



Daffodil
International
University

Internship Report
On
**“Severe acute malnutrition
management of infants and children”**

Supervised By
Fouzia Akter

Department of Nutrition & Food Engineering
Faculty of Allied Health Sciences
Daffodil International University

Submitted By
Abeer Mohammad Hossain

ID – 161-34-477

Department of Nutrition & Food Engineering
Daffodil International University

Date of Submission

LETTER OF TRANSMITTAL

12 December 2019

Dr. Md. Bellal Hossain

Professor & Head

Department of Nutrition and Food Engineering

Faculty of Allied Health Sciences

Daffodil International University

Subject: Submission of internship report.

Beloved Sir,

I would like to take this opportunity to thank you for the advice and support you have given to this report. Without your help, it would be impossible to complete this report.

To prepare the report I collected what I believe to be the most relevant information to make my report as scientific and reliable as possible. I have intensive my best effort to achieve the objectives of the report and hope that my endeavor will serve the purpose. The practical knowledge and experience gathered during report preparation will immeasurably help in my future professional life. I request you to excuse me for any mistake that may occur in the report despite my best effort.

I would really appreciate if you enlighten me with your thoughts and views regarding the report. In addition, if you wish to enquire about an aspect of my report, I would gladly answer your queries.

Thank you again for your support and patience.

Yours Sincerely,



Abeer Mohammad Hossain

ID: 161-34-477

Letter of Authorization

11th December 2019

Dr. Md. Bellal Hossain

Professor & Head

Department of Nutrition and Food Engineering

Faculty of Allied Health Science

Daffodil International University

Subject: An announcement regarding the validity of the Internship Report .

Dear Sir,

This is my truthful declaration that the “**Internship Report**” that I have prepared is not a copy of any internship report previously made by any other student.

I also express my forthright confirmation in support to the fact that the said Internship report has neither been used before to fulfill my other courses related nor it will be submitted to any other person in future.

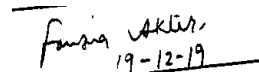
Faithfully Yours,



Abeer Mohammed Hossain

Approval certification

On the behalf of the university, this is to certify that **Abeer Mohammad Hossain**, bearing ID: **161-34-477**, Program B.Sc. in Nutrition & Food Engineering is a regular student, department of Nutrition & food Engineering, Faculty of Allied health Sciences, Daffodil International University. She has successfully completed her Internship program of three weeks in SARPV, Coxs Bazar in Ukhiya Rohingya refugee Camp, on SAM management of infant and children. Then she completed this report on November 25, 2019, under my direction. We were aware that **Abeer Mohammad Hossain** completed her internship report by observing our teacher. In addition, I ensure that her report is worthy of fulfilling the partial requirements of the NFE program.



Dr. Md. Bellal Hossain
Professor & Head
Department of Nutrition and Food Engineering
Faculty of Allied Health Sciences
Daffodil International University
Dhaka

Fouzia Akter
Assistant professor
Supervisor
Department of Nutrition and food Eng.
Faculty of Allied Sciences
Daffodil International University, Dhaka.

Approval Certification

This is to certify that the dissertation entitled “**Treatment of Sever Acute Malnutrition in Rohingya Refugee Camp**”. Submitted by Abeer Mohammad Hossain, a regular student of B.Sc. in Nutrition and food engineering, Faculty Allied Health Science, Daffodil International University, student ID #161-34-477 successfully carried out her Internship work program a month under my direct supervision and guidance in SARPV, Cox’s Bazar Ukhiya Rohingya Refugee Camp. on Treatment of Sever Acute Malnutrition in Rohingya Refugee Camp.

I have the confidence regarding the originality of this data and I express that the dissertation is up to my satisfaction.

Abu Asar Md. Rizwan

Nutrition Expert, ENI for CAPLW,
SARPV, Cox’s Bazar, Bangladesh.

Acknowledgement

All praises to the Almighty Allah, the most beneficent and most merciful. Without his blessings, none of this world has been possible.

First and for mostly it is my immense pleasure to express my heart full gratitude and deepest sense of indebtedness to my honorable teacher Prof. **Dr. Bellal Hossain, Head of the Department of Nutrition and Food Engineering** and Ms. **Fouzia Akter** Assistant Professor Department of **Nutrition and Food Engineering, Faculty of Allied Health Science**, who had given me the opportunity to attend the program. Her affection, advice, co-operation, generous and scholastic guidance, constant surveillance and constructive criticism in completion of this dissertation. And the most sincere respect, gratitude and obliged for **Abu Ansar Md. Rizwan, Nutrition Expert, ENI For CAPLW, SARPV , Cox's Bazar, Bangladesh**. . This program may help me to build a bright future carrier. It is a great pleasure to express my great full thanks to **Mohammad Shamsul Huda, Program manager, SARPV, Hasan Shahrir Siam, Technical Manager, (SARPV)**. My feelings during this internship program were great and I enjoyed it very much. This could only be possible for generous contribution of all nutrition section staffs. My achievement during this program will definitely help me in my professional field. Thanks to all employee of SARPV for their friendly co-operation and helping during my training period.

