ANNUAL REPORT 2020

Integrated Nutrition Interventions for Malnutrition Treatment and Prevention in Rohingya Camps, Cox's Bazar.

January-December-2020

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1. Background:

The influx of Rohingya refugees from northern parts of Myanmar Rakhine State into Bangladesh restarted from 25 August 2017. As of 30 November 2019, in total 854,704 Rohingya refugees, including 40,796 registered refugees are living in two border side upazilas of Bangladesh placing considerable pressure on already scarce natural resources and livelihood opportunities. Nutritional risks and vulnerabilities amongst the Rohingya people children under the age of five, pregnant and lactating women (PLW) and adolescent girls are very high, putting them at risk of increased morbidity and mortality and poor development outcomes. An estimated 160,026 under five children are living in the Makeshift and registered camps who need continuous humanitarian assistance including critical life-saving nutrition interventions. Base levels of acute malnutrition amongst the Rohingya population in the pre-existing makeshift and official camps, spontaneous sites and host communities are very high and are underlined by poor Infant and Young Child Feeding (IYCF) and care practices, micronutrient deficiencies, suboptimal hygiene and sanitation practices, access to safe water, health services and food. The situation is further aggravated due to lack of livelihood opportunities, limited food diversity, etc. and negative coping mechanisms have been reported by the Food Security Sector (FSS) across all camps, which include selling of assets and humanitarian relief items for cash.

Preliminary results levels of both acute and chronic malnutrition in Rohingya refugee camps have improved significantly since the influx in 2017 but remain unacceptably high. According to the SMART survey round 4 report conducted in October-November 2019, the prevalence of anemia among children under five was 37.1 per cent in the makeshift camps; this is a drop from 47.9 per cent in October 2017 but is still relatively high. The prevalence of anemia among adolescents and women was also reported as high in SMART round 4, the rate is 18.8 per cent for adolescents and 20.2 per cent for women of reproductive age Rohingya refuges continue to be faced with major limitations that contribute to increased vulnerabilities among individuals such as access not only to basic services, critically overcrowded camps, inadequate infrastructure, inadequate water and sanitation services and other public health issues.

Malnutrition remains a major threat to the survival, growth and development of children in Rohingya community. The first 1000 days is the most critical period of growth and development. This period from conception to approximately two years of a child's age is very important for the child's growth and development. In addition, the health and nutritionally status of a pregnant and lactating mother directly affects the health and wellbeing of an infant. Poor nutrition in infancy and early childhood increases the risk of infant child morbidity and mortality, diminished cognitive and physical

development marked by poor performance in school. Malnutrition also impacts on productivity later in life.

An infant and young child feeding in emergencies (IYCF-E) monitoring exercise conducted in March/April 2019 indicated a lack of optimal behaviors related to breastfeeding and other practices, aggravating the nutrition situation. Only 50 per cent of children under 6 months were exclusively breastfed and the rate of children given pre-lacteals foods and complementary feeding after 6 months is relatively low at 61 per cent for the children 6 to 8 months. The minimum acceptable diet (MAD) is only available to 26.5 per cent of children and minimum dietary diversity (MDD) to 46.2 per cent of children. The results demonstrate the need to further strengthen and improve the IYCF-E interventions and the quality of services.

To enhance harmonized service delivery, the nutrition sector partners agreed to ensure integration of all nutrition facilities in 2020 within all camps resulting in integrated CMAM services being delivered by one partner per camp. In addition to eliminating the need for unnecessary referrals between SAM and MAM treatment facilities and making the operations more effective and cost-efficient, beneficiaries will be receiving more sustainable follow up and treatment within one center called the Integrated Nutrition Facilities (INFs). Nutrition sector assigned SHED four camp 2 East, 7, 8 East and 9 for service delivery with six Integrated Nutrition Facilities (INFs).

The Integrated Nutrition Facilities (INFs) aim to offer a “one-stop-shop” approach where any wasted child can access services at the same location, enabling continuity of care and efficiency of service delivery, and any mother/caregiver needing support for infant and young child feeding and care practices can access the services they need. INFs provide comprehensive nutrition services targeting children less than five years, five to nine years children and pregnant and lactating mothers. These include community-based management of acute malnutrition (CMAM) services community outreach activities, outpatient therapeutic programs (OTPs) and targeted supplementary feeding programs (TSFPs)), blanket supplementary feeding programs (BSFPs), social and behavior change communication (SBCC) on infant and young child feeding (IYCF), community-based management of acute malnutrition infant (CMAMI) and maternal health and nutrition and other nutrition- sensitive programs.

