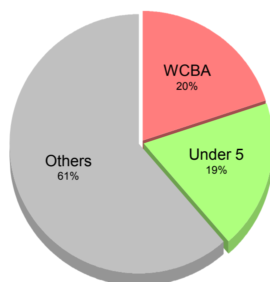
Bangladesh

Country Fact Sheet **2009**

Origin of refugees: Myanmar

Population: 28,342



Implementing partners:

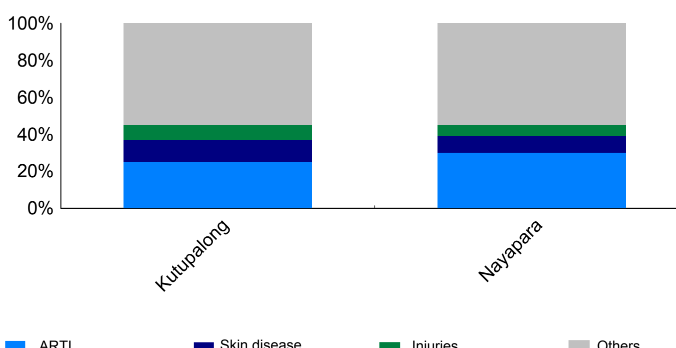
Health/HIV: MoH, RTMI
Nutrition: ACF
Watsan: GoB, TAI

Public Health Status

Health Impact	Indicator	Standard	
Crude Mortality Rate (CMR) (/1000/month)	0.30	< 1.5	standard reached
Under-five Mortality Rate (U5MR) (/1000/month)	0.33	< 3.0	standard reached
Infant Mortality Rate (IMR) (/1000 livebirths)	10.9	< 60	standard reached
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	3.6	< 40	standard reached

Human Resources	№			
No. of Medical Doctors	11	1 : 2,577	1 : <50,000	standard reached
No. of Clinical Consultants	19	1 : 1,492	1 : <10,000	standard reached
No. of Nurses (qualified)	12	1 : 2,362	1 : <10,000	standard reached
No. of MCH staff / Midwifes	0	1 : 0	1 : <10,000	standard reached
No. of Community Health Workers (CHW)	35	1 : 810	1 : 500-1,000	standard reached
No. of Hygiene Promoters	41	1 : 691	1 : <500	standard borderline

Figure 1: Proportional Crude Morbidity



Country Overview

A. Objectives

B. Progress

To what extent was each objective achieved? (use indicators to give examples of achievements).

C. Gaps & Planning

What conditions / activities are needed next year in order to produce the expected results?

A. Objectives	B. Progress	C. Gaps & Planning
1a. Ensure provision of micronutrient supplements to vulnerable groups i.e children under five (6-59 months), adolescent girls, pregnant and lactating women to reduce the prevalence and anaemia and angular stomatitis	1b. Prevalence of anaemia among children (6-59 months) reduced from 47.5% to 28.9%. Among pregnant women the prevalence of anaemia was 38.3% compared to 38.6% in 2008. Overall sprinkles coverage was >90% for all beneficiaries. Survey showed anaemia prevalence as 24.5% among adolescent girls.	1c. Strengthen follow up of identified anemia cases for treatment. Modalities for assessment of sprinkle utilization at community level will be established. Support the recruitment of a Nutritionist to lead the outreach programme and promote community nutrition awareness.
2a. Ensure that PoCs have access to timely, quality and effective supportive and curative nutrition services	2b. A strong outreach programme for children aged 6-59 months was established. As a result there was a 39% increase in growth monitoring. However GAM increased from 8.6% to 18.7%. Additionally, children aged 6-23 months had almost twice as many acute malnourished cases as those aged 24-59 months.	2c. Initiate growth monitoring among children aged 0 to 6 months, establish breast feeding support groups, initiate cooking demonstrations to improve infant and young child feeding practices. Adopt WHO z-scores to improve screening in of GAM. Promote self-reliance through transition from wet to dry feeding.
3a. To protect the rights of UNHCR's PoCs with specific reference to Malaria.	3b. After the net retention survey, another round of LLITN distribution was done to increase the coverage to 100% with 1:2.5 persons ratio. ACT was available throughout the year for treatment. Malaria incidence decreased to 0.4 from 0.9 with no death in the whole year.	3c. The additional medical laboratory is yet to be opened in the IPDs to make Malaria screening available round the clock.
4a. To ensure that the PoCs have access to timely, quality, culturally adapted and effective preventive and curative RH services delivered by trained personnel working in a professional and respectful manner, with the necessary material and equipment in structure that respect the need for privacy and	4b. Supervised deliveries increased from 10% to 54% when compared to the previous year. Crude birth rate was 3.2 with a low contraceptive prevalence rate which was 32% at the end of 2009. Coverage of complete antenatal care was 94%.	4c. More female doctors need to be encouraged to work in the camps as RTMI recruited female doctor showed some improvement in reproductive health. Contact treatment STI remained at 28% because of male partners remaining out of the camp or not interested to receive treatment.
5a. To ensure that the human rights of UNHCR's PoCs are protected in HIV prevention, treatment, care and support programs.	5b. As part of the UNAIDS funded program implementation, RTMI has developed human resource and infrastructure to start VCT in the camps. Multifunctional team was established in each camp and awareness on prevention was strengthened through peer educators.	5c. Strengthening services to MARPs to be done in future as the national program for HIV does not reach Cox's Bazar district.

