



Daffodil
International
University

**Internship Report On
Treatment of Severe Acute
Malnutrition Children
in Rohingya Refugee camp**

Supervised by

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Submitted By

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7th 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 on Treatment of Severe Acute Malnutrition Rohingya Refugee camp.

Dear Sir,

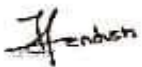
I would like to take this opportunity to thank you for the advice and support you have given to this report. Without your help, it would be impossible to complete this report.

To prepare the report I collected what I believe to be 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 of 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,



Jannatul Ferdush

ID: 161-34-482

7th December 2019

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


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

Dear Sir,

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

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 course related nor it will be submitted to any other person in future.

Yours Sincerely,



Jannatul Ferdush

ID: 161-34-482

Approval Certification

This is to certify that **Jannatul Ferdush, ID-161-34-482**, Program B.Sc. in Nutrition & Food Engineering is a regular student department of Nutrition & food Engineering, Faculty Allied health Science Daffodil international University. He has successfully completed his Internship program a months in SARPV, Cox's Bazar Ukhiya Rohingya refugee Camp, on Treatment of Severe Acute Malnutrition in Rohingya Refugee camp . We are aware that **Jannatul Ferdush** had completed his Internship by observing our Administering and Employee.

Abu Ansar Md. Rizwan
Nutrition Expert, ENI for CAPLW,
SARPV, Cox's Bazar, Bangladesh.

Approval certification

On the behalf of the university, this is to certify that **Jannatul Ferush**, bearing ID:161-34-482, Program B.Sc. in Nutrition & Food Engineering is a regular student, department of Nutrition & food Engineering, Faculty of Allied health Sciences, Daffodil International University. He has successfully completed his Internship program two months in, Cox's Bazar in Ukhiya Rohingya refugee Camp, **on Treatment of Severe Acute Malnutrition in Rohingya Refugee camp**. Then he completed this report on November 2019 under my direction. We aware that **Jannatul Ferdush** completed his internship report by observing our teacher. In addition, I ensure that his report is a worth of fulfilling the partial requirements of 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 Food Engineering
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Daffodil International University, Dhaka

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Summary

SARPV are accommodated with mainly physically vulnerable people. When the refugees came in Bangladesh for shelter, they started treatment center for six to fifty-nine months aged children who have severe acute malnourished and adolescent mothers who are malnourished and lack of nutrition knowledge and their care. They start OTP (Out Patient Therapeutic) for children and Mother baby area for the adolescent mother. SARPV have Six OTP center in Kutupolong and others two in Taknaf .When CNP refers any patient in community they are send with a SAM complication OTP section check the patient MUAC level bellow <11.5 or the level of WHz is <-2sd and Oedema in three category if found all of this in a children they admit and the children are also have any other complication they refer the children to SC. SARPV also teach the refugee how to live healthy , maintain hygiene and sanitation wear clean cloth , they teach about key hole garden how to make and benefit of this garden ,children and adolescent mother and guide them with nutrition knowledge.

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Introduction

The place where we were for about two months was only for learning, that 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. Rohingya refugees in Bangladesh are Rohingya refugees from Myanmar living in Bangladesh. For decades, the Rohingya have experienced ethnic and religious persecution in Myanmar. For many years, human societies across the world have established a close contact with one another. Recently an increasing interaction among people and countries has been noticed. The pace of integration increased dramatically due to the rapid changes in communication, transportation and telecommunication system. This globalization process also fosters the rate of international migration. People are moving from their country of origin to a foreign country for better opportunities and better standard of living. However, the motivation for this movement has become more difficult to identify and categorize. People are leaving for employment or for existing unstable situation. Some people live like diaspora in their own country. The cases of Rohingya do not match with any of these categories. They are being forcibly migrated due to racial conflict in their country of birth. Rohingya are the ethnic and religious minority of Myanmar, who are being persecuted in their own country currently, more than 200000 Rohingya are living in Bangladesh both legally and illegally. Rohingya who are being registered by the camp authority in Bangladesh is defined as legal. On the other hand, illegal means who are not being registered by the authority of Bangladesh. Illegal Rohingya survive involving with illegitimate activities.

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.

Over view

Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV) is devoted to work for the most underprivileged and marginalized vulnerable groups of the society for the socio-economic development to transfer them as productive human resources with a dignified lifestyle. People with disabilities are the prime focus for each of its initiatives. SARPV performed as an active role to address different sensitive issues like poverty, educational support, Health care services, Establishing rights, climate change and DRM. Skill development through an inclusive approach to integrate the vulnerable groups in the mainstream of society those who are leading life with total uncertainty in the society.

