

Bridging the Gap: Health System Performance and Service Delivery for Rohingya Refugees & Host Community in Cox's Bazar

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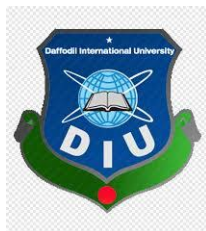
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master's in development studies.

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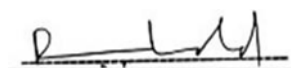
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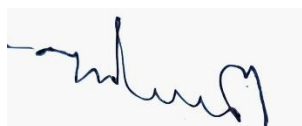
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DECLARATION

I do, hereby, declare that the thesis “Bridging the Gap: Health System Performance and Service Delivery for Rohingya Refugees and the Host Community in Cox’s Bazar”, submitted to the Development Studies Discipline, Daffodil International University for the degree of Master of Development Studies (MDS) is exclusively an original work conducted by myself. No part of it, in any form, has been submitted to any other university or institute for any degree, diploma, or for other similar purposes.

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ABSTRACT

This chapter explains how we did the research to get a grip on what's really going on with healthcare in Cox's Bazar. Since imparting healthcare for the duration of a long-time period disaster is extraordinarily complex and usually changing, we used the idea to use of a combination of strategies turned higher than simple one. We gathered numbers from surveys and other sources, and we also talked to refugees, locals, and healthcare workers to get their stories.

The surveys gave us a general idea of who uses the services and how well the system works, like if the services are helpful and how well everyone is working together. But the survey data couldn't really explain why there were problems with the services. So, we dug deeper with the aid of reading interviews and searching on the memories humans told. We learned that things like gender roles, language barriers, and staff leaving all played a part in making it harder for some people to get the care they needed.

By putting all of this evidence together, we could see how the health system was doing from a big-picture view and what was happening on the ground. So, what did we find? The health system is constantly quick on sources and suffering to maintain up with the need, which hits women, minorities, and those with long-time period diseases the hardest. Hearing from refugees, locals, and the people working directly with patients made our results even more useful.

So, this study that used a mix of methods showed how the problems in the healthcare system—like it not being fair, being broken up, and not working well—are tied to what life is really like in Cox's Bazar. Considering all of the issues we found, this look can factor healthcare elders and resource people withinside the proper route if they need to restore the healthcare machine for the those who want it most.

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Chapter 1: Introduction

1.1 Background

The Rohingya crisis is an instance of one of the longest-lasting humanitarian emergencies globally, it is not a short-lived media event. Since 2017, greater than a million Rohingya refugees have sought shelter in Cox's Bazar after fleeing focused violence in Myanmar. This fast inflow converted the coastal district into the world's biggest refugee agreement and positioned excessive stress on Bangladesh's fitness system, which changed into already limited via way of means of shortages of staff, infrastructure, and supplies. As a result, health service provision has evolved into a complex landscape involving humanitarian agencies, government institutions, donors, and the daily coping strategies of both refugees and host communities.

In response, humanitarian actors unexpectedly installed a extensive variety of fitness offerings, which include number one care centers, maternity units, and cell clinics. These offerings now control excessive affected person volumes and features contributed to the manage of main outbreaks which include cholera, measles, and diphtheria, whilst assisting stabilize key maternal and baby fitness signs withinside the camps. However, provider transport operates on in large part parallel tracks: humanitarian centers on the whole serve refugees, while public hospitals and Upazila Health Complexes attention on Bangladeshi residents. This separation has generated duplication, insurance gaps, versions in quality, and fragmented provider transport.

Both refugees and host groups face obstacles that expand past medical care. Language differences, regulations on movement, restrictive gender norms, restricted availability of lady fitness workers, and excessive team of workers turnover all affect care-in search of and access. At the identical time, many host network contributors understand humanitarian clinics as higher resourced and extra responsive than their very own underfunded public facilities, fueling perceptions of inequity and resentment. Underlying the ones tensions are systemic weaknesses, collectively with fragile referral pathways, non-interoperable statistical systems, prone coordination, and inadequate follow-up conditions.

Mental fitness wishes would stay under-addressed. Chronic publicity for violence, displacement, and uncertainty has contributed to excessive degrees of mental misery amongst refugees and susceptible host populations. Yet to be had intellectual fitness and psychosocial assistance offerings are frequently brief term, project-based.

Against this backdrop, the thesis employs a mixed-techniques layout to look at gaps in fitness device overall performance and provider delivery. Quantitative surveys conducted with refugee and host network citizens

are mixed with interviews and institution discussions related to network members, frontline providers, and fitness managers. The findings suggest that refugees tend to lower the care decrease than host respondents, with recognition to cleanliness, availability of medicines, workforce responsiveness, and follow-up. Weak coordination mechanisms that include lack of standardized referral protocols, limited statistics sharing, and inconsistent training, also significantly limit the effectiveness of the tools. The proof shows that a shift is needed from brief-term, emergency-orientated interventions closer to a greater included and resilient version aligned with Bangladesh's country wide fitness strategies. Such a transition could contain growing standardized referral pathways, piloting interoperable fitness data systems, increasing intellectual fitness offerings via stepped-care approaches, selling gender-equitable access, and growing significant channels for refugee and host participation in making plans and accountability. In doing so, the thesis underscores what's at stake, articulates the primary studies questions, and highlights why a greater coherent and equitable fitness device is important for each Rohingya refugees and host groups as displacement will become increasingly protracted.

1.2 Problem Statement

Despite significant humanitarian engagement and a dense community of fitness centers in Cox's Bazar, Rohingya refugees and host groups maintain to revel in fragmented, uneven, and unreliable fitness services. Humanitarian clinics, authorities' centers, and non-governmental businesses in large part perform in parallel, with vulnerable coordination, inconsistent referral pathways, and confined alignment with Bangladesh's countrywide fitness device, ensuing in variable requirements of care and disrupted continuity. These shortcomings are specially seen in maternal, sexual and reproductive, intellectual fitness, and continual sickness services, in which language barriers, cultural mismatches, and unstable, donor-structured financing limitation powerful and equitable access, specifically for refugee ladies and different susceptible groups. Existing research report fitness needs, usage patterns, and financing pressures on this context, however, provide much less perception into how those coordination and governance demanding situations form fitness device overall performance as skilled via way of means of carrier customers and frontline companies in an extended crisis. This thesis consequently addresses a continual coordination–overall performance hole withinside the Cox's Bazar fitness device via way of means of inspecting how the organization, funding, and ordinary practices of care affect access, quality, and fairness for Rohingya refugees and the encircling Bangladeshi population.

1.3 Research Questions and Objectives

1.3.1 Research Aim

This study examines how the fitness gadget in Cox's Bazar capabilities for each Rohingya refugees and surrounding host communities, with specific interest to coordination, quality, and get entry to as center dimensions of fitness gadget performance. It investigates whether or not the modern-day blend of humanitarian and government-run offerings gives reliable and equitable healthcare withinside the context of a long humanitarian crisis. Looking at objectives to generate robust, context-precise proof which can assist decision-makers slim the space among short-time period emergency responses and longer-time period countrywide fitness coverage objectives. Ultimately, the purpose is to tell efforts to construct a fitness gadget this is greater fair, efficient, and sustainable for refugees and host populations who preserve to stay with extended uncertainty.

1.3.2 Research Questions

This have a look at is guided via way of means of one number one studies query and a fixed of secondary questions that discover precise dimensions of fitness machine overall performance in Cox's Bazar.

Primary studies query

How nicely does the fitness machine in Cox's Bazar supply fair, effective, and coordinated take care of Rohingya refugees and the encompassing host community?

Secondary studies questions

1. Service shipping and overall performance

To what quantity do humanitarian and authorities fitness centers meet crucial fitness desires of Rohingya refugees and Bangladeshi host communities, in phrases of the quality, responsiveness, and reliability of care?

2. Equity and get right of entry to obstacles

What social, cultural, financial, gender-related, and different elements constrain equitable get right of entry to to fitness offerings for refugees and host populations in Cox's Bazar?

3. System coordination and integration

How robust are coordination and integration mechanisms among humanitarian actors and countrywide fitness authorities, and in which referral systems, records sharing, and fitness team of workers preparations ruin down?

4. Mental fitness and psychosocial help

How do stigma, confined specialised offerings, and useful resource constraints form the provision, uptake, and recognition of intellectual fitness and psychosocial help amongst Rohingya refugees and host communities?

5. Policy linkage and machine integration

What possibilities exist to higher combine humanitarian fitness offerings into Bangladesh's longer-time period fitness machine, with a view to reinforce governance, continuity of care, and sustainability for each refugee and hosts?

In summary, the have a look at asks whether or not contemporary fitness offerings in Cox's Bazar meet the desires of Rohingya refugees and host communities; what key obstacles undermine fair, incredible care; and the way coordination and coverage integration among humanitarian actors and the countrywide fitness machine may be reinforced to shut provider gaps and enhance general overall performance.

1.3.3 Main Objectives

1. To determine the effectiveness of fitness carrier shipping for Rohingya refugees and host groups in Cox's Bazar, with a focal point on coverage, nice, and consumer enjoy of care.
2. To pick out main structural, operational, financial, and sociocultural boundaries that avoid the availability of equitable, top nice healthcare withinside the camps and surrounding host areas.
3. To discover suitable techniques for strengthening fitness device overall performance and improving coordination among humanitarian and country wide fitness organizations with the intention to help extra sustainable and inclusive fitness carrier shipping for each population.

1.4 Conceptual Framework

This look at makes use of a structure–manner–final results angle to observe how broader machine situations form the overall performance of fitness offerings for Rohingya refugees and host groups in Cox's Bazar. Structural elements which include governance arrangements, financing patterns, and populace stress have an effect on how offerings are organized and delivered, which in flip have an effect on get admission to, perceived exceptional, and psychosocial consequences for unique person companies.

At the structural level, fragmented governance creates parallel structures wherein Ministry of Health and Family Welfare and Directorate General of Health Services protocols perform along humanitarian cluster coordination, with constrained alignment. Funding is closely donor dependent, quick term, and choppy, contributing to group of workers turnover and a proliferation of vertical, project-primarily based totally programmes. These dynamics play out inside a densely populated, resource-limited refugee setting, in which the protracted nature of the disaster locations sustained stress on offerings.

These situations influence a fixed of mediating techniques withinside the fitness machine. Weak coordination and partial integration are meditated in inconsistent referral practices, constrained fitness statistics sharing, and choppy implementation of quarter guidelines and standards. Service exceptional varies throughout centers because of abnormal medicinal drug supply, common group of workers rotation, excessive workloads, and the absence of continuously implemented scientific and carrier standards. Barriers to care also are patterned: for host groups, economic constraints and distance are prominent, while for refugees' language, gender norms, and reviews of discrimination in addition constrain get admission to.

The framework hyperlinks those structural and manner elements to a fixed of results measures used withinside the look at. A Health Access Index (HAI) captures the quantity to which unique companies can attain and use offerings; a Service Quality Index (SQI) displays person-stated reviews and pride with care; and a Coordination Efficiency Index (CEI) assesses how efficaciously the machine helps referrals and follow-up through providers. In addition, signs of intellectual fitness and mental distress, consisting of stated get admission to to psychosocial support, are used to observe how machine overall performance pertains to wellbeing.

The significant proposition is that fragmented governance and volatile financing undermine coordination and carrier exceptional, and that those weaknesses are seen in poorer get admission to, decrease perceived exceptional, and better distress—especially amongst refugees in comparison with host populations. The empirical information on HAI, SQI, CEI, and intellectual fitness consequences are consequently interpreted thru this structure–manner–results chain, which sits on the center of the look at the conceptual framework.

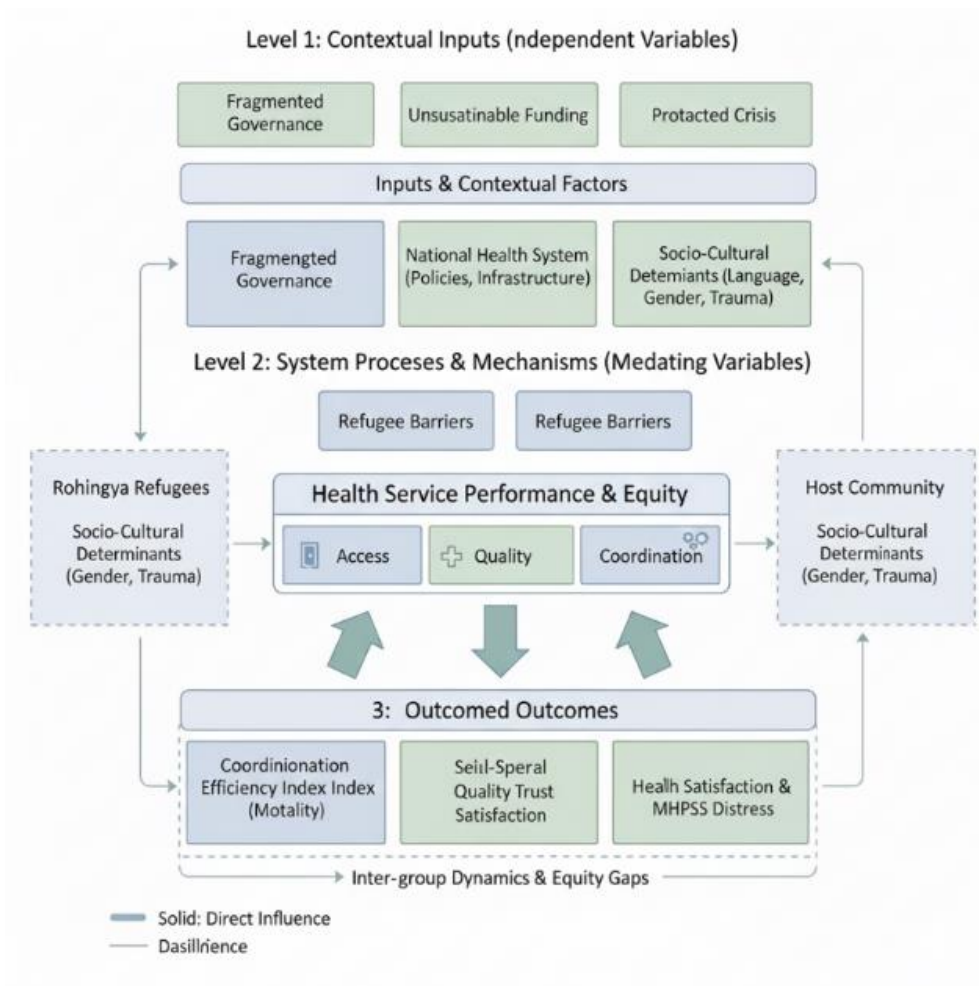


Figure 2.1: Conceptual Framework for Health System Performance in Refugee Camp (Cox's Bazar)

1.5 Scope of the Study

This look at examines how fitness offerings characteristic for Rohingya refugees and neighboring Bangladeshi host groups in decided on websites in Cox's Bazar. It makes a specialty of 3 middle dimensions of fitness device overall performance—quality, equity, and coordination—through analyzing number one healthcare provision, referral practices, the provision and utilization of intellectual fitness and psychosocial support (MHPSS), and interactions among humanitarian actors and authorities' vendors. The empirical paintings is constrained to a purposive pattern of refugee camps and host villages, decided on for his or her accessibility and for the range of carrier shipping preparations they represent.

A blended strategies technique is used, combining a established survey of four hundred respondents with key informant interviews, consciousness institution discussions, and report review. The look at does now no longer consist of tertiary hospitals out of doors Cox's Bazar, specialized city clinics, or long-time epidemiological

trends, and it does not now strive for a proper overall performance assessment of character organizations. Instead, the emphasis is on figuring out broader system styles and documenting the lived reviews of carrier customers and frontline vendors throughout the chosen websites.

The scope of the findings is fashioned through operational realities in a long humanitarian setting, which include fluctuating humanitarian access, safety constraints, seasonal limitations to travel, and gaps or inconsistencies in recurring data—especially for intellectual fitness. These barriers suggest that outcomes need to be interpreted as a grounded picture of device overall performance in place of a complete evaluation of all offerings within the district. Within those boundaries, the look at gives an included view of ways the fitness device plays for refugees and hosts and factors to sensible alternatives for enhancing coordination, integration, and equity in carrier shipping.

1.6 Significance of Study

This look at subjects as it speaks immediately to how a large-scale humanitarian fitness reaction may be made fairer and greater sustainable whilst it's far linked to the countrywide fitness device as opposed to going for walks in parallel to it. In Cox's Bazar, one of the world's biggest and maximum extended refugee situations, alternatives approximately how fitness offerings are organized influence almost millions of refugees and host network members. By analyzing refugees and host corporations together rather than in isolation, the study highlights shared and contrasting challenges, along with fragmented governance, variable company quality, inclined referral structures, and sociocultural obstacles that shape who clearly receives care.

The look at is good sized methodologically as it is going past counting centers or provider volumes and alternatively interrogates how the fitness device capabilities are in practice, drawing on each quantitative signs and the views of provider customers and providers. It combines factors of the WHO fitness device constructing blocks with network-stage proof to evaluate overall performance in an extended disaster setting, supplying a realistic lens for expertise access, quality, equity, and coordination. The ensuing pointers are grounded on this blended proof base and talk to integration of offerings, strengthening of intellectual fitness and psychosocial support, and progressed coordination among humanitarian and countrywide fitness actors.

Substantively, the have a take a observe sheds light on how a nominally “temporary” humanitarian health shape has evolved proper right into a de facto parallel tool that remains only partially connected to Bangladesh's public health services. This parallelism generates overlaps in some areas and essential gaps in others, with implications for refugees dwelling with continual conditions, ongoing highbrow health needs, and lengthy-term uncertainty, further to for host companies whose very personal services are stretched. By

analyzing those tensions through an overall performance-orientated lens, the studies contribute to wider debates on refugee inclusion, the alignment of humanitarian and countrywide structures, and the responsibility of useful resources in protracted crises.

Looking at the findings are designed to be beneficial past educational audiences. Frontline fitness workers, humanitarian agencies, and authorities' planners can draw at the evaluation to discover concrete access factors for enhancing coordination, integrating decided on offerings, and addressing inequities among and inside refugee and host populations. For researchers and students, the paintings provide a developing frame of proof on refugee-inclusive fitness structures and give a transferable framework for inspecting overall performance in different settings in which emergency responses have come to be lengthy time.

Chapter 2: Literature Review

2.1 Introduction

Humanitarian health systems are generally structured to provide quick and temporary responses to emergencies rather than to offer care that is continuous and of a longer duration. In protracted crises, the arrangements often solidify into semi-eternal parallel systems that characteristic alongside, in preference to within, national health services. This pattern is plain in Bangladesh's response to the Rohingya crisis, in which given that 2017 numerous agencies have installation services in and throughout the camps. Yet critical questions remain approximately how nicely those offerings are carried out in practice: whether they may be fair, whether they attain the ones maximum in need, and whether they may be maintained over time.

This chapter evaluates 4 strands of literature that tell the study's conceptual and analytical approach:

- overall performance of humanitarian fitness structures, drawing at the WHO fitness gadget constructing blocks
- access, equity, and consumer enjoy of care, knowledgeable with the aid of using Andersen's behavioral version of fitness provider use

- coordination challenges, the emergence of parallel structures, and gaps in governance in protracted crises
- empirical proof from Cox's Bazar refugee reaction, located withinside the wider international literature on refugee-inclusive fitness structures.

Across those our bodies of work, a habitual sample emerges humanitarian fitness structures frequently gain fundamental insurance however conflict to make sure quality, continuity, and powerful coordination, especially in long-strolling emergencies. These are the scale of overall performance that this thesis seeks to look at and provide an explanation for withinside the unique context of fitness offerings for Rohingya refugees and host groups in Cox's Bazar.

2.2 Review of relevant literature

Over the past decade, paintings on refugee and humanitarian fitness structures have expanded, but a habitual sample seems emergency responses which might begin with designed for short-time period comfort regularly evolve into parallel structures that continue to be weakly linked to countrywide fitness systems. This dynamic is seen in protracted settings which include Cox's Bazar, wherein the Rohingya displacement has lengthy outlasted traditional emergency time frames. Studies display that humanitarian fitness interventions are powerful at speedy deployment and addressing on the spot needs, however they often carry out much less nicely on longer-time period continuity, equity, and coordination.

International literature highlights fragmentation as a vital challenge. Analyses from contexts which include Jordan, Lebanon, Uganda, and Kenya describe refugee fitness offerings as closely reliant on short-time period donor investment and projectized interventions, with effects for body of workers stability, continuity of care, and adherence to country wide standards. Critics additionally factor to vertical, disease- or programme-unique tasks that give a boost to specific additives even as neglecting machine-extensive functions, reinforcing fragmented governance, dispersed statistics, and constrained strategic making plans—demanding situations additionally documented in Cox's Bazar.

In Bangladesh, the Rohingya reaction is broadly defined as running below a twin governance association wherein humanitarian companies are coordinated via cluster systems even as public offerings comply with Ministry of Health and Family Welfare and Directorate General of Health Services procedures. This configuration has enabled speedy scale-up, however proof factors to inconsistent standards, complicated referral pathways, and susceptible integration throughout deliver chains, facts structures, and human resources, with exams with the aid of using UN and regional actors noting continual gaps in nice assurance, referral completion, and equitable get entry to primary offerings throughout camps.

Equity and get entry to are recurrent issues withinside the literature. Andersen's behavioral version is usually used to interpret how predisposing elements, allowing resources, and perceived want form provider use amongst refugees, such as the impact of gender norms, confined autonomy for women, and language and cultural obstacles in interactions with providers. In the Rohingya context and comparable settings, those elements are compounded with the aid of using motion restrictions, constrained livelihoods, and monetary pressures on host communities, widening the gap among nominal provider availability and powerful, well-timed use of care.

Mental fitness emerges as a specially below-served area. Studies constantly display excessive ranges of trauma and mental misery amongst displaced populations along low utilization of intellectual fitness and psychosocial guide offerings, regularly because of stigma, constrained awareness, and inadequate specialized provision. In Bangladesh, current evaluations file discounts in committed intellectual fitness offerings and a shift closer to integrating psychosocial care into fashionable fitness provision, often without good enough education or guide for non-expert staff, elevating issues approximately nice and safety.

Coordination demanding situations run via a good deal of this literature. Reviews of humanitarian fitness coordination describe continual issues of incomplete facts sharing, overlapping mandates, choppy provider mapping, and diffuse accountability. Comparative examples, which include efforts in Uganda to consist of refugees in district fitness making plans or in Jordan to outline greater unified advantage packages, advocate that more potent integration calls for political commitment, interoperable statistics, and joint making plans among humanitarian and country wide actors—regions wherein the Cox's Bazar reaction nevertheless faces constraints in referrals, transport, and statistics structures.

Despite a developing proof base, numerous gaps continue to be. Many research consciousness on provider availability or utilization, with much less interest to how fitness machine overall performance—as skilled with the aid of using customers and frontline providers—pertains to governance arrangements, financing modalities, and ordinary coordination in protracted crises. Mixed-approach analyses systematically examine refugees' and host communities' stories and hyperlink quantitative signs of get entry to, nice, and coordination to qualitative bills of trust, perceived fairness, and care-looking for behavior continue to be constrained.

This thesis engages with those our body of labor however seeks to increase them with the aid of combining overall performance metrics with person perspectives, company insights, and a more in-depth exam of machine employer in Cox's Bazar. It contributes context-unique proof on how a huge humanitarian fitness operation interacts with the country wide machine, and the way this interplay shapes get entry to, nice, equity, and coordination for refugees and host communities. By situating the findings inside broader discussions at the humanitarian-improvement nexus, refugee inclusion, and fitness machine resilience, the observe gives a

framework and empirical base that may tell efforts to construct greater incorporated and inclusive fitness governance in lengthy-time period crisis.

2.3 Health Systems in Humanitarian Settings

Humanitarian fitness structures are typically characterized by the aid of using brief investment cycles, excessive personnel turnover, and transferring priorities, which makes them powerful for speedy emergency reactions, however much less perfect to sustained care. Evidence from contexts along with Syria, Jordan, and South Sudan suggests that those structures generally tend to carry out properly in outbreak manage and simple number one care, at the same time as continuously underperforming withinside the control of continual conditions, intellectual fitness needs, and longer-time period planning.

The WHO fitness gadget constructing blocks framework remains a significant device for studying those settings, however paintings with the aid of using Blanchet and others indicate that during protracted crises a couple of additives are strained simultaneously. Service transport frequently turns uneven, system workforces are destabilized with the aid of using brief contracts and rotation, statistical structures are fragmented throughout agencies, financing is pushed with the aid of using donor priorities as opposed to populace needs, and governance and coordination mechanisms conflict to provide coherent direction.

Similar styles are seen in Cox's Bazar, wherein several companions function a big community of number one fitness centers, fitness posts, and specialized centers with various standards, resources, and protocols. While this humanitarian structure has contributed to giant profits in insurance and simple provider availability, analyses warning that without more potent linkage to Bangladesh's countrywide fitness gadget it's far not likely to reap sustainable, equitable, and incorporated take care of refugees and host groups over the lengthy period.

2.4 Access, Equity, and the Lived Experience of Care

Physical proximity to a hospital does not, on its own, assure significant get of the right of entry to to healthcare. Andersen's behavioral version highlights 3 clusters of things that form provider use: predisposing traits consisting of gender, age, and cultural norms; allowing assets which includes income, language competence, and shipping; and perceived or evaluated need, as an example the salience of intellectual fitness troubles or continual illness. Applied to refugee settings, the version enables provide an explanation for why a few organizations use offerings much less notwithstanding comparable geographical get right of entry to.

Studies from refugee-web website hosting contexts consisting of Lebanon and Kenya display that ladies regularly stumble upon the best barriers, which includes soreness with male providers, language gaps, limited decision-making power, and stigma round sexual, reproductive, and intellectual fitness. Research on Rohingya refugees and different displaced organizations in Bangladesh further files decrease delight with care amongst refugees as compared with hosts, restrictive gender norms that restrict ladies' mobility, conversation problems with Bangla-talking staff, excessive affected person masses that shorten consultations, and chronic stigma that daunts help-looking for mental distress. Host groups, meanwhile, record monetary barriers, shipping problems, and perceptions of unequal remedy in resource allocation.

Taken together, this literature underscores that dwelling close to a facility is handiest one measurement of get right of entry to. Without offerings which are financially reachable, culturally acceptable, linguistically appropriate, and aware of extraordinary sorts of need, styles of use and consumer enjoy continuing to be unequal. For Rohingya refugees and host groups in Cox's Bazar, making use of Andersen's framework enables hyperlink system-degree issues—consisting of crowding, staffing, and funding—to the lived enjoy of care, equity, and believe withinside the fitness system.

2.5 Global Perspectives on Refugee Health Systems

Countries web website hosting big refugee populations face routine problems in aligning humanitarian fitness help with their personal fitness gadget priorities. Refugees are frequently excluded from recurring fitness financing and coverage mechanisms, ensuing in parallel carrier preparations that replica structures, waste resources, and provide risky care as opposed to strengthening a single, included gadget. In contexts along with Jordan, Lebanon, and Uganda, extended crises have entrenched reliance on externally funded, short-time period projects, restricting home manipulate over carrier layout and prioritization and reinforcing dependence on donor agendas.

