

Background:

Project summary

“To Improve the life status of vulnerable people by mobilizing power of humanity and to bridge the gap in surgical interventions” through UNFPA/RTMI partnership.

Bangladesh is experiencing one of the worst humanitarian crises in its history, due to the recent influx of hundreds of thousands of Rohingyas coming from Myanmar. The United Nations estimates that as of the end of September, more than 680,000 Rohingyas have fled to Bangladesh since the latest round of violence started on August 25. Other estimates put the number closer to 800,000 - making it difficult for the Government, NGOs, and local inhabitants to arrange essential shelter, food and water, medicine, sanitation, and clothes for the Rohingya people.

In addition, the population of Cox Bazar district especially in Ukhiya and Teknaf is highly in need of medical surgical assistance, especially CEmONC services.

CDA-HTI Poly Clinic:

Community Development Association (CDA) is a Non-Government Development Organization registered with the Department of Social Services; The Ministry of Health & Family Welfare and the NGO Affairs Bureau, under the office of The Prime Minister’s Office Bangladesh and have been working with the Landless Rural Poor Men and Women, Youth, Disable, Ethnic Minorities for their poverty reduction and empowerment since 1986 in two northern districts in Bangladesh with the support from different foreign agencies in different time. And HumaniTerra International, France is an international INGO providing surgical support to Jordan and Bangladesh with different NGO’s from 2000.

CDA/HTI (HumaniTerra International / Surgeons of the World, France) in partnership have opened a surgical clinic in Goyal Mara, Ukhiya in December 2019. We are providing high quality 24/7 emergency obstetrical care and general surgical services, mentored by visiting international / French surgeons, anesthesiologists, nurses and midwives to both the Rohingya refugees and the host communities especially focus on CEmONC services. We provided 24/7 cesarean section referred by other NGOs in the camp and other elective surgery services in the Rohingya and host communities even in the lock down. Your kind collaboration would be most appreciated in order to prevent a break in the surgical services we provide and to ensure close collaboration in providing continued quality health care to the Refugee and host community.

HumaniTerra International (HTI) providing surgical support to the less fortunate one around the world so we are pleased to have some well-furnished logistics and required medical instruments for Operation Theater (Full furnished OT) led by a smart and efficient, trained Surgeons, Anesthetics, Nurses, Lab.Technologist, Midwives and community Health workers. We also have very good networking with other stakeholders, Govt, INGOs and UN bodies.

We have provided high quality 24/7 emergency obstetrical care and general surgical services, mentored by visiting international / French surgeons, anesthesiologists, nurses and midwives to both the Rohingya refugees and the host communities especially focus on CEmONC services. We provided 24/7 cesarean section referred by other NGOs in the camp.

Bridging funding support:

RTM International with the support from UNFPA has been providing Sexual and Reproductive Health Care, Family Planning, GBV services to the registered Myanmar refugees residing in two camps situated one in Teknaf (Nayapara camp) and another in Ukhiya (Kutupalong camp) of Cox's Bazar district since the year 2008. After the influx of Forcefully Displaced Myanmar Nationals (FDMN) in August 2017 RTMI expended its range of activities among the Myanmar nationals and the host population with support from multiple donors (UNFPA, UNHCR, Unicef, IOM, Pathfinder International and others) and continuing ESD services focusing SRH, FP, child health, nutrition, GBV, and general health services in Ukhiya and Teknaf areas. There are many other agencies that are also providing health services in Ukhiya and Teknaf areas. All the implementing agencies have to refer the complicated cases in a facility with a capacity of providing Comprehensive Emergency Obstetrical and Neonatal Care (CEmONC) services.

The CDA in partnership with HTI (HumaniTerra International, France) has established Polyclinic hospital at GOYALMARA, Ukhiya, Cox's Bazar, Bangladesh in 2000 with a capacity to provide Comprehensive Emergency Obstetrical and Neonatal Care (CEmONC) services. The CDA is facing problem in getting funding support from 01 July 2020 and approached UNFPA/DFID. UNFPA has agreed to provide bridge funding support through RTM International for the continuation of activities initially for three months starting from 01 July 2020 for the activities and outputs as defined in the Terms of Reference (TOR). Accordingly, UNFPA and RTM International agreed to integrate the bridge funding activities as a part of its on-going partnership project with UNFPA "Comprehensive SRHR Services to the marginalized population through RTMI made and signed to issue a sub-agreement through an MOU with CDA.

