



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 (NOVEMBER- DECEMBER)

UNHCR works with the Ministry of Health and Family Welfare, the Refugee Relief and Repatriation Commissioner (RRRC), and other partners to provide healthcare and nutrition services to refugees and host communities. Through its partners, UNHCR provides access to health services in 35 facilities within and outside the refugee camps that serve both the host and refugee communities with primary health care, mental health services and COVID-19 management. UNHCR and partners provide community management of acute malnutrition (CMAM) services through 18 integrated (OTP/BSFP/TSFP/IYCF) community nutrition centers, and 3 stabilization centers. All facility-based services are complemented by community-based disease prevention and health and nutrition promotion services implemented by a network of more than 1400 Community Health Workers from the host and refugee communities.

UNHCR provided support to the strengthening of health systems within the host community by breaking ground for the construction of an outpatient department at the Sadar District Hospital in Cox's Bazar, envisioned to be completed in early 2022. Within the Refugee camps, the construction of five new health facilities to improve the overall quality of health infrastructure and access to care was completed with official handover to partners planned for January 2021. UNHCR continued to provide support to the COVID-19 response in Cox's Bazar district, through 2 SARI (Severe Acute Respiratory Illness) ITCs (Isolation and Treatment Centers) in Ukhiya and Kutapalong with a total bed capacity of 194; and one Intensive Care unit, High Dependency Unit and Severe ward in Sadar District Hospital in Cox's Bazar with a total bed capacity of 38. As at the end of December 2020, 649 patients had been treated in these facilities. UNHCR through leadership of the Community Health Working group, and material support, collaborated with WHO and IEDCR (Institute of Epidemiology, Disease Control and Research) in the implementation of a COVID-19 seroprevalence study, whose aim is to determine the level of immunity to COVID-19 amongst the refugees. The study completed on 30 December and results will be shared in January 2021. UNHCR coordinated community health activities of all the partners within the 34 camps, in providing disease prevention and health promotion messages. In this reporting period, UNHCR supported Community Health Workers visited 604,917 households each month and provided health promotion messages. Through the Community Health Workers covering the 34 camps, COVID-19 prevention messages were provided to 1.38 million households, with repeat visits inclusive. One quarantine facility which was established for COVID-19 contacts continues to operate and in November started quarantine of new arrivals as well, following hand-over of the transit center to the Refugee Relief and Repatriation Commissioner.

In addition to CMAM services, UNHCR and partners provided access to blanket supplementary feeding programs for children under 5 years and pregnant and lactating women at all the integrated nutrition centers. Infants and young children below 2 years continued to access promotion of appropriate feeding and care practices; and community management of mothers at risk and infants at the nutrition centers in the camps. The annual SMART nutrition survey to determine the health and nutrition status of the refugees was undertaken with completion of data collection at the end of December. Analysis and report writing are in progress and will be completed in February 2021. Refugees continued to access mental health services through psychologists and trained psychosocial support volunteers, delivered through integrated services in 19 health facilities, 16 GBV centers, 10 MHPSS centers and Community based Protection and Nutrition teams, as well as within the community. In this reporting period, 41,622 persons participated in group psychosocial activities.

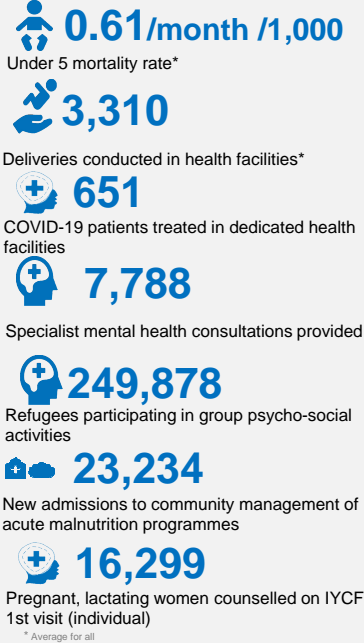
CHALLENGES

- Access to appropriate maternal and neonatal health care limited at various levels
- Poor linkages between key health and nutrition services
- Lack of in-patient care for patients requiring specialized mental health services

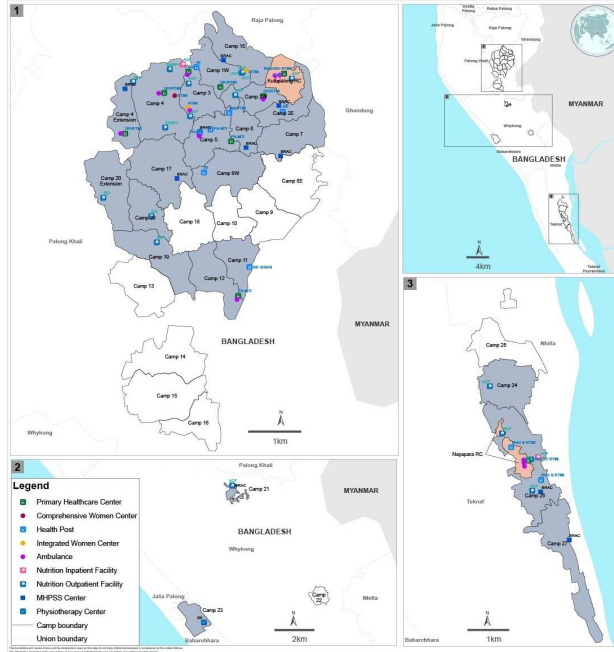
WAY FORWARD

- ✓ UNHCR will increase its engagement in the Sexual Reproductive Health Working Group to support coordination in addressing challenges to access of quality maternal and neonatal health care
- ✓ UNHCR will coordinate with partners to improve health and nutrition service integration and linkages through implementing a pilot in selected camps on service integration
- ✓ UNHCR will collaborate with partners to increase the MHPSS response in the host community, including within the ICU at Sadar hospital, through strengthening referral systems and building the capacity of ICU staff
- ✓ UNHCR will support partners to improve the quality of community based MHPSS implementations

