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Rohingya Infants' Health Issue

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Abstract— *1.1 million Rohingya people, who have been subject to ethnic cleansing, systematic discrimination, and genocide for decades in the Rakhine state of Myanmar, are currently residing in Bangladesh. 55% of Rohingya people are made up of children and there is no question about the magnitude of these children's healthcare problems. The host country Bangladesh is burdened with around 1.21 billion US dollars every year for maintaining the expenses of the Rohingya refugees which is huge for a developing country. As of the UNICEF report, the number of newborn Rohingya infants is more than 60 per day in the refugee camps of Bangladesh. Due to lack of adequate nutrition, vaccination of the infectious diseases, overcrowding, inadequate sanitary system, and lack of access to pure drinking water the infectious diseases are highly prevalent among these refugee children. These Rohingya children witnessed one of the world's biggest diphtheria outbreaks. ARI and Diarrhea among children are alarmingly spreading that made the treatment of the diseases daunting. In this context, the paper focused on the possible reasons for the infectious diseases outbreak in the refugee camps and analyzed the role of the host government and NGOs in limiting their spread. This paper also focused on finding the possible initiates the host government and NGOs concerned can take to limit the death of Rohingya children in the camps. Secondary data has been used to conduct the research.*

Keywords—***Rohingya Children, Health, Infectious, Diseases.***

I. INTRODUCTION

Myanmar, formerly known as Burma, is a South-East Asian country that is surrounded by Bangladesh and India on the West, China to the Northeast, Laos to the East, and Thailand to the Southeast (Nemoto, 2005). Culturally and religiously, it is a diverse country consisting of 135 officially documented and some other unofficial ethnic groups like the Rohingyas. Bamar, the ethnic majority that constitutes seven regions or divisions of whole Myanmar (Hadden, 2008) and has seven other states that are named after the ethnic minorities such as Chin, Karen, Mon, Rakhine, Kachin, Kayah, and Shan (Blomquist, 2016).

Being one of the poorest states in Myanmar; approximately 78% of the population lives under the poverty line in Rakhine state (Lee & Ware, 2016). Amnesty International and other inspective agencies reported about the mass killing of Rohingyas, rape, arson and compared these with ethnic cleansing, genocide,and crimes against humanity which resulted in the vast refugee incursion in Bangladesh (Hassan, 2019). Teknaf and Ukhiya are the leading shelters of these refugees which incorporate 29% and 76% of the overall local population (Acaps.org, 2018). The health condition of these poverty-stricken refugees is very much vulnerable as they had very limited access to health care facilities in public hospitals and government clinics of Myanmar (Mahmood et al, 2017).

Because of the indiscriminate raping of Rohingya women by the Myanmar military, in 2018 alone they gave birth to

48,000 babies coming to Bangladesh which is almost 60 newborns per day (Rahman, 2018). Within the last two years, the number of born babies has crossed 91000 (Islam & Nuzhath, 2018). The newborn babies are facing malnutrition and other health care problems due to the lack of awareness among the new mothers.Almost 75% of the babies are born in unsafe bamboo shelters where the Rohingyas usually live (Prodip, 2017). Births in houses in such conditions put the lives of the baby and mother at risk. 'Save the Children' has estimated that hundreds of babies and their mothers can die due to these preventable causes if the mothers do not get proper treatment during their childbirth. United Nations Population Fund (UNFP) and the Centre for Disease Control (CDC) jointly published new data using the assessment of Save the Children from the refugee camp. According to the data, among 100000 live births, 179 children die from preventable causes of childbirth (Islam & Nuzhath, 2018).

Rohingya refugees are dependent on humanitarian assistance from the host country's government and the international community. But the organizations working at the root level with the Rohingyas are not always driven by the humanitarian assistance the refugee needed. Some organizations have different political, economic, or other agendas to achieve. Earlier this year (2020) the government of Bangladesh has expelled two NGOs for secretly assisting in a Rohingya rally and instigating the Rohingyas not to return to Myanmar (Aziz, 2019).In total 139 Non-Governmental Organizations (NGOs) are providing their services in the refugee camps of Bangladesh. Bangladesh'sgovernment recently has withdrawn 41 NGOs due to their involvement in malpractices (Lewis, 2019). Moreover, due to several reasons, the assistance is less in a huge margin than the Rohingyas need for their survival in the host country. Setting up priorities among health care have hindered the implementation of health activities especially among infants (The Daily Star, 2019).

