

Strengthening Civil Registration and Vital Statistics (CRVS) efforts:

UNHCR contributed significantly by building the capacity of health workers, refugees, and CHWs to understand the importance of birth and death registration and to simplify the process of obtaining birth information notes from health facilities—the essential first step for newborn registration. These improvements enabled the registration of around **50,000** newborns in 2025, a significant achievement that also helped clear longstanding backlogs.

Hepatitis-C Program:

UNHCR played a key role in developing and implementing the Hepatitis C surveillance-linked treatment and prevention program. UNHCR strengthened the capacity of CHWs to deliver targeted awareness messages to the Rohingya community, supporting prevention efforts and promoting early health-seeking behavior. CHWs also facilitated referrals of suspected cases for testing, enabling early detection and timely management. To expand access to care, UNHCR initiated the Hepatitis C treatment program with medicine provision at three sites in line with the sector plan. In 2025, UNHCR further supported the sector-led Hepatitis C response through coordinated procurement to ensure sufficient quantities of Hepatitis C medicines were available and treatment services remained uninterrupted.

Community health efforts:

The CHWG played a pivotal role in improving community health-seeking behavior across all camps by ensuring early identification, referral, and management of health conditions, resulting in better outcomes, fewer complications, and saved lives. Through an extensive network of over **1,600** CHWs who visited **85%** of households weekly—the CHWG strengthened community-based disease surveillance, birth and death notification, and civil registration processes while also supporting life-saving efforts such as contact tracing for infectious diseases like diphtheria. CHWs facilitated more than 1.2 million referrals for ANC, immunization, suspected diseases, chronic illness, nutrition, mental health, SGBV, and child protection, reinforcing rapid access to essential services. Their mobilization was central to successful high-impact vaccination campaigns for OPV, HPV, and OCV, each achieving close to 100% coverage across camps. The CHWG further contributed to improved maternal health outcomes, with **4,963** facility deliveries (**88%** skilled attendance) and a steady decline in maternal deaths from **57** in 2023 to 37 in 2025. Complemented by capacity-building for health workers and the introduction of standardized CHW vests across all partners to enhance visibility and community trust, CHWs also facilitated **72,039** group education sessions, collectively strengthening preventive health practices, community awareness, and the overall resilience of the camp's health system.

Outpatient consultation by a clinician at a UNHCR supported primary health care center in the camp. ©UNHCR

Nutrition

Key nutrition activities in Cox's Bazar and Bhasan Char through Integrated Nutrition Facilities (INFs) continued in 2025. UNHCR, in collaboration with partners, maintained the delivery of life-saving services through both facility and community-based interventions. Efforts focused on the early identification of acute malnutrition at the community-level through community nutrition screening, treatment of acute malnutrition, Infant and Young Child Feeding (IYCF) counseling, growth monitoring, and micronutrient supplementation, with special attention given to quality assurance and follow-up for vulnerable groups, including infants under six months. UNHCR handed over the operation of 11 nutrition facilities in Cox's Bazar in a phased, responsible manner by December 2025.

