

#### **FACTSHEET - PUBLIC HEALTH**

30 November 2019



#### R HEALTH/ NUTRITION/ MHPSS OBJECTIVES

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

#### ள் PROGRESS (JANUARY - SEPTEMBER 2019)

UNHCR works with the Ministry of Health and Family Welfare, the Refugee Health Unit (RHU) of the Refugee Relief and Repatriation Commissioner (RRRC), and other partners to strengthen health infrastructure in the refugee settlements and provide healthcare services to refugees. UNHCR supports curative and preventive health services are provided through 33 health facilities. Integrated mental health services are provided by trained general health staff. Individual counselling is offered by psychologists and trained Rohingya community counsellors. A medical referral system for transporting critically ill refugees to hospital services outside the refugee settlements is covering 50% of the refugee settlements in Cox's Bazar.

Treatment of moderate and severe acute malnutrition by UNHCR is implemented through 25 facilities. These also promote infant and young child feeding practices to pregnant and lactating mothers through counselling on exclusive breastfeeding and timely introduction of complimentary food at six months, as well as maternal and childcare practices to prevent future malnutrition. More than 900 trained Community Health Workers and Nutrition Volunteers, mostly Rohingya refugees, are reaching out to their communities to raise awareness of various health and nutrition issues – such as newborn care (with new mothers), infectious diseases prevention, identifying malnourished children, and referrals to appropriate services for other health cases. In addiiton, 100 Community Psychosocial Volunteers conduct group activities, inclduing peer support groups, and community workshops to promote mental health. 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. UNHCR co-chairs the MHPSS working group.

### ① 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-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

**2** 47%

deliveries conducted in health facilities\*

**3,908** 

specialist mental health consultations provided

**160,279** 

refugees participating in group psycho-social activities

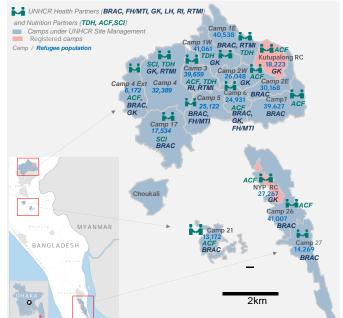
**△** 8,143

new admissions to community management of acute malnutrition programmes

**16,634** 

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

\* Average for all camps

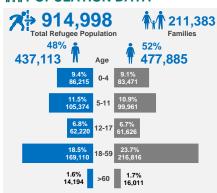


GEOGRAPHIC SITUATION & PARTNERS

## **5** FINANCIAL REQUIREMENT

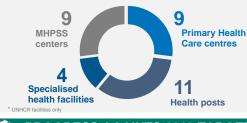


#### **†††††POPULATION DATA**

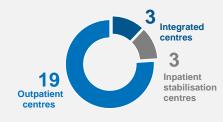


#### I HEALTH AND NUTRITION PROGRAMMES AND FACILITIES

# 33 Health / MHPSS facilities\*



# 25 Nutrition facilities

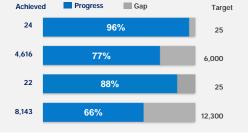


#### ACHIEVEMENTS OF NOVEMBER

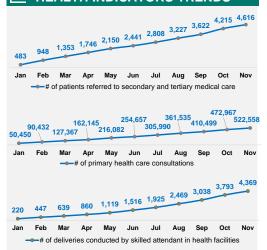
- 49,591 primary health care consultations conducted
- 576 deliveries conducted by skilled attendants in health facilities
- 646 mental health consultations provided by specialist
- 21,629 refugees participated in group psychosocial activities
- 576 admitted for admissions to community management of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

# PROGRESS AGAINTS 2019 TARGETS

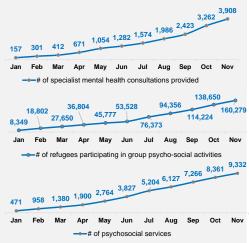
- # of health facilities equipped/constructed/ rehabilitated
- # of patients referred to secondary and tertiary medical care
- # of health facilities providing MHPSS services
- # of new admissions to community management of acute malnutrition programmes



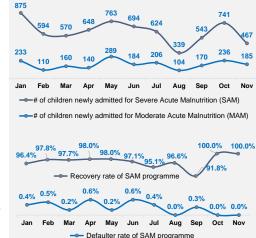
#### ✓ HEALTH INDICATORS TRENDS



#### ✓ MENTAL H. INDICATORS TRENDS



#### ✓ NUTRITION TRENDS



#### THANK YOU

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