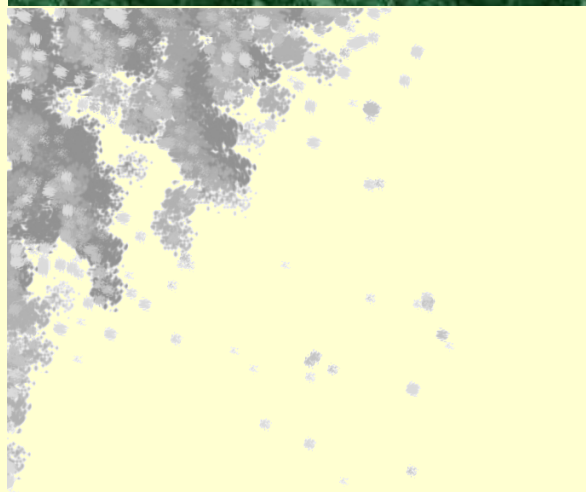


EMERGENCY NUTRITION INTERVENTION FOR CHILDREN UNDER FIVE, ADOLESCENTS, PREGNANT & LACTATING WOMEN (ENICAPLW)

Collection of Case Studies



About Programme

The recent influx of Rohingya refugees from Rakhine State of Myanmar started from August 25 of 2017. According to UNHCR, as on 18th May of 2019 in over 900000 Rohingya refugees, including 33956 registered refugees are living in Ukhiya and Teknaf upazilas of Cox's Bazar district. When Rohingya people came to Bangladesh, majority of them were women and children who were suffering from hunger and malnutrition. Considering this, on September, 2017 SARPV started implementing this programme to eradicate the widespread malnutrition of 6-59 months children according to the first framework of international protocol and by the assistance and funding of UNICEF and their guidance through structured OTPs. The mission of this project is to provide treatment to 6-59 months aged SAM (Severe Acute Malnourished) children, develop the nutritional status of both women and children by providing basic nutrition education to the pregnant and lactating women, enhance awareness among them and solve the complications regarding breastfeeding through IYCF counseling. The second phase of the project is started from November, 2018 after successful completion of the first phase. At present, SARPV is providing emergency nutrition services in 7 camps of Teknaf and Ukhiya upazila through 8 Out-patient Therapeutic Program (OTP) centers and 6 Mother Baby Areas (MBA) / Breast Feeding Support Centers (BFSCs). SARPV has also emphasized on kitchen gardening in the second phase as a nutrition sensitive approach to combat malnutrition. It is also encouraging the beneficiaries to cultivate vegetables in the small open spaces in their houses.

Programme Supported By-



Geographic Coverage

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

Programme Highlights

- ⇒ Treatment of SAM Children.
- ⇒ Monitoring the improvement of nutritional status of 6 months to 10 years aged children.
- ⇒ IYCF Counseling to promote proper breastfeeding practice.
- ⇒ Develop Nutritional status of Adolescent girls and pregnant and lactating women (PLW).
- ⇒ Detect physically vulnerable children and ensure recommendation for their treatment.

Malnutrition

Malnutrition of children is a great problem to Rohingya community. According to UNHCR survey, almost 3% children is suffering from severe acute malnutrition in Rohingya community. After the influx, from the very beginning SARPV provides their services continuously to fight against malnutrition. From 2017 to the present, SARPV has been able to cure 4958 SAM children.



