HEALTH/ NUTRITION/ MHPSS 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. Promote and support maternal, infant and young child feeding (IYCF) and maternal and child care practices

PROGRESS (MARCH - APRIL 2020)

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 psychologists and trained Rohingya community counselors. Treatment and prevention of moderate and severe acute malnutrition is implemented through 18 nutrition facilities. More than 1,100 trained Community Health, Community Psychosocial Volunteers (CPV) and Nutrition Volunteers, most of them Rohingya refugees, are reaching out to their communities to raise awareness on various health and nutrition issues.

In response to the current COVID-19 pandemic, UNHCR has stepped up its preparedness and response mechanisms. Health staffs are trained on case identification, referral and treatment and infection prevention and control (IPC). 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. 127 CHW supervisors were trained on COVID, they cascaded the training to 2,400 volunteers from health and other sectors. Similarly, psychologists and CPVs received training on COVID related support measures.

Two quarantine facilities are established with a total capacity for 270 people, the facilities are intended to help prevent the spread of the virus and will be used for close contacts of suspected or confirmed cases, and new arrivals. UNHCR is also establishing two Severe Acute Respiratory Infection Isolation and Treatment Center (SARI ITCs) that will provide for 194 beds to respond to any COVID-19 patients with severe illness including those who require oxygen therapy. For critical cases in need of mechanical ventilation, UNHCR is supporting local health authorities to increase their capacity by setting up an 18 bed ICU in Cox’s Bazar’s main district hospital.

CHALLENGE

- Insufficient bed and human resource capacity of the health system to respond to an expected increase in COVID-19 cases.
- Global shortages in supply of Personal Protective Equipment.
- 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 and maternal care practices among children under 2 year.
- 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 support the district hospital in the set up of an 18-beded Intensive Care Unit and establish two isolation and treatment centers in Ukhiya. UNHCR will furthermore support the health sector in developing and roll-out of a home based care system for mild and moderate COVID-19 patients.
- UNHCR 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 action plan of the most recent assessments 2019 SMART survey and the Nutrition causal analysis assessment (NCA).
- 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.
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’s operations in Bangladesh.

THANK YOU
UNHCR is sincerely grateful for the additional support received from many individuals, foundations, and companies worldwide including Bill & Melinda Gates Foundations, CERF, Education Cannot Wait, and Thani Bin Abdullah Bin Thani Al-Thani Humanitarian Fund.

**HEALTH AND NUTRITION PROGRAMMES AND FACILITIES**

- **33** Health / MHPSS facilities
- **9** MHPSS centres
- **4** Specialised health facilities
- **11** Health posts
- **2** SARI ITCs

**Healthcare**
- 512
  - Primary Health care centres
- 447
  - Health posts
- 374
  - SARI ITCs
- 123
  - MHPSS centres

**Mental Health**
- 268
  - # of deliveries conducted by skilled attendant in health facilities
- 207
  - # of primary health care consultations
- 253
  - # of specialist mental health consultations provided

**Nutrition**
- 963
  - # of refugees participating in group psycho-social activities
- 637
  - # of psychosocial services

**NURSING INDICATORS TRENDS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jan-20</th>
<th>Feb-20</th>
<th>Mar-20</th>
<th>Apr-20</th>
</tr>
</thead>
<tbody>
<tr>
<td># of new admissions to community management of acute malnutrition programmes</td>
<td>1,160</td>
<td>99,103</td>
<td>68,709</td>
<td>56,223</td>
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<tr>
<td>Recovery rate of SAM programme</td>
<td>98.7%</td>
<td>99.6%</td>
<td>99.0%</td>
<td>98.9%</td>
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<tr>
<td>Defaulter rate of SAM programme</td>
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<td>1.6%</td>
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</table>

**MENTAL HEALTH INDICATORS TRENDS**

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<th>Mar-20</th>
<th>Apr-20</th>
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</thead>
<tbody>
<tr>
<td># of specialist mental health consultations provided</td>
<td>23,752</td>
<td>25,651</td>
<td>15,627</td>
<td>15,627</td>
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<tr>
<td># of children newly admitted for Severe Acute Malnutrition (SAM)</td>
<td>329</td>
<td>266</td>
<td>184</td>
<td>163</td>
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**NUTRITION INDICATORS TRENDS**

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<th>Apr-20</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children newly admitted for Moderate Acute Malnutrition (MAM)</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Recovery rate of SAM programme</td>
<td>96.3%</td>
<td>96.3%</td>
<td>96.3%</td>
<td>97.7%</td>
</tr>
</tbody>
</table>

All Indicators are based on 2020 UNHCR operation plan
Source: UNHCR and UNHCR Partners
For more information, contact bgdcoim@unhcr.org or visit: http://data2.unhcr.org/en/situations/myanmar_refugees
Creation date: 30 April 2020