I am thankful to all my teachers of Department of Nutrition and Food Engineering, Daffodil International University for their help encouragement during the study.

Summary

We were in the Rohingya Refugee camp for about one month in the aim of completing our internship on Sever Acute Malnutrition Management of Infants and Children. In 2017 when the Refugees came in Bangladesh their condition were so poor their infants and children were also malnourished, so every one's first attention were on the infants and children so, many nurturing were started for getting improvement among the infants and children. The procedures was very systematic and help a lot for improving the conditions. We were there for learning the way of treating the children and infants which they implied on them.

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Introduction

The place where we were for about two months was only for learning, that learning was totally outside of the text book or class lectures and to meet with the reality. And so tried to make a linkup with our text book knowledge through the current facts of the Rohingya Refugees in Cox's Bazar.

The Rohingya are a stateless ethnic group, the majority of whom are Muslim, who have lived for centuries in the majority Buddhist Myanmar. However, Myanmar authorities contest this. They claim the Rohingya are Bengali immigrants who came to Myanmar in the 20th Century. Prior to the military crackdown in August 2017, roughly 1.1 million Rohingya people lived in the Southeast Asian country. Described by the United Nations in 2013 as one of the most persecuted minorities in the world, the Rohingya are denied citizenship under Myanmar law. Due to ongoing violence and persecution, hundreds of thousands of Rohingya have fled to neighboring countries, either by land or by boat, over the course of many decades.^[1]

Rohingya refugees in Bangladesh are from Myanmar. For decades, the Rohingya have experienced ethnic and religious persecution in Myanmar. Hundreds of thousands have fled to other countries in Southeast Asia, including Malaysia, Indonesia, and Philippines. The majority have escaped to Bangladesh, where there are two official, registered refugee camps. Recently violence in Myanmar has escalated, so the number of refugees in Bangladesh has increased rapidly. According to the UN Refugee Agency (UNHCR), more than 723,000 Rohingya have fled to Bangladesh since 25 August 2017. On 28 September 2018, at the 73rd United Nations General Assembly, Bangladeshi Prime Minister Sheikh Hasina said there are 1.1 million Rohingya refugees now in Bangladesh. Overcrowding from the recent population boom at Bangladesh's Rohingya refugee camps has placed a strain on its infrastructure. The refugees lack access to services, education, food, clean water, and proper sanitation; they are also vulnerable to natural disasters and infectious disease transmission.^[1.1]

Over view

We were helped by an organization named **SARPV** (Social Assistant and Rehabilitation for Physically Vulnerable). It was a national organization.

SARPV adopted Community Based Rehabilitation (CBR) strategy for main streaming the persons with disability in the society. As the health is directly linked with poverty and poverty is linked with Development .So in the development of Bangladesh SARPV considers health and nutrition must have to be taken in to proper care for the sustainable development of Bangladesh.

Over the years they have changed their approaches from CBR and develop self-help group consist of peoples with disabilities so that they can raise their voice strongly and claim their rights from the service providers.

Bangladesh is a disaster prone area, and people with disabilities suffer a lot during natural disaster and lots of people became disabled as a result of natural disaster. SARPV is one of first organization who has extended their support to the people with disability during and after disaster. They work to sensitize different stakeholders how to reduce the vulnerability of becoming disabled during disaster and how to handle the people with disabilities during and after disaster.

SARPV is an advocacy organization and we do advocacy with policy makers, local government, GOs and NGOs, community people, family members of disabled people in order to ensure the rights and accessibility of peoples with disabilities [^{1,2}]

Most of the women were in a severe condition. The pregnant and lactating women were unstable. The children and infant were effected and so. So many emergency situations were raised where SAM, MAM, Stunting ,Wasting were common but the most common was skin disease .

For improving their conditions many national and international organizations came forward to help them and improve their current situation. Some of them were UNICEF, WFP, WHO, Save the Child, UNHCR and many more.

They started their activities with the FDMN from 2017 and still now they are working for their development.

The **branches of SARPV** are

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

SARPV nutrition sector is implementing **ENICAPLW** program, founded by UNICEF since September, 2017.

Geographical Coverage

The proposed nutrition program was implementing in Ukhiya (Kutupalong) & Teknaf Upazela (Unchprang) of Cox's Bazar District. The centers were in Kutupalong Camp 3, Camp 4, Camp 6, Camp 18, Camp 8W, Camp 2E, and in Unchprang Camp 22. In total 7 camps there were around 24000 children around (6-59) months of age. Nearly 8000 PLWs and 7000 adolescents also stay in these Camp.

For my internship I had worked in the **ENICAPLW program**. Under this program SARPV had some Nutritional Program and based on the programs there were some program highlights.