Arafat—A child deprived of natural blessings

Breast milk is a blessing for all kids. It helps to develop the brain and immune system of the body to protect against germs. But since childhood, Arafat was deprived of this blessing. Arafat's family consists 10 members who live in Camp 4, Kutupalong. The earning members of the family are Arafat's father Kamal Hossain and his grandfather but sometimes it becomes difficult for them to find works and earn enough for their family. When Arafat was in his mother's womb, his mother was suffering from anemia due to lack of care and nutrient deficiencies. His mother's health condition deteriorated further after the delivery. As a result, she was unable to breastfeed exclusively to Arafat. Besides, she did not know how to feed the baby in proper way. They started feeding Arafat the powder milk which they received as ration which caused sickness of Arafat throughout the year. Tareq, SARPV outreach volunteer of the OTP of Camp 4 found Arafat during community screening as SAM and advised his mother to go to the OTP center immediately. At the OTP, during full screening, his weight was found 3.9 kg, height was 56.9 inches, MUAC was 9.6 and the Weight for height Z-score was less than -3SD. After screening, he was admitted in the OTP center of SARPV in Camp 4, Arafat was prescribed and given SKMOX and RUTF after medical check up and appetite test. OTP counselor continued the counseling and helped Arafat's mother to breastfeed Arafat but unfortunately she was unable to breastfeed. After continuous follow up and care, Arafat's MUAC was increased to 11.8 and WFH Z-score was improved as well. His weight was increased to 6.3 kg. After 86 days of treatment & observation, he was discharged as per criteria and referred to TSFP. His mother was very happy and took him-to TSFP for further treatment.



Rafiq—The Miracle Child

Father Mustakin and Mother Shafiq named their child as Rafiq by keeping similarity with the mother's names. Mustakin found Rafiq in a Jungle when she was only 7 days old. Yes, Mustakin and Shafiq are not Rafiq's biological Parents. When they were fleeing from Myanmar with the fear of Burmese army, they heard a child crying in the Jungle. They rummaged around a lot and saw a baby (around seven days) crying who's naval did not yet dry. This couple threw all their belongings there which they brought and took that child with them. Rafiq became their life spirit to live for as they didn't have their own child. After taking shelter in Bangladesh, it was very difficult for physically disable Mustakin to collect their daily meal for him and his family's survival. They managed to buy milk for Rafiq by using the leftover money brought from Burma. When all money was spent, they started collecting rice starch from neighbor for Rafiq. As Mustakin has disability in his feet since his childhood, He could not walk properly. As a result, he is unable to do heavy work. As Rafiq is an adopted child, her mother could not breastfed her. Due to this, Rafiq's immune system was not developed properly which led her to be sick throughout the year. When Rafiq was 7 months old, her mother brought her to the SARPV OTP of Camp 3 for treatment. Her mother was so much worried about her health, she was continuously crying. During check-up, Rafiq's MUAC was found 11.0, WFH was less than -3SD and weight was 5.1 kg only. After full screening, Rafiq was admitted into the OTP and continued her treatment up-to 9 months. In this long time observation Rafiq's mother took care of her by following suggested guidelines. After the treatment, her MUAC became 11.6, WFH Z score improved and weight became 6.1 kg. Mustakin and Shafiq were so happy that they expressed their gratitude to the OTP staffs and decided to raise Rafiq as their one and only child. They want to educate her and lead a healthy life together.



A disable child, most marginalized group in Rohingya Community

Mohammad Anaz was a special child as he was disabled both physically and mentally. He was the youngest of 7 children of his parents. His father Jamal Hossain was unable to do anything because of his severe back pain. When Anaz was 8-9 months old, his mother Anwara Begum noticed that he could not sit and talk. Then she went to doctor for his treatment when they were at Myanmar. But unfortunately, he didn't receive proper treatment there. After the influx, when his family took shelter in Bangladesh, he was brought to the stabilization center for treatment. As stabilization center do not treat a disable child for his disability, he didn't received any treatment from there. After a while, his mother brought him to the SARPV OTP center at Camp 3 when he was aged 48 months. There his MUAC was found 11.1 and WHZ -score was less than -3SD. His weight was 6.5kg. He was identified and admitted as a SAM child and treated there for 13 weeks. Suddenly his maternal Aunt died and his mother stopped taking Anaz to OTP. OTP volunteers went for home visit several times but they were not at their home. After 2 months, Anaz and his family were found at their home and referred to OTP again. He was readmitted in SARPV OTP on 13th January 2019. During readmission his MUAC was found 12.5, WHZ-score was less than -3SD and weight was 7.3 kg. He was admitted as SAM child by WHZ-score. He was treated with special care. After seven weeks of treatment, his weight became 8.1 Kg and WHZ-score was less than -2SD. Then, he was referred to TSFP/BSFP center as a MAM patient but SARPV kept him under close observation as he is a disable child and needs special care.

