

Partners in Health and Development (PHD)

Annual Report 2020



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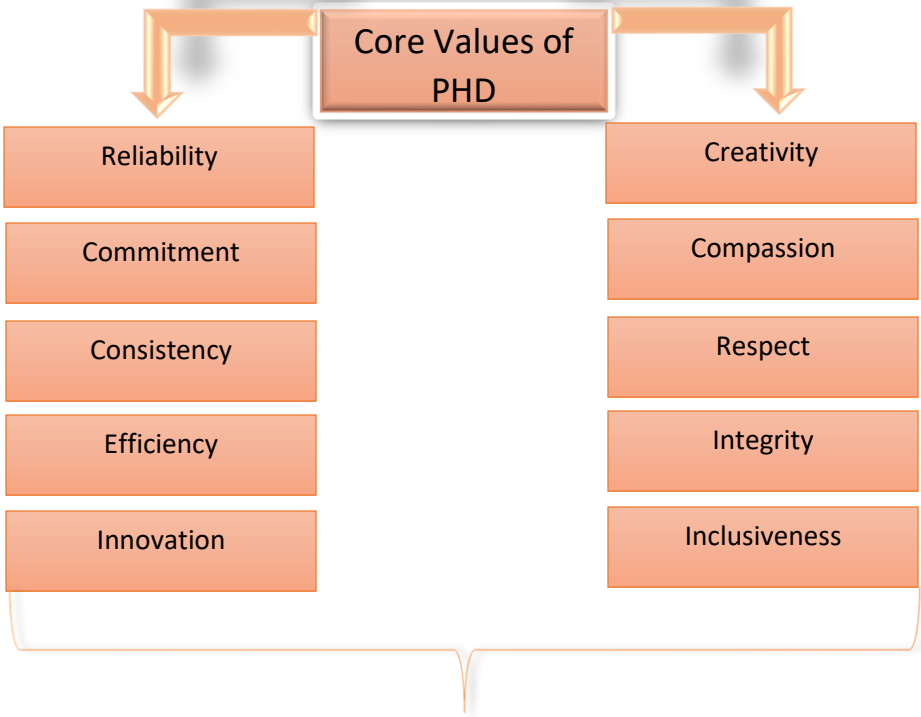
Vision

PHD belongs with the vision of creating 'An inclusive and empowered society with equal opportunity'

Mission

Supporting development actors in managing development process for sustainable development

Enhancing quality of life of the people with particular emphasis to marginalized and less privileged through improving access to livelihood opportunities



Focused area of Partners in Health and Development (PHD)



Foreword from the Chairperson



Partners in Health and Development (PHD) continued its program implementation focusing more on the challenges in pandemic context with effective strategies in 2020. The area-specific programs were designed and implemented in compliance with the dynamic national direction and strategic leadership of PHD management. The organization also kept step on expanding its operational partnership and networking with different organogram of Bangladesh government, international development partners and other relevant stakeholders. PHD remained quite vibrant in consolidating its program achievement and scaling up the learning, sensitizing the national policy makers.

The year marked a huge setback on the progress of development trend due to the COVID-19 pandemic, however, PHD faced the challenging situations with alternate at the organization level and stood beside the vulnerable groups with emergency health support throughout different projects. Some changed approaches and wider collaboration with different segment ranging from its program participants to the development partners helped PHD to be beside the people with its experience and reputation.

PHD has been continuing Humanitarian Response Support since 2017 through “MNCAH project”, funded by UNICEF Bangladesh with support of multi-donor agencies and “MNRH project” funded by UNFPA Bangladesh with multi-donor support and in 2020 couple of more wings have been added to support the vulnerable Rohingya community. Under a collaborative arrangement with the Nutrition Section of UNICEF Field Office in Cox’s Bazar, in 3 World Bank funded health facilities, PHD started implementation of nutrition interventions in line with the National Nutrition Service Operational Plan (NNS-OP), particularly for improving Maternal, Infant and Young Child Feeding (M-IYCF) practices. PHD also started two short term projects like; WOMEN’S REFUGEE COMMISSION (WRC) funded “Innovative approaches to reaching isolated adolescent girls in Cox’s Bazar with critical GBV and SRH information and services” and also Médecins du Monde Japan (MdMJ) funded “Community Health Volunteer Network in Rohingya refugee camp in Ukhiya Upazila, Cox’s Bazar, Bangladesh in the context of the COVID-19 crisis” in 2020.

I hope and trust that PHD will maintain the quality of its services in the future and be able to contribute more in the development sector, systems-strengthening and beyond.

My sincere thanks to the Government of Bangladesh and the donors/ development partners for their generous support and the PHD team for keeping the reputation of the organization high with its integrity, team work, transparency and flexibility/ accommodative attitude.

A handwritten signature in black ink, appearing to read 'Dr. K M Rezaul Haque'.

Dr. K M Rezaul Haque

Foreword from the Managing Director



The Annual Report of 2020 describes the interventions under different projects and assignments with major achievements and service coverage by Partners in Health and Development (PHD) over the year. PHD has been implementing development projects, academic program, capacity building support and humanitarian as well as COVID-19 response projects in 23 districts of Bangladesh. PHD undertook several training and capacity building assignments under short-term agreement with CARE Bangladesh, Concern Worldwide and ILO.

In 2020 PHD has successfully completed USAID's funded and Save the Children in Bangladesh managed "Improving Community Health Workers (ICHW) project in Barishal district. The project has created milestone with "National CHW Profile", "Definition of Community Health Workers in Bangladesh", "Harmonized Job Description of CHWs" and "Inauguration of National CHWs Profile in an international symposium with the presence of honorable Health Minister of Bangladesh". Furthermore, World Bank funded "Nutrition Awareness and Support Service (NASS) Project, managed by SDF also completed in 2020 with some innovation in project approach like; "Mother's Assembly", "Broadcasting nutrition messages from radio", "Installation of low-cost Tippy Tap at HH level" and so on.

In March 2020 the country lockdown started consequently PHD has developed Business Continuity Plan (BCP) with the objectives of continuing our organization's mission-critical services in the business disruption due to outbreak of COVID-19. PHD started an implementation research project with FHI 360 funded by USAID "USAID Strengthening Multisectoral Nutrition Programming through Implementation Science Activity" from July 2018. Because of the COVID-19 outbreak the project interventions were badly interrupted that hampered the research outcomes and as a result the donor part made the decision to close the project intervention with all five partners, however this was completely an unwanted happening with PHD.

In such situation PHD has continued enormous as well as discontinuous support to health service delivery in Emergency Response and ongoing development projects. Furthermore, in 2020, PHD has started two short term projects funded by WOMEN'S REFUGEE COMMISSION (WRC) Médecins du Monde Japan (MdmJ) in Cox'sbazar district.

In addition, PHD has established admirable relationship with government agencies, with UN agencies in Bangladesh, and with different international and national organizations.

Thanks to our development partners who joined hand with PHD in supporting vulnerable community at different level especially in emergencies. I thank my colleagues who remained ever ready served the organization committedly.

A handwritten signature in black ink, appearing to read "Md. Abdus Salam".

Md. Abdus Salam

Development Project



Essential Healthcare for the Disadvantaged in Bangladesh (EHD), Funded by: FCDO (Foreign, Commonwealth & Development Office-UK), Project Duration: 01 July 2019 to 31 December 2022.

Area of Operation	9 Areas of 3 Districts of Barishal Division as below: <u>For Year 2019-2020:</u> Kalapara, of Patuakhali, Charfesson (both UZ and Pourashava) of Bhola and Barguna Pourashava <u>For Year 2021-2022:</u> In addition to the above, Patuakhali Pourashava and Galachipa Upazila of Patuakhali; Patharghata of Barguna; Bhola Pourashava and Manpura upazila of Bhola will be added
Beneficiary	The ultimate beneficiaries of the project is 100% population of those 8 areas which is approximately 1.4 million

EHD is designed to provide support to existing health professionals, facilities and the LGIs of the project areas. In the 3.5 years the EHD will work in 9 areas of 3 districts of Barishal division. An approximate population of those 9 areas is **1.4 million** including more than 70,000 persons with disability. The project defined the whole population as 'disadvantaged'. 'No one leave behind' – is the motto of the project. This project therefore, did not separate the PW, U5, LM or Adolescent group.

The project works directly with:

- 4 Pourashavas (Mayor Office, GoB Health and other private health sector)
- 5 Upazilas (UNO, UZ-Parishad, UPs, UH&FPO, UFPO, UH&FWC, CC, village doctors, medicine shops, CPP, DMC and other forums).

Project purpose	To Identify and implement effective and sustainable models for providing essential healthcare to some 2 million disadvantaged people in both urban and rural communities and including people with disabilities. The programme is looking forward to two specific results: Outcome-1: Disadvantaged including people with disabilities, access quality healthcare Outcome-2: Sustainable model for healthcare demonstrated
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EHD Programme is being implemented by a consortium. A total of eight partners including Concern Worldwide as lead.

- PHD, RHSTEP, DRRA and KMSS are working at implementation level. PHD works in Barishal Division, while KMSS in Khulna.
- CBM and Ipas are providing technical support to DRRA and RHSTEP respectively
- Icdrr,b is providing technical support to the consortium in research and MEAL

In addition, Digital Healthcare Solutions (DHS) a technology-based service and innovation partner working as a service contractor of CWW in the consortium.

At the beginning of 2020, PHD had completed service mapping of community health worker and private sector (NGO clinics, rural pharmacies, village doctors). This mapping generated valuable data on availability of public and private health facilities, and skills of service providers in these facilities. PHD also documented preparedness of facilities on disability inclusion. PHD completed 49 Sensitization meetings with all Unions and Wards following to the formal launching of project at UZ and District level those were held at the end of 2019.

