INTEGRATED NUTRITION PROGRAMME IN THE ROHINGYA FDMN CAMPS AT COX'S BAZAR

AN INTERNSHIP REPORT BY

MD. SADMAN SAKIB UDDIN
ID: 191-34-896

Submitted to the Department of Nutrition and Food Engineering in the partial fulfillment of B.Sc. in Nutrition and Food Engineering

Supervised By

Md. Nawal Sarwer
Lecturer
Department of Nutrition and Food Engineering

FACULTY OF ALLIED HEALTH SCIENCE (FAHS)
DAFFODIL INTERNATIONAL UNIVERSITY
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APPROVAL

This Internship titled "Integrated Nutrition Programme in the Rohingya FDMN Camps at Cox's Bazar", submitted by Md Sadman Sakib Uddin to the Department of Nutrition and Food Engineering, Daffodil International University, has been accepted as satisfactory for the partial fulfillment of the requirements for the degree of B.Sc. in Nutrition and Food Engineering and approved as to its style and contents.

EXAMINING COMMITTEE

Chairman of the Board _____ _____

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Internal Member-1 _____ _____

Internal Member-2 _____ _____

_____

Dr. Nizam Uddin
Head
Department of Nutrition and Food Engineering
Daffodil International University

DECLARATION

We hereby declare that, this internship has been done by me under the supervision of **Md. Nawal Sarwer, Lecturer**, Department of NFE, Daffodil International University. We also declare that neither this project nor any part of this project has been submitted elsewhere for award of any degree or diploma.

Supervised by:

Md. Nawal Sarwer
Lecturer
Department of Nutrition and Food Engineering
Daffodil International University

Submitted by :

Md. Sadman Sakib Uddin
ID : 191-34-896
Department of Nutrition and Food Engineering
Daffodil International University

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First, I express my heartiest thanks and gratefulness to The Almighty for His divine blessing makes it possible to complete the final year internship successfully.

I am really grateful and wish my profound indebtedness to **Md. Nawal Sarwer, Lecturer**, Department of Nutrition and Food Engineering, Daffodil International University. Deep Knowledge & keen interest of our supervisor in the field of "Nutrition" to carry out this internship. His endless patience, scholarly guidance, continual encouragement, constant and energetic supervision, constructive criticism, valuable advice, reading many inferior drafts and correcting them at all stages have made it possible to complete this internship.

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As a respected note, I'd want to thank the fullest Nutrition & Food Engineering (NFE) department for their invaluable support in my academic journey.

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Finally, I must express my sincere gratitude for the tireless encouragement and patience of my parents.

EXECUTIVE SUMMARY

In accordance with the SARPV initiative, our internship programme was extended by a further two months. For the purpose of to fulfil our internship's requirements, we engaged in services that works for Rohingya refugees which is situated in Coxs Bazar, Bangladesh. The official designation of our programme was the "Integrated Nutrition Programme". The SARPV programme aims to enhance the nutritional well-being of lactating mothers, expectant women, and children aged 5 to 59 months by providing them with additional sustenance. This programme aims to enhance the nutritional well-being of children throughout all age groups, spanning from infancy to puberty. The nutrition centre strictly adheres to its laws and regulations, implementing them in a highly systematic manner with the support of its personnel and following the directions provided by the authority. This programme facilitates our performance and instills us with the assurance necessary to operate effectively in high-pressure settings. By leveraging the knowledge acquired during our internship, we may effectively contribute to society and improve the nutritional status in many situation.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

CHAPTER 1
INTRODUCTION

1.1 Introduction

There are currently "Eight Hundred Eighty Nine Thousand and Four Hundred" refugees-residing in Coxs Bazar District, most of whom are concentrated in 34 densely populated refugee camps. The total number of people consists of 160,544 children below the age of five, 124,517 adolescent females aged 10 to 19, and 42,000 expectant and lactating mothers. The source of this information is the United Nations High Commissioner for Refugees (UNHCR) in the year 2020. The provision of nutrition assistance to refugees in need is a collaborative effort involving multiple organisations. This effort is coordinated by the Government of Bangladesh and led by the UNICEF's section of Nutrition. The programmes for children's less than five years, involving the provision of Vitamin A, occur biennially in the provided camps. Around 723,000 Rohingyas sought sanctuary in Bangladesh when the Rohingya crisis broke out in August 2017. They formed Cox's Bazar, the biggest refugee camp in the world, in that country(Release, 2018).

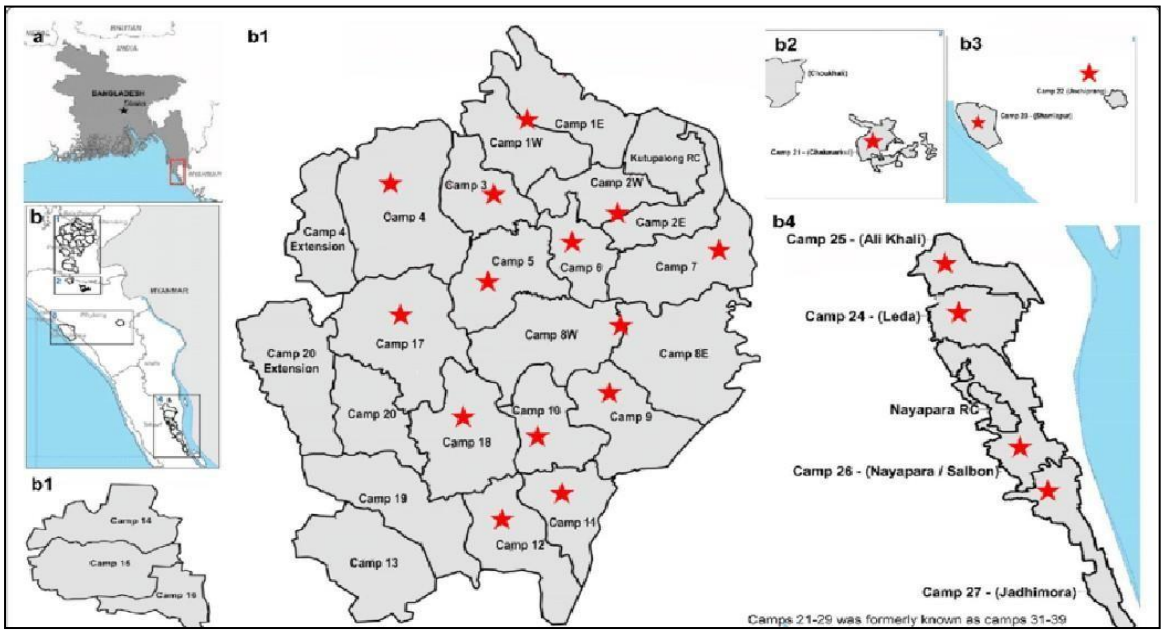

Figure 1.1: Rohingya refugee camp map (Mahmud, 2019)

The program was initiated by SARPV at the time of 2017 (September) with the objective eradicating prevalent mal nutrition between boy and girls who are 6-59 months old. In November 2018, SARPV initiated the following stage of their project, which involved the establishment of 8 Out-patient Therapeutic Feeding Centre (OTPs) to provide treatment to more than 5000 youngsters under the age of five suffering from Severe Acute Malnutrition (SAM). Additionally, they set up 6 Breast Feeding Support Centre (BFSCs) to offer counseling and communication services which connected Twenty Thousand PLW. On top of that, IYCF guidance is provided through such nutrition associations via limited individual as well as group events. Supplements containing iron and folic acid are recommended for use by pregnant and lactating women, as well as teenagers (Yebyo et al., 2013).