The NGOs who are working for the betterment of the Rohingya refugees and their health issues are funded by the world community. The United States and European Union have announced additional funding of $60 million and €24 million ($27 million) respectively as humanitarian assistance for the Rohingya refugees (Martin et al., 2018). "This funding will help address the emergency needs of more than 900,000 refugees in Bangladesh, most of whom are Rohingya women and children from Burma, and the related needs of Bangladeshi host communities," said a statement issued by the US State Department (USAID, 2019).

Approximately 65 international and national health sectors are working as partners in Cox's Bazar (Rahman, 2018). Bangladesh's Ministry of Health and Family Welfare is working in collaboration with the WHO, UNICEF, and other health partners and already has implemented rounds of vaccination campaigns twice. It has given the impression that some of the next generations of Rohingya may be protected from the diseases (Jalloh et al., 2019).

1.1 Background of the Study

Rohingya people residing in the Rakhine state did not get any official recognition from the Myanmar government, though they are residing in the Arakan state sincethe 7th century. The Rohingya people faced several restrictions from the government such as the denial of their existence, forced labor, forced eviction even restrictions in their movement.

The government used military forces and Buddhist extremists to harass the Rohingya people, although the elected government in the 2015 election promised to improvise the human rights condition in their state (Ganguly & Miliate, 2015).Approximately 693000 people from Myanmar have fled to Bangladesh due to the military crackdown on them in August 2017. 585000 people reside in the Kutupalong extension site, 237000 are in other camps and 79000 are living with the host communities (Rohingya Refugee BD, 2009). 2017 is not the first time that Bangladesh gave shelter to the Rohingya people. The first military crackdown was in 1978 through Operation Nagamin or Operation Dragon King. Being concerned about the health issues of people of various ages Bangladeshi government has adopted several health issues, especially for children and women. The newborn babies are vaccinated against Polio, BCG, DPT, and Measles. The children also receive Vitamins A and B, as well as health education access and awareness in the camps.Several NGOs also have come forward for assistance. But even their joint programs aren't enough.

1.2 Problem Statement

In recently published records UNHCR claimed that more than 91000 children were born in the Rohingya camps in Bangladesh after their displacement in 2017. These babies are not only the result of women being raped in Myanmar; statistics have shown that after being displaced marriage rates have increased in the camps. Rohingya people are very religious, according to the "A child is a gift from Allah". That's why they avoid abortions and women have denied using contraceptive pills, although using protection is not allowed in Islam. The increasing number of newborn babies is not ignorable (Hasan, 2019).

Both government and the NGOs are trying to mitigate the problems. But due to lack of keenness and co-operation

decreasing the death rate is becoming impossible. The government doesn't allow the NGOs to work independently in the camps besides political influences also cannot be denied. The NGOs are mainly focusing on their economic benefits as a result, decreasing the death rates and the number of affected children by the diseases are going beyond control. Most of these diseases are water-borne and infectious and might spread easily through the water, which will affect the local people too.

1.3 Research Question

The paper will be focusing on the central question:

I. What measures can be taken to limit the diseases of newborns and infants?

Sub questions:

I. What role NGOs and Government are playing to prevent the diseases which are affecting the Rohingya infants?
II. NGOs and the Government of Bangladesh; are they co-operating with each other?

1.4 Research Purpose

The refugee crisis is a big concern for the international community. In the case of Rohingya, the total concept is different. Myanmar is not recognizing these people as their people. Rohingya people are in Arakan since around the 7th century. So, there is no question that they are people of their territory. The main reason for doing this study is to create consciousness in the government of Bangladesh because Rohingya people need help from the government. There are thousands of children who are born every day and they do not get proper health care. Due to the lack of treatment, the newborn babies' mother faces an unavoidable problem. The government must focus on this issue and take some initiative to solve this problem as soon as possible. From the humanitarian perspective,the Bangladesh government should take some immediate action to solve this problem. All the international community hasunited,and they are trying their best to help these Rohingya people.The main purpose of doing this study is to find out the problems and document the improvement of health issues of the Rohingya newborn babies.