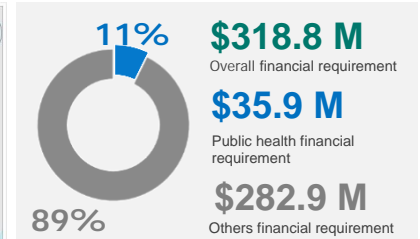
KEY FIGURES
(cumulative since January 2020)



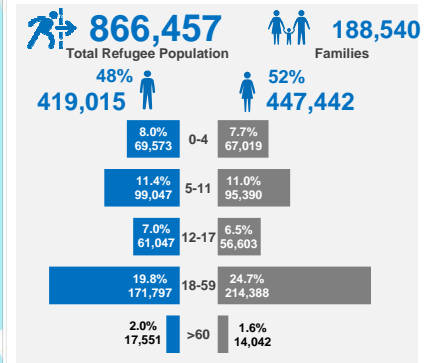
GEOGRAPHIC SITUATION & PARTNERS



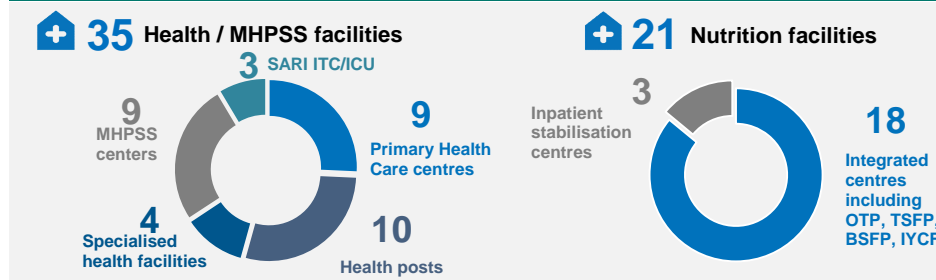
UNHCR FUNDING STATUS



POPULATION BREAKDOWN



HEALTH AND NUTRITION PROGRAMMES AND FACILITIES



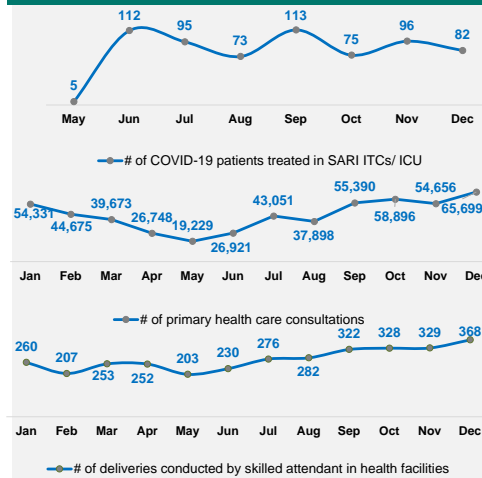
ACHIEVEMENTS (November & December)

- 120,355 primary health care consultations conducted
- 697 deliveries are conducted by skilled attendant in health facilities
- 1,577 mental health consultations provided by specialist
- 53,114 refugees participated in group psycho-social activities
- 3,015 admitted for admissions to community management of acute malnutrition programmes
- 2,978 pregnant, lactating women and caregivers of children 6-23 months counselled on IYCF 1st visit (individual)

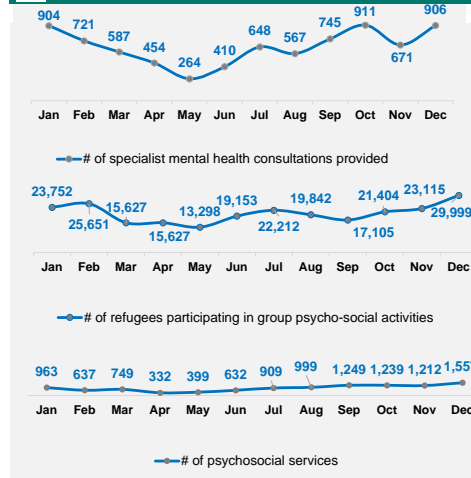
PROGRESS AGAINST 2020 TARGETS



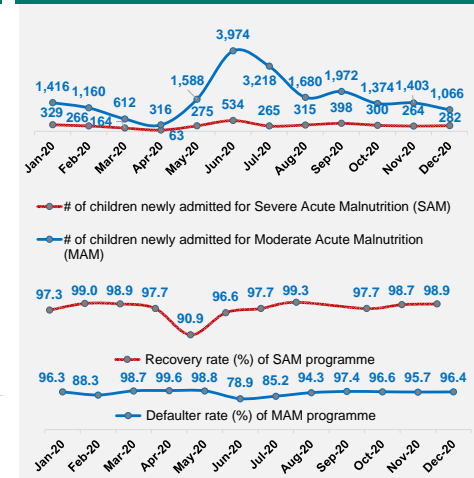
HEALTH INDICATORS TRENDS



MENTAL HEALTH INDICATORS TRENDS



NUTRITION INDICATORS TRENDS



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 2020, continued generous support has been received from: Australia, Canada, China, Denmark, the European Union, France, Germany, Ireland, Italy, Japan, the Republic of Korea, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States of America. UNHCR is sincerely grateful for the additional support received from many individuals, foundations, and companies worldwide including Bill & Melinda Gates Foundation, CERF, Education Cannot Wait, and Thani Bin Abdullah Bin Thani Al-Thani Humanitarian Fund.