Public Health Programmes

Coordination		Indicator	Standard	
Do monthly coordination meetings take place?		Yes	Yes	standard reached

Access and Utilisation	№			
No. of health facilities	2	1 : 14,171	1 : <10,000	standard not reached
No. of consultations per trained clinician per day		54	< 50	standard borderline
Health Utilization Rate (new visits/person/year)		4.0	1 - 4	standard reached
Proportion of consultations by host population		3%		

Malaria			
Is Act introduced as 1st line malaria treatment?	Yes	Yes	standard reached

Key observations

What were the key activities carried out during the year? To what extent did the activities achieve expected results?

Availability of essential drugs, adherence to treatment protocols as well as emphasis on prevention showed positive impact in communicable disease incidences. Respiratory infection and diarrhoeal diseases decreased by 14.6% and 18.4% respectively. There was no mortality from Malaria during the year and number of cases decreased to 124 from 307 when compared to 2008. Staffs are trained on H1N1 and preparedness on pandemic flu, measles and diarrhoeal diseases are in place.

Limitations/constraints

What external factors and/or conditions outside your direct control affected implementation of Public Health Programmes planned activities?

Shortage and high turn over rate of qualified medical staffs in the health implementing partners remained as a major issue like the previous year. Though improvement in the living condition and water-sanitation services were observed due to ongoing construction works, further improvement is necessary to see a significant impact on health status.

	Key observations	Limitations/constraints
	What were the key activities carried out during the year? To what extent did the activities achieve expected results?	What external factors and/or conditions outside your direct control affected implementation of Public Health Programmes planned activities?

Public Health Programmes

IMMUNISATION

Figure 2: Vaccination coverage

Key observations: The Immunization program is completely linked with the government program and the supplies are provided the by the government. National immunization day and other campaigns are organized in the camps accordingly in coordination with the government. Pentavalent vaccines were introduced during the year in Bangladesh including the camps. Measles immunization coverage in 2009 remained at 121%.

Limitations/constraints: Target for immunization is calculated based on ProGres data but the delay in the birth registration by the government due to lengthy verification process delays the updating of ProGres. Also there is constant movement of the children with their families from and to the camps. These problems caused higher coverage which is more than 100% as more children were vaccinated than the calculated target.

NUTRITION AND FOOD SECURITY

Surveys & Assessments

	Indicator	Standard	
Date of last nutrition survey	May 2009		
Date of last last JAM	Aug 2008		

Malnutrition

	Indicator	Standard	
Global Acute Malnutrition Rate (%)	18.7%	< 5%	standard not reached
Severe Acute Malnutrition Rate (%)	2.0%	< 2%	standard reached
Prevalence of anaemia in children under five	29%	< 20%	standard borderline
Prevalence of anaemia in women of reproductive age		< 20%	missing data
Average number of kilocalories per person per day	2160	2100	standard reached

Key observations: Community outreach programme was established. Monthly community nutrition awareness sessions were initiated at block level in each camp. As a result, attendance in the GMP increased from 34% in 2008 to 73% in 2009 and SFP recovery rates >90% were achieved.