SARPV Nutrition Program:

SARPV is working in several nutritional programs such as



BSFP & TSFP

BSFP & TSFP (Blanket Supplementary Feeding Program & Targeted Supplementary feeding Program) is stand for protecting the nutritional status , reduce the risk of child mortality and through an awareness-raising component ,aspire to enhance the basic nutritional of mothers and other omen in the communities .

CNP

CNP (Comprehensive Nutrition Project) is working for addressing under nutrition vulnerable populations who are living in the register refugee camps in Kutupalaong and Nayapara, Cox's Bazar .in CNP program their they also work on community mobilization .

CPI

The aim of the Consortium project to improve the wellbeing and health amongst the refugee and host communities in Cox's Bazar (CPI) . the overall objective of the project is to increase the effective detection of disabilities and prevention of under nutrition among the under two children, pregnant and lactating mother .

IMCN & CMAM

The objective of the IMCN & CMAM program is to reduce the prevalence of under nutrition among children aged 6-59 months and among pregnant, lactating women to break intergenerational cycle of malnutrition through combination of preventive and curative approach.

ENICAPLW

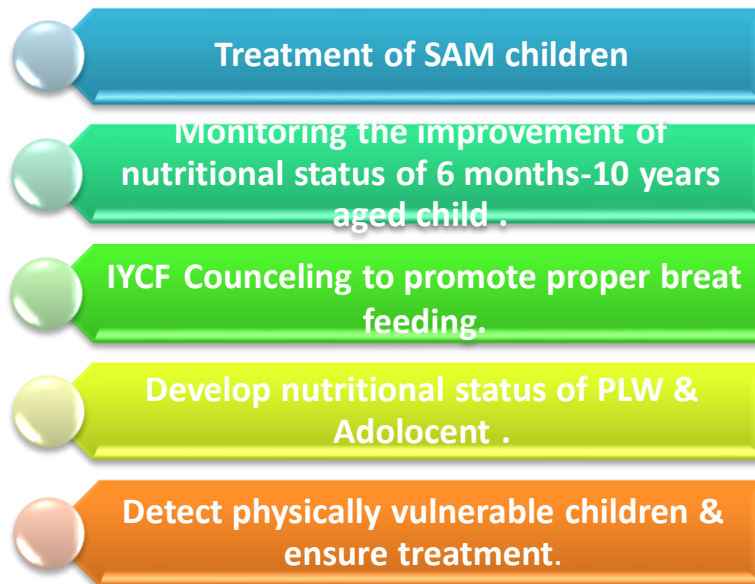
ENICAPLW is stand as Emergency Nutrition Intervention For Children Under Five, Adolescent, Pregnant & Lactating Women . the mission of this project is tom provide treatment to 6-59 months aged SAM children .develop the nutritional state of the pregnant lactating women by providing basic nutritional education to the pregnant and lactating women enhance awareness among them and solve the complications regarding breast feeding through IYCF counseling. The second phase of the project was started form November, 2018 after successful completion of the first phase. Now, the third quarter of the second phase running . at present ,SARPV is providing emergency nutrition services in camps of Teknaf and Ukhiya Upozila through 8 outpatient therapeutic program (OTP) centers which are providing treatment of approximately 5000 under five year aged children with SAM , providing IYCF counseling and messaging through 6 MBA center .

Geographical Coverage of the ENICAPLW Program

This nutritional program is implemented in Ukhiya (Kutupalong) and Teknaf Upazila (Unchiprang) of Cox's Bazar District. SARPV have 8 OTPs in those areas.

Program Highlights :

For my internship program we were worked in the **ENICAPLW** program which was a program that ran by SARPV . Under this program they had their program highlights. They are higing below ;



For accomplished their Nutrition program as well as Program Highlights they have for about seven camps under SARPV .

Key activities in health and nutrition:

We had been enrolled under **ENICAPLW** program. In this program we were following their some of activities. They were;

- ✚ Outreach activity.
- ✚ Community base management of children with SAM without complications.
- ✚ Community base management of acute PLW with infant (0-2)

Structural services center

Under SARPV they have some structural services like;

✚ OTP center.

✚ MBA center.

Details of OTP(out-patient therapeutic program) :

. Every OTP center was divided into several sections. They are-

- ✓ Shaded waiting area.
- ✓ Measuring area /Anthropometric area
- ✓ Clinical assessment area
- ✓ Appetite area
- ✓ Register area
- ✓ IYCF / Individual Counseling
- ✓ Demonstration and Distribution Under five year children

