



# Barriers to accessing healthcare among Forcibly Displaced Myanmar Nationals residing in the camps in Bangladesh: A cross-sectional survey

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## BACKGROUND

Approximately 960,000 Forcibly Displaced Myanmar Nationals (FDMN), the majority of whom are Rohingya, reside in Cox's Bazar in one of the largest refugee camps in the world. They were forced out of their homes in Myanmar following several waves of targeted violence by the military, the last and largest one in 2017. They found safety in Bangladesh but continue to face many challenges as displaced people. Delayed care, associated with poor health outcomes, is among priority issues of concern for MSF, but barriers to accessing healthcare within this vulnerable population are unclear. The current study aims to describe the barriers to accessing healthcare encountered by FDMN during March-May 2022.

## OBJECTIVES

**General objective:** To identify and quantify barriers faced by Rohingya refugees in accessing health care in the Cox's Bazar refugee camps in Bangladesh.

**Specific objectives:**

- Describe the population surveyed, by gender and age
- Estimate the proportion of Rohingya refugees who currently experience one or more barriers to accessing health care in Cox's Bazar
- Obtain an indication of the major barriers faced by Rohingya refugees in accessing health care in Cox's Bazar refugee camp
- Estimate the association between delayed health care and these barriers.

## METHODOLOGY

A cross-sectional survey was conducted in two phases. In phase one, a random sample of inpatients and outpatients was recruited from four health facilities; in phase two, participants were selected from the community through random sampling across thirteen camps. Trained community-based data collectors administered surveys via KoBoCollect.

## MAJOR FINDINGS

A total of 1,473 facility participants and 207 community participants completed the survey. Most were female 75% and married 91%. The majority were aged 15-44 years. Overall, barriers to healthcare were reported by 90% of facility and 73% of community respondents. Nearly half of facility participants 49% reported the absence of appropriate care services at nearby facilities and 22% expressed concerns about care quality. Security checkpoints were reported as barriers by 27% of facility respondents and 25% of community respondents. Lack of transport (26%-27%) and long walking distances (31%-36%) were also common. Financial barriers included borrowing money (13%-17%) and among community respondents, selling rations 33% to cover healthcare costs. Over half 56% of facility participants reported delaying care due to these barriers.

Age group	Facility, N= 1473	Community, N= 207
0-14 years	13 (.8%)	----
15-29 years	661 (45%)	60 (29%)
30-44 years	479 (32%)	79 (38%)
45 + years	320 (22%)	68 (33%)
<b>Total</b>	<b>1473 (100%)</b>	<b>207 (100%)</b>