Key achievements Nutrition

- Community nutrition screening: On average, 39,208 children aged 6-59 months were screened per month at the community level by Community Nutrition Volunteers (CNVs) and Community Health and Nutrition Workers (CHNWs) to identify acute malnutrition.
- Treatment of Acute Malnutrition: A total of 3,214 children under the age of five with Severe Acute Malnutrition (SAM) and 13,101 with Moderate Acute Malnutrition (MAM) received nutrition treatment through UNHCR-supported Integrated Nutrition Facilities (INFs) in Cox's Bazar and Bhasan Char. Additionally, 980 pregnant and lactating women suffering from acute malnutrition were newly enrolled in the nutrition facilities to receive specialized nutrition support.
- Blanket Supplementary Feeding Program (BSFP): On average, 16,064 children aged 6-23 months and 9,059 pregnant and lactating mothers per month received supplementary foods from the nutrition centers of Cox's Bazar and Bhasan Char.
- Nutrition Sensitive E-voucher Program (NSEP): On average, 20,349 children aged 24-59 months received a nutrition top-up, followed by Growth Monitoring Promotion.
- IYCF counseling: A total of 25,712 mothers and caregivers received IYCF counseling, where 11,309 pregnant and lactating mothers received individualized IYCF counseling based on identified problems on breastfeeding, complementary feeding, and maternal nutrition.
- Joint Assessment Mission (JAM) 2025: The Joint Assessment Mission (JAM) 2025, a joint initiative between UNHCR and WFP, was initiated in May, and the report is currently under review. For the first time, Bhasan Char was included in the assessment.
- Vitamin A and Deworming Campaign Coverage: In 2025, both Vitamin A and deworming campaigns achieved high coverage in Bhasan Char and Cox's Bazar, exceeding UNHCR standards. In Bhasan Char, deworming coverage reached 100%, while Vitamin A coverage reached 98.9%. In Cox's Bazar, overall coverage exceeded 94% for deworming and 98% for Vitamin A.
- Transit Center Nutrition Support: On average, 890 individuals per month received three cooked meals daily through the BDRCS-managed kitchen at the Transit Centre.

Capacity building of health care workers, relevant stakeholder staff, refugees, and volunteers:

- In 2025, coordinated capacity-building initiatives significantly enhanced the skills of frontline and community-level responders. Around 700 Community Health Workers (CHWs) received standardized First Aid training, improving emergency response and timely referrals. Additionally, 30 CHWs completed the first-ever University of Geneva–certified Advanced Community Health course, marking a major step in accredited CHW professional development.
- A total of 203 CHW supervisors were trained in PFA and MHPSS case identification under the CHW core package. Joint UNHCR–IOM efforts supported 129 APBN officers with "Coping with Stress" training to strengthen psychosocial well-being. Meanwhile, 241 COMs and refugee community representatives enhanced their MHPSS knowledge and community resilience skills.
- Furthermore, around 200 healthcare workers received training on essential trauma care, and maternal and newborn care, expanding the quality and readiness of clinical services across the camps

Challenges

Health:

- **Referral Support:** Referral support was affected by funding constraints and high demand, resulting in limited coverage of referral costs, delays in emergency and specialized care, and increased barriers for refugees to access timely lifesaving services.
- **Impact of reduced funding:** Critical funding gaps affected life-saving health services for Rohingya refugees. Two of the camps' health facilities struggled to maintain basic services, leading to widespread refugee dissatisfaction. In addition, training and capacity-building of partners and awareness activities faced significant challenges in 2025 due to funding constraints.
- **Frequent fire incidents** remained a significant public health hazard, leading to injuries, displacement, loss of shelters and health facilities, disruption of essential health services, and heightened risks for vulnerable refugee populations.

Nutrition:

- Renovation, maintenance, and readiness of some nutrition facilities raised challenges.
- Restrictions on capacity-building activities and the printing of IEC materials resulted in capacity gaps among frontline staff. Limited opportunities for refresher training, combined with staff turnover, affected the service delivery, as well as the effectiveness of awareness-building activities.
- The handover of nutrition facilities between partners was completed in a coordinated manner; however, the transition phase required additional time for new partners to establish operational coordination mechanisms with CiCs and community stakeholders in the newly assumed camps. During this period, some coordination adjustments were necessary within the nutrition sector as roles, communication channels, and workflows were aligned.
- Referral of children with SAM and medical complications to Stabilization Centers (SCs) remained challenging due to caregiver reluctance, distance to inpatient facilities, and limited awareness of the need for specialized care, particularly during the transition period.
- Follow-up and access to services for infants under six months continued to be constrained, as caregivers often did not present infants at nutrition facilities, compounded by service transitions and changing service providers.
- Tracking, screening, and continuity of care for newly arrived and mobile populations remained challenging due to ongoing population movements between camps, increasing the risk of missed or delayed identification of eligible children.
- Security concerns in parts of the Cox's Bazar camps resulted in limiting CNV household visits in certain locations, affecting community-level monitoring and follow-up during the transition period.

