



Since August 2017, over 740,930 Rohingya refugees have crossed the border from Myanmar to Bangladesh. Their nutritional status was already poor due to food insecurity in northern Rakhine State. This was exacerbated on arrival by the scale of the emergency and overcrowding in refugee settlements in Cox's Bazar. In late 2017, a nutrition survey found that health and nutrition status of children 6-59 months was critical as indicated by a high global acute malnutrition (GAM) rate above the emergency threshold of 15%. Efforts made by the Government of Bangladesh, UNHCR and other actors resulted in a decrease of the overall GAM rate from 18.2% to 11.0% by November 2018. However, 50% of children 6-23 months were found to be anemic, which is a significant public health concern. In addition, a survey conducted in May 2018 indicated poor Infant and Young Child Feeding (IYCF) practices among refugees, with only 50% of children exclusively breastfed in the first six months after birth.

### Progress (up to end February 2019)

UNHCR, with nutrition partners Action against Hunger (ACF), Terre des Hommes (TdH), and Save the Children, established 22 Outpatient Therapeutic Feeding Programs (OTPs) and 3 in-patient facilities to treat children with Severe Acute Malnutrition (SAM). Also, 3 Targeted Supplementary Feeding Programmes (TSFP) for the treatment of Moderate Acute Malnutrition and 3 Blanket Supplementary Feeding Programs for children under 5 and pregnant and lactating women to prevent malnutrition. In addition, 22 IYCF corners provide support to mothers through counselling, health education and promotion on appropriate feeding practices for children 0-23 months. 600 community nutrition volunteers are reaching out to their communities to advocate for healthy eating and regular nutrition screening, referrals and follow-up for children already enrolled in nutrition programs.

Reduction in the prevalence of GAM to approximately **11.0%**

**1,469** children <5 with SAM enrolled in OTP

**343** children < 5 with MAM enrolled in TSFP

**34%** of all SAM cases enrolled in UNHCR-supported OTP and stabilization centers

Prevalence of global acute malnutrition (GAM) **11%** (standard <10%)

**50%** of children 6-23 months are anemic (Source: SMART Survey 2018)

UNHCR is working to improve nutritional wellbeing and reduce the prevalence of malnutrition by:

- 1 Enhancing community engagement, identification and referral of acutely malnourished children
- 2 Strengthening treatment of acute malnutrition
- 3 Promoting and supporting maternal, infant and young child feeding (IYCF) and care practices

**Some of the challenges underlying continued malnutrition levels include** limited dietary diversity at household level resulting in inadequate intake of protein and high nutrients such as iron, calcium and vitamins; poor infant and young child feeding care practices, resulting in malnutrition and non-optimal child development; inadequate water, hygiene and sanitation posing potential risks diarrhoea and other waterborne diseases; weak community outreach capacity to identify and refer acutely malnourished children to treatment programs.

### Way Forward

- An Infant and Young Child Feeding (IYCF) practice assessment will be conducted to understand the underlying causes of poor uptake of IYCF among the Rohingya community.
- UNHCR and partners are scaling up IYCF programmes with more of a focus on community-based approaches.
- Support for training of partners on key nutrition guidelines.
- Expansion and development of nutrition community volunteers to increase the both detection of malnutrition and health education.
- Advocacy for nutrition-sensitive livelihood opportunities to enhance diet diversity at the household level.
- Ongoing strengthening of collaboration with Water, Sanitation and Hygiene (WASH) and health agencies for joint nutrition, hygiene, and health promotion.

### Working in partnership

UNHCR co-chairs a Strategic Executive Group (SEG) in Bangladesh with the UN Resident Coordinator and IOM. The Refugee Agency leads on the protection response for all refugees, and heads a Protection Working Group in Cox's Bazar. UNHCR welcomes its valuable partnership with a number of UN agencies and coordinates the delivery of its assistance with humanitarian partners through a number of working groups under the Inter-Sector Coordination Group (ISCG). UNHCR's main government counterpart is the Ministry of Disaster Management and Relief and its Cox's Bazar-based Refugee Relief and Repatriation Commissioner (RRRC). UNHCR staff work closely with the Camp-in-Charge officials in different refugee settlements, as well as a range of international and national actors. It has a strong network of **27 partners**:

**Action Aid Bangladesh** | **ACF** (Action Contre la Faim) | **ADRA** (Adventist Development and Relief Agency) | **BNWLA** (Bangladesh National Woman Lawyer's Association) | **Bangladesh Red Crescent Society** | **BRAC** (Bangladesh Rehabilitation Assistance Committee) | **Caritas Bangladesh** | **Center for Natural Resource Studies** | **CODEC** (Community Development Centre) | **COAST** (Coastal Association for Social Transformation Trust) | **Danish Refugee Council** | **FH Association** (Food for the Hungry) | **GK** (Gonoshasthaya Kendra) | **IUCN** (International Union for Conservation of Nature and Natural Resources) | **Handicap International** | **Helvetas Swiss Intercooperation** | **Light House** | **Oxfam GB** | **Relief International** | **Mukti Cox's Bazar** | **NGO Forum for Public Health** | **RTMI** (Research, Training and Management International) | **Save the Children International** | **Sesame Workshop** | **Solidarites International** | **Terre des Hommes** | **TAI** (Technical Assistance Incorporated)

UNHCR would also like to acknowledge the crucial role played by the refugees in the response. **Over 3,000 volunteers from the refugee community** are working side by side with humanitarian agencies. UNHCR and partners have supported, trained, and work with **safety unit volunteers (SUVs)** who support the emergency response, **community outreach members (COMs)** who support raising awareness on important issues and a key link in UNHCR's protection work, **community health workers (CHWs)** who assist with outreach on health and nutrition, and others who provide further critical support to the response.

### Donor country contributions to UNHCR Bangladesh (2018/2019)

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