1.5 Significance of the Research

The Rohingya humanitarian and refugee crises have gained international attention, it is an issue of greater relevance for the South Asia region. One reason for this is the fact that both most highly involved countries regarding the issue, Myanmar, and Bangladesh, both belong to the region. While Myanmar has been convicted as a criminal state, Bangladesh is the country that is sheltering the largest number of displaced Rohingya persons. Hence, the importance of this study lies in the attempts to shed light on the improvements of Rohingya infants' health issues. And it is important to bring limelight on health issues to value the life of every human being.

II. RESEARCH METHODOLOGY

This paper is based on the Rohingya refugee crisis and the health issue of Rohingya infants in Bangladesh perspective. The first step was to make drafts of research problems and what issues need to be more focused on this specific topic. This explicit research is focused on an arena of Rohingya infants' health issues. Based on existing literature this is a limited study that does not violet any sort of rules.

This bounding of the study is consistent with the descriptive qualitative case study design. So, this paper has made of qualitative data which deals with some descriptions that we have collected from some secondary materials like existing research papers, articles, videos, journals, documents to find out the exact problems regarding the crisis and its effects on the overall health of Rohingya community. This system has been chosen because models and variables were not available so much. There are fewer numbers of books written on this topic because it's a new burning issue in global politics.

Therefore, it was not easy to find out the impacts that are based on literature and interviews as not being present in the refugee camps. This study incorporates the paradigm and assumptions of an emerging design, a context that is also dependent on information, and an inductive data analysis.

This paper would help the researchers to analyze and clarify the proper study about the Rohingya refugee's health issues in the future. This research paper specially focused on the stateless Rohingya people of the Rakhine state and the impacts on the health of Rohingya infants because of their huge arrival in Bangladesh. Bangladesh as a huge, populated country, shall be facing a great problem because of the Rohingya refugees in the future (Idris, 2017). This research is set by the multiple methods of data collection including documents, policy, and historical analysis.

2.1 Limitations of Study

The study on the Rohingya community requires ethnographic research but the study has been limited in the time constraint it has posed. Significant more time, along with some budget to fill up the financial lacking would have assisted the research. Information from more scholars, academicians, and professionals, nationally and internationally, was not accessible due to time and

financial constraints. Apart from this, the researchers were also constraint within their academic studies, due to which significant research opportunities had to be sacrificed.

Other than time and financial constraints, the limitation posed by the lack of scholarly articles on this subject also means that there were very less works to take reference on. Also, most of whatever work cited are those written by international writers, leaving a substantial gap and real-time understanding as the regional issue of the Rohingya crisis has few prominent information sources which can give complete insight on the issue. However, no unethical means like plagiarism, falsification, and exaggeration have resorted while researchingto achieve the findings aligned with the hypothesis.

2.2 Literature Review

Md. Rezwanur Rahman, a professor of Biochemistry at Delta Medical College, in his article 'Rohingya Crisis-Health Issues' opined that the rate of acute malnutrition among the Rohingya infants is severe. He wrote that a recent nutrition survey on Rohingya refugee camps led by Action Contre la Faim (ACF) found a shocking rate of 7.5% malnutrition among the infants of the camps that is almost four times higher compared to the international level of emergency. That indicates that the refugees are having a serious health crisis. The author stated that the ongoing challenges are the overburdened government healthcare facilities in different healthcare centers, sexual and reproductive health, and mental and psychosocial health. He also added that to combat the situation around 65 national and international organizations are working in different Rohingya refugee camps (Rahman, 2018).