1.2 History

The bulk of the Rohingya people have sought safety in Bangladesh after escaping Myanmar. These people were Muslims who originally hail from the region now known as Myanmar, which was formerly called Arakan. Rakhine, which used to be Arakan state of Myanmar, is located in the northern part of the nation, close to the southeastern edge with Bangladesh. In 1974, the whole area underwent a rebranding. With their original homeland being Myanmar, over 90 percent of Rohingya refugees in Bangladesh are officially known as Forcibly Displaced Myanmar Nationals (FDMNs). In excess of 250,000 Rohingya migrants arrived in Bangladesh from their home between 1991 and 1992(Talukder et al., 2022).

Figure 1.2: Forcibly Displaced Myanmar Nationals (FDMNs) (Begum, 2021)

1.1 SARPV

Figure 1.3 SARPV LOGO

In the year 1988, a group of responsible people felt compelled to assist the members of society who were physically disadvantaged. This endeavor started in 1989, three years after Saturia was struck by a hurricane. As a reaction to natural catastrophes, disability-inclusive help and recovery initiatives were started in 1991, 1995, 1997, 2006, 2008, 2012, and 2015. These programs were executed in 2011 and 2015. The organization was not only the first in Bangladesh to recognize a connection between catastrophes and disadvantages, but it also carried out an assistance and reaction operation that took into consideration the needs of people with disabilities.(Actions.,2017).

Helping society's most vulnerable and underprivileged members achieve economic independence and personal dignity is central to this organization's aim. Helping patients with different kinds of illnesses is a major focus of each program. In addition to its work on disabilities, SARPV is involved in a broad variety of delicate issues, such as fighting poverty, bolstering educational institutions, providing health services, establishing rights, managing the risks associated with climate change and disasters, and learning how to help marginalized groups become fully integrated members of society. In 2015, SARPV expanded its focus to include the socioeconomic advancement of all vulnerable groups, after having concentrated on people with disabilities for the preceding 25 years. To achieve this goal, the curriculum is focusing on developing technical abilities that can be used in the workplace, whether that's in a formal or informal setting. One of SARPV's main goals is to help underprivileged people find gainful jobs so they may show the world that they believe in the power of money to improve their lot in life(Actions, 2017).

The southern portion of Bangladesh was devastated hard by a tropical cyclone in 1991, and SARPV started deploying community-based programs throughout that territory.
(*AnnualReport2015.Pdf*, n.d.)

Table 1.1: Branches (SARPV)

Division	District	Upazila
Chattagram	Cox's Bazar	Cox's Bazar Sadar, Chakaria, Moheskhali, Pekua, Ramu, Ukiah.
Dhaka	Chittagong , Bandarban, Gazipur	Lohagara, Lama, Naikkhongchhari, Gazipur Sadar, Kapasia

1.3 Geographical Coverage (SARPV)

Ukhiya (Kutupalong) was the location where the Cox's Bazar District Health and Nutrition Program was developed and implemented by SARPV. Kutupalong was home to a number of different camps, including Camp 1E-1, Camp 1E-2, Camp - 5, Camp - 6, Camp 8W-1, Camp 8W-2, Camp 10W-1, Camp 10W-2, Camp 20W-1, and Camp 20W-2. Each of the six camps housed a total of 24,480 adolescents between the ages of six and 59 months who were in foster care. where OTP 429, TSFP 2,504, and BSFP2 1547 are all included. 1,945 women who are pregnant or breastfeeding are housed in these camps (S et al., 2022).

Table 1.2: Geographical Coverage

Camp -1	E-1 / E-2	Camp - 5	Camp -6	Camp - 8	W-1 / W-2	Camp - 10	W-1 / W-2	Camp - 20	W-1 / W-2

CHAPTER 2
OVERVIEW

2.1 Programmes (SARPV)

SARPV made it possible for us to participate in an internship that lasted for a period of two months by providing us with the opportunity to work at one of the largest refugee camps in the world. It was referred to as the "Integrated Nutrition Program" (which falls under the Health and Nutrition section)(Assistance & For, n.d.).

Table 2.1: List of Programs (SARPV)

1	Health and Nutrition
2	Inclusive Education
3	Renewable Energy
4	Advocacy, Rights and Networking
5	Training and skill development
6	Mainstreaming Disability
7	Micro Finance & Small Enterprise
8	Climate Change, Disaster and Disability Management

2.2 Goals

Reduce the incidence of malnutrition in children aged 6–59 months and in pregnant and breastfeeding women by implementing a combination of preventative and treatment measures. This will help break the endless cycle of malnutrition(Black et al., 2016).

2.3 Principle

Worth valuing are not only human qualities but also honesty, impartiality, honesty, accountability, the rule of law, equity, and sovereignty. Respect and trust among all people, regardless of their age, gender, color, religion, or ability, and the highest standards of service (Statement & Identity, 1995).

2.4 Vision

To imagine a world without barriers, where marginalized communities are empowered economically and socially over a lengthy period (UNDESA, 2009).

2.5 Mision

The aim is to create conditions where marginalized communities can have their human resource needs met by service providers who are flexible enough to meet the evolving needs of these communities via capacity development (UNDSEA, 2009).

2.6 Core Values

All of our principles revolve around being truthful, fair, unbiased, accountable, open, democratic, capitalist, and independent. Without regard to age, ethnic origin, belief system, or ability, we provide high-quality assistance in an atmosphere of kindness and commitment. (Smith, 2014).

2.7 Summary

By eliminating barriers, SARPV aims to guarantee that individuals who are handicapped can fully engage in community. Equal opportunity and availability, more work possibilities, assistance with social rehabilitation, and more public understanding of disability concerns are all part of its stated goals. In a Rohingya refugee camp, SARPV proved successful due to its focus on improving the nutrition of mothers and infants (Programme et al., 2019).

CHAPTER 3
BENEFICIARIES & FINDINGS

3.1 Target Group
This programmed targets three types of age categorized beneficiary:

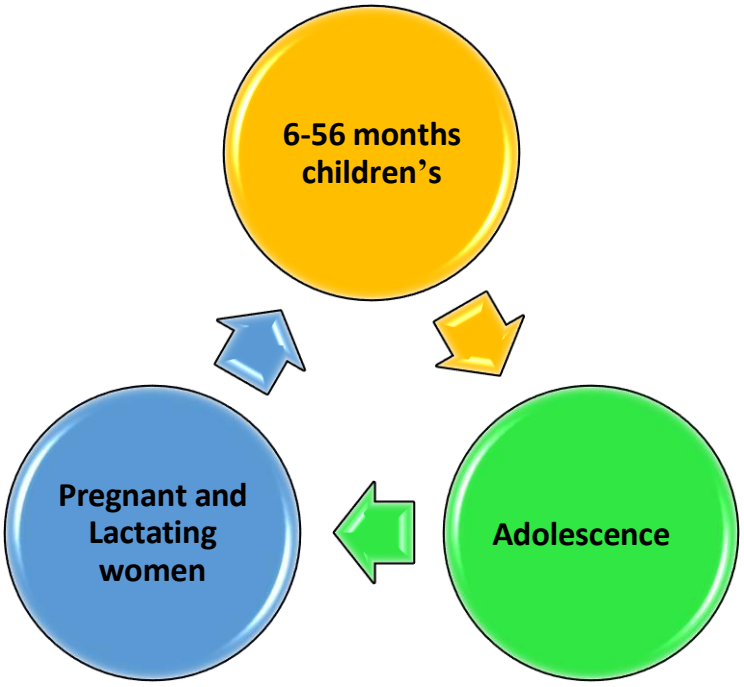

Figure 3.1: Target groups

3.2 Beneficiary Coverage (2019-2023)

Table 3.1: Beneficiary Coverage of 2019-2023 timeframe

1	In care under 5 years children
2	4, 800 (in OTP 429, TSFP 2504, BSFP 21547
3	In care pregnant and lactating women 1945
4	Over SAM beneficiaries
5	Adolescence project running