Global evaluations display that refugee fitness programmes generally tend to prioritize communicable sickness manipulate and decided on number one care services, even as continual conditions, intellectual fitness, and complete reproductive fitness obtain relatively much less systematic attention. Uganda is often noted as a contrasting example, wherein efforts to encompass refugees in district fitness making plans and carrier transport illustrate the ability advantages of anchoring governance, financing, and body of workers preparations in countrywide structures as opposed to keeping separate humanitarian structures.

Across settings, numerous not common place styles emerge donor-pushed investment cycles create monetary instability; humanitarian and authorities' companies frequently function with weakly related or fragmented

facts structures; noncommunicable illnesses and intellectual fitness continue to be under-prioritized; development toward countrywide inclusion relies upon closely on political will; and fragmented preparations complicate duty for results. These worldwide dynamics carefully parallel the demanding situations found in Cox's Bazar, wherein a big humanitarian fitness operation operates alongside, however most effective in part related to, Bangladesh's public fitness gadget.

2.6 Coordination, Parallel Systems, and Governance Challenges

Coordination is extensively regarded as a imperative weak spot in humanitarian fitness responses. Reviews with the aid of using ALNAP and steering consisting of the Sphere requirements become aware of habitual problems: overlapping and competing services, fragmented and incompatible reporting structures, constrained sharing of affected person facts, and referral pathways that aren't aligned throughout agencies. These dynamics contribute to the emergence of parallel structures wherein humanitarian and countrywide carriers perform withinside the identical geographic area, however with separate rules, facts flow, and responsibility structures, in place of forming a coherent whole.

Evidence from Jordan and Uganda indicates that more potent integration is viable whilst humanitarian and countrywide actors at the same time plan services, undertake not unusual place protocols, align referral mechanisms, proportion fitness records, and permit authorities' management over approach and requirements. Such preparations have been related to extra constant carrier applications and higher use of countrywide fitness records and financing structures.

In Cox's Bazar, exams of the Rohingya reaction imply that coordination mechanisms have enabled fast scale-up however have now no longer resolved lots of those systemic issues. Humanitarian and authorities' carriers regularly perform separately with making plans cycles, reporting tools, and referral practices, and facts on refugee and host populations continue to be most effective partly included into countrywide records structures. These governance and coordination gaps underpin the parallelism that this thesis examines, and that they shape a important a part of the context for deciphering fitness gadget overall performance for Rohingya refugees and host communities.

2.7 Health Service Delivery in Bangladesh's Rohingya Response

Since the mass inflow of Rohingya refugees in 2017, Cox's Bazar has grown to be the Centre of a dense humanitarian fitness operation. More than eighty fitness regional partners, such as authorities and our bodies, which include the Ministry of Health and Family Welfare and DGHS along UN businesses and NGOs, run a

huge community of number one and secondary centers serving refugees and hosts. This configuration has accelerated get right of entry to offerings which include immunization, maternal fitness, and outbreak control, however exams describe it as complicated and tough to navigate in preference to a continuing system.

Analyses of the reaction spotlight a twin governance association wherein humanitarian companies perform through region and cluster coordination, at the same time as public centers comply with countrywide protocols and control structures. This cut up contributes to mismatched standards, parallel referral arrangements, non-included fitness statistics structures, and staffing styles formed through short-term, project-primarily based totally contracts, all of which weaken continuity and coordination of care.

Recurrent demanding situations diagnosed withinside the literature

Studies and region reviews on Cox's Bazar time and again factors to numerous systemic problems: tensions among humanitarian and authorities' leadership, fragmented statistics structures which might be best partly connected to countrywide structures which include DHIS2, abnormal medicinal drug deliver connected to complicated procurement and investment cycles, and excessive group of workers turnover as tasks start and end. Referral of entirety fees are regularly low, specialized intellectual fitness offerings have been decreased as investment contracts, and perceptions of unfairness among refugees and host groups make contributions to pressure and mistrust.

These problems are contemplated in this study's findings, which display that refugees document decreases rankings on get right of entry to, perceived quality, and coordination of fitness offerings than host network members. The modern configuration of parallel and best partly related structures consequently does now no longer offer similar situations of take care of each population, reinforcing issues approximately fairness and overall performance withinside the Cox's Bazar health response.

2.8 Research Gaps and Policy Relevance

Current studies at the Rohingya fitness reaction are wide however frequently stop at describing what offerings exist, as opposed to assessing how nicely the general gadget performs. Many research map centers or carrier availability however pay much less interest to whether care is accessible, of suited quality, or nicely coordinated throughout providers, and few at once evaluate the reviews of refugees and host groups or observe how governance and financing preparations influence equity, satisfaction, and continuity of care. Humanitarian and country wide fitness structures are regularly analyzed separately, so their factors of interaction—and the outcomes for affected person results—continue to be underexplored.

There is likewise a restrained frame of labor systematically combines quantitative overall performance signs with qualitative money owed from carrier customers and frontline staff. Existing research frequently depends upon both surveys or qualitative interviews, ensuing in popular statements approximately gaps and boundaries however fewer analyses that hyperlink precise measures of access, quality, and coordination to the lived enjoy of care-searching for and agree with withinside the fitness gadget. As a result, literature presents best a partial rationalization of why structures fall quick and the way those shortcomings are felt in refugees' and hosts' everyday lives.

This thesis addresses numerous gaps. It explicitly compares fitness gadget overall performance for Rohingya refugees and host groups, the usage of dependent signs of access, perceived quality, and coordination, at the same time as additionally connecting those findings to narratives from customers and providers. It examines how fragmentation, twin governance, and susceptible integration among humanitarian and country wide offerings form results for each business and develop a coverage-orientated framework that hyperlinks overall performance findings to sensible alternatives for collaboration among DGHS, WHO, and humanitarian agencies.

The contribution is consequently each empirical and applied. By bringing collectively quantitative records and qualitative insights, the examine gives an extra whole and operational information of the way the fitness gadget in Cox's Bazar features for unique populations, and why sure inequities and coordination screw ups persist. In doing so, it presents proof which could tell coverage debates and making plans round refugee-host inclusion, overall performance-orientated governance, and the revolutionary integration of humanitarian fitness offerings into Bangladesh's country wide health infrastructure.

2.9 Summary

Humanitarian fitness structures always display extensive insurance however warfare to supply care this is excessive quality, equitable, and well-coordinated, especially in protracted crises. Weak governance, variable standards, and confined integration with countrywide system offerings repeatedly undermine efforts to construct sustainable arrangements; the demanding situations documented in Cox's Bazar replicate those broader international patterns.

This literature assessment has added collectively international evidence, conceptual frameworks, and findings from the Rohingya reaction to make clear wherein contemporary understanding falls quick and wherein this thesis contributes. It offers the inspiration for the mixed-strategies overall performance evaluation that follows,

wherein fitness machine access, quality, and coordination for refugees and host groups in Cox's Bazar are tested through each based signs and the lived stories of carrier customers and providers.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter explains how the observe tested fitness carrier transport for Rohingya refugees and host groups in Cox's Bazar the use of a convergent blended-techniques layout. Quantitative information on access, quality, and coordination is analyzed along with qualitative money owed from carrier customers and vendors to seize each gadget overall performance and lived experience.

The technique builds on blended techniques paintings in refugee and humanitarian fitness studies at the same time as adapting it to the Cox's Bazar context. Studies in Jordan, the Middle East, and South Asia have proven that combining survey information with interviews and awareness corporations is properly appropriate to know-how complicated fitness needs, barriers, and gadget responses amongst displaced populations. Drawing on those precedents, the thesis aligns its techniques with mounted exercise in international and nearby displacement studies at the same time as tailoring the layout to the precise targets and overall performance awareness of this observe.

3.2 Study Area and Location

The study was performed in Ukhiya and Teknaf, the 2 sub-districts wherein the large majority of Rohingya refugees stay in 33 officially specific camps. Camps 3, 4, 9, 17, 18, and 20 Extension have been purposively decided on to seize version in fitness carrier availability, get admission to constraints, and the presence of various humanitarian agencies. Two adjoining host groups, Rajapalong and Palongkhali, have been protected to offer a foundation for evaluating refugees and host reports of fitness offerings in regions at once stricken by the refugee presence.

This website online choice approach is constant with in advance empirical paintings in Cox’s Bazar, which has centered on camp clusters and close by unions to seize each refugee and host perspectives, and aligns with methods utilized in fitness get admission to and usage research in different refugee settings in South Asia. Drawing on those precedents helps comparison with current studies whilst permitting the thesis to use performance-centered gear to a hard and fast of camps and host groups that mirror various carrier configurations inside Ukhiya and Teknaf.



Figure 3.1: Map of Study Area (From Google Map)

Study Area and Sample Profile

The pattern became dependent to mirror the demographic truth of Ukhiya and Teknaf, in which Rohingya refugees significantly outnumber host network residents. Refugees account for 70 percent of survey respondents and host network contributors for 30 percent, aligning with their relative populace stocks withinside the take a look at area. This proportional layout helps Objective 1 via way of allowing direct evaluation of the way fitness offerings carry out for each business even as making sure ok illustration of the populace this is maximum depending on the humanitarian fitness device.

The pattern distribution additionally underpins the number one studies query on equity and effectiveness of care. A refugee-majority pattern will increase the potential to discover styles in access, quality, and coordination in the camps, even as nonetheless permitting sturdy evaluation with hosts dwelling in neighboring communities. This technique strengthens the reliability of found developments and facilitates deciding whether variations in fitness device overall performance mirror systematic inequities among refugees and hosts instead of artefacts of sampling.

3.3 Research Design

The chapter looked at employed a cross-sectional, convergent mixed-techniques design. Quantitative and qualitative records have been gathered for the duration of the identical period, analyzed separately, and then included for the duration of interpretation to assemble a mixed understanding of health device ordinary overall performance for Rohingya refugees and host communities.

Mixed techniques have been used because of the truth research of gaining access to care in this placing are usual with the useful resource of the usage of multiple, interacting factors—which consist of language barriers, group of workers attitudes, referral bottlenecks, bear in mind in providers, and overlapping mandates amongst companies—that can't be captured correctly with the useful resource of the usage of a single method. Survey records make it possible to find out patterns and gaps in access, quality, and coordination, on the identical time as interviews and popularity group discussions provide notion into the reasons withinside the return of these patterns and the manner they may be professional in everyday life. This form of quantitative–qualitative integration is normal with growing exquisite workout in humanitarian and refugee health research, wherein major companies and research programmes increasingly more extra depend on mixed-method designs to inform insurance and programming.

3.3.1 Quantitative Component

For the quantitative component, a based family questionnaire turned into administered to accumulate standardized records on key dimensions of fitness machine performance. The device covered modules on get entry to and use of fitness services, user-rated nice of care, perceived fairness and obstacles to care, and reports with referrals and coordination among providers. Similar family survey devices are broadly utilized in humanitarian fitness opinions and fitness get entry to and usage surveys to screen provider coverage, usage patterns, and get entry to constraints amongst refugee and host populations.

3.3.2 Qualitative Component

For the qualitative component, the study takes a look at used in-intensity interviews, cognizance institution discussions, and key informant interviews with medical experts and executives from non-governmental agencies and DGHS facilities. These strategies are properly mounted in displacement and humanitarian fitness

studies for exploring experiences, perceptions, and context-unique obstacles that aren't effortlessly captured via surveys.

The qualitative layout accompanied identified steering on rigorous qualitative and mixed-strategies studies, which includes purposive sampling of contributors with applicable roles and enjoyment and the usage of semi-established publications to assist comparison whilst permitting respondents to elevate unanticipated issues. This technique aligns with fine exercise in research that study fitness provider transport and coordination for refugees in Cox's Bazar and different protracted disaster settings.

3.3.3 Convergent Design Explanation

Mixed-Method Convergent Design

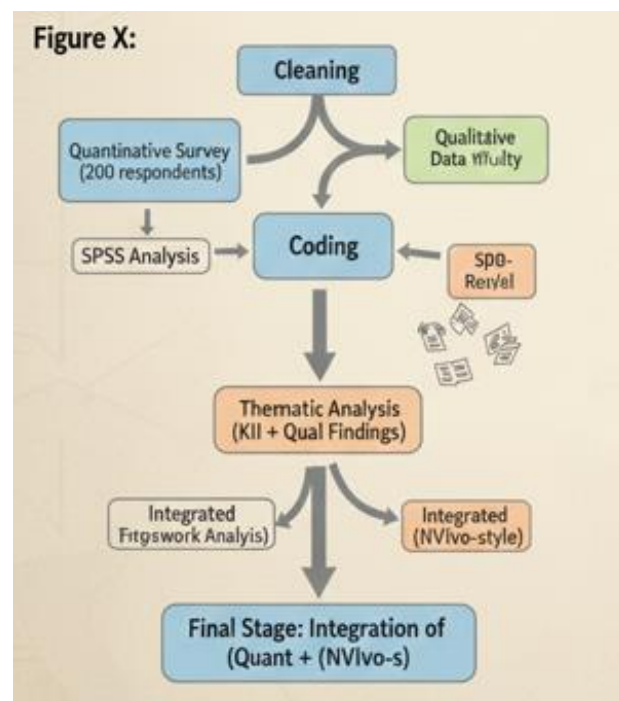
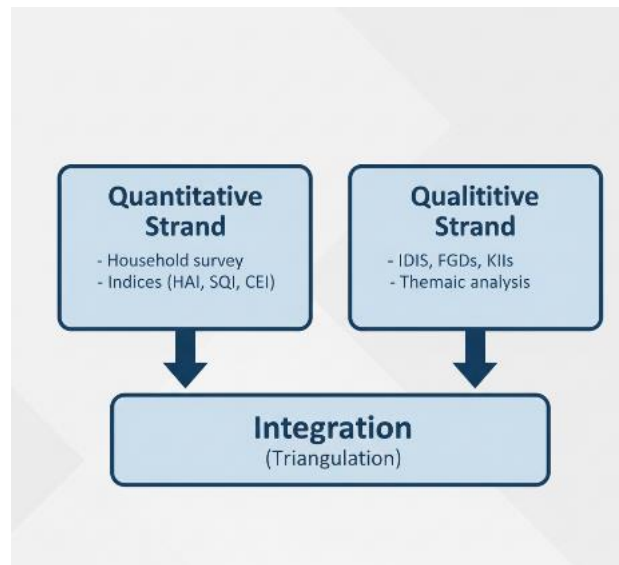


Diagram 3.2: Mixed-Method Research Design

3.4 Study Population and Sampling

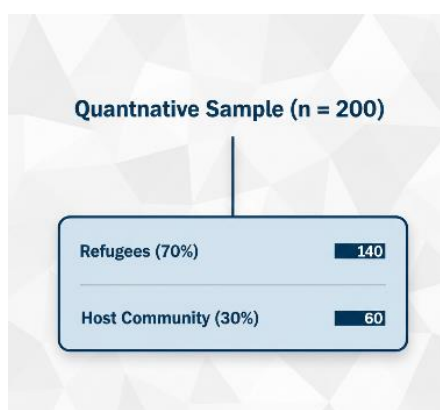
3.4.1 Quantitative Sampling

The survey involved 200 participants in total, out of which 140 were Rohingya refugees and 60 were from the host community in the camps and villages that were selected. A stratified random sampling method becomes used to make sure illustration throughout key demographic groups, inclusive of one-of-a-kind genders and age classes inside each refugee and host populations.

This technique becomes selected as it approximates the underlying populace shape mentioned with the aid of using UN and region assessments, gives enough statistical energy to estimate key signs with a ninety-five-percentage self-assurance stage and a five-percentage margin of error, and is constant with sampling practices normally utilized in refugee fitness and get admission to studies.

Sample Distribution Diagram

Quantitative Sample (n = 200)



3.4.2 Qualitative Sampling

Purposive sampling becomes used for the qualitative issue to seize a vast variety of views and stories throughout refugees, host network members, and fitness providers. The pattern covered 20 in-intensity interviews (12 with Rohingya refugees and eight with host network members), 6 key informant interviews with fitness workers, coordinators, and supervisors from NGOs and DGHS facilities, and four recognition organization discussions— with guys and with women.

Participants have been decided on to consist of humans with numerous traits and fitness device stories, which include people dwelling with continual conditions, pregnant women, network fitness volunteers, older adults,

and respondents who had encountered problems with referrals. This maximum-version technique displays accurate exercise in qualitative studies in humanitarian and displacement settings, in which range of level in is crucial for knowledge of how one-of-a-kind companies navigate and understand the fitness device.

3.5 Data Collection Methods

3.5.1 Quantitative Survey Tool

The quantitative family survey became prepared into 5 modules, aligned with the center size of the research. Module I gathered easy socio-demographic information, collectively with age, gender, own circle of relative's composition, and education, to contextualize respondents' health issuer experiences. Module II tested provider usage and access, masking kind of facility used, journey time, frequency of visits, and latest care-looking for behavior. Module III centered on perceived provider quality, with gadgets on personnel behavior, availability of drugs and supplies, ready time, and cleanliness of facilities. Module IV conversation about equity and barriers, include questions about costs, gender norms, safety concerns, language and cultural fit, and perceived discrimination. Module V captured factors of coordination and device functioning, together with referral experiences, follow-up, pleasure with trouble resolution, and perceptions of overlap or gaps among governmental and non-governmental providers.

In short, the creation of three composite indices was the result of the analysis of the individual data: Health Access Index (HAI), Service Quality Index (SQI), and Coordination Efficiency Index (CEI). Relevant gadgets have been blended and converted to a not unusual place scale the use of general normalization methods in order that every index levels from low to excessive overall performance in a similar way. The production of those indices attracts tactics utilized in worldwide and nearby fitness device checks and humanitarian fitness surveys, making sure consistency with set up frameworks together with WHO fitness structures evaluation equipment and associated overall performance size studies.

3.5.2 Qualitative Tool: Semi-Structured Guides

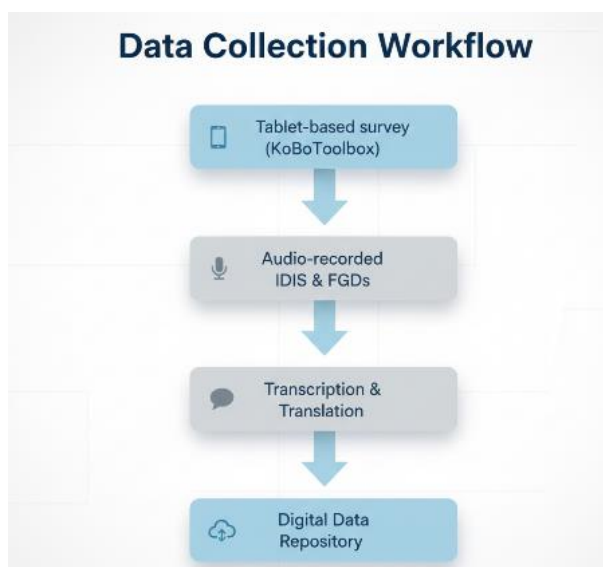
Semi-dependent interview and attention organization publications had been evolved to discover numerous middle themes: perceptions of carrier quality, boundaries to having access to care, reports with referral pathways, interactions with providers, and degrees of belief and expectation towards one-of-a-kind elements of the fitness system. The publications additionally protected activates on touchy troubles which include stigma, safety, and intellectual fitness, knowledgeable via means of current paintings on refugee fitness and psychosocial support.

Question domain names and instance questions had been tailored from earlier research on refugee and displaced populations and from gear utilized in Cox's Bazar after which tailor-made to the goals and context of this thesis. This ensured that the qualitative gear had been grounded in installed exercise whilst last bendy sufficient to seize neighborhood nuances in how refugees and host network participants revel in access, quality, equity, and coordination of care.

3.5.3 Data Collection Process

Data series befell during October and November 2025, led through skilled enumerators fluent in Bangla and the Rohingya dialect. Surveys were administered digitally the usage of KoBoToolbox, it's extensively applied in humanitarian settings for region information collection and monitoring. Before the fieldwork started, the people who were going to collect data were trained on the following topics: research ethics, obtaining informed consent, maintaining confidentiality, handling sensitive information in a stable manner, and using gender- and culture-sensitive interview techniques. Qualitative data was collected through focused institution discussions and interviews which, after getting the consent of participants, were audio-recorded. Subsequently, they were transcribed word for word and translated into English. A 2d reviewer cross-checked a pattern of transcripts in opposition to the recordings and area notes to aid accuracy and decrease ability bias in interpretation. These methods are steady with high-satisfactory requirements in multi-employed humanitarian studies and mirror steering from global companies on ethical, gender-touchy statistics series with displaced populations.

Digital Collection Workflow



3.6 Data Processing and Analysis

3.6.1 Quantitative Analysis

Quantitative facts had been entered, cleaned, and analyzed in SPSS 27, with supplementary tabulation and visualization completed in Excel 2024. Descriptive data had been first used to summarize key indicators, accompanied with the aid of using cross-tabulations and Pearson correlation analyses to look at institutions among get right of entry to, perceived quality, coordination, and decided on socio-demographic traits for refugees and host network members.

Composite indices for fitness get right of entry to, provider quality, and coordination performance had been comprised of normalized object scores, and their distributions had been displayed the usage of bar and radar charts to focus on variations throughout populace companies and take a look at sites. This analytical technique aligns with latest fitness machine overall performance and get right of entry to research in South Asian and refugee-web website hosting contexts, helping comparison within advance paintings even as focusing at the Cox's Bazar setting.

Quantitative Processing:

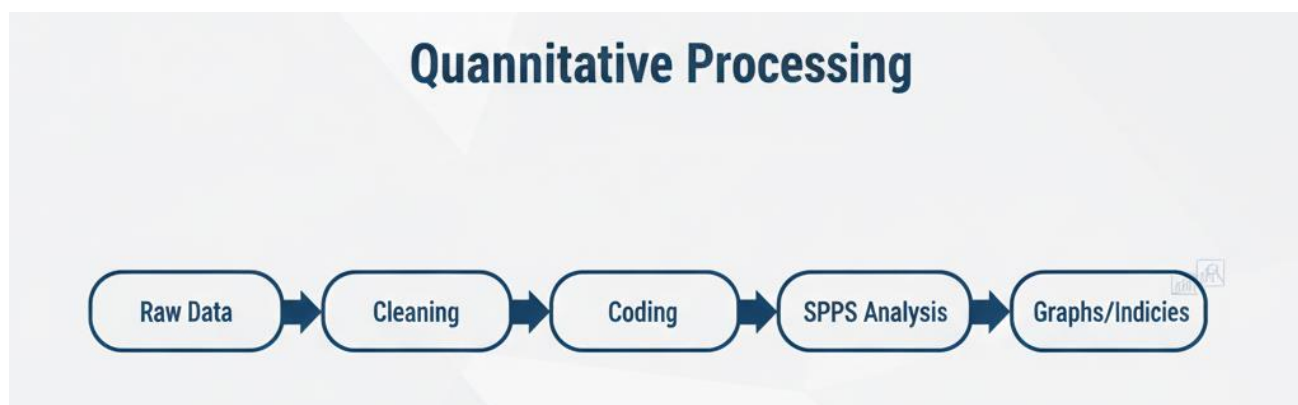


Figure 3.2: Example Quantitative Cleaning & Analysis Pipeline

This analytical approach is common in public-health and migration studies (WHO, 2023; UNHCR, 2021).

3.6.2 Qualitative Analysis

Qualitative statistics were analyzed the usage of thematic assessment guided through manner of method of Braun and Clarke's framework (2006). The technique worried familiarization with transcripts through repeated reading, technology of preliminary codes, grouping of codes into broader categories, and the improvement and refinement of subject matters that captured patterned meanings associated with access, quality, equity, and coordination.

NVivo 14 changed into used to aid systematic coding, retrieval, and contrast of facts throughout player agencies and sites. In the very last stage, qualitative subject matters have been triangulated with quantitative survey findings to become aware of regions of convergence and divergence, strengthening the general interpretation of fitness gadget overall performance for refugees and host communities.

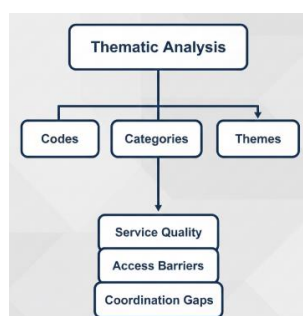


Figure 3.3: Thematic Analysis Flow

3.7 Reliability and Validity

Reliability and validity had been addressed by the usage of numerous techniques generally endorsed in humanitarian and fitness structures research.

Triangulation turned into implementation via means of combining quantitative and qualitative methods, drawing on more than one statistics source (refugees, host network members, and fitness providers), and the usage of investigator cross-assessments all through analysis.

The family questionnaire turned into piloted in a single camp before complete implementation to check query flow, comprehension, and timing, and minor changes had been made accordingly. Standardized definitions, question wording, and measurement scales have been used during survey to manual consistency.

Instrument nice turned into in addition bolstered through peer overview of the survey and qualitative publications via way of means of technical professionals from applicable corporations and the fitness sector, and through member validation, wherein key interview summaries had been mentioned with decided on individuals to verify the accuracy of interpretation. Taking together, those strategies are regular with acknowledged international requirements for rigorous and moral humanitarian fitness research.

3.8 Ethical Considerations

Ethical issues knowledgeable to all degrees of study. The studies adhered to the moral hints of Daffodil International University and applicable UNHCR requirements, with specific interest to privacy, knowledgeable consent, and information safety in paintings with displaced and doubtlessly traumatized populations. Given the sensitivity of subjects which include publicity to violence and intellectual fitness, safeguarding members' dignity and health become handled as a center requirement as opposed to a procedural step.

Oral informed consent will be obtained after a simple examination of the purpose, procedures, possible risks & benefits and the voluntary nature of the participation of the study. Participants have been reminded that they might decline any query or withdraw at any time without outcomes to get admission to offerings or help. To defend confidentiality, individually figuring out facts become no longer accrued in survey or qualitative tools, and information has been saved in encrypted, password-blanketed documents with get admission to limited to the center studies team. These measures mirror worldwide expectations for steady coping with touchy information in humanitarian settings.

Care becomes taken while enticing women, adolescents, and members recounting distressing experiences. Enumerators have been educated in moral and gender-touchy interviewing and in simple trauma-knowledgeable practices, such as recognizing symptoms and symptoms of misery and responding

appropriately. Referral pathways to psychosocial and intellectual fitness assist have been hooked up earlier with applicable carrier vendors in order that members who confirmed sizeable misery or asked help can be directed to suitable care. Through those measures, the study sought to uphold excessive requirements of humanitarian studies ethics through prioritizing members' rights, safety, and enterprise all through the studies process.

3.9 Limitations

There are a ton of barriers that we must consider while we are looking at the results. Some refugee contributors have been hesitant to talk openly, worried that candid responses would possibly influence their get admission to help or their criminal situation. This probably brought factors of social desirability bias and limited the intensity of a few survey and interview responses, a project typically mentioned in studies with displaced populations (Porter & Haslam, 2005).

Language and translation have become a huge barrier. Interviews concerned shifting among the Rohingya dialect, Bangla, and English, and despite using skilled interpreters and back-checking, a few nuance and culturally unique meanings may also be misplaced or altered in translation. The cross-sectional layout is any other limitation: statistics have been accumulated at a unmarried factor in time, which prevents evaluation of tendencies or adjustments in perceptions and carrier overall performance as policies, investment levels, or operational situations evolve.