In 1988 Mr. Md. Shahidul Haque a person with disability and some of his follow friends Mr. Jamal Abu Naser (late) Mr. Minhaj Uddin, Mr. Abdur Rahaman Shah and Ms.S.M Ruquiya felt the urge that they should come forward to support people with disability of society of those who were experiencing the social disparity. In 1989 after a catastrophic tornado in Saturia near to Dhaka district SARPV started its journey. It introduced for the first ever disability sensitized humanitarian response in Bangladesh and followed after subsequent emergencies in 1991, 1995, 1997, 2006, 2008, 2012 and 2015 . It is the pioneering organization in Bangladesh that has identified the correlation between disaster and disability 1991 after the catastrophic tropical cyclone in the south region of Bangladesh SARPV initiated its community work in the region. It

operated the First ever relief and rehabilitation operation that was focused to prevent disability after that disaster due to physical injury and mental trauma. After being focused only on disability for the last 25 years SARPV shifted its mode of operation in 2015. Where socioeconomic development of all the vulnerable groups regardless of only PwD in been prioritized. To serve this purpose it is emphasizing on the technical skill development that will generate employment (formal or informal) for them. SARPV believes that economic empowerment can lead towards a respectful life, for establishing this faith it is working to integrate the vulnerable groups in society and to increase the employment opportunity for them.

Vision

To envision a barrier free society, to enhance suitable socioeconomic empowerments of the vulnerable groups

Mission

To develop an environment for the vulnerable groups to transfer them as efficient and effective humans' recourses through capacity development and to ensure responsive services provide to the people.

Core Value:

- i. Humanity
- ii. Impartiality,
- iii. Neutrality, Transparency,
- iv. Accountability,
- v. Equity,
- vi. Independence,
- vii. Quality services,
- viii. Mutual trust and respect regardless of gender,
- ix. Race,
- x. Religion,
- xi. Age and
- xii. Physical condition.



This are the section of SARPV

1. Rights Advocacy and Networking
2. Health and Nutrition
3. Inclusive education
4. Micro Finance and small Enterprise
5. Development
6. Climate Changes, Disaster and Disability
7. Renewable Energy
8. Training and skill Development

Principles of SARPV

1. Every beneficiary or family must have ensured easy accessible sanitary latrine, have to using safe water in all household activities and have to neatened clean in all aspects including adequate lights and air in all houses.
2. There must have a hole or ditch for dust and household wastages managements due to composting nearby the household area.
3. Every beneficiary or family must have plant fruits, timbers and herbal medicines including guava, banana, papaya, neem etc.
4. Every beneficiary or family must have poultry and livestock rearing.
5. Every beneficiary or family must have to send their children to school and must to ensure easy accessibility clean all aspects.