3.3 Major Activities

1) First, screen for women who are pregnant or nursing to see if they are malnourished.
2) To determine who has SAM and who has MAM without issues, step two is to conduct a thorough screening.
3) Take them into the OTP/TSFP and feed them special diets designed to help them heal. Screening pregnant and breastfeeding women for malnutrition.
4) Youngsters who were previously identified as lost or who have fallen behind on their dues should be located and it is important to follow up with them.
5) The CMAM-I programs will contribute to the reduction of the overall incidence of malnutrition within pregnant women and infants who are fewer than six months of age.

6) In order stop vicious process of malnutrition which can be carried through a single generation to the next, the International Youth Charity Foundation will take a preemptive strategy.
7) Provide Iron Folic Acid- IFA to teenagers and Pregnant & Lactating womans - PLWs.
8) For the purpose of to truly get to the bottom of the issue, foster better communication between prevention measures and therapeutic interventions. (Role et al., n.d.).

3.4 Funding Agencies

3.4.1 UNICEF

In times of crisis, the United Nations Children's Fund (UNICEF) and its partners acknowledge and care for children who are malnourished, deliver enriched meals and dietary supplements avoid malnutrition, protect promote breastfeeding, and offer any help that is required in defending children's right to food and nutrition. Within Bangladesh, there are people from the United Nations Children's Fund (UNICEF) who are assisting in the supply of necessary goods to Rohingya refugees.
The United Nations Children's Fund (UNICEF) delivers assistanc e in the fields of water and sanitation, which includes the develop ment of establishments to treat cases of diarrhea, health care for c hildren and pregnant women, the provision of quality education, i ncluding the construction of schools, and safety and support for c hildren who have been victims of acts of violence, abuse, or hatre d. This initiative that serves the Rohingya people, which involves the provision of therapeutic food and drugs, receives financing fro m the United Nations Children's Fund (UNICEF)(Refugee, n.d.).

Figure 3.2:UNICEF

3.4.2 WFP

The World Food Programme is among biggest humanitarian groups in the world, and it works to save and improve the lives of millions of individuals who are in trouble all around the world. WFP initiated an emergency operation in order to fulfill the requirements of the population in terms of food and nutrition. The mission involved, between other things, the provision of food for about 880,000 individuals who had been displaced, the treatment and prevention of malnutrition, and the provision of school meals. A Fresh Food Corner (FFC) was launched by the WFP in order to provide displaced persons with access to nutritious foods such as vegetables. The World Food Program is providing assistance to refugees who are now residing in camps in Bangladesh in order to further their efforts to guarantee that they're provided with food and water. Notwithstanding the outbreak, apspropriate food and nutrition are being provided. WFP employs a number of programming in order to tackle even moderate forms of malnutrition within the world. On the basis of their food supply, WFP seeks to assist two primary categories (Lives&Lives,n.d.)

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CHAPTER 4
PROGRAMS OF INC & OTHERS

4.1 Integrated Nutrition Center-INC

At the begining of all, we can see the beneficiary checking into the nutrition center here. An infrared thermometer is used by the security guard to record the temperature, and the individual's signature and full name are also required. It is essential for a guard to be aware of who is entering the camp, both as a visitor and an employee, as well as the reason for their entry. This catchphrase is repeated by everyone. If a beneficiary has a problem, a complaint, or needs assistance of any kind, one single person waiting seen beside the help desk to take their details and provide them with directions. A portion of the beneficiaries have yet to receive counseling, treatment, or supplements at this time. Additionally, sufferers are divided into two groups according to their decision to possess OTP or BSFT. In addition to that, there is an office space available. The site supervisor is responsible for monitoring everything, as well as providing instructions and leading that center. Every day, the outreach supervisor will go to the volunteer meeting, and at least three times per week, he will go to the homes of people who will benefit from the volunteer work and observe it.