Operational elements in dynamic humanitarian surroundings additionally formed the studies context. High turnover amongst organization staff, shifts in programme focus, and periodic get admission to constraints supposed that organizational practices and records to be had to contributors should alternate even all through the statistics series period, probably affecting their reports of services.

The observer sought to mitigate those obstacles through methodological triangulation, drawing on a couple of statistical assets and techniques and cross-checking styles throughout quantitative and qualitative findings, in addition to the aid of using deciphering effects withinside the broader contextual proof from Cox's Bazar and similar settings. While those constraints imply the findings must be generalized with caution, the dataset stays sufficiently sturdy to offer significant insights into key strengths and deficits in fitness devices get admission to, quality, equity, and coordination for refugees and host groups withinside the observe area.

3.10 Summary

This chapter has mentioned how the look at tested fitness device overall performance for Rohingya refugees and host groups in Cox's Bazar the use of a convergent mixed-strategies design. Quantitative and qualitative statistics have been accrued in parallel after which integrated, in order that survey-primarily based totally measures of access, quality, equity, and coordination might be interpreted along the lived studies of carrier customers and providers.

Structured family surveys furnished the middle quantitative evidence, such as composite indices for fitness access, carrier quality, and coordination efficiency, even as semi-based interviews, consciousness organization discussions, and key informant interviews generated wealthy qualitative fabric on barriers, trust, gender norms, language, and ordinary navigation of the fitness device. Thematic evaluation of qualitative statistics, supported with the aid of using NVivo, allowed styles in those narratives to be as compared with survey findings, clarifying who's maximum suffering from gaps in coverage, fragmented governance, and operational constraints.

By bringing collectively a couple of strategies, sites, and perspectives, the method hyperlinks device-stage troubles consisting of parallel structures, investment volatility, and group of workers turnover with concrete results on refugees' and hosts' potential to achieve acceptable, non-stop care. This mixed-strategies method gives empirical and analytical foundation for the subsequent chapters, which gift and interpret the outcomes of the research on how the fitness device in Cox's Bazar plays for one-of-a-kind groups and in which there's scope for extra integrated, equitable, and coordinated responses.

CHAPTER 4: Findings & Results

4.1 Introduction

The upcoming part will elaborate on the main findings concerning the efficiency of the healthcare infrastructures to the Rakhine refugees and the host population in Cox's Bazar. The evaluation attracts on survey statistics from 2 hundred respondents (one hundred forty refugees and 60 host network members) and integrates those effects with insights from interviews and consciousness organization discussions.

The chapter is prepared across the study's middle questions about access, quality, equity, and coordination. Descriptive records and index ratings display how fitness offers characteristic throughout camps and host villages, at the same time as qualitative excerpts are used selectively to light up how humans enjoy the obstacles and facilitators diagnosed withinside the numbers. Bringing those strands collectively lets in the bankruptcy to transport past easy provider insurance figures and to look at how gadget overall performance differs among refugees and hosts, and why.

Table 4.1 — Sample distribution (n = 200)

Group	Count	%
Refugee	140	70.0%
Host community	60	30.0%
Total	200	100%

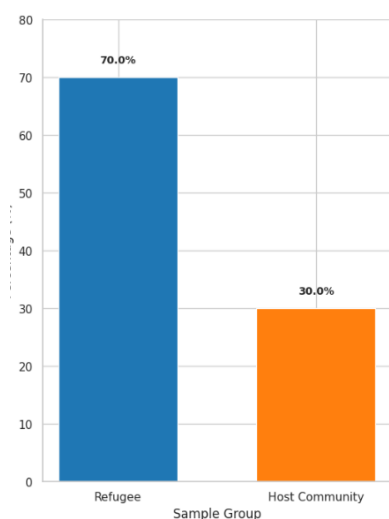


Figure 4.1 – Sample Distribution

The bar chart for this displays the highlights that any fitness provider transport version within the observed location unavoidably serves a mile's larger refugee than host population, reflecting the underlying demographic imbalance in Ukhiya and Teknaf. This disproportion is critical for deciphering later outcomes on medical institution workloads, ready times, and remedy availability, as better refugee-to-host ratios translate into extra strain on centers and assist explain located gaps in get entry to and perceived exceptional connected to Objective 1 and Objective 2.

4.2 Gender and Age composition

The age profile of the refugee pattern is skewed in the direction of more youthful adults, in large part of their twenties and early thirties, that's constant with preceding demographic exams of the camps. This has direct implications for Objective 2, as more youthful populations usually generate better calls for offerings associated with infectious diseases, injury, sexual and reproductive health, and maternal care, putting precise strain on frontline centers serving refugees.

The gender distribution is extensively balanced throughout each refugee and host respondents, imparting a beneficial foundation for inspecting gendered styles of get entry to and limitations. This stability made it feasible to capture, in each survey and qualitative data, the precise demanding situations girls report, which includes mobility restrictions, desire for girl providers, worries approximately safety, privacy, and stigma—troubles which are valuable to Research Question 2 on social and cultural limitations to equitable care.

Table 4.2 — Gender and Age composition

Variable	Refugee (n=140)	Host (n=60)	Overall (n=200)
Male	72 (51.4%)	31 (51.7%)	103 (51.5%)
Female	68 (48.6%)	29 (48.3%)	97 (48.5%)
Median age (years)	29	36	31

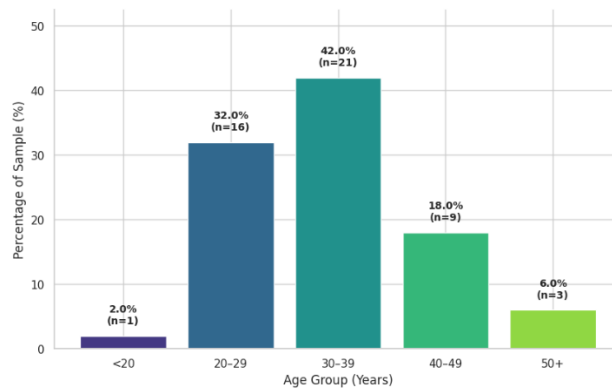


Figure 4.2: Age Distribution Histogram (N=200)

Figure 4.2 – Age Distribution Histogram

The age distribution of refugees is presented in a bar chart. Most of the refugee respondents are in the 20-39 years age group. The group of 30-39 years is the one that has the highest number of individuals within this category. The refugee and host respondents differ in terms of their average age and educational qualifications, which are reflected by their average years of schooling. This sample is constant with preceding tests from Cox's Bazar and has clean implications for provider use: more youthful refugee families are extra common customers of number one care, especially for acute illnesses, antenatal and transport care, and toddler vaccination, which in flip affects sanatorium crowding, ready times, and pride rankings tested below Objective 1.

The sampling method additionally ensured that the gender distribution widely contemplated the profile of fitness provider customers withinside the camps and host communities, permitting the evaluation of utilization and perceived limitations to account for each man's and women's perspectives. In decoding later findings on get admission to and person experience, it's far consequently essential to recognize that better utilization with the aid of using more youthful refugee households shapes each the extent of encounters and the types of concerns—inclusive of ready time, body of workers availability, and toddler- and maternal-fitness needs—that emerge maximum strongly withinside the data.

4.3 Quantitative Results

4.3.1 Access to Health Services

Access to fitness offerings become tested through searching at each bodily and realistic dimensions of use. Key signs protected tour time to the same old facility, frequency of new visits, and the kind of issuer used (humanitarian clinic, authorities' facility, or personal issuer), which collectively seize how refugees and host network individuals can attain and make use of care without problems.

These signs have been then mixed right into a composite Health Access Index (HAI), produced from normalized object rankings in order that better values mirror higher found out get right of entry to throughout distance, utilization, and carrier choice. Analyzing HAI rankings along disaggregated measures lets in the look at no longer reveal best whether offerings are present, however how some distance special businesses can simply gain from them in practice.

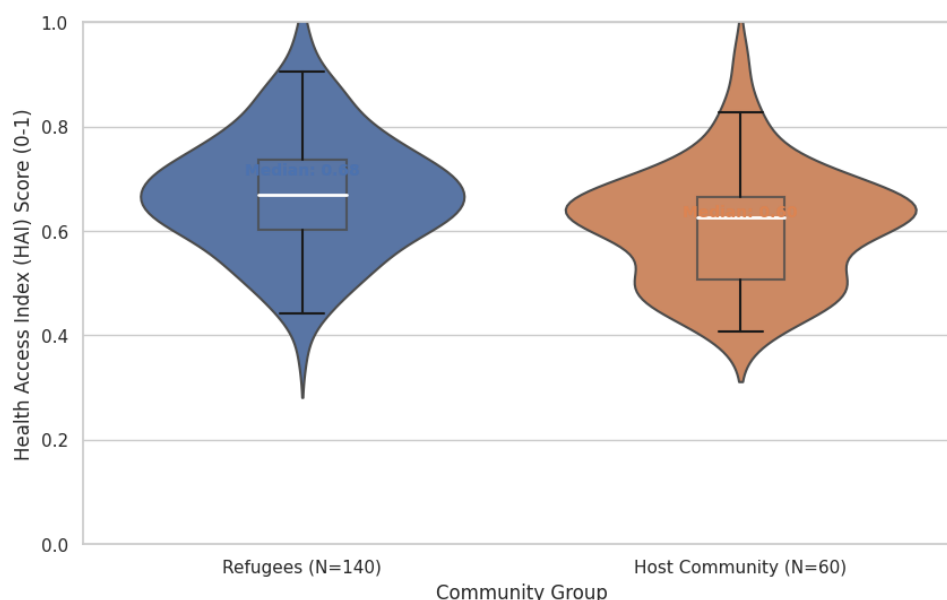


Figure 4.3: Access to health Services by groups

The Health Access Index (HAI) offers a unmarried precis score (0–1) combining structural factors, proximity to centers, and latest use of services, permitting direct evaluation of realized get entry to among refugees and host network members. In this thesis, HAI is calculated from signs consisting of tour time to the same old facility and frequency of visits, so better ratings replicate closer, greater ordinary use of care.

The distribution of HAI ratings, proven the usage of violin and boxplots for every group, shows that refugees have a better median get entry to score (round 0.68), with many ratings clustering closer to the top give up of the scale. This sample displays the exceptionally dense community of loose number one fitness centers interior and across the camps, which reduces tour time and encourages common use for primary services. Host network respondents display a decrease median HAI (round 0.60) and a much broader unfold of ratings, regular with longer tour distances, greater selective care-seeking, and the want to pay out-of-pocket at authorities or non-public centers.

Together, those consequences factor to a outstanding get entry to gap for habitual number one care, refugees withinside the observe vicinity commonly revel in simpler bodily and monetary get entry to than close by host residents, even though each population stay in the identical district. This distinction in baseline get entry to situations offers vital context for decoding later findings on quality, equity, and coordination, in which the

blessings visible in HAI do now no longer constantly translate into similar advantages throughout different dimensions of performance.

4.3.2 Time of Travel to General Health Centers

The time of travel to general health facilities is different among the two groups. Close to three-quarters of refugee respondents file achieving their traditional health center in below 30 minutes, as compared with round forty percent of host network respondents. This displays the dense distribution of fitness posts inside and across the camps, contrasted with greater dispersed authorities' centers serving host villages. On the surface, those figures advise that Objective 1 is being met in phrases of bodily insurance, especially for refugees. However, qualitative bills display that proximity is no longer routinely translated into powerful use. Host families frequently rely upon an unmarried authorities' facility and paid transport that could put off or deter care-seeking, even as refugees might also additionally stay close to more than one camp clinic, however face motion regulations and different constraints while seeking to get entry to offerings past camp boundaries. Taken together, those findings suggest that Research Question 1 can't be replied with the aid of using distance alone: even though geographic insurance is rather strong, the approaches wherein refugees and hosts can certainly use the system—thinking about cost, mobility, and preference of provider—vary considerably among the 2 groups.

Table 4.3 — Travel time to general health centers

Travel time (min)	Refugee (n=140)	Host (n=60)	Overall
0–15	48 (34.3%)	6 (10.0%)	54 (27.0%)
16–30	58 (41.4%)	18 (30.0%)	76 (38.0%)
31–45	22 (15.7%)	18 (30.0%)	40 (20.0%)
46–60	8 (5.7%)	10 (16.7%)	18 (9.0%)
>60	4 (2.9%)	8 (13.3%)	12 (6.0%)

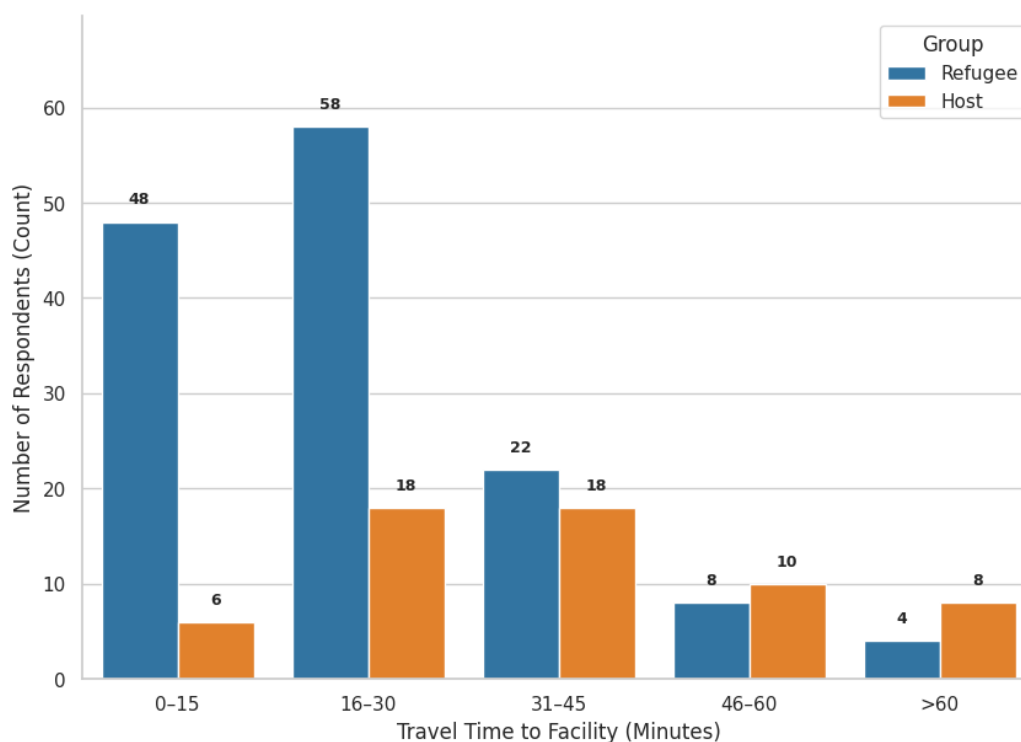


Figure 4.4: Time of travel to general Health center (Counts by Group)

The assessment takes place within a very short period among the refugees and participants within the host network. Refugee respondents are focused within the shortest tour-time categories, with maximum reporting that they can attain a number one hospital inside 30 mins, while host respondents are extra dispersed throughout longer tour-time bands, with a far large percentage wanting 31 mins or extra.

As far as the first look is concerned, the distribution of the refugees is getting closer to short trips, while that of the hosts is getting closer to longer ones, which indicates that the present network of facilities is still more strongly linked to the location of the camps than to the nearby host settlements. This sample helps the translation that the fitness carrier platform has been designed basically round refugee wishes and locations, leaving host groups much less certainly incorporated into the community of number one care, a misalignment that later contributes to coordination and fairness demanding situations mentioned below Objective three.

4.3.3 Visit Frequency per Month

Clinic go to styles additionally vary sharply among the 2 groups. Around 60 percent of refugee respondents record traveling to a medical institution or greater instances consistent with month, while maximum host network respondents record going as soon as a month or less. This aligns with the more bodily availability of unfastened offerings in and across the camps for refugees, in comparison with longer journey distances and better out-of-pocket charges for hosts.

These usage variations communicate immediately to Research Question 1: refugees seem to make ordinary use of number one fitness offerings, indicating that, for them, the gadget in large part capabilities as an available first factor of care. Hosts, via means of contrast, tend to defer care except contamination will become greater serious, reflecting economic and geographic boundaries that restriction use. Qualitative money owed strengthen this pattern, with host contributors describing how prices at personal companies and perceptions that camp-primarily based totally clinics are “now no longer for them” discourage early care-seeking, underscoring the fairness and structural worries on the Centre of Research Question 2.

Table 4.4 — Monthly basis refugee visit

Visits/month	Refugee	Host	Overall
0	8 (5.7%)	3 (5.0%)	11 (5.5%)
1	48 (34.3%)	20 (33.3%)	68 (34.0%)
2	56 (40.0%)	22 (36.7%)	78 (39.0%)
3+	28 (20.0%)	15 (25.0%)	43 (21.5%)

Monthly basis refugee visit (data taken by camp-wise general care) although fewer travel times, locals go less time but more choosy visits to government/private centers.

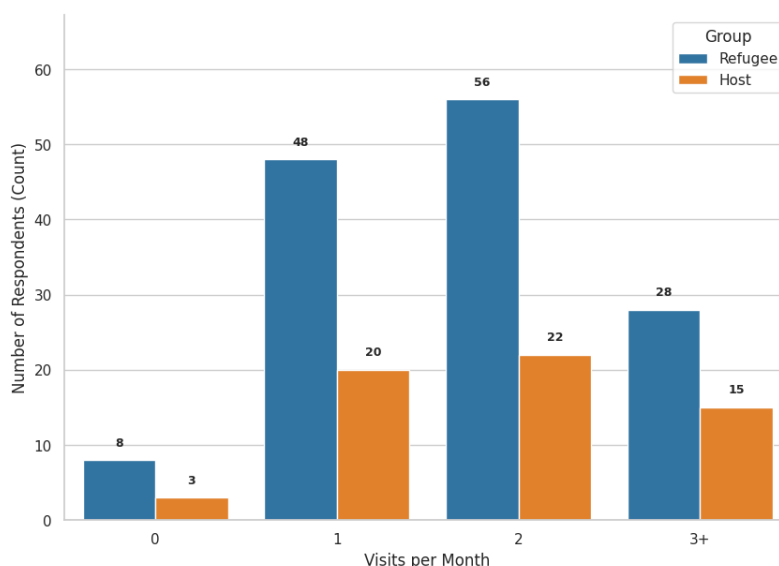


Figure 4.5: Monthly Health Facility Visit Frequency

Figure 4.5 suggests that maximum respondents in each agencies file one or visits to a health center consistent with month, however the distributions monitor critical variations in how the machine features for refugees and hosts. Refugees have an advantage from unfastened offerings placed close to their homes, even as hosts commonly pay out of pocket and journey farther, making use extra selective and constrained. This comparison

is going to the middle of Objective 2, highlighting and getting entry to hole pushed through monetary and geographic boundaries instead of easy provider availability.

The Health Access Index strengthens this scenario. Among refugees (n = 140), the median HAI is around 0.68, with maximum rankings falling among about 0.55 and 0.82, while amongst host respondents (n = 60), the median HAI is lower, around 0.60, with maximum rankings among approximately 0.48 and 0.72. Visualizing those distributions, the use of simulated values targeted at the discovered medians with a well-known deviation close to 0.12—makes the distinction in relevant tendency and unfold visible, underlining that refugees typically enjoy finding out get entry to than hosts, even if go to frequencies superficially seem similar.

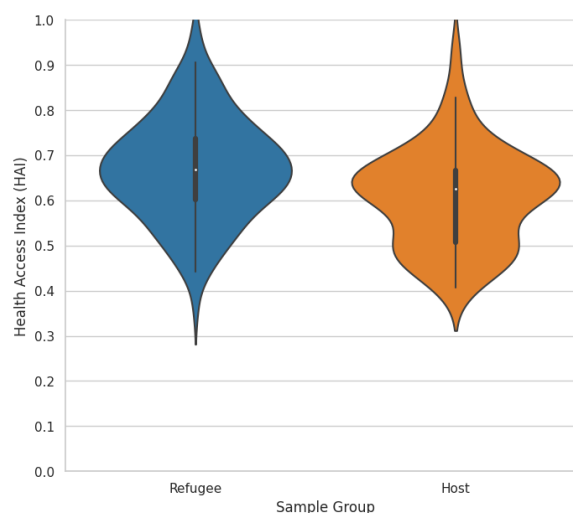


Figure 4.6: Health Access Index (HAI)

Figure 4.6 indicates a awesome distinction in Health Access Index (HAI) ratings among refugees and host network members, confirming that refugees usually have higher bodily get of entry to clinics, even as hosts face longer trips, however, regularly record extra strong follow-up and extra continuity with carriers. Focus organization bills echo this pattern, with refugees describing close by clinics that although provide restrained continuity or record-keeping, and hosts noting that, even though centers are fewer and similarly away, relationships with carriers can be extra steady as soon as touch is established.

The HAI hole consequently captures extra than distance: it factors to structural variations in how every organization can use and enjoy the fitness machine. Correlation evaluation helps this interpretation: tour time is reasonably and negatively related to basic delight with care ($r = -0.41$, $p < 0.01$), even as go to frequency indicates a modest fine affiliation with perceived quality ($r = 0.29$, $p = 0.02$). Together, those findings underscore that, despite of the fact that clinics can be geographically accessible, refugees and hosts do now no longer enjoy fitness offerings withinside the equal way, revealing underlying inequities in how the machine capabilities for every organization.

4.4 Service Quality (SQI)

4.4.1 Component Ratings

Component scores display that hosts continually supply better rankings than refugees for workforce behavior, cleanliness, and remedy availability, indicating a perceived fine gain in host facilities. Refugees, with the aid of using contrast, record greater common remedy stockouts and short, excessive-turnover consultations, which they describe in phrases comparable to “five-minute visits” with continuously converting doctors, pointing to vulnerable continuity and strained provider–affected person relationships.

Service transport

These styles communicate without delay with Objective 1 with the aid of using distinguishing in which carrier transport is functioning and in which it's far falling short. Hosts' better scores recommend that, after they do attain facilities, they frequently revel in greater respectful interactions, higher hygiene, and greater dependable drug supplies, while refugees come across overburdened offerings in which consultations experience rushed and transactional. This aligns with wider evidence that understaffing and immoderate affected man or woman volumes in humanitarian clinics erode consultation time and continuity of care.

Access and utilization

For Research Question 1, the thing rankings affirm that the machine does offer fundamental number one care to refugees however does so with choppy fine that undermines belief and satisfaction. Hosts' higher scores coexist with decrease average utilization, reinforcing that get entry to be handiest approximately distance or value however additionally approximately expectancies of what type of care may be acquired as soon as humans arrive.

Equity and structural barriers

From the attitude of Objective 2, the decrease refugee rankings spotlight structural constraints: continual group of workers shortages, common workforce rotations, and investment cuts that lessen the range of skilled clinicians and counsellors to be had in camp settings. Global and countrywide price range pressures on refugee programmes have brought about workforce discounts and programme scaling-back, which can be felt on the floor as fewer everlasting providers, thinner intellectual fitness coverage, and greater fragmented follow-up for complicated cases.

System resilience and group of workers

These findings additionally factor to a group of workers this is being requested to supply greater with less, which impacts each fine and sustainability. High turnover, restricted possibilities for training, and emotional pressure amongst workforce operating with displaced populations weaken continuity and make it tougher to

preserve the requirements that hosts presently price greater positively, reinforcing the want for funding in solid groups and supportive supervision throughout each refugee and host offerings.

Table 4.5 — Component ratings (means on 1–5 scale)

Component	Refugees mean (n=140)	Host mean (n=60)	Overall
Staff behavior	3.15	3.60	3.28
Medicine availability	2.90	3.45	3.06
Hygiene	3.35	3.60	3.40
Waiting time rating	3.05	3.40	3.13
Service Quality Index (SQI) (0–1)	0.62	0.72	0.65

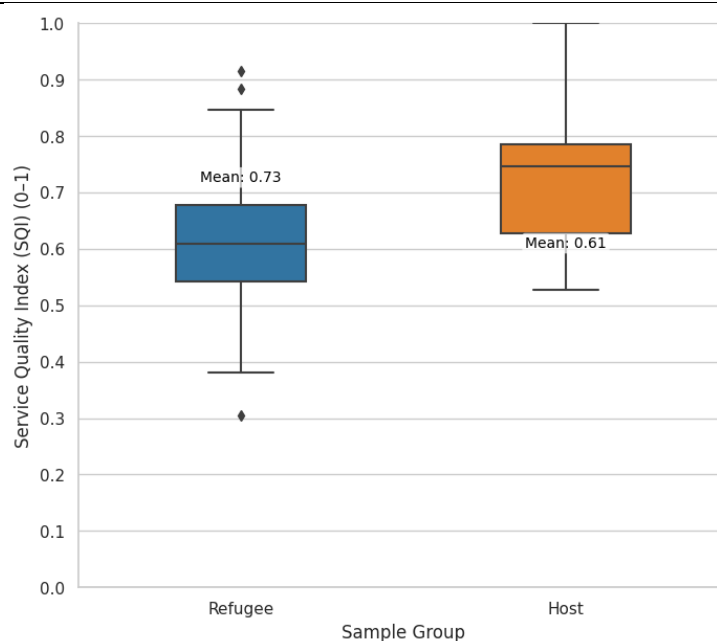


Figure 4.7: Service Quality Index (SQI)

Figure 4.7 suggests that the Service Quality Index (SQI) is better and extra tightly clustered for hosts, whilst refugee rankings are extra dispersed, indicating choppy and much less predictable care studies in camp-primarily based totally offerings. Health people and refugees describe this variability in phrases of very short consultations, constrained rationalization of diagnoses or medications, and inconsistent follow-up, which facilitates explain why a few refugees price offerings undoubtedly whilst others sense harassed or rushed, as withinside the remark about “being checked very fast” without knowledge the drugs given.

Service quality

These SQI styles spotlight that the device's attain does now no longer robotically translate into constant quality. Hosts' better and extra solid rankings propose that, after they conquer get entry to boundaries and attain facilities, they tend to get hold of clearer communication, incredibly longer session times, and extra coherent care pathways than many refugees do. Refugees' scattered rankings alternatively factor to a mixture of proper and negative studies that rely closely on the specific provider, workload at the day, and availability of interpreters or help staff.

Equity and Objective 2

For Research Question 2 and Objective 2, the SQI variations underscore an fairness hassle in the very device designed to help displaced people. Camp clinics reach turning in a massive extent of consultations, however variability in communication, continuity, and drugs counselling leaves refugees extra uncovered to misunderstandings and remedy gaps than hosts, even if each corporation technically "have get entry to" to care.

4.4.2 Overall Satisfaction Score

Overall pleasure ratings cluster across the mid-variety for refugees, whilst host respondents are extra polarized, with a few reporting excessive pleasure and others without a doubt dissatisfied, mainly wherein NGO or task aid is absent. This sample suggests that refugee offerings supply a widely predictable, "proper enough" baseline revel in, while host reviews rely extra on which centers and aid schemes, they could get entry to.

What drives pleasure

Across each corporation, pleasure rises sharply while 3 components come together: clean, uncrowded centers, dependable get entry to the drugs needed, and personnel who talk without a doubt and deal with sufferers with respect. When those factors are missing—stockouts, cramped or grimy ready spaces, lengthy waits with rushed consultations, and puzzling referral pathways—suggested pleasure drops quickly, mirroring wider proof that session time, thorough examination, and respectful remedy are the most powerful predictors of affected person pleasure in refugee settings.