Limitations/constraints: Congestion in the camps results in the rapid spread of communicable illnesses (e.g influenza and diarrhoea) leading to high levels of morbidity especially among <5 children. Morbidity has been associated with the recent high levels of malnutrition.

Food Security

	Indicator	Standard	
Does UNHCR provide complementary food?	No		
Did the content of the GFR change during the year?	No		
Did WFP report any pipeline breaks during the year?	Yes	No	standard not reached
Have PoC been included in the National FS Plan?	No	Yes	standard not reached
Prop. of ration sold by refugees to buy other food items	N/A%	< 30%	missing data

Key observations: PoCs participation in small scale IGAs continues to increase. PoCs completed a market assessment survey in the camps . Additional IGAs include mushroom growing, pickle making and tailoring, mobile phone repair and rickshaw repair. Also a number of refugees receive incentives from voluntary work with IPs. This is expected to increase the household income and improve household food security.

Limitations/constraints: Government restricts PoCs from working outside the camps. Inaccessibility to markets and land for cultivation has led to low diversification of diet and continuous dependency on GFR. Additionally 20% of the population is not receiving GFR promoting sharing among families and failure to meet daily food and nutrient requirements.

REPRO HEALTH

Maternal and Newborn Health

	Indicator	Standard	
Coverage of complete antenatal care (4 or more visits)	94%	100%	standard borderline
Proportion of deliveries attended by skilled personnel	54%	≥ 50%	standard reached
Proportion of deliveries performed by caesarean section	2%	5 - 15%	standard not reached
Proportion of low birth weight deliveries	10%	< 15%	standard reached

Family planning

	Indicator	Standard	
Contraceptive prevalence rate	19%	≥ 30%	standard not reached

Key observations: Births attended by skilled health worker increased from 10% to 54% in 2009 when compared to 2008. Outreach program through TBAs and CTBAs with intense supervision and monitoring was the main factors behind this achievement. Family planning program is completely linked with the government program which is supported by UNFPA. Availability of one female doctor at the camp level improved management of gynaecological diseases and obstetric complications.

Limitations/constraints: Community awareness on reproductive health is still not at satisfactory level and needs to be strengthened. Availability of one female doctor after almost 2 years showed positive impact but posts still remain vacant and more female doctors are necessary at the camp level. Percentage of caesarean section is still low at 2%.

SGBV

Sexual and Gender-based Violence

	Indicator	Standard	
Incidence of reported rape (/10,000/year)	5.31		
Prop. rape survivors who received PEP < 72h	71%	100%	standard not reached
Prop. rape survivors who received ECP < 120h	92%	100%	standard borderline
Prop. rape survivors who received STI < 2 wks	93%	100%	standard borderline

Key observations: Clinical Management of rape guidelines were implemented at the camp level after the training of the health staff at the end of 2008. Incidence of reported rape increased to 5.3 from 0.7 (/10000/yr) due to increased awareness and timely reporting. PEP for HIV and other prophylaxis were available during the year in the health clinics. Psychosocial counseling and support were also available at the camp level. Coordination mechanism was improved to ensure support and confidentiality.

Limitations/constraints: Late reporting by the victims or the family members was also observed. Community awareness needs further strengthening. High turn over rate of trained clinical staff remained an issue during the year.

