



EMERGENCY HEALTH CARE SUPPORT TO FORCEFULLY DISPLACED MYANMAR CITIZENS IN COX'S BAZAR, BANGLADESH

IMPLEMENTATION REPORT

Period of implementation: 15 January 2020 – 14 February 2020

Implementing Organization: Community Initiative Society (CIS)

Supported by : A-PAD Korea

1. INTRODUCTION

PROJECT OVERVIEW			
Project Name	Emergency Health Care Support to Forcefully Displaced Myanmar Citizens in Cox's Bazar, Bangladesh		
Duration of Project	01 Month	Completed by	14 February 2020
Implementation Period	15 January 2020 – 14 February 2020		
Location of Project	Jamtoli Rohingya Camp (Camp – 15), Thaingkhali union, Ukhiya of Cox's Bazar		
No. of beneficiaries	2000 Rohingya Patients,		
Name of Partner(s)	Community Initiative Society (CIS) and A-PAD Korea		
Name of Funder(s)	A-PAD Korea		
Total Budget	USD 7,000 (Seven Thousand US Dolor only)		

1.1. Project summary

	Project	:	Emergency Health Care Support to Forcefully Displaced Myanmar Citizens in Cox's Bazar, Bangladesh	
1.1.1	Objectives	:	1. To improve maternal and child health services in refugees camps in Cox's Bazar through increasing access to an enhanced and adequate health maternal and child services. 2. To promote the development of community based system of care, including oral healthcare for pregnant women, children and their families	
1.1.2	Activities			
	<u>Output 1</u>	:	Establishment Emergency Health Care Support to Forcefully Displaced Myanmar Citizens through Primary Health Care Center in Jamtoli Camp - 15	
			1.1 Activity	Emergency Out Patients Service and Pediatrics Care
			1.2 Activity	Basic pathological services
			1.3 Activity	Provide medicine according to doctor advice to the Rohingya Patients
	<u>Output 2</u>	:	Uploading the Information on Social Network Service (SNS) and Website	
			2.1	Upload activities and information in SNS and CIS Website

1.1.2 BRIEF DESCRIPTION OF THE CAMP

The Rohingya people in Cox's Bazar heavily rely on humanitarian assistance for all their basic needs including food, shelter, water, health and other life-saving needs. Most of the women had gone through severe trauma, lack of safe delivery, ANC and PNC support and now living in extremely difficult conditions. In this situation Community Initiative Society (CIS) with the support of A-PAD Korea provided emergency health service in Jamtoli Rohingya Camp – 15 of Ukhiya of Cox's Bazar District. During the health service CIS learnt that the pregnant mother do not get ANC and PNC service, proper home delivery service. Due to living in a crowded tent children are suffering from pneumonia, asthma, measles, diarrhoea, skin disease, diphtheria and

common cold, viral fever etc. So CIS provided 24/7 Emergency Health Care service to the Rohingya People and a mobile clinic in Jamtoli Camp – 15 of Ukhiya. To disseminate the information to global, CIS has established a website and uploaded the information of present health condition of Rohingya people in social media.

Emergency out Patients Service and Pediatrics Care

CIS with the support of A-PAD Korea provided the emergency health service to the Rohingya People in Jamtoli Rohingya Camp of Ukhiya Upazila through established Comprehensive Primary Health Care Center (CPHCC). During the service period more than 2000 patients of different departments like medicine, paediatric, Gynae, ENT, Skin and VD were treated during the health service. The common complications of the patients were Diarrhea, Dysentery, ANC, PNC, Infectious Disease and respiratory infection, Br. Astma, Diabetic, Hypertention, Ishchemic Heart Disease and Gastroenteritis.

Pathological service to the Rohingya Patients

CIS has established a basic pathological diagnostic center in CPHCC in Jamtoli Camp-15. To ensure quality health care service CIS with the support of A-PAD Korea provided pathological service in CPHCC. More than 500 patients got the pathological service from different departments.

Medicine Support as Rohingya Patient treatment

The Rohingya People do not have any money to buy medicine and get pathological service. So CIS with the support of A-PAD Korea provided all kind of necessary medicine according to doctor prescriptions and oral saline to all patients, who came to the health get the health service.

Uploading the Information on Social Network Service (SNS) and Website

To disseminate the information to global, CIS has established a website and uploaded the information of present health condition of Rohingya people in social media. The activity helps to raise the issue of Rohingya Crisis to the global people.

Table 1: Number of Patient Treated in Comprehensive Primary Health Care Center (16 December 2018 to 25 March 2019)

Date	Number of Patient Treated			Number of Children < 14	ANC and PNC Service			Nourishing food supplement	Family Planning Kit Distribution
	Male	Female	Total		ANC	PNC	Total		
January 2020	410	620	1030	273	38	1	39	10	33
February 2020	435	655	1090	273	38	1	39	15	40
Total	845	1275	2120	273	38	1	39	25	73

Outcome of the Project

Totally 2120 Rohingya patient took the health care services from the emergency health service by getting medical consultation and medicine to the Rohingya People of Cox's Bazar of Bangladesh. It was very much helpful for Diarrhea, Dysentery, ANC, PNC, Infectious Disease and respiratory infection, Br. Astma, Diabetic, Hypertention, Ishchemic Heart Disease, Gastroenteritis and malnutrition. The Rohingya people also

practicing their health and hygiene system by getting the health and hygiene education and have the safe drinking water from different water sources provided by various national, international and Government agencies. On the other hand 39 Rohingya women and children have nourishing meal by getting Nutrition Package

Learning

- Comprehensive Primary Health Care Centre with well equipment is very effective to ensure the health service for Rohingya People especially for the pregnant women.
- Continue to follow-up the patient Diarrhoea, Dysentery, Water Born Disease, Skin disease, ANC, PNC etc.
- Increase the transport facilities for emergency patient to transfer to secondary hospital.
- Increase health facilities in these areas.
 - Diagnosis Facilities (Pathology)
 - More Medicine Facilities

CONCLUSION

By providing the emergency health service to the Rohingya People CIS with the partnership can establish a field to work for local community in Bangladesh. In this regards CIS with the help of DCH Trust organized several meetings with local communities and private organizations and also visited local health post and local community. On the other hand by the funding, monitoring from CIS and A-PAD Korea could provide emergency health service to the Rohingya People in Cox's Bazar, Bangladesh and also facilitate the local community.

SOME PICTURES

