

KEY ACTIVITIES

Healthcare Services Support

UNHCR supports 28 healthcare facilities, 10 mental health and psychosocial support centres, 19 nutrition centres and two stabilization centres. The facilities seek to provide quality lifesaving and comprehensive primary and secondary health services for all refugees and to refer them to tertiary care when needed. The healthcare facilities provide management of communicable and non-communicable diseases with a focus on sexual, reproductive, maternal, neonatal, child and adolescent health, mental health and psychosocial support, primary dental and physiotherapy care, comprehensive laboratory services, and provision of medicine.

COVID-19 Preventive and Management Services

UNHCR continues to support the response to COVID-19 through two Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centres (ITC) with a total bed capacity of 150. Since May 2020, the SARI-ITCs have provided services to over 1,500 refugees and 2,300 local Bangladeshis. Additionally, UNHCR runs a quarantine centre with 110 beds for positive contacts.

Emergency and Disease Outbreak Preparedness and Response

Activities seek to mitigate the effects of natural and man-made disasters on health service provision in the camps. This includes ongoing planning, health facility resilience, continuity of critical operations of health partners, intersectoral collaboration to ensure integrated preparedness to respond to disease outbreaks and rapid initiation of an emergency response.

Sexual and Reproductive Health

Women of reproductive age, men, and adolescents continue to access sexual and reproductive health services through antenatal care clinics, postnatal care, and family planning clinics at health facilities and drop-in centres. Health facilities deliver basic emergency obstetric and neonatal care on a 24-hour basis while referrals are made for the management of obstetric emergencies.

Mental Health and Psychosocial Support (MHPSS)

MHPSS is integrated across all UNHCR supported primary healthcare facilities with the presence of psychologists to provide individual counselling, and refugee volunteers to offer basic support. In addition, 10 stand-alone centres provide the same services. To support availability of specialized MHPSS services, medical staff in health facilities are trained on the Mental Health Gap Action Programme (mhGAP) which is designed to increase capacity to manage severe mental health cases to fill the gap of psychiatrists, a specialisation that is not currently available in the camps. Community Psychosocial Volunteers and Community Refugee Counsellors conduct awareness sessions and group activities to increase the understanding of mental health in the communities, and psychosocial support available.

Nutrition and Food Security

Nutrition services for children under five years and pregnant and lactating women are provided in the camps. Community screening to identify malnourished children is conducted by nutrition volunteers; during screening, mothers are also taught to screen their own children. Nutrition facilities in Cox's Bazar provide outpatient therapeutic, targeted supplementary, blanket supplementary, and infant and young child feeding programmes. Inpatient management of severe acute malnutrition is provided in stabilization centres. Prevention of malnutrition includes micronutrient deficiency programmes and deworming campaigns, and routine iron and folic acid supplementation programmes to prevent anaemia. Infant and young child feeding programmes are strengthened through individual counselling, group sessions, cooking demonstrations and community dialogues and integration within the existing health and mental health and psychosocial support programmes.

Community Health Services

As lead of the Community Health Working Group, UNHCR coordinates the community-based disease surveillance and prevention programme across the camps. Rohingya and Bangladeshi Community Health Workers (CHW) and their supervisors are provided with training and support to conduct disease prevention activities in the camps. During emergencies such as disease outbreaks, floods, fire incidents, CHWs are mobilised to maintain active community-based surveillance and reporting on morbidities, and mortalities (including maternal mortality). The CHWs form the backbone of the COVID-19 response through information dissemination at household level and referrals to testing services.

Host Community Support

UNHCR continues to support the Ministry of Health and Family Welfare to construct, repair, and equip health facilities in and outside the camps. This includes support with medical items, human resources, equipment, capacity building, construction, rehabilitation and furnishing of facilities. The new Ukhiya Specialised Hospital is now operational. A new outpatient department complex is under construction at Sadar District Hospital in Cox's Bazar. Both facilities will provide health services for refugees and local Bangladeshis thus significantly easing the patient load in existing facilities in Cox's Bazar District.

