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HEALTH/ NUTRITION/ MHPSS OBJECTIVES

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

PROGRESS (JANUARY - DECEMBER 2019)

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 counseling is offered by psychologists and trained Rohingya community counselors. A medical referral system for transporting critically ill refugees to hospital services outside the refugee settlements is covering 50% of the camps.

Treatment of moderate and severe acute malnutrition is implemented through **25** facilities, facilities also promote appropriate infant and young child feeding practices to pregnant and lactating mothers through counseling on exclusive breastfeeding and timely introduction of complimentary food at six months, and maternal and child care practices to prevent future malnutrition.

More than **1,010** trained Community Health Workers and Nutrition Volunteers, mostly Rohingya refugees, are reaching out to their communities to raise awareness on various health and nutrition issues – such as newborn care with new mothers and infectious diseases prevention, identifying malnourished children and health cases and providing referrals to appropriate services. In addition, **324** Community Psychosocial Volunteers conduct group activities including peer support groups and community workshops. 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.

CHALLENGES

- There are significant gaps in knowledge on maternal health and reproductive health among refugees combined with traditional practices, that result in poor health and health service utilization,
- Poor infant and young child feeding care practices for children under 2 years and poor diet diversity,
- Inadequate water supply, poor hygiene and sanitation facilities and low vaccination rates pose a risk for disease outbreaks and malnutrition,
- Community-based psychosocial interventions are not yet at the scale needed to reach the number of refugees assessed to be in need of these activities.

WAY FORWARD

- ✓ UNHCR will 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 findings of the recent IYCF -e assessment.
- ✓ UNHCR will continue to strengthen different levels of mental health and psychosocial support interventions, including training Community Psychosocial Volunteers (CPVs) and Community Para-Counselors to promote community-based activities. Equally, UNHCR is training general physicians, psychologists and counselors on individual psychosocial support and integrating mental health services into the primary healthcare system.
- ✓ Strengthen the capacity of health and nutrition partners and volunteers through trainings and mentoring.
- ✓ Strengthen collaboration with WASH and health agencies on joint hygiene, nutrition and health programming and promotion.

KEY FIGURES

0.40/month/1,000
under 5 mortality rate*

52.4%
deliveries conducted in health facilities*

4,674
specialist mental health consultations provided

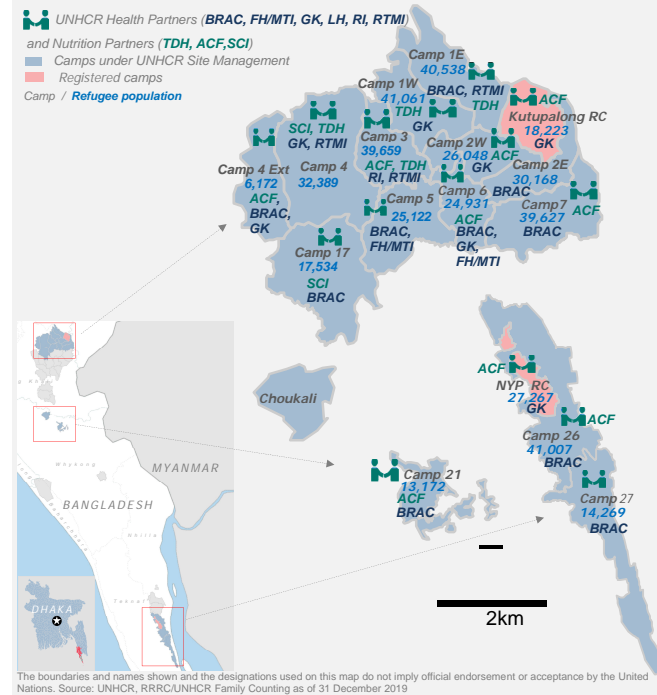
180,375
refugees participating in group psycho-social activities

8,440
new admissions to community management of acute malnutrition programmes

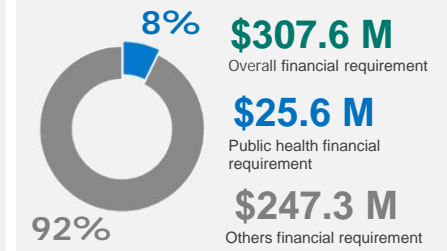
19,233
pregnant, lactating women counselled on IYCF 1st visit (individual)