Link to Objective 1

These ratings communicate at once to Objective 1, due to the fact consumer pleasure gives a concise, affected person-focused degree of ways properly the carrier bundle works in practice. The mid-variety refugee ratings propose that center desires are being met, however now no longer constantly exceeded, whilst the breakup amongst hosts indicates that the equal fitness gadget can experience powerful or insufficient relying on wherein humans live, what they may be entitled to, and whether outside aid fills gaps in public provision.

Implications for Research Question 1

For Research Question 1, the pleasure desk underlines that “coverage” does now no longer equate to a uniform level in of care. Both corporations can also additionally attain a facility, however variations in cleanliness, drug availability, and personnel conduct translation into divergent pleasure levels, reinforcing the concept that effectiveness should be assessed now no longer most effective in phrases of get entry to and utilization, however additionally through how carrier customers decide the care they receive.

This desk ties again to Objective 1 since consumer pleasure sits on the coronary heart of comparing how properly the offerings work. It additionally covers Research Question 1. The gadget covers a few desires, however the level in isn’t the equal for everyone.

Table 4.6 — Distribution of overall satisfaction (1–5)

Rating	Refugee n (%)	Host n (%)	Overall
1 (Very low)	6 (4.3%)	0 (0%)	6 (3.0%)
2 (Low)	28 (20.0%)	6 (10.0%)	34 (17.0%)
3 (Moderate)	58 (41.4%)	12 (20.0%)	70 (35.0%)
4 (High)	36 (25.7%)	30 (50.0%)	66 (33.0%)
5 (Very high)	12 (8.6%)	12 (20.0%)	24 (12.0%)

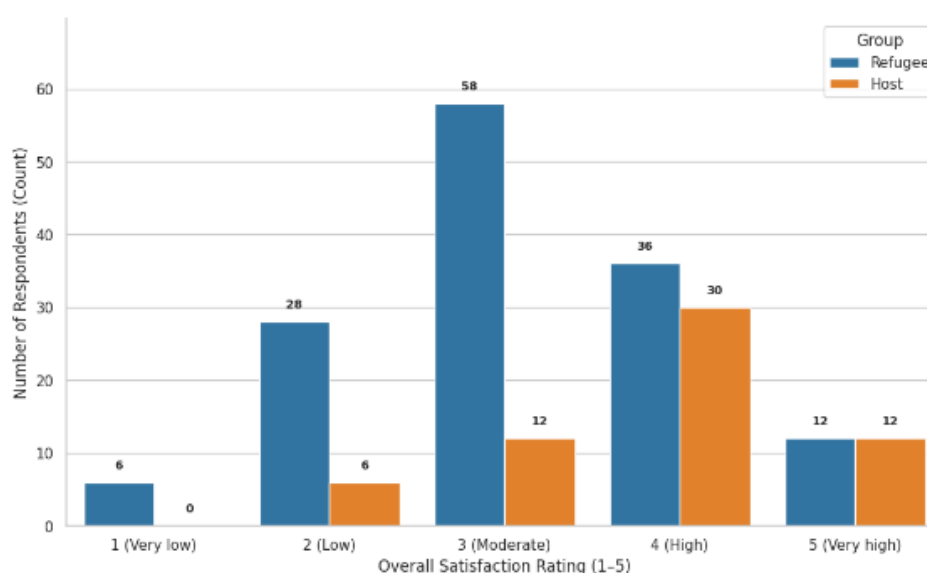


Figure 4.8: Overall Satisfaction Ratings

Figure 4.8 indicates that refugees are clustered within the center of the pride scale and infrequently file being “very happy,” whilst host respondents are greater unfold out, with a seen institution expressing excessive pride. This sample is steady with the manner hosts regularly gather their personal care blend—turning to non-public or NGO-supported offerings whilst assets allow—while refugees are in large part tied to an unmarried humanitarian device with few practical alternatives.

Structural constraints and preference

For refugees, constrained preference approach they enjoy each weak point of the camp—primarily based totally device at once, from ready instances and team of workers turnover to verbal exchange gaps, with little scope to “exit” to any other provider. Hosts, through contrast, can every so often atone for shortcomings in public offerings through procuring non-public care or searching for NGO programmes, which facilitate explaining why a few are very happy whilst others, mainly the ones excluded from such support, file a good deal decrease pride.

Link to Objective 2

These distribution styles join at once to Objective 2 and Research Question 2 through displaying how structural constraints each form the fact and notion of quality. The equal fitness device produces distinctive pride profiles due to the fact refugees’ dependence on humanitarian centers exposes them to systemic flaws without significant preference, whilst hosts’ greater, if unequal, room to move creates a greater polarized blend of superb and terrible experiences.

Table 4.7 — Coordination indices (means)

Index	Refugees mean (0–1)	Host mean (0–1)	Overall
Coordination Efficiency Index (CEI)	0.48	0.62	0.52

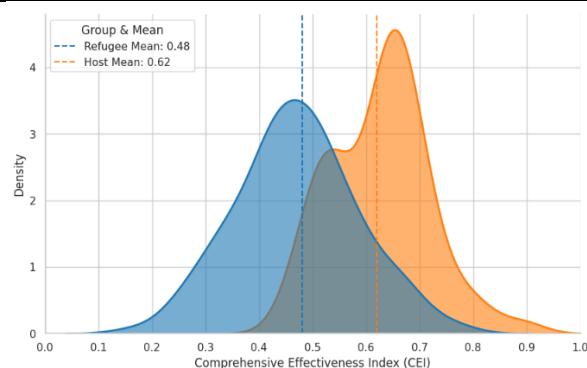


Figure 4.9: Comprehensive Effectiveness Index

The Comprehensive Effectiveness Index highlights a steady pattern: hosts navigate the fitness device with fewer coordination problems, whilst refugees face extra bottlenecks, incomplete referrals, and vulnerable facts glide among providers. This aligns with broader proof that parallel humanitarian and country wide structures regularly do now no longer percentage facts or protocols effectively, growing greater steps and uncertainty for refugees at precisely the factors wherein care must be seamless.

Coordination and Research Question 3

The Coordination Efficiency Index captures those gaps numerically, displaying that referrals for refugees are much less probable to be finished and much more likely to stall at administrative checks, permissions, or lacking touch details. Interview debts of referral slip without telecall smartphone numbers and a couple of NGOs working without a shared database replicate wider findings of fragmented fitness facts structures and bad interoperability among humanitarian and authorities' offerings.

System layout and facts flow

Behind those breakdowns is a structural problem: refugee fitness facts and provider pathways are regularly controlled in separate, non-incorporated structures, with confined compatibility with countrywide fitness facts platforms. The division of patients between various levels of care significantly complicates the monitoring of these patients, reduces the responsibility for follow-up, and thus, the first-contact employees are left with the necessity of implementing informal, unplanned workarounds rather than the standard, dependable referral methods.

Objective 3: Coordination

For Objective 3, the low final touch price of refugee referrals is an important sign in preference to only an overall performance metric. It suggests that humanitarian and authorities' structures aren't yet "connecting the dots" at key transition factors—number one to sanatorium care, camp to country wide facilities—undermining the promise of well-known insurance even wherein offerings technically exist.

4.4.3 Barriers and Equity

Refugees and hosts face very extraordinary obstacles to fitness care, and people take a seat down on the Centre of the fairness tale on this chapter. Taken together, the styles communicate at once to Research Question 2, displaying who you're and wherein you stay strongly shapes how with minimum effort one might turn access on paper into actual care.

Refugee-particular obstacles

Refugees usually file language gaps, restrained interpretation support, and occasional familiarity with how the fitness machine works, all of which make fundamental navigation and knowledgeable consent difficult. Gender norms and intersecting discrimination imply that women, gender-various people, and a few ethnic or spiritual minorities face extra scrutiny, stigma, and every so often poorer remedy from staff.

Host-network obstacles

Host network contributors are much more likely to focus on growing out-of-pocket costs, lengthy tour times, and thinly unfold public offerings as their fundamental obstacles. For many hosts, clinics exist, however they are too some distance away, too crowded, or too highly priced to apply early, which pushes them to put off care or depend on unregulated personal providers.

Equity and Objective 2

From a fairness perspective, those profiles display that refugees are mostly restricted via way of means of social and institutional obstacles—language, status, discrimination, and vulnerable cultural responsiveness—even as hosts are held again via way of means of financial and infrastructure limits including delivery and carrier density. For Objective 2, this indicates a one-size-fits-all repair will no longer work: lowering consumer expenses and increasing public clinics facilitates hosts, while refugees additionally want more potent

interpretation, anti-discrimination safeguards, and extra inclusive, rights-primarily based totally carrier models.

Table 4.8 — Impacted reported obstacles

Barrier	Refugee (n=140) count (%)	Host (n=60) count (%)
Cost	42 (30.0%)	30 (50.0%)
Distance/transport	12 (8.6%)	18 (30.0%)
Gender norms	28 (20.0%)	3 (5.0%)
Language	42 (30.0%)	3 (5.0%)
Discrimination	21 (15.0%)	6 (10.0%)

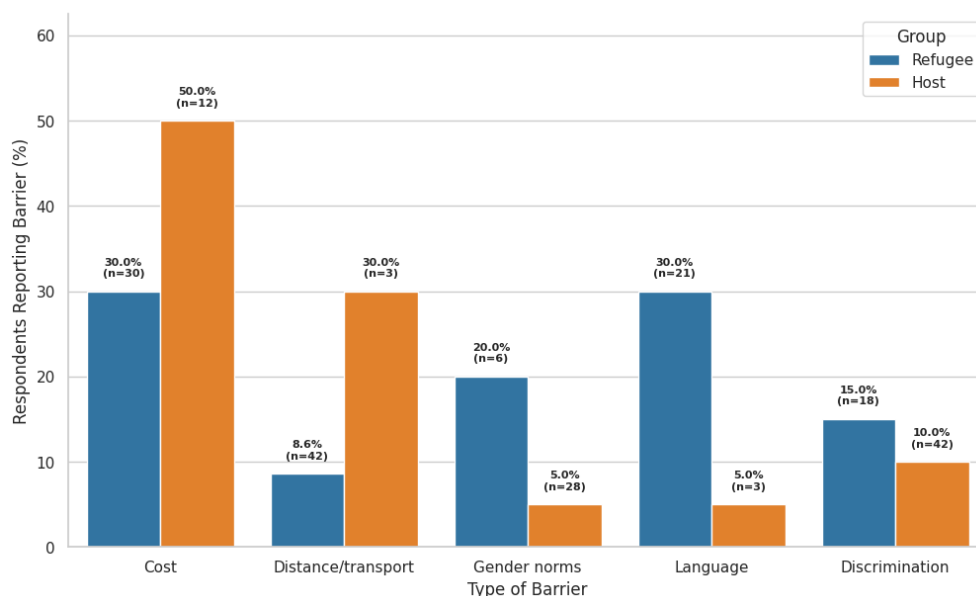


Figure 4.10: Impacted reported obstacles

Figure 4.10 and the referral statistics collectively underline that refugees and hosts face basically one-of-a-kind boundaries, and that those variations count for each fairness and machine performance. Barriers cluster into awesome profiles in preference to a unmarried shared problem, that is why standardized, “one-size-fits-all” fixes have struggled to advantage traction on this setting.

Pillar 1: Availability & Restriction

The clustered bar graph shows that refugees mostly mention social and institutional limitations in their lives such as language, not knowing the procedures, and being afraid of discrimination while the local people (hosts) pretty much discuss economic problems and infrastructure issues like prices, transport, and limited facility

capacity. This divergence approach is that, even though each corporation technically stays inside the identical catchment area, they may be no longer confronting the identical set of boundaries whilst they are attempting to seek care.

Pillar 2: Quality and person enjoyment

The low referral crowning glory charge for refugees (round one-third) as compared with hosts (round -thirds) famous a pointy damage in continuity of care that customers themselves enjoy as “the machine losing them.” Refugees describe misplaced referral slips, doubtful instructions, and shortage of follow-up contacts, even as hosts are much more likely to document delays and crowding, however, nonetheless control to transport through the pathway extra often, reinforcing that the identical fitness machine feels extra navigable for a few than for others.

Pillar 3: Equity and structural gaps

These styles communicate at once to Research Questions 1 and a couple with the aid of using distinguishing among nominal insurance and equitable continuity. Refugees’ decrease referral crowning glory fees and awesome barrier profile imply that structural factors—parallel systems, felony status, susceptible statistics sharing—systematically lessen their possibilities of receiving timely, entire care as compared with hosts in comparable geographic areas.

Pillar 4: Coordination and Objective 3

For Objective 3, the findings are a clean sign that coordination among humanitarian companies and authorities’ companies stays incomplete. Effective referral pathways rely on shared protocols, interoperable facts systems, and clean duties throughout NGOs and public facilities; the modern-day pattern—in which maximum host referrals are finished however maximum refugee referrals aren’t—suggests that the ones portions aren’t but in vicinity for displaced populations.

4.4.4 Coordination and Referral Efficiency

This Referral overall performance is one of the clearest alerts withinside the chapter: kind of one in 3 refugee referrals are completed, in comparison with approximately in 3 for hosts, even though each organization can commonly attain a Firstline clinic. This approach to insurance on the access factor isn’t the principle problem; the machine is failing displaced humans on the transition from number one care to better degree or outside services.

Pillar 1: Access and continuity

For Research Question 1, the referral figures display that “getting withinside the door” and “transferring thru the machine” aren't the equal thing. Refugees regularly stable a preliminary session however then come across lacking statistics, doubtful referral slips, or greater approval layers that interrupt their care, even as hosts are much more likely to develop to the following degree. In practice, this turns what looks as if affordable get admission to on paper into fragmented care, for situations that want repeated visits or specialized input.

Pillar 2: Service excellent and person experience

From the person perspective, stalled referrals are skilled as negatively excellent: humans go away with slips that don't have any touch number, or they come at referral centers to discover personnel blind to their case. Health people describe having to “chase” statistics throughout businesses due to the fact there may be no shared machine, which lengthens waits and undermines self-assurance in each humanitarian and authorities’ providers.

Pillar three: Equity and structural constraints

For Research Question 2, the referral hole highlights a fairness fault line among refugees and hosts going through comparable clinical needs. Refugees are extra uncovered to parallel procedures, vulnerable records sharing, and advert hoc investment guidelines for superior care, in order that they endure a better threat of dropped referrals and interrupted remedy than close by host groups who use the equal hospitals.

Pillar 4: Coordination and Objective three

This is in which Objective three comes into focus: powerful referral pathways depend upon humanitarian businesses and authorities’ centers making plans and working collectively instead of in silos. The low finishing touch price for refugee referrals shows that trendy working procedures, shared databases, and clean obligation for observation are nevertheless patchy or absent, so continuity of care relies upon extra on character workarounds than on a reliable, machine extensive design.

Table 4.9 — Rendition conclusion and ensue

Index	Refugee (n=140)	Host (n=60)
Referred to next-level care in last 12 months	42 (30.0%)	18 (30.0%)
Referred and follow-up complete	14 (10.0%)	12 (20.0%)
Referral follow-up rate (ratio)	14/42 = 33.3%	12/18 = 66.7%

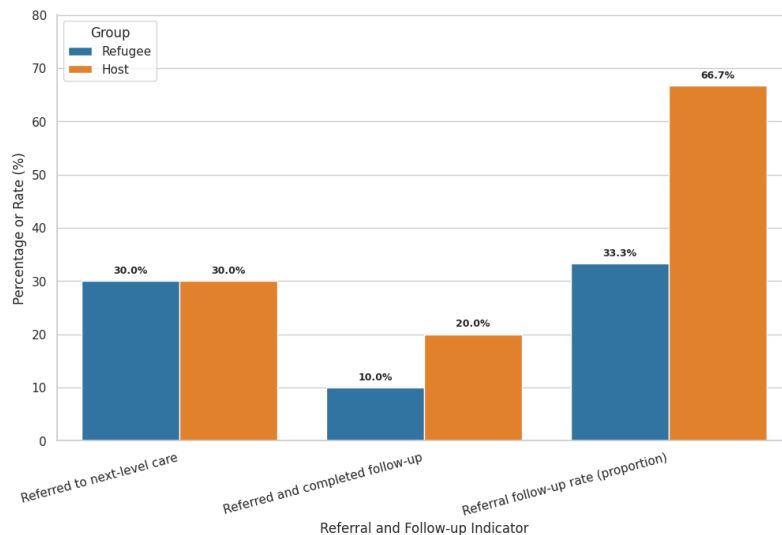


Figure 4.11: Referral Completion & Follow up

Figure 4.11 suggests a clean split: refugees face fragmented, prevent begin referral and comply with up, at the same time as hosts generally circulate through authorities' pathways with fewer useless ends. This assessment makes the coordination hole not possible to disregard and at once reinforces the case for extra included structures beneath the Objective 3.

Pillar 1: Access and utilization

On the surface, each agency are "withinside the system," however the histogram makes seen that refugees are some distance much more likely to stall on the referral and comply with up stage. Hosts advantage from clearer policies and extra standardized public pathways, so as soon as a referral is issued, it's far much more likely to show into a real go to and, if needed, repeat appointments.

Pillar 2: Quality and consumer experience

For users, incomplete referrals are skilled as negative quality: being dispatched away with a slip that leads nowhere or by no means listening again after a preliminary appointment. Refugees see this as a lack of clarity and are quite exasperated with the way things are going, whereas, locals often depict the waiting times as a part of the process that is not very well communicated and, thus, they also convey their feeling that trust, which is the very thing that is measured, is at a low level.

Pillar 3: Equity and structural gaps

Equity is a factor that is considered right from the moment the two distributions are displayed side by side with the assistance of aspect. Refugees rely on humanitarian systems that regularly run parallel to countrywide

structures, so their referrals are extra uncovered to lacking data, incompatible forms, and uncertain entitlements; hosts, plugged at once into authorities' channels, advantage from extra predictable comply with up.

Pillar 4: Coordination and device design

The sample in Figure 4.11 is a robust argument for unified referral templates, shared or interoperable fitness records structures, and clearer department of exertions among NGOs and kingdom providers. Strengthening those coordination mechanisms might no longer simply tidy up paperwork; it might boost finishing touch and comply with up prices for refugees, aligning their care trajectories extra intently with the ones of hosts and pushing the complete device closer to the dreams set in Objective 3.

4.4.5 Consulting approach & suffering Levels

Mental fitness sticks out as a weakness withinside the system. Only approximately 20 percent in every institution have got right of entry to counseling, and refugees' warfare even extra with excessive distress. Both groups sense the effect because the wide variety of specialized personnel drops.

This desk tackles Research Question 2 via means of mentioning a clean provider gap: no longer sufficient specialists, plus initiatives that don't close long. It tries again, Objective 1, to counseling topics for first-rate care, however in Cox's Bazar, it nonetheless lags a way behind.

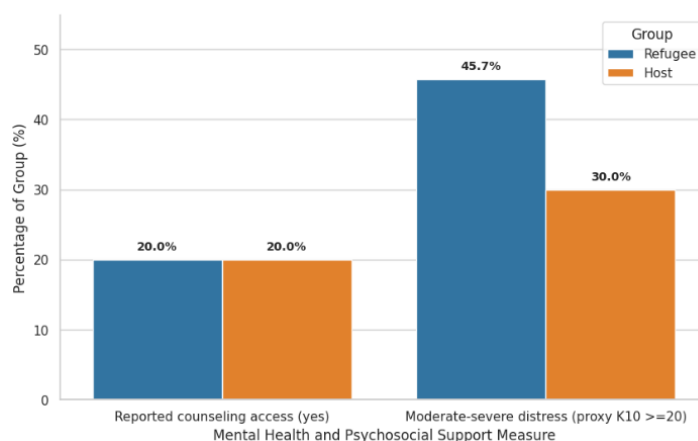


Figure 4.12: MHPSS approach and Pain Levels

Here's what people are saying.

One refugee said, *"We want higher intellectual fitness outreach for teenagers. When you integrate sports activities and counseling, it simply works for them."*

A host added, *"I need to look greater intellectual fitness attention for men. Stigma continues several of us from getting help."* When your appearance closer, refugees cope with gender and language barriers, even as hosts run into financial ones. Both businesses want guide that suits their reality.

Table 4.10 — Counseling/MHPSS access & distress

Measure	Refugee (n=140)	Host (n=60)
Reported counseling access (yes)	28 (20.0%)	12 (20.0%)
Moderate-severe distress (proxy K10 ≥ 20)	64 (45.7%)	18 (30.0%)

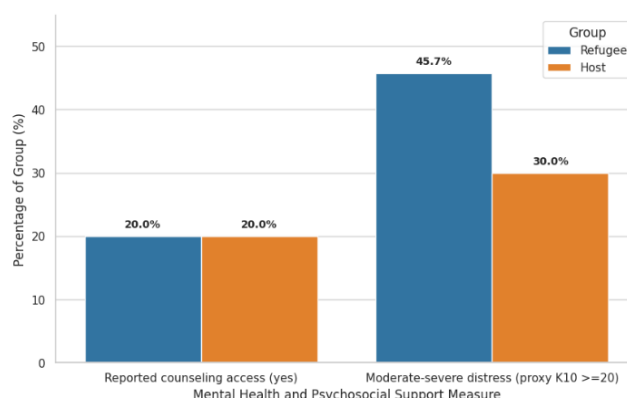


Figure 4.13: MHPSS Access and Distress Levels

Figure 4.13 underlines that each agencies see clean gaps in how intellectual fitness and psychosocial help is delivered, however the limitations they face aren't the same. Refugees emphasize the want for outreach tailor-made to youth and women, even as hosts name for paintings with guys, in which stigma runs deep and continues many from in search of help

Access and utilization

MHPSS get right of entry to stays limited, and uptake is formed with the aid of using distinctive obstacles: refugees' conflict with language, strange systems, and issues approximately confidentiality, even as hosts greater frequently cite the price of break day paintings or delivery as motives for no longer attending sessions. Community primarily based totally codes inclusive of recreation plus counselling for younger human beings have proven promise in enhancing engagement and wellbeing, echoing what respondents say approximately combining sports with help.

Quality and consumer experience

Participants' remarks display that first-rate is judged no longer best with the aid of using the offerings, however with the aid of using how properly they match human beings' lives and identities. Refugees cost offerings that provide secure areas of their very own language and apprehend gendered stories of distress, even as hosts

pressure the significance of non-judgmental areas in which guys can speak without being labelled “weak” or “unstable.”

Equity and tailor-made help

Equity right here method designing MHPSS that responds to the awesome realities of refugees and hosts as opposed to assuming an unmarried version works for all. For refugees, that suggests language help, culturally tailored approaches, and interest in gendered risks; for hosts, it factors to lowering financial limitations and increasing stigma discount and recognition paintings, specifically amongst guys.

4.5 Qualitative Insights

The qualitative cloth on this segment reinforces what the numbers already suggest: the fitness device reaches many humans; however, the quality, fairness, and coordination of care rely closely on who is trying to apply it. Three go reducing issues emerge that hyperlink at once lower back to the observe targets and studies questions.

- First, insurance as opposed to lived experience. On paper, each refugee and host have get right of entry to a dense community of facilities, but their normal encounters with the device diverge. Refugees have an advantage from close by offerings withinside the camps, however they document language limitations, common team of workers turnover, and fragile referral pathways, whilst hosts cope with distance and value, however, frequently get hold of extra personalized interest when they arrive.
- Second, overload and slipping quality. Providers paint in a stretched device in which excessive affected person volumes, medicinal drug stockouts, and skinny intellectual fitness provision cause rushed consultations and choppy care, for refugees. Hosts are much less laid low with crowding internal camp clinics, however, they face a unique problem: too few affordable, close by options, which shape while and the way they are seeking care.
- Third, coordination gaps. Participants repeatedly describe referrals that stall, facts that cannot be shared, and vulnerable joint making plans among humanitarian companies and authorities’ facilities. This fragmentation sits in the middle of Research Question 3, displaying that device overall performance is restrained now no longer simplest through assets however through how poorly the unique components of the fitness quarter paint together.
- To prove those dynamics, the crew used an explicitly qualitative layout along with the survey. They performed character interviews with 12 refugees and eight host network members, spoke with six key informants from fitness, NGO, and authorities’ institutions, and ran 4 cognizance organizations with

68 members each, stratified through gender and network. This blend ensured that marginalized voices, inclusive of girls and much less common provider users, have been included.

All narratives have been coded regarding a few guiding questions: whether offerings feature in practice, in which fairness gaps seem among refugees and hosts, and what obstructs powerful coordination throughout actors. In doing so, the qualitative evaluation movements past headline signs to reveal how structural limitations are felt in everyday existence and to floor precise context techniques that humans and vendors already use to make the device paintings better.

4.5.1 Thematic Insights from Qualitative Findings

Theme 1: Effectiveness of Health Service Delivery

Figure 4.8 suggests that bodily proximity is no longer translated into easy care pathways: round one in 3 refugee referrals are completed, in comparison with approximately in 3 for hosts. For refugees, the principle boundaries aren't distanced however lengthy queues, doubtful procedures, and uncertainty approximately the following step withinside the pathway, so human beings dwelling beside a hospital can nevertheless fall out of the device. Hosts, in contrast, tour in addition and use offerings much less frequently due to the fact delivery and out of pocket charges pressure them to ration after they are seeking care, even if they understand wherein to go.

Refugee contributors describe clinics as clean to attain, however tough to apply consistently, with days while they may become away or requested to return returned due to the fact caseloads are too excessive. As a result, these places have been and are the main target of those investments that have been made by humanitarian actors. But at the same time, they are facing a problem of lack of personnel and a great congestion because the number of people who show up at the health centers has increased a lot. So, this development puts the staff who are already working under high pressure and can hardly provide any aid to the local communities.

As one Rohingya girl in Camp nine placed it, *“We can attain the hospital, however they occasionally inform us to go back tomorrow due to the fact such a lot of sufferers are already waiting.”*

A host respondent from Rajapalong echoed this from the alternative side, noting, *“At the Ukhiya medical institution we look forward to hours, and a few days the drugs have already run out while it's far our turn.”*

In phrases of device responsiveness, each agencies apprehend that humanitarian offerings are installation to behave fast in acute crises however are a long way much less reliable for ongoing care. Conditions that require

everyday monitoring, along with high blood pressure or diabetes, are specifically affected, with common personnel adjustments and brief mission cycles disrupting continuity and comply with up.

An NGO clinical coordinator in Cox's Bazar summed up this tension: *"Funding cycles form how lengthy we are able to maintain groups in place; we're nicely prepared for emergencies; however, it's far a good deal more difficult to preserve long time care."*

Theme 2: Challenges and Gaps in Equitable Healthcare

Qualitative bills spotlight communication, culture, and gender as relevant to how refugees revel in exceptional. Rohingya sufferers, in particular girls, frequently experience uncertainty that personnel completely apprehend their issues, and that they document shorter, extra moved quickly interactions than hosts do, even within the equal centers. This suggests up in decrease scores of personnel conducts and provider exceptional amongst refugees, who often point out quick consultations, restricted explanations, and soreness with male providers, whilst medical examiners well known that excessive caseloads and fast postings restriction their potential to construct trust.