Like most of the project and organization in the world, all activities were shut down at the end of March 2020 and regular project restarted from September 2020, PHD intensified its work and increased the pace of accomplishing tasks as the ‘movement restriction’ due to pandemic was withdrawn. Below are short samples of accomplishment by plan:



Accomplishment status in 2020:

Table 1 Training and Orientation accomplishment status in 2020

Title of Training/Orientation	Participants of the events
5-day long training on “disability friendly ESP”	199 community-based service providers (CHCP, FWA, HA)
3-day long training on “disability friendly ESP”	225 village doctors and medicine shop owners
2-day long training on “disability friendly ESP”	37 Private Health service providers (doctors, nurses, managers etc.) from clinic and hospitals
Completed ToT on SRHR	30 Staffs of EHD Project
Disability inclusive disaster preparedness basic training	1,257 newly recruited CPP volunteers, most of them were female

Table 2 Status of Meeting/workshop with respective stakeholders in 2020

Heading of meeting and workshop	Objectives of the events
Arranged 6 ‘Progress and Plan sharing meeting with stakeholder’ at Upazila/ District level	This is a platform for the stakeholders to make comments, provide feedback and suggestion. Basis of which PHD (EHD) revisit its activities and change the path if required
More than 6000 meetings at Union and Ward level with various committees, such as; CG, DMC, UDCC, FWCMC	Sensitization and revitalization of the committee towards achieving the goal of functional committee designed by Bangladesh government.
10 advocacy meetings at UZ or District level	On Climate Resilience and Use of Cyclone Centre for Health Service

Table 3 Support to GoB and other relevant stakeholders during 2020

Kind of Support	Area of support
Built 49 Ramps in CC	To increase access for the physically disable and elderly populace based on the GO issued by Line Director, CBHC (the requirement came in the progress and planning sharing meeting)
Provide 11 labour beds to selected CCs	On the basis of the GO issued by Line Director, CBHC (the requirement came in the progress and planning sharing meeting)
13 types of item on Early Warning System	Provided to LGI, GoB and CPP that include; heavy duty megaphones, siren, stretchers, first aid boxes and many others
Facemask and oral saline	During the Cyclone Amphan, PHD supported LGIs by providing facemask and oral saline to the Cyclone Centres
'3-layer' cotton mask	During the Eid-UI-Adha, PHD provided thousands of '3-layer' cotton mask to the Cattle Market through the LGI and GoB
Recruited 24 Multipurpose Health Volunteers	PHD recruited 24 Multipurpose Health Volunteers for 4 CCs in Charfesson



Interventions with innovation and newness

1. PHD support **4 NGO clinics** to provide extended time for service delivery at **evening** to increase access to service for the people who do not have time to seek healthcare in the day time
2. PHD deployed **4 Kiosk (Video Dr. Call Booths)** at medicine shops in remote unions of Kalapara and Charfesson. This result a big number of disadvantaged community access consultation with Medical Dr. from remote instead of seeking care to informal and under qualified village doctors
3. In Barguna Pourashava, EHD launched the **Voucher Scheme** for the poorest segment of the area. A total of 2400 health cards have been distributed among poorest families and the families have person with disability. During last three months of the year, 3266 times the cards were used to receive the consultation and or diagnosis from 2 private/ NGO clinic and to get the medicines from 2 designated medicine shops. The scheme was inaugurated by the Mayor of Barguna with presence of the CS and others. PHD introduced Payment for Performance system in this voucher scheme

USAID's MaMoni Maternal and Newborn Care Strengthening Project (MaMoni MNCSP),
 Funded by: United States Agency for International Development (USAID), Project Duration: April 26, 2018 to April 25, 2023.

Beneficiary details	Total 33.3 million (eligible couple, adolescent, pregnant women, mother, lactating mother, neonatal and people from underserved areas) from the project areas
Project area	17 Districts (Bandarban, Brahmanbaria, Chandpur, Coxs bazar, Faridpur, Feni, Habiganj, Kushtia, Lakshmipur, Madaripur, Manikganj, Mymensingh, Netrokona, Noakhali, Shariatpur, Sunamganj, Sylhet) and Sandwip Upazila under Chittagong

Project brief	Role of PHD
<p>Moni MNCSP is designed to contribute to the Health Population Nutrition Sector Program (HPNSP 2017-22) goals to reducing maternal and neonatal deaths by increasing equitable utilization of quality maternal and newborn care services in Bangladesh. The project is catalyzing effective scale up of proven MNC interventions and approaches to reach approximate 33.3 million population. A consortium led by Save the Children has been implementing the project. As a technical consortium partner PHD is playing a key role on specific capacity building of partner NGOs and facilitate strategic directions across the several systems to bring collective expertise in policy advocacy. Additionally, the project is testing new MNC innovations and expanding evidence base learning sites to facilitate health systems improvements and policy changes for sustained impact at national scale.</p>	<p>PHD contribute to achieve following outcomes;</p> <ul style="list-style-type: none"> • Testing innovations to establish functional system for social accountability towards improving responsiveness health systems to deliver patient-centered MNC Services • Engaging LGIs and mobilizing local resources for improved engagement of existing community structures for MNC practices towards sustained improvement in access and demand for MNC services. • Improved coordination between existing community cadres and public sector • Practicing alternative strategies and approaches to reach marginalized populations for reducing barriers in access and demand for MNC services.

1. Social Accountability:

The social accountability mechanism empowers citizens about their rights, responsibilities and by creating space for citizens' participation in the planning and monitoring of public services. Its improved governance and effectiveness in quality service delivery.



2. Local Government engagement:

Local governments have a large and growing role to strengthen healthcare at the local level. LGIs could organize in different ways to provide support in promoting public health services especially those directed at vulnerable and underserved populations. The project initiated to mobilize LGIs through local level advocacy, sensitization, orientation and interpersonal communications.



3. Alternative service delivery at the underserved (HtR) areas:

In Bangladesh, around 28 million people are living in the underserved areas. According to a Government Survey in 2011 showed 1144 unions of 50 districts as underserved. MaMoni MNCSP supports to MOH&FW for improving equitable utilization of quality MNH services in 17 districts to support alternative service delivery in the underserved unions for reducing access barriers among the excluded population.



3.1. Project alternative MNH service start approaches:



4. Community mobilization

Community mobilization interventions

The project initiated to improve coordination between existing community cadres and public sector. It supports to increased community MNC awareness and trust for public sector MNC services. The community mobilization approaches as follows;

- Activation of UH&FWC Management Committees
- Activation of Union Education, Health and Family Planning Standing Committees
- Introduce Community Group (CG) based Community Micro Planning (cMP) approach to collect local level MNH data.

Project Key achievements

- Clients' feedback mechanism functioned in 10 District Hospitals and 54 UHCs
- LGIs mobilized USD 325,406 for strengthening maternal and newborn care
- PHD signed MoU with National Institute of Local Government (NILG) to incorporate a session on 'Role of Union Parishad to strengthen MNC services' in the national UP training manual and hand book
- CBHC accredited integration of evidence-based community micro-planning in monthly CG meeting of Community Clinics under CBHC OP for national scale up
- PHD designed and practiced alternate MNH service delivery approach in 20 underserved unions, where 11,000 women received MNH care and 2,163 PWs received NVD services
- A total of 637 UH&FWCs upgraded as 24/7 facilities with NVD services through an innovative approach of engaging Local Government in mobilizing local resources.

<p>SA interventions</p>  <p>Clients' feedback addressed in QIC meeting</p>	<p>Mobilize LGIs</p>  <p>Mobilized USD 325,406 LG fund</p>
<p>National advocacy on LG engagement</p>  <p>NILG incorporate session in the national curriculum</p>	<p>National advocacy with CBHC</p>  <p>CBHC accredited CMP approach for national scale up</p>
<p>Alternate MNH service delivery approach</p>  <p>11,000 women received MNH services</p>	<p>UH&FWC upgradation</p>  <p>637 UH&FWCs upgraded as 24/7</p>

Community based Interventions for Improving Sexual, Reproductive Health and Rights (SRHR) including Maternal and Neonatal Health, Funded by: **Unicef**, Project Duration: November 2018 to June 2021.

Since 1st November 2018, PHD has been implementing Community based Interventions for Improving Sexual, Reproductive Health and Rights (SRHR) including Maternal and Neonatal Health (ImSRHR&MNH) in Moulvibazar District for Reducing Preventable Newborn and Child Death under the Project Cooperation Agreement (BCO/PCA/2016/010/001)



Project Goal:

Reduction of Maternal, neonatal and under-five child mortality and morbidity, improve as well as improvement of Young Children’s growth and development.

