



Since August 2017, over 740,000 Rohingya refugees were estimated to 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 the 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 has 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 conducted 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.

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, 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**

Progress (January -April 2019)

UNHCR and nutrition partners **Action Against Hunger (ACF)**, **Terres des Hommes (TDH)** and **Save the Children International (SCI)** have established 22 Outpatient Therapeutic Feeding Programs (OTPs) and 3 in-patient facilities for the treatment of Severe Acute Malnutrition (SAM). UNHCR with ACF is also supporting 3 Targeted Supplementary Feeding Programmes (TSFP) for the treatment of Moderate Acute Malnutrition and 3 Blanket Supplementary Feeding Programmes. In addition, 22 IYCF corners provide support to promote of appropriate feeding practices to pregnant and lactating mothers through counselling on exclusive breastfeeding and the timely introduction of complimentary food at six months, as well as support on maternal and childcare practices. Some 600 community nutrition volunteers are also reaching out in the Rohingya community at the household level to identify malnourished children for referral and follow-up on children already enrolled in nutrition programmes. The volunteers also provide health education sessions and advocate on healthy eating and hygiene practice.

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

2,818 Children <5 with severe acute malnutrition (SAM) enrolled in OTPs

643 Children < 5 with moderate acute malnutrition (MAM) enrolled in TSFPs

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

Challenges

- Inadequate dietary diversity at household level.
- Poor infant and young child feeding care practices among children under 2 years.
- Inadequate water, hygiene and sanitation poses a risk factor for increasing malnutrition.
- Weak community capacity to identify and refer acutely malnourished children to treatment programs.

Way Forward

- UNHCR and partners are scaling-up community-based IYCF; activities will be adjusted in line with findings of the recent IYCF assessment.
- Strengthening the capacity of partners through training on key nutrition guidelines.
- Strengthening nutrition community volunteers to increase early detection of malnutrition and referrals.
- Advocacy for nutrition-sensitive livelihood opportunities to help enhance diet diversity.
- Strengthening collaboration with Water, Sanitation and Hygiene and health agencies on integrated 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 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 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** (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** | **World Vision** | **Solidarites International** | **Terre des Hommes** | **TAI** (Technical Assistance Incorporated) | **NRC** (Norwegian Refugee Council)

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.

Donor country contributions to UNHCR Bangladesh (2018/2019)

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