



HEALTH/ NUTRITION/ MHPSS OBJECTIVES

- 1 Enhancing access of refugees to essential health services
- 2 Integrate mental health interventions into general healthcare system
- 3 Health promotion and surveillance through community health workers
- 4 Develop community-based psychosocial awareness and support programmes
- 5 Treatment of acute malnutrition and enhance community engagement in identification and referrals of malnourished children.
- 6 Promote and support maternal, infant and young child feeding (IYCF) and maternal and child care practices

PROGRESS (SEPTEMBER- OCTOBER)

UNHCR works with the Ministry of Health and Family Welfare, the Refugee Relief and Repatriation Commissioner (RRRC), and other partners to strengthen health infrastructure and provide healthcare services to refugees and host communities. Curative and preventive health services are provided through 35 health facilities supported by UNHCR. Integrated mental health services are provided by trained general health staff, individual counseling is offered by psychologists and trained Rohingya community counsellors. Treatment and prevention of moderate and severe acute malnutrition is implemented through 18 nutrition facilities. More than 1,300 trained Community Health, Community Psychosocial Volunteers (CPV) and Nutrition Volunteers, are reaching out to their communities to raise awareness on various health and nutrition issues.

In response to the current COVID-19 pandemic, UNHCR has stepped up its preparedness and response mechanisms. Four quarantine facilities are established, the facilities can accommodate up to 1,765 contacts of suspected/ confirmed cases, and new arrivals. Two SARI (Severe Acute Respiratory Infection) Isolation and Treatment Centres with altogether 194 beds were established, for critical cases in need of mechanical ventilation, UNHCR is supporting local health authorities by setting up an 18 bed Intensive Care Unit in Cox's Bazar's main district hospital as well as a ward for up to 20 severe patients. 469 refugees and host community members received treatment in the facilities so far.

UNHCR leads the Community Health Working Group in Cox's Bazar which is instrumental in coordinating outreach activities in refugee settlements and is co-chairing the MHPSS working group. UNHCR and WHO have started an enhanced community-based surveillance initiative, 1,515 CHWs were trained in identifying patients with mild and moderate/ severe symptoms using simple criteria. Refugees who meet case definitions receive individual counseling on testing and treatment and are referred to the nearest health facility. Similarly, psychologists and CPVs received training on COVID-19 related support measures. Capacity building is provided to ITC (Isolation and Treatment Centre) and Quarantine Center staff to be able to respond to the psychosocial needs of patients while identifying those that need more specialized support.

Nutrition services for treatment of acute malnutrition and individual counseling on IYCF (Infant and Young Child Feeding) continue to be provided to all children under five years. Blanket supplementary feeding programmes (BSFP) targeting children and pregnant/ lactating women have resumed implementation in the nutrition centers following the temporary shift to food distribution centers. To ensure continued nutrition screening and identification of children suffering from acute malnutrition at the community level, community outreach is ongoing with increased focus on supportive supervision of the mothers who have been trained to conduct MUAC (Mid-Upper Arm Circumference) measurements by the nutrition partners.

CHALLENGES

- Continued low COVID-19 testing in the refugee camps pose difficulties in understanding infection patterns and potential immunity.
- Reduced uptake of preventive health services such as antenatal care and immunization.
- Poor infant and young child feeding and maternal care practices among children under 2 year.
- Community-based psychosocial interventions are not yet at the scale needed to reach the number of refugees in need of these activities.

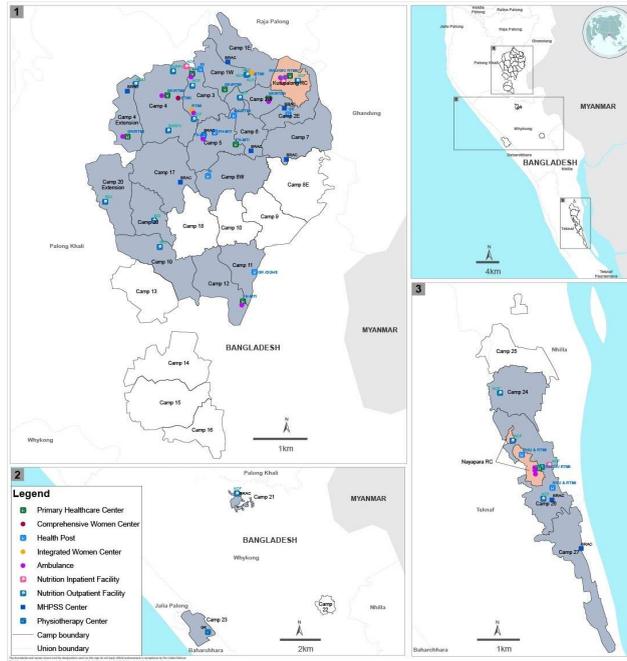
WAY FORWARD

- ✓ UNHCR will support IEDCR and WHO in the implementation of a seroprevalence study which aims to understand immunity to COVID-19 in camps.
- ✓ UNHCR will continue to improve sexual reproductive health and immunization programs and strengthen access to services; promote the use of health facilities.
- ✓ UNHCR and partners will continue the treatment of acute malnutrition and scaling up of the community based IYCF activities adjusted in line with the action plan of the most recent assessments 2019 SMART survey and the Nutrition causal analysis assessment(NCA).
- ✓ UNHCR is working to strengthen different levels of mental health and psychosocial support interventions, including training Community Psychosocial Volunteers (CPVs) and Community Para-Counsellors to promote community-based activities.