HIV/AIDS

Monitoring & Evaluation

	Indicator	Standard	
Are PoCs included in national HIV strategic plans?	No	Yes	
Are PoCs included in national HIV sent surveillance?	No	Yes	
Date of last last KAPB/BSS			

Prevention

	Indicator	Standard	
Condom distribution rate	0.26	> 0.5	standard not reached
Do appropriate IEC materials exist for PoCs?	Yes	Yes	standard reached
Are risk groups targeted with prevention programmes?	Yes	Yes	standard reached
Proportion of blood units screened for HIV		100%	missing data
PMTCT coverage		100%	missing data

Care and Treatment

	Indicator	Standard	
Do PoCs have equal access to ART as host?	Yes	Yes	standard reached
Number of PoCs receving ART	0		
Prop. HIV positive mothers receiving co-trimox		100%	missing data
Prop. HIV positive infants receiving co-trimox		100%	missing data

Key observations: RTMI has started implementation of UNAIDS funded program in the camps which is under Program acceleration Fund (PAF) funding. Existing HIV program is strengthened and VCT services inside the camps are planned to be started in 2010. UNHCR has monitoring role as per the agreement. Multifunctional team for HIV was established in both the camps. Strengthening of prevention and awareness through peer educators is ongoing.

Limitations/constraints: Religious conservativeness and social stigma prevail in the community and it is hard for the workers in the field to improve awareness and bring change in their mindset.

WASH

Water, Sanitation and Hygiene

	Indicator	Standard	
Av quantity of potable water / person / day (litres)	22	> 20	standard reached
No. of persons per usable water tap	108	< 80	standard not reached
No. of persons per drop-hole in communal latrine	19	≤ 20	standard reached
Prop. of population living within 200m from water point	100%	100%	standard reached
Prop. of families with latrines	%	100%	missing data
Prop. families receiving >250g soap / person / month	100%	≥ 90%	standard reached
Prop. camps with 1 hygiene promoter / 500 persons	%	≥ 75%	missing data

Key observations: Re-excavation of the reservoir in Nayapara in April 2009 amplified its water retention capacity. Replacement of the old and dilapidated Oxfam type tanks by Ferro-cement water tanks in Nayapara increased the water treatment plants' capacity. As a result water supply to the PoCs increased. Construction and repair of sanitation facilities e.g drainages, latrines and bathhouses were carried out year round to improve the level of sanitation in the camp.

Limitations/constraints: Difficulties in maintenance of water supply system due to the continuous stealing and sale of hand pumps and water taps. Also metal parts (hinges) and bolts for latrines and bath houses in some instances have been stolen reducing the privacy and usability of these structures. Low participation of female hygiene promoters / volunteers results in low accessibility to women PoCs who play a fundamental role in household and environmental sanitation.

Legend: standard reached | standard borderline | standard not reached | missing data

Kutupalong

Bangladesh

Camp Fact Sheet **2009**

Camp opened: 1992
Camp closed:
HIS start date: Aug 2007

Population: 11,251
The source of population data in this report is:

Origin of refugees:
Myanmar

Implementing partners:
Health/HIV: MoH, RTMI
Nutrition: ACF
Watsan: GoB, TAI

Public Health Status

Health Impact	*Indicator*	*Standard*
Crude Mortality Rate (CMR) (/1000/month)	0.37	< 1.5
Under-five Mortality Rate (U5MR) (/1000/month)	0.47	< 3.0
Infant Mortality Rate (IMR) (/1000 livebirths)	12.1	< 60
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	2.0	< 40