Way Forward

Health:

- Continuity of lifesaving services: To ensure continuity of lifesaving services, fundraising efforts are needed to maintain uninterrupted medical referrals for patients requiring advanced or emergency care. Without secured support, critical referral pathways risk disruption, directly affecting timely access to essential health services.
- Prioritize core services: Emphasizing emergency care, maternal & child health and chronic disease management and strengthening CHWs' referrals to health facilities.
- Resource optimization: Integration and merging of health and nutrition service centers to rationalize cost. Increased role of CHWs/CHNWs for basic care and referrals. Focus on high-impact, low-cost modalities (vaccination, first aid, hygiene promotion).
- Capacity-building, disease surveillance & response: Ongoing support for CHW capacity building including training, supervision, and monitoring will ensure preventive and promotive health efforts sustained at the community level.
- Emergency and outbreak preparedness: Core services including emergency care, maternal and child health, and chronic disease management will be prioritized, and lifesaving referrals will be supported. Health and nutrition services will be integrated using CHWs, while disease surveillance, outbreak preparedness, capacity-building, coordination, and community engagement will be strengthened to ensure continuity and quality of care.
- Health facility monitoring and effective service integration will be strengthened to maximize health support within limited resources and amid funding gaps along with robust coordination of community health through CHWG.

Nutrition:

- Support a smooth and structured transition of nutrition services into the primary health care facilities through close coordination with UNICEF, WFP, and Concern World Wide, ensuring continuity of care for all beneficiaries.
- Facilitate the transfer of caseloads, patient records, and referral pathways to incoming partners to prevent service interruption.
- Provide technical support and coordination to reinforce adherence to national and global nutrition protocols.
- Provide technical guidance and support to the Health and Nutrition Sector in preparation of the health and nutrition integration strategy in facility and community-based services.

UNHCR The UN Refugee Agency | Bangladesh

Public Health

Factsheet | 31 Dec 2025

Beneficiaries received health consultations

505057 *

The UNHCR health unit in Bangladesh provides vital medical services and healthcare support to Rohingya refugees, ensuring access to quality healthcare. They offer comprehensive primary healthcare, immunizations, and disease prevention activities to improve well-being in challenging conditions.

279
# of Telemedicine session conducted

4
# of primary healthcare facilities providing care for priority noncommunicable diseases

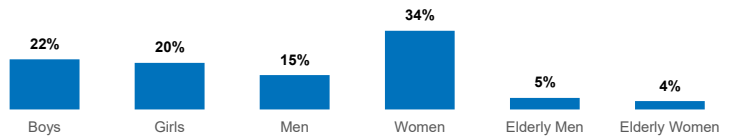
177
# of staff trained on sexual and reproductive health topics

8,757
# of beneficiaries received eye care services at ministry of health

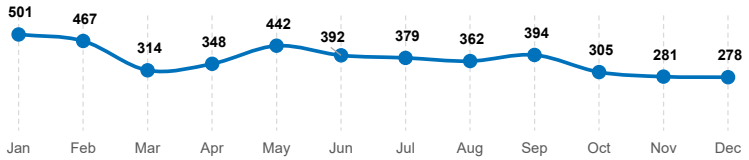
3,193
# of births attended by skilled health personnel

9,043
# of dental consultation provided

Age and gender (# of primary healthcare consultations)



Monthly Trend (# of children aged 9 months to five years who have received measles vaccination)