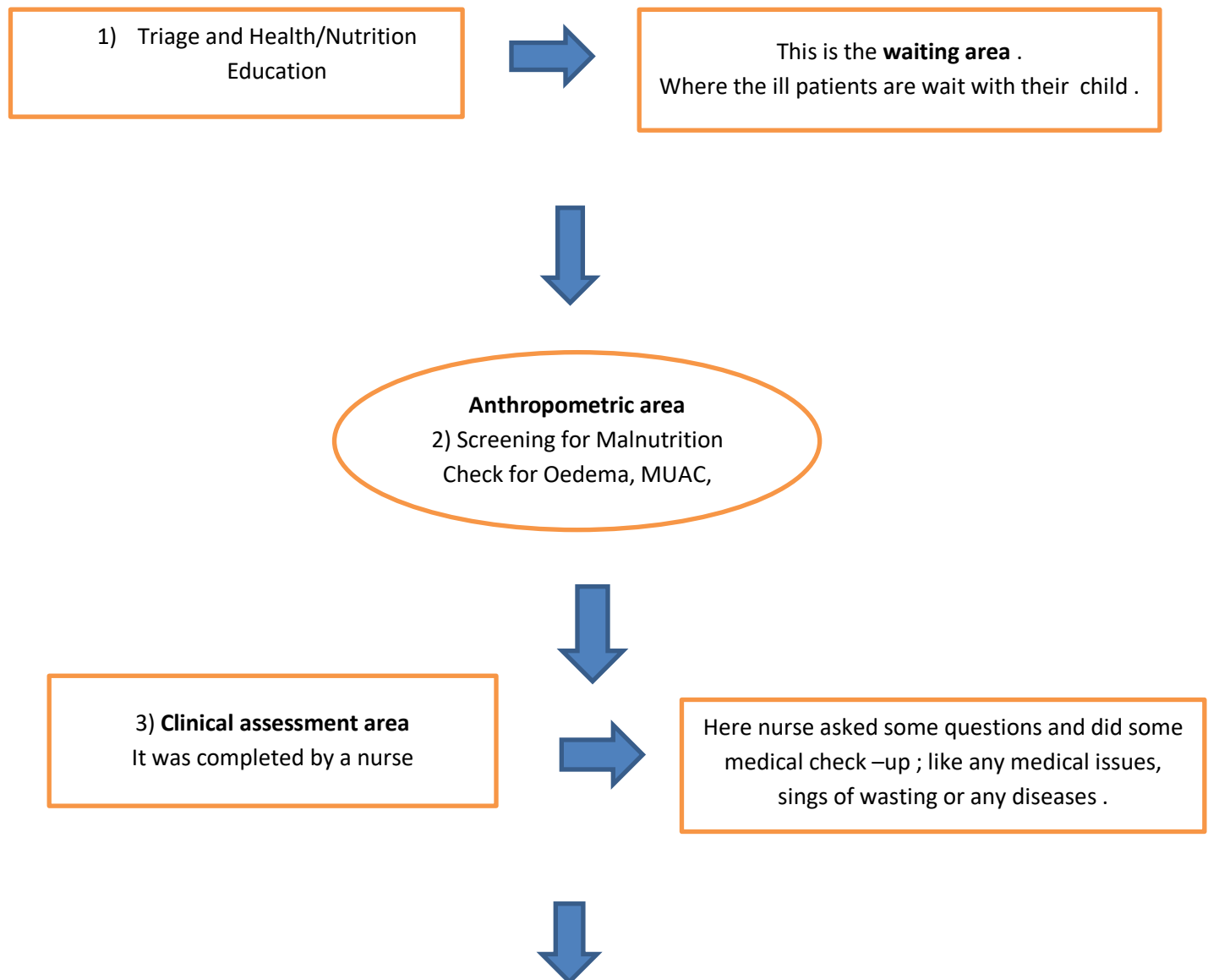
Before coming in the OTP centers the OTP has their own CNP or we can say that the volunteer who goes door to door and does a basic assessment to the (0-24 months) babies. When they find that if the baby has edema or MUAC. If the MUAC scale identified as under 11.5 then they were referred to the OPT centers with a receipt where their filed base findings were register

Staffing in OTP center

- Nutrition officer 1 person
- Nurse 1 person.
- Outreach supervisor 1 person.
- Counselor for IYCF 1 person.
- Counselor for appetite tests 1 person.
- Register 1 person.