Project Purpose:

By 2020, the quality of integrated service delivery and effective coverage have been strengthened in national and subnational health systems to support the well-being of children under 5 years and their mothers, including those infected and affected by HIV, in emergency and non-emergency situations, including urban

Project Outputs	1. By 2020 Local governance improved for producing functional linkages with Local Health systems to ensure equitable access to MNCAHN
	2. By 2020 Capacity of Service Providers increased for improving quality of MNC&AH service delivery
	3. By 2020 Appropriate knowledge, caring practices and demand for MNCAHN services is increased among the Focused population
	4. By 2020 Community Health Systems Strengthened through improved health Information Systems, Defaulter Tracking of service users, and maternal Perinatal Death Surveillance and Response

Accomplishment status of ImSRHR&MNH Project in 2020:

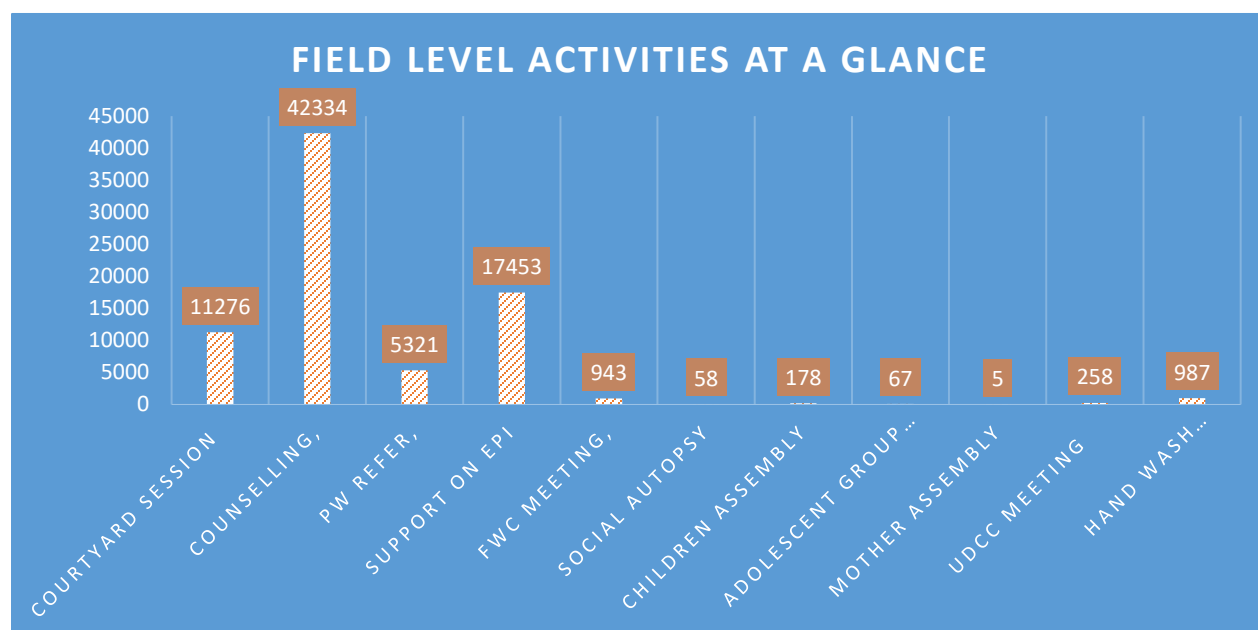


Table 4 Training and Orientation Provided by ImSRHR&MNH Project

Training/Orientation Title	# of participants	Topics Covered
Day long (1 day 2020) Training for MPHVs including HH mapping, counselling	492	Household Mapping, ANC and PNC, Nutrition Counseling, Periodical reporting, Updating of health map and Facilitation of Community Group Meeting
Orientation of Adolescents Group on Community Counseling	688	Prevent child marriage, Concept on nutritious food, Adolescent nutrition awareness, Awareness on COVID 19, Hand washing and personal hygiene, Consequence of drug addiction and Organizing regular club meeting
2 days basic nutrition training for GOB Service Providers and selected project staff	50	Concept Sharing on Basic Nutrition, ANC and PNC Counseling, Child nutrition and Malnutrition, Nutrition counseling, Nutrition of Pregnant and Lactating Mother, Breast feeding, Hand Washing, Growth Monitoring and Promotion, Complementary and Supplementary food, Adolescent Nutrition, Cooking Demonstration, Referral on Under five (Malnutrition) Children, Disbursing Linked Indicators (DLI) and Practical demonstration on hand washing, counseling and breast feeding

Children assembly (7 to 9 Month) to demonstrate of Complementary Feeding Practice

Child Assembly is a process of having nutrient food among lactating mothers, pregnant mothers and adolescent girl and the events are organized at community clinic or nearest spot of community clinic.

Child assembly was organized following some specific process. Before implementing the event in field level the project has collected two guidelines from Save the Children in Bangladesh and Nutrition Officer- UNICEF, Sylhet Office. Then prepared a schedule after discussion with local Health and Family Planning managers after

that selected the spot (house) for demonstration. For the demonstration process a bowl (250ml), spoon, banner and varieties elements which need to cook were previously arranged. Different type of vegetable, rice, egg and beef meat were previously arranged to make the food delicatessen. More than twenty participants were present in a Children Assembly and target beneficiaries were lactating mother, pregnant mother, adolescent girl and mother in law.



Snap of child assembly in presence of honorable Civil Surgeon, UNICEF and PHD representatives, PC: MIS Officer, ImSRHR&MNHP

The project purpose was to create awareness on Hand wash, cooking process and feeding varieties of nutrient food by cooking demonstration. Community Health Care Provider (CHCP), Health Assistant (HA), Member of union parishad, and community people were also present in children assembly.



Demonstration of Hand Washing Practice at community level



Counselling in Tea Garden area



Honorable DDFP of Moulvibazar observing Information Board

“USAID’s Strengthening Multisectoral Nutrition Programming through Implementation Science Activity”, Funded by: **USAID**, Project Duration: July 2018 to May 2022.

Aim/ Goal/Purpose: The Project Goal is “Nutrition policy making and implementation in Bangladesh is informed by high quality local evidence”.

Outcome/ Result:

The outputs of the project are:

- Increased availability of evidence to guide multi-sectoral nutrition programming implementation
- Improved capacity to use evidence to inform policy and programmatic decision-making Among six intervention districts

Project Location

Project implemented in the areas of Jashore, Jhenaidah, Kushtia, Chuadanga, Barishal & Pirojpur District under Khulna and Barishal Division. Project working areas were 22 Upzila and 70 Unions where CCT interventions implemented in 20 Unions, SBCC interventions implemented in 20 Unions and HFP interventions implemented in 30 Unions.

Project implemented in 70 unions from 22 Upazila under six districts (Pirojpur, Jhenaidah, Chuadanga, Jashore, Kushtia and Barishal) and two divisions (Khulna & Barishal)



Target audience/ beneficiaries (if any specific): Direct focus on 10,000 pregnant and lactating women, and children under the age of two primarily from poor and extreme-poor

Intervention Components and the Participants	
SBCC	All the PLW HHs
HFP	Poor and extreme poor PLWs in HFP study area
CCT	PLW in extreme poor HHs in Cash transfer wing
Multisectoral referral	All the PLW HHs

Innovation of the project:

The MSNP is applying a mixed methods research approach to test and refine multisectoral nutrition approaches, interventions and service delivery mechanisms in high stunting areas of Bangladesh. PHD, as the field implementer is implementing project interventions in various combinations of multisectoral packages under different components like- Social and behavior change communication (SBCC), Homestead food production (HFP), Conditional cash transfers (CCT), Multisectoral platforms at the subnational level, Utilization of health and other services in this project and Gender-transformative as cross-cutting interventions,.

- ➔ Through SBCC, project is creating opportunity of combining digital SBCC methods with manual SBCC interventions to target the 1000-day window of opportunity through BCC, Advocacy and community mobilization activities. Project is reaching each beneficiary with age specific (age of pregnancy or child) customised digital message each week and at the same time reaching physically through 1473 Mothers Group per month.
- ➔ In HFP study area project is blending two modalities of delivery mechanism involving Community Farmers and Private retailers separately to improve year-round availability and intake of nutritious foods through providing both input and technical support.
- ➔ Providing CCT to targeted women to make them empowered, accessible to improved nutrition care and services as well as protected from situations that could negatively impact nutrition outcomes
- ➔ In order to bring sustainable change outcomes, project is establishing referral linkages through strengthening union level Multisectoral Platforms (CC, UH&FWC and UDCC at 70 Unions) for ensuring health and nutrition services.

Above all, the MSNP will focus on strengthening multisectoral platforms at national and sub-national levels to ensure evidence is utilized for nutrition policy and programming.



Improving Community Health Workers Program Performance through Harmonization and Community Engagement to Sustain High Effective Coverage at Scale in Bangladesh (ICHW) Project, Funded by: **USAID**, Project Duration: October 2016 to January 2020.

Goal:

To achieve effective coverage of high impact maternal, newborn, child health, family planning, and nutrition interventions and to improve health status.

Objectives:

The objectives of the project are stated below:

- Objective 1: Institutionalization of Community Health Workers (CHW): Efficient and effective linkages between communities, health services and local systems established inclusive of change in behavior that reduce gender barriers in systems and social norms.
- Objective 2: Measurement to influence systems and policies: Evidence and data for decision making to promote scale, equity, and mutual accountability generated and used at all levels.
- Objective 3: Inclusive and effective partnerships: Coordination and collaboration between government, civil society, and the private sector to influence national and local policies and plans improved.

Project Implementation Progress

- During the project period, the ICHW team conducted five different kinds of training with 1571 participants.
- Revitalization of 67 Union Education, Health and Family Planning standing committee and 187 CG
- Development and application of harmonized JD in field level
- Development of National CHW Profile
- Approval of CHWs definition in Bangladeshi context
- Unveiling of National CHW Strategy in an International Symposium in Presence of

Honourable
Health
Minister of
Bangladesh.