* Average for all

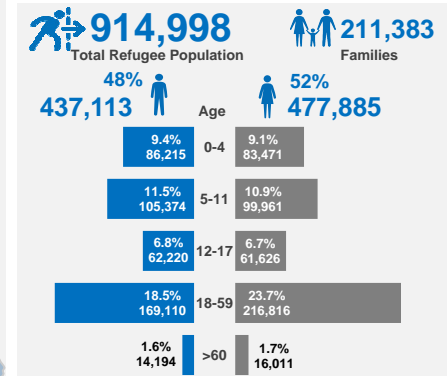
GEOGRAPHIC SITUATION & PARTNERS



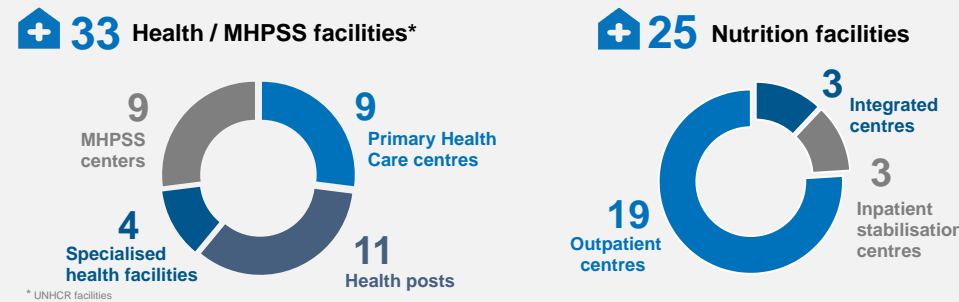
FINANCIAL REQUIREMENT



POPULATION DATA



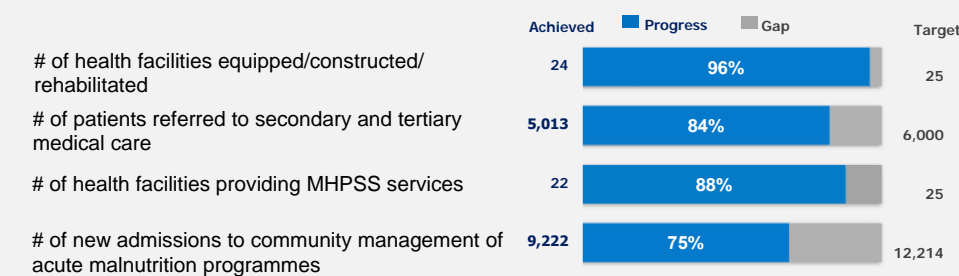
HEALTH AND NUTRITION PROGRAMMES AND FACILITIES



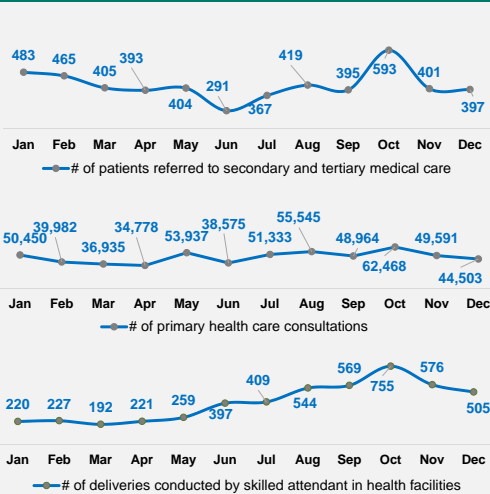
ACHIEVEMENTS OF DECEMBER

- **44,503** primary health care consultations conducted
- **505** deliveries conducted by skilled attendants in health facilities
- **766** mental health consultations provided by specialist
- **20,096** refugees participated in group psycho-social activities
- **347** admitted for admissions to community management of acute malnutrition programmes
- **2,599** pregnant, lactating women and caregivers of children 6-23 months counselled on IYCF (1st visit)

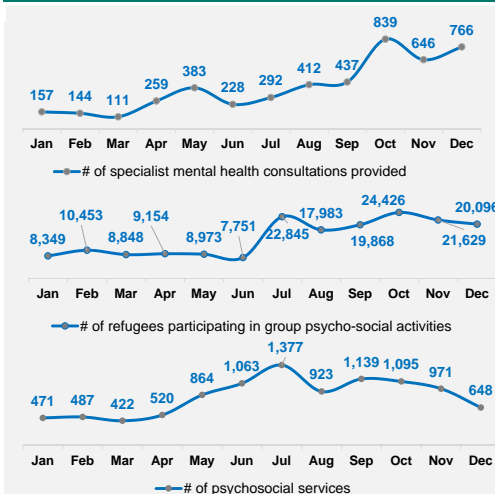
PROGRESS AGAINST 2019 TARGETS



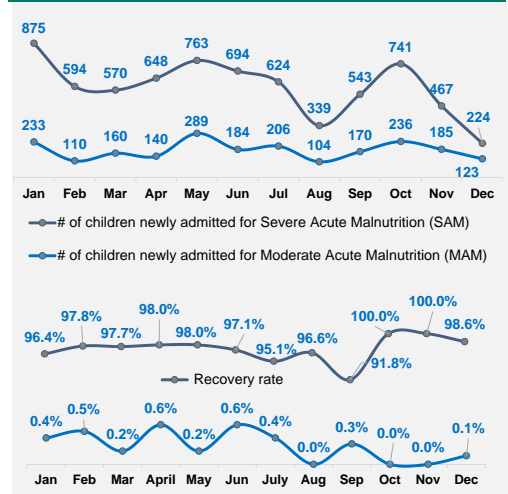
HEALTH INDICATORS TRENDS



MENTAL H. INDICATORS TRENDS



NUTRITION TRENDS



THANK YOU

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