Integrated Nutrition Program in the Rohingya FDMN Camps at Ukhiya, Cox's Bazar

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

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APPROVAL

This Project titled "**Integrated Nutrition Program in The Integrated Rohingya FDMN Camps at Ukhiya, Cox's Bazar**", submitted by, Muhsinat Mubashira Binta Murtaza to the Department of Nutrition and Food Engineering, Daffodil International University, has been accepted as satisfactory for the partial fulfilment of the requirements for the degree of B.Sc. in Nutrition and Food Engineering and approved as to its style and contents. The presentation has been held on ______________

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Certification of Approval (SARPV)

The purpose of this document is to attest that the dissertation titled "Integrated Nutrition Programme in Rohingya FDMN Camps" is complete and accurate.

Submitted by Muhsinat Mubashira Binta Murtaza; ID: 191-34-938, a regular student at Daffodil International University studying towards a Bachelor of Science degree in Nutrition and food engineering in the Faculty of Allied Health Science. During the course of two months, she successfully completed her internship work programme at SARPV, Cox's Bazar Ukhiya Rohingya FDMN Camps while working directly under my supervision and guidance.

I am comfortable with the uniqueness of this information, and the dissertation meets my expectations.

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DECLARATION

We hereby declare that this project has been done by us 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.

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SUMMARY

Under SARPV, our internship programme had been going on for an additional two months. As part of our efforts to complete our internship and thesis project, we performed community service in the Rohingya FDMN camps located in Ukhiya, Cox's Bazar. Our initiative was formerly known as the "Integrated Nutrition Program". With the help of this program, they (SARPV) hope to improve the nutritional status of breastfeeding mothers, pregnant women, and children under the age under 5 to 59 months, as well as give them supplemental food. The nutritional status of children of all ages, from infancy through adolescence, will be targeted for improvement through the implementation of this program. The rules and regulations of the nutrition centre are carried out in an extremely methodical manner with the assistance of the employees and the instructions given by the authority. This program assists us and gives us the confidence we need to work in stressful environments. With the knowledge we gained from our internship, we are able to make a positive contribution to society and enhance the nutritional state of any given circumstance.

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CHAPTER 1
Introduction

1.1 Background and Context

A total of 889,400 Rohingya refugees are staying in Cox's Bazar District, with the vast majority of them living in 34 overcrowded refugee camps. In the overall population, there are 160,544 children under the age of five, 124,517 teenage girls (10–19 years old), and 42,000 pregnant and nursing mothers. (UNHCR, 2020). Several organisations collaborate to offer nutrition aid to refugees in need, directed by the Humanitarian Needs Overview (HNO) and Joint Response Plan (JRP) synchronised by the Government of Bangladesh and the UNICEF-led nutrition sector. Vitamin A supplementation programs for children under the age of five take place every two years in the camps supplied. Following the outbreak of the Rohingya emergency in August 2017, approximately 723,000 Rohingyas looked for refuge in Bangladesh, where they established Cox's Bazar, the world's largest refugee camp.

SARPV launched this program in September 2017 with the goal of eliminating widespread malnutrition among children aged 6–59 months. SARPV launched the second stage of the initiative in November 2018, with 8 Out-patient Therapeutic Feeding Centers (OTPs) treating over 5000 children under the age of five with SAM and 6 Breastfeeding Support Centers (BFSCs) providing counselling and messaging to over 20,000 pregnant and lactating women (PLWs).

Furthermore, these nutrition organisations provide MIYCF counselling, which stands for "maternal, infant, and young child feeding," in one-on-one and small group settings. (Adhering to social distancing regulations and broader modifications as a result of the COVID-19 pandemic). Iron and folic acid (IFA) supplements are intended for adolescents as well as pregnant and lactating women (PLWs).

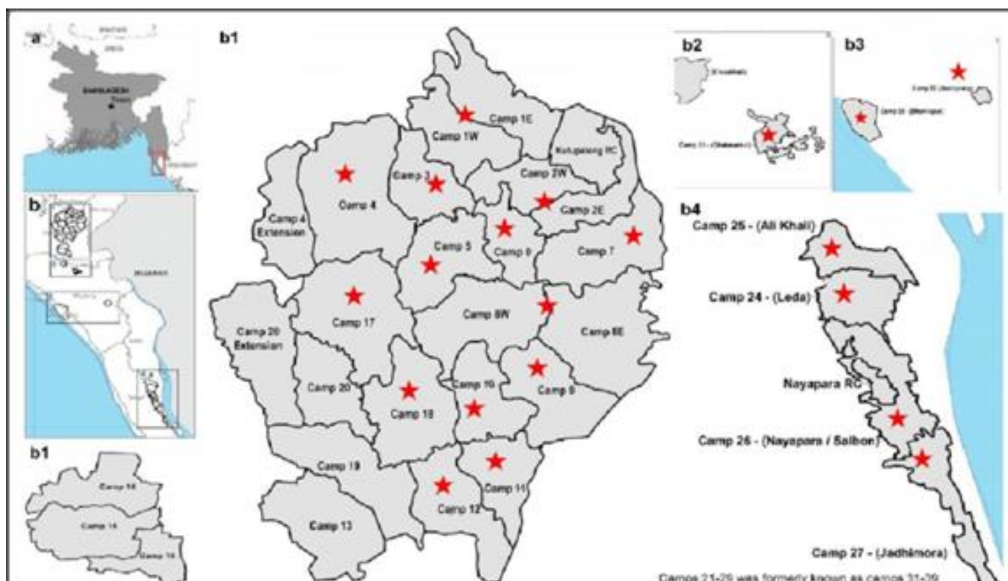

Figure 1: Rohingya Refugee Camp Map

1.2 History

After fleeing Myanmar, the majority of Rohingya refugees have found sanctuary in Bangladesh. These individuals were Muslims who had previously lived in their homeland of Arakan, which is now known as Myanmar. The former Arakan province of Myanmar, now known as Rakhine, can be found in the country's northwestern region, right next to Bangladesh's southeastern border. The region was renamed in 1974. The overwhelming

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majority of Rohingya refugees in Bangladesh are classified as Forcibly Displaced Myanmar Nationals (FDMNs), which means they are originally from Myanmar but now reside in Bangladesh. In the years 1991 and 1992, Bangladesh received more than 250,000 Rohingya refugees who had fled their homeland.

Figure 2: People Fleeing from Myanmar

Figure 3: People Fleeing from Myanmar

1.3 SARPV

The abbreviation SARPV stands for Social Assistance and Rehabilitation for the Physically Vulnerable In the year 1988, a person with a physical disability named Mr. Shahidul Haque and several of his friends named Mr. Jamal Abu Naser, Minhaj Uddin, Mr. Abdur Rahman Shah, and Ms. S.M. Ruquiya felt the compulsion that they ought to step forward to assist the PwD of society who suffered from it. This endeavour got its start in 1989, following the tornado that struck Saturia, and afterwards natural disasters saw the implementation of disability-sensitive relief and rehabilitation support and programmes in 1991, 1995, 1997, 2006, 2008, 2012, and 2015. It is the first organisation in Bangladesh to recognise a link between calamities and handicaps, and it was the first organisation in Bangladesh to run a relief and response operation that took into account people with disabilities.