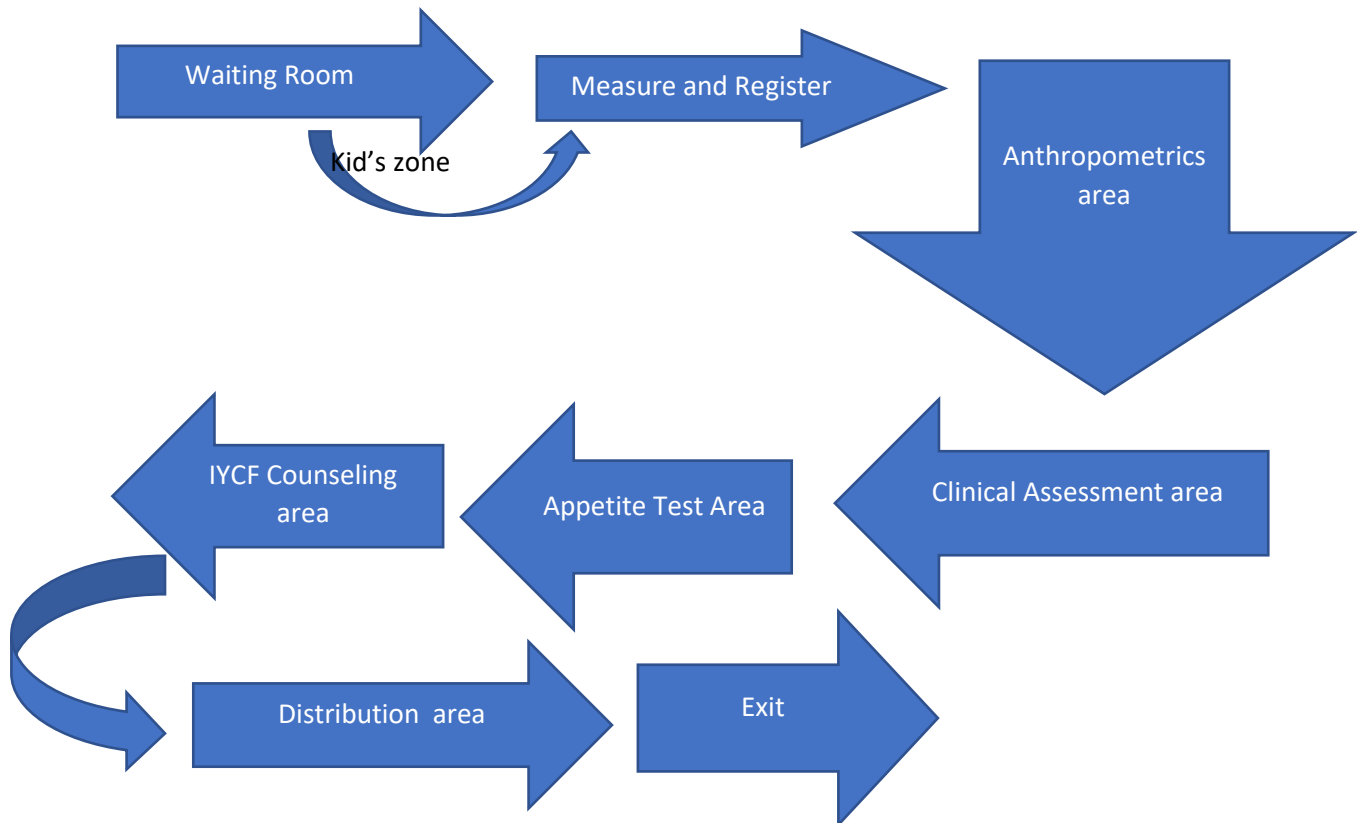
Working Area



TREATMENT FOR SEVERE ACUTE MALNUTRITIONED CHILDREN

My purpose was to work on a refugee camp where children were identified as SAM children and were treated accordingly. The way SAM children were identified and how they were treated was the knowledge I wanted to gain and it was my mission. My vision was to make sure that the children in the refugee camps are treated well and are not being discriminated or being judge by the society.

OTP structure:



OTP work process:

- Here works*
- One Nutrition Officer*
- One Nurse*
- One Out reach Supervisor*
- One Measurer and his Assistance*
- One Councilor*
- One Register*
- 10 to 8 number of CNP (community nutrition promotes)*
- One cleaner and*
- One Watch man*