The Nutrition Sector and partners are committed to prevent maternal, child morbidity and mortality, through improved access to basic nutrition services through strengthening of the integrated nutrition services to enhance quality curative and preventive nutrition services. The Nutrition sector and partners adopts the existing government CMAM and IYCF-E Guidelines in the implementation of nutrition interventions.

Funding source: UNICEF and WFP

2. Objectives:

The SHED agreed on the three main strategic objectives of the nutrition sector Strategy which contributes to the achievements of the overall Joint Response Plan (JRP) 2020:

Overall Goal:

To attain optimal nutrition for Rohingya population and affected Host Communities (HC) with emphasis on children under five children, pregnant and lactating women, and vulnerable populations through preventive and curative nutrition interventions.

Objectives:

1. To contribute to the reduction of excess mortality and morbidity among boys and girls under 5 years old, PLW and other vulnerable groups through provision of life-saving interventions to treat Severe and Moderate Acute Malnutrition.

2. To reduce the burden of malnutrition among boys, girls, PLW and other vulnerable groups through the strengthening and scale up of malnutrition prevention interventions.

Table no.1. Target population:

Target Group	Total population	Male	Female
0 -59 children	**23,112**	**11,787**	**11,325**
0 – 5 months	**2580**	**1275**	**1305**
Under five children	**20,532**	**10,471**	**10,061**
Pregnant Lactating Woman (PLW)	**4,866**		**4,866**
Adolescents Girls	**10,500**		**10,500**

Table no 2. Catchments area and INF:

Camp	Integrated Nutrition Facilities (INFs)
Camp 2 E	2 East INF
Camp 8 E	8 East INF
Camp 7	7
Camp 9	9

3. COMMUNITY BASED MANAGEMENT OF ACUTE MALNUTRION (CMAM):

The CMAM activities designed to achieve the first objective of the Nutrition sector strategy:
To contribute to the reduction of excess mortality and morbidity among boys and girls under 5 years old, PLW and other vulnerable groups through provision of life-saving interventions to treat Severe and Moderate Acute Malnutrition. Acute malnourished children are identified through household screening by Community Nutrition Volunteers (CNVs) or mother to led MUAC (MLM) or by community or self-referrals fig 1. The CMAM programs target malnourished children and PLW through three forms of treatment according to the severity of the conditions.

1. Outpatient Therapeutic Programme (OTPs): Children under the age of 5 years with SAM without medical complications are treated in an OTP, which provides Ready-to-Use Therapeutic Food (RUTF) and routine medicines to treat simple medical conditions. These are taken at home, and the child attends an OTP site weekly for check-up and more supplies of RUTF
2. Targeted Supplementary Feeding programs (TSFPs): Children under the age of 5 years and PLW with MAM and no medical complications are supported in a TSFP, which provides Ready-to-Use Supplementary Food (RUSF) and simple medicines to be taken at home and beneficiaries visit the TSFP every 2 weeks for follow-up and provision of new supplies.
3. Stabilization Centers (SC).: Children under the age of 5 years who are acutely malnourished and have medical complications are treated in an inpatient SC until they are well enough to continue with outpatient care. Management of malnourished children under six months will follow both CMAMI and SC protocols.
4. Blanket supplementary Feeding Programme (BSFPs): All members of the vulnerable group (e.g. children under five, PLW).