Innovation and new intervention of the project:

- A. Reformation of Community Group and Support Group using Social Map
- B. Application of Community Clinic Centered Health Service Model in selected area
- C. Application of Community Score Card as tools of Social Accountability



CG and CSG Member distribution before (left) and after reformation



Nutrition Awareness and Support Services (NASS), Funded by: World Bank, Managed by: Social Development Fund (SDF) of Ministry of Finance, Bangladesh, Project duration: June 2017 to June 2020

Implementation area:

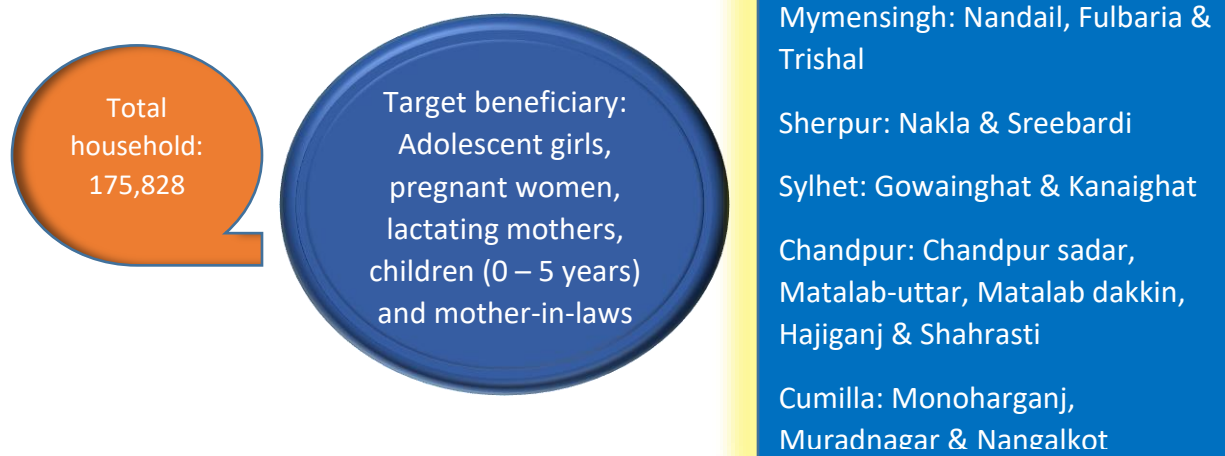
175828 poor extreme poor households in 1050 villages at 15 upazilas across 5 districts

Target audience/ beneficiaries (if any specific):

- Pregnant women/ lactating mother
- < 5 children
- adolescent girls
- Care Givers (mother-in-laws)

Aim

The project aims to raise awareness, improve attitudes and practices that enhance nutritional outcomes for targeted beneficiaries and to support them in optimizing nutrition through their livelihood activities.



NASS (Nutrition Awareness and Support Services), a sub-component project under NJLIP (Nuton Jibon Livelihood Improvement Project) of SDF (Social Development Foundation) has been implemented by PHD (Partners in Health and Development) for raising awareness, improving attitudes and practices that enhanced nutritional outcomes for targeted beneficiaries in project area and supported beneficiaries in optimizing nutrition through their livelihood activities in Mymensingh region of SDF. This project worked in 1050 villages under 33 clusters at 15 Upazilas that covered 175,828 poor and extreme poor household.

Major activities done:

- ToT manual and capacity building for NASS project staffs
- IEC materials for BCC
- Behavior change communication (BCC)
- IEC campaign at national and regional levels
- Further strengthening of linkage building
- One time seasonal vegetable seed distribution
- One time Tippy Tap distribution

Locally Invented Low-Cost Hand Wash Station (Tippy Taps)

To encourage hygiene and hand washing behavior at household level, NASS has provided locally invented low-cost hand wash station for the targeted HHs. A total of 175,828 Tippy taps have been provided and setup at household of 1,050 villages. This is to encourage community to habituate to wash hand with soap and water in critical time maintaining six steps.



It is made by a plastic water bottle which is available everywhere in the country. Taps are provided as symbol to remind the members of the target household to wash their hands at six critical times. Regular follow-up and counseling through home visit and conducting BCC sessions by project field staff and NSC on personal hygiene and sanitation. Children and adolescent take it as very interesting to themselves as it is a new and easy way to wash their hands. By the continuous follow up, counseling and replacement of Tippy Taps by the household with available plastic bottles, communities are well adopted in improve hygiene and sanitation practices. Which is essentially needed during the current outbreak of COVID19 too.



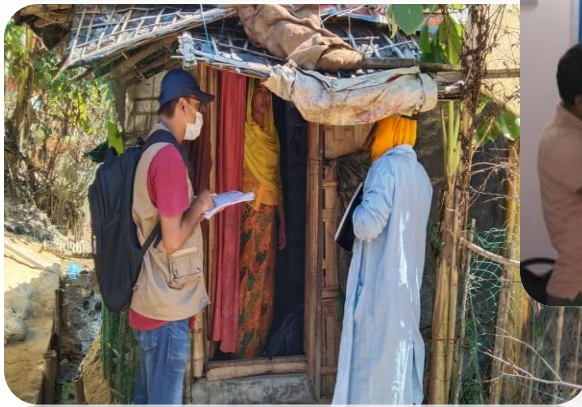
The overall objective of the project is empowering disadvantaged and underprivileged women to enhance control over productive resources and improved livelihoods.



Deliverables of the project -

- Women's and adolescence skills for income generation developed
- Engage women and adolescence in entrepreneurship
- Decision-making by women and adolescence over productive resources and income generation improved
- Women's leadership and control over assets and incomes improved
- Health, nutrition and food security for the vulnerable women, adolescent and children promoted

Humanitarian Response



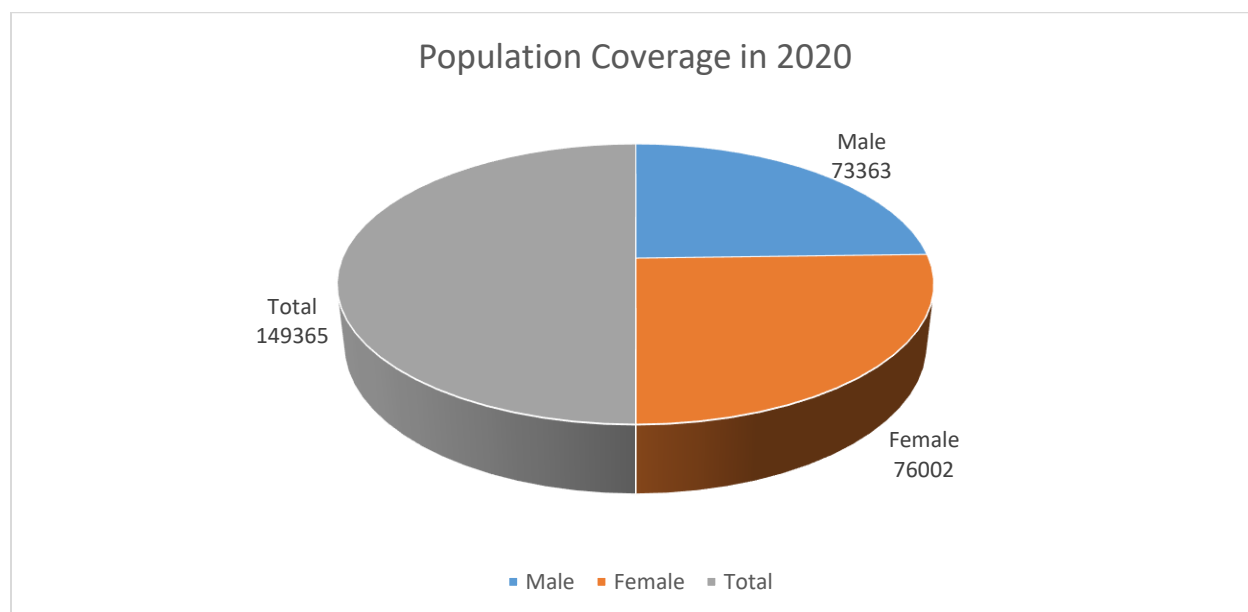
Providing Essential Maternal Newborn Child and Adolescent Health Services to the Rohingya Communities in response to COVID – 19 Pandemic, Funded by: UNICEF, Project Duration: 16 September 2017 to December 2021

Area of operation:

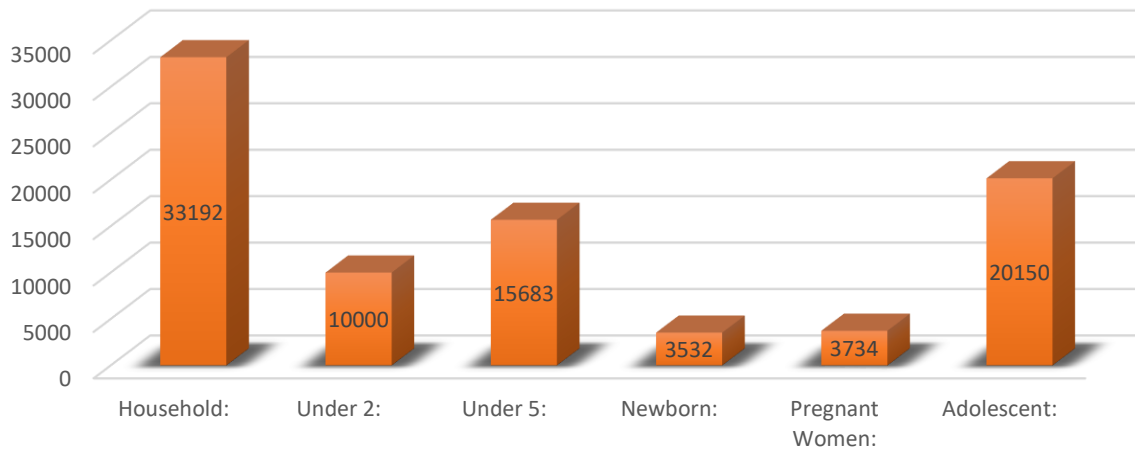
Geographical Coverage area in 8 Rohingya camps in Ukhiya Upazila of Cox’s Bazar District. Camp: 3, 4, 8W, 10, 12, 13, 16, & 18

Beneficiaries’ details:

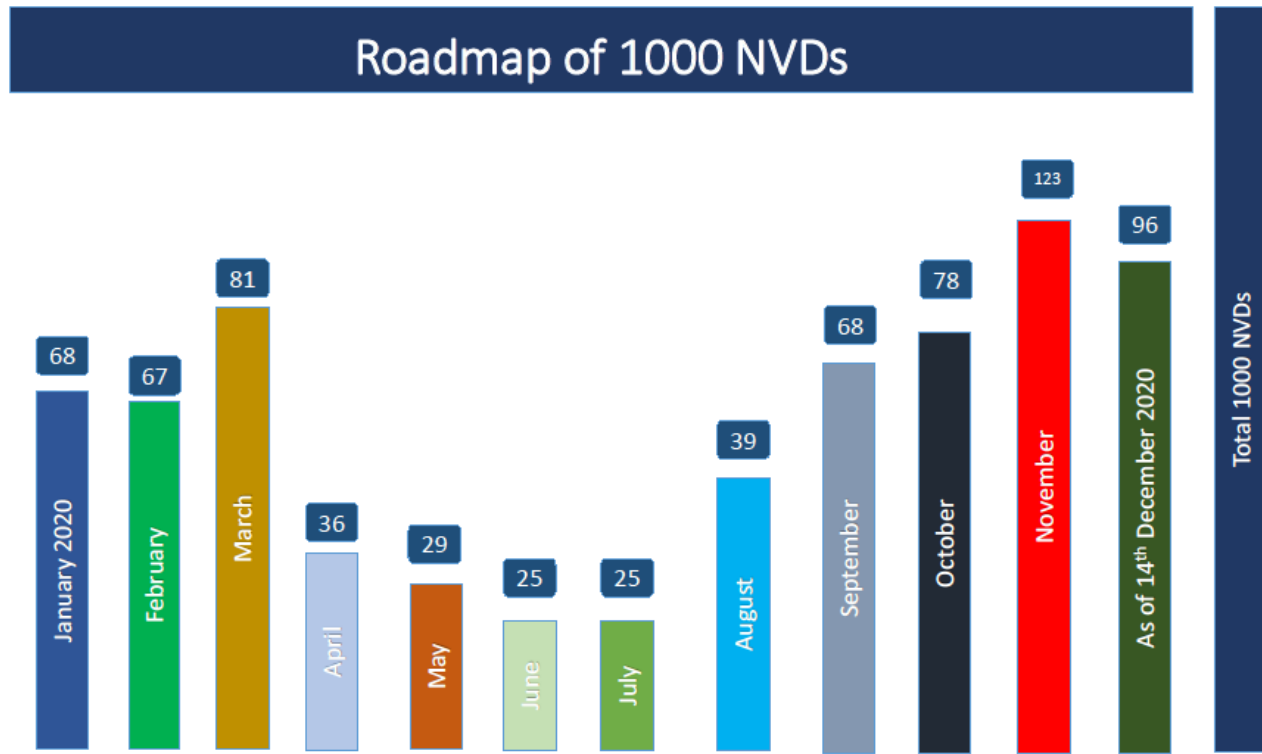
Major Beneficiaries’ Category	Beneficiaries	Remarks
All age group	225856	
U5	107897	
ARI: pneumonia/LRTI	3812	
Diarrhoea	20414	
ANC (4th)	3366	
PNC (at least one)	3340	
Delivery: Normal Vaginal delivery	1196	
Family Planning Services	12762	Received counselling or took services 3 to 4 times.
EPI Services (Panta 3)	1358	
Laboratory Services	38374	Number of services
HIV testing and Counselling	2744	Operated in 5 Health Facilities



Category wise directly reached beneficiary in 2020



PHCC at Camp 8W of the Rohingya Refugee Camp touched a landmark of ONE THOUSAND (1000) NVDs successfully with a steady progress even in COVID pandemic:



Nutrition Interventions for vulnerable Rohingya and Host Communities in Cox's Bazaar, in particular Children Under five, Adolescents, Pregnant and Lactating women, Funded by: World Bank through UNICEF Bangladesh, Project Duration: January 2020 to February 2020

Coverage of Areas:
Camp 10, Camp 12
and Camp 18 at
Ukhiya Upazila

Coverage of Health Facilities:
Primary Healthcare Centre (PHC) 096
at Camp 10, Health Post (HP) 117 at
Camp 12, Health Post (HP) 183 at
Camp 18

Population focus: Under 5 Children, Adolescent boys and girls, Pregnant Women, Lactating Mothers and Caregivers

Objective
Objective of the integrated Nutrition Intervention is to reduce burden of malnutrition among Under 5 Children, Adolescent Boys, Adolescent Girls, Pregnant Women, Lactating Mothers and other vulnerable groups through strengthening and scaling-up of malnutrition prevention interventions.

3 health facilities are providing integrated nutrition services and IYCF counselling

4300 pregnant and lactating mothers/ caregivers received IYCF counselling and breastfeeding support through one to one counselling

80 Community Health Workers are trained on IYCF counselling

1044 mothers are reached with promotive and preventive messages on IYCF through education session

170 health, nutrition and education sessions conducted through organizing community gathering

1705 mothers and caregivers are reached with preventive IYCF messages through education sessions



Community Based Maternal, Neonatal Sexual & Reproductive Health Program for the Rohingya & Host Community, Funded by: UNFPA with multi donor Support, Project Duration: January 2021 to December 2021

Area of operation:

Total 18 camp (1E,2E,3,4,5,7,8E,9,10,11,12,14,15,16,18,19,25,26,27), 5 Host (Rajapalong ,Ratnapalong, Jaliapalong, Palongkhali and Hnilla).

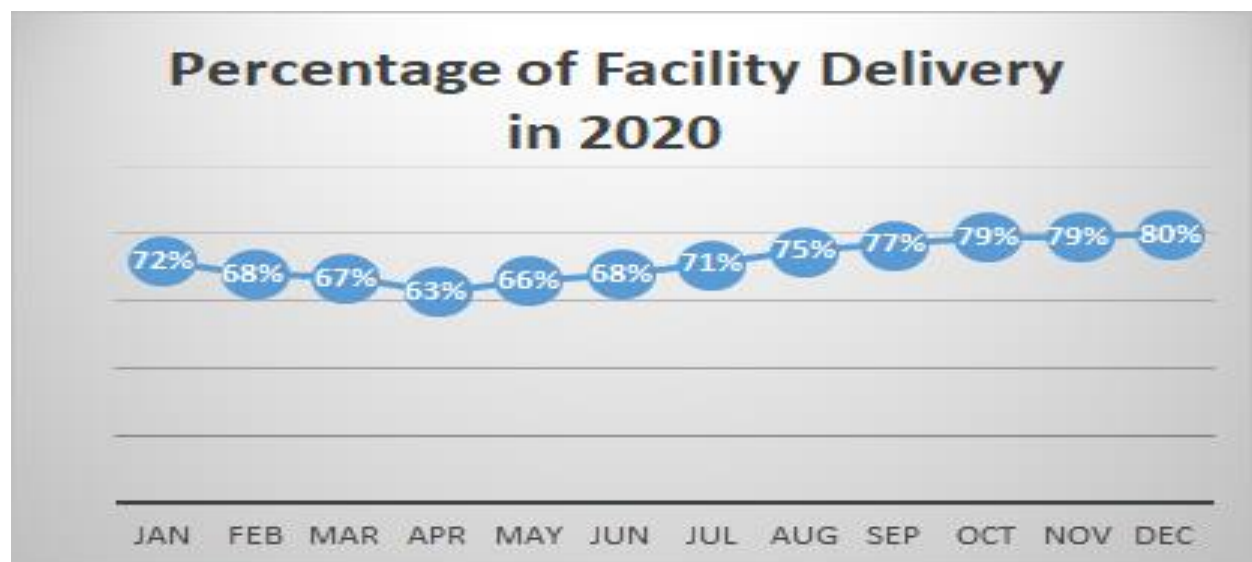
Beneficiary details:

This program mainly focuses on Pregnant Mother and neonatal, Lactating Mother and Caregivers, Eligible Couple, Adolescent and others. Total Population reached **432258**.

Number of Pregnant Women: 3583
Number of Under 5 Children: 85664
Number of Lactating Mother: 18319
Number of Eligible Couple: 61310

Major accomplishment status in 2020

- 1. Effective counselling results increasing the number of institutional delivery which is 72% in this year and referred **128059** people in various facilities to take services like ANC, PNC, Delivery, FP, STI/RTI, NCD and others



2. Pregnant and lactating women hold a large portion of PHD intervention areas. To ensure the healthy life of mother and baby PHD organized 276 courtyard sessions in 2020



3. 300 adolescent girls from 3 camps have been trained on CSRHRE, gender, protection and GBV through skilled girl force project in the targeted area, so that they can seek SRH services from the facility autonomously and also circulate the knowledge on SRH with other adolescent girls in the community, influence community people to stop child marriage and pregnancy.



4. PHD organized male group meeting to involve them in our program. Objective of this program is to brief them about our program. In this year PHD conducted 138 male group meetings.



7. In collaboration with SRH working group Cox's Bazar, UNFPA, CHWG, IAWG and WRC, PHD organized 2 Refresher Training of Trainers (TOT) on Comprehensive Sexual and Reproductive Health Rights (C-SRHR). The TOT incorporates the updated information from the people who worked in the Rohingya context, such as experiences of the CHWs/CHVs, field supervisors, Program officers, Field coordinators, managers and many more to make it context-appropriate and needful to fill the knowledge gaps of the CHWs/CHVs for community based sexual and reproductive health and rights (SRHR) information.



6. On International Menstrual Hygiene day, we observed it by initiating this safe pad distribution program. We distributed 950 pads with our CHWs, adolescent girls from skilled girls & adolescents from host communities.