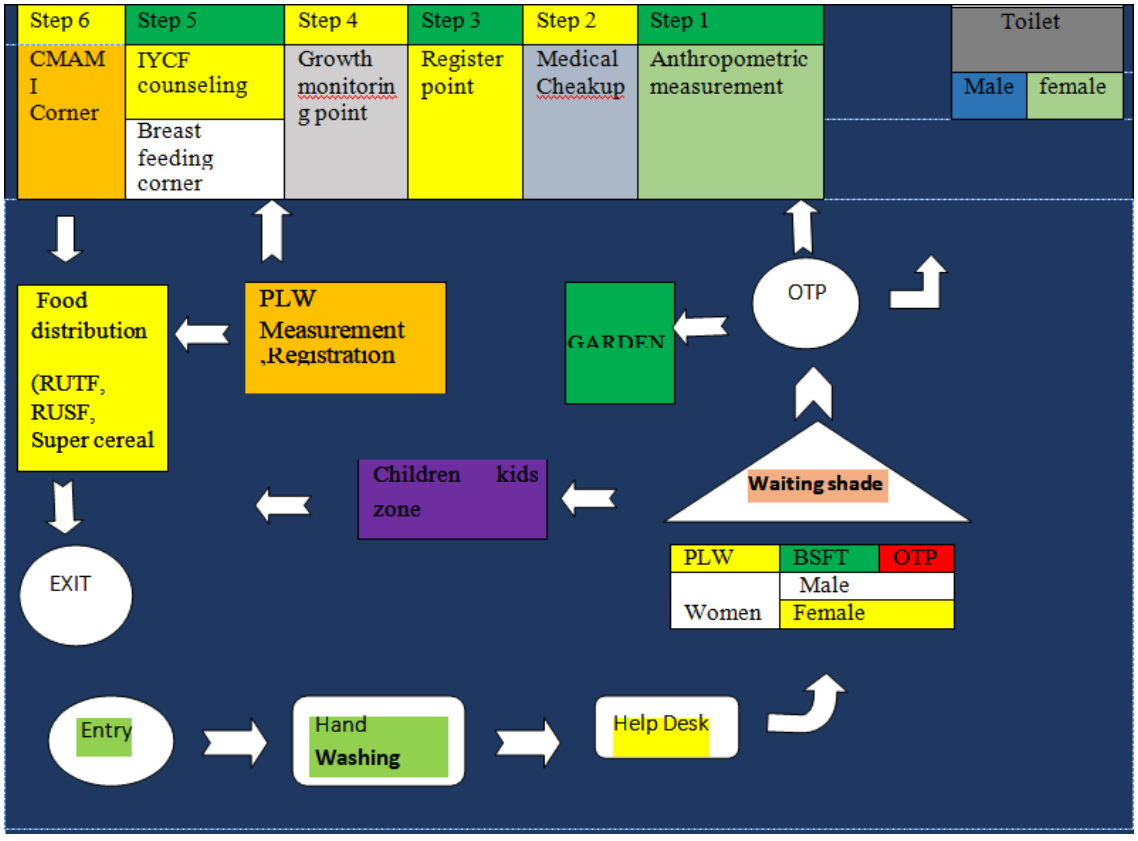

Figure 4.1: Integrated Nutrition Center-INC

One storeroom will come in the notice after that. The storekeeper is take very careful note of every supplement and medicine you purchase. First OTP patients enter measurement point. One person should take the patient's weight, height, check for edema, and measure their MUAC. Following that medical checkup point, one nurse will collect the beneficiary's medical history before performing another medical checkup. From this vantage point in the stabilization center, nurses are to send the beneficiary whom are found with complications. The subsequent beneficiary arrived at the registration point and completed their registration. A beneficiary counseling session is provided by those who are seated in the Growth monitoring point. The IYCF is the most essential component of any nutrition center. IYCF counselor advising beneficiary on correct diet, complementary foods, breastfeeding, and promoting general hygiene practice. BSFP recipients will be granted access to the food distribution point, and there they will be supplied with sustenance as well as supplementary materials. The point at which food is distributed is the final step in the process before the beneficiary leaves the Centre. At any nutrition center, garden, or children's play area, you can always find a toilet nearby (MHFW, 2017).

4.2 C-MAM Guidelines

This program complies with C-MAMI guidelines, and if individuals are found to be in extreme cases and having trouble, they will be delivered to Stabilization Center (SC).

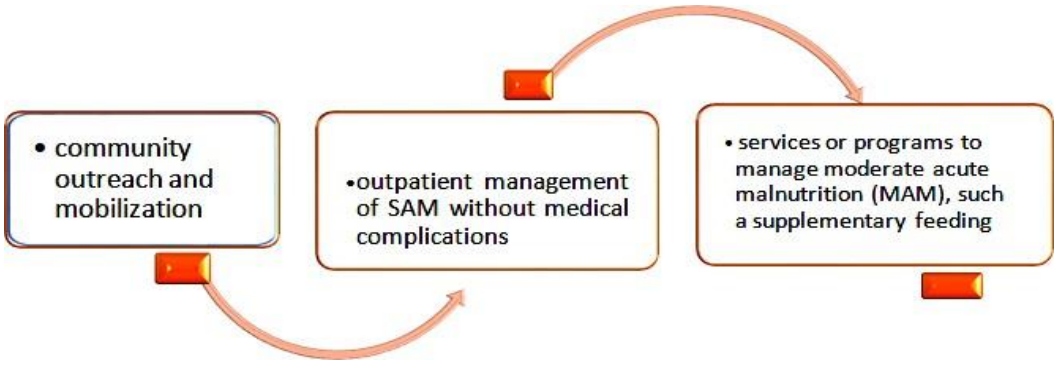

Figure 4.2: People in a CMAM method that covers everything

Community healthcare providers will send children to the closest health clinic if their mid-upper arm circumference measures indicate severe or moderate acute malnutrition. Parents who work outside the home will take their children to the doctor if they think they are severely undernourished. In order to diagnose nutritional edoema, hunger, and other issues, a doctor will perform an anthropometric measurement. Even children who aren't there for paediatric appointments can undergo screenings at the clinic. Inpatient treatment with therapeutic milk is provided to children with SAM who are experiencing medical complications or who have lost their appetite until they are able to be discharged. A child can be treated with RUTF on an outpatient basis if they have SAM, no other health problems, and a good appetite. A kid diagnosed with MAM may be prescribed a certain food product, like an additional food that is ready to be used. After that, a community health worker will come to the child's house to check in, provide counselling, education, and referrals to other resources if needed (RUSF)(Schoonees et al., 2019).

4.3 Health and Nutrition Program

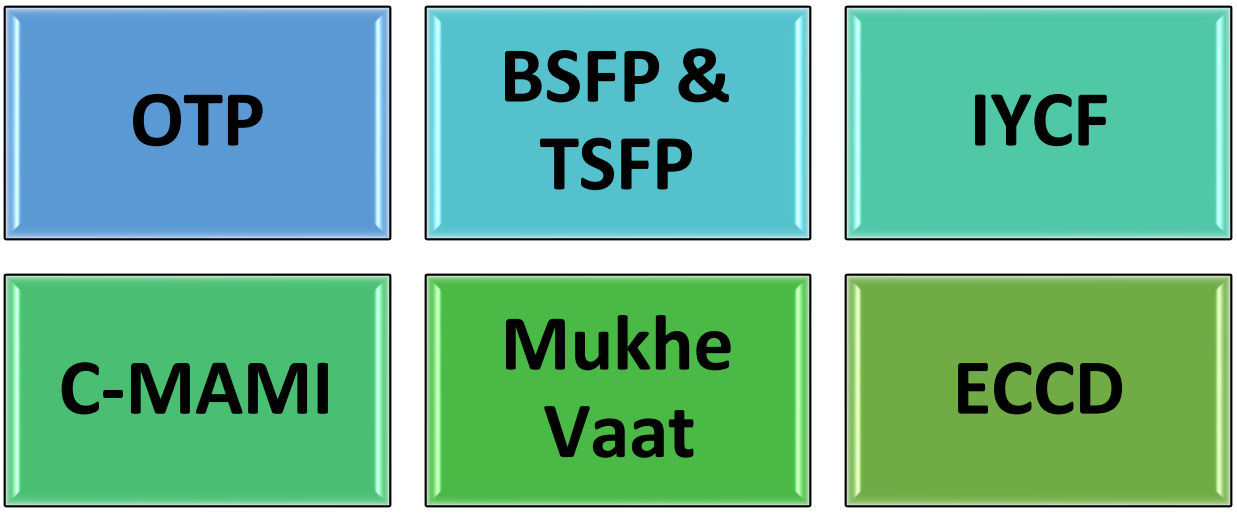

Figure 4.3: Health and Nutrition Program

4.3.1 OTP

The Outpatient Therapeutic Program (OTP) provided home-based treatment to children between the ages of 6 and 59 months. Children requiring medical assistance sought treatment at SAM, while children not requiring medical assistance sought care at MAM.

4.3.2 BSFP & TSFP

BSFP and TSFP are acronyms that stand for "Blanket Supplement Feeding Program" and "Target Supplement Feeding Program". Their primary objective was to prevent individuals from experiencing nutritional deterioration. Furthermore, there was a decrease in the prevalence of acute malnutrition among children aged 6-59 months, resulting in a reduced susceptibility to sickness and mortality.

4.3.3 IYCF

The shorthand for "Infant and Young Child Feeding" is IYCF. Infant and Young Child Feeding (IYCF) is a crucial practice that can be implemented in critical circumstances to save the lives of young children. Commencing breastfeeding within the initial hour following delivery is advised, sustaining it for the initial six months, and subsequently prolonging it for an extra year.

