



### 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 (MAY- JUNE 2020)

UNHCR works with the Ministry of Health and Family Welfare, the Refugee Relief and Repatriation Commissioner (RRRC), and other partners to strengthen health infrastructure and provide healthcare services to refugees and host communities. 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 counseling 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, 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. Four quarantine facilities are established, the facilities can accommodate up to 1,915 contacts of suspected/ confirmed cases, and new arrivals. Two SARI (Severe Acute Respiratory Infection) Isolation and Treatment Centres with altogether 194 beds were established and provided treatment to 117 refugees and host community members so far. For critical cases in need of mechanical ventilation, UNHCR is supporting local health authorities by setting up an 18 bed Intensive Care Unit in Cox's Bazar's main district hospital, 17 patients were admitted in the first ten days of operation.

UNHCR leads the Community Health Working Group in Cox's Bazar which is instrumental in coordinating outreach activities in refugee settlements and is co-chairing the MHPSS working group. UNHCR and WHO have started an enhanced community-based surveillance initiative, 1,440 CHWs were trained in identifying patients with mild and moderate/ severe symptoms using simple criteria. Refugees who meet case definitions will receive individual counseling on testing and treatment and will be referred to the nearest health facility. Similarly, psychologists and CPVs received training on COVID-19 related support measures. Capacity building is provided to ITC (Isolation and Treatment Centre) and Quarantine Center staff to be able to respond to the psychosocial needs of patients while identifying those that need more specialized support.

Critical nutrition services for treatment of acute malnutrition and individual counseling on IYCF( Infant and Young Child Feeding) continue to be provided to all children under five years. To ensure continued nutrition screening during the COVID-19 situation, mothers have been trained to conduct MUAC (Mid-Upper Arm Circumference) measurements by the nutrition partners to identify malnutrition.

### CHALLENGE

- Insufficient bed and human resource capacity of the health system to respond to an expected increase in COVID-19 cases.
- Reduced uptake of preventive health services such as antenatal care and immunization.
- 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.

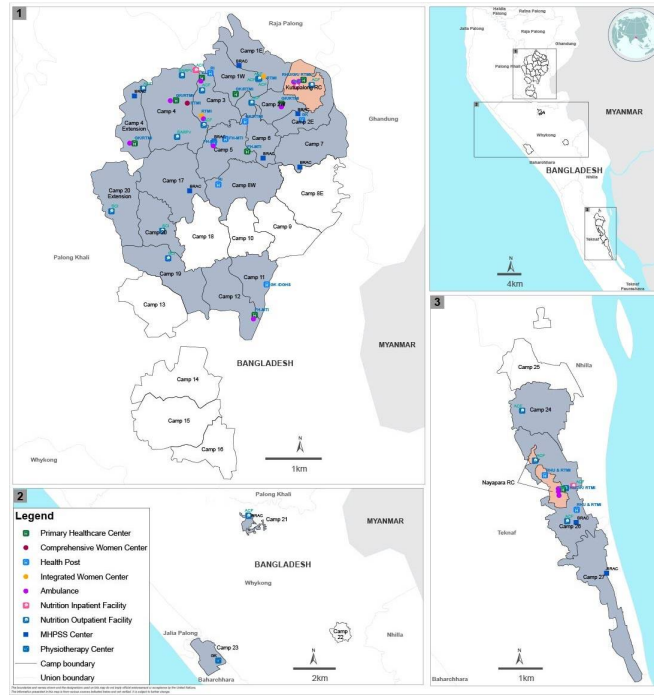
### WAY FORWARD

- ✓ UNHCR through the CHWG will support WHO in the establishment of a homebased care system for treatment of COVID-19 patients.
- ✓ UNHCR will continue to improve sexual reproductive health and immunization programs and strengthen access to services; promote the use of health facilities.
- ✓ 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.