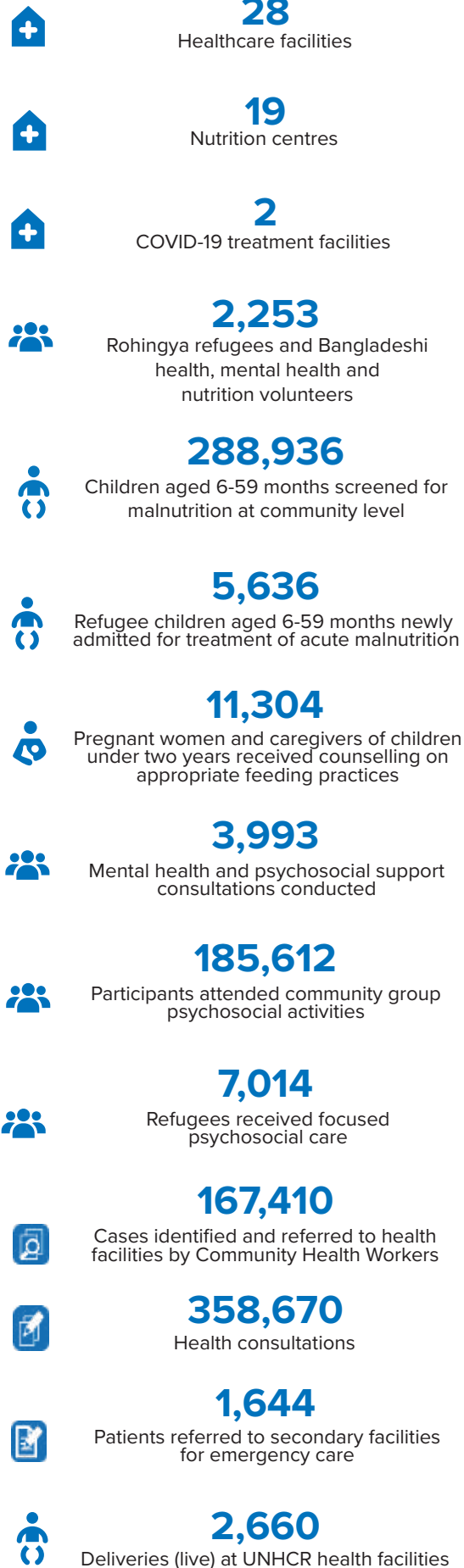


Community health outreach activities promote hygiene at household level.
 ©UNHCR/Kazi Nazmus Sakib

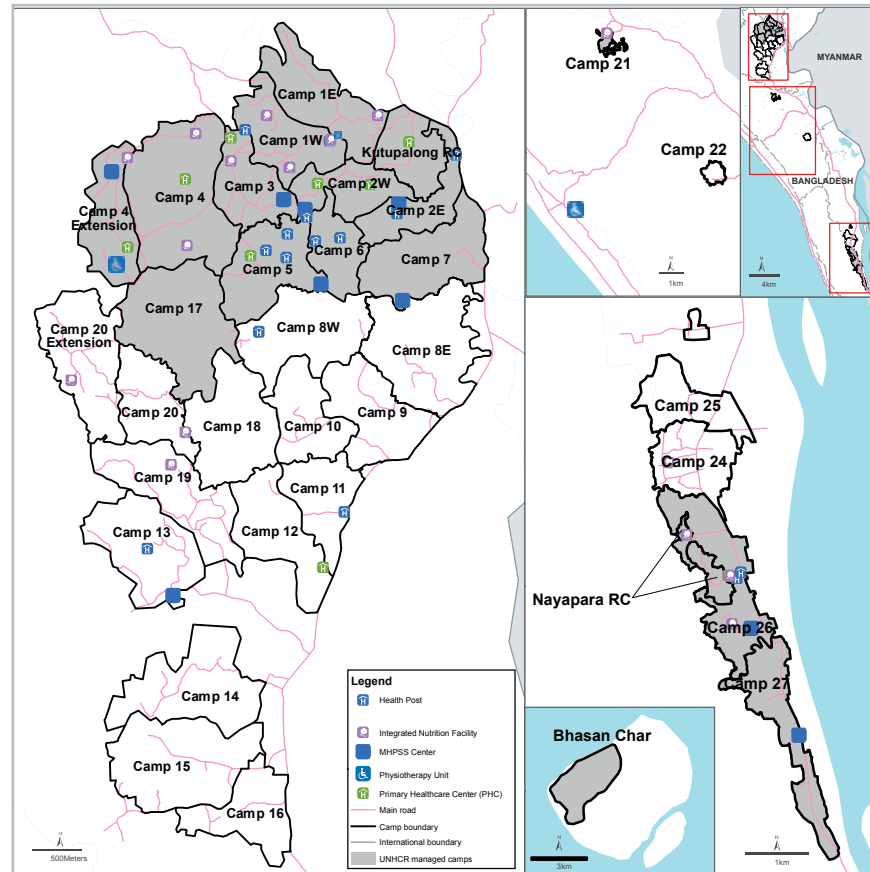
Bhasan Char

UNHCR is leading the Health and Nutrition Sector on Bhasan Char in coordination with the health authorities in Noakhali and the Assistant Refugee Relief and Repatriation Commissioner. Since November 2021, UNHCR and partners run two primary healthcare facilities with integrated nutrition and MHPSS services, and support the Ministry of Health hospital with medicines, equipment, human resources, and other elements. UNHCR and partners have recruited and trained a team of refugee volunteer Community Health and Nutrition Workers, Community Psychosocial Volunteers and Community Refugee Counsellors who support the response through community-based disease surveillance and prevention programmes.

KEY FIGURES COX'S BAZAR CAMPS



UNHCR MANAGED CAMPS



KEY FIGURES BHASAN CHAR