Table 1: Age distribution among the facility and community-based study

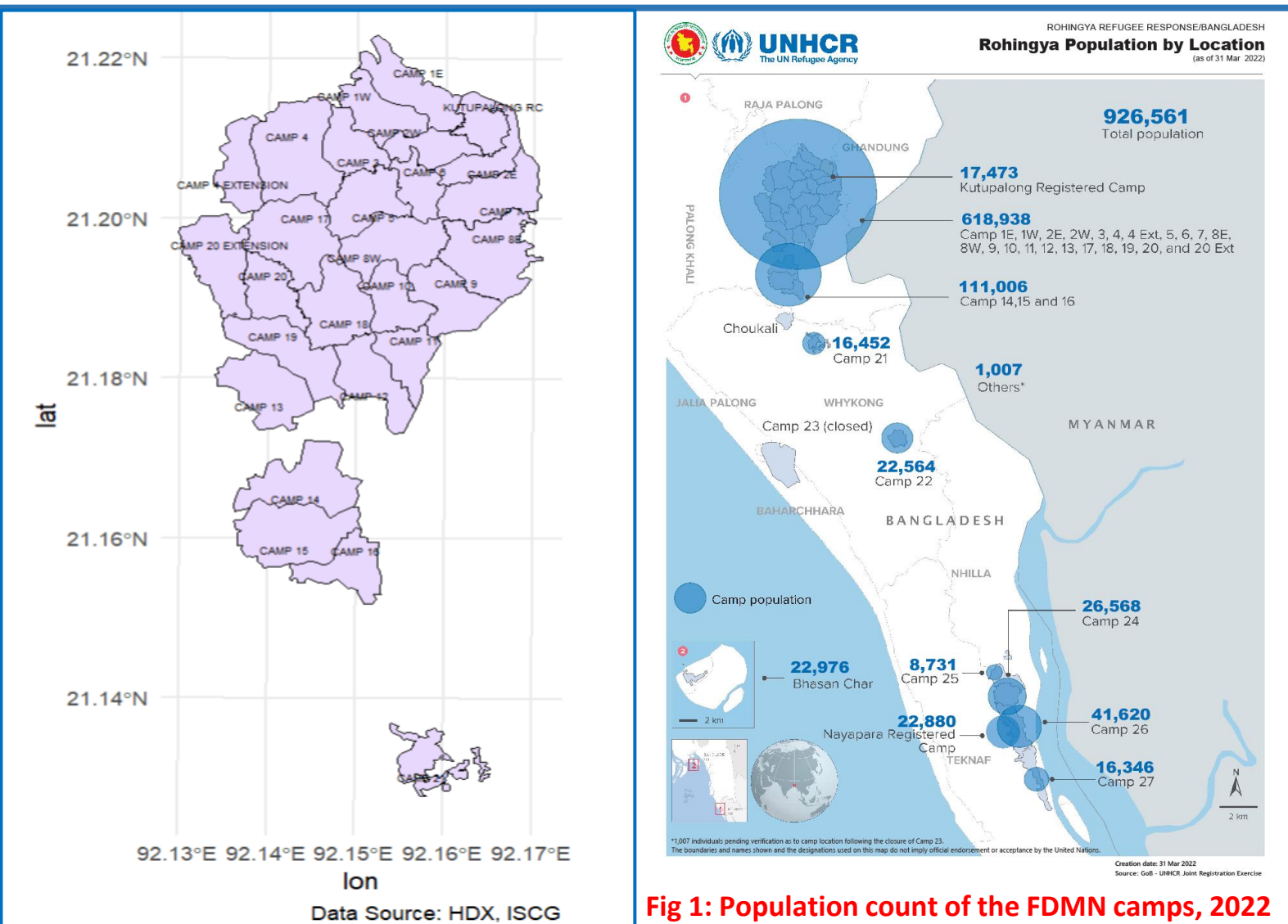
Barrier encountered	Facility, N= 1315	Community, N= 119
CIC permission to leave camp	31 (3%)	13 (11%)
Held at checkpoint	356 (27%)	30 (25%)
Long walking distance	467 (36%)	31 (26%)
No transport	346 (26%)	32 (27%)
Faced violence	2 (0.1%)	----
Other	113 (9%)	13 (11%)
<b>Total</b>	<b>1315 (100%)</b>	<b>119 (100%)</b>

Table 2: Barriers in accessing healthcare, facility and community-based monitoring

Expenses for healthcare	Facility, N= 924	Community, N= 207
Borrow	183 (13%)	30 (17%)
Save	179 (12%)	---
Income	224 (15%)	30 (17%)
Selling rations	---	57 (33%)
Other sources	338 (23%)	46 (39%)
Begging	---	12 (6.9%)
No response	---	32 (15%)
<b>Total</b>	<b>924 (100%)</b>	<b>207 (100%)</b>

Table 3: Cost management to access healthcare, between facility and community-based survey

## GEOGRAPHIC AREA



## CONCLUSION

Barriers to healthcare among the Rohingya in Cox's Bazar are widespread, spanning perceived service gaps, quality concerns, transportation challenges and restrictive security measures. Addressing these multifaceted barriers is essential to improve timely healthcare access and reduce preventable morbidity in this vulnerable population.

## RECOMMENDATIONS

- Engage humanitarian actors and donor community to ensure medical facilities funded in the refugee response in actionable manner.
- Ease restrictions on access to livelihoods for Rohingya refugees.
- Reinforce the implementation of patient-centred care and medical ethics in development and implementation of healthcare policies in FDMN camps.
- Facilitate collaboration among humanitarian and government actors at camp level and in the Cox's Bazar District.
- Ensure health facilities at camp level are open for longer hours during the days, and availability of Emergency care and referral services.
- Ensure availability of medical supplies as per the minimum package of Essential Health Services.

## REFERENCES

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## CONTACT INFORMATION

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