FIELD MISSION WELCOME PACKAGE

On behalf of Humanity Auxilium, we would like to thank you in advance for your willingness to volunteer and help the Rohingya community known as Forcibly Displaced Myanmar Nationals (FDMN) in Bangladesh.

Approximately 1.1 million registered and unregistered Rohingya (FDNM) are now sheltered in 34 camps in the southeastern district of Cox's Bazar.

The makeshift shelters sprawl over farms, hillsides and open land in the region where access to basic necessities of life such as clean water, food, sanitation, healthcare and education is markedly constrained.

We cannot change the devastating past, but we will work together to decrease the suffering by providing congruous healthcare with the limited resources available.

Our Mission:

Humanity Auxilium works to improve living conditions in 3 fields – Education, Health, and Relief.

We are striving to serve people to increase the overall health, quality of life and productivity of impoverished communities. Our goal is to strengthen these communities and advocate self-sufficiency.

Provision of care:

We work in collaboration with Turkish Red Crescent (TRC) which is affiliated with Bangladesh Red Crescent and operates from 3 main sites including Bangladesh Red Crescent Field Hospital, a hospital run by different Red cross/ crescent societies in the Rohingya camps. It has consulting rooms, inpatient wards, basic lab facility and a blood bank. It is the only blood bank that stores blood and supplies to all the other field hospitals in the camp. BDRCS hospital also comprises a full operating theater which is not functional at the moment due to lack of surgeons, anesthesiologists and surgical nurses.

The TRC coordinator will be assigning you the location where you will be working during your stay.

You will be provided with a consultation room with an interpreter, enabling you to communicate with the patients to consult, examine, diagnose and discharge accordingly. The patient will be triaged to you according to your preference most of the time, however, will not be possible at all times.

Each patient will have a health card, and the health care provider is responsible to fill out a brief diagnosis and treatment plan. You will also provide a prescription which the patient will carry to the pharmacy in the clinic/hospital. The pharmacist will dispense the medications for a week and explain common side effects and also how to take the medication. The patients will bring the empty medication wrapper at the end of the week and take the following week's supply. Patients are responsible to bring that card in subsequent visits.

It is pertinent that you practice within your scope of practice and capacity, providing safe and appropriate care. Humanity Auxilium expects you to uphold your professional ethics, including do no harm and consultation and referral as needed.

Procedures and referrals:

If you need further tests or procedures, the field coordinator will be assisting you to access the required instruments and supplies.

If a patient needs to be referred for advanced care, you need approval from the field coordinator to proceed.

An informed decision and consent should also be done by the patient for referral and the referral letter should clearly address the referred hospital /clinic.

Registration staff, coordinator or the team leader will be able to arrange the transport for the patient on your request.

Given the differences in standards of practices in North America versus Bangladesh, many treatable medical conditions might progress to debilitating and fatal stages there.

It is recommended to practice and consider the best interest of patients when deciding a referral, as they might be separated from their community and leaving the camp requires permission and significant resources which might be challenging.

Interpreters:

Our interpreters and translators are local Bengalis who are usually medical professionals and student volunteers. The dialect is quite similar to that of Rohingya, but the range of English language and patient teaching might vary.

Medications:

Overprescribing antibiotics is a common practice by local practitioners. Often the interpreter might persuade you to give something. We advise you to be as careful as you are when practicing in your home clinic and use your clinical judgment when deciding to prescribe the antibiotics (given the unavailability of further tests and imaging)

It is essential that you teach and guide the patient how to take the medication, and why they need the medication for what symptom or condition.

You must reconstitute all the medication in the clinic as needed.

To avoid any confusion with multiple medications, have the patients take their first dose in the clinic.

Most of the patient population is unable to read or write, so they should be well directed on how to take their medication and the dosage amount should be marked with permanent marker on a cup or syringe.

Open all the medications to ensure the patient can open the package / child safe containers. This will also reduce the chance of the medication to be re-sold.

If you are starting a new medication for any chronic condition such as Diabetes or Hypertension, please give 5 days' worth of medication and have the patient return for a follow up before prescribing a long term drug.

Common medical condition and their treatments:

1. **Gastroenteritis**:

   If cholera is suspected, please inform the team lead.

   Patient needs to be transferred to the Cholera treatment center and will be reported to the UN.

   No antibiotics are needed for acute diarrhea unless there is blood in stool reported.

   Adult Rx: Oral Rehydration Solution for each loose stool

   Ped Rx: ORS 10ml/kg for each stool plus zinc (<6 months: 10mg daily x 10 days,6 m-5y: zinc 20 mg daily x 10 days)

2. **H pylori:**

With limited access to testing, use your clinical judgment to treat

Rx: Metronidazole 500mg bid+ Amoxicillin 1000 mg bid x 10 days, plus Omeprazole 20 mg bid x 30 days

3. **Urinary Tract infection:**

   Many women patients complain of urinary symptoms, but due to cultural issues and translation, it is important to rule out the infections with lab evidence of urinary tract infection.