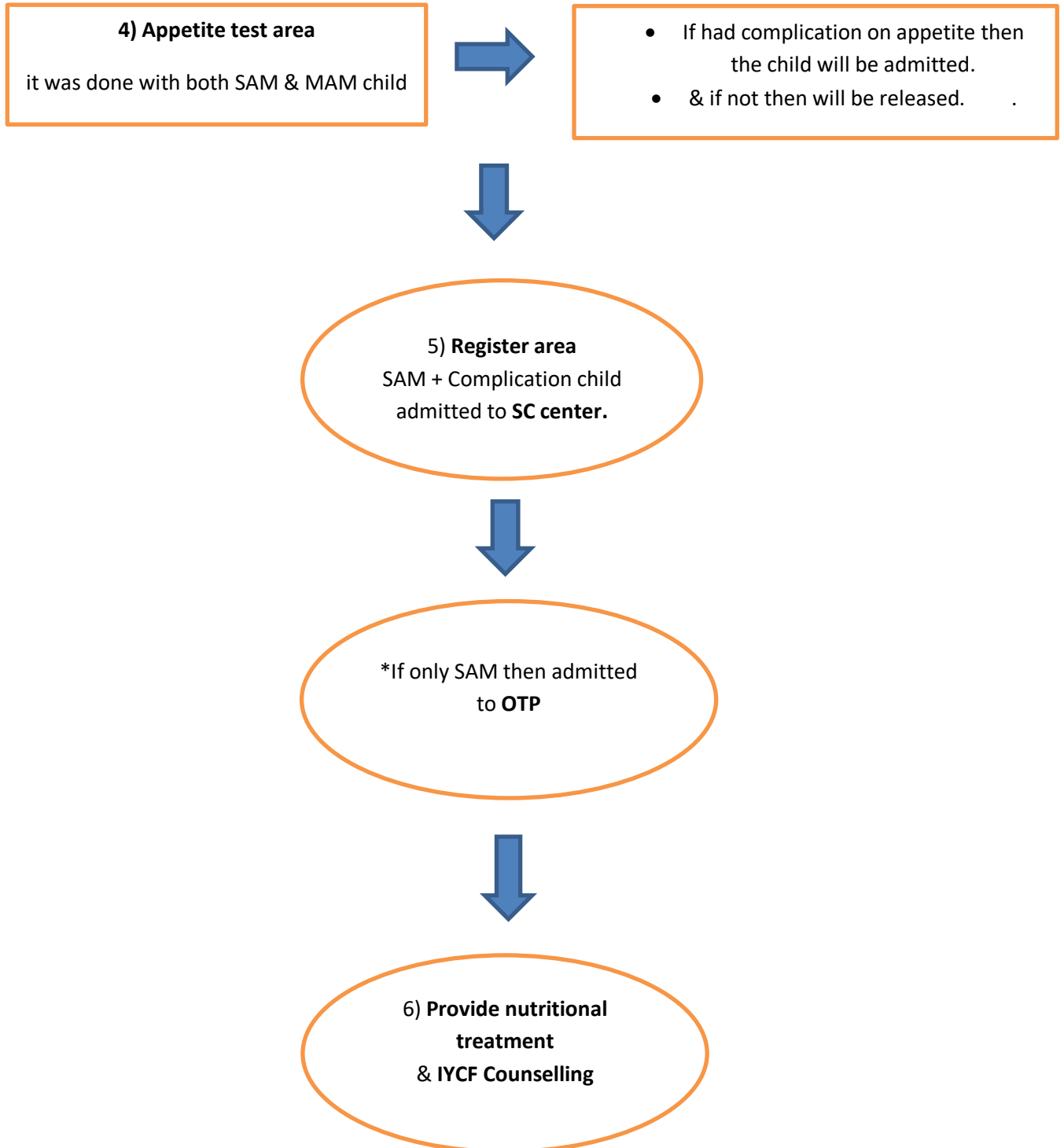
- Measurer 2 persons.
- CNP 10 persons
- Food distributor 1 person.
- Cleaner 1person.
- Night guard 1 person
-

In OTP centers they had to done their jobs in this flow ;





If the child is diagnosed as SAM
Then follow step 4 if not jump to
Step 5



Now the first work in OTP center is to find the SAM child from community then refer them to the OTP center. After coming to the OTP center they will be send to the measurer for measuring the height, weight and their Z score. Then they will be taken to the nurse for their child's clinical checkup . The nurse will send them to the appetite test section, their they must have taken about 45min to 1 hour for their appetite test . After that if the child had any complication then he will be send into SC center (stabilizing center) , if not and only have SAM then he will be admitted in to OTP center .

Medical complications that could be in children;

- ✚ Any grade of bilateral pitting edema (+,++,+++)
- ✚ Poor appetite
- ✚ Severe vomiting
- ✚ Convulsions
- ✚ Lethargy, not alert
- ✚ Unconscious
- ✚ Hypoglycemia
- ✚ High fever
- ✚ Hypothermia
- ✚ Severe dehydration
- ✚ Persistent diarrhea
- ✚ Lower respiratory
- ✚ Tract infection
- ✚ Severe anemia
- ✚ Eye signs of vitamin A deficiency
- ✚ Large skin lesion

At the time of admission **Amoxcaline & Albendazile** these two medicines will be given to them. Then according to their age in months they will be given RUFT. After that they will be given a next date to visit the OTP center for their regular checkup.

In this way, the procedure will be continued like 84 days. If the child did not recovered within that days then he will count as a CNR (could not recover). And then after that he will be newly admitted to the OTP center.

The Z- score ranges which is maintain for admitting children.

Variables	ranges
SAM	>11.5
MAM	>12.5
Normal	13.5

So the main criteria for admitted in the center ;

- MUAC <11.5 cm or <-3 Z-score .
- Bilateral edema +/++.
- Appetite test passed.
- No medical complication.

And the discharge criteria;

- In two consecutive visit MUAC should be >12.5cm.
- Or in Z-score >-2.