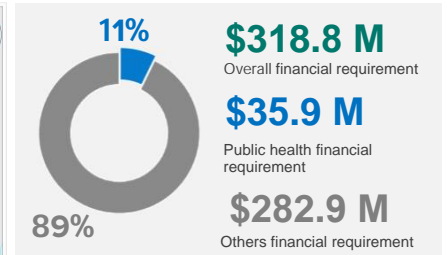
**KEY FIGURES**



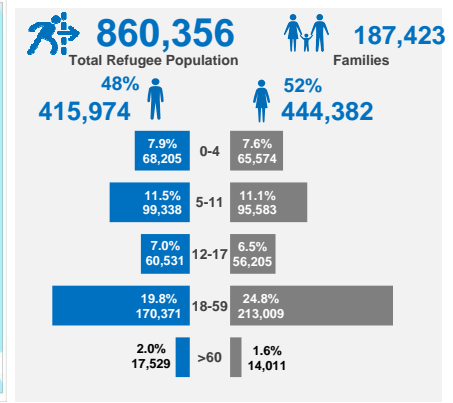
**GEOGRAPHIC SITUATION & PARTNERS**



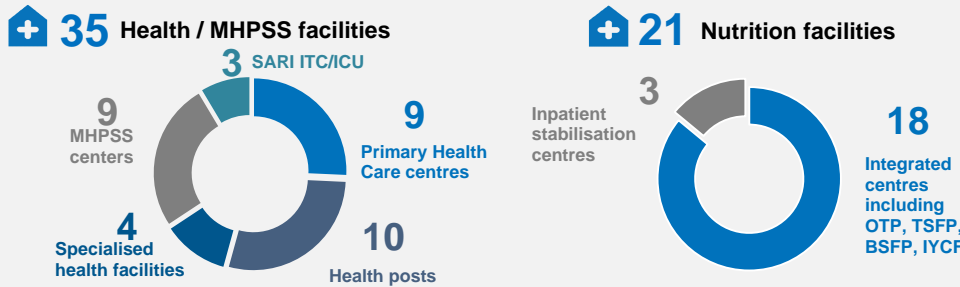
**FINANCIAL REQUIREMENT**



**POPULATION BREAKDOWN**



**HEALTH AND NUTRITION PROGRAMMES AND FACILITIES**



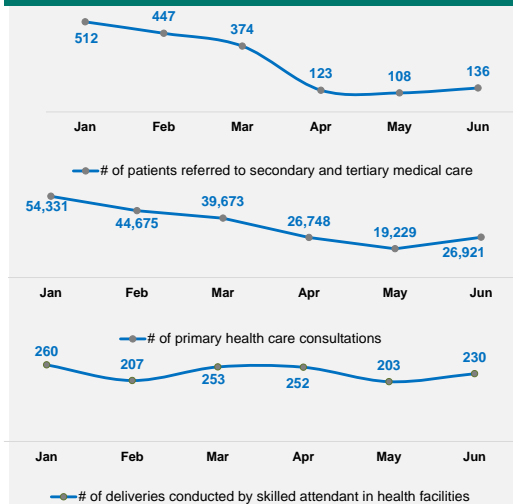
**ACHIEVEMENTS (MAY & JUNE)**

- 46,150 primary health care consultations conducted
- 450 deliveries are conducted by skilled attendant in health facilities
- 675 mental health consultations provided by specialist
- 32,451 refugees participated in group psycho-social activities
- 6,371 admitted for admissions to community management of acute malnutrition programmes
- 876 pregnant, lactating women and caregivers of children 6-23 months counselled on IYCF 1st visit (individual)

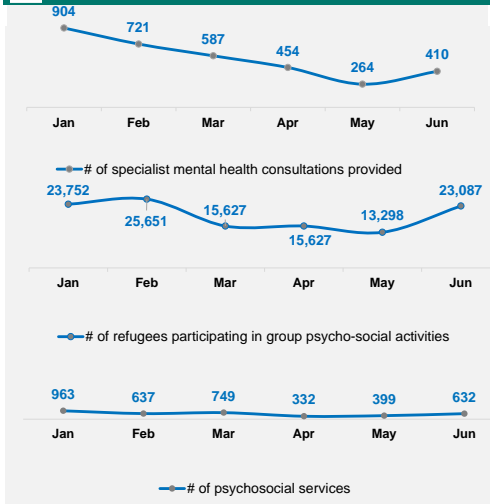
**PROGRESS AGAINST 2020 TARGETS**



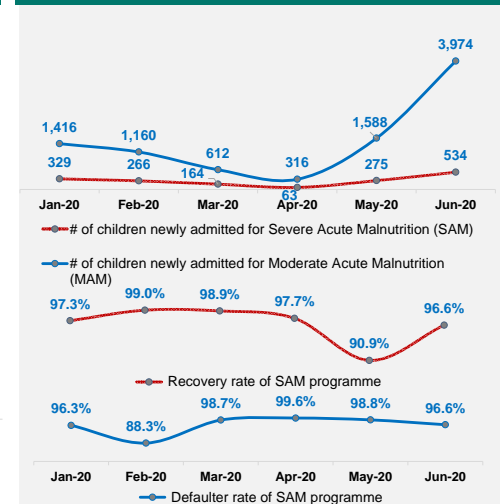
**HEALTH INDICATORS TRENDS**



**MENTAL HEALTH INDICATORS TRENDS**



**NUTRITION INDICATORS TRENDS**



**THANK YOU**  
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