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 care practices among children under 2 years and poor diet diversity;
- Inadequate water, 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 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 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. Equally, UNHCR is training psychologists and counsellors 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*
- **47%** deliveries conducted in health facilities*
- **2,423** specialist mental health consultations provided
- **114,224** refugees participating in group psycho-social activities
- **7,277** new admissions to community management of acute malnutrition programmes
- **14,228** pregnant, lactating women counselled on IYCF 1st visit (individual)

* Average for all camps

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**HEALTH AND NUTRITION PROGRAMMES AND FACILITIES**

- **33** Health / MHPSS facilities
  - **9** MHPSS centers
  - **9** Primary Health Care centres
  - **4** Specialised health facilities
  - **11** Health posts
- **25** Nutrition facilities
  - **3** Integrated centres
  - **19** Outpatient centres
  - **3** Inpatient stabilisation centres

**PROGRESS AGAINST 2019 TARGETS**

<table>
<thead>
<tr>
<th>Target</th>
<th>Achieved</th>
<th>Progress</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td># of health facilities equipped/constructed/rehabilitated</td>
<td>23</td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td># of patients referred to secondary and tertiary medical care</td>
<td>3,622</td>
<td>60%</td>
<td>1,000</td>
</tr>
<tr>
<td># of health facilities providing MHPSS services</td>
<td>22</td>
<td>96%</td>
<td>25</td>
</tr>
<tr>
<td># of new admissions to community management of acute malnutrition programmes</td>
<td>7,277</td>
<td>59%</td>
<td>12,300</td>
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</table>

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**HEALTH INDICATORS TRENDS**

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td># of patients referred to secondary and tertiary medical care</td>
<td>483</td>
<td>948</td>
<td>1,353</td>
<td>1,746</td>
<td>2,150</td>
<td>2,441</td>
<td>2,806</td>
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</table>

**MENTAL H. INDICATORS TRENDS**

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td># of specialist mental health consultations provided</td>
<td>157</td>
<td>301</td>
<td>412</td>
<td>671</td>
<td>1,004</td>
<td>1,282</td>
<td>1,574</td>
<td>1,986</td>
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</table>

**NUTRITION INDICATORS TRENDS**

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children newly admitted for Moderate Acute Malnutrition (MAM)</td>
<td>8,349</td>
<td>18,802</td>
<td>27,659</td>
<td>96,804</td>
<td>45,777</td>
<td>53,528</td>
<td>76,373</td>
<td>94,256</td>
</tr>
<tr>
<td># of children participating in group psycho-social activities</td>
<td>984</td>
<td>1,671</td>
<td>1,445</td>
<td>1,237</td>
<td>1,045</td>
<td>853</td>
<td>662</td>
<td>471</td>
</tr>
</tbody>
</table>

**ACHIEVEMENTS OF SEPTEMBER**

- **48,964** primary health care consultations conducted
- **569** deliveries are conducted by skilled attendant in health facilities
- **437** mental health consultations provided by speciality
- **19,868** refugees participated in group psycho-social activities
- **744** admitted for admissions to community management of acute malnutrition programmes
- **2,562** pregnant, lactating women and caregivers of children 6-23 months counselled on IYCF 1st visit (individual)
- **70,372** children (6-59) months screened

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**FINANCIAL REQUIREMENT**

- **$307.6 M** overall financial requirement
- **$25.6 M** public health financial requirement
- **$247.3 M** others financial requirement

**THANK YOU**

UNHCR’s humanitarian response in Bangladesh is made possible thanks to the generous support of major donors who have contributed unrestricted funding to UNHCR’s global operations, and to donors who have generously contributed directly to UNHCR Bangladesh operations. In 2018 and 2019, support has been received from the people and governments of: Australia, Bangladesh, Canada, Denmark, Estonia, the European Union, France, Germany, Ireland, Italy, Japan, the Republic of Korea, the Netherlands, New Zealand, Norway, Qatar, the Kingdom of Saudi Arabia, Spain, Sweden, Switzerland, Thailand, the United Arab Emirates, the United Kingdom, and the United States of America.