Mahbub Alam Prodip, in his article 'Health and Educational Status of Rohingya Refugee Children in Bangladesh', stated that though health programs like expanding immunization, Vitamin A, Vitamin B supplements giving is running, the health conditions of Rohingya refugee children are being worse. The health of Rohingya refugee children is affected by unsatisfactory conditions like open sewers and unsatisfactory sanitation management (UNHCR, 1999). In the camps uncovered sewers often summons harmful insects like Malaria carrying mosquitos. Children of the camps are often seen playing alongside the open sewers and they often use the sewer to urinate (Prodip, 2017).

Innovations for Poverty Action (IPA) prepared a report on 'the Rohingya Refugees and Host Community's present level of Knowledge, Attitudes, Practices, and Behaviours (KAPB)' in Cox's Bazar in October 2018. The report had an assessment on children nutrition that was conducted during November of 2017 on Rohingya Children in Bangladesh shows that the acute malnutrition rate among the children who are below the age of five is 7.5% (Demographic and Health Survey, 2014, p.9). The result is two times higher compared to the rate of May 2017. The report also found that around one-third of the Rohingya population in the camp do not know how many times a child should be vaccinated when the number is only 11% among Bangladeshi people (Innovations for Poverty Action, 2018, p.33)

A report by icddr,b on Demographic Profiling and Needs Assumption of Maternal and Child Health (MCH) Care for the Rohingya refugee people in Cox's Bazar, Bangladesh showed that during their data collection in July 2018 2,937 refugee children were ill. 69.5% of them were suffering from cough, 41.1% had a fever, 12.4% had difficulty in breathing and the other 9.8% had a passage of loose stools (icddr,b, 2018, p. 25). Other forms of child diseases were yellow color of skin (2.4%), skin infections (4.6%), vomiting (5.7%), skin rash (2.6%), constipation (5.0), convulsions (1.8%), swollen eyes (4.2%), and poor feeding (6.0%) (icddr,b, 2018, p. 25).

Emily Y. Chan, Cheuk Pong Chiua, and Gloria K.W. Chan in their writing 'Medical and health risks associated with communicable diseases of Rohingya refugees in Bangladesh 2017' said that on the emergency and crisis management settings, sanitation system and water, food safety and nutrition, non-food materials and shelter, proper healthcare, and access to information are the 5 important domains to secure the health issue and the survival of the people affected that Rohingya refugee people are lacking in a large scale (Chan, 2017).

Mohammad Mainul Islam and Tasmiah Nuzhath in their writing 'Health risks of Rohingya refugee population in Bangladesh: a call for global attention' stated that among 72000 Rohingya children 250000 are below 8 years, and they require lifesaving activities like vaccination campaign when 240000 are below the age of 5 who need the prevention of malnutrition and need supplementary nutritious foods (Islam and Nuzhath, 2018).

Save the Children has improved the access to necessary primary healthcare facilities by dynamic or static medical care provided to the Rohingya children. They are taking some initiatives to establish health care facilities. They are providing initial health care for Rohingya children and taking care of their family health issues. Their main activity is to provide reproductive health services. They are supporting Rohingya people mentally and psychosocially. As well as theyare giving training to their workers to support Rohingya children's health.

Action Against Hunger has 900 employees to give healthcare and other support to Rohingya vulnerable people (Action Against Hunger, 2018). Nearly 1300

people are community volunteers of the organization, and they are working very hard to support these Rohingya people (Action Against Hunger, 2018). They are supporting in many ways like nutrition, clean water, proper sanitation, mental health care, hygiene, and food security. They are serving 11000 meals daily in Rohingya camps. Their team is mainly volunteering for Rohingya, their community is also running a kitchen, they have 18 mobile health care centersand five static health care centers. Almost 18500 infantswere suffering from malnutrition and their medical team treated those infants. Around 19000 pregnant women, they get benefitted from their medical services (Action Against Hunger, 2018).

A health survey in Kutupalong and Balukhali Refugee settlements in December 2017 reported that the bathhouse and sanitation built without considering gender led women and refugee girl children in a health crisis. When this low standard sanitation system affects both male and female children, it creates more difficulties for the female. Girls often feel unsafe and uncomfortable using the latrine built in the camps (Ullah, 2017).