4.3.4 C-MAMI

The acronym C-MAMI stands for the program "Community Management of At-Risk Mothers and Infants." C-MAMI is a framework that and evaluates different approaches for the well-being for mothers and their newborns. Both the mother and child receive equivalent excellent care as they are treated as a single entity (Kueter et al., 2018).

4.3.5 MUKHE BHAT

When a kid reaches the age of six months, a ceremony called Mukhe Bhat is performed. During this ceremony, the baby seen giving rice to put in his/her mouth. Mukhe Bhat is a type of ceremony angagement. After a month had passed, this ritual was finally celebrated in the camps (Aë et al., 1998).

4.3.6 ECCD

The purpose of Early Childhood Care and Development (ECCD) is to deliver children with the required care and activity for the development of their bodies and minds, so ready them for school with the right mindsets and procedures. This was accomplished by providing children with the essential care and stimulation. (Islam et al,2016).

4.3.7 Geographical Coverage-Nutrition Program

The aforementioned nutritional program is being implemented in the Ukhiya (Kutupalong) neighborhood of the Cox's Bazar District located in Bangladesh. A maximum of six OTP are maintained by SARPV. (Programme et al., 2019).

4.4 Highlights of The Programme

During the course of my internship, I was had the opportunity to provide assistance to SARPV's Health and Nutrition project, which was appropriately named (Integrated Nutrition Program). Some of the most memorable moments from the program have been incorporated into this. The following information has been brought to your attention:

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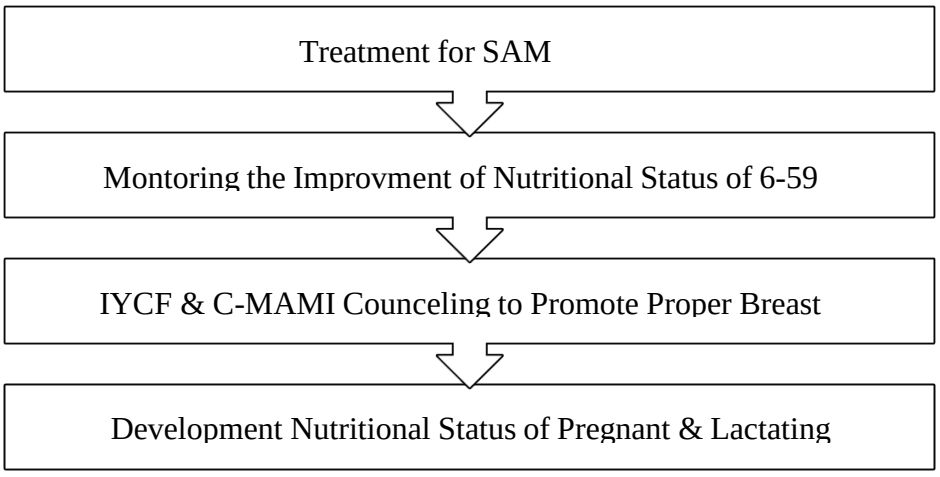

Figure 4.4: Program highlights (Nutriton International, 2015)

CHAPTER 5
HEALTH & NUTRITION PROGRAMMES

5.1 Primarily Concerned with Health and Nutrition-Related Tasks

I participated in what is known as the Integrated Nutrition Program (INP). While they were on the show, we watched them do a few things.
The following are as follows:

- Identifying women who are breast-feeding and who have not gained a significant amount of weight may need screening.
- Admit them to OTP and give them supplemental or remedial diets.
- Foster close ties between health promotion and medical care (Kumar & Preetha, 2012).

5.2 OTP's Enrollment Criteria

Table 5.1: OTP's Enrollment Criteria

Category	Criteria
Children 6-59 months	MUAC <110 Bilateral pitting edema grade + or ++ Mother/caretaker refuses inpatient caredespite advice
Transfer from inpatient care or other OTPsite	Child returns to OTP after transfer to in-patient care after Treatment or reffered to OTP after inpatient care.
Return After Default	Children who return after default continue their treatment If they still fulfill the enrolment criteria for OTP

5.3 Discharge Guidelines of OTP

Table 5.2: Discharge Guidelines of OTP

Category	**Critcria**
Discharged	**Atleast stay at two months** **MUAC > 11.5 cm** **No sign of Edema**
Defaulter	**Absent more than 3 weeks**
Moved to inpatient care	**if the situation has gotten worse**
Not cured	**If not reach discharge criteria for 4 months**

5.4 OTP Center's Working Process

5.4.1 Waiting Area

- Waiting area (1. Male area, 2. Female area),two sectors (OTP and TSFP/BSFP) in which patients as well as their children wait.
- Here, PLWs also waits.

5.4.2 Anthropometric Measurement Area

- MUAC Measurement
- Weight Measurement
- Height Measurement
- EDEMA

5.5 MUAC Measurement

Maintain a pleasant working environment by positioning our work at eye level. Whenever possible, please take a seat. Request that the caretaker remove any clothing that may conceal the child's left arm. Using your fingertips, locate the tip of the child's shoulder, and then calculate the middle of the child's left upper arm. To create a right angle, flex the child's elbow. Mark the top of the upper arm with the tape measure,as indicated by the two arrows, and afterwards, bring it all the way down to the elbow's termination..

Figure 5.2: MUAC Measurement

Take a measurement at the bend of the elbow and round it up to the nearest centimetre. The midpoint can be obtained by halving this value. You can also try bending the tape to roughly where it meets the middle, but that's merely a guess. Anyone can help you out with it. The midway point can be marked by you or an aid using a marker on your arm. Wrap the tape over the child's middle once they straighten their arm. Ensure that the numbers are in the proper order. Ensure the tape is applied flatly to the skin. Determine whether the tape is too loose or too tight. After the tape is properly positioned and tensioned on the arm, It is necessary to interpret and publish the measurement to the nearest 0.1 centimetre.

As soon as possible, take the tape off from the kid's arm arm and record the measurement on the CMC (Extension et al., 1987).

5.6 Weight Measurement

1. Take the clothes off, but wrap them with blankets while take him or her to the scale.
2. Place a piece of cloth inside the scale's pan to prevent the infant from becoming cold.
3. Put the cloth into pan and set measure machine to 0.
4. Carefully place the child in the pan, sling or clothes.
5. Delay until the child calms down and the weight evens out.
6. Weighing should be done to the smallest
0.01 kg (10 g) or as accurately as possible. Write right away on the CMC
7. Cover the child right away to keep them warm (Weight & Activity, n.d.).

Figure 5.3: Weight Measurement

5.7 Measurement of Height

The measurement is done for children aged two years and up, as well as individuals who are taller than 85 cm.

5.7.1 Precise Height Measurement Methods

- Position the measurement board in an upright position into a surface that is solid and straight.
- Ensure that the childs footwear and any head-coverings are removed.
- The youngster should be positioned so that he or she is standing directly in the center of the measuring tool. While the measurer positions the head and the cursor, the assistant should press the childs heels and knees firmly against the board. The youngster should have full body contact with the board (head, shoulders, buttocks, knees, and heels).
- Read and announce the measurement to the nearest 0.1cm.
- Make sure the measurer heard you correctly by having them record and play back your measurement (Roland, 2019).

