



### HEALTH/ NUTRITION/ MHPSS OBJECTIVES

- 1 Enhancing access of refugees to essential health services
- 2 Integrate mental health interventions into general healthcare system
- 3 Health promotion and surveillance through community health workers
- 4 Develop community-based psychosocial awareness and support programmes
- 5 Treatment of acute malnutrition and enhance community engagement in identification and referrals of malnourished children.
- 6 Promote and support maternal, infant and young child feeding (IYCF) and maternal and child care practices

### PROGRESS (JANUARY - FEBRUARY 2020)

UNHCR works with the Ministry of Health and Family Welfare, Refugee Health Unit (RHU) of the Refugee Relief and Repatriation Commissioner (RRRC), and other partners to strengthen health infrastructure and provide healthcare services to refugees. Curative and preventive health services are provided through 33 health facilities supported by UNHCR. Integrated mental health services are provided by trained general health staff, individual counselling is offered by psychologists and trained Rohingya community counsellors. Treatment and prevention of moderate and severe acute malnutrition is implemented through 18 nutrition facilities. More than 1,100 trained Community Health, Community Psychosocial Volunteers (CPV) and Nutrition Volunteers, most of them Rohingya refugees, are reaching out to their communities to raise awareness on various health and nutrition issues.

In response to the current COVID-19 pandemic, UNHCR has stepped up its preparedness and response mechanisms. Health staffs are trained on case identification, referral and treatment and infection prevention and control (IPC). All health and nutrition facilities have upscaled IPC measures. UNHCR leads the Community Health Working Group in Cox's Bazar which is instrumental in coordinating outreach activities in refugee settlements with other health partners and is co-chairing the MHPSS working group. 127 CHW supervisors were trained on COVID, they cascaded the training to more than 1,200 CHWs as well as volunteers from other sectors. Similarly, psychologists and CPVs received training on COVID related support measures.

### CHALLENGE

- Insufficient bed and human resource capacity of the health system to respond to an expected increase in COVID-19 cases.
- Global shortages in supply of Personal Protective Equipment.
- There are significant gaps in knowledge on maternal health and reproductive health combined with traditional practices result in poor health service utilization.
- Poor infant and young child feeding and maternal care practices among children under 2 year.
- Community-based psychosocial interventions are not yet at the scale needed to reach the number of refugees in need of these activities.

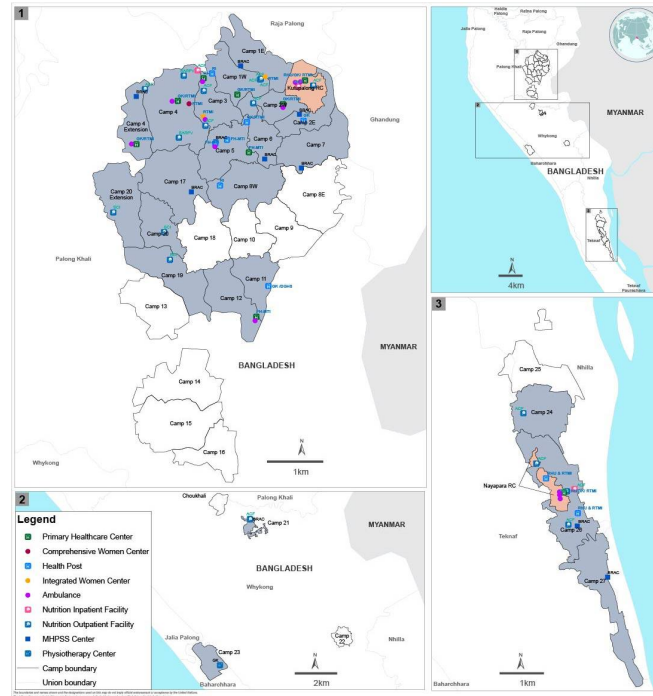
### WAY FORWARD

- ✓ UNHCR will support the district hospital in the set up of a 10-bedded Intensive Care Unit and establish a 150 bedded isolation and treatment centre in Ukhiya
- ✓ UNHCR continue to improve sexual, and reproductive health programs and strengthen access to services for refugees with specific needs; improve the quality of health services and promote the use of health facilities; and scale up detection and treatment of non-communicable diseases.
- ✓ UNHCR and partners will continue the treatment of acute malnutrition and scaling up of the community based IYCF activities adjusted in line with the action plan of the most recent assessments 2019 SMART survey and the Nutrition causal analysis assessment(NCA)
- ✓ UNHCR is working to strengthen different levels of mental health and psychosocial support interventions, including training Community Psychosocial Volunteers (CPVs) and Community Para-Counsellors to promote community-based activities.