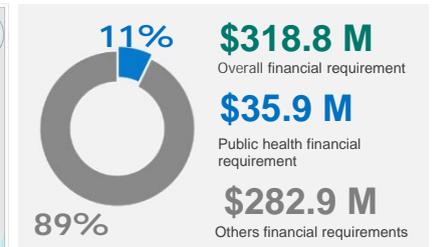
KEY FIGURES
(cumulative since January 2020)



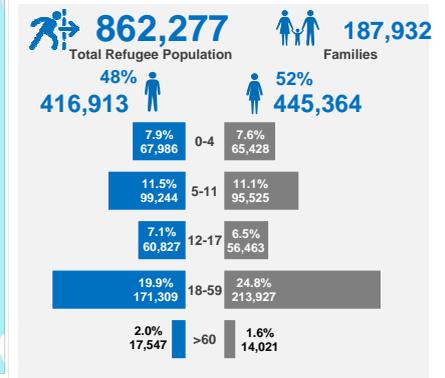
GEOGRAPHIC SITUATION & PARTNERS



FINANCIAL REQUIREMENTS



POPULATION BREAKDOWN



HEALTH AND NUTRITION PROGRAMMES AND FACILITIES



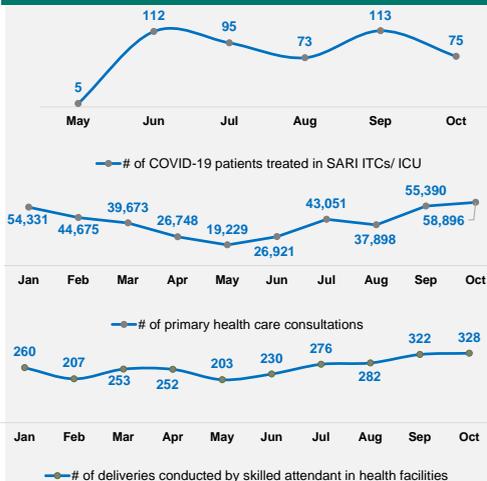
ACHIEVEMENTS (SEPTEMBER & OCTOBER)

- 114,286 primary health care consultations conducted
- 650 deliveries are conducted by skilled attendant in health facilities
- 1,656 mental health consultations provided by specialist
- 38,509 refugees participated in group psycho-social activities
- 4,044 admitted for admissions to community management of acute malnutrition programmes
- 4,251 pregnant, lactating women and caregivers of children 6-23 months counselled on IYCF 1st visit (individual)

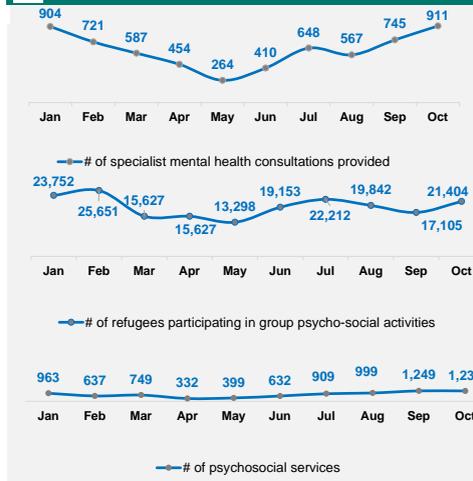
PROGRESS AGAINST 2020 TARGETS



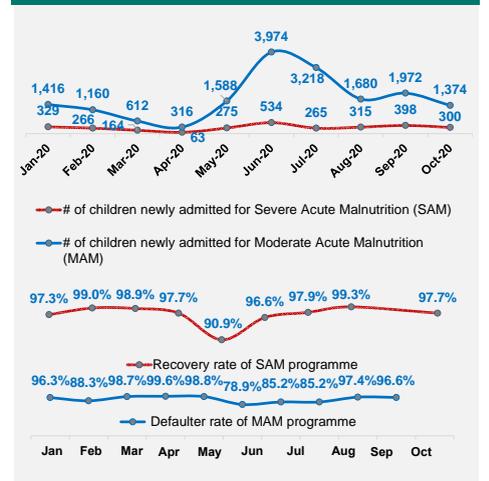
HEALTH INDICATORS TRENDS



MENTAL HEALTH INDICATORS TRENDS



NUTRITION INDICATORS TRENDS



THANK YOU

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