



Since August 2017, over 730,000 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 have currently 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 poses a significant public health concern. In addition, the latest survey in May 2018 indicates poor Infant and Young Child Feeding (IYCF) practices among refugees, with only 50% of children exclusively breastfed in the first six months of their lives.

Progress (January-December 2018)

UNHCR and partners established 22 Outpatient Therapeutic Feeding Programs (OTPs) and 3 in-patient facilities for the treatment of Severe Acute Malnutrition (SAM). Also, 3 Targeted Supplementary Feeding Programmes (TSFP) for the treatment of Moderate Acute Malnutrition. To prevent malnutrition, UNHCR and its partners **Terre des Hommes**, **Save the Children** and **Action Against Hunger** are implementing 3 Blanket Supplementary Feeding Programmes for children under 5 and pregnant and lactating women. In addition, 21 IYCF corners provide support to mothers through counselling, promotion of appropriate feeding practises for infants and young children including exclusive breastfeeding and timely introduction of complimentary food at six months, and health promotion. About 600 community nutrition volunteers are reaching out to their communities to advocate for healthy eating and regular nutrition screening, and provide referral and follow-up on children already enrolled in nutrition programs.

Reduction in the prevalence of GAM from 18.2% to approximately 11.0%

13,945 children <5 with severe acute malnutrition enrolled in OTP

3,244 children < 5 with Moderate Acute Malnutrition enrolled in TSFP

32% of all SAM cases enrolled in UNHCR-supported OTP and stabilisation centres

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

50% of children 6-23 months were anemic

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

- 1 Enhancing **community engagement**, and **identification/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**

Challenges

- Limited dietary diversity at household level
- Poor infant and young child feeding care practices
- Inadequate water, hygiene and sanitation a potential risk factor for malnutrition
- Weak community outreach capacity to identify and refer acutely malnourished children to treatment program

Way Forward

- UNHCR and partners are scaling up the community-based IYCF. An assessment will be conducted to understand the underlying causes of poor uptake of IYCF practises
- Support for training of partners on key nutrition guidelines
- Expansion and development of nutrition community volunteers to increase detection of malnutrition and referrals
- Advocacy for nutrition-sensitive livelihood opportunities to enhance diet diversity
- Strengthen collaboration with Water, Sanitation and Hygiene and health agencies on joint hygiene, nutrition and health promotion

Working in Partnership

UNHCR co-chairs the **Strategic Executive Group** together 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 partnerships 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 with a range of international and national actors. It has a strong network of 28 partners, including:

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** (Gonosshasthaya Kendra) | **IRC** (International Rescue Committee) | **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** Foundation | **TAI** (Technical Assistance Incorporated)

UNHCR would also like to acknowledge the crucial role played by the refugees in the response; with over 3,000 volunteers from the refugee community who are often the first responders on the ground. UNHCR and partners have trained and work with safety unit volunteers (SUVs) who support the emergency response, community outreach members who support raising awareness on important issues and in addressing protection risks, community health workers who assist with outreach for health and nutrition, and others who provide further critical support to the emergency response.

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