

From Barriers to Bridges

EMPOWERING REFUGEES FOR HEALTHCARE ACCESS

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Introduction

- South East Asia (SEA) houses many refugees and asylum seekers. As of late 2023–2025, there were over 400,000 registered refugees and asylum seekers, primarily in Malaysia, Thailand, and Indonesia, with most fleeing Myanmar.
- Malaysia is the largest host in the region, with over 216,000 registered refugees, while Thailand hosts over 91,000 in border camps, plus thousands of urban refugees. (UNHCR)
- Refugees and displaced populations face many barriers to healthcare access, including: financial constraints; legal and policy barriers; language and cultural differences, low health literacy and awareness, and protection and security concerns.



Objective

- To empower school children with foundational health knowledge and practical skills.
- To instil early awareness, proactive health attitudes and lifelong healthy habits through engaging and interactive workshops.

Methodology

- 1 Workshops conducted with over 450 refugees in 10 schools around Klang valley for Burmese, Somali communities etc for participants aged 9–16 years.
- 2 Extensive engagement with community leaders e.g. NGO contacts and school headmasters to learn more about community's needs and challenges faced. Incorporated their advice together with suggestions from trained counselors and primary school teachers to curate an impactful, engaging workshop with age-appropriate content.
- 3 Sessions on first aid, navigating Malaysia's healthcare system, nutrition and hygiene, and setting boundaries.
- 4 Interactive activities like demonstrations, worksheets, watching videos and role-play.
- 5 Distribution of essential items like toothbrushes to encourage hygienic practices.

Results

- Received good feedback from all headmasters of schools visited.
- Improvement in student's understanding of first aid, healthcare systems, nutrition, hygiene, and sexual safety through surveys.
- Behavioural changes including improved hygiene practices and healthier eating habits.
- Better understanding to navigate healthcare system, improving continuity of care.
- Independence in overcoming health challenges, particularly issues that can be solved with first aid.

Key Sources & Acknowledgements

A Route-Based Snapshot: Data and Trends for Refugees from Myanmar. UNHCR Regional Bureau for Asia and the Pacific (RBAP), 17 Apr. 2026, data.unhcr.org/en/documents/download/122069#

Chuah, Fiona Le Hoon, et al. "Health System Responses to the Health Needs of Refugees and Asylum-seekers in Malaysia: A Qualitative Study." *International Journal of Environmental Research and Public Health*, vol. 16, no. 9, May 2019, p. 1584, doi:10.3390/ijerph16091584

Discussion

Addressing community-specific challenges

- Directed audience to more affordable and practical options e.g. NGO and community-based clinics instead of prohibitively expensive government services
- Incorporately community's traditional foods within advice on balanced diet.

Communication

- Included more interactive activities and breaks to keep audience engaged.
- Shortened sessions on-the-spot if content was too difficult, e.g. spent more time on easy and relevant sessions like healthy nutrition and hygiene for younger groups, and less on complex ones like navigating the public healthcare system.
- Adapted learning materials eg worksheets to have different levels of difficulty depending on the audience.
- School teachers assisted as translators to overcome language barriers.
- Ensured all team members were multilingual.

Being sensitive to community's needs

- Respected cultural and religious practices when giving suggestions and advice.



Conclusion

Enhancing access to healthcare, e.g. through health literacy workshops, is a critical intervention to empower individuals with essential skills, supports broader public health outcomes, improve social integration and promote sustainable regional development.