This organisation's mission is to provide support to the most disadvantaged and marginalised most vulnerable individuals in society so that they may develop into valued human resources and live dignified lives. Each initiative places a significant emphasis on assisting people who have various conditions. Aside from disabilities, SARPV is active in a wide range of sensitive topics including the alleviation of poverty, the support of educational institutions, the supply of health services, the establishment of rights, climate change and disaster risk management, and the acquisition of skills to assist vulnerable groups in integrating into the community.

After concentrating its efforts primarily on those with disabilities for the previous 25 years, SARPV shifted its concentration in 2015 to cover the socioeconomic advancement of all vulnerable groups. In order to accomplish this objective, the programme is putting its emphasis on the cultivation of technical skills that can be applied in the workplace (formal or informal). SARPV is an organisation that works to integrate marginalised individuals into society and create employment opportunities for them so that they can express their belief that economic empowerment can lead to a more esteemed way of life.
After a devastating tropical cyclone hit the southern region of Bangladesh in 1991, SARPV began implementing community-based programmes in that area. It was the first effort of its kind to provide relief and rehabilitation in the hopes of preventing the victim from becoming disabled as a consequence of the physical harm and mental anguish caused by the accident.

1.4 Branches Of SARPV

Table 1: SARPV Branches

Division	District	Upazila
Chittagong	Cox’s Bazar,Chittagong Bandarban	Cox’s Bazar Sadar, Chakaria, Moheshkhali, Pekua, Ramu, Ukiah, Lohagara Lama, Naikkhongchhari
Dhaka	Gazipur	Gazipur Sadar, Kapasia

1.5 Geographical Coverage (SARPV)

SARPV's Cox's Bazar District Health and Nutrition Program was implemented in Ukhiya (Kutupalong). Camp 1E1, Camp 1E2, Camp 5, Camp 6, Camp 8W1, Camp 8W2, Camp 10W1, Camp 10W2, Camp 20W1, Camp 20W2 were located in Kutupalong. In total, there were 24,480 children aged 6 to 59 months in care across six camps. (In OTP 429, TSFP 2,504 and BSFP2, 1547). These Camps house 1,945 pregnant and lactating women.

Table 2: Geographical Coverage of SARPV

<table>
<tr><td rowspan="2">Camp 1</td><td>E 1</td><td rowspan="2">Camp 5</td><td rowspan="2">Camp 6</td><td rowspan="2">Camp 8</td><td>W 1</td><td rowspan="2">Camp 10</td><td>W 1</td><td rowspan="2">Camp 20</td><td>W 1</td></tr>
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CHAPTER 2
Activities of SARPV

2.1 Programs (SARPV)

Figure 4: Programs of SARPV

We were given the opportunity to complete a two-month internship at the biggest refugee camps in the world, which was provided to us by SARPV.
The program's name was **"Integrated Nutrition Program" (Under Health and Nutrition).**

2.2 The Goal of The Program

Minimise the prevalence of malnutrition among children aged 6-59 months, as well as among pregnant and lactating women, in order to prevent the malnutrition integration cycle by combining a preventive and therapeutic method.

2.3 Principle

Humanity, as well Honesty, Fairness, Neutrality, Integrity, Responsibility, Democracy, Equity, and Independence are all values that should be valued. Service excellence, Mutual trust and respect, regardless of ability, race, religion, gender, or age.

2.4 Vision
To envision a barrier-free society that promotes long-term socioeconomic empowerment of vulnerable groups.

2.5 Mission
To foster an environment in which vulnerable groups can be transformed into efficient and effective human resources through capacity building, and to ensure that service suppliers are adaptable to their requirements.

2.6 Core Values
Truthfulness, fairness, impartiality, accountability, openness, democracy, capital, and independence are every principle that we hold. Assistance of high quality, Mutual respect, and faith, irrespective of ability, race, colour, religion, or age.

2.7 Summary
SARPV's goal is to ensure that people with disabilities can fully participate in society by removing any obstacles they may face. It aims to raise awareness of disability issues, create and explore employment opportunities, aid in socioeconomic rehabilitation, and guarantee equal rights and access. With a strong emphasis on maternal and infant nutrition, SARPV has been effective in a Rohingya refugee camp.

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CHAPTER 3
Beneficiaries and Fundings