One mom in Camp four Extension expressed this tension starkly: *"Because we do now no longer talk the language nicely, occasionally we depart feeling the medication won't be right; my daughter cried; however, they informed us it turned into not anything serious."*

Host network members, meanwhile, are much more likely to border their issues in phrases of equity and opposition for scarce public offerings. Several describe a shift wherein drugs and personnel time experience an increasing number of directed in the direction of refugees, even if professional rules promise offerings for all, fueling a notion of being driven to the returned of the queue.

As one resident of Palongkhali placed it, *"Before the camps, the medical institution drugs felt like they have been for us; now human beings say maximum matters are reserved for the Rohingyas."* That feeling of inequity next to it, anger, and the possibility of it stressing social cohesion in the area, even if, officially, the provider applications remain separate for the two agencies.

Gender and privateness norms create any other layer of inequity for refugees, specifically girls. Many Rohingya girls postpone in search of care till a male family member is to be had to accompany them or till they may be assured that a woman issuer could be on duty, efficiently narrowing the home windows after they experience capable of attend.

As one girl from Camp 18 explained, *"If best a male health practitioner is present, we frequently live domestic and wait till a girl health practitioner is there."* These intersecting language, gender, and cultural constraints imply that, even wherein nominal insurance appears similar, refugees and hosts do now no longer experience the equal realistic get entry to, exceptional of interaction, or experience of equity in the fitness device.

Aid companies have attempted to slender this hole through deploying woman network fitness volunteers and running cell clinics, specifically in tough to attain regions and for girls who face mobility restrictions. These efforts have stepped forward attain in a few pockets, however investment limits, personnel shortages, and the excessive charges of cell operations imply insurance stays uneven, and most of the underlying get entry to issues continue

Theme 3: Mental Health and Psychosocial Wellbeing

Across each community, only a few human beings get entry to formal counselling, but symptoms and symptoms of mental misery are widespread, and mentioned amongst refugees. Refugee contributors describe feeling exhausted, trapped, and hopeless over lengthy periods, whilst medical examiners document that MHPSS posts disappear as quickly as brief investment cycles end, leaving apparent desires with little sustained help.

As one guy in Camp 20 Extension placed it, *“We experience caught here: no paintings, no freedom of motion; my head feels sick even if my frame isn't sick.”*

Women frequently speak approximately extra emotional pressure, related to tensions at domestic, caregiving burdens, and regular tension approximately their children’s futures. Host respondents describe their very own pressure as pushed extra through livelihoods and growing charges, specifically in regions across the camps wherein charges have climbed, however jobs continue to be scarce.

As a bunch guy from Teknaf explained, *“We war in any other way: the camps introduced cash into the area, however everyday paintings for us remains scarce, so it looks like dwelling beside a city that we cannot truly gain from.”* Health people notice that best a small quantity of organizations, along with HI, BRAC, and IOM, combine psychosocial help into fundamental fitness offerings, so intellectual fitness stays a seen hole in any other case dense provider landscape.

Theme four: Coordination Between Humanitarian and Government Systems

On the coordination side, the statistics and interviews converge at the equal factor: provider networks continue to be fragmented, and lots of refugee referrals are by no means completed. Staff and officers describe parallel structures that hardly ever align, so refugees frequently arrive at every new hospital to locate no document of in advance visits, even though typical insurance records appear proper on paper. Key informants pressure that humanitarian and authorities’ actors in large part plan and document separately, and not using a shared, actual time database to help joint choices or keep away from duplication, main to overlap in a few camps and gaps in others.

As one DGHS consultant in Cox's Bazar noted, *"There can be many NGOs running in an unmarried camp, however without a not unusual place facts device everyone files and reviews in its very own way."*

For frontline users, this fragmentation suggests up maximum simply in how referrals and sources move—or fail to move—via the device. Refugees describe being exceeded from one hospital to any other with not anything extra than a paper slip, no clean directions, and no comply with up, which delays remedy and erodes trust.

One respondent from Camp eleven summed it up: *"They hand us a bit of paper and inform us to visit any other place; however, we do now no longer truly understand wherein that is."*

Humanitarian personnel factor out that motion restrictions, the absence of particular fitness identifiers, and non-included document structures make it extraordinarily hard to music affected person histories throughout centers, so continuity relies upon on man or woman attempt in place of device design.

Theme 5: Emerging Strategies and Good Practices

Despite the challenges, numerous promising processes have emerged that beef up device overall performance and coordination.

Strategy	Description	Stakeholders
Integrated Health Posts	Shared facilities for refugees and hosts (pilot in Camp 15)	DGHS, WHO, UNHCR
Joint Supervision Committees	Regular coordination between DGHS and NGO health coordinators	MoHFW, WHO, IOM
Community Feedback Mechanisms	Use of hotlines and suggestion boxes for patient feedback	BRAC, IOM, IRC
Female Volunteer Networks	Local Rohingya women trained for outreach and referrals	UNFPA, ACF, WFP
Digital Health Records	Mobile data collection to improve tracking	DGHS, Save the Children

Taken together, those findings factor to 2 parallel structures that hold human beings alive, however do now no longer but paintings as one. Humanitarian actors offer a essential protection net, but actual fairness and sturdy integration into the countrywide fitness device continue to be remote desires in preference to normal realities

4.5.2 Cross-Analysis: Linking Quantitative and Qualitative Results

Quantitative Finding	Qualitative Confirmation
Most refugees rely upon NGO run clinics for his or her care, with around 82% reporting that they use those offerings on an ordinary basis.	In interviews, the refugees defined that they have been particularly depending on NGO clinics for his or her clinical wishes and they had misplaced the dependable help of the authorities' referral systems. They additionally felt that those systems have been now no longer often staffed with employees who supplied follow-up and help.
Almost one in refugees, approximately 48%, document encountering shortages of wished medicines.	Both workforce and sufferers traced those issues especially to delays withinside the clinical delivery chain and habitual gaps in funding.
Fewer than 1/2 of respondents—round 46%—defined coordination among offerings as “good” or “excellent”.	Reporting systems have been fragmented, and there has been non-stop uncertainty approximately who changed into answerable for dealing with and proudly owning the data, officials revealed.
Levels of mental misery are enormous, with approximately 46% of refugees reporting huge intellectual fitness strain.	Taken together, those narratives depict in a completely steady way the enjoy of restriction, anxiety, and regularly giving up of hope.
Host network participants additionally face enormous monetary limitations whilst seeing assets redirected and paid paintings looking for care.	Local citizens expressed robust frustration approximately possibilities turning into increasingly scarce.

Summary of Key Qualitative Insights

Qualitative findings converge on 5 go slicing insights that map onto the 4 pillars of get entry to, quality, equity, and coordination. Services are gift and frequently saving, however they stay choppy and closely fashioned via means of donor cycles, with corporations operating in parallel in place of as an unmarried machine.

1. Effectiveness (get entry to and quality)

Overall, carrier availability appears good, however, delivery is abnormal and closely reliant on outside funding, which adversely impacts staffing and makes the carrier less stable. Humanitarian and authorities vendors seldom align operationally, so the effectiveness of care relies upon as tons on who occurs to be jogging a given facility as on formal provider packages.

2. Equity (obstacles for refugees and hosts)

Barriers fluctuate sharply among groups: refugees navigate language, cultural, and gender constraints, whilst host groups are held lower back especially via means of charges and restricted low-priced options. These asymmetries imply that nominally comparable offerings translate into very distinct tiers of actual get entry to and luxury for refugees and hosts.

3. Psychosocial dimensions (Mental Health and inclusion)

Mental fitness and psychosocial aid get hold of a long way much less interest and funding than bodily fitness, with especially big gaps for women, adolescents, and different excessive danger groups. Distress is widespread, however formal aid is skinny and frequently quick term, so resilience relies upon closely on casual networks in place of on a sturdy MHPSS machine.

4. Regulation and persistence

Weak collaboration among DGHS structures and humanitarian companies has a terrible effect at the organization's overall performance and the go with the drift of care, especially for referrals and shared caseloads. Fragmented making plans and parallel reporting strains sluggish selection making, complicated comply with up, and restrict the capacity of present resources.

5. Innovation and machine resilience

Emerging approaches, which include incorporated fitness posts that serve each groups and dependent volunteer networks—reveal realistic approaches to bridge gaps, however they require sustained political and monetary dedication to undergo past pilot phases. Across those themes, people's opinion strongly suggest that simply greater clinics or a big price range isn't enough; trust, dignity, and actual participation are the factors that in the long run make a robust healthcare system in Cox's Bazar.

4.5.3 Comparison with South Asia and global refugee literature

Table 6.11 — Summary of cross-countries similarities and differences

Theme	Cox's Bazar (this study)	South Asia / Global parallels	Key difference
Access	High proximity but low function	Afghan in Pakistan; Bhutanese in Nepal: proximity $\neq$ access	Malaysia/Turkey have stronger formal access schemes
Quality	Interpersonal issues, medicine variability	Reports from Pakistan, India, Jordan show similar patterns	Jordan/Turkey often have stronger QA systems
Equity	Gender and language barriers for refugees; cost for hosts	Similar in Pakistan, Malaysia, Uganda	Uganda has more robust interpreter networks
MHPSS	High distress, low uptake, shrinking specialist workforce	Syrian, Afghan studies show identical patterns	Jordan/Lebanon have more advanced stepped-care models
Coordination	Parallel systems; weak shared HMIS	Jordan, Kenya, Myanmar border regions show similar fragmentation	Turkey, Uganda show better integration into national HMIS

(References: El-Arnaout et al., 2019; Miller & Rasmussen, 2019; IOM, 2022; UNHCR, 2022; WHO, 2023.

4.5.4 What Cox's Bazar can adopt from other contexts

Several sensible classes from different refugee settings line up carefully with the 4 pillars used on this evaluation and factor to alternatives that might be tailored for Cox's Bazar.

Access and utilization

The point-targeted referral vouchers and delivery guide that were used in Jordan can reduce the financial and logistical constraints that limit the completion of referrals for patients. By masking delivery fares or presenting referral “passes”, those schemes make it greater sensible for low earnings refugees and hosts to attain better stage centers while needed.

Quality and consumer experience

Interpreter swimming pools and dependent male engagement initiatives, evolved in nations inclusive of Uganda and Kenya, display how joint language and gender techniques could make offerings experience more secure and greater responsive. In Cox's Bazar, comparable fashions ought to assist deal with Rohingya language limitations and interact with guys from each group in preventive and intellectual fitness offerings, enhancing communicate and believe in consultations.

Equity and psychosocial guide

Stepped care MHPSS structures in Jordan and Lebanon use brief, scalable mental interventions introduced with the aid of using skilled lay or peer counsellors, booking scarce experts for the maximum complicated cases. Adapting this method could permit Cox's Bazar to increase fundamental psychosocial guide to greater refugees and hosts even as nonetheless imparting better depth care wherein needed, narrowing the modern-day fairness hole in intellectual fitness provision.

Coordination and continuity

Experiences from Turkey and Uganda display that shared fitness records structures and unified referral paperwork can considerably enhance continuity of take care of displaced populations. Introducing a not unusual place HMIS platform and popular referral templates throughout NGOs and DGHS centers in Cox's Bazar could lessen duplication, make affected person histories less complicated to follow, and make stronger the coordinated, device huge reaction that Objective three calls for.

4.5.5 What other settings could learn from Cox's Bazar

- NGO-run clinics in Cox's Bazar have proven that offerings can amplify speedy in hard situations whilst nonetheless retaining affordable requirements for hygiene and vaccination coverage, supported via way of means of a robust Health Sector Working Group that coordinates many corporations at the ground.
- Across one-of-a-kind refugee responses—Syrian, Afghan, Rohingya—comparable demanding situations recur low uptake of intellectual fitness and psychosocial support, fragmented provision, and chronic language and gender obstacles that restrict who can use offerings.
- There are, however, critical contrasts. In international locations which include Turkey and Uganda, refugees are extra without delay included into country wide fitness information, referral, and financing

systems, while in Cox's Bazar offerings nonetheless function in large part in parallel, with heavy dependence on outside donors and weaker integration into country wide structures.

- A few concrete takeaways emerge. Cox's Bazar should advantage from adopting stepped-care MHPSS fashions and pooled procurement or delivery voucher schemes examined elsewhere, whilst different high-density refugee settings should draw on Cox's Bazar's revel in with speedy outbreak detection and response. Sharing those processes in each instruction could make stronger resilience throughout more than one context.

4.6 Synthesis: What the Findings Mean

The synthesis factors to a gadget this is significant however fragile, with get admission to, quality, equity, and coordination pulling in unique directions.

- First, humanitarian corporations and authorities fitness offerings feature in parallel extra than in partnership, so people's stories rely closely on which face they input and the way lengthy outside investment holds. This twin song creates tension for each refugee and hosts, who see offerings as imperative however fear approximately how lengthy the current, donor pushed version can last.
- Second, getting admission to be fashioned as a lot through identity, gender, language, literacy, and cash as through the quantity of clinics. Refugees confront complicated procedures, conversation barriers, and cultural norms that are sluggish or block care, even as Bangladeshis face crowded hospitals and growing costs, displaying that new centers on my own will no longer clear up the hassle without tackling those organization particular obstacles.
- Third, intellectual fitness and psychosocial help take a seat down in an extended kingdom of emergency: stigma limits demand, body of workers turnover is high, and expert ability is thin, whilst ongoing displacement and uncertainty preserve misery ranges elevated. Without strong funding in MHPSS, people with the finest mental wishes continue to be underserved, with results that spill over into own circle of relatives and network life.
- Fourth, susceptible coordination undermines continuity and efficiency: there may be no completely shared agenda of offerings, no unified records gadget, and no widespread referral manner that hyperlinks providers. The result is overlapping sports in a few areas, gaps in others, lengthy waits, and uncertain duty for outcomes, making systematic development very difficult.
- Finally, each refugee and host groups always ask for more say in how fitness offerings are designed and run, emphasizing clean information, significant participation, and popularity in their very own

knowledge. Their money owed underlines that a resilient fitness gadget in Cox's Bazar will rely now no longer handiest on technical fixes and investment, however additionally on trust, dignity, and inclusive governance that convey groups into the center of choice making.

4.7 Result

Section 4.7 brings collectively the quantitative and qualitative strands to reveal how the fitness machine without a doubt feature for Rohingya refugees and neighboring Bangladeshi groups in Cox's Bazar. Rather than simply counting centers or monitoring challenge outputs, it seems at how humans circulate thru services, wherein care helps them, and wherein it breaks down—mainly round continual conditions, fairness, and the machine's potential to get over shocks.

The chapter is structured in complementary frameworks. First, the WHO Health System Building Blocks are used to unpack how staffing, leadership, deliver chains, facts systems, financing, and carrier transport have interaction on this humanitarian setting. Second, Andersen's Behavioral Model is carried out to recognize why humans seek—or avoid—care, highlighting the jobs of culture, gender, social norms, perceived need, transport, and family assets in shaping fitness searching for behavior.

By setting collectively the exceptional aspects, the evaluation unveils the reason why handiest a handful of capabilities of the reaction exercise session properly whilst the relaxation is nevertheless stuck, notwithstanding the years of investing. It additionally identifies wherein centered changes—in machine layout and in how groups enjoy services—should make healthcare in Cox's Bazar greater effective, greater equitable, and greater resilient over time.

4.7.1 Key Service Gaps

1. Mental Health (MHPSS)

Within the camps, devoted intellectual fitness and psychosocial areas are gift and regularly regarded through regionally significant names including Shanti Khana—“homes of peace”—run through trusted “peace sisters” or “peace brothers” from the network. These facilities are designed to experience secure and welcoming, imparting counselling and institution sports without charge to users.

Despite this, real usage stays low relative to the spectrum of pain. Deep rooted stigma, confined knowledge of what intellectual fitness offerings is for, and cultural interpretations that equate “intellectual” issues with insanity or ethical failure all discourage human beings from looking for help, even if they're virtually struggling. Many networks' contributors favor maintaining emotional struggling hidden or to border it simply

in religious or social terms, this means that to be had MHPSS programmes cannot attain their complete capacity and huge quantities of trauma move untreated. Ongoing fitness promotion, psychoeducation, and network primarily based totally tasks have begun out to chip away at those barriers, however they've now no longer but converted how maximum human beings consider intellectual fitness and care looking for. Until perceptions shift and MHPSS is visible as a normal, valid a part of healthcare—instead of a final motel for the “crazy” or “weak”—those important offerings will stay underused through precisely people who should gain maximum.

2. Breakdown in Referral Follow-up

One of the most important weaknesses withinside the cutting-edge gadget is the situation of refugees after they may be referred out of the camps. If a medical institution withinside the camp identifies a case past its capacity—be it a complex bodily contamination or an excessive intellectual fitness issue—sufferers are normally dispatched to authorities’ hospitals or different outside facilities. However, the connection often ends there. Many referred sufferers lack clean information, accompaniment, or sensible assist to finish the adventure and go back for comply with up, so remedy is not on time or deserted altogether. As one resident of Mohsin–Block C placed it, *“A referral that comes with no manner to tour is, in practice, no referral at all.”*

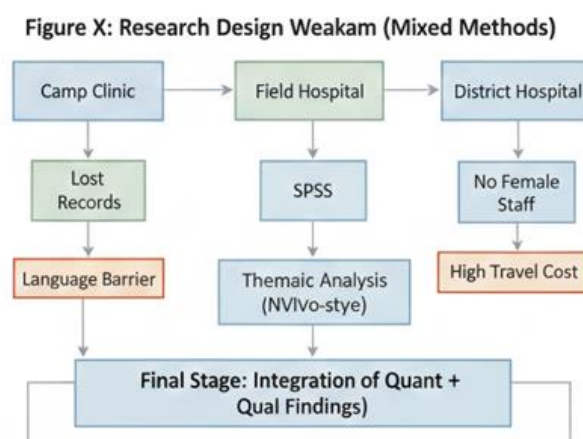


Figure: Referral System Weakness Map

Often, the referral technique ends as soon as a affected person gets a slip of paper. There’s little follow-as much as make certain they attain the subsequent facility, obtain suitable treatment, or go back for follow-up care. This loss of continuity leaves many, specifically people with continual or complicated conditions—disconnected from vital services. Barriers together with restricted transportation, language differences, and monetary constraints make it even harder. The absence of a dependable referral and monitoring device in addition will increase dangers for prone corporations like children, older adults, and people with restricted mobility. Beyond negative fitness outcomes, this hole erodes consider withinside the device, leaving sufferers and households feeling omitted at the moments they want guide the most.

3. Crisis in Specialized Care: The Widening MHPSS Gap

While specialized care cracks aren't concealed - those cracks are developing very swiftly in regions including intellectual fitness and nutrition. Funding maintains shrinking, and priorities preserve shifting. What as soon as had been targeted efforts to take care of human beings' minds and bodies—MHPSS and Nutrition programs—now are frequently folded into larger, one-size-fits-all fitness projects.

Teams from groups like Gonoshasthaya Kendra (GK), Save the Children, and Handicap International used to have professionals who knew the way to take a seat down with a person in deep misery or the way to assist a infant get over extreme malnutrition. Now, lots of the experts are gone. The reallocation of finances and the reshaping of the organization have driven several of them to lose their jobs without delay whilst some have visible their contracts silently come to an end. When they leave, they don't simply take their experience; they take years of trust, understanding, and ability that can't be replaced overnight.

What's left are medical experts doing their fine with what they have, frequently a way past their schooling or capacity. They deal with injuries and diseases throughout the day, and later, they attempt to advise people who are suffering from trauma or depression—without having the proper background or support. The whole thing is draining, and at times, it breaks the heart. Errors are made. Grave issues are overlooked. And over time, even the most powerful people start to burn out. The care device weakens, now no longer due to the fact human beings don't care, however due to the fact they virtually don't have sufficient to give.

For refugees already dwelling via unattainable hardship, those cracks may be devastating. An incorrectly timed referral or a disregarded evaluation can drastically boost a person's war duration, and it can take months or maybe years earlier than they get the assist they need. The scarcity of specialized intellectual fitness care is growing, and with it, the danger that complete groups lose the delicate protection internet they rely on.

If we're to shut this gap; we clearly cannot do it with cash alone—we want dedication as well. Investment in human beings, in skills, and in trust. Because each professional who leaves, each affected person who slips via unseen, is a reminder that at the back of the structures and numbers are actual human lives expecting care that absolutely is familiar with them.

4.8 Regulation and System Efficiency

4.8.1 Duplication and Weak Synchronization

Those living in the camps and the nearby areas observe the situation that keeps happening: the same questions, the same visits, the same offerings given repeatedly, even though other very urgent needs are kept waiting. 3 different companies came one week to do almost the same medical check-ups in the same place. People are screened, then screened once more, truly due to the fact organizations aren't the usage of shared records or unusual place making plans tools.

The information informs a comparable story. Overall coordination hovers round 0.65–0.70, which suggests that efforts are being made, however additionally that they're now no longer sturdy sufficient to really paintings in human beings' lives. There aren't any shared calendars, no joint outreach plans, and most effective minimum conversation among teams. The outcome is that some places have overlaps and duplications, while there are also some silent gaps where no one goes. Time, money, and electricity are lost, however so is trust.

Community contributors don't forget those moments clearly. One refugee defined how “one-of-a-kind NGOs supplied the identical screening in a single week,” turning what need to be aid right into a tiring cycle of repetition. A host network member shared that “we once in a while face replica door-to-door visits,” which reduce into paintings, caregiving, and everyday routines. Over time, regular interruptions and repeated wondering make human beings sense extra like survey topics than companions of their personal care.

Without significant approaches to devise collectively and make certain each family is reached in a thoughtful, coordinated way, the fitness reaction remains fragmented. Service sensing scattered and being mostly reactive—coming in bursts and then fading away—were chosen over those that were steady, organized, and showed respect for the time and dignity.

4.8.2 Referral Pathways and Transport Gaps

The referral route is supposed to be a bridge from number one care to extensively specialized support, however for plenty people, it appears greater like a wall. Instead of imparting a clean path, it's miles complete of cracks in which sufferers, families, or even companies can fall through without problems. This isn't handiest, approximately a lacking bus or an out of place form. At its core, the trouble is set susceptible governance: no clean responsibility, no reliable shipping arrangements, and no shared protocols to manual what must occur next. Without those foundations, the system cannot hold.

For refugees, referrals regularly forestall at a bit of paper. They are surpassed by a slip, however now no longer a manner to travel, now no longer clean directions, and by no means any follow-up. Local centers all of sudden acquire new sufferers without increasing notice, historical past information, or medical details. As one physician described sufferers on occasion arrive and not using a name and no information, forcing workforce to wager what's going on and what care is needed. A refugee placed it in simple, painful terms: a referral without shipping is useless. For human beings and not using spare money, restrained mobility, or little information of the way the fitness device works, that slip of paper will become a lifeless quit in place of a lifeline.

Even the referral bureaucracy themselves uploads to the confusion. Some are difficult to read, poorly explained, or stuffed out in approaches that sufferers cannot understand. People stroll away uncertain of which to go, whilst to go, or why the referral matters. On the alternative side, host network medical examiners

describe the chaos of sufferers turning up with no caution or documentation. This creates delays in treatment, greater administration.

4.8.3 Mental Health and Psychosocial Support (MHPSS)

Stigma and Limited Awareness

Even in groups wearing widespread ranges of trauma, intellectual fitness offerings stay mainly out of attain in practice. People do not often come forward, now no longer due to the fact they do now no longer suffer, however due to the fact shame, confusion, and silence stand withinside the manner—even if the offerings are free. Young humans who've been out of faculty for years describe feeling stuck, hopeless, and reduce off from any actual pathway again into learning, work, or network life. Men in host groups proportion comparable emotions below the floor, however, regularly experience they don't have any socially perfect manner to talk approximately them.

The desire for intellectual fitness and psychosocial help is written into ordinary life: sleepless nights, steady worry, surprising anger, and deep sadness. Yet carrier use remains low due to the fact the limitations run some distance deeper than distance or establishing hours. Many refugees and network individuals see intellectual misery as a private failing, a own circle of relatives' shame, or a religious weakness, no longer as something that merits care and understanding. When counseling is available, it can extrude lives, however the help is regularly fragile, tied to short-time period investment which could give up suddenly, leaving humans without follow-up or continuity. Young individuals who leave faculty early are especially vulnerable; they regularly experience invisible, without a secure area to speak approximately what they're going to via or to research wholesome approaches to cope.

Host network individuals face their personal set of pressures. Men are taught to live strong, offer for his or her families, and in no way display vulnerability. Seeking assist can experience like breaking the regulations of what its method to be a “correct man,” such a lot of stay silent, at the same time as their pressure and depression grow. At the equal time, present offerings aren't usually formed via means of nearby tradition, language, or spiritual beliefs, and outreach regularly does now no longer attain the individuals who maximum want reassurance that help is allowed, perfect, and for them. Large groups—specially adolescents, men, and caregivers—are unnoticed altogether.

These styles echo what Andersen's framework highlights: the use of offerings isn't pretty much having signs and symptoms or clinics nearby. It relies upon whether humans apprehend their personal struggling as something that merits care, whether they believe companies to deal with them with dignity, and whether their tradition and network make it secure to are searching for assistance. Until stigma is challenged, statistics are

apparent and respectful, and offerings are designed with groups in preference to only for them, the ones wearing the heaviest mental burdens will retain to obtain the least dependent help.

4.8.4 Shrinking Specialized Workforce

The removal of specialized mental health care is happening gradually, and the people who suffer from it the most are those who are already carrying the heaviest burdens. What becomes as soon as a consistent community of psychologists, counselors, and social employees is being changed through well-known fitness group of workers who're already beaten and do now no longer have the time or schooling to securely deal with complicated trauma. The entire MHPSS machine begins off evolved to experience skinny and fragile, and those who attain out for assistance are much more likely to fall through the gaps.

In the past, agencies like GK, Save the Children, and Handicap International ran strong, committed packages. Trained experts should live lengthy sufficiently to construct trust, bear in mind human beings' stories, and stroll with them through lengthy and hard recovery processes. There becomes an experience of continuity: acquainted faces, ordinary appointments, and a sense that a person become truly "there" for the lengthy haul. That form of consistent presence helped human beings experience reputability and dignity, now no longer simply handled like every other case in a crowded clinic.

Now, as investment shrinks and priorities shift elsewhere, the one's specialized packages are being dismantled. Skilled groups of workers are laid off, contracts aren't renewed, and carrier hours are reducing back. The expertise and relationships they constructed are allowed to disappear. In their place, intellectual fitness duties are passed on to well-known medical examiners who're already stretched to their limits. They do their best, however without right schooling or time, the high-satisfactory of care drops, complicated desires pass unnoticed, and group of workers burn out even faster.

The human beings hit toughest These are people living with deep, long-lasting trauma—refugees, displaced families, and marginalized locals. Just once they want consistent, specialized guide, the machine pulls away. Instead of a secure and dependable guide community, they locate closed doors, shorter visits, or no intellectual fitness offerings at all. The message they get hold of is painful: on the very second whilst their minds and hearts want the maximum care, the world's attention—and the sources that after supported them—are quietly shifting on.

4.8.5 Community Engagement, Trust, and Information Sharing

These findings factor in a gadget that human beings try difficult to use, and that many are running difficult to preserve running, however this is nonetheless no longer constructed round their realities and voices. They spotlight now no longer simply technical gaps, however human ones—gaps in trust, continuity, and dignity that form how fitness care is skilled each day.

