

Health care at Rohingya Refugee Camp

A case study on RTM Initiative

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Disclaimer

The case study has been compiled after primary and secondary research on the organizations and published with their approval. The case has been compiled after field visits to the organization in July 2011. The author of the case or ACCESS Health International is not obliged or responsible for any changes that may have occurred in the organization thereafter. The case study has been developed with a specific focus to highlight some key practices/interventions of the organization and does not cover the organization in its entirety.

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Introduction

Despite the overpopulated state and resource constraints of Bangladesh, it hosts refugees from an ethnic, linguistic and religious minority in Myanmar's northern Rakhine State. Some 29,000 refugees reside in the two camps of Kutupalong and Nayapara in the southeastern district of Cox's Bazar. They represent the residual population of the 250,000 refugees who arrived in 1991, most of whom subsequently repatriated. In addition, the government has estimated that another 200,000 unregistered persons of concern from Myanmar live in Bangladesh without any legal status, mostly in the villages outside the camps.¹ UNHCR works closely with the Government of Bangladesh, especially with the Ministry for Food and Disaster Management. Support for the UN Joint Initiative to combat poverty in the refugee-hosting districts, and measures to encourage more national NGOs to work in these areas are of crucial importance to the Office's approach.

The overall health and hygienic situation in the camps is poor. The complexity of refugees' socio-economic condition and psychological behavior makes the health situation more vulnerable, especially to the women and young girls in the camp setting. UNHCR's regional strategy aims at stabilizing the communities in the countries where they currently reside, while addressing the root causes of their displacement. In Bangladesh, in addition to improving the conditions in the camps, UNHCR and its partners seek to ensure that basic services such as health care, education, and access to justice are provided to all people in the district, without discrimination. Research, Training and Management (RTM) International is one of the UNHCR local NGO partners. RTM has a long history of providing technical support in health care, capacity building, research and advocacy in the country. This organization, with its expertise in the field of health, is supporting UNHCR in addressing health issues of the refugees living in two registered camps since 2007. RTM places an emphasis on reproductive and maternal health and safe delivery. It has other interventions on capacity building of service providers, community people and traditional birth attendants. The mental health issues and psychosocial counseling is also taken care of by RTM for the refugees in both the camps. Additionally, considering all the social issues, RTM provides primary education to the children. It offers computer-training courses for youth to make them equipped for the outside world. RTM sets a unique example of public-private partnership at these refugee camps to overcome various challenges. RTM has dedicated staff who work in the challenging environments of Kutupalong and Nayapara Rohingya refugee camps. This case study intends to explore the RTM initiative and success in working with the Rohingya refugees who suffer from intricate social deprivation, absence of basic establishment and lack of national identity.

¹ <http://www.unhcr.org/pages/49e487546.html>

Executive Summary

UNHCR continues its protection and assistance program for refugees of Myanmar's northern Rakhine State, and small numbers of refugees and asylum-seekers in urban areas. Despite tangible improvements in recent years, the living conditions of the refugees still do not meet minimum international standards. UNHCR continues to assist in meeting basic needs in education, health, nutrition, sanitation, shelter and self-reliance, in anticipation of durable solutions. In collaboration with the government and other partners, UNHCR aims to improve the situation of the host population and the unregistered population from Myanmar, mainly through community-based support. Research Training and Management (RTM) International has joined hands with UNHCH to work towards community management, health care, education and capacity development of the refugees. A committed group of staff work in the camps supported by technical professionals from RTM headquarters at Dhaka.

There are around 29,000 registered Rohingya refugees living in the two official camps of Nayapara (Teknaf) and Kutupalong (Ukhia) of Cox's Bazar district. RTM realized that the vertical health care program would not be able to bring the tangible changes in social life of the refugee; e.g. Antenatal care without safe delivery services and family planning, or treatment of domestic violence without psychosocial counseling for the victims and for perpetrator. It has therefore designed a comprehensive program package involving community and other partner organizations working in those camps. RTM provides a wide range of services that includes door-to-door family planning services, counseling, reproductive health care, institutionalized safe delivery and maternal care, HIV/AIDS counseling, increasing awareness, primary education, and computer training. Further, it provides health education and capacity building activities for the providers and community people on health and hygiene. It has a peer approach to increase knowledge on HIV/AIDS and its prevention. Gender-based domestic violence is an untold chapter in the camps with deep-rooted power dynamics. RTM extends its interventions to address the sensitive issue of domestic violence through counseling and providing a link with appropriate centers. Moreover, it has a continuous follow-up system that ensures community participation and social improvement of refugees.

The strategic partnership with the government, donors and other organizations is an important component of RTM's success working with marginalized groups of people and sensitive issues in refugees camps situation.

