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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 health facilities supported by UNHCR.

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.

38,778 refugees were provided with medical consultations through UNHCR-supported primary healthcare facilities during the month of April 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 helping to increase awareness on health issues

UNHCR continues to work on:

- 1 Enhancing **access of refugees to essential health services**
- 2 **Health promotion and surveillance** through community health workers
- 3 **Building capacity among refugees** on health promotion
- 4 **Supporting national healthcare system** to benefit refugees and host community




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) | **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** | **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)

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