A child can be discharge in some other way, the forms are;

- By died,
- Marked as defaulter

- CAR
- Transfer out

Definition of SAM

Severe acute malnutrition is defined by a very low weight for height (below -3z scores of the median WHO growth standards), by visible severe wasting, or by the presence of nutritional oedema. Decreasing child mortality and improving maternal health depend heavily on reducing malnutrition, which is responsible, directly or indirectly, for 35% of deaths among children under five. ^[4]

RUTF

RUTF is a **Therapeutic food**. **Therapeutic Foods** are Foods that designed for specific, usually nutritional, therapeutic purposes as a form of dietary supplement . The primary examples of therapeutic foods are used for emergency feeding of malnourished children or to supplement the diets of persons with special nutrition requirements, such as the elderly. For liquid nutrition products fed via tube feeding.

Composition of RUTF

Therapeutic foods are usually made of a mixture of protein, carbohydrate, lipid and vitamins and minerals. Therapeutic foods are usually produced by grinding all ingredients together and mixing them. "The mixing process allows for the protein and carbohydrate components of the food to be embedded in the lipid matrix. The size of the particles in the mixture has to be less than 200 µm for the mixture to maintain its consistency. Using this method, the therapeutic food is produced and packaged without using water, which would eliminate the issue of spoilage. Some therapeutic foods require the addition of water before administering, while others can be consumed as-is. Therapeutic foods are designed and manufactured to ensure that they are ready to eat straight from the packaging. Those foods resist bacterial contamination and require no cooking. A subset of therapeutic foods, ready-to-use

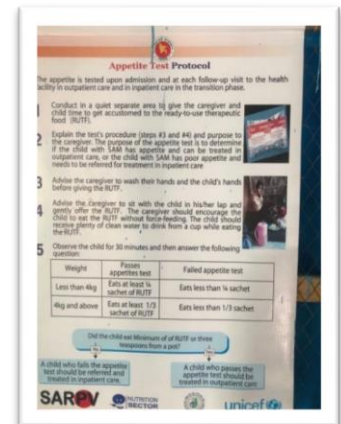
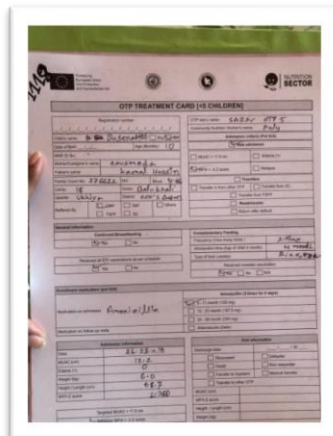
therapeutic foods (RUTFs), are energy-dense, micronutrient-enriched pastes that have a nutritional profile similar to the traditional F-100 milk-based diet used in inpatient therapeutic feeding programs and are often made of peanuts, oil, sugar and milk powder.^[3]

An example of the composition of a RUTF	
Nutrition composition of RUTF	
Moisture content	2.5% maximum
Energy	520-550 Kcal/100g
Proteins	10 to 12% total energy
Lipids	45 to 60% total energy
Sodium	290 mg/100g maximum
Potassium	1100 to 1400 mg/100g
Calcium	300 to 600 mg/100g
Phosphorus (excluding phytate)	300 to 600 mg/100g
Magnesium	80 to 140 mg/100g
Iron	10 to 14 mg/100g
Zinc	11 to 14 mg/100g
Copper	1.4 to 1.8 mg/100g
Selenium	20 to 40 µg
Iodine	70 to 140 µg/100g
Vitamin A	0.8 to 1.1 mg/100g
Vitamin D	15 to 20 µg/100g
Vitamin E	20 mg/100g minimum
Vitamin K	15 to 30 µg/100g
Vitamin B1	0.5 mg/100g minimum
Vitamin B2	1.6 mg/100g minimum

Vitamin C	50 mg/100g minimum
Vitamin B6	0.6 mg/100g minimum
Vitamin B12	1.6 µg/100g minimum
Folic acid	200 µg/100g minimum
Niacin	5 mg/100g minimum
Pantothenic acid	3 mg/100g minimum
Biotin	60 µg/100g minimum
n-6 fatty acids	3% to 10% of total energy
n-3 fatty acids	0.3 to 2.5% of total energy

[3]

Some pictures from OTP Center:



Those are the picture of OTP center. There are Z Score chart ,OTP Treatment Card , MUAC measuring tape , and two are general information of OTP centers activity.

Some terms that were used in the OTP centers

New Admission:

When a child is recovered from SC center, then after seven days he will be admitted in the OTP center this admission in the OTP center is known as new admission.

Re-admission:

When a baby admitted in the OTP centers and discharged from the OTP center but when that child admitted again within a specified time along with the reason is known as re-admission.

Relapse:

When a baby fully recovered and discharge from the OTP center but after two months that child found SAM during the screening and then the child again admitted in the OTP center is known as relapse.

CNR (Children Do Not Respondent)

When a baby didn't recovery within 12 weeks and so that baby required to readmitted is known as CNR .

Details of MBA :

MBA Center is Mother Baby Area .