This study team assisted by RTM International explored the challenges in refugee camps in providing health care and other services. The weeklong field visit was made to both the camps at the end of July 2011. Consultative meetings were carried out with different stakeholders including community members at the camps. In addition, the secondary data from RTM was analyzed for the case study.

Background

The Rohingya people are of Muslim descent and are native to the northern Arakan region of Burma (Myanmar), which borders Bangladesh. The name Rohingya originates from the name "Rohang" or "Rohan" given to the Arakan region during the ninth and tenth centuries. Another tribe, the Rakhine people, resides in the same area of Burma and is the ethnic majority, with a Hindu and Mongol background. (Human Rights Watch, 1996)

The Rohingyas have suffered a history of abuse, and since World War II have been fighting for recognition as a distinct ethnic group as well as an independent state. "By 1947, the Rohingyas had formed an army and had approached President Jinnah of the newly created Pakistan to ask him to incorporate northern Arakan into East Pakistan (Bangladesh)." (Human Rights Watch, 1996) Many observers speculate that it was this disloyal action by the Rohingyas that led to the group's present problems with the government because the state still views the Rohingyas as untrustworthy. (Smith, 1993)

In 1991 and 1992, the Rohingyas experienced widespread repression and abuse from security forces posted in northern Arakan. Once again, Rohingya refugees began migrating over the border to Bangladesh to escape human rights abuse. By March 1992, 260,000 Burmese Muslims were living in refugee camps in Cox's Bazaar. (Carey, 1997) The refugees claimed that many ethnic minorities in the Rakhine State had been subjected to extrajudicial executions, rape, religious persecution and torture by the military. In addition, the Rohingyas were forced to work unpaid, for security forces, building bridges, roads and barracks, digging fish and prawn ponds, and laboring as porters. (Amnesty International, 1997)

Demographic profile of Rohingyas at Refugee Camps

RTM works closely with the UNHCR and Government of Bangladesh to provide services to the target community. Following is the data table to who RTM is providing health care and social services. 40 percent are in the age group 18-59 and another 45 percent are young children below 12 years.

Demographic data of the camp population

Age Group	Male		Female		Total	
	In number	In percent	In number	In percent	In number	In percent
0-4	2,518	8.7	2,461	8.5	4,979	17.2

5-12	4,015	13.8	3,940	13.6	7,955	27.4
13-17	1,973	6.8	2,034	7	4,007	13.8
18-59	5,269	18.2	6,207	21.4	11,476	39.6
60 and >	302	1	297	1	599	2
Total:	14,077		14,939		29,016	100
Major locations:		Camps Kutupalong and Nayapara in Cox's Bazar District of Chittagong Division				

The disease pattern is found similar to that of Bangladesh's epidemiological disease pattern.



Common cold, fever, diarrhea, anemia, body pain, hypertension, asthma etc. are the commonly treated diseases at the camps. Sexually transmitted diseases and reproductive tract infections are not unusual. Antenatal and postnatal care, family planning services were traditionally low among the refugees. But, RTM has been working toward improving the situation and changing behaviors towards pregnancy care and family planning.

UNHCR supports the Government of Bangladesh in organizing outpatient clinics at both Kutupalong and Nayapara camps. Simultaneously, RTM has a partnership with the Ministry of Health and family Welfare (MOH&FW) to provide safe delivery and family planning services to the refugees. The following paragraphs discuss more on RTM interventions at refugee camps.

There is a strong referral linkage between the functioning of the camps at Cox's Bazar district and its facilities. For example if a referral is required, the service providers manage it with a proper protocol that is supported by camp management.

RTM for refugees

RTM International is a non-profit organization registered with the Government of Bangladesh. It provides high quality technical service and information support to the institutions/concerns working in the health, education and environment development sectors for the design, implementation and development of local capacity. RTM International is currently working as a sustainable entity with 'business' linkages and association with multiple donors, government and private sector institutions. RTM

International over the years has built an in-house human resource pool of 60 professionals with diversified background and experience in the development field.



RTM Interventions:

RTM has 9 different types of interventions that it manages. Each of them is described below.

- **Health Care:**

Main objectives and targets of health care at refugee camps are:

Improve or maintain the health of the population:

- a. Incidence of all types of communicable disease to be reduced.
- b. Maternal and child health morbidity and mortality to be reduced.
- c. Reproductive health and family planning services to be promoted.
- d. Health awareness and behavior changes to be enhanced.
- e. Nutritional status of women and children to be improved to meet international standards.

