

Nutrition solution of displaced children: Bangladesh Rohingya case study

Sultana Khanum

International Public Health consultant, WHO consultant Dhaka-1206, Bangladesh



Abstract

The World Bank Estimates that around 2 billion people live in countries affected by fragility, conflict and violence. Currently around 36 countries or territories as being in fragile situation, Crisis takes many shapes and forms such as: deteriorating governance, prolonged political crisis, post conflict transition and reform processes, natural disasters and climate change to name some, As a result there is a mass population movement either within a country or internally displaced, (estimated at 40 million) or as refugees in bordering countries estimated as 25.4 million people, almost half of which are children.

Since August 2017, 670,000 Rohingya population –mostly women and children have fled to Bangladesh from Myanmar. They are living in refugee camps. Overcrowding, poor water sanitation, monsoon rain and limited food supply putting them in serious health and malnutritional risks. Bangladesh Government, WHO and humanitarian health partners have saved thousands of lives, prevented and curtailed deadly disease outbreaks among children who are mostly unimmunized. A multi-stakeholder partners conducted two nutrition surveys – October-Nov 2017 and May-June 2018. Data were collected on household, demography, anthropometry, mortality, morbidity, infant and young child feeding practices, nutrition programming and food assistance. The objective was to assess the nutrition status of the Rohingya women and children-aged 6-59m living in camps. Assessment monitored the crisis evolving nutrition situation through comparison with the emergency Nutrition Assessment round 1 in October-Nov 2017. The findings indicate the prevalence of Global acute malnutrition among children aged 6-59 months using weight-for-height (WHZ) has decreased significantly in Makeshift Settlements, from 19.3% in Round 1 to 12.0% in Round 2, and remains below the WHO Emergency Threshold (15%) in Nayapara camp, from 14.3% in Round 1 to 13.6% in Round 2. Further, the mortality rates are below the WHO emergency threshold of 1/10,000 persons/day in both sites. Chronic malnutrition (stunting) among children aged 6-59 months has declined but remains at or near the WHO critical threshold (40%) in both sites. The overall prevalence of anaemia among children 6-59 months has decreased significantly to below thresholds indicating a severe public health problem. However, the survey shows that over half of all infants and young children aged 6-23 months are anaemic.

While the two-week prevalence of diarrhoea and acute respiratory infections among children 6-59 months of age have

decreased in both sites, the disease burden remains a concern given the crowded camp environment. Household level support with food assistance by ration card or e-voucher was found to be nearly universal in both sites. The proportion of children 6-59 months of age receiving fortified foods has quadrupled in the Makeshift Settlements (but still remains below 50%) and it tripled in Nayapara Registered Camp. Meanwhile, half of infants under 6 months are not receiving the protective benefits of exclusive breastfeeding in the Makeshift Settlements and the proportion of children 6-23 months achieving minimum acceptable diet remains low.

Despite the observed reductions in malnutrition and anaemia, the results indicate an ongoing health and nutrition emergency among Rohingya children in Cox's Bazar. Current programming to treat and prevent acute malnutrition, as well as efforts to increase dietary diversity through e-voucher programs providing nutritious foods, and support for optimal breastfeeding practices are far from adequate and call to intensify to save the stateless child population.



Biography:

Sultana Khanum, a pediatrician is working as consultant for Global Health Solution focusing on women and children in remote and fragile countries in South Asia and she also works as a Freelance International Public Health consultant worldwide, currently involve with Global Scaling up Nutrition (SUN) movement. Dr Khanum received her Doctoral degree or PhD on pediatric clinical nutrition: cost effective approach of management of severe malnutrition from London School of Hygiene and Tropical Medicine (LSHTM), and also obtained Master's degree on Community Health in Developing Countries from LSHTM, University of London. Dr Khanum has more than 4 decades of working experience in health and development worldwide as reflected in her carrier. She was Director for Health System Development in WHO SEAR Region and prior to that she worked at the Department of

Nutrition for Health and Development at the WHO HQ in Geneva as coordinator and as Advisor for Nutrition and Food Safety in South East Asia Region of World Health Organization (WHO). Dr Khanum also worked as Medical Director Save the Children UK, Bangladesh. She has authored several publications in various journals including Lancet, American Journal of Clinical Nutrition, European journal of clinical nutrition etc. her publications reflect her research interests in health and nutrition of children right from conception of their mothers

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[5th Global Pediatric Ophthalmology Congress](#) March 02-03, 2020 at Rome, Italy

Abstract Citation:

Sultana Khanum, Nutrition solution of displaced children: Bangladesh Rohingya case study, Pediatric Ophthalmology Congress 2020, 5th Global Pediatric Ophthalmology Congress March 02-03, 2020 at Rome, Italy (<https://pediatricophthalmologyophthalmologyconferences.com/abstract/2020/nutrition-solution-of-displaced-children-bangladesh-rohingya-case-study>)