Figure 1: Crude and Under-five Mortality

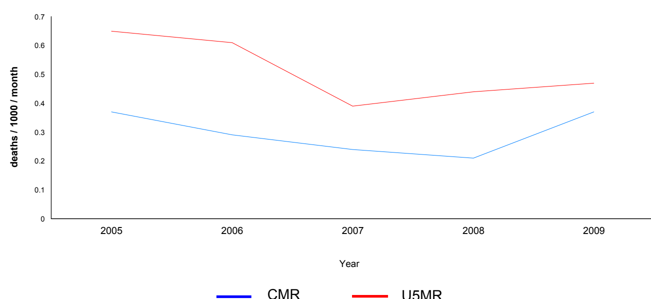


Figure 2: Crude Morbidity

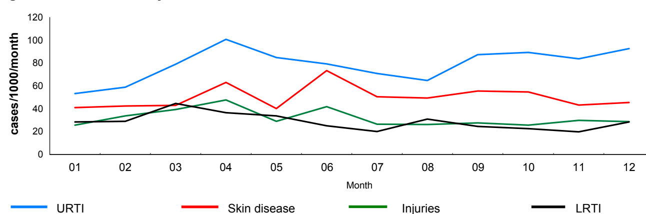
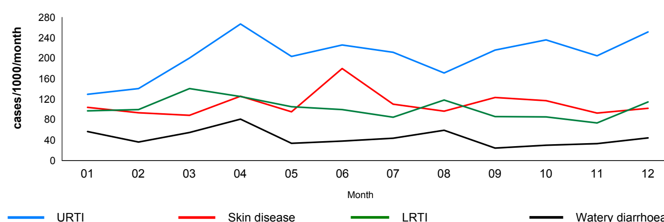


Figure 3: Under-five Morbidity



Public Health Programmes

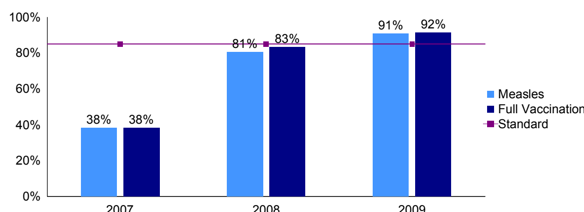
Human Resources	№	*Indicator*	*Standard*
No. of Medical Doctors	6	1 : 1,875	1 : <50,000
No. of Clinical Consultants	12	1 : 938	1 : <10,000
No. of Nurses (qualified)	6	1 : 1,875	1 : <10,000
No. of MCH staff / Midwifes	0	1 : 0	1 : <10,000
No. of Community Health Workers (CHW)	15	1 : 750	1 : 500-1,000
No. of Hygiene Promoters	20	1 : 563	1 : <500

Access and Utilisation	№	*Indicator*	*Standard*
No. of health facilities	1	1 : 11,251	1 : <10,000
No. of consultations per trained clinician per day		56	< 50
Health Utilization Rate (new visits/person/year)		5.0	1 - 4
Proportion of consultations by host population		2.86%	

Malaria	*Indicator*	*Standard*
Is Act introduced as 1st line malaria treatment?	Yes	Yes

IMMUNISATION

Figure 4: Vaccination coverage



NUTRITION

Malnutrition	*Indicator*	*Standard*
Global Acute Malnutrition Rate (%)	18.4%	< 5%
Severe Acute Malnutrition Rate (%)	2.0%	< 2%
Prevalence of anaemia in children under five	23%	< 20%
Prevalence of anaemia in women of reproductive age		< 20%
Average number of kilocalories per person per day	2160	2100

REPRO HEALTH

Maternal and Newborn Health	*Indicator*	*Standard*
Coverage of complete antenatal care (4 or more visits)	99%	100%
Proportion of deliveries attended by skilled personnel	56%	≥ 50%
Proportion of deliveries performed by caesarean section	2%	5 - 15%
Proportion of low birth weight deliveries	11%	< 15%

Family planning	*Indicator*	*Standard*
Contraceptive prevalence rate	19%	≥ 30%

SGBV

Sexual and Gender-based Violence	*Indicator*	*Standard*
Incidence of reported rape (/10,000/year)	6.29	
Prop. rape survivors who received PEP < 72h	67%	100%
Prop. rape survivors who received ECP < 120h	80%	100%
Prop. rape survivors who received STI < 2 wks	100%	100%

HIV/AIDS

Prevention	*Indicator*	*Standard*
Condom distribution rate	0.28	> 0.5
Do appropriate IEC materials exist for PoCs?	Yes	Yes
Are risk groups targeted with prevention programmes?	Yes	Yes
Proportion of donated blood units screened for HIV		100%
PMTCT coverage		100%

Care and Treatment	*Indicator*	*Standard*
Do PoCs have equal access to ART as host?	Yes	Yes
Number of PoCs receving ART	0	
Prop. HIV positive mothers receiving co-trimox		100%
Prop. HIV positive infants receiving co-trimox		100%

