



As COVID-19 cases increase across Bangladesh, in Cox's Bazar UNHCR continues to support two Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centres (ITC) and one Intensive Care Unit which provides services to both refugees and the host community. @UNHCR/Louise Donovan

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 Coordinate and monitor field activities comprehensively addressing them or reaching out to responsible sectors/units

Progress (January - June 2021)

Public Health

To improve service inter-linkage between maternal and child health and nutrition programs, an integration project was rolled out in three camps with a medium to long term objective to fully integrate all health and nutrition services within one facility. In addition, the nutrition partner in Camp 4 Extension handed over inpatient services for management of malnourished children with medical complications to the health partner in March 2021, with 19 children having received treatment. This is a key milestone towards integration of health and nutrition services.

Community Health Workers continued COVID-19 surveillance and referral with over 118,000 weekly household visits reaching over 347,000 individuals. In response to the fire incident in March, CHWs visited 37,029 households with 56,279 individuals reached with fire safety messages and 1,817 patients with acute or chronic health conditions were identified and referred to mobile medical teams for appropriate care/treatment.

To support COVID-19 case management, a laboratory was set up and equipped within the Sadar District Hospital Intensive Care Unit. Over US\$ 1 million worth of personal protective equipment was donated to Government health facilities in Cox's Bazar.

Nutrition

Community nutrition volunteers screened some 54,000 children aged 6 – 59 months during home visits and over 6,000 acutely malnourished children were referred for treatment. Prevention through blanket supplementary feeding programmes (BSFP) continued, reaching over 52,000 children 6-59 months of age.

The 2021 Joint Assessment Mission (JAM) on food security started with a virtual inception workshop on 19 May. Primary data was successfully collected in June across seven camps. The JAM process is expected to conclude in July after which a two-year strategic and operational Joint Plan of Action (JPA) between WFP and UNHCR will be developed.

Mental Health and Psychosocial Support (MHPSS)

Capacity building trainings were conducted for protection and health volunteers to enhance understanding of MHPSS and strengthen referral pathways. Training on self-care was provided to the Community Health Working Group, Nutrition sector and Gender-Based Violence subsector. Together with the Gender-Based Violence subsector, a joint capacity building plan was developed to improve support provided for psychosocial problems related to GBV cases.

The Mental Health Gap Action Programme (mhGAP) training was conducted for all intensive care unit medical staff at Sadar District Hospital in Cox's Bazar to support and manage mental health cases. MhGAP, developed by WHO, seeks to increase the capacity of health professionals to respond and manage symptoms of mental health patients.

Following the fire incident in March, MHPSS Working Group cochairs (UNHCR and IOM) and subgroups, documented lessons learned that led to some restructuring. A training curriculum on MHPSS emergency response is being developed.

UNHCR participated as a panelist representing the Bangladesh MHPSS Working group in ECOSOC (Economic and Social Council) Humanitarian Affairs Segment, 2021 MHPSS side event. Additionally, UNHCR presented on behalf of the working group in an MHPSS specific meeting based on a special request received by donors.

Challenges

The recent surge in COVID-19 cases led to increased occupancy of beds in UNHCR-supported facilities. The upward trend in transmission rates required an enhanced medical response. UNHCR distributed additional PPE (Personal Protective Equipment) for health staff, and medicines and other supplies for case management at health facilities including quarantine centres, and Sadar District Hospital in Cox's Bazar. Other community-based activities including risk communication and health promotion have been scaled up.

The lockdowns and movement restrictions to mitigate the spread of COVID-19 resulted in reduced community engagement activities.

Inpatient care for mental health patients is lacking in Cox's Bazar due reasons including lack of funding, and available specialized health professionals.

Way Forward

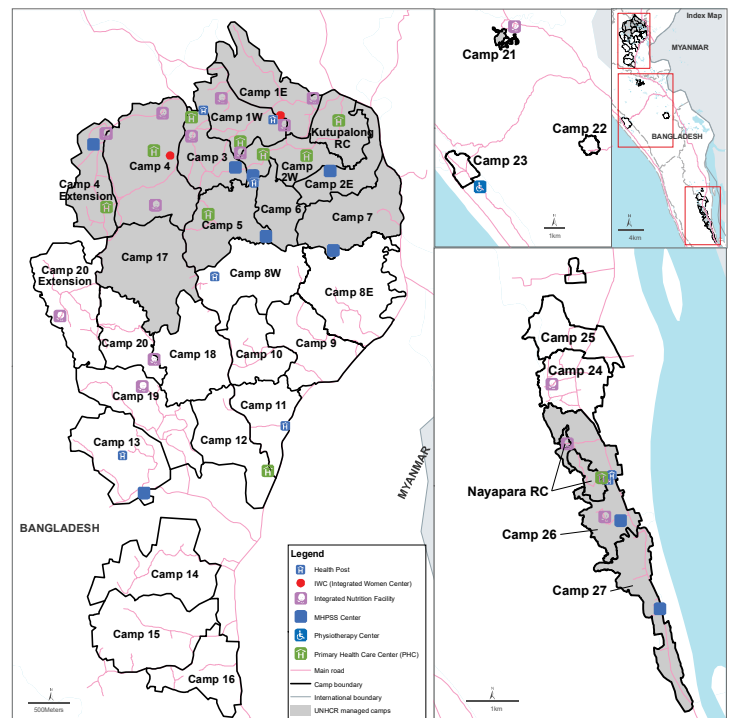
UNHCR will continue to provide promotive, preventive, and curative services to refugees and members of the host community through persistent community-based surveillance, support to NGO partners and Sadar District Hospital to prevent and control COVID-19 transmission, identify contacts and infected and enhance quarantine and treatment services. Health education, infection prevention and control methods will continue in the camps.

A virtual training approach will continue to reinforce the capacity of community health teams through training supervisors who cascade the training to community health workers, while observing appropriate infection prevention measures.

UNHCR will engage with the Ministry of Health and NGOs to explore options to establish inpatient care services for mental health patients.

Ongoing advocacy with the nutrition sector to shift back to the standard WHO nutrition protocols while maintaining strict COVID-19 prevention and control measures.

Key Figures (as of June 2021)



Achievements (January - June 2021)