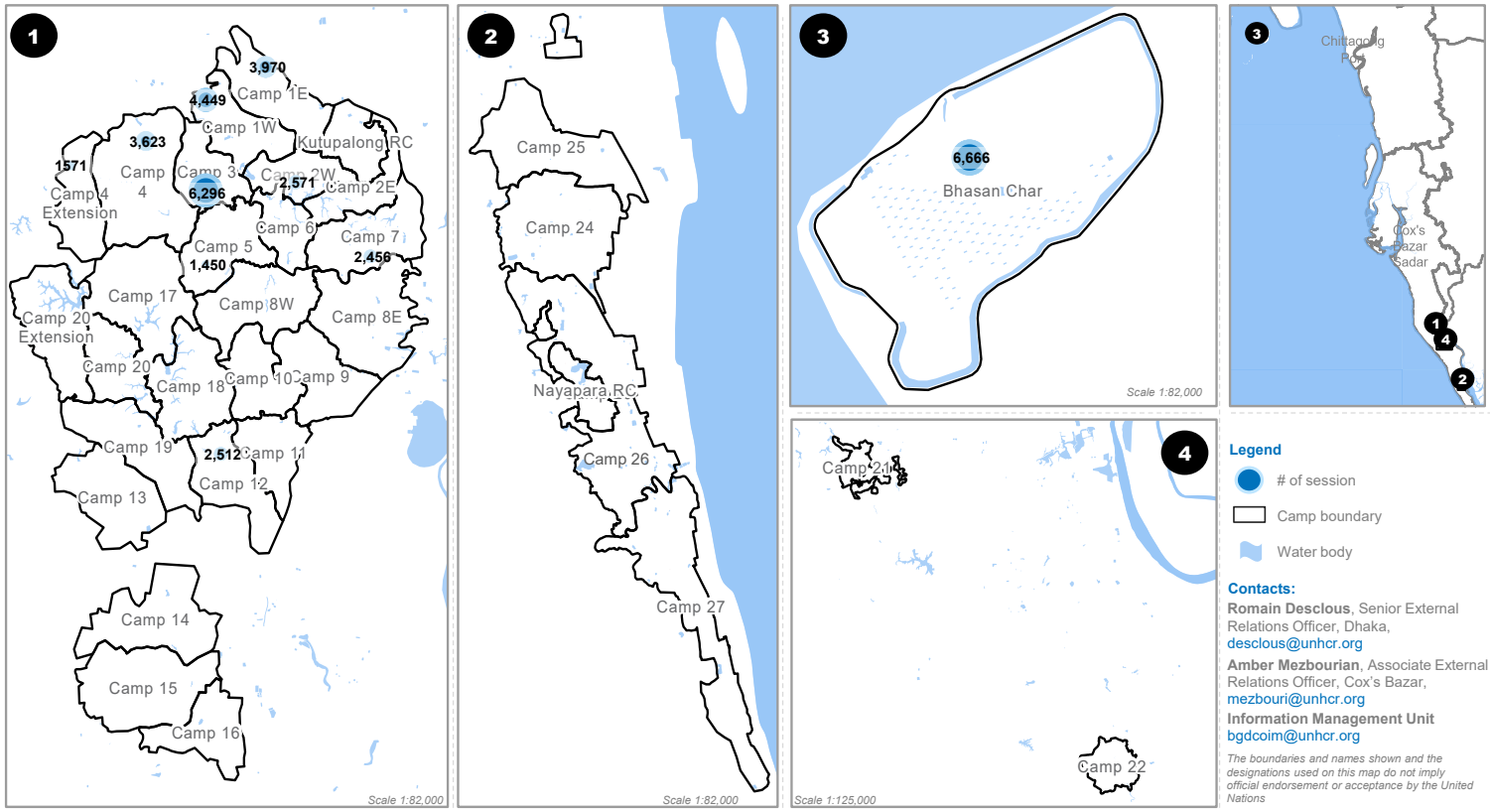


Key achievements

Progress against **target**

	REACHED	TARGET
# of cases identified and referred to health facilities by community health workers (antenatal care, postnatal care, delivery, noncommunicable diseases, acute illness, immunization, nutrition, general) — 100%	318,410	307,380
# of consultations seggregated by age and sex — 100%	505,057	500,000
# of group sessions conducted by community health workers — 100%	35,750	32,363
# of children aged 9 months to five years who have received measles vaccination — 98%	4,463	4,546
# of Under 5 children/PLW screened by MUAC and referred by CHWs — 100%	15,981	15,575
# of Deaths reported by CHW seggregated by age and sex — 100%	654	576
# of consultation by full time physiotherapist for physiotherapy and physical rehabilitation — 100%	2,264	2,160
# of Telemedicine session conducted — 100%	279	280

Geographic overview (# of group sessions conducted by community health workers by camp)



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The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

Print date: 09 Feb 2026

Sources: UNHCR Partners (Activity Info)

Partners: Bandhu, BRAC, FH, Friendship, GK, RHU

*The number of beneficiaries shown across the factsheets includes individuals who received multiple forms of assistance and does not represent the unique number of individuals assisted.