3.1 Targeted Beneficiaries and Beneficiaries Coverage

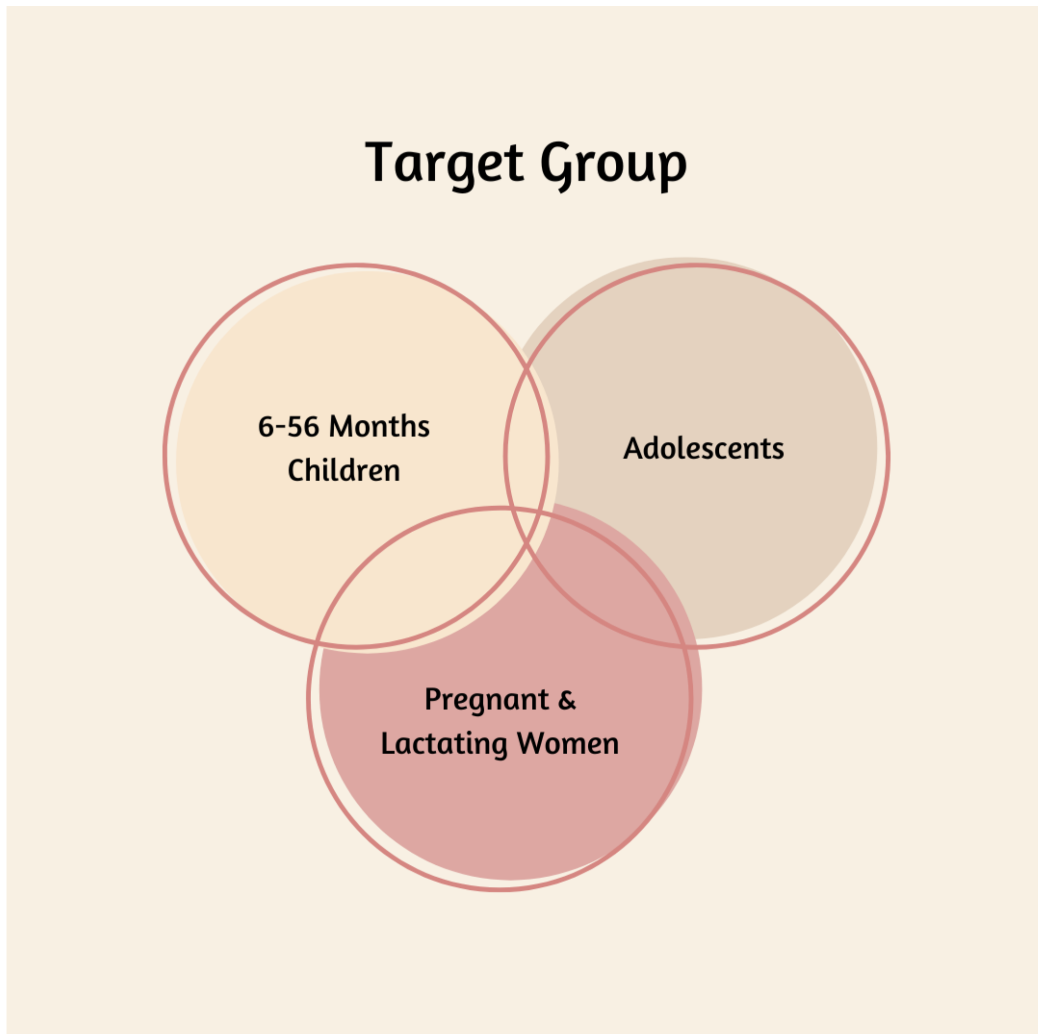

Figure 5: Targeted Beneficiaries of SARPV

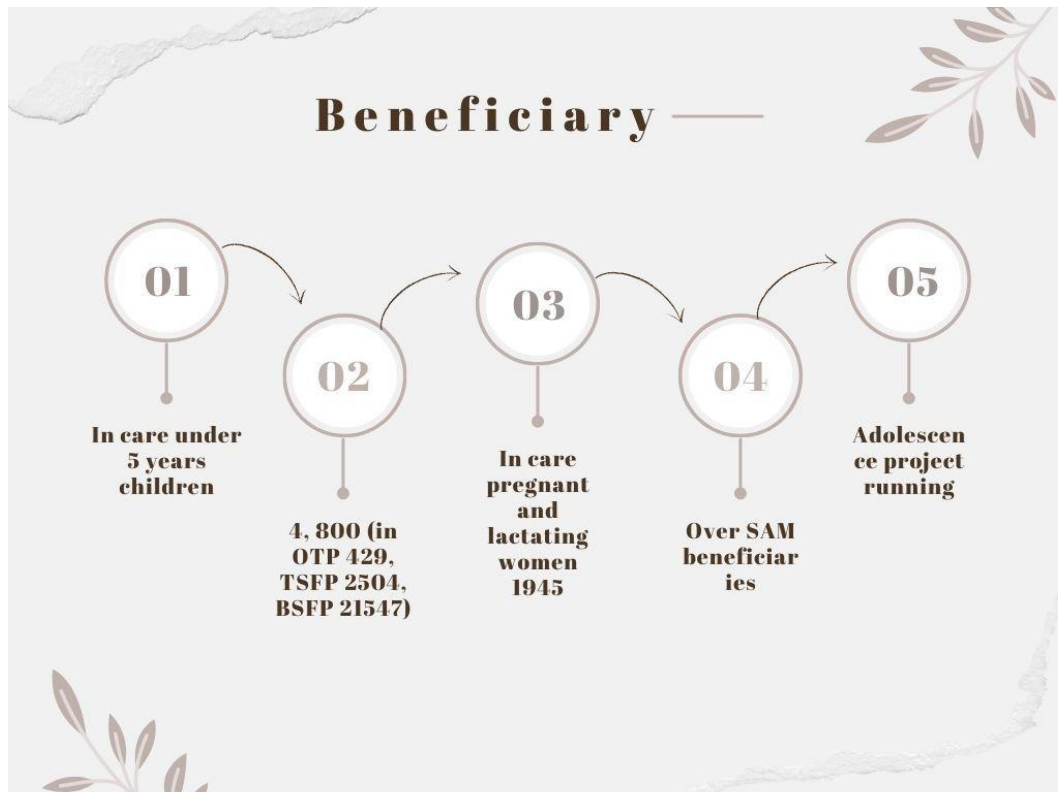

Figure 6: Beneficiary Coverage of Past Years

3.2 Major Activities

- ✓ Check to check if any women who are breastfeeding or pregnant are malnourished first.
- ✓ The second stage is to carry out a complete screening to identify who has SAM and who has MAM without complications.
- ✓ Bring them to the OTP/TSFP and give them specialised diets made to promote healing. checking for malnutrition in women who are pregnant or nursing.
- ✓ It's important to find and get in touch with kids who have been reported missing or who have fallen behind on their payments.
- ✓ Programmes like CMAM-I will make it less common for pregnant women and babies under six months old to be malnourished. To end the chain of hunger that has been passed down from generation to generation, IYCF is pursuing preventative steps.
- ✓ To end the cycle of hunger that can be passed down from generation to generation, IYCF will take a preventative approach.
- ✓ Give IFA to teenagers and PLWs.
- ✓ Improve communication between preventative measures and therapeutic interventions to get to the root of the problem.

3.3 Funding Agency

UNICEF and its collaborators recognize and treat malnourished children, provide enriched foods and supplements to prevent vitamin and nutritional deficiencies, protect and encourage breastfeeding, and offer whatever assistance is necessary to safeguard children's right to food and nutrition in times of crisis. UNICEF has personnel in Bangladesh, where they are facilitating the distribution of essential supplies to Rohingya refugees. UNICEF is providing aid in the areas of water and sanitation, including the construction of diarrhoea treatment facilities, health care for children and pregnant women, access to quality education, including the building of schools, and protection and aid for children who have been subjected to acts of violence, abuse, or hatred. UNICEF provides funding for this programme serving the Rohingya population, which includes the provision of therapeutic food and drugs.

WFP is the largest humanitarian organisation in the world, saving and enhancing the lives of people in need all over the globe.
The World Food Programme (WFP) launched an emergency operation to meet the population's food and nutritional needs, which included, among other things, providing food for around 880,000 displaced people, treating and preventing malnutrition, and providing school meals. The World Food Programme (WFP) established a Fresh Food Corner (FFC) so that displaced people could gain access to healthy foods like vegetables. Refugees in
camps in Bangladesh are being helped by the World Food Programme in their efforts to ensure that they have access to adequate food and nutrition despite the epidemic. To combat even mild malnutrition, the World Food Program (WFP) runs a number of programs. There are two main groups that WFP aims to help with their food supply.

CHAPTER 4
INC and Other Programs

4.1 Integrated Nutrition Center

First off, the beneficiary is shown here checking into the nutrition centre. The security guard takes the temperature with an infrared thermometer and records it along with the person's signature and full name. The identity of everyone entering the camp, whether they are a visitor or an employee, as well as their purpose for doing so, must be known to the guard. Everyone keeps saying this slogan. A single employee will be stationed at the help desk to accept information from beneficiaries who need assistance of any type, have problems, complaints, or other needs, and to give them instructions. Some of the recipients are presently awaiting care, medications, or counselling.
Patients are additionally divided into two different groups according to whether they have OTP or BSFT. There is also a place for an office available. Its upkeep is the responsibility of both the site supervisor and the outreach supervisor for that nutrition centre. The site supervisor is in charge of overseeing everything, giving directives, and managing that centre. The outreach coordinator attends the volunteer meeting every day. He also visits the homes of those who would benefit from the volunteers' efforts at least three times a week to witness it in action.