Story of Alam

6 months old Alam came to the OTP with his mother and he was suffering from bronchitis and diarrhea. During the community screening, he was identified as a SAM patient and was referred to OTP by SARPV volunteer in camp 22. In OTP, Alam's MUAC was found 9.2 cm, Z-score was less than $-3SD$ and weight was 3.7 kg. As Alam had some other complications, Nutrition Officer of that OTP center suggested his mother Shetara Begum to take him to the Stabilization Center (SC). After getting treatment from SC, he was recovered and get admitted in the OTP for further treatment of SAM on 17th January, 2019. During treatment, he was unable to take any food but breast milk. It was very important to feed him other foods as he was aged more than six months at that time. And it could result more nutritional deficiencies. After taking his family history, it was found that Alam's mother was also suffering from bronchitis. Alam was the youngest of three siblings and it was very much difficult to take care of all the children properly. During admission, she was suggested to give Alam Amoxicillin and RUTF. The OTP volunteers regularly visited his home to follow up. After continuous and regular supervision, Alam's condition improved and he was recovered slowly. Alam's MUAC, Z-score and weight improved and after fulfilling discharge criteria, he was referred to TSFP for further treatment.



Rasmin—A Malnourished Baby of Ailing Mother

Rasmin is the youngest daughter of Laila and Salim. Her mother Laila got affected by a complex disease when they were living in Burma Bolibazar. Laila had a problem in the right side of her breast. When Rasmin's elder sister was very young and her mother used to breastfeed her, Laila found blood in her nipple. Instantly she went to the doctor in Bolibazar hospital and the doctor suggested to do the operation. After influx, when Rasmin was born, Laila faced the same problem during breastfeed her. That time she went to the MSF hospital where the doctor suggested to do operation. But she did not agree to do the operation due to bad financial condition. Due to this, she was unable to breastfeed Rasmin properly. It resulted deprivation of important nutrients due to which Rasmin got weaker day by day. She was admitted to hospital and got treatment for a few days. She became thinner gradually. During screening, she was spotted by the volunteers of SARPV OTP and referred to OTP as a SAM patient in Camp 22. At that time, she was only 9 months old. During full measurement, her MUAC was found 10.1 cm, Weight 4.5 kg and Z-score was $<-2 SD$. Rasmin's treatment was continued up to 49 days. During this period, OTP counselor gave nutritional counseling to her mother and suggested to continue breastfeed Rasmin along with giving her RUTF and homemade foods. After completion of her treatment, she was discharged with MUAC 11.7cm, Z-score less than $-1SD$ and weight 6.3 Kg. Rasmin was referred to TSFP for further treatment and her mother Laila was admitted as IYCF-E beneficiary in the MBA .



IYCF-E

The full form of "IYCF-E" is "Infant and Young Child Feeding in Emergencies". The purpose of IYCF-E is to give effort to improve survival, growth and development of children and take precaution by increasing immune system to fight against the disease during any emergency situation. SARPV is promoting and implementing IYCF-E by 6 BFSC centers/Mother Baby Area (MBA) which are situated in Kutupalong Camp 3, Camp 6, Camp 8W, Camp 2E and Unchiprang Camp 22.

Zohra— An Elderly Foster Mom



Before

Zohra Begum and Bosir Ahmed have 7 children. In 1st August 2017, this couple adopted a baby girl. They named her Jannat Ara. Jannat was born on that day. Her mother died just after her birth and father had died just before her birth. They had no relatives to bring her up. Some neighbors spread up this news all over the camp so that anyone can take the responsibility of her. Zohra heard the



After

news. She went there quickly as she was very interested to adopt a baby girl, because she always missed her daughters as all her daughters were married off. She reached there and agreed to adopt baby Jannat. From the beginning, Jannat was breastfed by several persons like Zohra's daughter, Zohra's daughter-in-law and few relatives from neighborhood. But it was not always possible for them to be present all the time. So sometimes they fed the powder milk to Jannat which they got as ration. SARPV Camp 6 BFSC volunteer found Zohra and suggested her to get admitted to BFSC to know about appropriate complementary feeding practices. Zohra came to BFSC center when Jannat was 1 year old. Jannat was weak and unhealthy. Zohra didn't know much about appropriate complementary feeding practice. After analyzing the condition, she was given regular counseling which helped her to know about appropriate complementary feeding practices and how to feed a child properly. By following the instructions, Zohra started to feed Jannat properly. Day-by-day health status of Jannat was improving & she became healthier within 3 months after admission. Now she is very healthy and cheerful. Her mother Zohra is also very happy.



