

Imaret Medical Relief at Cox's Bazar: Filling the Gaps During Humanitarian Crisis

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ABSTRACT

INTRODUCTION: Since August 2017, more than 900,000 Rohingya refugees have fled Rakhine, Myanmar to seek refuge in Cox's Bazar, Bangladesh. This is the biggest refugee crisis after the world war. IMAM Response and Relief team (IMARET) responded by activating the #IMARET4Rohingya relief effort to provide medical relief to the refugees in Cox's Bazaar. Teams of volunteer doctors were deployed every two weeks to the camps since 21st October 2017. In collaboration with a local medical Non-Governmental Organisation (NGO) and the Malaysian Field Hospital (MFH), relief efforts started with mobile clinics operating at different identified areas in the camp. Subsequently, IMARET assisted in operating a designated primary healthcare clinic in the camp. It is equipped with outpatient services, treating acute and chronic diseases and maternal and child health services. IMARET Mental Health and Psychosocial Support (MHPSS) teams were also deployed to conduct psychosocial interventions for the refugees living in the congested camps. Apart from that, IMARET volunteer doctors also contributed their services at the Malaysia Field Hospital (MFH). In terms of public health, IMARET together with the MFH has installed five field water treatment systems at different locations in the camps. Each water treatment system can produce up to 12,500L per day of safe drinking water for the refugees. To date, IMARET has deployed 37 teams, comprising of 120 doctors and treated 80, 876 patients.

KEYWORDS: refugees, relief, medical, humanitarian

Going About the Everyday: Functional Limitations in The Malaysian Elderly

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ABSTRACT

INTRODUCTION: Measuring the ability in performing activity daily living (ADL) and instrument activity daily living (IADL) will reflect the status of functional limitation in the elderly. Despite aging, social support and disability may cause limitation of function among the elderly. Therefore, this study was aimed to determine the prevalence of functional limitation among elderly. **METHODS:** A cross sectional study with face-to-face interview was conducted nationally. **RESULT:** Overall prevalence of having limitation in ADL and IADL was 17.0% and 42.9% respectively. Higher prevalence of having limitation in ADL were found among female elderly (21.2%), single elderly (25.5%), no formal education (29.5%), unemployed (20.7%) and low to fair social support (29.8%). Respondents from rural area (54.3%), female elderly(49.4%), single elderly (58.8%), no formal education (69.4%), unemployed (48.1%), household income less than RM1000 (53.2%), having visual impairment (84.0%), having hearing impairment (72.5%) and low to fair social support (58.9%) were reported to have dependency in IADL. **DISCUSSION:** Support from family and community is vital in managing functional limitation in order to provide better life for the elderly. Research and development on early detection and rehabilitation of functional limitation should be one of the priorities in the elderly health management.

KEYWORDS: Activity daily living, Elderly, Functional limitation, Instrumental Activity Daily Living