5. With the theme of "Orange the World: Fund, Respond, Prevent, and Collect!" 16 days of activism against gender-based violence has been started from 25th November 2020 which is an International Day for the Elimination of Violence against Women. This campaign is to focus on 16 key facts. During 16 days of activism against gender-based violence, 2020 PHD has taken spontaneous participation in collaboration with UNFPA



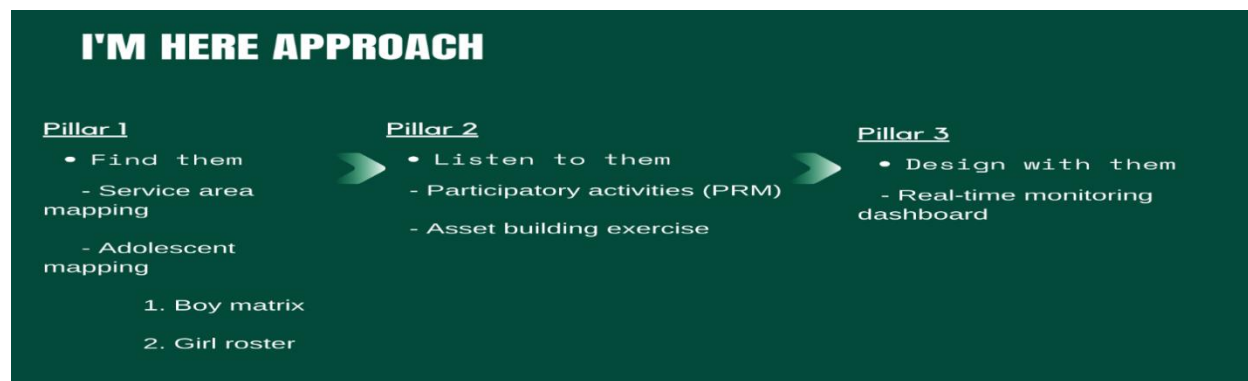
Innovative Approaches to reaching isolated adolescent girls in Cox’s bazar with critical GBV and SRH information and services, Funded by: Women Refugee Commission (WRC), Project Duration: August 2020 to March 2021

Area of Operation: Camp-14, Block-E, Cox’sbazar.

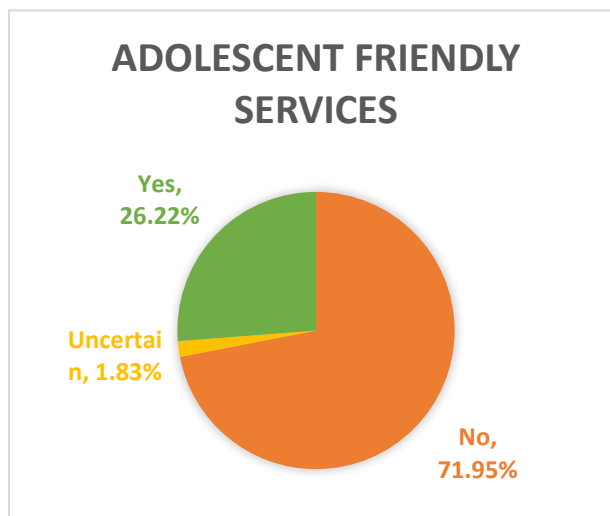
Project objectives: Main objectives of the project are;

1. Understanding barriers to access programs and services for adolescent Rohingya girls
2. Identifying interventions with the help of community stakeholders and implement in according to their needs and priorities, and enable the environment for adolescent girls to access SRH and GBV information and services.

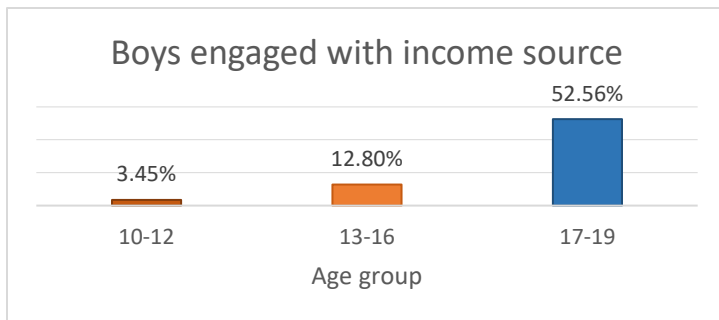
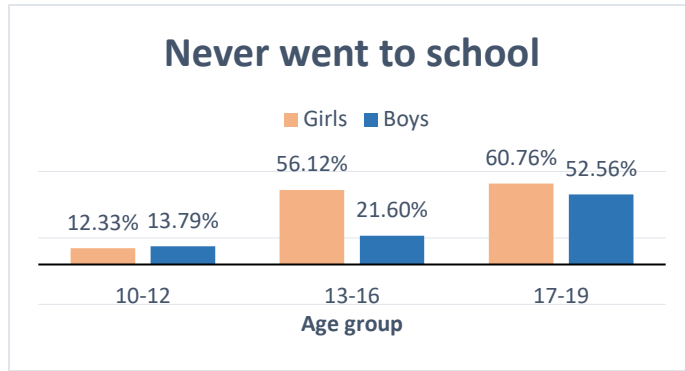
To achieve the program objectives, PHD identified and engaged adolescents to get an in-depth understanding of how barriers affect their access to SRH and GBV services using WRCs **I’m here approach**. **I’m here approach** provides a set of tools that helps us to know the key resources and services existed in this area, demographic profile of adolescents and their needs and priorities. The location of the camp 14 is remote and hilly and it’s quite impossible for the rohingya people to get access to any kind of services provided by NGOs. That’s why the camp 14 was chosen to evaluate the whole situation of adolescents specially the vulnerable ones.



From service mapping, we found that 71.95% of services were not adolescent-friendly. Only 26.22% were adolescent-friendly. From the breakdown of key services in terms of adolescent-friendly status, we can see that health facilities and adolescent center in that camp were not adolescent-friendly at all. But the case of nutrition center and girls only space were absolutely converse. On the other hand, more than 30% of schools fulfilled the adolescent-friendly criteria nevertheless less than 20% of wash facilities were able to meet those criteria.

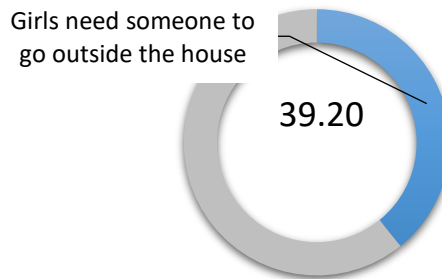


The first chart from adolescent mapping depicts that in age group 13-16 and 17-19 almost 60% of girls never went to school while the percentage of this for boys of age group 13-16 was around 20% which was about one-third of the girls. For the boys of age group 17-19 the percentage was 52.56%.



From the above chart, we can see that the boys from age group 17-19 were more engaged with income than the other two groups and the percentage for this was 3.45% for boys of age group 10-12.

From girl roaster we found that 39.20% of adolescent girls needed someone to go outside the house and about 10% of adolescent girls were married. Among those married girls about 67% of them were of age 19.



According to the implementation plan the project has successfully the trainings where WRC team facilitate directly. In training part -1 the topic covered; approach and tools, in-depth review of adolescent mapping etc. From that aspect there have been accomplished training part -2 topics of adolescent mapping data, training on participatory group activities (PRM, Asset exercise), real time monitoring tools and so on.



Area of Operation: Camp 13, 15 & 16

Direct Beneficiary:

Number of Pregnant Women - 560
 Number of Under 5 Children - 2079
 Number of Lactating Mother - 437
 Number of Eligible Couple - 969

PHD has conducted CHW and CHS capacity assessment to ensure the quality of field implementation. Which conducted for 38 Community Health Volunteers (hereinafter referred to as CHV) by respective Community Health Supervisors (here in after referred to as CHS) and Field Coordinators (here in after referred to as FC) and for 3 CHSs and 2 FCs by Technical Coordinator (hereinafter referred to as TC). Capacity assessment was conducted based on the assessment tool which has been developed by PHD with advice and guidance of MDM Japan. Total 100% of CHV who got 80% of the result which is increased to 87 % than the 1st result. It indicates all of the CHVs have developed their capacity as CHV through regular supervision and monitoring by their respective supervisors.

Baseline Survey:

To identify the scope of work a baseline survey was conducted by 38 CHVs (20 CHVs in camp 13, 8 CHVs in camp 15, and 10 CHVs in camp16) in respective camp where each CHV has visited 30 households. According to the sample size of standard deviation, therefore total 1,140 households where they have taken interview of the Household head to gather the information according to the survey format.

Camp	13	15	16
Male	6610	3895	3450
Female	7108	4022	3638
Total	13718	7917	7088

1. Reproductive Health Awareness Group (RHAG) Formation:

RHAG formation is an important way to engage the Stakeholder engagement which is the process to communicate and get to know their stakeholders. RHAG formation helps to know the people of the community and be able to better understand what they want, when they want it, how engaged they are and how the plans and actions will affect the goals. Throughout the discussion RHAG formation has been done by PHD'S 2 FC's & 3 Supervisors and the list of RHAG members has been shared for the camp 13, 15 and 16. In total of 60 RHAG members were selected and in each camp there are 20 RHAG members



2. Quarterly RHAG Meetings



RHAG meeting has the purpose to obtain cooperation and common understanding by RHAG members against the project. Most of RHAG members appreciate initiative and activity on SRHR which taken by PHD, they expect to be given educational material like flipchart and leaflets as many of them are materialistic as is typical in third world country. According to the result of baseline survey which was implemented by PHD, still nearly 70% women deliver at home with Traditional Birth Attendant. This result shows many reproductive women are not able to access proper SRH health services due to various barriers and PHD needs to improve this situation.

3. Training Provided by CHVN Project

A. COVID-19 training :

COVID19 training was conducted for 38 CHVs and facilitated by TC-SRH, PC, FC and Supervisors from respective camps. The purpose of this training is CHV to be gained basic knowledge on COVID19 such as what COVID19 is symptoms, transmission routes and prevention. Pre and post test was conducted before/after training to measure CHVs understanding level as well as training's effect and quality.