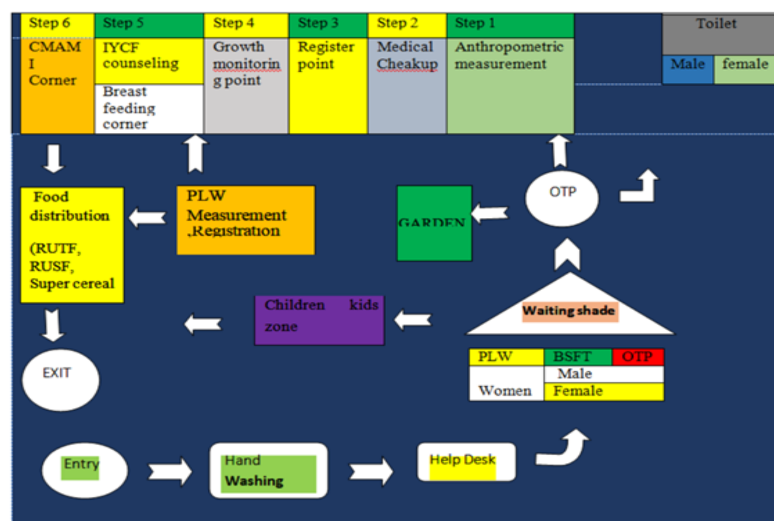

Figure 7: Integrated Nutrition Center

After that, a warehouse will come into view. The shopkeeper will carefully record every vitamin and medication you buy here. OTP patients first go to a measurement point.The patient should have one person measure their MUAC, weigh them, check for edema, and measure their height. The beneficiary will then get another medical checkup after which one nurse will obtain their medical history. The nurse will send the recipient who has a medical issue from this location to the stabilisation centre.The following recipient arrived at the registration location and finished registering.
The people seated in the Growth monitoring point conduct a beneficiary counselling session. The IYCF is the cornerstone of every nutrition centre. a counsellor from IYCF giving recipients advice on breastfeeding, fostering general hygienic practices, eating the right foods, and complementing foods. Directly into the food distribution site, where they will receive both food and supplements, as a result of the BSFP.The final stage of the process before the beneficiary departs the centre is when the food is distributed.You can always find a loo close by at any nutrition centre, garden or kids' play area.

4.2 C-MAM Guidelines

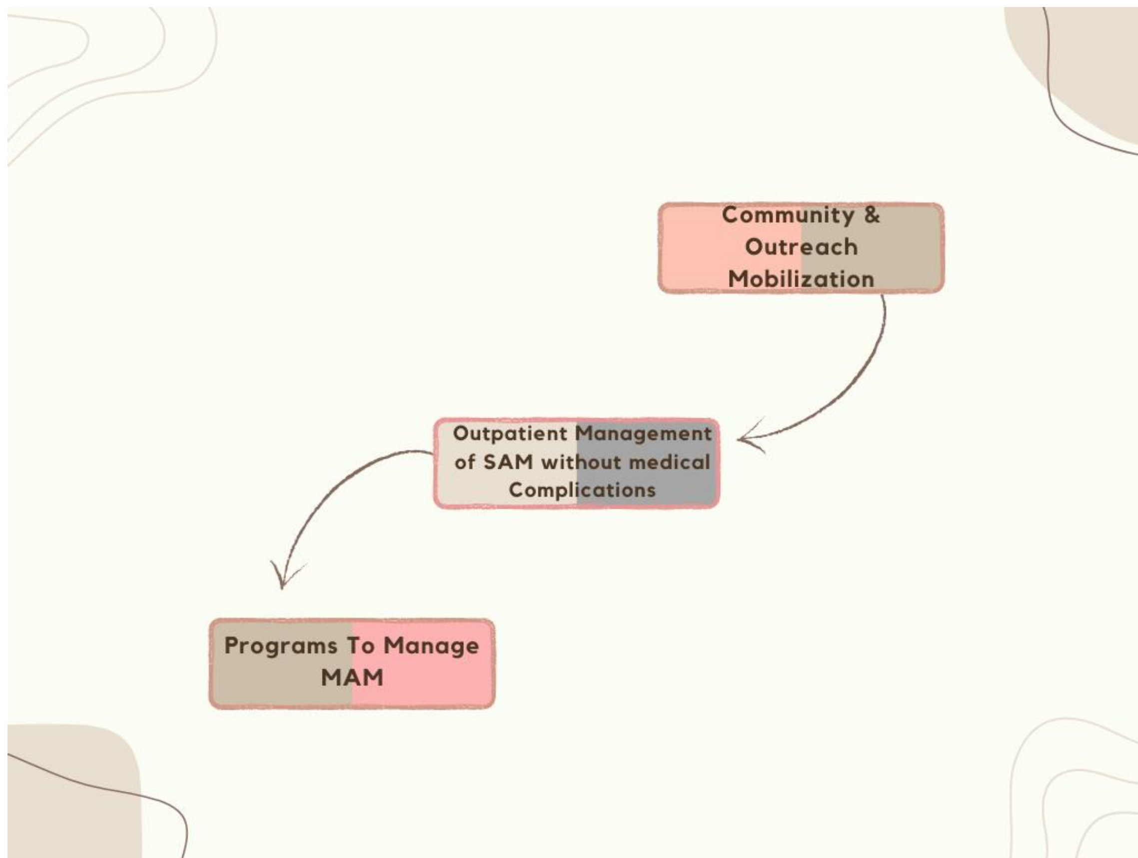

Figure 8: The Flow of Clients in an All-Encompassing CMAM Approach

This programme adheres to the C-MAMI criteria, and if any patients are found to be in critical situations with difficulties, the beneficiary in question will be sent to a stabilisation centre.

4.3 Health and Nutrition Program

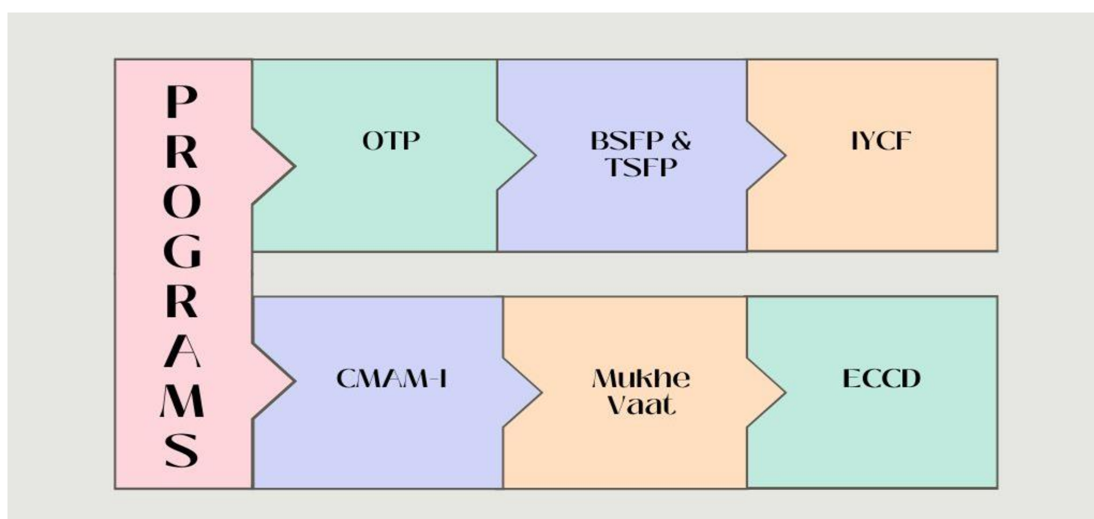

Figure 9: Programs Related to Health & Nutrition

4.3.1 OTP: OTP stands for Outpatient Therapeutic Program, which provides home-based treatment for children aged 6 to 59 months, with medical treatment going to SAM and without medical treatment going to MAM.

4.3.2 BSFP & TSFP: The acronyms BSFP and TSFP stand for (Blanket Supplementary Feeding Program and Target Supplement Feeding Program), and its primary goal was to prevent a decline in nutritional status. Additionally, the prevalence of acute malnutrition between (6-59 months children) was reduced, lowering the risk of morbidity and mortality.