Parallel structures, fragile future

In Cox's Bazar, structure's function aspect through aspect instead of as one: the humanitarian fitness reaction and the authority's fitness gadget. People's reports of care regularly rely upon which door they take place to stroll through, main to choppy offerings, confusion, and gaps that no person completely owns. As humanitarian investment will become much less certain, this parallel setup seems increasingly more fragile, elevating actual issues approximately whether it could preserve assembly the wishes of each refugee and host groups over time.

Access fashioned through identity

Getting care is ready plenty greater than the presence of a hospital or a doctor. Who a person is—their prison status, gender, language, literacy, and income—shapes whether they could honestly use offerings in a secure and well-timed manner. Refugees regularly battle complicated processes, language barriers, and cultural expectancies that discourage or save you from getting access to services, while neighborhood Bangladeshis are managing overcrowded facilities, lengthy ready times, and increasing costs. Any significant answer has to move past including greater infrastructure and rather address those layered boundaries and the very extraordinary realities every institution navigates.

MHPSS below strain

The manner the gadget presently handles intellectual health, and psychosocial aid isn't preserving tempo with human beings' wishes. Stigma nonetheless prevents many from attaining out, even if offers exist, and educated personnel are leaving quicker than they may be replaced. In a context marked through displacement, loss, and ongoing uncertainty, this shrinking specialized body of workers feeds a silent, however developing intellectual fitness crisis. Without lengthy-time period funding in MHPSS—each in groups and in specialized care—the human beings maximum stricken by trauma and persistent strain are at finest danger of being left behind, with results that ripple throughout households and groups.

Coordination gaps and misplaced accountability

Coordination is much less than ideal is still a main component that slows down the system's overall effectiveness. There isn't any shared calendar, no unified facts gadget, and no regular manner to refer and observe up on sufferers throughout actors. This ends up in duplication in a few regions and forget in others, losing sources at the same time as human beings wait longer than they need to for fundamental care. When offerings aren't connected, it will become tough to recognize who's accountable for what, or to tune whether human beings honestly entire their care journeys, making development gradual and fragmented.

Communities as partners, now no longer bystanders

Across each refugee and host groups, human beings are clear: they do now no longer need to be passive recipients of care. They need to be a part of designing, shaping, and turning in fitness offerings in approaches that mirror their lived realities. They are requesting open, sincere information; areas in which their voices impact decisions; and appreciate the information they convey approximately their very own lives and wishes. Treating groups as actual partners—instead of as objectives or beneficiaries—gives one of the most powerful pathways to a fitness gadget this is greater trusted, greater responsive, and greater sustainable for everyone.

4.9: Summary

In Cox's Bazar, the fitness gadget has carried out something remarkable: it has controlled to attain massive numbers of humans withinside the center of a protracted and tough crisis. Much of this rests on the shoulders of frontline people who maintain displaying up, and on humanitarian and authorities' groups who alter and improvise in order that care does now no longer stops. At identical times, the boundaries are clean. Quality is uneven, get right of entry to isn't always constantly truthful, intellectual fitness help is thin, and coordination regularly breaks down. People, each refugee and host groups, are very clean, approximately what they wish for: care this is steady, respectful, and simple.

An important fault line runs among humanitarian offerings and authorities' packages. Two structures perform aspect via way of means of aspect, regularly with the identical groups, however they do not often circulate in step. Referrals are patchy and inconsistent, facts are locked in separate structures, and body of workers turnover makes it difficult to construct solid, depending on offerings over time. As this happens, intellectual fitness desires maintain growing at the same time as the quantity of experts shrinks, leaving the ones maximum stricken by trauma at finest threat of being left with very little significant help. Too many humans nevertheless fall via the gaps, regardless of everyone's efforts.

Looking ahead, bringing those structures nearer collectively isn't always virtually an improvement, it's miles essential. Shared facts, clean and predictable referral pathways, greater solid groups, and better-deliberate procurement ought to flip short-time period fixes into care that absolutely holds over time. Just as importantly, groups are requesting to be partners, recipients anymore. When refugees and neighborhood citizens assist form the offerings they use—via feedback, committees, or shared planning—believe grows, and packages end up greater applicable and effective.

The broader lesson from Cox's Bazar, and from any vicinity residing via a extended crisis, is stark however hopeful. Humanitarian resources can't preserve a fitness gadget indefinitely. Enduring, first-rate care comes from constructing a single, truthful gadget that consists of everyone—refugees and long-time period citizens

alike—and treats them with the identical dignity and rights. Only then does care end up something humans can depend on, now no longer simply in moments of emergency, however all through their lives.

CHAPTER 5: Discussion

5.1 Introduction:

This chapter opens up what the study has a look at has discovered and locations the findings in verbal exchange with what is understood from different elements of the sector approximately refugee fitness systems, humanitarian coordination, and equity in care. The preceding bankruptcy stayed near people's normal realities in Cox's Bazar—how refugees and host groups revel in clinics, staff, referrals, and guide of their everyday lives.

Here, the lens widens. The dialogue asks: how do the ones lived stories evaluate with what worldwide proof says a terrific humanitarian fitness gadget ought to appear and experience like? Drawing on research from locations consisting of Jordan, Lebanon, Malaysia, Nepal, Pakistan, and different long-jogging disaster settings, the bankruptcy lines shared patterns, crucial differences, and the deeper structural instructions they provide for Cox's Bazar. In doing so, it connects nearby tales to worldwide debates and makes use of that connection to focus on what wishes to alternate to construct a fairer, greater trusted, and greater resilient fitness gadget for everybody dwelling there.

5.2 Fragmented Governance and Dual Health Systems

The findings factor to a clean and chronic divide: maximum refugees depend upon humanitarian clinics, whilst maximum humans from host groups flip to authorities-run facilities, growing separate tracks of care that not often meet. This type of “parallel fitness device” is not unusual place in lengthy-time period refugee settings, in which global groups and countrywide offerings develop aspect through aspect as opposed to mixing right into a single, shared device. Similar styles had been documented in nations like Jordan and Lebanon, in which Syrian refugees tend to apply NGO-run clinics whilst residents depend upon public hospitals, main to overlapping offerings, duplicated efforts, and no constant well-known of care throughout groups.

How the findings fit

In Cox's Bazar, refugees charge the first-rate of care they get hold of lower, with a mean rating of 0.61, pointing mainly to common remedy shortages, steady adjustments in staff, and referral pathways that frequently damage down earlier than they cause real treatment. Host network contributors describe a exclusive however similarly heavy burden: crowded facilities, lengthy ready times, and growing out-of-pocket charges that make simple care experience increasingly more out of reach. These reports echo current tests displaying that humanitarian clinics tend to be higher staffed however poorly included, whilst authorities' hospitals are overstretched and battle to fulfill demand.

What this means

Together, those styles propose that the fitness reaction in Cox's Bazar has in no way completely moved from short-time period disaster mode to a extra stable, included device that serves anyone on same terms. Running structures aspect through aspect made feel on the beginning of the emergency, while the concern turned into to behave fast, however over the years this cut up has deepened inequality, wasted scarce resources, and weakened agree with on all sides. Similar dynamics had been determined in Malaysia and alongside the Afghanistan–Pakistan border, in which parallel systems for refugees and residents brought about gaps, inefficiencies, and a feel that a few lives had been being valued otherwise inside the equal geographic space. For Cox's Bazar, the lesson is that bringing those strands collectively into one coherent, honest device isn't only a technical fix—it's far a rely of dignity, justice, and lengthy-time period stability.

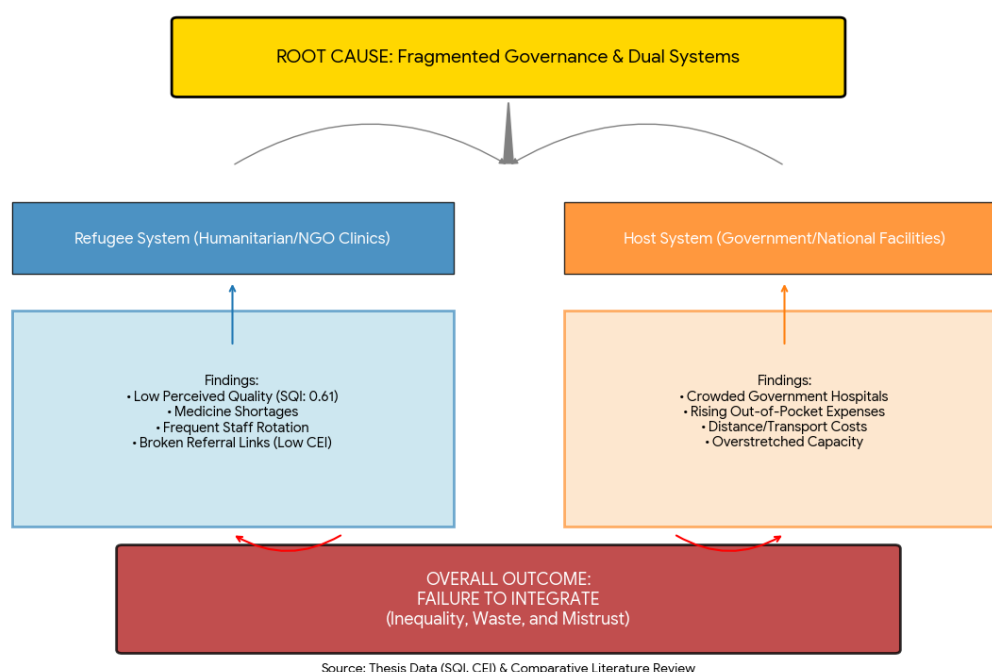


Figure 6.1: Comparative Model of Dual Health Systems in Cox's Bazar

5.3 Access and Equity: Social Barriers Shape Health-Seeking

The photo that emerges from the information is deeply human: many girls, especially refugee girls, no longer have experience capable of looking for care after they first want it. Gender roles at home, the shortage of lady fitness workers, and actual fears approximately privateness all integrate to push them to attend till troubles are greater serious. Studies from different camp settings record the identical pattern, displaying how gender quietly shapes who surely reaches care and who remains away. Language boundaries stand out as well; for plenty displaced people, now no longer sharing a not unusual place language with vendors isn't always a minor inconvenience however one of the principal motives they postpone or keep away from searching for help.

How the findings fit

The have a look at indicates that refugee girls hardly ever are looking for care early except they recognize a lady personnel member might be to be hard to look them. A great variety of refugees suggested going through discrimination, and numerous defined boundaries that had been tied to their gender. Host network members, meanwhile, spoke mainly approximately money: the fee of visits and drugs is a steady fear that pushes them to put off care, especially for ongoing fitness troubles. These styles echo findings from different settings, in which Rohingya refugees in Malaysia face comparable gender-associated obstacles, Afghan refugees in Pakistan call language as a primary barrier, and those in Jordan's host groups record suffering maximum with the monetary facet of care.

Interpretation

Taken together, those findings display that obtaining care isn't always pretty much having a sanatorium nearby. Social norms, monetary strain, and language all form who reaches the door, how they're treated, and whether they experience capable of coming back. For refugees, restrictive gender expectancies and reports of discrimination slim the direction to care. For hosts, the growing fee of consultations and drugs closes that direction from the opposite facet. This creates a double bind: distinct businesses are blocked in distinct ways, however the give up result is the identical unequal get admission to and a widening divide inside the fitness system, in which people with the finest wishes face the steepest boundaries.

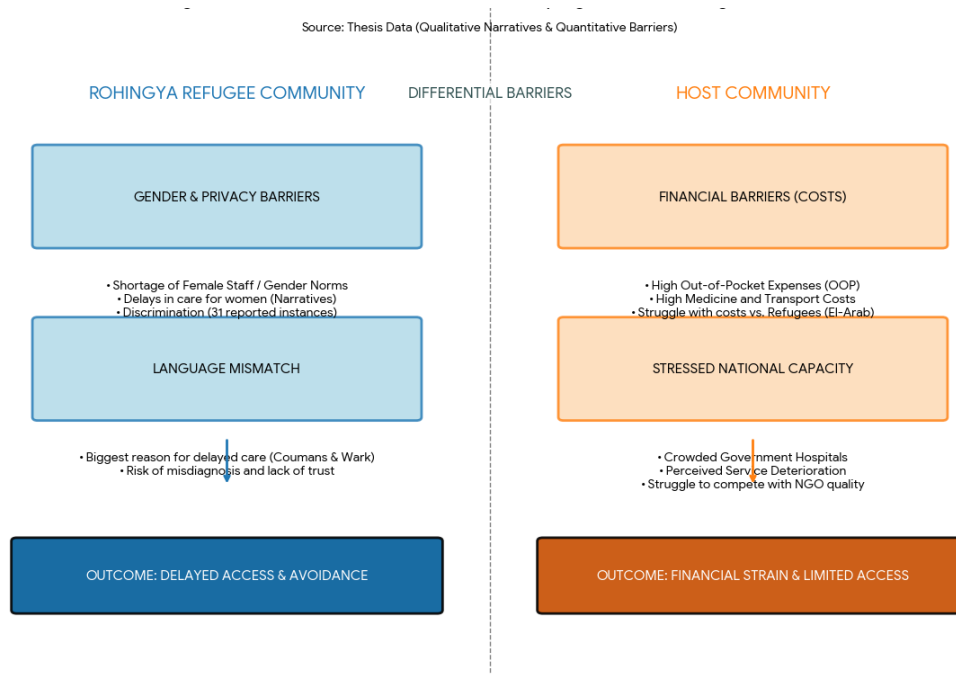


Figure 6.2: Differential Access Barriers Shaping Health-Seeking Behavior

5.4 Weak Coordination and System Performance Gaps

Coordination in Cox's Bazar is attempting to happen; however, it isn't always but robust sufficient to be felt as dependable via means of human beings the usage of the fitness device. Scores soaring round 0.65–0.70 advise that actors are trying, however that offerings at the floor nevertheless experience fragmented: human beings are dispatched from one vicinity to another, requested the equal questions a couple of times, and regularly revel in patchy outreach and doubtful verbal exchange approximately in which to head and whilst. These normal frustrations echo with broader evaluations of the reaction, which describe a device in which coordination systems exist on paper, however, do now no longer constantly translate into smooth, joined-up care in practice.

Research from different components of the reaction reinforces this photo. Studies of referral and delivery withinside the camps have proven that susceptible coordination can flip what have to be a truthful adventure into a sequence of delays and, at times, risky emergencies—specifically for moms and those desiring pressing care. Other tests are aware that this fragmentation persists due to the fact extraordinary organizations use their very own reporting formats, facts systems, and making plans gear, and generally tend to perform inside slim mandates in preference to as a part of a single, shared device. Even in which there are efforts to align fitness facts, facts-sharing stays confined and uneven, making it tough to look the whole photo or reply fast whilst desires change.

Taken together, the findings factor to a clean message. Cox’s Bazar nevertheless does now no longer have a single, unified governmental framework that could keep most of these transferring components together. What is lacking isn't always simply goodwill, however sensible gear and agreements: joint making plans mechanisms, incorporated facts systems, coordinated referral pathways, and shared protocols for education and provider delivery. These are not troubles unique to this setting; similar coordination and average overall performance gaps are documented in refugee responses in Jordan, Lebanon, and several global places in Sub-Saharan Africa. The venture is chronic and structural: without stronger, extra true coordination, device overall performance will retain to lag in the back of what groups want and deserve, irrespective of how tough man or woman groups and frontline employees try.

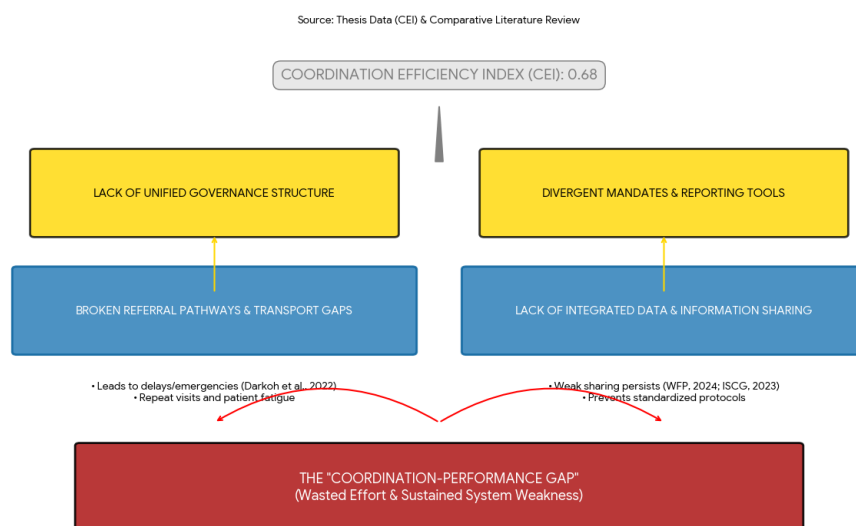


Figure 6.3: The coordination–performance gap in the Cox’s Bazar health system

5.5 Collapse of Specialized MHPSS Services: A Growing Crisis

This segment highlights a painful reality: intellectual fitness and psychosocial assist for refugees in Cox’s Bazar is shrinking simply as desires continue to be immense. What was once a lifeline for plenty human beings is now a skinny thread. Services have been reduced again, specialized teams of workers have left, and the few helps that continue to be regularly underused due to the fact human beings experience ashamed, scared of judgment, or uncertain whether they could consider them. This sample isn't always specific to Cox’s Bazar; it echoes international proof displaying that stigma, low self-belief in offerings, and repeated investment cuts have hollowed out intellectual fitness take care of displaced groups in lots of components of the world.

The findings from this observe are clear.

- Many refugees preserve again from accomplishing out, even if they may be suffering with severe misery, due to the fact intellectual fitness issues are visible as a supply of disgrace or weak points instead of a purpose to search for care and compassion.
- The specialized MHPSS applications as soon as run with the aid of using groups along with GK, HI, and Save the Children—applications that presented focused assist, professional counseling, and continuity of care—had been folded into broader fitness tasks wherein intellectual fitness is simply one small component.
- At the identical time, skilled psychologists, counselors, and social employees have left as contracts ended or posts had been reduced, taking with them no longer best know-how however relationships and consider that took years to build.
- Evidence from different disaster settings tells a comparable story.
- In locations like Lebanon, the lack of investment has brought about the speedy disappearance of skilled MHPSS team of workers, leaving principal gaps in care and breaking referral pathways that relied on psychosocial follow-up.
- Studies additionally display that once referrals are made without sturdy psychosocial assist and follow-through, the device fast begins off evolved to fail the very human beings it is supposed to protect.
- Work specializing in Rohingya camps underscores that deep, long-time period trauma can't be controlled with short, one-off interventions; it calls for steady, expert care that human beings can go back to overtime, with vendors they recognize and consider.

Taken together, this factors to greater than simply “challenges” in Cox’s Bazar—it factors to a developing intellectual fitness emergency. Levels of misery and trauma continue to be extraordinarily high, but only a few human beings are gaining access to significant assistance, and the device is progressively dropping the very experts satisfactorily geared up to help. Among all the findings on this observe, the crumble of specialized MHPSS offerings stands proud as one of the maximum urgent. It reinforces a much wider sample visible throughout refugee responses: intellectual fitness stays the maximum ignored and least funded a part of the fitness device, although it sits on the coronary heart of human beings’ potential to cope, connect, and rebuild.

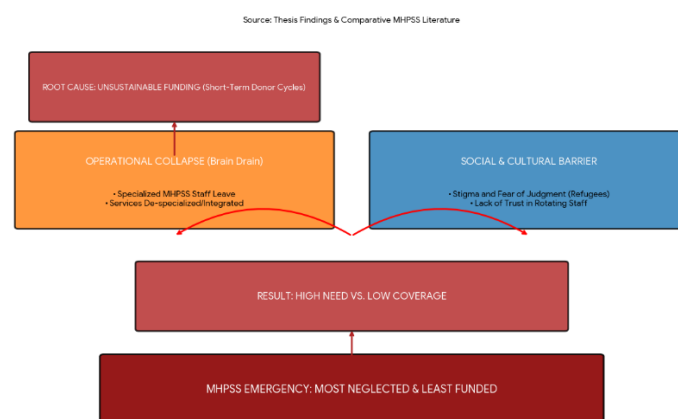


Figure 6.4: The MHPSS Crisis Loop: Funding, Stigma, and Service Collapse

5.6 Community Trust, Engagement, and Information Flow

Across Cox’s Bazar, confusion and frustration are woven into humans’ s ordinary encounters with the fitness gadget. Refugees and host network contributors alike describe being left withinside the dark—instructed various things through one-of-a-kind actors, or now no longer instructed in anything in any respect approximately while and a way to get entry to care. When groups do now no longer have a actual say in how records are shared or how offerings are organized, coordination at the floor begins off evolved to unravel, and those experiences that the gadget is something accomplished to them, no longer with them.

The memories in the back of the records are consistent. Refugees speak approximately listening to one model of a message from one employer and a totally one-of-a-kind model from another, leaving them uncertain which offerings they could clearly depend on. Host network contributors say they frequently do now no longer realize while clinics are open, what’s available, or whether delivery may be arranged. What humans say they need is straightforward, however powerful: a clear, shared timetable of offerings, dependable records approximately delivery and referrals, and conversation this is straightforward, honest, and clean to understand.

Findings from exclusive studies replicate the ones concerns. Research has verified how wrong data and patchy communicate can right now harm fitness, as an instance whilst dubious or conflicting messages undermine women’s potential to make informed alternatives about their reproductive care. Other paintings highlight how distrust grows while companies do now no longer coordinate what they say, forcing groups to piece collectively the reality from fragments and rumors Each broken promise, each unanswered question, slowly erodes self-perception that the system is there to shield and manual them. The lesson is clear: agreeing with does now no longer seems on its own. It is constructed grade by grade through regular, transparent, and respectful conversation, and through significant possibilities for humans to steer the selections that influence their lives. Community engagement isn’t a non-compulsory more or a “soft” add-directly to technical fitness

paintings—it's far the lacking hyperlink which can flip scattered offerings right into a gadget that humans understand as their own. When refugees and host groups are knowledgeable, listened to, and certainly involved, fitness offerings end up greater predictable, greater responsive, and some distance much more likely to paintings for everyone.

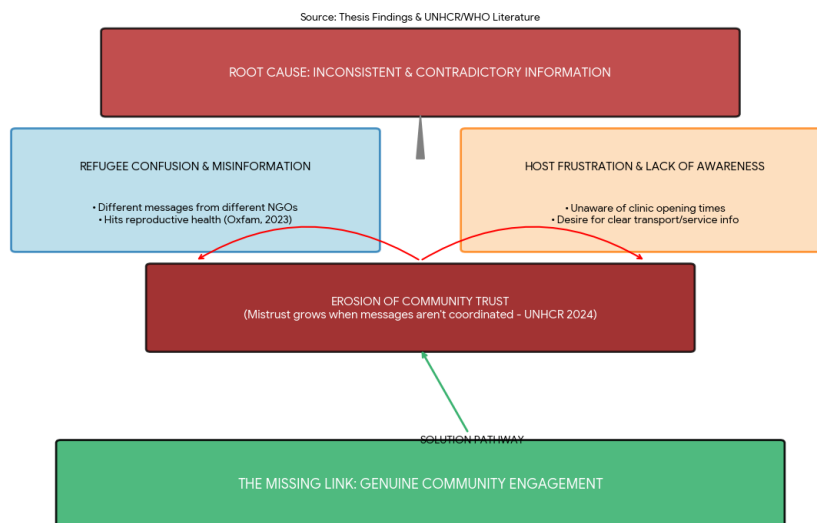


Figure 6.5: Community engagement: the missing bridge to trust and better performance

5.7 Synthesis: What Comparative Evidence Shows

Taken collectively with global research, the findings from Cox's Bazar inform a clear, human tale approximately what enables fitness structures paintings—and what holds them returned. They display that the issues human beings defined in interviews and surveys aren't isolated; they echo styles visible in different lengthy-time period refugee settings across the world.

Parallel structures carrying thin

- Across locations like Jordan, Lebanon, and Malaysia, jogging separate humanitarian and authorities' fitness offerings helped withinside the early, emergency segment however has come to be much less truthful and much less powerful over time. The equal sample seems in Cox's Bazar: structures running facet via way of means of facet depart human beings navigating distinctive rules, choppy quality, and gaps that nobody absolutely owns. What as soon as felt like a brief answer now dangers deepening inequality and confusion for each refugee and host groups.

Social realities form get entry to

- The proof additionally reinforces that getting entry to be ready a way greater than the variety of clinics on a map. Gender, culture, language, literacy, and the capacity to pay all influence who without a doubt reaches care and who receives left out. Studies spotlight that after those social realities are ignored—whilst offerings aren't designed with women's safety, refugees' language, or bad families' budgets in mind—inequities develop sharper in place of shrinking. The reviews in Cox's Bazar suit this sample: refugees face social rules, stigma, and language barriers, at the same time as hosts are driven returned via means of overcrowding and costs.

Referrals without guide fall flat

- Across disaster settings, referral structures are simplest paintings whilst there may be actual coordination and a manner for human beings to tour properly and on time. Where delivery is unreliable and groups do now no longer proportion information, referrals grow to be damaged guarantees in place of actual pathways to care. The tales from Cox's Bazar—sufferers arriving without warning, without a record, or by no means arriving at all—fit what different researchers have warned: without shared making plans and delivery, even well-intended referrals can boom hazard in place of decreasing it.

Mental fitness left behind

- Another robust topic withinside the wider literature is that intellectual fitness and psychosocial guide continue to be the maximum disregarded a part of refugee fitness structures. The scenario in Cox's Bazar provides pressing weight to that concern, displaying how specialized MHPSS offerings are being reduced simply as wishes would continue to be high. International research pressure that deep, lengthy-time period trauma can't be addressed with short tasks or brief bursts of counseling; human beings want steady, professional guide that doesn't disappear whilst investment cycles end.

Community engagement on the core

- Finally, comparative proof continuously suggests that fitness structures advantage agree with and legitimacy whilst groups are involved, now no longer simply informed. Research from a couple of settings unearths that after human beings are saved withinside the dark, misinformed,

or handled as passive recipients, they step by step forestall in search of care and begin turning far from formal offerings.

The records from Cox’s Bazar carry this to life: refugees and host groups ask for simple, sincere conversation and an actual say in how offerings are designed. When that happens—whilst human beings are invited in as partners, the machine will become greater responsive, greater trusted, and greater capable of guiding fitness and dignity over the lengthy time.



Figure 6.6: Five pillars: key inequities and paths to reform

5.8 Summary

These findings do greater than listing remote problems; they area Cox’s Bazar inside broader worldwide styles in refugee fitness governance even as displaying how extraordinary this context genuinely is. The sheer scale of the camps, the consistent erosion of specialized intellectual fitness offerings, and the deep social divide among refugees and host groups make the demanding situations right here mainly sharp and urgent.

Set along worldwide proof, the message is clear: repairing this fitness gadget isn't a rely on including greater clinics, staff, or supplies. What shapes consequences is how the gadget is ruled and woven together, how offerings are incorporated in place of split, how significantly fairness is taken, and the way some distance groups are handled as companions as opposed to bystanders. The subsequent bankruptcy builds in this proof to set out concrete coverage pointers aimed toward developing a fairer, greater incorporated, and greater people-focused fitness gadget for all of us in Cox’s Bazar.