In MBA a center the beneficiaries were the lactating mother and (0-24 months) baby . this is the place where the pregnant mother and lactating gets the knowledge of breast feeding , complimentary feeding and as well as the knowledge of IYCF.

MBA Services Provide:

- ✚ IYCF – Counseling
- ✚ IFA – distribution
- ✚ IYCF – E Session
- ✚ Adolescent Mother Session.

Assessments are ;

- ✚ IYCF – E Assessment
- ✚ Rapid Assessment
- ✚ Full Assessment

Population in MBA Center:

- ✚ Councilor – 1 person
- ✚ Volunteer – 3 person
- ✚ Cleaner - 1 person

In MBA center the counselor made a plan for giving session to the pregnant & lactating mother. In this plan they divide their full block under sub- blocks. then they ,made session for their targeted population . in MBA they have some different sessions like

- Session with councilor to mother
- Session with mother to mother
- Session in community
- Session with mother to volunteer.

In those session mothers were given maternal and lactating periodical information like ;

- ❖ Within half an hour of having baby a mother should give breast milk to her child .

- ❖ In (0-6) month a mother should don't give anything to her child to eat not even water .
- ❖ After completing 6 month a mother should start complementary food .
- ❖ Breast milk and complementary food should ne continued till 24 month .
- ❖ During breastfeeding how to hold the baby .



- ❖ Hygiene practice during feeding the baby.
- ❖ If the baby cannot feed by breast then how can they be feed the breast milk .

In the MBA center mother were given some medicine also. They were given IFA .

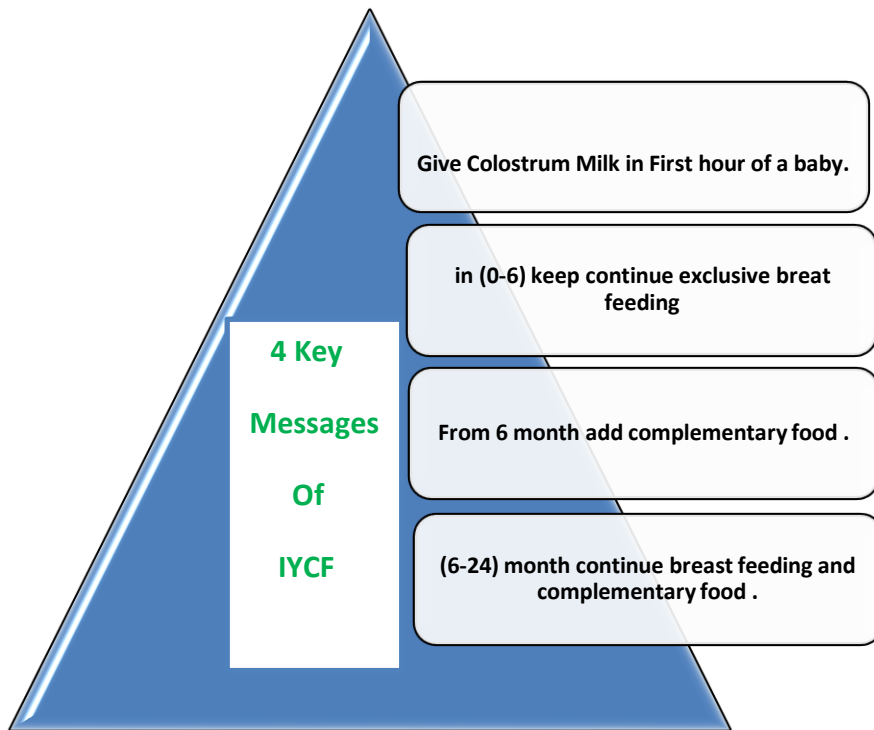
In the MBA center there were a place where mothers were able to feed the baby in a peace and there is also a very impotent place that is digital monitor playing section , by this mothers were very easily able to understand the messages

Details of IYCF: Infant & Young Child Feeding

IYCF is Infant and Young Child Feeding program .

IYCF is a term where we talk about the feeding practice of (0-24 months) baby .IYCF is mainly worked under MBA section.

IYCF have 4 key messages they are;



- 1) Feed the Colostrum (the first milk of mother) this milk need to feed within one hour after birth of the baby.
- 2) Exclusive breastfeeding. (0-6month) only breast milk .
- 3) Start complementary feeding from 6 month.
- 4) Continue the breast milk with complementary feeding till 24 months of the baby.

Other messages from IYCF Centers are;

- Provide proper knowledge on feeding processes (breast milking & complementary feeding)
- Gives proper hygiene process and benefits of cleanliness.
- Which food should give to the child after 6 month of exclusive breast feeding.
- Feed a multiplicity of nutrient-rich foods-non-vegetarian, fruits, etc.
- What should a mother do in a primary period if a child gets sick.

- Need to avoid the out-sided food.

IYCF centers gave some facilities to the mother and baby . they give them 'pushti ' ,IFA , and suzi for the babies.