Michael F. Martin, Rhoda Margesson, and Bruce Vaughn in their study 'The Rohingya Crises in Bangladesh and Burma' stated that the food ration that is given by the government of Bangladesh lacks proper nutrition, and additionally, the children can have only one meal a day. They argued that more than 600000 Rohingyas who fled Myanmar to Bangladesh within less than 10 weeks need international assistance in every case including health issues. (Martin, Margesson & Vaughn, 2018).

A recent report by United Nations Population Fund (UNFPA) named 'Sexual and reproductive health needs immense among Rohingya refugees' stated that though the capacity of Bangladesh for safer pregnancy is increasing day by day, it is difficult for the host to respond to humanitarian needs for over 1.1 million refugees. Many Rohingya parents intended to marry their daughter to the local people so that they can get social, economic, and political benefits. So, they try to marry their daughter off as early as possible, and thus the rate of early marriage and eventually the rise of complexity in pregnancy is increasing among them (UNFPA, 2018).

Sigma Ainul and Iqbal Ehsan in their study 'Marriage and Sexual and Reproductive Health of Rohingya Adolescents and Youth in Bangladesh: A Qualitative Study' reported that Rohingya girl children have more serious health issues than boys that are the result of early marriage which impacts the girls in three areas. Early marriage has an impact both on the mother and child, the problems of social integration are another one and the risk of being abused within marriage is the third one. Early pregnancy and low weight are the other factors that create more serious health issues for the girl children (Ainul and Ehsan, 2018).

United Nations Development Programme (UNDP) in a report "Impacts of the Rohingya Refugees Influx on Host Communities" said that since the influx of Rohingya refugees began, consultations of patients and admission increased by 25% in the Ukhiya health complex (UNDP, 2018, p.108). The bed occupancy has also been risen by 40% (UNDP, 2018, p.108). They also said that the lack of proper sanitation, lack of proper nutrition, and more cowed cabins are the reasons forthe increased possibility of disease outbreaks.

III. THEORETICAL FRAMEWORK

Along with the increasing number of Rohingya refugees, there isa high rate of infant death rate. 75 percent of babies are born in unhealthy and unsanitary bamboo shelters. The Rohingya children's high rate of infectious diseases and their high mortality rate can be described through "The three delay models". Women's decision-making power, social status, opportunities highly influence this model (Thaddeus et al,1994).