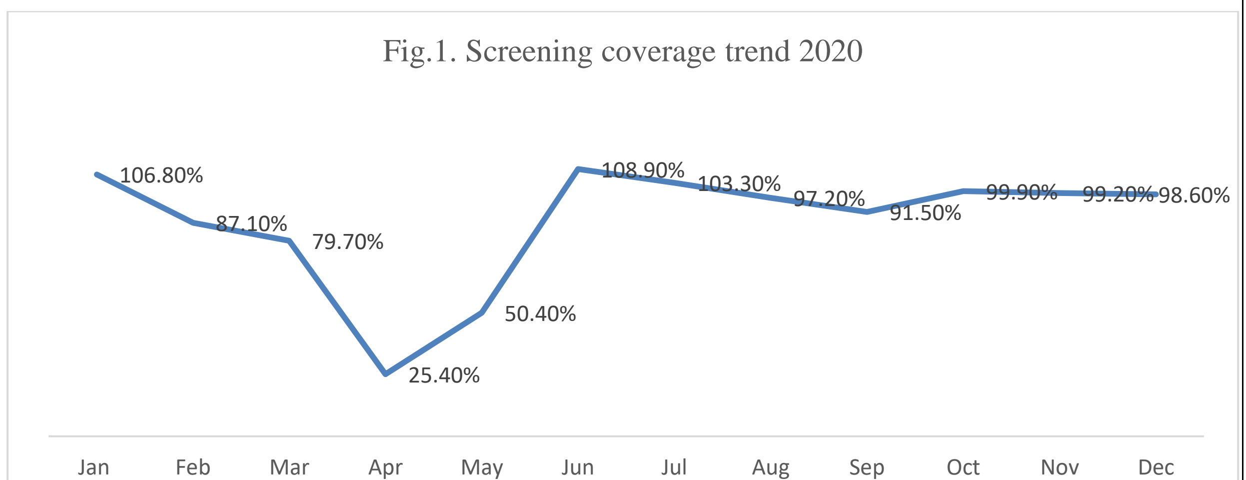

Table no.3. New admission by age in OTP and TSFP:

New admission by age in OTP			New admission by age in TSFP		
Months	**6 -23 month**	**24-59 month**	**Months**	**6 -23 month**	**24-59 month**
Jan	108	24	Jan	237	143
Feb	78	20	Feb	282	115
Mar	140	17	Mar	144	74
Apr	140	35	Apr	353	167
May	162	28	May	826	387
Jun	181	47	Jun	783	428
Jul	155	29	Jul	813	424
Aug	111	20	Aug	495	310
Sep	144	23	Sep	597	250
Oct	121	17	Oct	404	162
Nov	192	26	Nov	687	264
Dec	133	12	Dec	362	119
Total	**1665**	**298**	**Total**	**5983**	**2843**