Figure 5.4: Precise Height Measurements

5.7.2 Determining an Individual's Height

Regarding determining the height of bigger kids who are capable of standing independently, a single can utilize either the lever-type machine with a connected rod or a device called a stadiometer. To identify who can stand, a stadiometer should be utilized. Children should assume an erect posture and ensure that their backs, shoulder blades, and toes are in contact with the posterior section of the stadiometer. The extremities must be nonchalantly positioned by hanging at the edges, with palms facing towards on knees. Ensure optimal traction of the handle on the highest point of your head by eliminating any hair or obstructions from the area. The measurement should be accurate to 0.1 cm (1/8 inch). Take another measurement (Roland,2019).

5.8 Evaluating the Presence of Edema

To assess the presence of Edema(Swelling), an equal amount of pressure is applied to both feet using the thumb for a duration of three seconds. If the baby's feet has swelling imprint, it indicates the presence of edema. When unilateral swelling of the pedals in children is diagnosed as nutritional edema. The hands and lower arms are frequently affected by generalized edema, along with the face on rare occasions. You must use your thumb pressure to test for edema because you cannot tell if you have it merely by looking (Programme et al., 2019).

Figure 5.5: Evaluating the Presence of Edema

5.9 Medical Checkup Point

A healthcare provider or a different health expert conducted the assessment by inquiring and examining for indications and manifestations. Determining the necessity of home visits and transitioning to inpatient care for children aged 6 to 59 months (Molina-mula & Gallo-estrada,2020)

5.10 Registration Area

The registration card is usually filled out by one or two people. OTP, TSFP and BSFP are admitted after checking the cards of beneficiaries and placing them in appropriate measurement categories. All individuals that have just been admitted should receive an orange TSFP card, a yellow male TSFP card, and a green female BSFP card. Additionally, their medical histories ought to be immediately updated with their present measurements, including height, weight, and MUAC(Reginald et al., 2014).

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5.11 GMP – Growth Monitoring Promotion

If the child in question is under the age of five, the GMP is an essential stage in the process of establishing the child's nutritional status. Participating in growth monitoring and promotion sessions could be of assistance in determining whether or not your child is experiencing any nutritional issues, such as excessive thinning or edema.

When growth monitoring entails periodically weighing a child and recording that child's weight on a growth chart. In addition to that, height was required. It is necessary to engage in promotional efforts due to the fact that weighing and charting alone will not result in increased growth. Providing guidance and taking steps to foster a child's development are two of them.

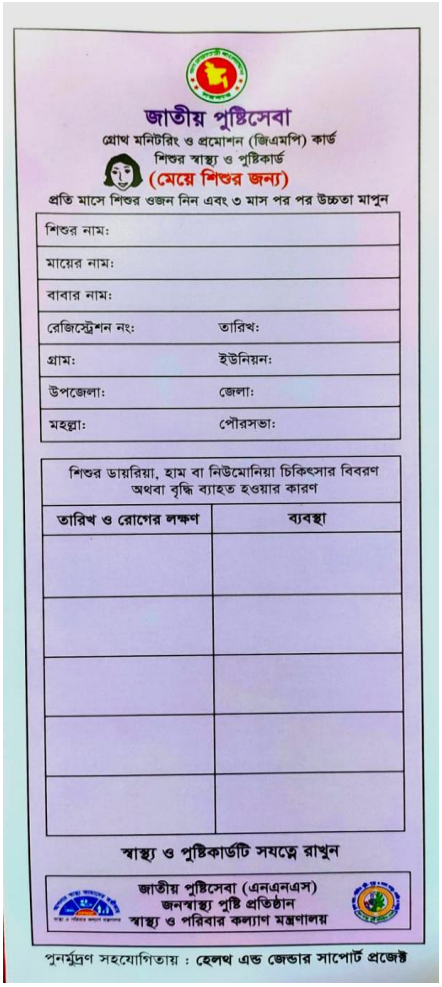
জাতীয় পুষ্টিসেবা
গ্রোথ মনিটরিং ও প্রমোশন (জিএমপি) কার্ড
শিশুর স্বাস্থ্য ও পুষ্টিকার্ড
(মেয়ে শিশুর জন্য)
প্রতি মাসে শিশুর ওজন নিন এবং ৩ মাস পর পর উচ্চতা মাপুন
শিশুর নাম:
মায়ের নাম:
বাবার নাম:
রেজিস্ট্রেশন নং: তারিখ:
গ্রাম: ইউনিয়ন:
উপজেলা: জেলা:
মহল্লা: পৌরসভা:
শিশুর ডায়রিয়া, হাম বা নিউমোনিয়া চিকিৎসার বিবরণ অথবা বৃদ্ধি ব্যাহত হওয়ার কারণ
তারিখ ও রোগের লক্ষণ | ব্যবস্থা
স্বাস্থ্য ও পুষ্টিকার্ডটি সযত্নে রাখুন
জাতীয় পুষ্টিসেবা (এনএনএস)
জনস্বাস্থ্য পুষ্টি প্রতিষ্ঠান
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
পুনর্মুদ্রণ সহযোগিতায় : হেলথ এন্ড জেন্ডার সাপোর্ট প্রজেক্ট

Figure 5.7: GMP Card for girls

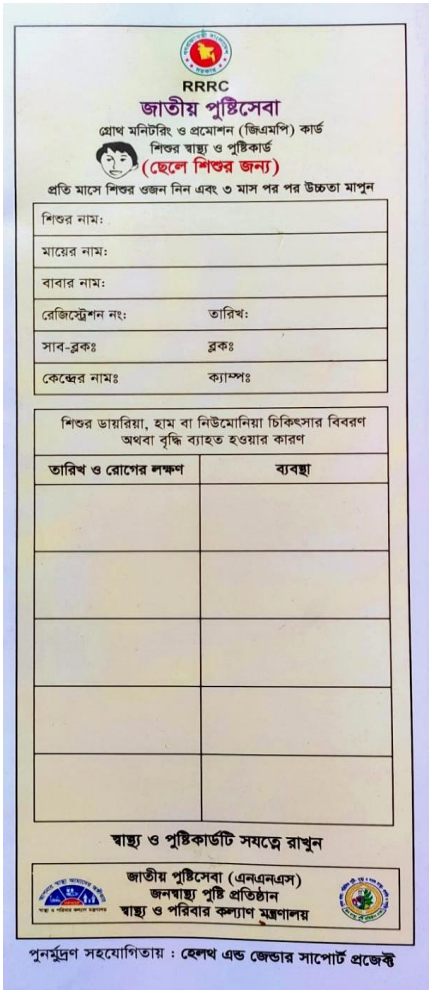
RRRC
জাতীয় পুষ্টিসেবা
গ্রোথ মনিটরিং ও প্রমোশন (জিএমপি) কার্ড
শিশুর স্বাস্থ্য ও পুষ্টিকার্ড
(ছেলে শিশুর জন্য)
প্রতি মাসে শিশুর ওজন নিন এবং ৩ মাস পর পর উচ্চতা মাপুন
শিশুর নাম:
মায়ের নাম:
বাবার নাম:
রেজিস্ট্রেশন নং: তারিখ:
সাব-ব্লকঃ ব্লকঃ
কেন্দ্রের নামঃ ক্যাম্পঃ
শিশুর ডায়রিয়া, হাম বা নিউমোনিয়া চিকিৎসার বিবরণ অথবা বৃদ্ধি ব্যাহত হওয়ার কারণ
তারিখ ও রোগের লক্ষণ | ব্যবস্থা
স্বাস্থ্য ও পুষ্টিকার্ডটি সযত্নে রাখুন
জাতীয় পুষ্টিসেবা (এনএনএস)
জনস্বাস্থ্য পুষ্টি প্রতিষ্ঠান
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
পুনর্মুদ্রণ সহযোগিতায় : হেলথ এন্ড জেন্ডার সাপোর্ট প্রজেক্ট