4.3.3 IYCF: IYCF Stands for "Infant and Young Child Feeding". The practice of Infant and Young Child Feeding (IYCF) can save the lives of young children in critical situations. Breastfeeding should begin within the first hour after birth, continue exclusively for the first six months of a baby's life, and continue for at least another year after that.

4.3.4 C-MAMI: C-MAMI means "Community Management of At-Risk Mothers and Infants". C-MAMI is a system that evaluates and categorises different approaches to the management of both babies and their mothers. In this case, the mother and child are treated as a single unit and given the same level of care.

4.3.5 Mukhe Vaat: The Mukhe Vaat ceremony is carried out when a child turns six months old. The child is given rice to put in his or her mouth during this rite. One kind of ceremonial event is Mukhe Vat. This rite was finally observed in the camps following a month.

4.3.6 ECCD: The aim of Early Childhood Care and Development (ECCD) was to provide children with the care and stimulation necessary for their physical and mental development, so preparing them for school with the appropriate attitudes and routines.
4.3.7 Geographical Coverage (Nutrition Program): Cox's Bazar District's Ukhiya (Kutupalong) is the location where this nutritional program is being carried out. There is a total of 6 OTPs held by SARPV.

4.4 Program Highlights

As part of my internship, I assisted with SARPV's Health and Nutrition initiative, which was aptly named (Integrated Nutrition Program). Highlights from the program were included in this. They've highlighted the following:

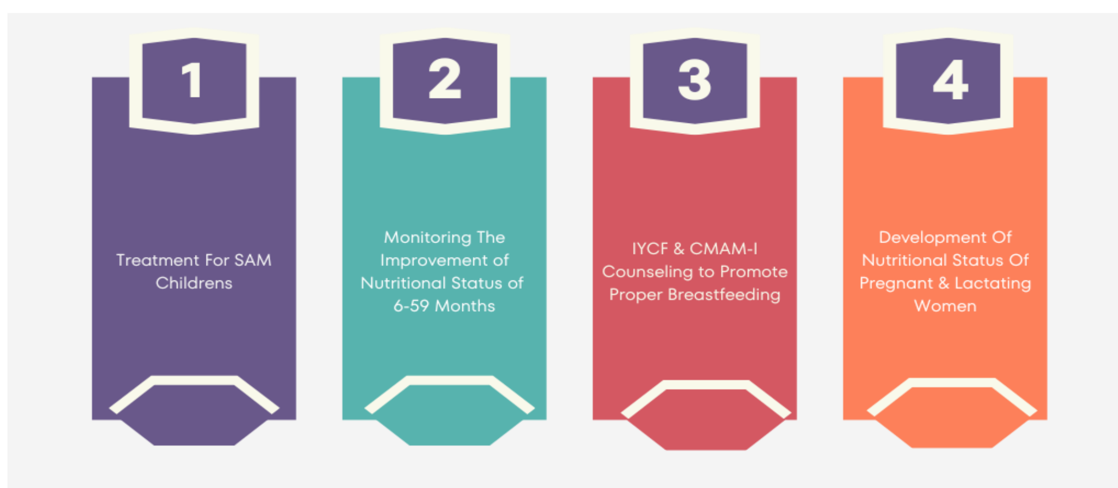

Figure 10: Program Highlights

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CHAPTER 5
Health & Nutrition Program Details

5.1 Major Duties in The Realm of Health and Nutrition

We were part of a program called INP (Integrated Nutrition Program). We followed some of their activities on the program. These are:

- ✓ Screening for lactating and pregnant women who have not gained much weight.
- ✓ Give them additional or corrective diets, then admit them to OTP/SEP.
- ✓ Vulnerable populations will gain from CAMI operations to lower the risk of malnutrition in terms of nutrition.
- ✓ Establish strong connections between medical care and health promotion.

Table 3: OTP's Enrolment Criteria

Category	Criteria
Children 6-59 months	MUAC <110
	Bilateral pitting edema grade + or ++
	Mother/caretaker refuses inpatient care despite advice
Transfer from inpatient care or another OTP site	Child returns to OTP after transfer to in-patient care after treatment or is referred to OTP after inpatient care or from another OTP site*
Return After Default	Children who return after default continue their treatment if they still fulfill the enrolment criteria for OTP

5.2 OTPs Discharge Criteria

Table 4: OTP's Discharge Criteria

Category	Criteria
Discharge/cured	The Minimum stay is two months in this program. MUAC > 110MM No Edema
Defaulter	Absent or three consecutive weeks
Transferred to inpatient care	Requires The condition has deteriorated and requires inpatient
Not cured	Has not reached discharge criteria within four months

5.3 MUAC Measurement

By placing our work at eye level, we can maintain a comfortable working atmosphere. If you can, kindly take a seat. Ask the carer to take off anything that can hide the child's left arm. Find the child's shoulder's point with your fingertips, then determine the centre of the left upper arm. The child's elbow should be flexed to form a correct angle. The two arrows instruct you to position the tape at zero on the apex of the shoulder. After that, you should pull the tape straight

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down past the apex of the elbow. Measure the length at the point of the elbow to the nearest centimetre. Take this number and divide it in half to get the median.

Alternatively, you can gauge the midpoint by bending the tape to the halfway point. You can accomplish it on your own or with help. You or your assistant can indicate the midway point by holding a pen under your arm. Straighten the child's arm and then wrap the tape around the middle of it. Make sure the numbers are in the right sequence. Make sure the tape is placed on the skin flat. Analyse the tape to see if it is too tight or too loose. The measurement should be read and stated to the nearest 0.1 cm once the tape has been properly positioned and tensioned on the arm. Remove the tape from the child's arm as soon as you can, then note the measurement on the CMC.Positioning our work at eye level helps to maintain a pleasant working atmosphere.If you can, kindly take a seat. Ask the carer to take off anything that can hide the child's left arm. Find the child's shoulder's point with your fingertips, then determine the centre of the left upper arm. The child's elbow should be flexed to form a correct angle. The two arrows instruct you to position the tape at zero on the apex of the shoulder. After that, you should pull the tape straight down past the apex of the elbow. Measure the length at the point of the elbow to the nearest centimetre. Take this number and divide it in half to get the median.

You or your assistant can indicate the midway point by holding a pen under your arm. Straighten the child's arm and then wrap the tape around the middle of it. Make sure the numbers are in the right sequence. Make sure the tape is placed on the skin flat. Analyse the tape to see if it is too tight or too loose. The measurement should be read and stated to the nearest 0.1 cm once the tape has been properly positioned and tensioned on the arm. Remove the tape from the child's arm as soon as you can, then note the measurement on the CMC.

5.5 Method of Taking Weight

- Remove the child's clothing, but keep him or her wrapped in a blanket as you carry them to the scale.
- To prevent the youngster from being cold, place a towel in the pan of the scale.
- Set the scale to 0 and place the fabric in the pan. (If you want to wear a skirt or pants with it, set the scale to zero.)
- Place the infant carefully in the pan, sling, or clothing.
- Postpone till the youngster settles down and the weight is balanced.
- Weighing should be done as precisely as possible, down to the nearest 0.01 kg (10 g). Post immediately to CMC.
- To keep the youngsters warm, immediately cover them**.**

5.7 Methods for Obtaining Precise Height Measurements

- The measuring board should be placed upright on a solid, level surface.
- The child's shoes and any headgear should be taken off.
- The child should be placed such that they are directly in the middle of the measuring board. The helper should firmly press the child's heels and knees against the board while the measurer positions the head and cursor. The child's head, shoulders, buttocks, knees, and heels should all make contact with the board.
- Read the measurement and declare it to the closest 0.1 cm.