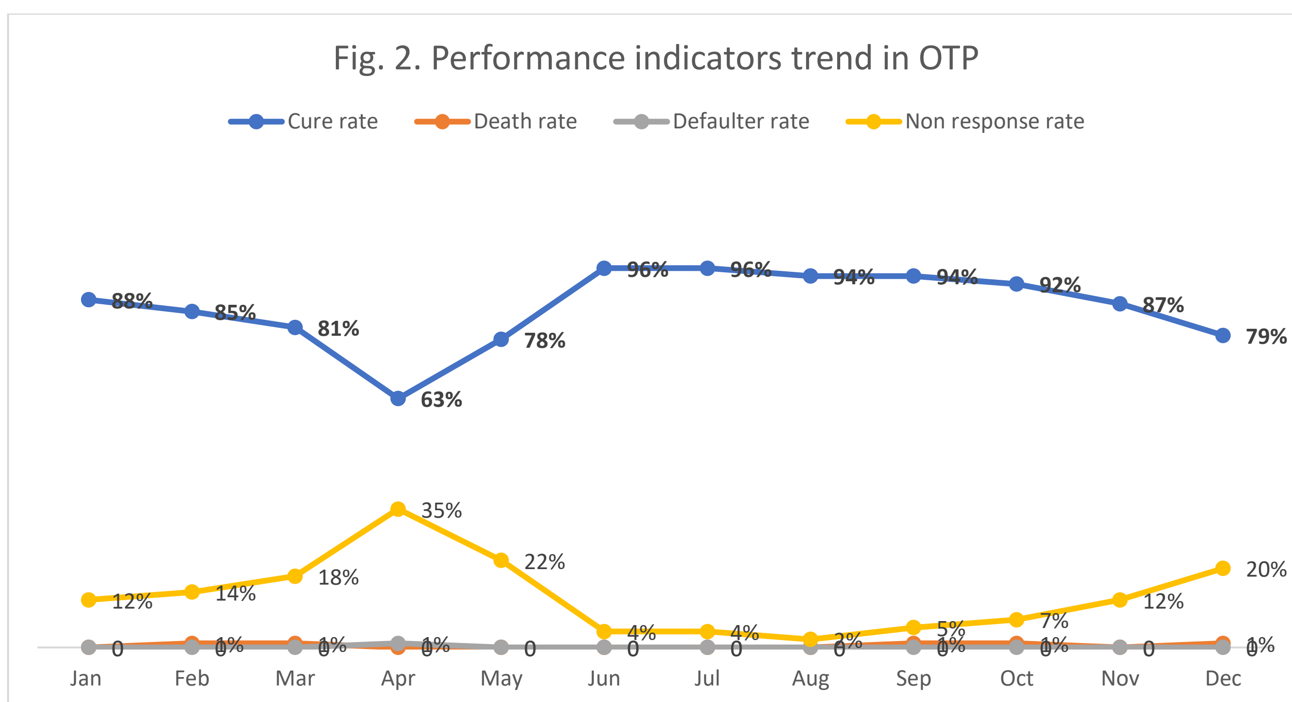

Fig. 2. Performance indicators trend in OTP

Table no.4. GMP session			
Total	**Normal**	**Yellow**	**Red**
21987	21527	200	420

4. Preventive Nutrition Activities:

"To reduce the burden of malnutrition among boys, girls, PLW and other vulnerable groups through the strengthening and scale up of malnutrition prevention interventions."

Many activities focus on Maternal, Infant and Young Child Nutrition (MIYCN) measures, but there will also. The activities covered by the second objective of the nutrition sector strategy aims to protect, promote and support recommended MIYCN practices through the following:

1. Protect, promote and support adequate maternal nutrition.
2. Protect, promote and support optimal breastfeeding practices from birth up to 2 years of age and beyond.
3. Support non-breastfed children, acutely malnourished infants and other children who have specialized needs.
4. Promote and support exclusive breastfeeding for the first 6 months.
5. Improve access to safe and appropriate complementary foods for children 6-23months.
6. Coordinate and engage other relevant sectors for an effective MIYCN response.
7. Control infant formula and other breast milk substitutes to ensure that the needs of both breastfed and non-breastfed infants are protected and met.

5. Community Outreach:

Community outreach is an important component for effective CMAM programs. Its main objective is to create opportunities for community mobilization and participation to bridge nutrition service providers and the community. It involves sensitization of the community members on available services for malnutrition treatment and prevention through community sensitization, active case-finding and referral of identified malnourished cases, defaulter tracing as well as follow up of nutrition program beneficiaries to ensure adherence to malnutrition treatment regimes. The CNVs conduct regular screening visits to all households within the catchment areas of their facilities to ensure malnourished children and PLW are identified, even if they do not access BSFPs, and referred to CMAM facilities. Once the coverage of BSFPs reaches most of the beneficiaries effectively, it will be discussed whether the Community Nutrition volunteers (CNV) screening needs to continue at household level. The CNVs also play an important role in dissemination of MIYCN messages and information and in identifying potential additional household level problems and this is further elaborated in the section on preventive measures in this strategy.

Table no. 5. Community outreach:

Activities	Session/ Participants

New Pregnant and Lactating Women (PLW) reached with Counseling	4,545
Sensitization meeting Organized with Community Leader (Majhi, Imam).	6
Community Support Group (mother to mother support group) formed. (10 members)	78
Meeting with Community Support Group (mother to mother support group)	163
Cooking Demonstration Session (follow community kitchen method) Organized at Community Level	45
Sessions Organized for Adolescent mother (10 person/session)	42

6. Mother led MUAC for Screening (MLM):

The decrease in number of admissions to OTPs and TSFPs during March and April. To increase the number of children being screened every month, the Nutrition Sector made the decision to build the capacity of mothers/caregivers (May/June) to use MUAC tapes to measure their own children independently. Mothers were trained on a one-to-one basis at the integrated nutrition facilities (INFs) by the Nutrition Sector staff. The UN agencies procured enough MUAC tapes to ensure that each mother had one for her household. Due to limited access to the camps by the nutrition staff residing outside the camps, Rohingya Nutrition Volunteers were recruited and deployed to train and support mothers to conduct Mother-led MUAC on a one-to-one basis.

Table no. 6. Mother Led MUAC

Month	MLM trained	Referred by Mother
April	1236	14
May	712	21

June	1645	57
July	1292	22
August	622	41
September	258	3
October	881	6
November	616	31
December	3229	23
Total	**10,491**	**218**

7. Keyhole Garden/ Bag/Sack garden

Keyhole garden fig. 3 is a two-meter wide circular Raised garden with a keyhole shaped indentation On one side. The indentation allows gardeners
To add uncooked vegetable scraps, gray water and Manure into a composting basket that sits in the Center of the bed. Sack gardening methods can be done
with little space and using wastewater,
while the method is cheap allow for year-round
cultivation.