WASH

Water, Sanitation and Hygiene	*Indicator*	*Standard*
Av quantity of potable water / person / day (litres)	28	> 20
No. of persons per usable water tap	150	< 80
No. of persons per drop-hole in communal latrine	18	≤ 20
Prop. of population living within 200m from water point	100%	100%
Prop. of families with latrines		100%
Prop. families receiving >250g soap / person / month		≥ 90%

Observations

Proportion of births attended by skilled health personnel increased from 20% to 56% due to effective use of the TBA and CTBA network at the camp level. There was no death from Malaria during the year and number of cases decreased from 216 to 80. Diarrhoeal diseases incidence decreased by 11%. Seasonal flu outbreak was contained without fatality. Global Acute Malnutrition (GAM) increased from 9.1% to 19%. To address the high GAM rates a five-month blanket feeding programme using Plumpy Doz was implemented targeting children aged 6-35 months.

Nayapara
Bangladesh

Camp Fact Sheet 2009

Camp opened: 1992
Camp closed:
HIS start date: Aug 2007

Population: 17,091

The source of population data in this report is:

Origin of refugees: Myanmar

Implementing partners:

Health/HIV: MoH, RTMI
Nutrition: ACF
Watsan: GoB

Public Health Status

Health Impact

	Indicator	Standard	Status
Crude Mortality Rate (CMR) (/1000/month)	0.25	< 1.5	standard reached
Under-five Mortality Rate (U5MR) (/1000/month)	0.24	< 3.0	standard reached
Infant Mortality Rate (IMR) (/1000 livebirths)	9.9	< 60	standard reached
Neonatal Mortality Rate (NNMR) (/1000 livebirths)	5.0	< 40	standard reached

Figure 1: Crude and Under-five Mortality

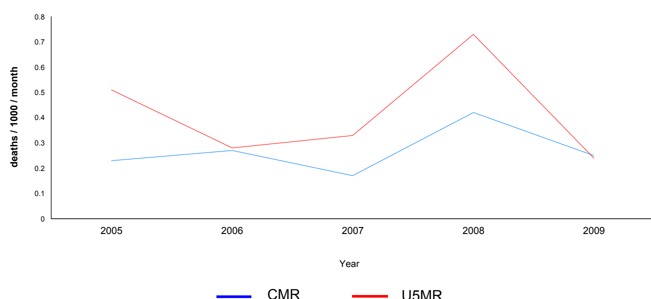


Figure 2: Crude Morbidity

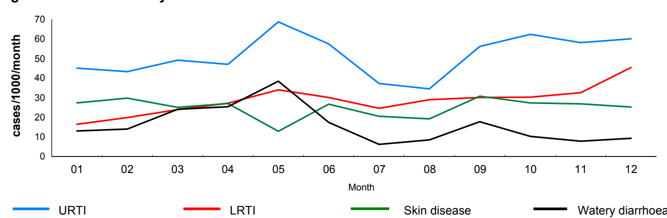
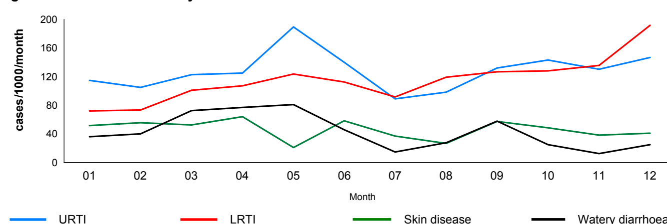


Figure 3: Under-five Morbidity



Public Health Programmes

Human Resources

	№	Indicator	Standard	Status
No. of Medical Doctors	5	1 : 3,418	1 : <50,000	standard reached
No. of Clinical Consultants	7	1 : 2,442	1 : <10,000	standard reached
No. of Nurses (qualified)	6	1 : 2,848	1 : <10,000	standard reached
No. of MCH staff / Midwifes	0	1 : 0	1 : <10,000	standard reached
No. of Community Health Workers (CHW)	20	1 : 855	1 : 500-1,000	standard reached
No. of Hygiene Promoters	21	1 : 814	1 : <500	standard not reached

