ISLAMIC RELIEF USA

ROHINGYA REFUGEES RAISE HEALTH AWARENESS IN BANGLADESH CAMPS

Momtaz Begum is a Rohingya refugee from Rakhine State in Myanmar. A Rohingya refugee from the northern part of Rakhine State in Myanmar, she fled to Bangladesh in the early 1990s and has lived in one of the two camps for registered refugees in Bangladesh ever since.

Momtaz is also now officially a community health worker in a program offered jointly by Islamic Relief USA and the UNHCR.

Community health workers are refugees who volunteer to improve the health situation in the refugee camps, where the dense population and lack of adequate water supply lead to substandard waste management, poor sanitation and unclean environment. As a result, people repeatedly suffer from diarrhea, anemia, and malnutrition. To minimize the vulnerability of refugees living to common sickness and chronic/ infectious diseases in their congested environment, community health workers have been engaged to raise the level of primary health awareness among the refugee community.

To improve the relationship between Bangladeshi health service providers and their refugee beneficiaries, UNHCR and local health authorities under Ministry of Health developed a comprehensive training module for community health workers. Following that, a two-week intensive training was provided to 22 people from Kutupalong and Nayapara refugee camps. The training comprised theoretical, practical and clinical demonstrations, including a field visit to a local community clinic outside the camps.

Having completed the training, Momtaz said she now feels more confident to serve as a primary health care promoter: "I feel respected in the community and would like to continue working as a community health worker."

PROGRAM DETAILS

The community health worker program was part of a larger health program supported by Islamic Relief USA for Rohingya refugees in Myanmar. The program achieved the following results:

1) Full access to health services for refugees in the camps and the public hospitals. 2,911 patients received treatment.

2) Training for partner staff and refugee volunteers. In total, 8 training sessions were conducted and 120 staff participated.

3) Mental health and psychosocial support interventions for the two refugee camps.

4) Crude mortality rate is 0.2 (per 1,000/month); and under-5 mortality rate is 0.2 (per 1,000/ month); common diseases: the incidence of watery diarrheal diseases is 8.9 (per 1,000/month), bloody diarrhea 0.1 (per 1,000/month), upper respiratory infections 48.5 (per 1,000/month), lower respiratory infections 29.2 (per 1,000/month), and skin infections is 23.9 (per 1,000/month). Incidence of malaria

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is 0.1 (per 1,000/month). Proportion of births attended by skilled health worker (excluding TBA) was 94%. ANC coverage was 83%, PNC coverage was 97%. More than 95% of children below one year of age received measles vaccinations. In total, 879 children were immunized.

5) Food security of the refugees was ensured with food distribution by WFP to all registered refugee families. Prior to 2014, food distribution took place in the form of in-kind food rations, however the introduction of e-vouchers in mid-2014 has now given refugees greater selection and diversity of food items, as well as the access to fresh fruit and vegetables which was heretofore missing. Other nutritional aspects of the camps are managed by UNHCR, including malnutrition and targeted supplementary feeding.

6) The annual health and nutrition survey was conducted from October to November 2014. In 2014 the global acute malnutrition (GAM) rate continued to be stagnant at around 13% (13.1 in 2013 and 13.2 in 2014). The interventions have helped to maintain the rates of malnutrition below the emergency threshold of 15%. The severe acute malnutrition (SAM) rate slightly increased from 1.4% in 2013 to 1.6% in 2014. The prevalence of underweight or stunted children has increased in comparison to last year (51.5% in 2013 and 58.2% in 2014). Reasons may include food sharing with the undocumented refugees living inside the registered camps, and sharing amongst registered until the harmonization exercise was completed and e-voucher system started. There will be some seasonal variation, noting that in 2013 the survey was done in May, and in 2014 it was in done in October.

7) Under the supplementary feeding program, 2,048 pregnant and lactating mothers and 2,503 moderately malnourished children (new admissions) received take-home dry rations on a weekly basis from the supplementary feeding center with the attendance of over 97%. The cure rate of the supplementary feeding program for moderately malnourished children is more than 84%. Blanket supplementary food was provided to children aged 6-23 months as a preventive measure of malnutrition and anemia. A total of 886 children (new admissions) received blanket supplementary food during the reporting period. Micronutrient supplementations and calcium tablets were provided on a weekly basis to all pregnant women admitted to the supplementary feeding program. On average, 5,476 beneficiaries/month received micronutrient powder during the reporting period. A number of 428 severely malnourished children (new admissions) with or without medical complication received therapeutic food and medicine through a Community Management of Acute Malnutrition approach. All severely malnourished were admitted to the Outpatient Therapeutic Feeding Program and Stabilization Centre has received psychosocial support for early recovery and mental development. As a result, the cure rate among severely malnourished children is over 68%.

8) A group of 4,341 children/month attended the growth monitoring and promotion center with 96% coverage. Two breastfeeding corners and 28 breastfeeding support centers provided support for lactating mothers facing difficulties with lactation. Breastfeeding support groups are working in the community to pass important messages on Infant and Young Child Feeding Practices. A total of 174 lactating mothers with breastfeeding complications received counseling and technical support from breastfeeding corners in 2014. About 50 staff received training on basic nutrition and management of malnourished children as per the standard protocol. About 120 volunteers also received training on basic health, nutrition, hygiene, sanitation, community screening, anthropometric measurement, and care practices at community level. A total of 168 community awareness sessions and 176 cooking demonstrations were organized in 2014 at the community level to improve the health and nutrition situation and enhance the community ownership of the program.

Momtaz Begum cares for a refugee child at Kutupalong refugee camp in Cox's Bazar, Bangladesh.