In IYCF there they spread the messages through:

- Counselling
- Meeting
- Community base meeting

Adolescent girl's session:

- Provide IFA (Iron folic acid) supplement to the adolescent girls.
- Gives knowledge on IFA.
- Teaches that what will be better for them.

Community Mobilization

As the work was with the **Rohingya** Community so there were so many problems in communication. So the strategy was that create a community leader and so they would help us to communicate with the Rohingya's.

In that ambition the Nagios Create **Majhi** as community base leaders who could help us.

In Majhi meeting they were given instruction that how to communicate and what to say the community.

In every camp there were so many blocks, in every block there were a Majhi who leads the block.

Cross Cutting :

Cross-cutting is a place where the beneficiary makes a kitchen garden.



Key Hole Garden

This garden is known as **key Hole Garden**, because there was a hole in the middle of the garden like a **key** where they put their all kitchen wastes as a fertilizer. By which were able to grow healthy kitchen vegetables.

Kitchen Garden:

Kitchen garden is a garden in which vegetables, fruits, and herbs are grown for household consumption. These are developed for the purpose to cultivate maximum harvest in the hottest and driest weather and in Low cost, low maintenance and adaptability make them a required gardening option around the houses.

Purpose of gardening:

Nutrition Sensitive Gardening for Better Nutrition. As a vital part of this program, SARPV is emphasizing on kitchen gardening in the second phase which has been started from November, 2018. SARPV is leading the expansion of kitchen gardening to help improve lives around Rohingya community. Kitchen gardening is simple enough to be taught to community people for using the concept in their homes. A single kitchen garden affords enough to provide a large family with a year round supply of vegetables. The purpose of gardening is to create nutrition sensitive vegetables without any chemicals for better nutritional support and also for free for the beneficiaries .this helps to inspire others to create kitchen garden in an easy way.

Kid's Zone :



Every OTP center had an organized play zone for the children.

Kid's zone is a place where the kids were able to play in a very arranged place . This kid's Zone helps to develop the mental growth.

Kid's Zone had also a different benefit that was , helps the mother to talk with the center's people and the children passes their time in the Kid's Zone.

Because of having a Kid's Zone children were willing to come to the centers.

Display unit /Comprehensive Education Dissemination through TV:

SARPV is providing nutrition services in 7 camps of “Kutupalong” and “Unchiprang” with 8 OTP centers and 6 Mother Baby Areas. In the second phase of this program, display units have been installed in every OTP and MBA. As a part of this display unit 36 inches TV was installed in every waiting room of OTP centers and 42 inches TV was installed in every counseling room of the MBA. The main purpose of this display unit is to disseminate knowledge about nutritious foods, importance of the nutrition and exclusive breastfeeding, complementary feeding, good hygiene and sanitation practices by showing Meena cartoon, documentaries and advertisements of IPHN and nutrition education materials of different organizations. In MBAs, suitable breastfeeding positioning and processes related documentaries are regularly shown for the PLWs. The beneficiaries and the children of the SARPV love to watch Meena cartoon and other videos on the TV.

Although we know that Audio-aids are more vital educational material .Audio literally means ‘hearing’ & ‘visual’ means that which is found by seeing. So all such aids, which try to make the knowledge clear to us through our sense are called ‘audio visual aids’. And this learning material makes the learning more real also helps to adopt the learnt knowledge in regular life.

Some challenges:

During the internship I had to face some challenges, they were-

✓ **Communication problem.**

As the Rohingya Community had their own language so they are not families with our language. That's why the problem created.

✓ **Less transportation.**

As there were some accidentals incidents before, so vehicles were forbidden around the camps. And also because of sudden influx of population in the Ukhiya, so they occurred the crises of transportations.

✓ **Accommodation problem.**

Suddenly it is really very tough to find out any suitable and safe accommodation.

✓ **Lack of safe drinking water**

As the centers were full of Refugees so it's were not much hygiene outside of the OTP centers.

✓ **Network problem.**

The government has passed a rule that, in the entire camp only 2G network will be activated, even in the Ukhiya Upazela.

✓ **Language problem.**

The Refugees were from the Myanmar so they had their own language, so it's hard to cope up with a different language.

✓ **Food problem.**

Food problems were both in host and refugees side. Because both were from different places so that it were very hard for all.

✓ **Weather was not so fare.**

The weather was so rough to match up with that.

Conclusion:

From their situation, and now their condition is much better. Behind this betterment many national and international worked very. But even now there are some lackings, like as, fewer instruments in the OTP centers like; stethoscope, most of the employees were not from nutrition background, need to increase the place of kid's Zone ,as well as every section in the OTP centers. Rohingya refugee camp were full of venerable lives but in the phage of time they get over came

The most need of enlargement is that the MBA centers.

Though during the internship period I had to face so many challenges. Yet the challenges were so hard for me but I tried to overcome the situation and completed my internship. Two months of my intern was full of learning which will help me in my carrier as well as in my personal life.

Reference

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