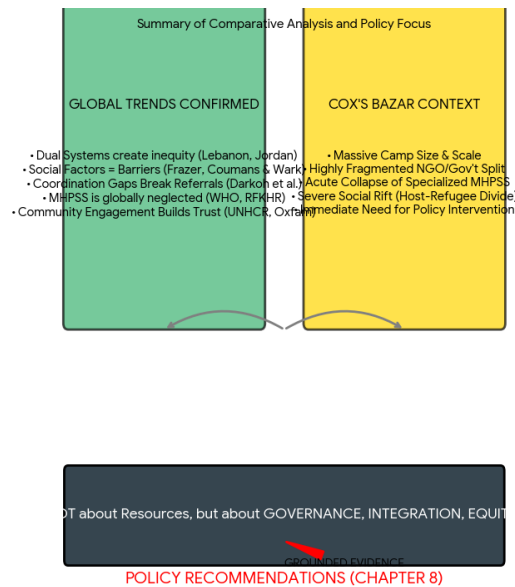


Figure 6.7: Shifting the focus: from more resources to better governance

Chapter 6: Policy Recommendations

6.1 Introduction

This have a take a observe gets to the heart of the problem in Cox's Bazar: humanitarian aid has been essential, but splitting services amongst refugees and community residents has prompted lasting problems. Refugees commonly use free, camp-based totally absolutely clinics. People withinside the host groups face extended journeys, excessive costs, and a public fitness machine stretched too thin. Mental fitness care is form of nonexistence. Referral systems often fall apart, and one-of-a-type businesses artwork silos in every with their non-public statistics and reports.

To surely deal with the ones issues, the health system must prevent relying on short-term humanitarian fixes. Instead, it wants to shift closer to a shared, coordinated, and sustainable approach. This financial ruin gives specific, practical insurance recommendations, all grounded withinside the have a take a observe the findings—particularly those related to access, quality, highbrow health and psychosocial support (MHPSS),

coordination, and equity. Every recommendation proper right here is designed to help every refugee and host corporation get fair, dependable care.

6.2 Detailed Policy Recommendations

6.2.1 Integration of Humanitarian and National Health Systems

Right now, refugees and host groups stay beneath with one sky however rely upon exclusive fitness structures. Refugees are specially served with the aid of using humanitarian clinics coordinated by worldwide groups, even as humans withinside the host groups depend upon offerings run with the aid of using the Ministry of Health and Family Welfare. Over time, this cut up has supposed wasted sources, information locked in separate structures, and care that feels choppy and fragmented relying on who you're and wherein you go.

The manner ahead is a cautious step-with the aid of using-step integration of refugee fitness offerings into the country wide number one healthcare device.

- A sensible vicinity to begin is with shared information structures and linked referral pathways, so humans can flow among camp-primarily based totally and authorities centers without falling via the cracks or repeating the identical steps again.
- From there, joint education and shared budgeting for humanitarian and MoHFW team of workers can assist construct one body of workers that follows unusual place requirements and works closer tops the identical goals.
- Bringing logistics, deliver chains, and body of workers making plans beneath Neath an extra unified technique might permit Bangladesh to apply scarce sources extra wisely, improve accountability, and provide extra dependable care to each refugee and host groups.

Over time, this sort of integration does extra than tidy up coordination, it allows construct a single, fairer device that treats all sufferers with identical dignity and brings the United States of America toward Universal Health Coverage commitments beneath with SDG 3.

6.2.2 Equity-Based Health Planning

The findings issue to a stark reality: refugees and host community individuals do now now not collect the same kind of care. Refugees can commonly get right of entry to unfastened humanitarian offerings withinside the camps, whilst many human beings in close by villages ought to pay out of pocket and frequently grow to be delaying or skipping treatment. Over time, this imbalance fuels

resentment, traces relationships many of the 2 groups, and weighs intently on human beings' s highbrow well-being.

The coverage course is clear.

- Health making plans desires to transport towards an equity-primarily based totally based version that places human beings' desires on the center, in place of their felony status.
- At district level, this indicates growing joint fitness techniques that have a take a observe refugees and hosts collectively and dispensing assets in order that host groups aren't left behind.
- Gender-touchy strategies are essential, especially for Rohingya women, who face extra boundaries related to culture, language, and mobility.
- Community participation wants to be woven in from the very beginning. Health committees and making plans areas want to consist of each refugee and host voices, so selections replicate the realities of all and sundry who relies upon at the device.

When human beings can see that their issues form offerings, consider growth and the fitness device will become fairer, greater responsive, and much more likely to paint for all.

6.2.3 Mental Health and Psychosocial Support (MHPSS)

Across Cox's Bazar, the message is consistent: humans are wearing heavy mental burdens, however significant intellectual fitness and psychosocial aid remain now no longer attaining maximum of them. Refugees and host network participants describe dwelling with regular worry, grief, and uncertainty—approximately safety, income, own circle of relatives, and the future—on pinnacle of day-by-day hardships. Mental health cannot now be treated as a secondary concern; it sits at the core of the heart of approaches when people cope, connect, and rebuild their lives.

Make MHPSS a part of regular care

- Mental fitness desires to be woven into number one healthcare as a standard, critical service, now no longer saved at the margins as a separate or transient project. This approach that after a person walks right into a clinic, whether for a bodily complaint, pregnancy care, or a continual illness—workforce is organized to invite approximately emotional wellness and provide primary aid or referrals. Treating intellectual fitness as habitual care allows lessen stigma and sends a clear sign that it's far simply as essential as some other issue of fitness.

Build capability inside communities

- To make aid certainly accessible, neighborhood medical examiners and para-counselors must be taught in trauma-informed, culturally touchy care. When assist comes from acquainted faces—those who percentage language, culture, and lived experience—it's far less complicated to agree with and less

complicated to reach. Investing in this neighborhood capability creates a community of aid that doesn't disappear while outside groups rotate out, and lets in early, low depth assist earlier than troubles turn out to be crises.

Reach the ones left at the margins

- Many those who want aid stay in locations or occasions that hold them out of view: crowded camp sections, far off host villages, or houses in which own circle of relative's duties restrict movement. Mobile MHPSS groups can convey care without delay to those spaces—via domestic visits, network centers, women's groups, and children's spaces—in order that aid reaches people who are least capable of tour or are searching for it out on their own.

Committing to long-time period partnerships

- Finally, intellectual fitness aid in Cox's Bazar should circulate past quick investment cycles and one-off projects. Working intently with NGOs and corporations already lively in MHPSS—which includes UNHCR, BRAC, and Handicap International—gives a danger to construct long-time period, layered aid that mixes network-primarily based totally sports with specialized care.
- Stable partnerships, shared training, and joint making plans can assist make sure that offerings do now no longer vanish while a provide ends however alternatively develop right into a sustained gadget of care that humans can depend on over time.

6.2.4 Set Up a Referral Completion Protocol

Many humans in Cox's Bazar do now no longer simply face a sluggish referral process, they face one which frequently in no way starts. A referral is often a unmarried piece of paper with little context: no clean directions, no touch person, and no sensible assist to attain the following facility. In that confusion, sufferers wander away among offerings, surrender alongside the way, or arrive too late, turning what ought to be a pathway to care into but any other barrier.

To explain this, the device desires a clean, humane referral final touch protocol that helps humans at each step, no longer simply on the hospital door. Referral slips ought to be redesigned so that they are clearly manual sufferers: which include the precise address, a smartphone number, and a easy description of what offerings they can count on and why they go to matters. For people who want to travel—pregnant women, humans with disabilities, and people dwelling with persistent conditions—delivery vouchers or prepared delivery alternatives could make the distinction among finishing a referral and staying domestic in despair.

A shared referral registry, handy to each humanitarian actor and authorities' fitness offerings, could permit carriers to peer whether sufferers reached the following factor of care, what passed off there, and what follow-

up is needed. Training medical experts on how to “hand over” sufferers clearly—which include explaining the referral in simple language, checking understanding, and, wherein possible, creating a smartphone name ahead—can flip a chilly handoff right into a supported transition. An easy hotline for referral steerage should provide real-time recommendation to each body of workers and sufferers while confusion arises.

Strengthening each hyperlink on this chain is in the long run approximately trust. When humans see that a referral leads somewhere—that they're expected, received, and accompanied up—they start to trust that the device will live with them, now no longer drop them. Over time, a functioning referral final touch protocol does greater than enhance efficiency; it reassures sufferers and households that their fitness adventure will now no longer give up with a slip of paper, however, can be carried ahead via means of a device that acknowledges and accompanies them.

6.2.5 Pilot for a shared health information system (HMIS)

Across Cox’s Bazar, medical experts are recording the identical varieties of statistics in specific structures that by no means meet. Government centers and humanitarian companies every preserve their personal reports, the use of their personal codes and platforms, this means that treasured facts sit in separate silos as opposed to forming a clean photograph of people’s wishes and the offerings they receive. This fragmentation weakens ailment surveillance, makes making plans much less responsive, and makes it tough to comply with a person’s care adventure over time.

- A pilot of shared fitness statistics gadget gives a manner to extrude this in a careful, practical manner. Selected NGOs and district fitness government may want to start using a not unusual place HMIS for agreed areas—which include maternal fitness, communicable diseases, and MHPSS—in order that facts is gathered withinside the identical manner and may be in comparison and combined.
- A simple, shared affected person ID might assist hyperlink information throughout centers, whilst standardized signs might make certain anybody is speaking approximately the identical matters after they assess overall performance or plan offerings.
- To shield people, any shared gadget ought to be designed with confidentiality at its core. Data from the pilot may be often synchronized into the country wide DHIS2 platform, the use of sturdy safeguards in order that private statistics is steady and simplest accessed through individuals who want it for care and making plans. Training medical experts in a way to use virtual equipment and document always is simply as essential because the generation itself; while personnel recognize the gadget and believe it, the high-satisfactory of facts—and the care it supports—improves.

Over time, the training from this pilot can manual the improvement of a unified fitness facts gadget for Cox's Bazar that each humanitarian actors and authorities' offerings depend on. For patients, this indicates fewer repeated questions, fewer misplaced information, and a higher threat that the subsequent issuer they see will recognize their history. For communities, it way a fitness gadget that could see and reply to their wishes greater clearly, strengthening each overall performance and believe.

6.2.6 Stepped mental health and psychosocial support

Mental fitness care in Cox's Bazar is pulled in lots of guidelines at once. Refugees and host network contributors stay with extreme distress, however there are a long way too few professionals to satisfy the want, and plenty of human beings by no means get past a protracted wait or a short conversation. A step-care technique gives a manner to apply restricted sources greater wisely, so that everybody can acquire a few degrees of guidance, and people with the maximum extreme wishes aren't left behind.

- **Building guide from the floor up**
- A stepped-care version begins off evolved near in which human beings stay. Community volunteers and para-counselors may be skilled to provide primary psychosocial guide: listening without judgment, spotting symptoms and symptoms of distress, and supporting human beings discover secure approaches to manage or searching for similar assistance. Because they're a part of the network, they're regularly simpler to technique and higher capable of spot whilst a person is suffering however staying silent.
- **Specialists take care of complicated wishes**
- Above this primary layer, psychologists and psychiatrists' awareness on greater complicated cases—extreme trauma, continual intellectual fitness conditions, or conditions in which protection is at risk. Their position isn't best to look patients, however, additionally to oversee and mentor frontline helpers, supplying guidance, debriefing, and clean pathways for referral. This shared form permits us to ensure that people are matched to the right diploma of care without overwhelming the few specialists available.
- **Reaching households and younger human beings**
- Some households, especially humans with older humans, humans with disabilities, or caregivers who can't without trouble go away home, need manual to go back returned to them. Mobile intellectual fitness groups can go to shelters, homes, and network areas, ensuring assistance isn't restricted to individuals who are capable of travel. Within this, it's far more essential to create youth-targeted areas and organization sports in which kids and children can talk, play, and system their reports in approaches that sense secure and culturally familiar. Materials, stories, and business

enterprise instructions must be reflected closely by languages, beliefs, and each day realities just so people understand themselves withinside the manual being offered.

- **Protecting helpers, maintaining care**

- For stepped care to work, those supplying manuals moreover need to feel supported. Regular supervision meetings—in which network workers, para-counselors, and professionals can mirror together, percentage hard cases, and acquire guidance—are essential. These areas assist preserve quality, save you dangerous practices from taking root, and guarding body of workers and volunteers from burnout or secondary trauma. Over time, this layered, culturally grounded technique can flip a thin, overstretched intellectual fitness provide right into a greater resilient community of care that reaches similarly and holds human beings greater steadily.

6.2.7 Female-friendly clinic hours and community-based translation support

Rohingya ladies face several of the hardest obstacles in achieving care, mainly with regards to reproductive, maternal, and gender-primarily based totally violence (GBV) offerings. Gender norms, the absence of girl vendors, and now no longer sharing a language with fitness personnel all integrate to make clinics experience intimidating, unsafe, or surely now no longer intended for them. As a result, many postpone in search of assist or in no way come at all, even if their desires are urgent.

- To alternate this, offerings want to be prepared in approaches that virtually welcome and shield ladies. Clinics can set apart devoted hours centered on reproductive, maternal, and GBV care which can be designed to be as girl-pleasant as possible—calmer spaces, greater privacy, and clean records approximately who can be there and what to expect. Whenever possible, those hours must be staffed with the aid of using ladies, consisting of doctors, nurses, midwives, and counselors. When girl clinicians aren't available, male vendors must paintings along skilled interpreters who can assist bridge each language and cultural gaps with sensitivity.
- Strengthening network-primarily based totally translation is key. Groups of Rohingya network translators—mainly ladies—may be skilled now no longer most effective in language skills, however additionally in confidentiality, simple scientific vocabulary, and the way to assist sufferers without talking for them. Their presence could make clinics experience greater acquainted and safer, mainly for ladies who're aggravating approximately being misunderstood.

These efforts must no longer forestall on the camp boundary. Introducing girl-centered rotations and robust translation assist in host network clinics as proper facilitates make certain that each refugees and nearby ladies gain from greater welcoming and on hand offerings. The typical goal is straightforward, however powerful:

greater ladies feeling capable of attending clinics, greater following up on care, and greater on foot away feeling respected, understood, and glad about the assist they receive.

6.2.8 Pooled purchasing and a shared medicine availability schedule

Medicine shortages are a constant worry in the camps and the surrounding communities. People arrive at clinics most effectively to find out that critical tablets are out of inventory, often because of the reality procurement is fragmented, coordination is weak, and funding is to be had in waves instead of steadily. Each time this happens, it sends a painful message that the device cannot be relied on while families need it most. An extra joined-up technique to drug treatments may want to make a actual difference. Humanitarian companies and authorities' clinics can pool their orders for important key capsules, the use of their mixed shopping strength to stable extra solid supplies.

- A simple, often up to date calendar displaying which drug treatments are to be had in which might assist each body of workers and sufferers plan higher and keep away from pointless trips. Linking this calendar to a shared health data platform would possibly allow actual-time visibility of stock levels, so gaps can be observed and addressed early in preference to discovered at the pharmacy window.
- For this to work, a person desires clean obligation for the general picture. A targeted district-diploma lead may also need to coordinate the supply chain, oversee pooled procurement, and maintain a small buffer stock for emergencies and sudden spikes in demand.

Over time, constant and predictable delivery of drug treatments does extra than enhance remedy; it rebuilds trust. When humans recognize that prescription drugs will surely be there, they're much more likely to are trying to find care early, observe remedy plans, and spot the fitness machine as something that stands beside them as opposed to allowing them to down.

6.2.9 Community Participation Platforms

People in Cox's Bazar are very clean, approximately what they want: now no longer simply offerings added to them, however a actual say in how the ones offerings are designed and run. Refugees and host network contributors each describe looking at an area wherein their experiences, worries, and thoughts can form the fitness device. When that happens, offerings emerge as simpler to understand, greater responsive, and greater worth of human beings' s accept as true with.

- Creating true network participation systems is a sensible manner to transport in this direction. Joint fitness committees that convey collectively refugees, host residents, and fitness team of workers can provide a shared area to speak about problems, set priorities, and evaluate how offerings are working.

- These committees must be subsidized up via way of means of actual comments channels—consisting of concept boxes, SMS lines, and normal talk sessions—so human beings can talk up in approaches that are secure and reachable to them.
- Listening, however, is the handiest primary step.
- Communities want to see that their enter results in seen changes: ready regions which are much less crowded and greater dignified, referral slips which are clearer and simpler to observe, sanatorium hours or staffing styles that higher mirror women’s needs, which include greater girl team of workers wherein possible.
- Using those systems to align humanitarian and authorities’ efforts with what human beings say they want allows near the space among plans on paper and fact in the ground.
- When groups sense concerned and respected—while they can factor to concrete enhancements that got here from their comments—accept as true with starts off evolved to grow.
- People who emerge as greater inclined to are trying to find care early, observe referrals, and take part in health programs.

In this manner, shared decision-making isn't always only a count of principle; it's miles a sensible basis for a fitness device that works higher for anybody it is supposed to serve.

6.2.10 Data, Evidence, and Health Information Systems

Across this study, one problem maintains surfacing: the fitness statistics gadget is fragmented, leaving no single, dependable photo of what's taking place in Cox’s Bazar. Humanitarian companies gather huge quantities of information to run and document on their very own programs; however those datasets are not often hyperlinked into the countrywide District Health Information System (DHIS2). Instead of a shared view of wishes, services, and outcomes, there may be a patchwork of partial tales that makes it hard to appear who is being reached, who is being missed, and in which the most important gaps lie.

- To extrude this, fitness information wishes to be handled as a shared aid withinside the carrier of higher care, now no longer only a reporting requirement. A common database that connects refugee fitness facilities and authorities centers could permit all of us to paint from the identical center statistics.
- Clear, agreed requirements for monitoring regions like disorder surveillance, maternal and infant fitness, and intellectual fitness are essential; without well-known indicators, it will become not possible to compare, plan, or degree progress.
- At the identical time, beginning up information sharing ought to be performed cautiously and ethically. Strong guidelines on privateness and information safety are essential in order that people’s non-public statistics is secure and used handiest for care and public fitness, now no longer for manipulation or discrimination.

- When information is shared responsibly, it could manual choices approximately wherein clinics must be, which drugs are maximum needed, and which groups are being left out.
- Using stable proof and considerate evaluation to form coverage and allocate assets is in the long run approximately equity and trust.
- When selections are visibly rooted in real information, now now not guesswork or politics—corporations are more likely to recall that the system is trying to serve them.

Over time, a unified and respectful technique to fitness statistics can assist flip scattered efforts right into a greater coherent, just, and responsive fitness gadget for each refugee and host groups.

6.2.11 Strengthening Coordination Structure

Much of the fitness-sector “coordination” in Cox’s Bazar nonetheless rests on man or woman relationships and short-time period tasks in preference to on stable, shared structures. When structures rely on who occurs to realize whom, or which challenge is presently funded, it turns into very tough to make lasting enhancements or keep everybody responsible over time.

- A greater grounded, long-time period method is needed. One alternative is to set up a proper Health System Integration Task Force, led at the same time via means of the countrywide fitness government and key humanitarian actors, with a clean mandate for planning, supervision, and evaluation.
- Making this frame official—now no longer transient or advert hoc—might ship a sturdy sign that coordination is a part of the machine’s center work, now no longer an optionally available extra.
- Regular, well-dependent boards in which corporations meet to align their plans ought to make sure that humanitarian fitness packages honestly assist and make stronger countrywide fitness desires in place of walking on parallel tracks.
- Encouraging public–non-public collaboration, especially in regions like deliver chains, virtual fitness, and telemedicine, can carry in equipment and information that authorities and NGOs won’t have on their own.
- Routine education exchanges among humanitarian and authorities’ medical experts might assist in constructing a shared language of practice—not common protocols, comparable expectancies of quality, and mutual information of constraints.

Over time, those steps can flip coordination from a delicate internet of private contacts right into a greater reliable machine that groups revel in as coherent, predictable, and centered on their long-time period well-being.

6.2.12 Financing and Sustainability

Heavy reliance on outside donors leaves the whole fitness reaction on shaky ground. When investment slows or stops, it isn't always simply initiatives on paper which might be affected—workforce contracts end, medicinal drug shares run low, and center offerings grow to be thinner or disappear altogether. Communities experience this uncertainty directly, and it undermines their self-belief that the gadget will nonetheless be there for them tomorrow.

- A extra solid and honest investment method is needed. One choice is to create joint investment swimming pools that convey collectively contributions from worldwide donors, UN agencies, and the Government of Bangladesh right into a shared pot.
- This can easy out several of the ups and downs of project-primarily based offers and offer a extra predictable base for vital offerings.
- At the identical time, increasing community-primarily based totally medical insurance for host populations can ease the monetary load on households and decrease the feel that they may be paying whilst others acquire unfastened care.
- Lasting resilience relies upon making an investment in humans and systems, now no longer simply homes and equipment. Prioritizing neighborhood capacity—training, control skills, and robust institutions—allows make certain that expertise and revel in stay even if precise initiatives end. Multi-yr fitness plans below the MoHFW's Sector Program, with humanitarian sports really aligned to countrywide strategies, can anchor short-time period resource inside a longer-time period vision.

This form of making plans indicators to groups and workforce alike that the purpose isn't always simply to continue to exist the modern-day crisis, however, to construct a fitness gadget they are able to expect for years to come.

6.3 Strategic Recommendations

Thematic Area	Key Actions	Lead Stakeholders	Expected Outcomes
1. System Integration	Bring refugee health services into national primary care step by step. Train staff together share budgets.	MoHFW, WHO, UNHCR, NGOs	A unified system cuts down on duplication and makes everything run smoother.
2. Equity and Inclusion	Let districts build their own plans, making sure resources get spread out fairly. Give real power to local health committees.	DGHS, Local Govt, NGOs	It opens doors for fair access and brings people together.
3. Mental Health Integration	Make mental health and psychosocial support a core part of primary care. Put community para-counselors on the ground.	IOM, UNHCR, BRAC, MoHFW	People face less stigma and feel better, overall.
4. Data and Evidence	Use a single health data system and link it with DHIS2. Set up real-time dashboards to track progress.	DGHS, WHO, ISCG	Decisions rest on real evidence, with clear directions.
5. Coordination and Governance	Set up a permanent coordination secretariat under the Health Sector Working Group.	MoHFW, WHO, ISCG	Partnerships and accountability aren't just slogans—they're built in the mainframe.
6. Financing and Sustainability	Pool funding from different sources. Try out health insurance choice for local.	Donors, MoHFW, WFP	Funding becomes steady and stable for the long haul.

6.4 Contribution to Policy and Practice

This study has realistic cost for each coverage and daily paintings in 4 keyways.

Grounded in actual lives

The examination gives detailed, on-the-floor proof of the way fitness care clearly features withinside the world's biggest refugee setting, no longer simply the way it seems on paper. These lived, field-degree insights provide countrywide and global decision-makers a concrete foundation for shaping rules that fit truth in preference to assumptions.

A usable integration roadmap

The integration technique mentioned right here isn't always summary theory; it's far a sensible version that different protracted disaster settings can adapt. It suggests the way to hyperlink emergency-fashion offerings with longer-time period machine building, assisting in showing short-time period responses into stronger, extra resilient fitness structures over time.

Aligned with modern-day commitments

The suggestions suit cautiously with Bangladesh's Health, Population and Nutrition Sector Program (HPNSP) and the Global Compact on Refugees (2018). That alignment approaches the findings may be taken up at once in inter-company planning, in preference to sitting other than current countrywide and worldwide frameworks.

Centering fairness and rights

By insisting on nearer hyperlinks among humanitarian and countrywide structures, the examine places inclusive, rights-primarily based totally public fitness on the forefront. The emphasis remains on dignity, truthful access, and long-time period resilience—for refugees and host groups alike—in preference to on brief fixes that serve best one institution or one second in time.

6.5 Summary

Closing the overall performance hole in Cox's Bazar's fitness device isn't always only a technical challenge; it's miles a query of coverage choices, fairness, and the way deeply people's dignity is valued. A system that works—one that is integrated, inclusive, and able to endure—cannot be built with the resource of the usage of small changes at the margins alone. It requires a deliberate shift withinside the route of governance that treats refugees and host corporations as equal rights-holders, now not as separate training competing for care. Reaching that imaginative and prescient is a shared responsibility. Humanitarian agencies, countrywide

authorities, and worldwide donors all have a function in transferring from short-term, project-primarily based totally fixes to long-term, device-degree change.

If Bangladesh keeps down this path—strengthening coordination, centering equity, and weaving refugee care into its wider public fitness device—it has the threat to provide an effective instance to the world. With real unity and considerate structures thinking, Cox’s Bazar can assist set a brand new popular for refugee-inclusive public fitness that others can adapt and examine from.

Chapter 7: Conclusion

7.1 Introduction

This chapter seems intently at how the fitness device in Cox’s Bazar clearly features for Rohingya refugees and close by Bangladeshi communities. It asks very realistic questions: does care virtually attain humans, is the care they obtain any good, who receives left out, and the way properly do all the unique actors and offerings suit collectively in an area in which disaster has come to be a part of day-to-day life?

Using a combined approach—combining findings from two hundred surveys with in-intensity interviews and private stories—the look at builds a image this is huge in scope however choppy in stability. On the surface, insurance is impressive: many humans can attain a few shapes of service. But underneath, the device struggles to provide steady, joined-up care, and there may be a developing feel of hysteria whether it could preserve collectively withinside the lengthy run.

7.2 Restating Objectives and Research Questions

This chapter circles lower back to the middle targets of the have a look at and what they display approximately how fitness care simply works in Cox’s Bazar for each Rohingya refugees and neighboring Bangladeshi groups. The paintings got down to do 3 matters: to apprehend how properly offerings carry out in actual life, to discover what stops them from operating fairly, and to pick out sensible approaches to construct a more potent, greater linked machine that could last.

Study goals and guiding questions

The study has a look at changed into pushed with the aid of using 3 foremost goals:

- To investigate how efficiently fitness offerings serve each refugee and host groups, now no longer simply in concept however in normal use.

- To pick out the important thing obstacles to honest, good-first-rate care—whether the ones obstacles come from the manner the machine is built, the way it runs day to day, or from social and monetary realities.
- To discover concrete techniques to enhance coordination and circulate closer to a greater durable, incorporated fitness machine.

These targets translated into easy, however effective questions: Are cutting-edge offerings honestly assembly humans need? What stands withinside the manner of honest and terrific care? And what wouldn't it not take for authorities and humanitarian actors to paint collectively as one machine, in place of in parallel tracks that do not often meet?

Objective 1: How properly do offerings paintings?

The findings display a blended picture.

- On the surface, get entry to seem good: many humans can attain a health facility or fitness put up without an excessive amount of trouble for an preliminary visit. But past that first factor of contact, the machine frequently falters.
- Follow-up appointments are irregular, long-time period care is fragile, and referral pathways often spoil down.
- Humanitarian fitness offerings tend to do moderately properly with uncommon, normal health troubles, however conflict about continual illnesses, specialized care, or sustained guide over time.

For host groups,

- An extraordinary barrier dominates cost.
- Even in which offerings exist, many households truly cannot have the funds for everyday visits, tests, or medicines, and the public machine is just too under-resourced to fill the gap.
- Together, those styles make one issue clean: it isn't sufficient to have centers marked on a map.

What topics is how properly, how the ones offerings are linked, whether they could guide humans over time, and whether or not there's shared duty for making the machine feature as an entire in place of as scattered elements.

