[CAMPAIGN DOCUMENT FOR FUNDRAISING THROUGH GLOBALGIVING]

The Project Proposal

*For* Running a Diabetes Care Center for the Rohingya Refugees in Bangladesh

Implemented by the Diabetic Association of Bangladesh

1.0 BACKGROUND

The Rohingya problem is not a new thing. Its root lies in the planned ethnic cleansing of this group of people by the Government of Myanmar (GoM) although they have been living in this land for centuries. If we go through the history we will see that GoM started its violent repression against Rohingya Muslims in the early seventies of the last century. They first started to come in Bangladesh in 1978 when they have been subjected to violent repression at the hands of government forces, Buddhist extremists, and majority Rakhine ethnic group. In 1982, then military ruler of Myanmar stripped the Rohingyas of their citizenship and made them stateless. Since then, they have been subjected to violent repression by the government forces and its cohort regularly.

This time repression started when the Rohingya militia attacked on the Myanmar security forces observation post, which escalated coincidentally when Anan Commission submitted its report to the United Nations (UN) on August 25 2017. In the name of the threat of the Rohingya militia, government forces of Myanmar started a brutal attack on the Rohingya Muslims - that initiated a humanitarian disaster. It has been clear day by day that ‘threat of Rohingya militia’ is a ‘so called issue’ but the actual aim of the GoM is to cleanse this ethnic group of people from their own land. That is why they are burning down all Rohingya villages. They are killing the Rohingya young male population and raping the women, that reminds us the story of ethnic cleaning of history.

This time the attack was so brutal and wide that UN has compelled to call it genocide. Initially the authority was denying access to journalists, human right activists, relief workers and others, from visiting this area. However pictures collected by satellite and few internal sources showed the Myanmar military and its cohorts (extremist Buddhists) burning down the Rohingya houses. The Rohingyas who have crossed the border are saying that the Myanmar military were shooting them on sight. It is difficult to verify the number of casualties, but it is estimated that number may cross 20000. It is estimated that more than 700000 Rohingya refugees have taken shelter in Bangladesh since August 25, 2017 and the number has been increasing as the new refugees are coming every day. On the other hand, about 300000 Rohingyas were already staying in Bangladesh (who came before August 25, 2017). So, total number of Rohingya refugees may be touching one million.

Bangladesh government is trying with its heart and soul to provide food and shelter to the Rohingya refugees. Healthcare support is being giving through district hospitals but it is a challenging job for the government alone to provide proper healthcare services needed by the huge number of refugees. On the contrary, in Bangladesh, diabetes care is mainly provided by the Diabetic Association of Bangladesh (DAB).

WHO announced the diabetes as epidemic and estimates that the global prevalence of diabetes among adults over 18 years of age is 8.5% (2014). As the disease spreads geometrically among every population group, there may be around 85 thousand diabetic patients among the one million Rohingyas who has taken shelter in Bangladesh. There has been no arrangement till now for a specific diabetes care program for the Rohingya refugees – though it is also an urgent need.

2.0 THE CONTEXT OF THE PROJECT

The *motto* of Diabetic Association of Bangladesh is that *no diabetic patient should die untreated, unemployed or unfed if she/he is poor.* Therefore, since its inception in 1956, it has taken the responsibility to look after the diabetic patients of Bangladesh on its own. DAB has been trying hard to play that role also. As Rohingya refugees are now living in Bangladesh, the responsibility to provide diabetes care falls on it automatically. Again, as there is an urgent need, the Association has decided to set up a Diabetes Care Centre to render it services to the Rohingya refugees for as long as they stay in the country.

3.0 OBJECTIVES

The major objective of the project will be to set up a Diabetes Care Center in the Rohingya refugee camp to provide diabetes care so that they can live a normal life. The specific objectives are:

1. Set-up a Diabetic Care Centre – a small centre will be built from where the services will be provided. It should be noted here that, if needed, the patients will be referred to its district affiliated hospital.
2. Asymptomatic before complications – Rohingya refugees who may be the possible carrier will be checked through proper tests.
3. Provide proper education to those who are detected - so that they can take care of their disease by own.
4. Provide necessary diabetes-care support.

4.0 TARGET GROUP

Rohingya refugees who may be the possible carrier of diabetes and who also have taken shelter in the camps in Bangladesh.

5.0 ACTIVITIES

The following activities will be carried out under the project.

1. Construction of a tiny house made of brick with tin-shed roof having four rooms– one room will be use for patient waiting room, one for doctors where the patient will be attended, one for pathological lab and the last will be used for educating the patients.
2. Mass Check-up.
3. Education program.
4. Carrying out pathological tests.
5. Provide treatment and distribute medicine.