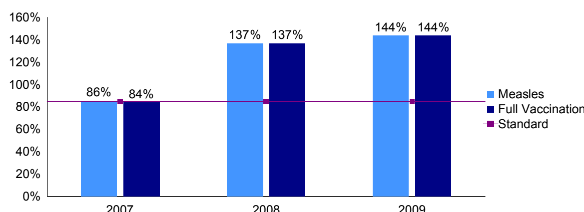
Access and Utilisation

	№	Indicator	Standard	Status
No. of health facilities	1	1 : 17,091	1 : <10,000	standard not reached
No. of consultations per trained clinician per day		52	< 50	standard borderline
Health Utilization Rate (new visits/person/year)		3.0	1 - 4	standard reached
Proportion of consultations by host population		3.33%		

Malaria

	Indicator	Standard	Status
Is Act introduced as 1st line malaria treatment?	Yes	Yes	standard reached

Figure 4: Vaccination coverage



Malnutrition

	Indicator	Standard	Status
Global Acute Malnutrition Rate (%)	19.0%	< 5%	standard not reached
Severe Acute Malnutrition Rate (%)	2.1%	< 2%	standard not reached
Prevalence of anaemia in children under five	33%	< 20%	standard borderline
Prevalence of anaemia in women of reproductive age		< 20%	missing data
Average number of kilocalories per person per day	2160	2100	standard reached

REPRO HEALTH

Maternal and Newborn Health

	Indicator	Standard	Status
Coverage of complete antenatal care (4 or more visits)	90%	100%	standard borderline
Proportion of deliveries attended by skilled personnel	53%	≥ 50%	standard reached
Proportion of deliveries performed by caesarean section	1%	5 - 15%	standard not reached
Proportion of low birth weight deliveries	8%	< 15%	standard reached

Family planning

	Indicator	Standard	Status
Contraceptive prevalence rate	19%	≥ 30%	standard not reached

SGBV

Sexual and Gender-based Violence

	Indicator	Standard	Status
Incidence of reported rape (/10,000/year)	4.68		
Prop. rape survivors who received PEP < 72h	75%	100%	standard not reached
Prop. rape survivors who received ECP < 120h	100%	100%	standard reached
Prop. rape survivors who received STI < 2 wks	88%	100%	standard not reached

HIV/AIDS

Prevention

	Indicator	Standard	Status
Condom distribution rate	0.24	> 0.5	standard not reached
Do appropriate IEC materials exist for PoCs?	Yes	Yes	standard reached
Are risk groups targeted with prevention programmes?	Yes	Yes	standard reached
Proportion of donated blood units screened for HIV		100%	missing data
PMTCT coverage		100%	missing data

Care and Treatment

	Indicator	Standard	Status
Do PoCs have equal access to ART as host?	Yes	Yes	standard reached
Number of PoCs receving ART	0		
Prop. HIV positive mothers receiving co-trimox		100%	missing data
Prop. HIV positive infants receiving co-trimox		100%	missing data

WASH

Water, Sanitation and Hygiene

	Indicator	Standard	Status
Av quantity of potable water / person / day (litres)	16	> 20	standard not reached
No. of persons per usable water tap	67	< 80	standard reached
No. of persons per drop-hole in communal latrine	20	≤ 20	standard reached
Prop. of population living within 200m from water point	100%	100%	standard reached
Prop. of families with latrines		100%	missing data
Prop. families receiving >250g soap / person / month		≥ 90%	standard reached

Observations

CTBAs and TBAs working in the field effectively improved births attended by a skilled health worker from 3% to 53%. Adequate monitoring and supervision by the implementing partners were ensured. No death from Malaria was reported and number of Malaria cases decreased from 91 to 44. Incidence of diarrhoeal diseases decreased by 24.7%. Global Acute Malnutrition (GAM) rate increased from 7.8% to 18.4%. A five-month blanket feeding programme using Plumpy Doz (RUSF) was implemented targeting children aged 6-35 months. Medical incinerator was installed and concerned staff and volunteers from IPs were trained on its proper use. Seasonal flu outbreak was contained without fatality.

Legend: standard reached | standard borderline | standard not reached | missing data