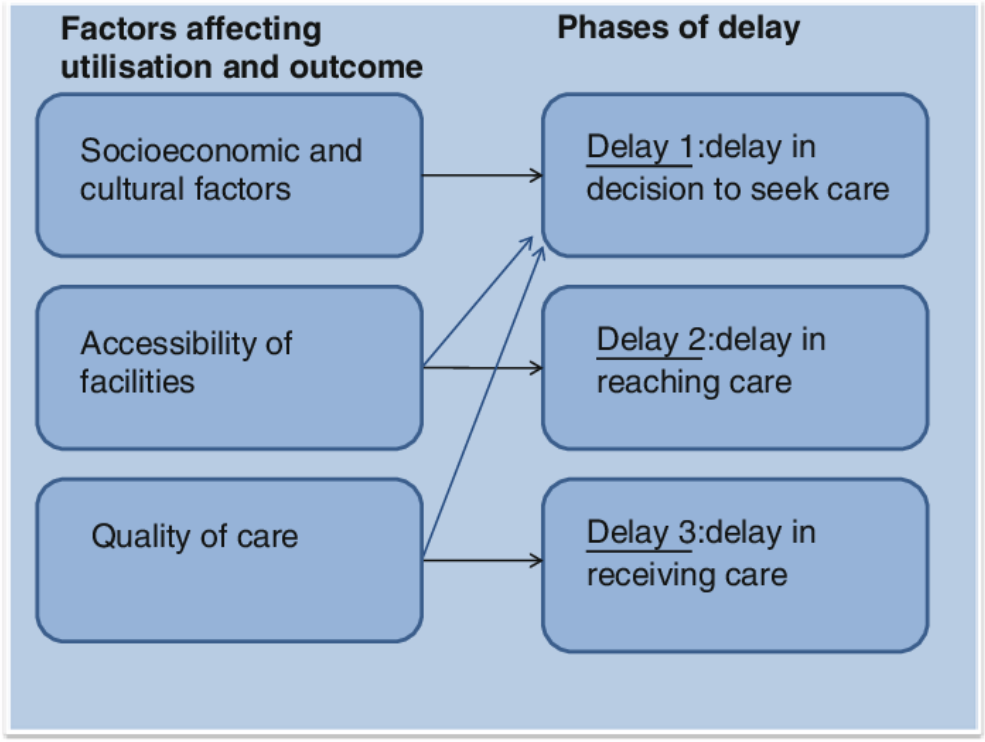

Fig 1: three delay model (source: Bhopal et al., 2012)

Fear contributes to the first delay. Rohingya pregnant women are willing to seek clinical help, but their previous experiences of brutality have become the reason for their fear. Myanmar authorities encouraged them to use birth control to combat the growing number of Muslims. Women were even forced to breastfeed their children in front of the soldiers to prove their relationship with the children. Abortion is restricted unless the mother suffers from life-threatening danger. Due to fear some women have inserted a stick in their uterus (Perria.S, 2015)

Women are afraid that the authorities will kill their male children. Social norms restrict women from coming outside of their huts. "Purdah" and the curtain is very significant for Rohingya women. Girls and women are restricted to talk with another male. (Women and Girls in Bangladesh, 2004).

The second delay is caused due to obstacles in reaching healthcare centers during an emergency. Due to the crowded settlements, it gets difficult to navigate. Ambulances and other general vehicles can't penetrate the whole area. Women in labor pain often must walk crossing hilly areas and muddy roads (Rogers. Kelli, 2018).

The third delay includes receiving appropriate care in the facilities. According to the reports of MSF, there are only 100 trained midwives and the number of women delivering children per day is more than 1000 (Unfpa.org, 2009).

IV. FINDINGS

With the combined efforts by the NGOs, health services are limited because of the lack of space for setting up permanent health facilities. Due to the collaboration with the other management sectors; the number of health facilities has increased in the refugee settlements by March 2018. The infant death rate has reduced but still, the number is unavoidable. The problem is not only the infant death issue; their health condition after birth and the high possibility to be affected by several diseases is also a matter of concern.

4.1 Cholera vaccination coverage

68.3% of people said that they received OCV. Most of the people responded by saying that they received less vaccine in the KMS Extension than BMS, BMS Ext, and KMS.

4.2 Measles Overall

The measles vaccine was provided to children under 5 years 23.2%. 4.1% under 5 years confirmed that they have a vaccination card; the vaccination was confirmed verbally by 19.1%.

4.3 Polio

49.9% of children under 5 years received the polio vaccine. 9.7% confirmed that they have their vaccination card and 40.2% confirmed verbally. Babies in the BMS

and KMS received more vaccines than the babies living in the BMS Ext or KMS extension.This was more important for babies living in the BMS rather than other areas. The recently arrived population was statistically significantly less likely to have been vaccinated for Polio than those living in the settlements before the influx.

4.4 Watery Diarrhoea

Diarrhoea is a common disease in the Rohingya camps. Total 109730 acute watery Diarrhoea cases took place in 2018 reported by EWARS. And that is only the number of affected children. The response plan was finalized for acute watery Diarrhoea. Implementation is planned by joint co-operation by Health and WASH. DTC continued to provide logistic and technical support. OCV campaign was completed successfully on May 13,2018. 901810 people were vaccinated (Relief Web, 2018).

4.5 Acute Jaundice Syndrome

2253 child cases have been reported by the EWARS due to acute jaundice in 2018. An exhaustive laboratory sampling campaign took place between 28 February - 26 March 2018. The main agenda was to find out whether HepatitisA has outspread or not. All samples were tested for IgM against HAV, HCV, HEV, and HBsAg (all using ELISA) and for IgM against Leptospira using a rapid immunochromatographic test. Among 269 samples 147 or 56% were HepatitisA positive, 1 or 0.4% were Hepatitis E positive, 35 or 13% were Hepatitis B positive, 14 or 9% were Hepatitis C positive and 13 or 5% were Leptospirosis positive (Relief Web, 2018).