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- Have your measurement recorded and played back to confirm that the measurer received it correctly.

5.8 Method for Determining an Individual's Height

The rod that is attached to the lever type machine or a stadiometer can both be used to measure the height of older children who are able to stand on their own. In order to complete this exercise properly, a child should stand with their heels, buttocks, and shoulders touching a wall while standing barefoot on a flat surface.

A stadiometer should be used to determine who is able to stand. The youngster should stand straight and make contact with the stadiometer's back portion with his or her feet, hips, and shoulder blades. To prevent the knees from contacting while maintaining balance, the soles of the feet should be stretched out at a 60-degree angle.

Palms facing the thighs, the limbs should be carelessly draped at the sides. Once the hair is entirely squeezed to the crown of the head, lower the horizontal bar on the stadiometer. Remove any hair or other obstructions from your head to ensure that the bar can grasp your hair at the crown firmly. To the nearest 0.1 cm (1/8 inch), the measurement must be exact. Obtain a second measurement.

5.9 Evaluating the Presence of Edema

Both feet are applied with typical thumb pressure for three seconds to check for edema. If the youngster has shallow footprints on both feet, they are edematous. if paediatric bilateral pedal edema (on both feet) is determined to be nutritional edema. Sometimes, edema can be quite harmful. Generalised edema commonly affects the hands, lower arms, and, on rare occasions, the face. You can't tell if you have edema only by looking; instead, you must test with your thumb pressure.

5.10 Medical Checkup Point

A nurse or other medical professional completed it by asking questions and checking for signs and symptoms. Identifying the need for home visits and a transfer to inpatient treatment for children (6–59 months)

The signs and symptoms are as follows:

- Any grade of Edema
- Poor appetite
- Vomiting Persistent vomiting (>3 times per hour)
- Anaemia Severely pale with or without difficulty breathing
- Temperature Fever (>39° C or 102.2° F axillary)
- Hypothermia (<35° C or 95° F auxiliary)
- Infection

5.11 Registration Area

One or two people typically fill out the registration card. After scrutinising the beneficiaries' cards and classifying them into the relevant measurement groups, OTP, TSFP, and BSFP are accepted. An orange TSFP card, a yellow male TSFP card, and a green female BSFP card should be given to everyone who has recently been approved, and their records should be updated with their current height, weight, MUAC, etc.

5.12 GMP – Growth Monitoring Promotion

The GMP is a crucial step in the process of determining the nutritional status of the kid if they are under the age of five. It may be possible to identify any nutritional problems your child may be having by taking part in growth monitoring and promotion programmes, such as excessive thinning or edema. A kid is weighed on a growth chart at regular intervals (starting at birth and continuing throughout the first two, three, or five years of life) as part of growth monitoring. Height was additionally required. Promotional activities are required because weighing and charting by themselves won't lead to improved growth.

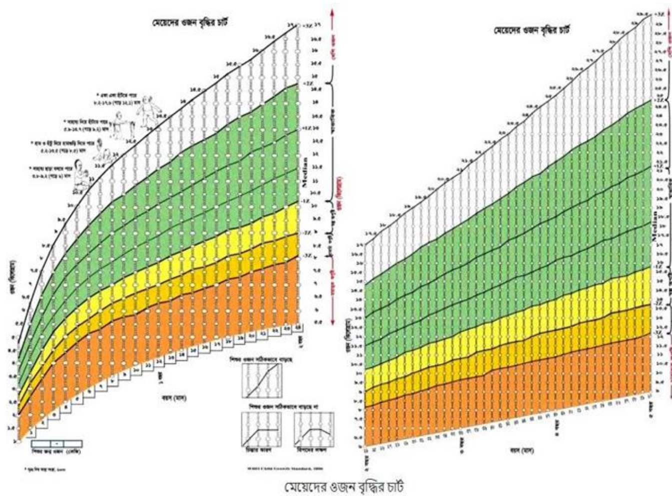

Figure 11: Growth Monitoring Chart for Girls

Two of them are giving advice and making efforts to encourage a child's development. The survey's findings are presented in this indicator under the heading "Components of growth monitoring and promotion for children under the age of five." The following were the possible responses for each component: Are you certain? taking exact measurements and recording them. markers that can be followed. creating the growth chart's finishing touches.

Talk to the kids' parents or key carers about how their kids' weight and height have changed over time. involving parents and other key carers in the process of figuring out issues and potential fixes associated with developmental delays. Advice on what to feed young children and newborns.

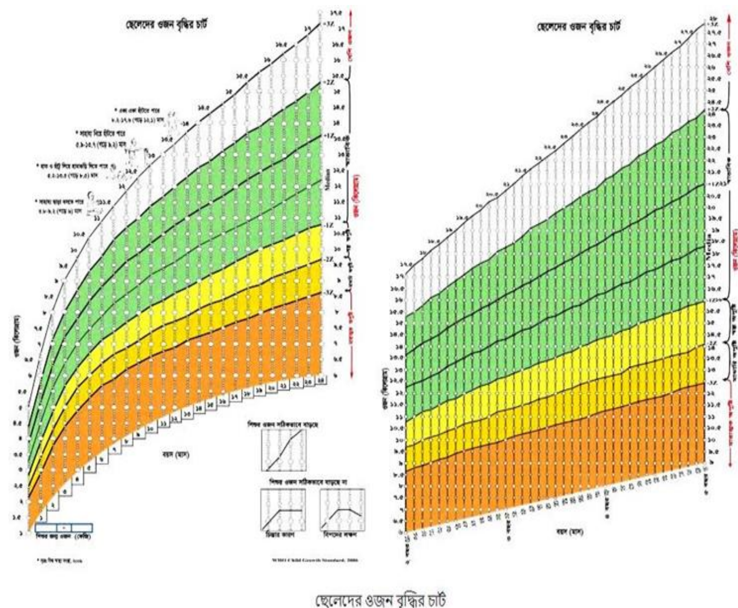

Figure 12: Growth Monitoring Chart for Boys

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CHAPTER 6
IYCF Indicators and Knowledge

6.1 IYCF Counselling

The acronym "Infant and Young Child Feeding" (IYCF) refers to a compilation of well- known and generally accepted guidelines for the appropriate feeding of newborns and children under the age of two. These guidelines were developed by the Academy of Nutrition and Dietetics. IYCF counsellors offer help to women who are pregnant or breastfeeding, in addition to moms who have children under the age of five.

6.2 IYCF Indicators by WHO (World Health Organization)

Table 5: IYCF Indicators by WHO

1. Infants aged 0 to 23 months (children aged 0 to 24 months) should initiate breastfeeding as quickly as feasible.
2. Exclusive breastfeeding for the very first six months of life (newborns younger than six months).
3. Children under the age of six months should be breastfed exclusively during the first six months of their lives
4. Children between the ages of 12 to 16 months who have been breastfed for a full year
5. Breastfeeding for a 2nd year in kids aged 20 - 24 months.
6. Introducing solid, semi-solid, or soft foods to babies between the ages of 6 - 8 months (infants between the ages of 6to 9 months)
7. The consumption of iron-rich or iron-fortified foods by children aged 6 to 24 months.
8. Breastfeeding versus bottle-feeding for infants and young children (infants and young children) aged 0 to 23 months.