Table 7
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Vegetable	production	Handed over to beneficiaries
Cucumber, leafy vegetable, pumpkin,	134 kg	217

Table no.8. Blanket Supplementary Feeding program

Beneficiaries	Numbers	++/ WSB++)
Children	24,848	1089.777
PLW	6,886	172.633
TB patients	64	5.006

Table no.9. Capacity building Training

Training	Trained (Staffs)
COVID-19 Training on IPC	135

CMAM training	125
IYCF training	42
Mother to mother support group(MtMSG) Training	48

Table no.10. IYCF

Beneficiaries	# First visit Counseling	# Fourth visit Counseling
Lactating woman and caregivers of children age 0-23 month		
Pregnant woman		

Table no. 11. Events	Numbers of participants
Deworming	7458 Children
World food day	185 (CiC, ACiC, Majhi, Imam)
World Children Day	190 (Children, CiC, ACiC, Majhi, Imam)
Breastfeeding week	107 (PLW)
Nutrition action week	191(Volunteers)

8. Deworming Campaigns:

The SHED Nutrition team arranges Deworming campaign on February'2020. We Distributed Deworming Tablet according to protocol (Children age 24-59 Months & didn't get last 4month) in our center and discussed How to take and when to take Albendazole. Then Give some messages on necessity of deworming campaign.

9. World Food Day Celebration:

The SHED Nutrition team celebrated "World Food Day-2020" fig.4 on 22th October to 24th October, 2020 in Camp 2E, 7, 8E & 9. We celebrated this in the presence of Camp in Charge and Staffs of Camp in Charge office, Staffs of Site Management, Stake Holders, Majhis and Imams. The program was celebrated in the Camp in Charge (CiC) office.

In the beginning, WASH Sector focal from NGO Forum, Site Management Focal from BRAC discussed the ongoing food situation in the world, whereas J M Shahriyar Mujib-Programme Manager

Fig. 4

from BRAC discussed the current food scenario in the camp. Later, Head majhi from Camp 07 Block A, Abdul Goni, Abul Kalam from YPSA, Amir Hossain & Mamunur Rashid from SHED put some light on the community dietary habits. The final speech was delivered by MD. Ariful Islam, NSS, Camp 07, Site-02 regarding the importance of nutritious meal, different food groups and their necessity to maintain our health with practical examples. Importance of proper nutritious meal for childbearing women and children are also stressed.

The event ended with thanking the participants and distribution of refreshment items.

10. World Children Day :

The SHED Nutrition team celebrated "World Children Day-2020" fig. 5 on 22th November to 24th November, 2020 in Camp 2E, 7, 8E & 9. We celebrated this in the presence of Camp in Charge, Assistant Camp in Charge and Staffs of Camp in Charge office, Staffs of Site Management, Stake Holders, Majhis and Imams. The program was celebrated by two ways. One was in the Camp in Charge (CiC)office and another was in the Nutrition center Children Friendly Space. Our Honorable CiC Shaik Hafizul Islam sir and Assistant Camp in Charge Ahsan Habib sir delivered his valuable speech on World Children Day 2020, Child labor, Early marriage, Child Rights, importance of nutrition in our daily life and development of human being.

Fig.5

In Centre level we arranged drawing competition, Poetry recitation & finally price giving ceremony held among Rohingya children after the overall activities

11. Breastfeeding Week:

On the occasion of Breastfeeding week fig. 6, we decorated our INI center on 1st August to 7th August'2020. We provided Covid-19 key messages along with IYCF messages to PLW. We asked them to ensure vitamin enriched fruits and vegetables in their daily meal. We distributed leaflet about BFW.

Fig.6

12. Nutrition Action Week:

The first Round Vitamin A Campaign started from 21st June'2020 and end 20th July and we arrange a 2 days orientation session for our CNVs on this activity so that they can strictly follow the protocol on the field.

- we have achieved 100.61% of our target.
- After administrating the Vitamin-A our CNVs also give key messages on IYCF.
- Every mother of our catchment area got MUAC tape Our honorable CIC (Fig.7 Hafizul Islam) and UNICEF team also see our activity at field, and they admire us for our activity

The second Round Vitamin A Campaign started from 6th December and end 17th December'2020.