UNHCR in Bangladesh is grateful for the support of Australia, Belgium, Canada, the People's Republic of China, Denmark, Finland, the European Union, Ireland, Luxembourg, the Netherlands, Norway, Republic of Korea, Sweden, Switzerland, the United Kingdom, and the USA.

With additional support received from UN funds including Education Cannot Wait (ECW), UN AIDS and the Central Emergency Response Fund (CERF), and private donors, foundations, corporates, and companies worldwide including adidas AG, Fast Retailing Co. Ltd., and Tanmeia Foundation.

Total beneficiaries

28,722

The UNHCR public health unit in Bangladesh provides comprehensive lifesaving and prevention of malnutrition programmes to the Rohingya refugees to ensure nutrition wellbeing. They offer treatment of acute malnutrition, promotion of appropriate infant and young child feeding practices(IYCF), Blanket supplementary feeding and micronutrient deficiency prevention and control programmes targeting children under five years, pregnant, lactating women (PLWs) and adolescent girls and other vulnerable refugees.

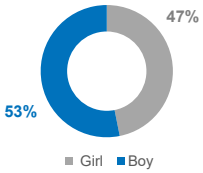
3,214
# of admissions of children aged 6-59 months with severe acute malnutrition (SAM)

13,101
# of admissions of children aged 6-59 months with moderate acute malnutrition (MAM)

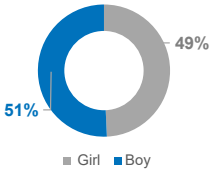
25,712
# of pregnant , lactating women (PLWs) and caregivers of children under 2 years who recived IYCF counselling.

Age and gender

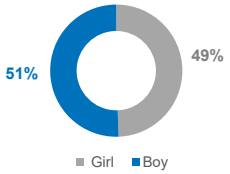
Children aged 6-59 months with severe acute malnutrition(SAM)



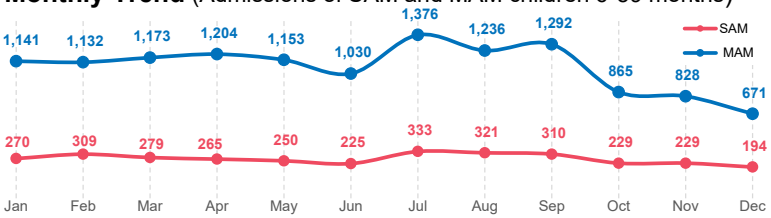
Children aged 6-59 months with moderate acute malnutrition(MAM)



Children aged 24-59 months enrolled on nutrition sensitive evoucher program



Monthly Trend (Admissions of SAM and MAM children 6-59 months)