6.3 IYCF Indicators by UNHCR - United Nations High Commissioner for Refugees)

- No breastfeeding before six months (which means infants younger than six months).
- No breastfeeding before the age of 12 months (which means infants younger than 12 months).

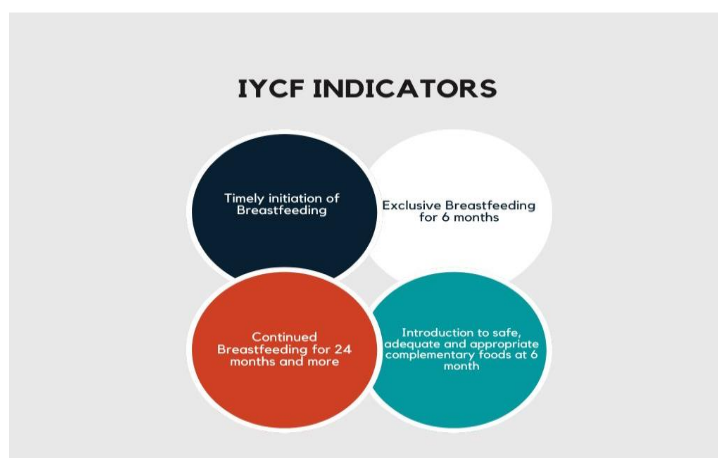

Figure 13: IYCF Indicators

6.4 In Addition to IYCF Knowledge and Expertise

- ➔ Knowledge of the Advantages of Breastfeeding.
- ➔ Benefits of exclusive lactation for the initial six months.
- ➔ Nursing position and attachment.
- ➔ Significance of consuming a diversity of foods for mother and child.
- ➔ Breastfeeding challenges and how to surmount them.
- ➔ Proper hygiene practices prevent illness.
- ➔ The idea concerning Solid semi-solid sustenance.
- ➔ Provide at least four dishes' rich in micronutrients in your diet.
- ➔ Offer knowledge of appropriate hygiene practices.

CHAPTER 7
Specific Program Areas

7.1 Appetite Checking Corner

Children who are SAM and MAM report here whether they have any problems with their appetites and whether they are unable to eat enough food. Children with SAM who have a poor appetite or medical issues should be admitted to the hospital, but those who have a good appetite and no medical issues can get treatment as outpatients with ready-to-use therapeutic meals (RUTF).
This refers to young children (0 to 24 months) and newborns. The severity of severe acute malnutrition (SAM) in children receiving inpatient or outpatient therapy is assessed using the test of appetite.

We looked into how well it could pinpoint young patients who were most likely to experience negative effects from their therapy. The most significant predictor was the weight-based exam. Children are deemed to have passed this test if they drink a set amount of RUTF according to their weight. We also looked into additional signs of reduced appetite, such as the weight-independent test.

7.2 Breastfeeding Corner

Every integrated centre offers a designated private space for nursing mothers. While they breastfeed their children, the mothers sit serenely. Men are not allowed inside, yet it is a really cosy, serene, and safe place for mothers.
The bulk of the recipients are under two years old; thus, they have a constant need for breast milk, which needs to be given eight times each day. Mothers of Rohingya children never feed them in public due to their religious beliefs. It is therefore imperative to have it at a nutrition camp.

7.3 Office Room

At the nutrition boot camp, the workplace setting is the centre of attention. The whole operation's operating manuals and procedures are housed in this space. The site supervisor and the outreach supervisor, who both occupy these chairs, are in charge of this programme.

7.4 Food Distribution Corner

Each nutrition facility centre at a camp for refugees has a separate and well-organised food distribution system. The beneficiaries come here with documentation serving as proof, and two food distributors then provide them with food or rations based on their need.

It offers -

- RUTF for SAM
- RUSF for MAM
- Super Cereal
- Super Cereal ++

7.5 RUTF for SAM

Malnourished children are given the critical nutrients and Ready-to-use Therapeutic Food (RUTF) they need to get better. Skim milk powder, sugar, peanut butter, vegetable oil, and numerous vitamins and minerals are used to make RUTF.
In this case, the weight-based test was used; in order for the kids to pass, they had to drink a certain amount of RUTF in accordance with their weight.

Figure 14: RUTF

7.6 RUSF for MAM

RUSF stands for ready-to-use supplemental food. Each sachet weighs 100 grams, and there are 150 sachets in each carton. Ready-to-use for a period of two to three months, children older than six months who have moderate acute malnutrition (MAM) receive supplemental food, also referred to as RUSF, as part of a nutritional plan. It is advised that RUSF be taken straight from the container, without diluting, blending, or heating in any manner. The suggested dosage for RUSF is one sachet per day, which equates to about 535 kcal. This cannot take the place of breast milk.

7.7 Super Cereal

Sugar is included in the fortified wheat soya combination that makes up super cereal. Formula designed specifically for children older than five years old, adults, pregnant women, and nursing moms.
Whole soy beans and heat-treated wheat are used in the production of the product, along with sugar, vitamins, and minerals.

Figure 15: Super Cereal

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For best results, prepare the product as a gruel or porridge by combining the recommended amount of flour with filtered water (for instance, 40 grams of
Product with 250 grams of water), and then simmering the mixture for five to ten minutes. Prior to being properly prepared, it is not advised to ingest the product in its dry powder form.

7.8 Super Cereal+

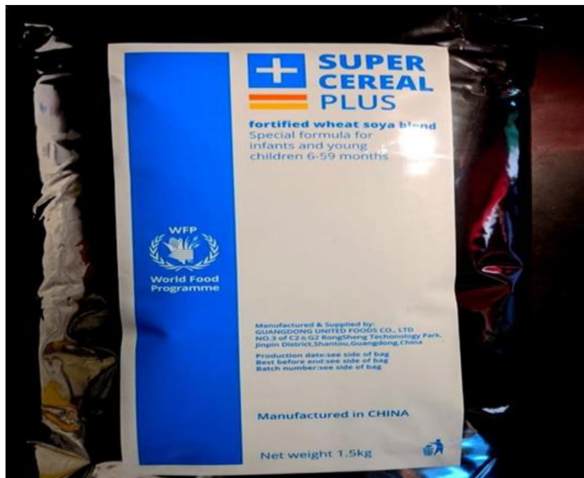

Figure 16: Figure 15: Super Cereal+

The ideal breakfast food, a Wheat and Soya Blend Sweetened with Sugar. Children who are younger than 5 years old should use this product. The ingredients for Super Cereal Plus include corn or cornmeal that has been subjected to heat treatment, dehulled soybeans, nonfat dry milk, refined soya bean oil, as well as various vitamins and minerals.
In the event that Super Cereal Plus is to be consumed in the form of porridge or gruel, it must first be prepared by combining an adequate quantity of flour with fresh water (equivalent to 50 grams of Super Cereal Plus)

7.9 Store Room

Every integrated nutrition camp has a minimum of one warehouse or store room where food and supplements can be kept until they are delivered to a food distribution location and then distributed as needed to campers. The warehouse provides plenty of space for food storage and is kept at a very cool temperature.
A food keeper is in charge of keeping tabs on how many packages or items are given and received.
Four distinct food categories exist, including RUTF, RUSF, Super Cereal and Super Cereal Plus. RUTF for patients with OTP, RUSF for patients with TSFP, super cereal, super cereal plus, normal mother and children, or any combination of these. UNICEF is an RUTF donor, and the WFP is an RUSF donor. Each RUTF cartoon comprises 150 packets, each weighing 92 g, while each RUSF cartoon has 150 packets, each weighing 100 gm. Together, these 150 packets add up to 13.8 kilograms for each cartoon.
This facility must be kept clean, have enough light and fresh air, be stable in temperature, and be free of any pesticides as it is illegal to store or use any form of pesticide in this structure.

