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.

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-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
- 3,908 specialist mental health consultations provided
- 160,279 refugees participating in group psycho-social activities
- 8,143 new admissions to community management of acute malnutrition programmes
- 16,634 pregnant, lactating women counselled on IYCF 1st visit (individual)

### 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

### Achievements of November

- 49,591 primary health care consultations conducted
- 576 deliveries conducted by skilled attendants in health facilities
- 646 mental health consultations provided by specialist
- 21,629 refugees participated in group psycho-social activities
- 2,406 pregnant, lactating women and caregivers of children 6-23 months counselled on IYCF (1st visit)
- 68,481 children (6-59 months) screened

### Health Indicators Trends

- Number of patients referred to secondary and tertiary medical care: 4,616 (96% achieved)
- Number of patients referred to primary health care consultations: 8,343 (66% achieved)
- Number of specialist mental health consultations provided: 3,908 (88% achieved)
- Recovery rate of SAM programme: 98.0% (97.1% in 2018)

### Nutritional Trends

- Recovery rate of SAM programme: 98.0% (97.1% in 2018)
- Recovery rate of moderate acute malnutrition (MAM): 96.4% (97.6% in 2018)

### Thank You

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All indicators are based on 2019 UNHCR operation plan. Source: UNHCR and UNHCR Partners. For more information, contact bispccom@unhcr.org or visit: http://data2.unhcr.org/en/situations/myanmar_refugees

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