Before RTM's arrival at Kutupalong and Nayapara refugee camps the home delivery rate was more than 98 percent (according to UNHCR report) that resulted in a high neonatal and infant mortality rate. Reports showed it was as high as 22.70 per thousand live births. There was no available skilled delivery care. In the year 2007, RTM made an agreement with UNHCR to provide services on safe delivery. It has an integrated approach that involves:

- I. Improved awareness of the community on maternal and child health.
- II. Increase in capacity of community traditional birth attendants for skilled care.
- III. Converting the community traditional birth attendants as a frontline force for maternal and neonatal care.
- IV. Promotion of institutional delivery at RTM's delivery clinic.
- V. Making appropriate referrals to better faculties.
- VI. Enhance capacity of service providers.
- VII. Coordinate with other service providers

- **Capacity Building:**

- i. **Capacity Building of Community Traditional Birth Attendants (CTBA)** - RTM identified 25 TBAs within the refugee community from both the camps as frontline workers for maternal and neonatal care. Considering their educational capacity and background a tailor-made interactive training program was launched for them. Different models and pictorial tools were used in the training session to make the TBA understand the importance of infection prevention, the signs of danger in pregnant mothers and neonates. All the practical and hands-on training sessions equipped them as frontline workers. They are aware of infection prevention. The TBAs visit each shed of the camps door-to-door and

collect pregnancy information. They encourage women to go to the RTM clinic for delivery. TBAs are now able to conduct normal delivery with aseptic measures. They quickly contact the RTM medical officer if a referral is required. In addition, the TBAs distribute oral pills and condoms for family planning services. They can also disseminate health messages on Reproductive Tract Infection/ Sexually Transmitted Infection (RTI/STI), breast feeding and neonatal care. Widely, these TBAs promote safe motherhood that contributes to Millennium Development Goal (MDG) 4² and 5³.

- ii. **Capacity building of Youth and Adolescent Volunteers (YAV)** - Approximately, 40 percent of the camps' population comprise youth and adolescents. RTM rightly identified the knowledge gaps and lack of health information of this group. The capacity building initiative for youth and adolescents volunteer (YAV) has been designed to give interactive and entertaining health education on primary health care, hygiene, nutrition, HIV/AIDS, STI/RTI, prevention of domestic violence, safe drinking water and relevant health issues for the camps' inhabitants. 56 of such YAVs are being trained so far, who work with the community and provide information to them.
- iii. **Peer educator program for HIV/AIDS prevention**- The refugees in the camps were found to be vulnerable in terms of their sexual behavior and life-style. RTM identified 34 peers from different groups like religious leaders (imams), teachers and community leaders. The peer educators received training on HIV/AIDS prevention. They meet regularly to improve their awareness on HIV/AIDS among the group. Apart from this, two senior peers were trained to identify RTI/STI cases and referral to service facilities.

² MDG 4: Reduce by two thirds the mortality rate among children under five

³ MDG 5: Improve maternal health

- **Community network-** RTM has established a community network using its TBAs, YAVs, peer educators and other community health workers and field volunteers to deliver health messages and encourage the refugee community to receive health care from outpatient clinics provided by the government. The community network works to improve health behavior thereby promoting primary health care.
- **Safe delivery care service:** RTM established two safe delivery units at each of the camps to promote institutional delivery. Skilled medical personnel (doctor and nurse) provide services at these two centers. The delivery unit promotes safe motherhood, breast feeding and post natal family planning. It further extends services to reduce reproductive health ailments. The report showed a gradual increase in institutional delivery since its establishment. Additionally, there is provision of distributing mother and baby kits to prevent infection to the mother and newborn. The following table shows the composition of mother and baby kits:



Mother Kit	Baby kit
Thami (Traditional long skirts for ladies)	Towel 3 feet long
Blouse	Plastic sheet
Towel 3 feet long	Soap(baby)
Soap (toilet)	Linen tops and pants
Sanitary pad(Loop)	Small bowl
	Spoon

- **Family planning services-** RTM has a very strong professional linkage with Ministry of Health and Family Welfare (MOH&FW). It has partnered with the Directorate General of Family Planning (DGFP). From the DGFP RTM obtains FP commodities (oral pills, condoms

and Depo-Provera injections) and provides services to the eligible couples in Kutupalong and Nayapara refugee camps. MOH&FW acknowledges RTM's contributions towards the family planning services in the camps. This initiative is a good example of public-private partnership in health care. The following table shows the performance of reproductive health services managed by RTM:

RH services in refugee camps - comparative study on performance						
Indicators	Base year		Performance			Remarks
	2007	2008	2009	2010	2011(Jan - July)	
Maternal health:						
Total Number of deliveries in the camps		1319	1189	976	470	The number of pregnancy is decreasing and the delivery by skilled attendants in the facilities(delivery units and in district Hospital CXB) is increasing.
Number of deliveries by skilled birth attendants (facilities)		137	580	844	428	
Number of home deliveries	98.70%	1182	609	137	42	Assisted by TBAs
% of delivery by skilled birth attendants(facilities)	0.50%	10.39%	49%	86.48%	91.00%	
Number of cases referred to CXB				55	41	
% of referred cases				6.52%	9.58%	
Abortion:						
Total cases treated		131	83	55	17	Total number of abortions is decreasing
Safe		NA	38	43	17	
Unsafe		NA	45	12	0	The number of unsafe abortions is decreasing
% of unsafe abortion			54.00%	21.90%	0%	