7.10 Children's Play Zone

There was a programme planned for the youngsters at each OTP centre. A "kid's zone" is a place set aside particularly for kids to play and run around in a well-supervised environment. This kid's zone offers fun for the kids while also fostering their academic and emotional growth. Another benefit of the Kid's Zone is that it promotes interaction between the mother and other centre patrons while also giving the kids somewhere to pass the time. Children can still have fun and enjoy themselves here at this age. It is decorated with a selection of toys, games, crayons, drawing books, and other creative tools.

Figure 17: Children's Playing

7.11 PLW – Pregnant and Lactating Women's Corner

Children and PLWs are among the most susceptible groups during catastrophes and droughts because they have greater nutritional needs, and poor nutrition can be harmful to both the mothers' and the children's health.

Every integrated nutrition centre contains a PLW area that provides assistance to women who are expecting or nursing. They enter the PLW measurement corner first. One person calculates the MUAC and directs the other to the IYCF corner. They finally obtain food and supplies from the location where food is distributed.

7.12 Kitchen Garden / KeyHole Garden

Every nutrition centre has a keyhole plant in front of it. It is also known as "cross-cutting," and the recipient is represented by the monitoring authority.

The kitchen garden is a site where individuals in these camps cultivate fruits, vegetables, and herbs for domestic consumption. These modifications are intended to make the surroundings greener, even in the warmest heat, and because of their affordability, ease of maintenance, and versatility, they are a must for gardening in and around the home.

SARPV places more emphasis on kitchen gardening. The second instalment, which got under way in November 2018, is still going. SARPV is in charge of constructing more kitchen gardens to improve Rohingya quality of life, provide access to fresh produce, and combat malnutrition. There are also flower plants which enhances the beauty of the environment

Figure 18: Kitchen Garden

7.13 Washing Corner / Sanitation Corner

Six distinct camps are being used to carry out SARPV's duties. There are a reasonable number of staff members working here. As a result, it is very necessary to establish toilets in every camp.

There are sanitary amenities, including flush toilets, in every camp. There are two, one for each gender—male and female. Toilets are also produced in a decent manner.

Additionally, practically every corner of the facility centre has a good hand sanitising area. Therefore, there is no reason for concern regarding hand washing.

The bathroom and even the washing nook have enough clean water stashed away in a sizable bucket. This suggests that the sanitary facility is adequate because it is commensurate with the hills' geographic location.

7.14 Majhi and Imam Session

The present "Majhi and Imam session" was established by the Bangladeshi government as a measure of emergency response in the wake of the rapid entry of countless refugees in August 2017. Its primary goals are to estimate the population, pinpoint the needs for urgent survival, and close the gap. It entails holding deep discussions with men, women, and kids of all ages in order to make choices that will have an impact on their lives. This can occasionally result in a lessening of a number of issues with this emergency nutrition condition and can persuade people to visit the centre and receive care without any reservations. Imam and Majhi are to blame for this.

7.15 Husband and Mother-in-law Session

This meeting, which is regarded as a therapy and motivational event, was held to help them recognise their error and permit and assist women inside the home.

The purpose of this meeting is to make sure that they do not erect any obstacles in their houses for their wives or daughters-in-law so that they can visit and utilise the services of these nutrition clinics.

7.16 Cooking Demonstration

The best ways to prepare food for their infants, including what to cook and what sorts of meals are most nutritious, are covered in this session for new mothers. They also learn new recipes and fundamental cooking techniques.

Food comes in a variety of forms, including fish chops, fish khichuri with liver and eggs, etc. Fish, potato, spinach, onion, species, and other ingredients, such as oil, are used to make fish chops. Bring the fish and potatoes to a boil first. These should be mashed, combined with the other ingredients, then deep-fried in oil after the water has been removed from them.

Figure 19: Cooking Demonstration with Fish

7.17 Mother to Mother Support Group

Based on the needs of each kid, each mother offers assistance to one another during this session. The ability to help other mothers who are either ignorant of these things or uninformed of them comes from mothers who are knowledgeable about the health, nutrition, and other facets of their children's lives. They discuss their personal experiences with other mothers during this class, where they also learn more about child-related topics.

7.18 Adolescence Session

Teenage years are a delicate time in a person's development. From this session, students will be able to discover the right tips and techniques for dealing with menstruation issues, as well as good hygiene habits and which supplements, like iron-folic acid supplements, etc., are necessary to take.

Here, they may learn about correct feminine and menstrual hygiene, which is crucial for general health and wellness, as well as enough cleanliness and the proper disposal of period management clothes

CHAPTER 8
Conclusion

8.1 Learning Outcome

For individuals completing an internship with this project, it is such a helpful, practical, and instructive curriculum. The two-month programme is housed in the biggest refugee camp. Despite the difficulties we encountered, we still think it's beneficial to take part.
Children under the age of five, pregnant and nursing women, children, children, and teenagers are all eligible to receive the supplements.
This program's main emphasis is on the nutrition of young children under the age of five and pregnant and breastfeeding women. We all gained fresh knowledge from the event.
The topic of nutrition is a significant part of the work SARPV undertakes in the refugee camp. Six distinct camps serve as the site for SARPV's operations. This internship article focuses on comprehensive malnutrition services, including preventative measures and treatment options.

8.2 Conclusion and Discussion

The largest refugee camp in the world, Kutupalong, located in the Cox's Bazar coastal region, was the site of our programme. The largest camp for Rohingya migrants is located in Myanmar's neighbouring nation and is home to some 800,000 refugees overall.
In addition to being the biggest camp in the world, Kutupalong is also the one with the densest population. The majority of refugees do not have appropriate access to food, medicine, clean water, or sanitary facilities. Malnutrition is a serious problem in that area, affecting both mothers and children 30 Daffodil International University. The disease is especially prevalent among refugees who are battling for food and nutrition. It is essential to handle this condition right away. Every nation that takes in refugees needs to put food at the top of the list. It is vital to give wholesome, disease-free food to refugees in order to meet their nutritional needs. foods and supplements of the highest calibre, including RUTF, RUSF, Super Cereal, and Super Cereal plus. Even in urgent circumstances, it makes sense to take post-disease therapy into account. Administering appropriate care is vital to protect the health of seriously hurt moms and children.
Both prescription drugs and dietary supplements. Refugees from Rohingya who are malnourished, mostly children, expectant women, and nursing mothers, flowed from Myanmar into Bangladesh. They endured decades of hostility and in Myanmar's terrible poverty and had trouble providing for their offspring. Their journey to Bangladesh had an effect on their physical health as well because many of them were required to undergo days of travel without food. We address acute malnutrition in mothers and children through our therapeutic consumption strategy.
Nevertheless, the task's size remains enormous. Malnutrition occurs more frequently than measures to prevent it. We do not, however, currently have the funding to expand our project in order to help more people.

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