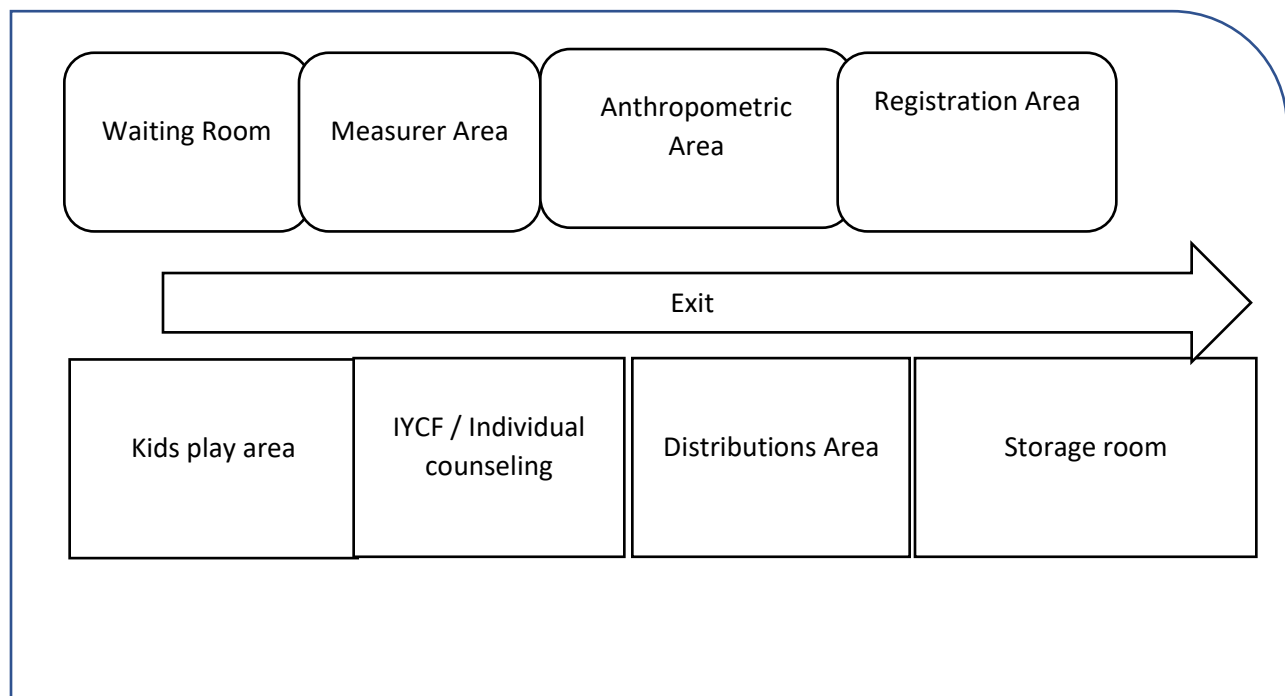
At first, the CNP goes door to door and checked every six months to fifty nine months children MUAC (mid upper arm circumference) and Oedema . If they find a SAM child, they advise the child for a checkup in the OTP. When a mother comes to the Centre she waits for her name or her child's name to be called. Then they go to the Measure and Register Area they register the child's

name in the register book. Then they go to the Measurer area where Oedema , MUAC, height and weight are checked . A register uses a registration book for child registration that given form nutrition sector and also kept various reporting and registration format. In below in listed that's name:

| | |
|---------------------------------|-----------------------------|
| OTP Under 5 registration books | Return form SAM treatment |
| Referred slip | Defaulter Book |
| Cured child form PLW | Discharge Book age<59 month |
| Readmission after being default | Daily report on OTP |
| Transfer in form other OTP | Monthly report on OTP |
| Transfer out other OTP | Others (fake, doubling) |
| Transfer to MAM treatment | |

If the child MUAC bellow <11.5 or the level of WHz is $<-2sd$ then child is identified as a SAM child. Then will they go to clinical assessment area, where the nurse checks every kind of problems such as fever, Diarrhea, vomiting and other physical diseases. If the child has a very serious condition and the child faces any other kind of problem, they take them from OTP to SC (stabilization center). Then the child goes to the Appetite test area where the child's appetite for food gets checked, the child stays for 45 minutes for proper inspection. Then the mother and child go to the IYCF (infant and young children feeding) counseling area. The counselor gives them some inspection on how feed a baby, why should they live in clean places, proper way to feed a baby etc. Then the child goes to the distribution area where they are given a week RUTF (Ready to use of Therapeutic Food). It made of a kind of peanut, soybean, sugar and other ingredients. The children in the refugee camp like it very much. Then the mother and the child exit from the OTP. They come here for 84 days in total to develop a child MUAC

TSFP/ BSFP structure



Here works:

One Nutrition Officer

One Nurse

One Out reach Supervisor

One Measurer and his Assistance

One Councilor

One Register

10 to 8 number of CNP (community nutrition promoter)

One cleaner and

One Watch man

A BSFP/TSFP facility conducting 250-300 children per day on average. So as usual they are having large gathering of children's & their mothers. BSFP/TSFP facility have waiting space for every child & his/her mother. Sometimes waiting space conduct health & hygiene sessions and many more activities like cartoon screening session for children. When a child comes in BSFP/TSFP Screening session occurs that consist of MUAC, Weight, Height /Length. A measurer measures the Weight, Height/ Length of the children. Then a register registers that

child's information with screening result. By screening identification, a child's health status like SAM, MAM is known. BSFP conducts only MAM and normal children under 59month age. A registrar keeps information about new registered child and other reporting's. A nutrition educator conducts this session and gives brief discussion about basic health and hygiene. After completing all those steps finally, the children get 6 kg WSB++ super cereal for 28 days. A BSFP/TSFP facility consists a Help desk that provides any kind of information about BSFP facility.