Figure 5.6: GMP Cardfor boys

The response possibilities for each component were as follows: Taking precise readings of the measurements. Indicators that can be tracked. Putting the final touches on the growth chart. have a discussion with the children's parents or primary careers about the progression of their children's height and weight. Incorporating families and other main caregivers in the process to determine issues and possible remedies associated with delays in development. The process of identifying children who are having growth issues and then following up with them (Arts-Rodas&Benoit,1998).

CHAPTER 6
SIGNS AND KNOWLEDGE OF IYCF

6.1 IYCF Counseling

"Infant and Young Child Feeding" (IYCF) is an affiliation with a collection of widely recognized and universally acknowledged principles concerning the proper nutrition of infants and young children (less than two years of age). The aforementioned recommendations were formulated by the Academy of Nutrition and Dietetics. IYCF advisors provide assistance to expectant and breastfeeding women, as well as child under the age of 5 years old (Nam et al, n.).

6.2 IYCF Guideline (World Health Organization – WHO)

- Babies between the ages of Zero and twenty-three months, or children between the ages of Zero and twenty-four months, ought to start breastfeeding as soon as possible.
- Only breast milk is recommended for infants under the age of six months of age.
- Infants below the age of six months ought to receive only breast milk as their sole source of nutrition for the first six months of being alive.
- Infants aged of the ages of twelve and sixteen months whom have received exclusive breastfeeding for a duration of one year
- Continuing to breastfeed children between the ages of 20 and 24 months.
- Giving foods that are solid, semi-solid, or soft to infants aged 6 to 8 months.
- The ingestion of foods that are high in iron or have been supplemented with iron by youngsters between the ages of 6 and 24 months.
- Comparison of breastfeeding & feeding bottles for newborns and toddlers aged 0 to 23 months.

6.3 IYCF Guidelines By United Nations High Commissioner for Refugees (UNHCR)

- Breastfeeding is prohibited for infants younger than six months old (defined as newborns younger than six months).
- Babies that are younger than 12 months old are not allowed to nurse. This rule applies to infants who are younger than 12 months old.

6.4 Expertise & Knowledge (IYCF)

- Awareness of the benefits of breastfeeding.
- Advantages of continuous breastfeeding for the first 6 months.
- Healthcare station and connection.
- The importance of consuming a diverse diet for mother and kid.
- Strategies for overcoming breastfeeding issues.
- Proper cleanliness can prevent disease.
- The concept of solid semi-solid nourishment.
- Include at least four micronutrient-rich dishes in your diet.
- Provide awareness about acceptable hygiene practices.

CHAPTER 7
DETAILS OF THE SPECIFIC PROGRAMME

7.1 Appetite checking Corner

In this section, children in the Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) groups provide information regarding any hunger problems they may be facing and whether they're not able to eat a sufficient quantity of meals. Hospital admission is required for kids with SAM that exhibit symptoms such as decreased hunger or health issues. Infants without health issues who have a healthy appetite, on the other hand, may be assisted as outpatients. The test for appetite is used to determine the level of danger posed by (SAM) in childs who are undergoing in-patient or out-patient care. The test recommended, despite fact that there is insufficient data to support it. We investigated how effectively it could identify children who were likely to have unfavorable outcomes as a result of their therapy. The weight- based test was the most important predictor. In this test, Passage is established for children who ingest a certain quantity of RUTF relative to their size.. Other indicators of diminished hunger, including the weight-independent test, were also investigated (Sayer et al., 2018).

Figure 7.1: Baby eating RUTF (Mount, 2019)

7.2 Breastfeeding Corner

Every combined center has a seperate area set out breastfeeding mother's. The mothers sit peacefully while they provide their children with breast milk. It is a very comfortable, calm, and secure location for moms, but men are not permitted to enter. Due to the fact that almost all of recipients are children younger than two years old, they require milk from their mothers on a daily basis, 8 times. As a result of their religious beliefs, Rohingya mothers never feed their children in public. Because of this, having it in a nutrition camp is absolutely necessary(Sayeretal.,2018)'

7.3 Office Room

The office space serves as the center of attention at the nutrition boot camp. This room has all of the manuals and operating procedures for the whole operation. This programmed is overseen by the site supervisor as well as the outreach supervisor, who both sit in these chairs (Overview et al., 2016).

Figure 7.2: Office room

7.4 Food Distribution Corner

There is a separated and well-organized food distribution in every nutrition facility center of every refugee camps. Participants present supporting documentation, after which two food distributors provide them with supplies or sustenance based on their requirements (Overview et al., 2016).

It Offers –

- RUTF for SAM
- RUSF for MAM
- Super-Cereal for boys and girls
- Super-Cereal Plus for mother's

Figure 7.3: RUTF

7.5 RUTF for SAM

In order to promote the recovery of malnutrition children, Ready-to-Use Therapeutic Food (RUTF) and vital nutrition are supplied. The ingredients that go into skimmed powdered milk, sweetness, butter made from peanuts, oil from vegetables and nutrients make the RUTF. The bodyweight-based assessment requires the children to ingest a certain amount of RUTF according to their body weight in order to pass (Bulletin, n.d.).

7.6 RUSF for MAM

RUSF signifies "Ready to Use Supplementary Food". Each carton has 150 sachets, and each sachet contains 100 grammas. Ready-to-use Supplemental Food, often known as RUSF, is a type of food supplement that is given to children older than six months as part of a nutritional programmed to treat moderate acute malnutrition (MAM) over a period of time ranging from two to three months. It is recommended that RUSF be consumed directly from the packaging, without being diluted, blended, or heated in any way. One sachet of RUSF daily is recommended as the dosage, and this amount corresponds to around 535 kcal. This is not a suitable replacement for breast milk (More, n.d.).

Figure 7.4: RUSF Batch

Figure 7.5: RUSF

7.7 Super Cereal

The fortified wheat soya blend that is super cereal also contains sugar. Formulation especially suited for youngsters older than 5 years of age, as well as adults, pregnant women, and nursing mothers.The product is manufactured using wheat that has been subjected to heat treatment and whole soya beans, in addition to sugar, vitamins, and minerals. This is suggested which the item be made into a pudding or a paste by mixing the right quantity before cooking the combination over low heat for between 5 and 10 minutes(Price, n.d.).

7.8 Super-Cereal Plus

Wheat and soya blend with sugar is the best thing to eat for breakfast. This product should only be used by kids younger than 5 years old. Corn or maize that has been heated, soybeans, nonfat dry milk, refined soya bean oil, and different vitamins and minerals are some of the things that are in Super Cereal Plus. To make cereal or gruel with Super Cereal Plus, you must first mix the right amount of flour with fresh water (equal to 50 grams of Super Cereal Plus)(Price, n.d.).