V. DISCUSSION

Action Against Hunger (AAH) estimated that children make up around 55% of total Refugees from Myanmar (Action Against Hunger, 2018, p.20). Their health condition is not good. Rohingya children are suffering from infectious diseases because there is a lack of vaccines, proper sanitation, malnutrition, and one of the major problems is safe drinking water. 237500 children from 6 months to 15 years need the Rubella vaccine. In 2017, November diphtheria outbreaks in Rohingya camps, and it is continued in mid-2018, and it is called as largest outbreak in the world.

NGOs, national and international organization are tried their best to improve these situations but the poor health infrastructure is not enough to improve Rohingya children's health condition. From 2017 to 2018 statistics estimate that in the Rohingya community malnutrition is dropped to 12 percent from 19 percent, immunization coverage is also raised from 3 percent to 89 percent, and women delivering health facilities has increased 22 percent to 40 percent (OCAHA, 2019). Mental health problem is one of the major concerning health issues for Rohingya children (OCAHA, 2019). Almost 52 percent of Rohingya children are suffering from emotional disorders. Girls are facing several problems like child marriage and facing violence, they don't get any proper rights.The future of Rohingya children is unpredictable. They are living in dangerous situations like psychological and social distress.

5.1 NGO's working on Rohingya infants'healthcare and their limitations

5.1.1 United Nations Children's Fund (UNICEF)

From 2017 to this date, UNICEF vaccinated over 1 million people against cholera. UNICEF has been supporting a network of Diarrhoea Treatment Centres to provide critical treatment for those suffering from acute watery diarrhoea, which can be deadly if left unchecked. Oral Cholera Vaccine (OCV) vaccination condition was assessed for a comparatively new mass vaccination campaign for respondents having one year of age or over, and measles, meningitis (Men ACWY), polio, PCV, DPT-Hib-HepB (Pentavalent), and vaccination condition was measured since birth in children aged between 6-59 months.UNICEF has given pentavalent 3 vaccinesto 104,900 children of the age 0 to 11 months (UNICEF, 2019). They also treated 4,350 sick newborn Rohingya infants (UNICEF, 2019). UNICEF has treated 15,600 children of the age of 6 to 59 months (UNICEF, 2019). They also gave Vitamin A capsules to 1,98,400 Rohingya children (UNICEF, 2019).

5.1.2 Save The Children

Save the Children has improved the access to necessary primary healthcare facilities by dynamic or static medical care provided to the Rohingya children. They are taking some initiatives to establish health care facilities for children. They are providing initial health care for Rohingya children and taking care of their family health issues. Their main activity is to provide reproductive health services. They are supporting Rohingya people mentally and psychosocially.

Save the children is giving training to their workers to support Rohingya children's health. They are also taking care of the wash program; nutrition and trying to support the Refugee children psychosocially. They are identifying the major reason forDiarrhoea and cholera outbreaks and trying to prevent thosediseases.

5.1.3 World Health Organization (WHO)

World Health Organization (WHO) published a Public Health Situation Analysis on 7th May 2018 that shows that the Measles outbreak was initially reported in 2016 and it was continued in 2017 inside Cox's Bazar District (WHO,

2018, p.8). The analysis shows that from 31st December 2017 to 22nd April 2018 number of Measles cases were reported around1231 by EWARS (WHO, 2018, p.8-9). Almost 81% of the Measles cases were under years old (WHO, 2018, p.9).

WHO suggested that top priorities should be given to vaccinating against Measlesfor all the children who newly arrived in camps (WHO, 2018, p.9). WHO also mentioned that the Ministry of Health (MoH), in collaboration with WHO initiated a two-round vaccination campaign including measles-rubella vaccination? The campaign was initiated among children aged between 6 months to 15 years that shows that collaboration among NGOs and the Bangladesh government exists.