MBA structure



MBA (Mother Baby area):

Here works

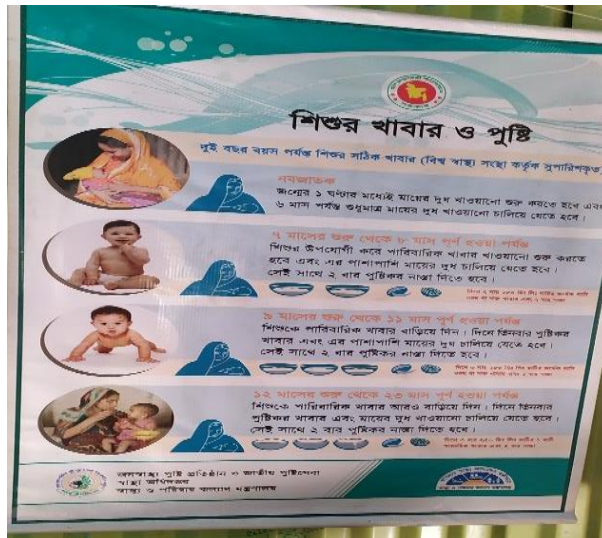
Counselor 1 person

Volunteer 3 persons

Cleaner 1

First, the volunteer searches for adolescent mothers and pregnant and lactating mother. They invite them in MBA area. When mother and adolescent mother come to the place they give them many kinds of messages such as proper way to feed, IYCF counseling, IFA (Iron folic acid) Distribution, IYCF-E session and Adolescent mother session. Here also work IYCF -E

Assessment such as Rapid assessment and Full assessment. In this MBA center, there is a councilor that gives out much useful information to the mothers and adolescent mothers. The messages are about taking care of a baby. The counselors talk about the exclusive stages of feeding the baby and also when the complimentary feeding should start.



Key activities in Health and Nutrition Sectors



- **SAM management:**

For the SAM management process many organization such as UNICEF, SARPV, Save the children, TDS, SHADE work. These types of organization work to develop SAM for 6 to 59 months Rohingya children. When a child is identified with SAM symptoms CNP are refer them to the nearest OTP center. When the child came to the center they check the child oedema , MUAC , weight , height . If they find the child MUAC level is below <11.4 or the child WHz level is $<-3sd$ they sent the child clinical area there check the child have any kind disease are present or not if they find any kind, they sent the child in appetite zone there check the child can eat the RUTF in 45 minutes the child takes two spoon or not. In this area councilor teach a mother how to take proper way of a child care. They teach them how to wash hand proper way, wear clean cloth, Proper way to feeding a infant child and others. Then the child can't take two spoons in the 45 minuets They sent the child in SC to a refer slip. In the SC the baby stay in 7 days after the child discharge from SC . Then child came to the OTP and admit here for 84 days flow up process . The child came to the center 7 days later then they check the child Oedema , Weight , Height , MUAC and clinical test such as Fever , Vomiting , Diarrhea and they Cancelling the child mother every session . After 84 days the child goes to discharges

from the OTP. If the same child MUAC or WHz level again fill the get admit as a Relapse child. Then the child treatment in a same way but this time not send them in SC.

• **IYCF management:**

IYCF is controlled by OTP center it called MBA (Mother Baby area) or BFSC (Breast Feeding Support Center). In this sector are doing very important part for develop mother and child's how to combat malnutrition. In the IYCF (Infant and Young child feeding) zone here counselling to a mother how to take care a baby and how to take a proper care for a baby. Here also counselling Pregnant mother and Lactating mothers. They give them the advice when they should take injection and IFA tablet. In this area showing many good things to develop young adulttcent mother and her baby. Here sowing all thing in a visible display which can give informative messages which help to mother to mother messages. Every month MBA have many new session and meeting with mother and adolescent girls.



Community Mobilization:

In the Rohingya community here do many types of cultural activities to spreads about to know nutritional knowledge, family planning, girls' early marriages and others. For community mobilization every OTP arranges Majhi Meeting, Imam Meeting.

a) Nutrition week:

The National Nutrition week are celebrated on April 23 to 29 in Bangladesh. Few months ago, in Rohingya refugee camp WFP and Unicef are organized on 18 to 27 March 2019. Children under five years were screened for malnutrition are provided with a vitamin A supplement. Nutrition week in the Rohingya refugee camp are arranged two times in a year.



b) Breast Feeding Week:

Bangladesh is set to celebrate World Breast Feeding week on August 1 to 7th August. In the Rohingya camp here also celebrate this week through many organizations they teach and display a visual picture to their awareness give a baby Breast feeding up to 6 months and continued for up to 2 years. So that the mental development health will be good. The councilor teaches them to feed the baby 14 times in a single day and continued the exclusive breast milk first six months.