- We have achieved 98.30% of our target.
- After administrating the Vitamin-A our CNVs also give key messages on IYCF.
- Every mother of our catchment area got MUAC tape

Table no. 12.

Items	Consumption	Balance stock
RUTF (Sachet)	652242	46144
RUSF(mt)	82.175	12.911
WSB+(mt)	177.639	10.453
WSB++(mt)	1089.777	52.537
Amoxicillin(Pcs)	3951	412
Albendazole(Pcs)	1731	2156
IFA (Pcs)	354578	665422

13. VITAMIN SUPPLEMENTATION (VAS):

Vitamin deficiencies make a child prone to bacterial and viral infections, including coronavirus. Specifically, Vitamin A strengthens children's immune system and breaks a chain of virus growth in the body. According to Nutrition International, Vitamin A is one of the life-saving nutrition emergency interventions; children should receive Vitamin A during COVID19 pandemic too. Vitamin A deficiency (VAS) is the leading cause of preventable childhood blindness. It also places young children at a 13 per cent higher risk of death. (Lancet 2003).

Fig.8

The supplementation strategy will use a door-to-door approach instead of traditional Child Health Days events and mass gathering. The community nutrition volunteers (CNV) trained on COVID19 prevention will visit the household. The nutrition sector will use the tactics of DOTS for treatment of Tuberculosis. Element 3 of DOTS will be applied, which consist of the following sub-components:

- Vitamin A supplementation
- Improving knowledge and access to the treatment services (MUAC measurement and IYCF messages

Date:

- ❖ First round 21 June -20 July 2021
- ❖ Second round 06 December to 17 December 2020.

Table no.13. VAS First round VAS 21 June -20 July 2021:

Vitamin	Sex	Target	Total Target	Achievement	% Percentage
Blue Capsule Vitamin A	Male	1638	3183	1205	73.56%
	Female	1545		1206	78.05%
Red Capsule Vitamin A	Male	10221	19323	10239	100.18%
	Female	9102		9993	109.79%

Table no. 14.VAS Second round 06 December to 17 December 2020.

Vitamin	Sex	Target	Total Target	Achievement	% Percentage
Blue Capsule Vitamin A	Male	1205	2326	934	77.51%
	Female	1121		906	80.82%
Red Capsule Vitamin A	Male	10618	20837	10247	96.51%
	Female	10219		10140	99.23%

14. Focus Group Discussion (FGD) under Accountability to Affected Population (AAP):

This is one of the great opportunities for SHED to strengthen its nutrition program, engaging the affected population (FDMN) under Accountability to Affected Population (AAP) to hear their voices/views as well as feedback via Focus Group Discussion. Total 108 beneficiaries (Male=28 & Female=80) are attend in this FGD.

Fig. 9

Objective:

- To know the perception and quality of nutrition services provided by SHED to affected population.
- To obtain feedback and recommendation form the affected population to enhance the quality of nutrition services.