7.9 Store Room

At each integrated nutrition camp, there is at least one ware-house or storage room at which nutritional supplements and food could be kept before being transported to a food distribution site and then given out to camp participants as needed. The warehouse has lot of room for storing food. There is a food keeper who is responsible for keeping track of how many packages or products are received and supplied.
It's prohibited to retain or use any kind of pesticide in this building, so it is imperative that it be kept clean, that adequate amounts of fresh air and light be provided, that the temperatures be kept stable, and that all of these conditions be met (More, n.d.).

Figure 7.8: Store room

Figure 7.9: Stored packages

7.10 Children's Play Zone

At each OTP center, there was a program that was organized for the kids. A location designated specifically for children to run around and have fun in a setting that is highly supervised is known as a "kid's zone." This kid's Zone contributes to the children's intellectual and emotional development while also providing them with entertainment. (National Research Council, 2015).

Figure 7.10: Children's playing-zone

7.11 PLW Corner – Pregnant and Lactating Women Corner

Women who are pregnant or breastfeeding (PLW) are some of the most at risk during crisis and disasters. This is since they suffer from greater requirements for food, and women and children can get sick from inadequate nutrition.

All interconnected nutrition service facilities center has one PLWs space helps women who are pregnant or who are nursing. First, they go into PLW's measuring space. After someone takes their MUAC reading, they should seek advice from the IYCF corner. Finally, they are able to obtain necessities and food from the distribution point (Gebre et al., 2018).

7.12 Kitchen Garden / Key Hole Garden

In front of every nutrition center, there is a keyhole plant. Another name of this is known as "cross-cutting," Moreover, the person with oversight authority is the one who performs the action on behalf of the intended recipient.

In these camps, the kitchen garden is a place where people grow fruits, veggies, and herbs to eat at home. These changes are meant to make the environment greener, even in the hottest weather, and their low cost, low upkeep, and adaptability make them a must-have for gardening around the house.
SARPV gives more weight to planting in the kitchenIt is the responsibility of SARPV to broaden its kitchen gardens in order to assist the Rohingya community, live more effectively, get fresh fruits and veggies, and fight malnutrition. There are also flower plants to make the yard more beautiful (FAO-OED, 2011).

Figure 7.11: Kitchen Garden

7.13 Wash Corner

The activities of SARPV are being carried out throughout six different camps. There is a respectable number of staff members putting in their time here. Therefore, the installation of a toilet in each and every camp is an absolute requirement.
Each and every camp is equipped with sanitary facilities, including flush toilets. One for the male gender, and another one for the female. The manufacturing of toilets is also satisfactory. Also, there is well hand sanitizing corner in almost every corner in the facility center. So, there is zero cause of tension about hand washing. There is enough clean water stored in a large bucket inside the bathroom and even in the washing corner. This is consistent with the geographical position of the hills, which indicates that the sanitary facility is sufficient (Schmitt, 2021).

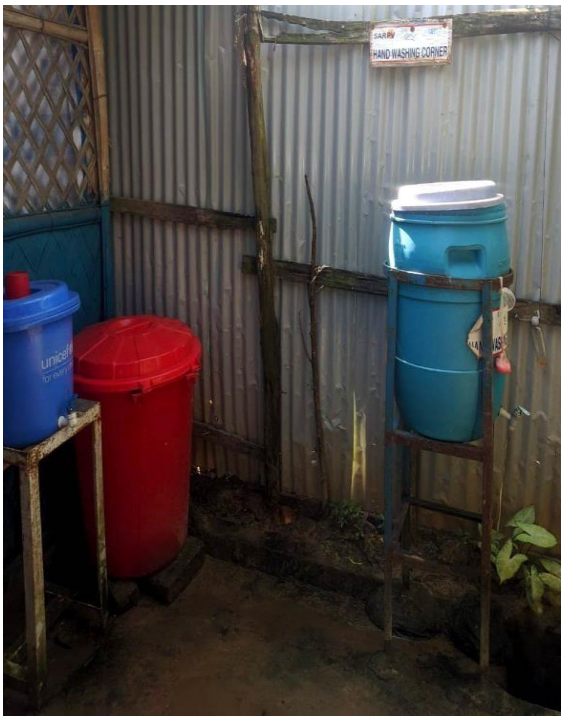

Figure 7.12: Washing Corner

CHAPTER 8
CONCLUSION

8.1 Challenges

Challenges that I have faced in Rohingya FDMN Camps:

- There is a limited space to accommodate a huge number of Rohingya beneficiaries.
- It is challenging to comprehend their language and culture.
- In the camp areas, religious significance is evident.
- Counselling for both the host community and the local community is urgently required.
- The cost of living is high in the vicinity of that camp area for those who are not locals like us.
- The local community in the vicinity of the area also faces challenges for large Rohingya populations.
- Network and transport issues.
- The refugee camp's dra
-
- inage system is inadequate.

8.2 Learning Outcome

It is such a beneficial, useful and educational program for those who are doing an internship in this project; the program lasts for two months and standing on largest refugee camp till now. The supplements are offered to pregnant and breastfeeding women, children under the age of five, as well as children, pregnant and parenting women, and adolescents.
The primary focus of this program is on the nutrition of pregnant and breastfeeding women and children under the age of five. All of us learned something new from the experience.

When it comes to the duties that SARPV undertakes in the refugee camp, one of the most important aspects is related to the field of nutrition. The activities of SARPV are being carried out across six different camps. The integrated malnutrition services, including ways to avoid it as well as treat them, are the focus of this internship paper (National Research Council, 2015).

8.3 Conclusion

The program was held at Cox's Bazar, which is a massive refugee camp globally, located near the Cox's Bazar coastline. Approximately 800,000 refugees have settled in the biggest refugee camp, which is situated in Myanmar's aside country (Bangladesh). Cox's Bazar is not only the largest camp in the world, but also the most highly populated one with an overcrowded population. The majority of refugees lack adequate access to safe water, sanitation services, medical care, and food. In that region, malnutrition is a

issue impacting both mothers and children. The condition is particularly common among refugees fighting for food and nourishment. It is imperative to treat this condition immediately. Food must be a top priority for every country that hosts refugees. In order to fulfill the nutritional needs of refugee's, it's imperative to supply them with uncontaminated, top-notch nutritional supplements. It makes sense to consider post-disease therapy even in emergency situations. To safeguard the health of severely injured mothers and children, it is necessary to administer medications and nutritional supplements.

Malnourished Rohingya refugees, primarily children, pregnant women, and nursing mothers, flooded into Bangladesh from Myanmar. Due to decades of prejudice, they lived in extreme poverty in Myanmar and could hardly feed one another and their young ones. Their physical well-being was also impacted as a consequence of their trip to Bangladesh, since many of them were forced to endure travel for days with nothing to eat. Through our therapeutic consumption programme, we treat children and mothers with acute malnutrition.

Nevertheless, the magnitude of the task stays immense. There are more instances of malnutrition than there are attempts to combat it. However, we do not currently have the financial resources to expand our programme to assist additional individuals (Extension et al., 1987).

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