B. EMS training :

EMS Training was conducted with the purpose to Sensitize about the importance and actual procedures of First Aid, understand, explain and demonstrate emergency lifesaving First Aid skills and Provide First Aid in any emergency situation.



C. CHV Basic training

SRHR Training was conducted for 38 CHVs (20 CHVs in camp 13, 8 CHVs in camp 15, and 10 CHVs in camp16) at the training center in camp 1E & in camp 10 and facilitated by 3 CHV Supervisors. The purpose of this training is to increase community SRHR awareness such as Maternal health, Newborn and Child health including Antenatal Care(ANC) & Prenatal Care (PNC) Sexual and reproductive health, Adolescent health, Nutrition and infant and young child breastfeeding in emergencies, Gender-based violence, Sexually Transmitted Infection(STI) & Human Immunodeficiency Virus(HIV), Accompanied Referral and encourage health seeking behavior with accurate SRHR message dissemination in the Rohingya Community.



D. Supplementary training for CHV having the score > 80%

Supplementary training was provided for 7 CHVs who could not answer SRHR post-test questions correctly. As a result, all CHV got more than 80% score of post-test



provided by the supervisors for 7 CHVs who could not arrange more than 80% score evaluation. Supervisors provided explanation for the answers from CHV's. As a result, all CHV got more than 80% score from supplementary training.

4. Household Visits

Household visit has started from 22 September which is a continuous activity of this program. In camp 15 block total household visit is 739, PW counseling is 197, ANC counseling 115, COVID-19 counseling population is 1717. In Camp 16 block total household visit is 1896, PW counseling is 176, ANC counseling is 154, COVID-19 counseling population is 3635 and where in camp 13 block total household visit is 2750, PW counseling is 216, ANC counseling is 276, COVID-19 counseling population is 5585. As mentioned it will continue.

Total number of Household	5256
Total number of Household visit	64040
PW counseling	3345
ANC counseling	2144
COVID-19 counseling	88732



Academic Program



Goals: Develop a cadre of competent professional midwives to deliver quality services to mother, newborns and infants.

Aim and Objectives: DMP aims to draw young woman from disadvantaged rural and urban communities in the country and educate them to become competent midwives through a three year diploma in midwifery course to primarily serve in the under-served areas of the country.

Objective: Two-pronged approach has been adopted to achieve the DMP objective:

- Building capacity of our academic site for educating the midwives
- Developing the students to become competent midwives.

Batch wise graduated students status from DMP		
Batch	Number of Students	Present status of graduates
1 st Batch	30	Government job at different Upazila Health Complex
2 nd Batch	30	Private job with different NGOs and waiting for government employment
3 rd Batch	28	Private Job at Midwifery-Led Centre (MLC) and NGOs
4 th Batch	30	Waiting for (Bangladesh Nursing and Midwife Council) BNMC Examination
5 th Batch	32	Continuing study on 4 th semester
6 th Batch	30	Continuing study on 2 nd semester



PHD's initiatives to carry on classes during pandemic situation caused by Covid-19

For the continuation of classes maintaining quality PHD has divided the students into small groups (3 students) in each group and individual teacher supervises 3 students groups that means 9 students. The respective teacher would communicate with every students over phone call or through messengers to get acquainted with the students' problem with possible solution. Lesson plan, schedule were also sent from HUB and online classes is conduct using online platform (ZOOM). In every 3 days interval model test examination for all the individual batches are taken.

PHD recruited and trained up 4 midwives for MLC before Covid-19 pandemic. PHD provided them some of the academic responsibilities and their services was as like a junior faculties. Teachers of PHD academic site supervised their (MLC Midwives) activities. Every week the academic site arrange a meeting with the responsible senior instructor and used to receive feedback on their activities.

From June to December 2020, 5th batch students continuing their final semester which was dedicated for clinical practices. In earlier months their clinical placement was also closed. They started their clinical practice from 3rd November and all supports were provided by PHD academic sites including personal protective equipment, transportation, accommodation and food. According to the course calendar, the students became graduated in December 2020 and will seat for licensing examination under BNMC in February 2021. As per graduation criteria each student has to complete the following mandatory activities independently: (ANC-100, PNC-100, INC-50, NVD-40 and FP-17).

PHD identified some minimum risk maternity centres such as PHCCs in Rohingya camps Cox's Bazar, MCWC Khulna, PHCs of Urban Primary Health Care project in Khulna and BRAC Manashi clinics in Khulna and deployed students for clinical practice for achieving their target. But specially 10 students of 5th batch who performed their practice in Rohingya camps Cox's Bazar, had achieved their target

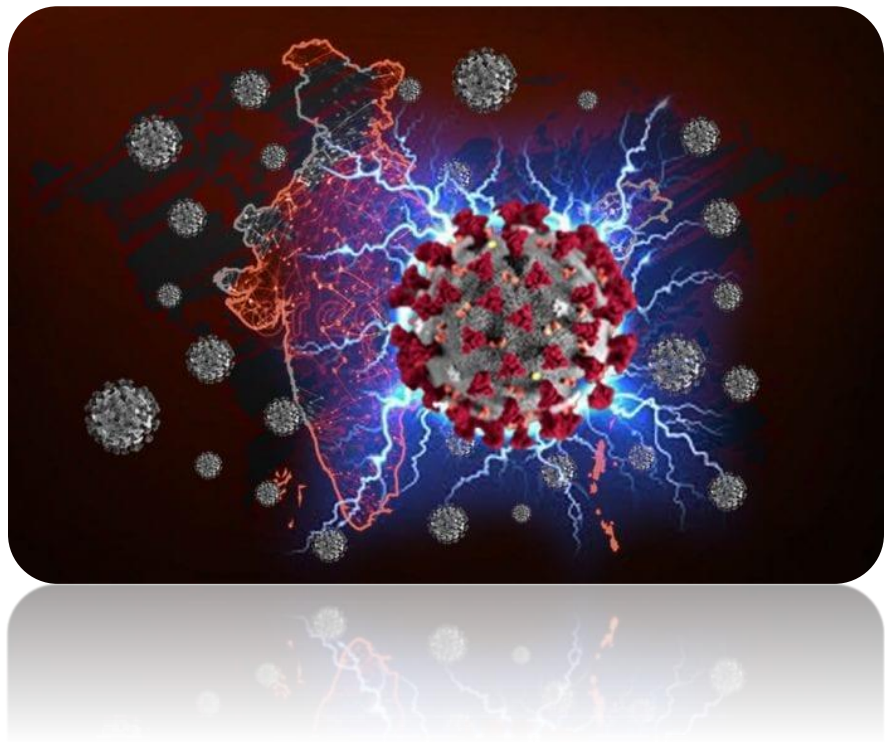
After getting approval letter from government, we successfully opened our MLCC at Shahas UH&FWC, Dumuria, Khulna. On 10th January the first delivery was conducted at the Shahos MLCC in Dumuria, Khulna. This Delivery conducted on 19th of January at the Shahos MLCC in Dumuria, Khulna.

Most of students in "Diploma in Midwifery Program" are from the limited income family and the family of the students have hardly any savings after bearing the family's daily expense. Literally all the normal affairs including studentship has been seriously hampered because of the pandemic situation caused by Corona virus. Students around the country are taking their lessons from online classes to stay on track of study but almost 30 students in different batches reported that they don't have any smart phone even at the same time with no ability to buy a smart phone. In such situation, PHD management with support from other PHD staffs came forward to support the students so that they can continue study through online classes. 30 SMART phones are provided to 30 poor students to actively participate in online classes.

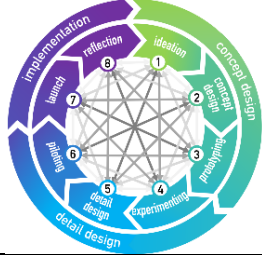








Covid-19 Response by PHD



PHD's Covid - 19 Response from Identification of 1st Case to December 2020

<p>Develop comprehensive BCP¹ as a living document, which is the basis of all responses under different donor supported projects</p>	
<p>Take immediate steps in collaboration with UNICEF for continuing MNCAH² and Nutrition Services in Health Facilities and Communities at Rohingya Camps</p>	
<p>Address real-time requirements in hard-to-reach areas of three coastal districts through DFID funded EHD³ project to face COVID 19 and AMFAN consequences</p>	
<p>Mobilize communities in Moulvibazar district to protect Mothers and Young Children through ImSRHR&MNH⁴ project jointly with UNICEF</p>	
<p>Extension COVID 19 Responses under different projects to address critical emergencies and outbreaks in PHD's catchment areas</p>	

1. Business Continuity Plan
2. Maternal Child and Adolescence Health
3. Essential Health Care for the Disadvantaged in Bangladesh
4. Improving Sexual Reproductive Health and Rights including maternal and child health

Integrated Response to Covid-19 Crisis through Healthcare, WASH and Protection Programs, Funded by: USAID and supported by Save the Children International, Project duration: July 2020 to May 2021

Area of operation:

All the 24 unions of Teknaf and Chakaria Upazila under Cox’s Bazar District

Beneficiary details:

Service Recipients at UHCs and CCs and people of Catchment areas of CCs under Teknaf and Chakaria Upazila

A snap of service information

Population from the catchment of 58 CCs and 2 UHCs Under Chakaria and Teknaf Upazila are getting quality health services (e.g. treatment, referral, health education, counseling, follow-up support, home-based care etc.)

Total 14661 individuals (Including most vulnerable i.e. 2378 under five children and 1198 more than 65 years) patients were received consultation services from our medical officers and Mobile Medical Units at Chakaria and Teknaf Upazila
Among the total patients, 10291 were female, 4365 were male and 5 were transgender.