5.1.4 Action Against Hunger

Action Against Hunger has 900 employees to give healthcare and other support to Rohingya vulnerable people (Action Against Hunger, 2018). Nearly 1300 people are community volunteers of the organization, and they are working very hard to support these Rohingya people (Action Against Hunger, 2018).

They are supporting in many ways like nutrition, clean water, proper sanitation, mental health care,hygiene, and food security. Daily they are serving 11000 meals in Rohingya camps. Their team is mainly volunteering for Rohingya, their community is also running a kitchen, they have18 mobile health care centers and five static health care centers. Almost 18500 infants are mainly suffering from malnutrition and their medical team treated those infants. Around 19000 pregnant women, they get benefitted from their medical services (Action Against Hunger, 2018).

They are providing some important advice to take care of their health and children's health. They estimated that around 350000 Rohingya people received mental supports and they are also treated for their stress. They are also trying to overcome their traumas. They provided 38200 emergency shelters, hygiene soap, toothbrushes, and many hygiene products. They provided 230 clean water points and thousands of latrines (Action Against Hunger, 2018). But for the continuously growing refugee population including children, it is being difficult for AAH to increase the number of their beneficiaries, and thus the overall situation is getting worse.

5.1.5 International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)

icddr, b on a report "Demographic Profiling and Needs Assumption of Maternal and Child Health (MCH) Care for the Rohingya Refugee People in Cox's Bazar, Bangladesh" showed that during their data collection in July 2018 2,937 refugee children were ill. 69.5% of them were suffering from cough, 41.1% had a fever, 12.4% had difficulty in breathing and the other 9.8% had a passage of loose stools (icddr, b, 2018, p. 25). Other forms of childhood diseases were the yellow color of skin (2.4%), skin infections (4.6%), vomiting (5.7%), skin rash (2.6%), constipation (5.0), convulsions (1.8%), swollen eyes (4.2%), and poor feeding (6.0%) (icddr,b, 2018, p. 25).

icddr,b officials described that the Rohingyas came with noting and they need every basic necessitates in Bangladesh. It has been tough for icddr,b, and other NGOs to accommodate enough trained doctors, nurses, and medicines for the Rohingya Children's healthcare.

VI. RECOMMENDATION

From the findings of the paper the following recommendations can be assessed:

Recommendation 1: Supplementary feeding programs in collaboration with the host government and NGOs should be introduced for children suffering from acute malnutrition. This may require adequate space and nutrition programming actors should pressurize the government to give them access to adequate lands.

Recommendation 2: Bangladesh government should allow more organizations related to healthcare services as the additional staff is needed to support the growing Refugee children by strong healthcare reporting and record keeping.

Recommendation 3: NGOs and host governments should support high nutritious complementary feeding practices for the children that include iron-rich foods by GMP program of nutrition counseling.

Recommendation 4: Historically, a cholera outbreak is a common scenario in a humanitarian crisis. Bangladesh government with the help of NGOs should take preemptive actions so that cholera cannot outbreak inside and outside the camps.

Recommendation 5: Bangladesh is burdened with around 1.21 billion US dollars every year which is huge for a developing country and the cost will go higher with the growth of refugees. The host country should call for more global attention to the problem.

VII. CONCLUSION

Rohingya crisis is one of the biggest concerning issues for Bangladesh. Almost 1.1 million Rohingya people in the Rakhine state have faced genocide, ethnic cleansing, and lots of systematic discrimination. In this situation, it is important to increase health services and must take care of newborn baby's health services. Health and hygiene

promotion is important to mothers and their children. Lacks of health services, scarcity of food, insufficient shelter are the major challenges for Rohingya children. Health improvement is a must before the situation gets worse. The Rohingya refugees refused to return Rakhine state as they fear that without their citizenship, their security in Myanmar would be vulnerable.

The common diseases among Rohingya children are ARI, Unexplained fever, and AWD. NGOs like UNICEF, WHO, icddr,b are working in collaboration with the host government to provide healthcare facilities to the Rohingya children. The Rohingya children's future will remain in danger if they stay long in Bangladesh, and it will endanger the host country's healthcare mechanism too.

CONFLICT OF INTEREST

The authors have no conflicts of interest associated with this publication.

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