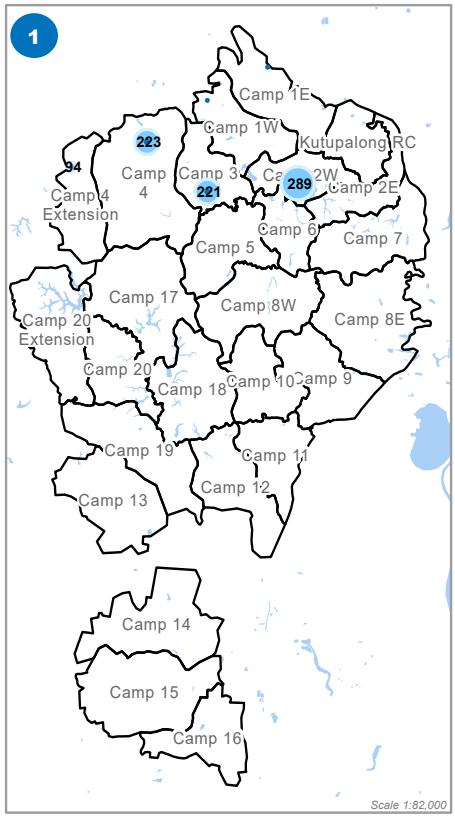


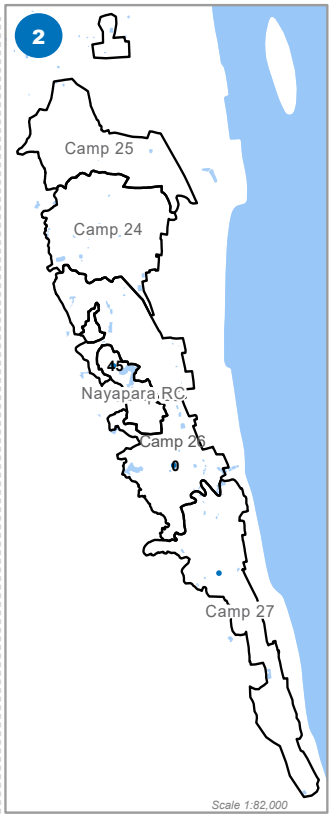
Key achievements

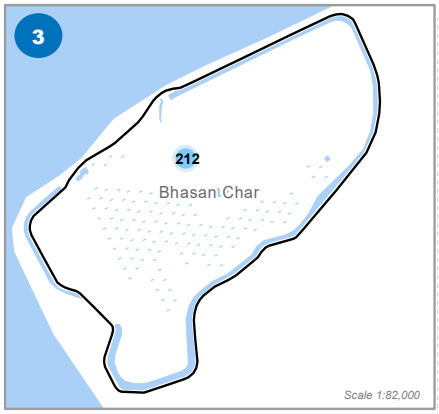
Progress against **target**

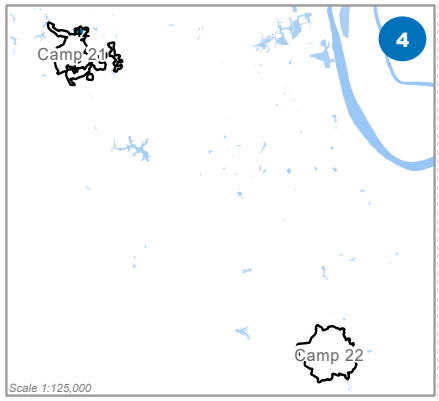
	REACHED	TARGET
# of children 6-59 months screened per month in the community by the community nutrition volunteers (85%)	39,208	46,132
# of new admissions to community management of acute malnutrition programmes (96%)	16,315	16,968
# of children 0-59 months screened in the growth monitoring promotion programme (95%)	43,467	45,918
# of MAM pregnant and lactating women newly admitted in targeted supplementary feeding programme (95%)	980	1,037
# of boys and girls aged 6 – 23 months enrolled and reached in blanket supplementary feeding programme (84%)	16,064	19,033
# of boys and girls aged 24 – 59 months enrolled on nutrition sensitive evoucher program (78%)	20,349	26,052
# of pregnant and lactating women enrolled and reached in blanket supplementary feeding programme (87%)	9,059	10,409
# of IYCF one-to-one counselling of caregivers of 6 - 23 months children and pregnant women (93%)	11,309	12,151

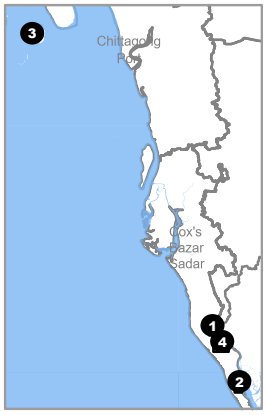
Geographic overview (beneficiaries reached by camp)











Legend

- # of beneficiaries reached
- Camp boundary
- Water body

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Partners: CWW, Friendship, GK

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