   Rx: Nitrofurantoin and Ciprofloxacin (non pregnant women)

   Nitrofurantoin and Cefixime (pregnant women)

4. **Sexually transmitted infections:**

   There have been reports for mass rape and sexual assault in Myanmar.

   Please keep this as a differential when seeing patients with vague symptoms.

   If there is history of rape, refer the patient to centre with medical care of rape and with capacities for PEP, Plan B etc.

   For HIV testing and subsequent treatment, patients need to be referred to Cox's Bazar for treatment.

5. **Pregnancy/Lactation:**

   All pregnant patients should be referred to midwives with the clinic. If there is any concern regarding the lactation and infant feeding, midwives will be able to do the breastfeeding assessment and teaching, or they can also refer to specialized infant feeding centers.

   Formula feeding is not recommended there due to lack of clean water, inadequate sterilization of bottles and unreliable supply of formula.

6. **Contraception**:
   Please discuss birth control with all your patients. Women are very receptive and some of them may have been used in the past.

   Depo Provera, OCP and condoms might be the preferred choices.

7. **Anemia**:

   Anemia is one of the most common prevalent conditions in the camp. Patients might present with shortness of breath, palpitations, lightheadedness, dizziness and tiredness.

   Rx Adults: Deworm with Albendazole 400 mg then supplement with 50 mg elemental Iron daily

   Rx peds: Children less than 12 years might need deworming as per triage protocol, then Iron and folate supplementation

8. **Skin conditions:**

   The most common skin condition seen in the camps are fungal infections.

Rx: topical antifungals bid x 3 weeks, 1 extra week after lesions clear to eradicate the spores

Oral rx might be needed for severe fungal infections, Rx: fluconazole 50 mg -150 mg once a week x 3 weeks

9. **Measles**: Measles is not prevalent due to vaccination campaigns.

   Rx: Vit A at diagnosis and then the following day.

   Children under 5 yrs of age: Amoxicillin for prophylaxis

10. **Varicella**: supportive care
11. **Tuberculosis**:

    Please inquire for the common symptoms such as night sweats, fever, weight loss, rust colored phlegm in all patients presenting with chronic cough. Atypical lymphadenopathy and ascites without hepatic symptoms should be evaluated.

    Refer to BRAC for testing and rx.

12. **Malaria**:

    Malaria should be suspected in all cases with fever with no other cause.

    We are able to test for malaria in our labs , and if positive , patients will be referred to BRAC for treatment.

13. **Goiter**:

    Most commonly due to iodine deficiency which can be prevented with supplementation of iodine in salt.

    Usually these patients are not referred to hospitals.

14. **Severe Acute Malnutrition:**

    Severe acute malnutrition is prevalent and seen in the clinics. SAM is defined as MUAC<115 cm. (MUAC is not valid in infants under 2months)

    All children <5 yrs are screened at triage but the provider must initiate the referral.

15. **URTI**:

    Acute upper or lower respiratory infections are also one of the most common presentations seen in the clinics. Most of the time, it is exacerbated due to poor air quality or weather changes.

    If choosing to treat the patient conservatively, please advise the patient to follow up if the symptoms persist or get worse. Please be mindful of prescribing antibiotics, also for the resistance and resource utilization.

    Pneumonia: Amoxicillin (adults 1g tid x5 days, peds: 100 mg /kg tid x 5 days)

    Must follow up in 3 days to ensure improvement.

    Bronchiolitis: conservative management and supportive care.

WHO protocols:

The clinics follow WHO protocols for deworming and VIt A

Children who have “W” marked on their hands have been dewormed

Children with ”A” marked have reviewed Vitamin A, and those with “X” marked have been treated in a clinic.

Statistics and demographics:

We will be collecting patient demographics, diagnosis, treatment provided for the patients during the mission.

This will help us determine the need for other specialty physicians and staff to recruit and deploy for our future missions, and also define the specific needs for the addressed patient population.

Given the limited resources around the area, there are many Bengali local residents who need to access medical care, so it is always recommended to ask the patients’ ethnicity which will be helpful for our data collection.

Media Policy:

There is no prohibition in using cell phones or cameras in the camps, but it is highly advisable to take permission from the patients and their families prior to including them in the photos. Do not forget to mention on the social media post, that the person has given permission to be included in the photo. Please tag Humanity Auxilium (@humanityauxillium) and our partner Turkish Red Crescent.

We look forward to your selfless contribution towards humanity by treating the FDMNs to improve their quality of life. Thank you for your willingness to donate your time, energy and expertise. We really appreciate it.