CDA Polyclinic **GOYALMARA** , **Location GPS (LAT): 21°09'05.1"N, Location GPS (LONG): 92°09'14.4"E**, Ukhiya,Upazila, Cox's Bazar district, Bangladesh
INCLUSION CRITERIA for Obs & Gyne

- Stabilization of Obstetric Emergencies.

Acute Obstetric & Gynecological emergencies. (Emergency Caesarian Section, extra uterine pregnancy, pre-eclampsia, eclampsia, APH , PPH, Hysterectomy)

- Inclusion for Surgery,

Hernia Umbilical, Hernia Inguinal, Hydrocele, Hemorrhoid, Abscess, Lipoma, FISTULA, Appendicitis, Circumcision (If Surgical Indication)

Human resources:

Gynecologist:02, Assistant Surgeon:02, Anaesthesiologist:02, Clinic manager+ pediatrician:01, Lab. Tech. :02, OT Nurses:04, Midwives:03, Community mobilizer:01, Word Boy: 03, Cleaner :03, Finance and Admin :01, Log and Procurement associate :01, MIS associate: 01, Director: 01

Duration of the work and MOU: Initially the duration of the work will be for 3 (three) months from 1st July to 30 September, 2020.The duration can be extended on mutual agreement and subject to the availability of funding from the UNFPA.

Major Achievement

For the period from 1st July to 30 September, 2020

Name of Activities	Quantity
Normal Vaginal Delivery	8 Nos.
C- Section	40 Nos.
Cyst	14 Nos.
Lipoma	8 Noa.
Abscess	8 Nos.
Hemorrhoid	7 Nos.
Hernia	17 Nos.
Anal Fissure	14 Nos.
Hydrocele	5 Nos.
Fistula	7 Nos.
Retained Placenta (Manually Remove Placenta)	2 Nos.
PPH	2 Nos.
Skin Tag	1 Nos.
Appendicitis	1 Nos.
Secondary Stitch	1 Nos.
Number of patients counselled and screened	528 Nos.

Target vs Achievement as per MOU:

Name of Activity	Target	Achievement	Percentage	Remarks
Surgical Consultancy referred by CHW and other stakeholders	300	528	176.00%	Successfully over achieved
General Surgery	150	97	64.67%	Due locked down ppls movements are restricted however we will be close to our target
C/Section	45	40	88.89%	Due to logistical support we failed to operate few cases.
NVD	N/A	8		

Service we have provided (some glimpses):

		
		
		
 <p>Primary PPH is managed by repair of Cervical tear & intra uterine balloon temponade by sayeba's method</p>		

Some excellent jobs done by team:



Nur Begum, Age-18, Dx- 1st gravida with Eclampsia, BP-170/120, with Fetal distress & deep meconium stained with post eclamptic convulsion.

Management:

- Blood Pressure was controlled by using antihypertensive drug GTN – single bolus dose.
- Convulsion was controlled by diazepam & magnesium sulfate





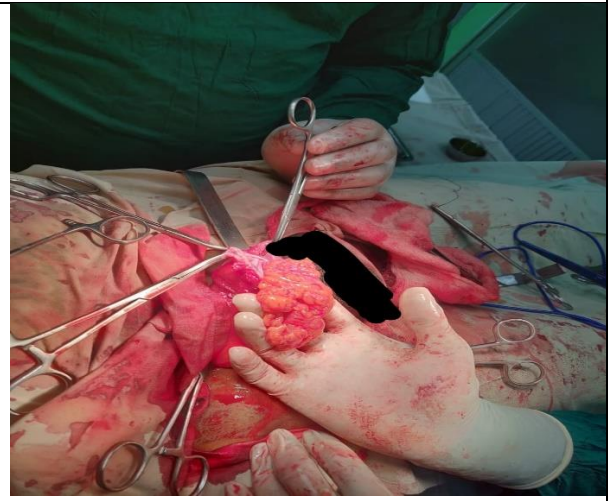
Hysterectomy



Cholesterol crystal in hydrocele sac



Adult male breast lump operation



Strangulated Hernia



Challenges:

- Fund constrains
- Space limitation for inpatient facilities
- Delayed referral
- Availability of blood
- Lack of ICU facility

Conclusion:

We have a full set up OT, instruments and skill human resources mentored by overseas international professionals and we do not want to lose the momentum of the service as now we are providing 24/7 (24/5) as per SRHR sector's rotational plan cesarean section and other elective surgery services in the Rohingya and host communities. Your kind collaboration would be most appreciated in order to prevent a break in the surgical services we provide and to ensure close collaboration in providing continued quality health care to the Refugee and host community