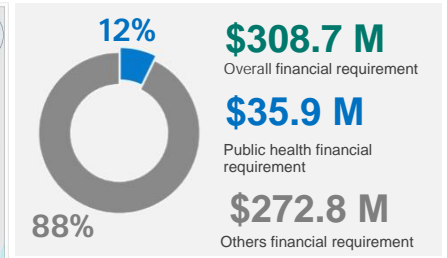
**KEY FIGURES**



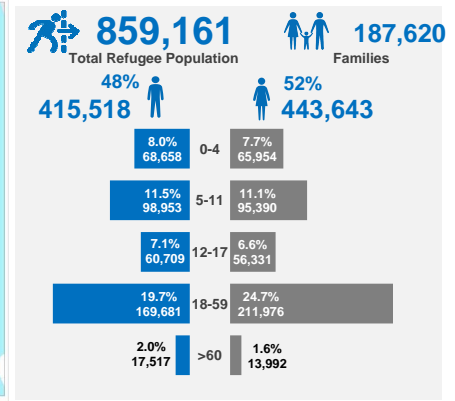
**GEOGRAPHIC SITUATION & PARTNERS**



**FINANCIAL REQUIREMENT**



**POPULATION BREAKDOWN**



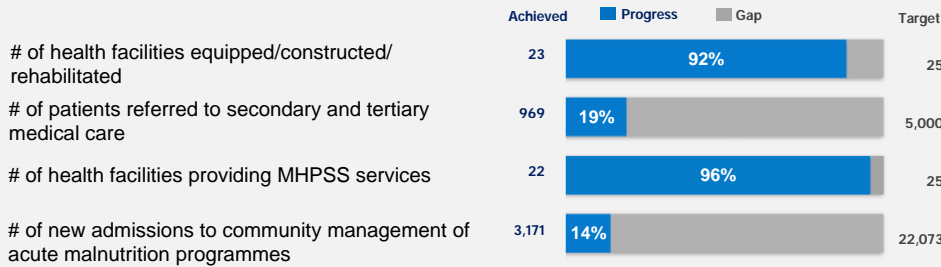
**HEALTH AND NUTRITION PROGRAMMES AND FACILITIES**



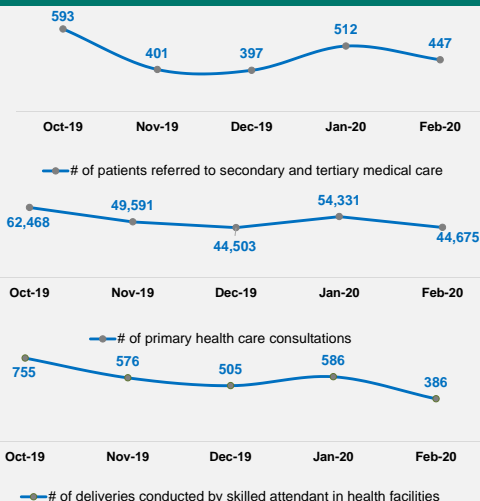
**ACHIEVEMENTS (JAN & FEB)**

- 99,006 primary health care consultations conducted
- 450 deliveries are conducted by skilled attendant in health facilities
- 1,600 mental health consultations provided by specialist
- 49,403 refugees participated in group psycho-social activities
- 3,171 admitted for admissions to community management of acute malnutrition programmes
- 4,631 pregnant, lactating women and caregivers of children 6-23 months counselled on IYCF 1st visit (individual)

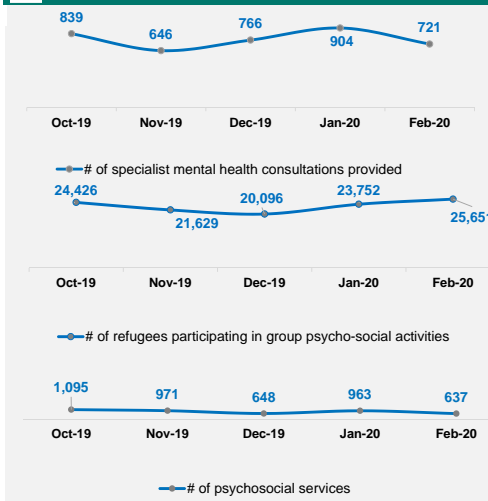
**PROGRESS AGAINST 2020 TARGETS**



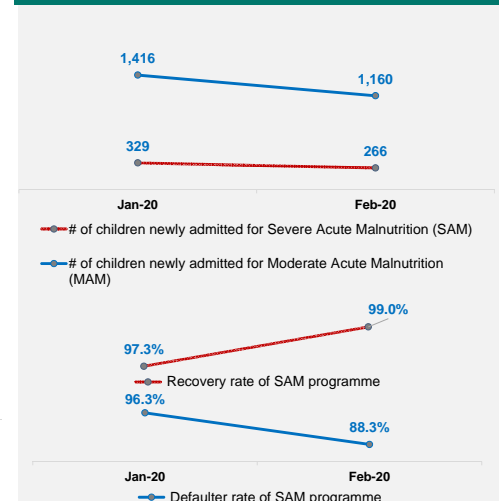
**HEALTH INDICATORS TRENDS**



**MENTAL H. INDICATORS TRENDS**



**NUTRITION INDICATORS TRENDS**



**THANK YOU**

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