c) Majhi Meeting and Elder people:

A Rohingya community leader called Majhi. In the Majhi are also have same sub-Majhi. When the community area is very large a single Majhi cannot cover the hole area then they appoint a sub-Majhi. All types of work done in presence of CIC (camp in charge). In the Majhi meeting highlighted the problems of the camp members are discussed. In this type of meeting they never misbehave with the CNP and they do not sell food provided the camp to the outside market and they should always behave well. Elder person is present this type of meeting and they also spread the messages in the community.



d) Drama presentation:

In the drama presentation program here shows many types of informative news such a Household and kitchen clean, Hygiene, Making vegetable garden, IYCF, adolescent mother nutrition and early marriage difficulties, Family planning and Knowledge about basic nutrition etc. This type of presentation is helping the communities people awareness rise and reduce the risk of many kind of diseases.



Cross-cutting:

1. Kitchen garden:

Promotion activity of kitchen garden is very important because in the refugee camp they can't go outside. So, they are told that Vegetable gardening should be done and it will benefit them too and This will meet the needs of their vegetables and vitamins and others minerals.

2. Key hole garden:

Each OTP has key and lock garden. It's key and lock model garden, when we unlock something, we use key. This garden also look like key and lock .In the center point key loop or hole are located When the various garbage in the house is decomposed into decomposed garbage, it becomes a biomarker and then spread all these organic fertilizers around all the vegetables get proper nutrition for growth. Various types of vegetables are grown here in the garden such as lady's finger, calabash, cucumber, chilly, spinach and other types of vegetable .All these vegetables are distributed to those who suffer from malnutrition Rohingya community.



3. Kids zone

Each OTP has an empty space where kids can play very well. There are many types of toys for them to play which they can play very well with this type of toys. All of these toys include slippers, rocking horse and other animals, swing, tricycle and may other rides. These toys accompany the children when their mother come to seek advice. They enjoy playing here and the bondages among the children grow stronger.



4. Digital Display

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 center and 42 inches TV was installed in every counseling room of the MBA. A digital display is type of television which shows cartoons and other useful advertisement. Different types of cartoons are shown in the digital display which are helpful for their regular life are the digital display will also include useful information and tips for the beneficiary. The display also teaches the mothers and children basic knowledge of nutrition. In the digital display show cartoons like Mina which is a very popular cartoon among children the display also aware the mother about the exclusive feeding and complementary feeding. Thus, digital display helps the refugees with many

important information that will help them in their current situation and hopefully in future also.

The Challenge's:

1. I did not understand their language many times when trying to communicate with them.
2. The Communication Challenge was a very big challenge that I faced in a very bad way.
3. There were a lot of problems with pure water when I search in the communities.
4. Moving from one hill to another we had to face many problems I face.
5. Here I have seen many types of political issues which create a variety of problems.
6. Food stores in the Rohingya community were scarce and the food environment was very bad.
7. On a rainy day, working in the community has encountered many problems.
8. They hid a lot of information while working here we had a lot of trouble finding this information out of them.
9. We have had to overcome a lot of challenges when it comes to working in these weather conditions because we weren't doing much use with this kind of weather condition.
10. It cost us a lot of money to go to camp.

Conclusion:

SARPV on the ground conveying life-sparing supplies and administrations for Rohingya displaced people in Bangladesh. Working with the legislature and accomplices, SARPV have OTP section works. I have got a good knowledge of the work that is done inside the OTP section work Under this section is the Mother Baby Area work giving water and sanitation, including the foundation of diarrhea treatment focuses, SAM and MAM treatment and wellbeing administrations for youngsters and pregnant ladies, 6 to 59 months children support for access to quality instruction, including setting up learning focuses; and is achieving kids influenced by viciousness, misuse and disregard with aversion and help. Both diarrhea and malnutrition are major cause for the mortality and morbidity. Most of the children are from rural area are

suffering for malnutrition and diarrhea. There complications may arise from their economic condition, unhygienic drinking water and lack of sanitation. SARPV is trying to reduce this mortality and morbidity rate in refugee camp by providing them free treatment and proper guideline for future after discharge from the hospital. SARPV is trying to improve its nutrition by doing all these things in Rohingya refugee camp. I have learned a lot from working under this organization I have learned a lot of new terms and I've learned a lot about how to tackle new challenges.