Objective 2: Where do matters spoil down?

Several routine troubles emerged as principal assets of strain:

- Humanitarian and national health systems carry out aspect with the useful resource of the use of aspect but they're poorly linked, which leads to duplication in some areas and gaps in others.

- Staff turnover is immoderate because of the truth many roles are tied to short-term projects, making it tough to assemble sturdy corporations and long-term relationships with sufferers.
- Health statistics structures are susceptible and fragmented, making it tough to song needs, display outcomes, or plan intelligently for the future.
- Mental fitness and psychosocial guide acquire a long way too little interest and resourcing, in spite of clean and developing needs.
- Social tensions develop whilst host groups experience sidelined or dealt with much less favorably than refugees, particularly round get entry to unfastened care and medicines.

These demanding situations all factor closer to a deeper need: clean, shared policies; more potent, unified statistical structures; and true collaboration in decision-making that brings collectively authorities, humanitarian actors, and groups themselves.

Objective 3: What may want to make the machine more potent?

The study have a look at underscores that fitness structures carry out higher whilst they're incorporated, now no longer after they run in separate silos. Real development relies upon sewing collectively the extraordinary elements of the machine in order that they feature as one.

This includes:

- Sharing health records and aligning systems so each person works from the same picture
- Investing in joint schooling, humanitarian and authorities groups of workers observe not common requirements and approaches.
- Sharing health records and aligning systems so each person works from the same picture
- Expanding and embedding intellectual fitness and psychosocial offerings inside number one care in place of treating them as brief add-ons.
- Building more potent coordination throughout sectors and levels, guided with the aid of using district-stage frameworks that convey DGHS, WHO, UNHCR, nearby NGOs, and network representatives to the equal table.

Done collectively, those steps assist circulate from a patchwork of efforts to greater predictable, unified carrier delivery—one which human can depend on, whether they're refugees or long-time period residents, and this is higher geared up to face up to the pressures of a disaster that has emerge as protracted.

7.3 Methods Summary

This look at used a mixed-techniques layout to seize each number and lived experience. On the quantitative side, established surveys with 2 hundred individuals had been analyzed the usage of descriptive data and composite indices to expose styles in access, quality, and use of services. On the qualitative side, in-intensity interviews, case studies, and conversations with medical experts and network participants helped deliver out the testimonies at the back of the one's numbers.

To make experience of those distinct strands, the evaluation drew at the WHO fitness machine constructing blocks and Andersen's Behavioral Model. Using those frameworks collectively made it feasible to attach the big-photo shape of the fitness machine with the realities humans defined at the ground, displaying now no longer simply how the machine is meant to work, however the way it genuinely feels and features in day-by-day life.

7.4 Summary of Main Findings

This chapter brings collectively the examine's foremost messages approximately how the fitness gadget in Cox's Bazar works—and wherein it falls brief—for each Rohingya refugees and nearby Bangladeshi communities. It highlights 4 center findings that reduce throughout humans' stories, survey records, and gadget-stage analysis.

Wide coverage, choppy get right of entry to

On paper, many humans stay near a few sorts of health facility, in particular refugees in and across the camps. In practice, get right of entry to feels very one-of-a-kind relying on who you are. Refugees regularly face language boundaries, lengthy ready times, and referral strategies that damaged down earlier than they result in actual care. Host network members, meanwhile, might also additionally need to tour farther and pay greater out of pocket.

Strained great and fragile support

People continuously describe a gadget that is trying tough however it feels stretched thin. Refugees communicate approximately rushed consultations, constrained privateness at some point of assessments or touchy conversations, and common shortages of vital medicines. Nowhere is this pressure greater seen than in intellectual fitness and psychosocial support: excessive groups of workers turnover, too few specialists, and brief-time period tasks depart huge gaps in care. The result is a gadget that could manage many recurring problems, however, struggles to provide steady, fantastic support, in particular for complicated or lengthy period needs.

Coordination because of the weakest link

A predominant subject is that authorities and humanitarian fitness offering's function aspect with the aid of using aspect in preference to as one related gadget. Records regularly do now no longer fit throughout facilities, referrals among actors are unreliable, and fitness records are hardly ever shared in a manner that lets in for joint making plans or follow-up. This loss of coordination undermines nearly each different effort: it ends in duplication in a few areas, overlook in others, and makes it tough to tune whether sufferers whole their care journeys.

Persistent inequities

Finally, the examination indicates that inequity is constructed into how the gadget is presently organized. For nearby Bangladeshis, economic boundaries—delivery costs, consumer fees, and the charge of medicines—are a regular supply of pressure and a first-rate purpose for delaying or skipping care. For refugees, social norms, stigma, cultural expectations, and verbal exchange barriers create a one-of-a-type but further heavy set of obstacles. Both groups walk away feeling underserved, even for one-of-a-type reasons. Until the ones overlapping but exquisite barriers are faced head-on, the health machine will maintain to fall quick of being fair, inclusive, and trusted with the resource of the usage of all who depend upon it.

7.4.1 Core Contributions of the Study

This study has a look at making numerous key contributions that depend for each coverage and practice.

Bringing worlds into one picture

Instead of treating refugees and host groups as separate stories, the studies seem at their stories aspect through aspect. It suggests how their lives and fitness desires are interconnected, providing a greater whole view of what public fitness seems like in an area dwelling through a long-jogging crisis.

Backing incorporated fitness coverage with evidence

The findings are designed to feed without delay into actual coverage debates, particularly inside Bangladesh's Health, Population and Nutrition Sector Program (HPNSP). They additionally communicate to international efforts to make certain refugees are absolutely covered in countrywide fitness planning, as opposed to being controlled through parallel systems.

Putting intellectual fitness and dignity on the center

This painting treats intellectual fitness and psychosocial wellness as middle components of machine performance, now no longer as non-compulsory extras. It highlights how dignity, trust, and people's capacity to manage emotionally are simply as critical as carrier insurance or facility numbers while judging whether a health machine is working.

Offering a version others can reuse

By the usage of the WHO fitness machine constructing blocks collectively with Andersen's Behavioral Model, they have a look at units out a clean analytical approach. This framework may be tailored to different displacement settings, supporting researchers and policymakers to look at how structure, behavior, and lived revel in engage in specific refugee-web website hosting contexts.

7.4.2 Implications for Practice and Future Policy

These findings lead to a few deep shifts which might be wanted if the fitness gadget in Cox's Bazar is to serve each refugees and host communities. Together, they circulate the point of interest from short-time period fixes to constructing something shared, fair, and constructed to last.

Institutional transformation

Institutions want paintings differently, now no longer simply harder. Humanitarian corporations and authorities' health government are known to control centers together, percentage budgets, and plan their body of workers as a part of a unmarried gadget instead of in separate lanes. When responsibilities, resources, and staffing are coordinated in desire to duplicate, services come to be more coherent and additional dependable for the those who use them.

Cultural transformation

Change is likewise wanted in how selections are made and whose voices count. Making plans tradition that welcomes refugees, host network members, and frontline people into actual decision-making areas can ease

tensions and construct trust. When human beings see their stories contemplated in priorities and policies, fitness offers experience much less like something imposed from out of doors and extra like a shared assignment that belongs to everyone.

Financial transformation

Finally, the finance section must evolve. Moving from short-time period, donor-pushed tasks to longer-time period, development-orientated funding—thru pooled resources, joint purchasing, and a slow shift in obligation from outside donors to country wide systems—creates a extra strong foundation.

When institutional, cultural, and economic adjustments come together, they can produce a mixed gadget: one which maintains the rate and versatility of humanitarian action, however, is anchored in country wide systems and devoted to the country's destiny and to the rights of all who stay there.

7.5 Strengths of the Study

This has a look at stands on several crucial strengths that make its findings more honest and useful.

Mixed strategies, richer insight

By combining quantitative records with in-intensity qualitative accounts, the examine is capable of cross-take a look at styles withinside the numbers towards people's lived experiences. This mixed-strategies technique facilitates seize each the size of issues and the human realities in the back of them.

Whole-machine perspective

Including each host network contributors and refugees withinside, the studies offer a rare, machine-huge view of fitness in an extended disaster setting. Looking throughout those businesses collectively exhibits connections, tensions, and shared demanding situations that might be overlooked if their testimonies have been analyzed in isolation. Strong frameworks and strong patterns.

7.6 Limitations of the Study

Every have a look at has its limits, and this one isn't any exception. The paintings nonetheless gives vital perception into how fitness offers characteristic for Rohingya refugees and host communities, however numerous constraints form what it may and can't say.

Transferring humanitarian landscape

The studies occurred in a swiftly converting humanitarian context, wherein programs, staff, and investment shift frequently. What they have a look at captures is basically a picture in time as opposed to a fixed, long-time period photograph of the fitness gadget in Cox's Bazar.

Practical and get entry to challenges

Security rules, hard-to-attain locations, and unreliable conversation made it tough to go back to a few contributors to comply with-up conversations. Certain groups—consisting of women, humans with disabilities, or people with confined mobility—have been more difficult to get entry to, which unavoidably impacts the intensity and variety of the views included.

Limits of self-suggested facts

They have a look at is grounded in self-suggested records from round four hundred respondents, which brings the standard dangers of don't forget gaps and social desirability bias. Refugees now and again held lower back on touchy troubles like discrimination or intellectual fitness, even as host network participants have been careful whilst speaking approximately battle or unfairness, particularly wherein neighborhood government have been concerned.

Gaps in institutional facts

Humanitarian facts structures brought any other layer of limitation. Some businesses saved inner facts closed, even as others shared simplest short-time period updates without keeping ancient versions, making it tough to comply with tendencies in referrals, staffing, or deliver interruptions over time

Focus of the have a look at and final blind spots

The studies prioritized person and issuer studies as opposed to certain facility audits or scientific results measures, this means that it can't immediately evaluate scientific overall performance among centers or agencies. It additionally couldn't completely get entry to all authorities fitness records, had simplest confined breakdowns of intellectual fitness and psychosocial facts via way of means of gender and age, and no longer systematically encompassed casual carriers consisting of conventional healers. Because the layout is cross-sectional, it additionally can't display how styles evolve over time, pointing really to the price of destiny longitudinal paintings, facility-stage assessments, and extra included datasets.

7.7 Ethical and Human Dimensions

Health gadget facts and coverage files most effectively display a part of what this disaster honestly looks like at the ground. For Rohingya refugees and their Bangladeshi neighbors, it's far carried in lengthy walks to clinics, in crowded ready rooms in which volunteers quietly translate, and withinside the worn-out faces of medical experts who preserve returning to serve their communities.

Beyond survival to dignity

In this setting, healthcare isn't always most effective approximately preserving humans alive; it's also approximately whether they may be dealt with appreciate and compassion. Moments of privacy, being listened to, and being understood in one's personal language all form if the care feels dignified or dehumanizing.

Empathy, justice, and shared humanity

Meaningful coverage alternate has first of all empathy, through recognizing the whole humanity of each refugees and host communities. Health fairness is inseparable from justice, and justice begins off evolved whilst the hopes, fears, and struggles of every institution are visible as similarly actual and similarly deserving of interest and care.

7.8 Policy and Practical Implications

This phase highlights what desires to alternate in how fitness offerings are organized and added for each refugee and host communities. The key message is that separate humanitarian and authorities' structures are now no longer enough; a extra joined-up method is essential.

Towards an incorporated device

The fitness device desires to conform from strolling parallel humanitarian and authorities' programmes to running as an extra incorporated whole. That method shifting past advert hoc coordination to shared structures, shared responsibilities, and shared accountability.

Priority moves for coverage and practice

- Develop unified referral pathways and a shared fitness statistics device in order that humans do now no longer fall via the cracks once they flow among offerings.
- Invest in a stable, well-supported fitness workforce, with specific interest in maintaining intellectual fitness and psychosocial care roles over time.
- Build strong, formal partnerships among authorities, our bodies and humanitarian agencies to collectively plan supplies, offerings, and contingency strategies.
- Create accessible, secure systems wherein refugees and host network participants can specific their views, impact decisions, and slowly rebuild agree with withinside the fitness device and in a single another.

7.9 Broader Contribution and Future Directions

This observer speaks to wider conversations approximately how fitness structures can feature pretty and correctly in protracted crises. It moreover offers a practical assessment method that others can adapt, drawing on diagnosed global frameworks.

Wider contribution

The studies provide proof to international debates on a way to layout and run fitness structures in settings wherein displacement has ended long time instead of temporary. It suggests how a combined, system-degree lens on each refugee and host groups can tell extra inclusive and resilient fitness planning.

Directions for destiny work

- Follow fitness effects through the years to peer how offerings and reforms certainly alternate people's lives.
- Use community-led and participatory studies so refugees and host groups assist form the questions and interpretations.
- Experiment with virtual fitness equipment for real-time monitoring of carrier use, shortages, and referrals.
- Compare findings from Cox's Bazar with different displacement contexts, together with Uganda, Jordan, and Lebanon, to perceive not common styles and context-unique solutions.

7.10 Final Reflections

Bangladesh has already proven remarkable bravery and compassion through welcoming more than 1 million Rohingya refugees. In many ways, the following bankruptcy is even more difficult: turning an emergency reaction into a long-lasting version of included fitness governance that simply consists of each refugee and host groups. This is now not pretty much handling a crisis, it's far approximately demonstrating that inclusion is possible, even beneath severe pressure.

From emergency reaction to shared framework

If Bangladesh and its companions can convey these paintings ahead, Cox's Bazar can come to be a reference factor for different international locations dealing with lengthy-time period displacement. When humanitarian and countrywide structures join—sharing data, aligning offerings, and making plans together—fitness care stops being a scarce privilege and turns into a shared dedication. Bridging the divide among parallel structures isn't handiest morally right; it's far critical to sound, ahead-searching policy.

What the study reveals about the system

The study indicates that the most important barrier isn't simple coverage—many humans do attain offerings. The actual demanding situations lie in consistency, quality, and fairness. Refugees face language barriers, complicated and fragile referral chains, and really confined intellectual fitness support, whilst host groups conflict with excessive prices and lengthy trips to care. Both businesses are requesting the equal thing: care

this is respectful, reliable, and inclusive, in a gadget that doesn't deal with one group's desires as secondary or temporary.

Cracks in a strained system

The proof from each number and narratives factors within the equal direction: referrals regularly destroy down, remedy substances are choppy, and lots of human's handiest experience happy with their care. Long ready times, loss of privacy, and the sensation of getting "lost" within the gadget are not common experiences, particularly as committed intellectual fitness offerings decrease, and expert body of workers flow on. As short-time period humanitarian investment declines, structural weaknesses—fragmented governance, volatile staffing, scattered records, and a delicate intellectual fitness network—come to be more difficult to mask.

What actual alternate appears like

The manner ahead isn't approximately selecting among humanitarian and countrywide structures, however approximately weaving them together. That method shared records structures, coordinated referral pathways, joint making plans for drug treatments and staffing, and making an investment in a body of workers which could stay, especially in intellectual fitness and psychosocial care. It is an additional method growing real areas for refugees and host groups to assist form how offerings are designed and delivered, so believe can develop and care can come to be extra attentive to actual desires.

A intersection with international significance

Cox's Bazar now stands at an intersection. The gadget has reached many humans in spite of displacement, poverty, and aid constraints, way to the dedication of frontline people and bendy institutions. But scattered structures, uneven quality, and weakening highbrow health functionality threaten the ones gains. Moving towards care this is included, equitable, and rooted in groups isn't optional, it's far essential. With its records of team spirit and resilience, Bangladesh has an possibility to convert its humanitarian reaction right into a long-lasting instance of inclusive fitness governance. When structures join and each refugee and hosts experience simply visible and heard, fitness care turns into extra than a service; it turns into a shared promise of dignity, fairness, and resilience for everyone.

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Appendix-1

Annexes

Annex A: Household Questionnaire

Title: Bridging the Gap: Health System Performance and Service Delivery for Rohingya Refugees & Host Community in Cox's Bazar

Purpose:

This questionnaire seeks to understand people's experiences with healthcare access, quality, and equity in refugee camps and host communities.

All responses will remain confidential and will be used only for academic research.

Section A: Demographic Information

1. Respondent ID: _____
2. Age: ____ years
3. Gender: ☐ Male ☐ Female ☐ Other
4. Marital status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced
5. Education level: ☐ None ☐ Primary ☐ Secondary ☐ Higher
6. Occupation: _____
7. Monthly household income: ☐ < 5,000 ☐ 5,000–10,000 ☐ 10,000–20,000 ☐ > 20,000 BDT
8. Household size: _____ members
9. Area of residence: ☐ Camp ☐ Host Community.

Section B: Health Service Access and Utilization

How often do you or your family visit a health center or clinic?

☐ Once a month ☐ Every few months ☐ Only in emergencies ☐ Never

Distance to the nearest health facility:

☐ <1 km ☐ 1–3 km ☐ 3–5 km ☐ >5 km

Average waiting time at the health facility:

☐ <15 min ☐ 15–30 min ☐ 30–60 min ☐ >1 hour

How do you reach the facility?

☐ Walk ☐ Rickshaw ☐ NGO vehicle ☐ Other

Which type of facility do you mostly use?

☐ Government ☐ NGO ☐ Private ☐ Traditional healer

Do you face any difficulties in reaching the facility?

☐ Yes ☐ No

If yes, please specify: _____

Section C: Service Quality and Satisfaction

How would you rate the quality of care received?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Were medicines available during your last visit?

☐ All available ☐ Partially available ☐ None available

How satisfied are you with the attitude of healthcare providers?

☐ Very satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very dissatisfied

Do you feel safe and respected while receiving care?

☐ Always ☐ Sometimes ☐ Rarely ☐ Never

Have you or your family ever been denied care or delayed due to overcrowding?

☐ Yes ☐ No

Section D: Equity and Barriers to Healthcare

1. Have you ever faced discrimination while seeking healthcare (due to gender, status, or language)?

☐ Yes ☐ No

2. Are women in your family able to visit healthcare facilities freely?

☐ Yes ☐ No

3. Are you aware of maternal and child health services in your area?

☐ Yes ☐ No

4. What are the main barriers to healthcare access in your community? (Select up to three)

☐ Distance

☐ Cost

- ☐ Lack of staff
- ☐ Lack of medicine
- ☐ Language barrier
- ☐ Discrimination
- ☐ Limited information

Section E: Mental Health and Psychosocial Wellbeing

1. Do you have access to mental health or counseling services?
☐ Yes ☐ No
2. Have you or a family member experienced anxiety, depression, or trauma-related symptoms?
☐ Frequently ☐ Occasionally ☐ Rarely ☐ Never
3. How comfortable are you discussing mental health issues with health providers?
☐ Comfortable ☐ Neutral ☐ Uncomfortable
4. Do you feel your community provides enough social or emotional support?
☐ Yes ☐ No

Section F: Coordination and Information

1. Are you aware of which organizations provide healthcare in your area?
☐ Yes ☐ No
2. Have you ever received overlapping or conflicting information from multiple agencies?
☐ Yes ☐ No
3. How would you rate coordination between government and NGO healthcare providers?
☐ Excellent ☐ Good ☐ Fair ☐ Poor
4. Do you think the overall health system has improved over the past year?
☐ Improved ☐ Same ☐ Declined

Section G: Overall Assessment

1. 1. What do you believe you studied ought to be advanced maximum for your fitness system?
☐ Staffing ☐ Medicine ☐ Facilities ☐ Communication ☐ Coordination

2. Would you advocate the present day healthcare offerings to others?

☐ Yes ☐ No

2. Additional comments: _____

Annex B: Key Informant Interview (KII) Guide

Target Groups:

- Health coordinators (UNHCR, IOM, WHO, WFP)
- DGHS and Civil Surgeon representatives
- Camp in-charges and NGO medical leads
- Psychosocial and community health workers

Introduction:

This interview explores your expert perspectives at the effectiveness, equity, and coordination of fitness carrier shipping for Rohingya refugees and host communities.

Theme 1: Service Delivery and Effectiveness

1. How might you describe the contemporary country of healthcare shipping withinside the camps and host communities?
2. What signs are used to degree overall performance and quality?
3. How do agencies make sure insurance for prone agencies which includes women, children, and the elderly?

Theme 2: Equity and Gaps

4. What is the maximum not common boundaries to equitable healthcare shipping?
5. Are there disparities among refugee and host populations in carrier get admission to or quality?
6. How do aid limitations (staff, medicine, infrastructure) influence carrier equity?

Theme 2: Coordination and Governance

7. How do humanitarian and authorities' businesses coordinate healthcare shipping?
8. What mechanisms exist for information sharing and joint decision-making?
9. What is the principle coordination demanding situations that preclude efficiency?

Theme 3: System Strengthening and Future Planning

10. What strategies have shown success in improving system performance?
11. How can integration between the national health system and humanitarian services be enhanced?
12. What policy recommendations would you suggest for long-term sustainability?

Annex C: Codebook Summary (Quantitative Variables)

Variable Code	Description	Type	Scale	Related Objective
A1–A9	Demographic information	Independent	Nominal	—
B1–B6	Health service utilization	Dependent	Ordinal	Objective 1
C1–C5	Service quality and satisfaction	Dependent	Likert (1–4)	Objective 1
D1–D4	Equity and barriers	Independent	Binary	Objective 2
E1–E4	Mental health indicators	Dependent	Likert (1–4)	Objective 2
F1–F4	Coordination perception	Independent	Ordinal	Objective 3
G1–G3	Overall system rating	Dependent	Ordinal	Objective 3
Reliability testing: Cronbach's alpha ($\alpha \geq 0.7$)				
Composite indices: Health Access Index, Service Quality Index, and Coordination Index.				

Sample Questionnaire for Quantitative Data Collection

Section A: Demographic Information

1. What's your gender? ☐ Male ☐ Female ☐ Other
2. How old are you? ____ years
3. What's your marital status? ☐ Single ☐ Married ☐ Widowed ☐ Divorced
4. What's the highest level of education you've completed? ☐ No formal ☐ Primary ☐ Secondary ☐ Higher
☐ Vocational
5. What's your occupation? _____
6. How many people live in your household? ____
7. What's your average monthly income? ____ BDT
8. Which community do you belong to? ☐ Refugee ☐ Host community

Section B: Health Access and Availability

9. How often do you go to a healthcare facility? ☐ Weekly ☐ Monthly ☐ Occasionally ☐ Rarely
10. How long does it take to reach the nearest health facility? ____ minutes
11. How do you usually get there? ☐ Walking ☐ Rickshaw ☐ Car/Van ☐ Ambulance ☐ Others
12. What type of facility do you usually visit? ☐ NGO-run clinic ☐ Government hospital ☐ Private clinic ☐ Community center
13. Do you face any difficulties getting healthcare? ☐ Yes ☐ No
14. If yes, what are the main issues? ☐ Distance ☐ Cost ☐ Language ☐ Staff behavior ☐ Gender restriction ☐ Others
15. Are you satisfied with the availability of healthcare services in your area? (1 = Very dissatisfied, 5 = Very satisfied)
16. Do you think healthcare is equally accessible to refugees and host community members? ☐ Yes ☐ No ☐ Not sure

Section C: Quality of Healthcare Service Delivery

17. How clean is your regular healthcare facility? (1–5)
18. Are medicines usually available there? (1–5)
19. Do you feel healthcare providers treat patients with respect? (1–5)
20. Are you usually seen by a trained doctor or paramedic? ☐ Yes ☐ No
21. How long do you usually wait before taking care of yourself? ____ minutes
22. Have you ever faced discrimination or bias there (identity, gender, or status)? ☐ Yes ☐ No
23. If yes, please tell us more: _____
24. Overall, how satisfied are you with the healthcare services you receive? (1–5)

Section D: Equity and Barriers to Access

25. Do women in your household face extra barriers when seeking healthcare? ☐ Yes ☐ No
26. If yes, what are the main reasons? ☐ Cultural norms ☐ Distance ☐ Male-dominated spaces ☐ Lack of female doctors
27. Have you or your family ever been denied care because of refugee or host status? ☐ Yes ☐ No
28. Do you think refugees get the same quality of treatment as host community members? ☐ Yes ☐ No ☐ Not sure
29. How affordable are medicines and medical tests for your family? (1–5)
30. Have you ever had to borrow money or sell assets to pay for healthcare? ☐ Yes ☐ No

Section E: Mental Health and Psychosocial Support

31. Have you felt stress, anxiety, or sadness in the past month? ☐ Yes ☐ No
32. If yes, did you seek counseling or support? ☐ Yes ☐ No
33. How comfortable do you feel talking about mental health issues? (1–5)
34. Are mental health or psychosocial services available nearby? ☐ Yes ☐ No ☐ Not sure
35. Do you think mental health is treated as an important part of overall healthcare? ☐ Yes ☐ No
36. Have you ever joined an NGO-led mental health awareness session? ☐ Yes ☐ No

Section F: Coordination and System Performance

37. Do you already know which employer manages your nearest healthcare facility? ☐ Yes ☐ No
38. Have you ever obtained conflicting or replica records from distinctive agencies? ☐ Yes ☐ No
39. How frequently do NGOs and authorities organizations paintings collectively for your area (referrals, joint services, etc.)? (1–5)
40. How would you rate overall coordination between agencies? (1–5)
41. Do you believe you studied provider shipping has advanced withinside the beyond years? ☐ Yes ☐ No ☐ Not sure

42. What recommendations do you want to red meat up coordination and beautify issuer quality?

Section G: Perceived System Performance Metrics

43. How reliable do you discover health records and referral systems on your area? (1–5)

44. How ordinary is the deliver of drug remedies and doctors? (1–5)

45. How powerful are emergency reaction mechanisms (like ambulances, outbreak control, etc.)? (1–5)

46. How properly do groups proportion fitness records and network remarks with every other? (1–5)

47. Do you watched combining humanitarian and authorities structures might enhance provider quality? ☐

Yes ☐ No

48. How assured are you that the modern-day fitness device can deal with destiny needs (ailment outbreaks, massive inflow of people, etc.)? (1–5)

Section H: Respondent Feedback

49. What is change that you think mostly need to improve healthcare in your community? Open text

50. Any additional comments or suggestions? Open text

Sample Refugee Narratives (R1–R5)

R1 (Female, 29, Camp 3): *“The sanatorium on our lane handles fevers quickly, however they run out of drugs a lot. We ended up looking ahead to hours, handiest to be instructed to return back lower back the subsequent day. If NGOs and the authorities coordinated on medicinal drug substances and published a schedule, households wouldn’t waste a lot of time and money.”*

R2 (Male, 34, Camp 4): *“When we’ve got extreme fitness issues, they inform us to visit the district hospital. We don’t have shipping, though. A referral method is not anything in case you can’t get there. If there has been a shared shipping plan, the referral gadget might assist us”*

R3 (Female, 27, Camp 9): *“Most girls wait till they’re ill earlier than going to the sanatorium, mainly due to the fact there’s rarely girl body of workers around. If the sanatorium set apart hours only for girls and had girl body of workers, greater people might get assist earlier.”*

R4 (Female, 31, Camp 17): *“The medical examiner right here is kind; however, body of workers maintain rotating. Every time a new person comes in, we lose trust. We want body of workers to live longer so we will construct relationships.”*

R5 (Male, 22, Camp 18): *“I took my toddler to the sanatorium for a cough; however, they didn’t have the medicinal drug. A network volunteer attempted to assist through accomplishing out to different agencies, however if they controlled inventory better, we wouldn’t be on this situation.”*