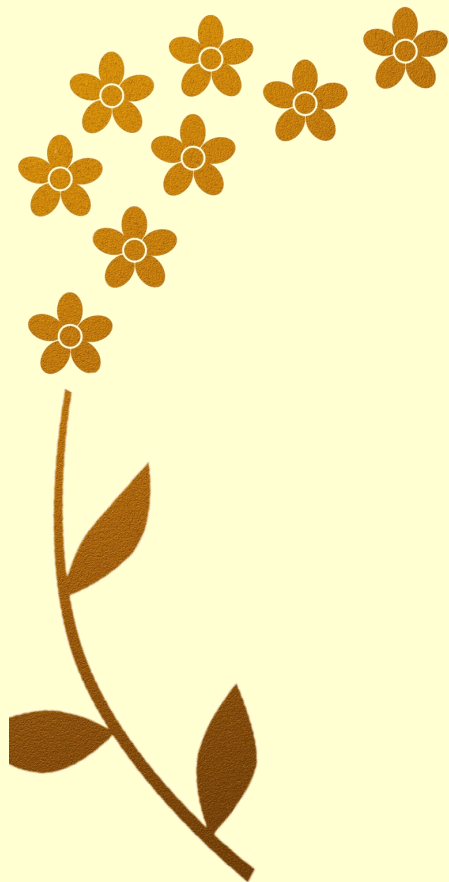
Story of Khatiza

Khatiza and Jomir Hosen have two sons named Jabu Rahman and Kaiser Rahman. Kaiser is the younger son of his parents. Jabu is around 2 years old and Kaiser is 2 months old. Khatiza lives with her two kids because Jomir Hosen is not living with them. He lives elsewhere for working purpose. Khatiza came to SARPV Camp 3 MBA center because she and both of her sons were very weak. She came here after few days of her delivery. She told BFSC counselor that because of her sickness she was unable to breastfeed her child properly. And her child was not getting enough breast milk. Khatiza was very weak and suffering from blood deficiency. She was also facing problems of the positioning and attachment during breastfeeding . As a result Kaiser was not getting sufficient breast milk and getting sick day by day. After coming to Camp 3 MBA, IYCF-E Counselor told her about exclusive breastfeeding. She instructed Khatiza about positioning and attachment during breastfeeding and also gave her IFA (Iron Folic Acid tablet). After taking the IFA and following the right practices about positioning and attachment, now Khatiza and Kaiser both are absolutely fine and healthy. Kaiser is now getting enough breast-milk and Khatiza also recovered from weakness a lot.



Kitchen Gardening

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.



Nutrition Sensitive Gardening for Better Nutrition

As a vital part of this programme, 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. Amena Begum is a beneficiary of the Camp 8W, SARPV OTP 3 in Kutupalong, Ukhiya. Her son Lalu Mia was admitted as a SAM patient on OTP 3 in 24th April 2019. Since then, Lalu Mia is under the supervision of OTP 3. OTP 3 cultivates many types of vegetables like bottle gourd, bitter melon, squash, tomato, chili etc. And these were distributed among their beneficiaries. Amena Begum was informed about the kitchen gardening from OTP 3 Nutrition Officer Md Mohibbullah. Mohibbullah told all beneficiaries about the benefits of kitchen gardening through counseling and described them how vegetable can play vital role to keep the body healthy. Amena Begum benefited from getting the vegetables from OTP 3 and cooked those for her children and family. Inspired by OTP 3 keyhole gardening, she sowed the seeds of vegetable in the empty area around her house. She also agrees that fresh vegetables are available easily through the kitchen gardening which is very affordable and nutritious. Amena Begum also wished to get training & vegetable seeds from OTP so that she can implement the idea in her family properly.

END