

## KEY ACTIVITIES

### Healthcare Services Support

UNHCR supports 28 healthcare facilities, 10 mental health and psychosocial support centres, 19 nutrition centres and two stabilization centres in the camps. The facilities seek to provide quality lifesaving and comprehensive primary and secondary health services for 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.

### 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 specialization that is not currently available in the camps. In parallel, one mental health inpatient ward has opened to support the availability of specialized MHPSS services for the refugee and host community. 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 anemia. 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 mobilized to maintain active community-based surveillance and reporting on morbidities, and mortalities (including maternal mortality).

### 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 at Sadar District Hospital in Cox's Bazar was completed and begun operations in October 2022. 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.

### 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 and human resources. 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.



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

**KEY FIGURES COX'S BAZAR CAMPS\***



**28**  
Healthcare facilities



**19**  
Nutrition centres



**2,253**  
Rohingya refugees and Bangladeshi health, mental health and nutrition volunteers



**606,771**  
Children 6-59 months screened per month in the community by the community



**14,094**  
Refugee children aged 6-59 months newly admitted for treatment of acute malnutrition



**20,149**  
Caregivers of children age 6 – 23 months provided with IYCF counselling



**9,399**  
Mental health and psychosocial support consultations conducted



**455,753**  
Participants attended community group psychosocial activities



**14,511**  
Refugees received focused psychosocial care



**167,410**  
Cases identified and referred to health facilities by Community Health Workers



**764,678**  
Health consultations

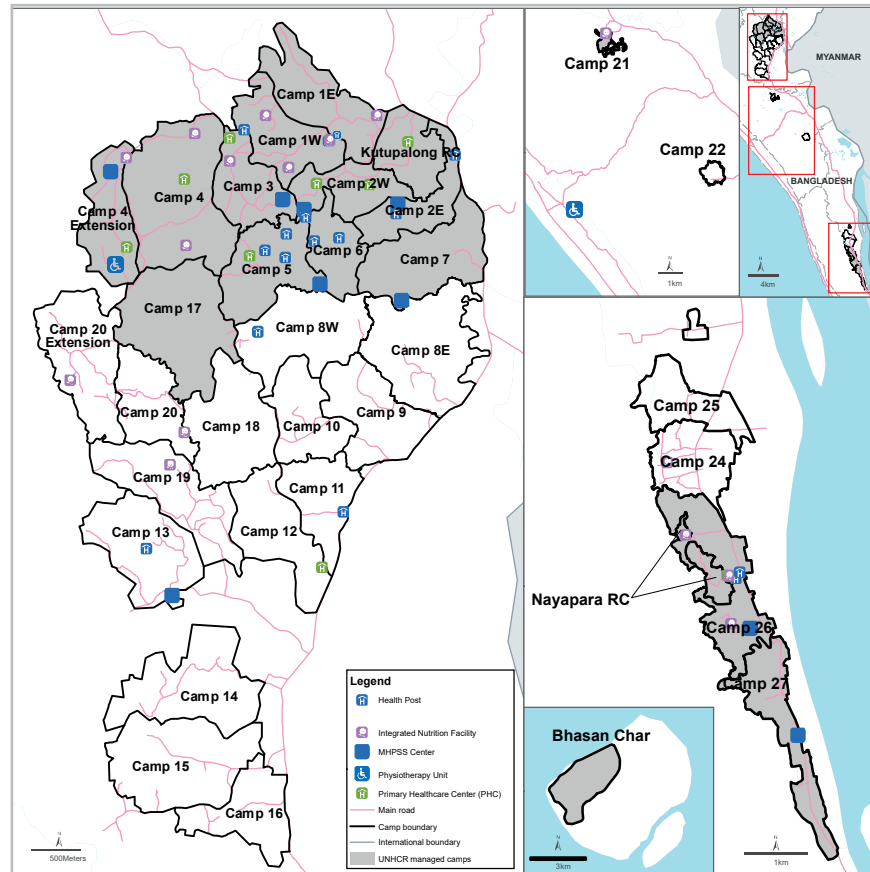


**1,644**  
Patients referred to secondary facilities for emergency care



**3,144**  
Deliveries (live) at UNHCR health facilities

**UNHCR MANAGED CAMPS**



**KEY FIGURES BHASAN CHAR\***



**2**  
Healthcare facilities



**2**  
Nutrition centre



**110**  
Rohingya refugees and Bangladeshi health, mental health and nutrition volunteers engaged



**19,883**  
Children aged 6-59 months screened for malnutrition at community level



**2,065**  
Refugee children aged 6-59 months newly admitted for treatment of acute malnutrition



**41,519**  
Participants attending community group psychosocial activities



**3,322**  
Sessions for individual level focused psychosocial support

\*This information reflects data collected between January to December 2022