Family planning (FP) services:



Total number of eligible couples	NA	Started registration	4326	4434	Eligible couples registration started in 2009
Number of couples receiving FP methods	NA	NA	3001	3124	Actual data is not available before 2010.
Contraceptive Acceptance Rate	28%	16%(MoH)	19%(MoH)	69.37% (RTM)	70.46%
Number of RTI/STI cases treated	69	1510	1201	482	STI cases are decreasing and
Number of partners treated	NA	444	454	279	partner treatment is increasing
% of partner treatment	NA	29.00%	61%	58.00%	

- **Nutritional services** - RTM also partners with the World Food Program (WFP) to provide nutritional support to 21 schools at Kutupalong and Nayapara Rohingya refugee camps, located in Ukhia and Teknaf upazilas respectively. A total of 9550 children from 21 schools and 2876 adolescent girls and boys are under this program. The objective of this program is to increase access to improve the nutritional status of undernourished refugee children,

education for refugee boys and girls, increase school attendance, enhance concentration in class and reduced dropout rates in schools. Children attending school receive 50 gm of fortified biscuits each per day.

- **Education services-** In order to sustain health knowledge the basic educational services should be integrated for the new generation. UNHCR, the government of Bangladesh and RTM jointly implemented the basic education program for the children, where UNICEF is directly supporting RTM in this intervention. The main focus of the education program is to establish center-based, quality, basic education for the refugee children, and awareness creation on the importance of early learning and caregivers' education for age-appropriate interactive care at homes. RTM's drive is to ensure quality education that includes interactive teaching learning methods and materials, child-friendly environment, improved learning assessment system and tools, professional development of teachers through training and supportive supervision & monitoring, community and parents' participation, accountability of teachers, gender sensitivity and completion of primary cycles etc. Regular health check-up for students is one of the most important components of the education program.

- **Community Technology Access (CTA):**

The overall objective of CTA is to empower refugees and other persons in vocational training, employability and self-reliance through access to technology. CTA would provide refugees IT training and awareness, an educational opportunity through distant learning, access to information through the internet and then provide them the means for them to communicate with the outside world. The CTA provides the refugees access to formal and non-formal education, teacher training, socio-economic empowerment and livelihood, income generation, vocational training and skills development, social and cultural networking.

RTM has established CTA at two refugee camps with support from UNHCR. It enrolls young refugees above the age of 14 years and with minimum class five grade of basic educations. Training is provided in two shifts with 30 students at a time. The refugees have found it useful to them. Enthusiasm was noticed during field visit to those centers among the trainee and trainers. Among the participants 50 percent of girls are learning computers from these centers. Participants are allowed to practice during their free time.

- **Service providers' training-** RTM has a regular program for service providers to update them on knowledge and skills. Many different training programs related with service delivery and health communication are conducted for this purpose.



CTA Class Room

Best Practices

This case study gives notable ideas for working in stressful and out of the ordinary circumstances with a group of people who has long history of deprivation and discrimination and living with lack of fulfillment basic human rights. Following areas are found as best practices by RTM international, which people can learn and can think through:

Public-private partnership- Health care at refugee camps is a good example of public-private partnership. The government in association with UNHCR is in-charge of the total management of the camp. This includes security, food distribution and medical care. However the medical care and primary education has been organized in partnership with a private non-profit organization. RTM international has successfully entered into partnership with the government and UNHCR and has been providing health care with special emphasis on reproductive health and maternal care.

Coordination- UNHCR works in coordination with the Government of Bangladesh. NGO partners like RTM have an efficient coordination with UNHCR at the camps' level for day-to-day works and at the management level at Dhaka. One camp coordinator for both the camps maintains a strong liaison with the local government and UNHCR team and report to RTM Dhaka office regularly. RTM Dhaka office always deals with the refugees' issues on a priority basis. UNHCR and the government is regularly being consulted by the senior management of RTM.

Monitoring and reporting system- The respective staff closely monitors every field intervention. There is a good reporting system to report back for quick feedback and improvement. Success of the Family Planning program at the camps is an example of effective monitoring and reporting system that has resulted in a higher acceptance of contraceptives by the camps' dwellers. MOH&FW awarded RTM for its contribution to the family planning program.

In conclusion it can be said that Bangladesh has been managing the refugee situation with its limited capacity and resource constraints in association with UNHCR and other development partners. Private not-for-profit organizations like RTM International have been contributing to health and education of the refugees with full passion. RTM thus entered in to humanitarian service delivery and it would bring the international reorganization for the organization.