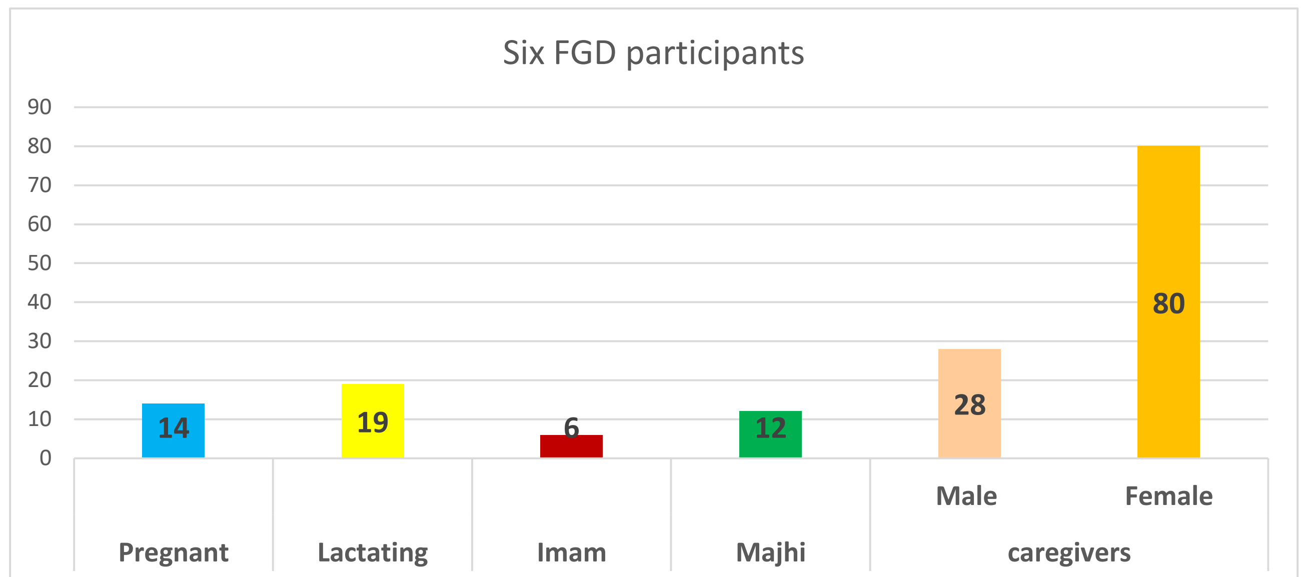

Fig. 10

Recommendations by affected population:

Below are the recommendations from the affected population:

1. Nutritional supplement (Pushti) should be given to old age people also.
2. Pictorial messages will better for a day event and other activities.
3. Provide 6kg WSB++ instead of 3 kg as given previously.
4. Liquid milk to be given as was provided earlier by army personals.
5. They wanted bigger space for INF so that it will be easy to control the crowd.
6. They wanted re-distribution of fruit, eggs, and meat as given previously.

15. Challenges:

- It was a great challenge to take over facilities and beneficiaries from other implementing partners.
- Referral of complicated SAM child to SC still now challenging as caregivers are not inclined to go SC ant get treatment till met discharge criteria.
- Hampered our nutrition activities some days due conflict/riot between registered and non-registered refugee of Kutupalong refugee camp.
- On short notice by CiC (7FF) to hand over of our warehouse space to the APBN, facing problem (crowd control, waiting space) to manage all activities from limited space.

- ❖ Facing difficulty to get new warehouse space in camp 7FF.
- ❖ Losing staffs replaced by Rohingya volunteer is one of difficult task to maintain program quality.

16. Photo Gallery 2020

Photo-1: Inauguration of new Integrated Nutrition Facility (INF) at camp 2E by ACiC Mr. Ariful Islam.

Photo-2: Monitoring visit by executive director, SHED while anthropometric measurement demonstration by the ENO from UNICEF and personnel from WFP during CMAM training

Photo-3: Camp 07, GG Integrated Nutrition Facility visit by UNICEF Nutrition team.

Photo-4: Program Manager monitoring MUAC measurement during VAS Round-2.

Photo-5: IPHN Director Dr. Mustafizur Rahman with UNICEF personnel administering Vit-A during VAS Round-2.

Photo-6: MUAC measurement by UNICEF Nutrition Program Manager Dr. Karanveer Singh during Mass MUAC Screening activity.

Photo-7: Art competition among FDMN children during observation of “World children Day” at camp-8E

Photo-8: Honorable CIC Sheikh Hafizul Islam delivering speech on occasion of “World Children Day” at Camp-09.

Photo-9: Volunteers are administering Vit-A, and taking MUAC during VAS Round-2 Campaign.

Photo-10: Focused Group Discussion (FGD) on Accountability to Affected Population (AAP) at Camp-2E

Photo-11: Cooking Demonstration Health and Education Session at Camp-09, BMS-2

Photo-12: Pictures of vegetables from Keyhole garden at Camp-09, BMS-2

Photo-13: Providing vegetables to TSFP beneficiary (One of target group) from our keyhole garden at Camp-09 and Camp-07.

Photo-14: Upazila Health and Family Planning officer, Ukhiya administering Vit-A during VAS

Round-2 at Camp-2E.

Photo-15: Sack gardening at camp-7, GG.

Photo-16: Conduction of medical assessment of SAM children by OTP nurse with maintaining COVID-19 prevention measures at Camp-7, GG.

Photo-17: One-to-One IYCF counselling by maintaining COVID-19 preventive measures at Camp-7, FF.

Photo-18: WSB+ (Wheat Soya Blend) distribution to malnourished pregnant mother with maintaining social distance at Camp-7.