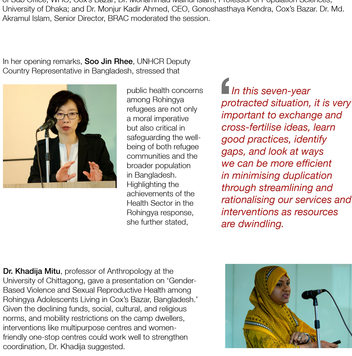
Community of Practice (COP)
Public Health Issues and Response in the Rohingya Camps
02 May 2024, 10:00 am to 1:00 pm

COP session held on 'Public Health Issues in Rohingya Camps'

Speakers stress upgrading awareness campaigns and community-based integrated approach

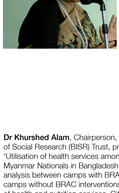
Public health is not a standalone issue; several factors such as gender-based violence, climatic events, and socio-cultural context must be considered when designing interventions to change the behaviour of Rohingya refugees in terms of accessing healthcare services, especially the ones related to family planning.



The observation came from a session held under the banner of 'Community of Practice' – a platform created by BRAC and UNHCR to facilitate the exchange of evidence-based learnings among humanitarian actors, researchers, and donors involved in the Rohingya response.

The latest COP session at the BRAC headquarters focused on public health issues in the Rohingya camps. Alongside four presentations by distinguished academicians, the event included a panel discussion among Dr. Vincent Kahi, Senior Public Health Officer, UNHCR; Dr. Jorge Martinez, Head of Sub Office, WHO, Cox's Bazar; Dr. Mohammad Mainul Islam, Professor of Population Sciences, University of Dhaka; and Dr. Monjur Kadir Ahmed, CEO, Gonoshasthaya Kendra, Cox's Bazar. Dr. Md. Akramul Islam, Senior Director, BRAC moderated the session.

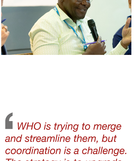
In her opening remarks, **Soo Jin Rhee**, UNHCR Deputy Country Representative in Bangladesh, stressed that



public health concerns among Rohingya refugees are not only a moral imperative but also critical in safeguarding the well-being of both refugee communities and the broader population in Bangladesh. Highlighting the achievements of the Health Sector in the Rohingya response, she further stated,

> *In this seven-year protracted situation, it is very important to exchange and cross-fertilise ideas, learn good practices, identify gaps, and look at ways we can be more efficient in minimising duplication through streamlining and rationalising our services and interventions as resources are dwindling.*

Dr. Khadija Mitu, professor of Anthropology at the University of Chittagong, gave a presentation on 'Gender-Based Violence and Sexual Reproductive Health among Rohingya Adolescents Living in Cox's Bazar, Bangladesh.' Given the declining funds, social, cultural, and religious norms, and mobility restrictions on the camp dwellers, interventions like multipurpose centres and women-friendly one-stop centres could work well to strengthen coordination, Dr. Khadija suggested.



Another professor from the same department, **Dr. M. Ala Uddin**, presented his findings under the title: "Navigating Infectious Disease Dynamics in Crowded Settings: Insights from the Rohingya Camps in Bangladesh.' He stressed that lack of testing and vaccination was not the actual problem, rather the challenge was the unsanitary condition inside camp settings. He also noted that mental health was still not addressed properly, although it was foundational to implementing any kind of intervention in any area.

Dr. Pragna Paramita Mondal, Research Associate, James P Grant School of Public Health, BRAC University,

projected hope and optimism in her findings that religious leaders in camps were now unashamed of talking about topics like family planning, menstruation, and abortion. Even during Friday sermons, they were discussing such issues. However, the rate of condom usage was strikingly low, Dr. Pragna noted.

> *Very few men used condoms as they believed the responsibility of family planning largely falls on women's shoulders. They need not use condoms." Her presentation was titled 'Family Planning Use among Rohingyas and Community Stakeholders' Perspectives of Family Planning Practices in the Camps of Cox's Bazar, Bangladesh.*

Dr Khurshed Alam, Chairperson, Bangladesh Institute of Social Research (BISR) Trust, presented his study 'Utilisation of health services among Forcibly Displaced Myanmar Nationals in Bangladesh' -- a comparative analysis between camps with BRAC interventions and camps without BRAC interventions, in terms of utilisation of health and nutrition services. Citing findings, Dr. Alam argued that Rohingya women preferred home-based delivery over going to the hospitals in the camps. "Men have very strong opinions about the place of delivery and about using contraceptives also," he added.

During the panel discussion, **Vincent Kahi** emphasised, "To fight gender-based violence and child marriage, we need to provide adolescent girls with education and livelihood opportunities. We need to look at health from a broader perspective, it is not just clinics. After the distribution of general health cards to refugees by the Health Sector, the number of visits to health clinics decreased by 10 to 20 per cent. One of our key priorities is maternal health and achieving SDGs for the Rohingya population."

Dr. Jorge Martinez pointed out that there were plenty of clinics and facilities inside the camps, not all of them

provided quality care. He also mentioned that multiple facilities were set up across the same lane or street.

> *WHO is trying to merge and streamline them, but coordination is a challenge. The strategy is to upgrade the quality to ensure comprehensive care. We need to invest in research and translate evidence-based research into action,* he said.

Dr. Mainul Islam stated, "Family planning is a human rights issue. We cannot force it, we need to raise awareness and encourage instead. For that, targeted interventions like focusing on the younger cohort to reduce teenage pregnancy are crucial. Majhis (Rohingya leaders) and religious leaders should be integrated into the campaigns, which should be scaled up through multiple Behaviour Change Communication (BCC) activities," he stressed.

Dr. Monjur Kadir Ahmed added, "Demand for family planning has been created, and the supply side is also there. But due to some cultural norms in the camps, we are not getting the desired results. The situation has improved since 2017, but perhaps the tools and strategies to reach the Rohingyas should be upgraded to change the behaviour of camp dwellers in seeking maternal and reproductive healthcare services. For example, there is a BRAC intervention centre. But what does that mean? What services are available there? Comparisons need to be made, and in-depth studies need to be conducted to design new strategies and communication tools," he added.

In concluding remarks, **Dr. Md. Akramul Islam** said humanitarian actors opted for service-based facilities

when they first started addressing health in the Rohingya response. "But with the development shift and paradigm shift, now we need to balance with community-based services. You need to think about what should be your facility-based model," he said.

He further added that campaigns could make a difference and an integrated approach was required, although it was not easy to deliver. Alluding to Bangladesh's progress in health and life expectancy, he said:

> *It was entirely community-based public health services in the 1980s like child immunisation and oral rehydration therapy.*
> He suggested utilising the research findings as resources for shaping future strategies.

For more information, contact:
Mohd. Rubayat Ahsan
Research Specialist, Advocacy for Social Change, BRAC
rubayat.ahsan@brac.net