6.0 IMPACT OF THE PROJECT

Providing healthcare support to a huge number of refugees is a big issue. Again, diabetic patients need extra and timely care otherwise life-risking complications like cardiac arrest, high blood pressure, blindness, etc may arise. Treatment of those diseases are very costly and needed advanced facilities that are absent in that area. It will put extra pressure to the government also. So, if DAB provide diabetes care to the Rohingya refugees it will help them to lead a normal life in future and significantly help the government efforts to address the Rohingya refugee cause.

6.0 BUDGET (for 1 year)

|  |  |  |  |
| --- | --- | --- | --- |
| SN | Head | Rate | Total (US$) |
| A | Construction of DCC |  | 3000.00 |
| B | Personnel |  |  |
|  | Project Coordinator @1500 per month x 13 (1 month bonus) | 1500.00 | 19500.00 |
| B.1 | Salary of doctors (2) @1000 per month x2x13 (1 month bonus) | 1000.00 | 26000.00 |
| B.2 | Salary of nurses (2) @ 300 per month x2x13 (1 month bonus) | 300.00 | 7800.00 |
| B.3 | Salary of Attendant (1) @ 200 per month x13 (1 month bonus) | 200.00 | 2600.00 |
| C | Medicine/reagents/equipments(Appx.) | 4000.00 | 48000.00 |
| D | Stationeries | 500.00 | 6000.00 |
|  | **Sub-total** |  | **112900.00** |
| E | Contingency (5%) |  | 5645.00 |
|  | **Total**  |  | **118545.00** |
| F | Administrative cost (7%) (incl. to procure a transport for PD) |  | 8298.00 |
|  | **Grand-total** |  | **126843.00** |

(In word: One hundred twenty six thousand eight hundred and forty three.

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**ABOUT THE ORGANIZATION AND ITS SERVICES, AND RECOGNITION**

DAB is the largest healthcare network in the world outside the government effort of different countries that runs on not for profit basis. It provides health care support to a million patients every 20 days. It was established in 1956 with the *motto* that *no diabetic should die untreated, unemployed or unfed if she/he is poor*. Since its inception it has been providing basic diabetes care at free of cost to all (poor or rich).

DAB AT A GLANCE

Registered patients: 2.3 million+

Everyday patient care: 50000+ (Est.)

Affiliated Associations/Hospitals: 69

Expanded diabetes care center: 350 plus

No of hospital: 20 and Research institute: 1

Nursing/Medical college:3, Medical university: 1

Rehabilitation and vocational training centre: 1

Doctors trained through academic course: 10000+

Network of diagnostic laboratories: 1 (with branches)

Total no of institutions: 15; Total projects (ongoing):26

The founder of the Association first thought of diabetic care realizing that diabetes is a life-long disease where not only doctors but patients (also other family members) should be involved in the process of diabetic care. Therefore, the Association had set up a policy and took Primary Prevention of Diabetes Mellitus (PPDM) as one of its core programme.

The phenomenal growth of the Association has been possible due to its cross-financing strategy that is: earn from the affluent by selling its general healthcare services and expend that for providing diabetes care to the poor at free of cost.

**Award and accreditation**

The Association was awarded for its outstanding contribution from both home and abroad. The following are the few name-

1. Independence Day Award of the Government of Bangladesh in the year 1979.
2. BIRDEM, an institute of Diabetic Association of Bangladesh, awarded Independence Day Award of the Government of Bangladesh in the year 1986.
3. BIRDEM, an enterprise of Diabetic Association of Bangladesh, achieved MCCI Centenary Award -2014 on “Health and Hygiene".
4. SANDOS award.

International Diabetic Federation accredited many of its programs. In 2015, IDF has honored its President by its Global Award for his outstanding performance in advancing diabetes care that alternatively acknowledges the activities/ performance of the Association. On December 20, 2006 the United Nations General Assembly unanimously decided to designate November 14 as the “World Diabetes Day” (UN Resolution 61/225). It was the initiative that was taken by the Diabetic Association of Bangladesh and the Government of Peoples’ Republic of Bangladesh sponsored the resolution requested by the Association.

**Regional Cooperation**

To fulfill its commitment to the distressed and humanity it has been trying to expand its services not only in Bangladesh but at regional level. The Association has signed a Memorandum of Understanding (MoU) with the Ministry of Health of Royal Government of Bhutan to strengthen diabetes services to the Kingdom. It also aims to develop education materials for diabetes services, train diabetes educators and other relevant personnel and organize short courses on diabetology in the institutions of the Association for their doctors, nurses and technicians. It has an exchange program with Nepal, Maldives and eastern part of India. Thus, the Association has been expanding its impact across geographic boundaries. At the moment it has been administering a project to train doctors of the eastern part of India with the course titled ‘Certificate Course on Diabetology’ online with the help of Open University, UK.

**Collaboration with World Organizations**

The Association believes in collaborative works, which can create scope of learning the advancement of the technology and knowledge, which ultimately helps to provide better service to the people. It has been working in collaboration with WHO, World Diabetes Foundation, Women and Children First (UK), ORBIS International and University of Oslo.