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Refugees fled Myanmar to Bangladesh in August 2017. At the initial stage of arrival, many had severe wounds and injuries and were weak with sickness. Low vaccine coverage rates, malnutrition, congested living conditions, high risk of infectious diseases and low health seeking behavior made the population's health fragile. Key indicators, such as Crude Mortality Rate, initially exceeded emergency threshold. With the continuous effort of the Government of Bangladesh, UNHCR and the humanitarian partners, the health status of the population has been somewhat steadied. However, risk factors and disease outbreaks, compounded by the risk of flooding, landslides and cyclones require systematic and comprehensive public health interventions.

Progress

UNHCR in Cox's Bazar lead the Community Health Working Group and is instrumental in promoting coordination outreach activities of the health actors. For the monsoon preparedness, it has prepositioned essential medicines and surgical/trauma kits. Moreover, built capacity of more than 2,000 refugee volunteers in emergency preparedness, basic first aid and health surveillance among others.

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

266,635 consultations at UNHCR supported health facilities during 2018

6,867 referred for secondary and tertiary healthcare

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

312,000 refugees have access to UNHCR-supported primary healthcare facilities
227,686 refugees covered by community based surveillance
22 UNHCR-supported health facilities currently running
290 community health refugee workers (CHW) supporting referrals


UNHCR is working to support refugee health by:


- 1 Enhancing refugees access to essential health services
- 2 Developing and promoting community health surveillance across the refugee settlements
- 3 Building refugee capacity to prevent and handle common health issues and supporting the national health system for sustainable access to health services


Way Forward

By the end of 2018, UNHCR aims to enhance sexual and reproductive health programmes and develop access to services for refugees with specific needs; improve the quality of health services and promote the use of health facilities in areas managed by UNHCR; and scale up the detection and treatment of non-communicable diseases.

Challenges going forward

 Lack of trust in health services expressed by refugees

 Poor attendance to programs for pregnant women

 Gap of dedicated sexual and reproductive health program for adolescent boys and girls

Partners

Ministry of Health and Family Welfare, Refugee Health Unit (RHU) of the Refugee Relief and Repatriation Commission (RRRC), Gonoshastaya Kendra (GK), Food for the Hungry/Medical Teams International (FH/MTI), Relief International (RI), Research Training and Management International (RTMI)

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.