Total 45,454 (Female 22138, Male 5948) Community people of the catchment were sensitized on risk communication of Covid-19, health and hygiene related messages through “Health Education Sessions” conducted by the Mobile Medical Units

Medical Officers and Mobile Medical Units Playing a significant role to establish fever clinic, triaged, referral, follow-up, crowd management at UHCs and CCs, and delivery of quality services. In consequent of, reduced pressure on UHCs and CCs

Three inclusive new hand washing stations (Included a dedicated sink for the child) installed at UHCs and 2 CCs, and at 6 CCs renovation work for improving sanitation facilities have completed. As a result, all patients and staffs of those CCs are utilizing improved sanitation facilities.

The project team are working with close collaboration of GoB and local key stakeholder to the project goal. The key activities under the healthcare component are:

- Minimize critical health staff gap,
- Improve UHCs’ capacity for functioning of ‘Fever Clinics’ appropriately in UHCs,
- Ensure IPC protocol in the UHCs and proper implementation of the protocol by UHCs,
- Improve CCs’ capacity for functioning triage and screening suspected cases,

- Engage mobile medical unit in home-based care,
- Disseminate Risk Communication and Community Engagement (RCCE) messages,
- Improve capacity of CHWs by providing training on IPC,
- Covid-19 Case management,
- Mental Health and Psychosocial Support Services (MHPSS)
- Risk communication, and Improve BCC activities at the catchments areas of community clinics.

Under WASH component, the project is carrying out:

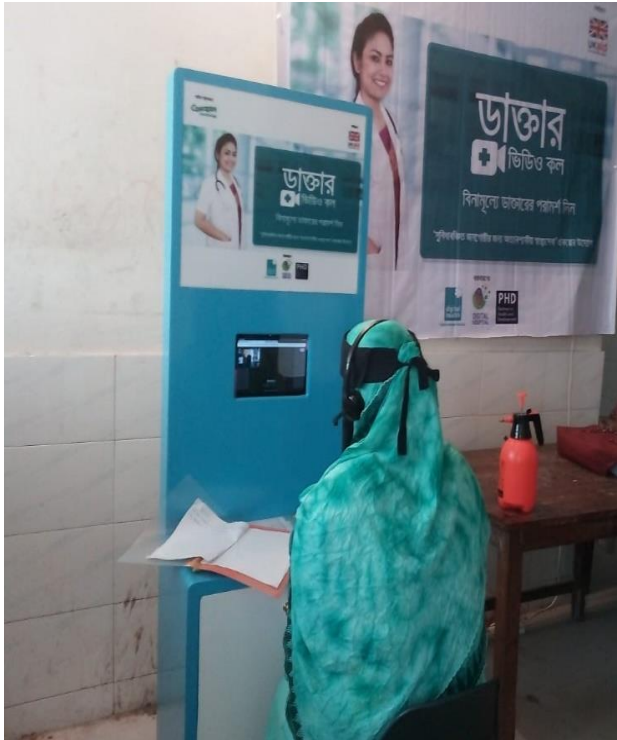
- Installation of new hand washing station or renovation work at each of the health facilities and at communal places,
- Bill board installation,
- Printing health & hygiene related materials,
- Hygiene kits distribution, conduction of hygiene promotion session and
- Disinfectant activities.



COVID-19 Response: Essential Healthcare for the Disadvantaged in Bangladesh (EHD) –

In addition to core EHD activities, PHD has also provided support to six of the seven pillars of the COVID-19 National Preparedness and Response Plan (NPRP). Below are the activities accomplished by PHD -

NPRP	Initiatives taken
Pillar 1: Coordination and Planning	PHD provided support to Civil Surgeons in Program districts, for local coordination, planning and supported IPC activities in health facilities.
Pillar 2: COVID-surveillance	<p>Provided 3 vehicles to Barguna CS offices for sample collection and transportation. These vehicles transported a total of 4,433 samples from 6 upazilas to district and from Barguna to Barishal.</p> <p>Provided 6 sample collectors/lab technicians to Barguna CS offices. More than 550 Samples collected by collectors / lab technicians deployed by PHD.</p>
Pillar 3: Case finding, Contact Tracing and quarantine:	<p>PHD deployed 12 volunteers for Case Finding and contact tracing in 6 Upazilas. These volunteers worked under the direct supervision of UH&FPOs</p> <p>2 video call booths set up in Charfesson and Kalapara and provided tele-consultations, through the Video Doctor Call Booths to hundreds of patients</p>
Pillar 4: Risk Communication:	GoB supported at local level, on mass communication on COVID-19 prevention. PHD provided 24000 leaflets, and 180 Festoons distributed. 240 banners put up. During Eid-ul-Adha, 1200 facemask (3-layers) provided to the cattle markets.
Pillar 5: Infection Prevention and Control (IPC):	<p>PHD distributed a huge number of PPE and IPC items among health facilities (CC, UH&FWC, MCWC, UHC, DH etc.) under DGHS and DGFP in all working areas. In addition, 198 handwashing station were also installed by PHD in various location including the health facilities.</p> <p>Altogether 22 available online courses on different aspects of covid19, particularly on IPC and PPE were completed by the project staff. From TL to U/RHCs completed all (22) and U/RFs completed 16 of them.</p>
Pillar 6: Clinical Case Management:	Supported more than 35,000 families with a free insurance package called “Amra Nishchinto” to cover part of out-of-pocket health costs due to hospitalized any sickness and also coverage of isolation causes by coronavirus, plus lost earnings for 5-8 days hospitalization. The initiative was implemented by DHS, facilitated by PHD



COVID-19 Response PHD ImSRHR&MNH Project Mulvibazar district, Sylhet –

PHD team in collaboration with UNICEF planned the immediate COVID 19 response for the target population of ImSRHR&MNH project in Moulvibazar district;

1. Distribution of IEC materials:

To create awareness among the community people PHD field staffs disseminated IEC materials (1186 Poster and leaflet) at community level including tea garden area in collaboration with the local health department of Bangladesh government after collecting from Government's Health Department and UNICEF office.



2. Small Group Community meeting and courtyard meeting:

Initially the project conducted small group courtyard meeting and community people. 1524 meetings already conducted by Community Health Volunteer (CHV) and Union Facilitator (UF). The prime concern of the courtyard meetings was to create awareness on COVID-19, what to do during the covid situation like; washing hand with soap for minimum 20 seconds, use hand sanitizer, maintaining social/physical distance, avoiding mass gathering, stay at home, use of mask etc.



3. Distance communication for counseling:

Community Health Volunteer (CHV) and Union Facilitator (UF) are keeping regular communication with Pregnant Women and providing health message during pregnancy period specially ANC, birth plan and encouraging them for institutional delivery. The team has done 8683 mobile call with pregnant women to disseminate GoB provided health information. CHV and UF are creating linkage among the service providers and PWs through the distance communication.

4. Hand washing demonstration in very small group:

CHVs are hired from local community so that they can work with community people exclusively. CHVs are instructed to demonstrate hand wash in very small group maintaining required distance. Accordingly, they also make them convinced of the importance of hand washing, personal hygiene at the same time makes them able to prepare mask and sippy water using local technique. 753 hand washing demonstration events conducted in community level (individual and jointly with courtyard session).



5. School Debate Competition program:

Prior to the pandemic situation, the project has organized 25 School debate competition at high School level. The programs contained the discussion topics related with Health, Nutrition and Wash. As in that moment Corona virus was just introducing in Bangladesh the discussion also incorporated with 'Covid-19'. Around 1285 student at a time got informed of covid-19 and they were instructed to make aware of their parents and neighbor as well.



6. Awareness with Children: Awareness buildup activities among children also done with leaflet. They are informed of hand washing process, means of social distance, encouraged them to stay at home for personal safety.

7. Referral of Pregnant women to Service delivery

points:

Community Health Volunteer (CHVs) maintain regular community with PW and service providers to ensure referral cases. CHVs continues counseling with PWs for ANC, normal delivery at health facility, and PNC service receiving. During the pandemic period 193 pregnant women referred to health facility's from community level.





8. Community Awareness through

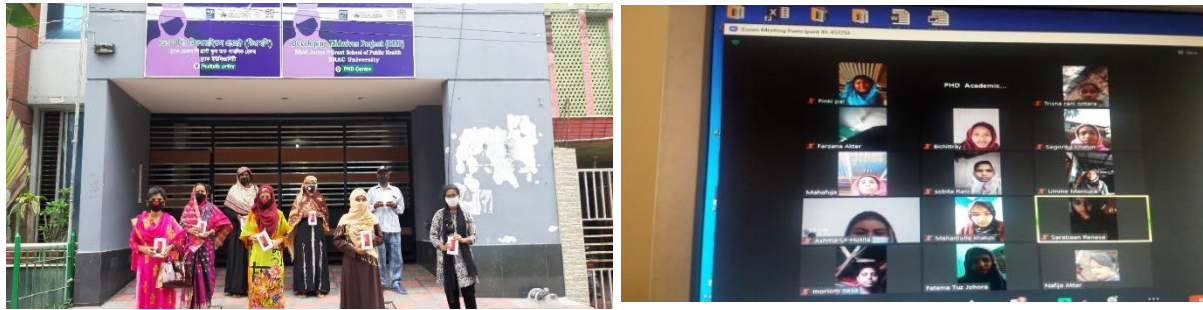
Miking: To create awareness among the community people ImSRHR&MNH project conducted announcement with

local language through miking in every pocket of Moulvibazar district. Topics of the awareness contains;

- Washing hand for at least 20 second with soap
- Not to touch eyes, nose and mouth without washing hand
- While coughing and sneezing covering mouth with tissues/cloths and thronging those to bin immediately. If you don't have tissues, sneeze in flexed elbow
- Maintain physical distance and using mask
- Not to go out of home without emergency
- Children and the eldest are discourage to go out of home
- Avoid gathering in transport, for emergency issue maintain social distance in journey
- Using mask maintaining proper rule
- In case of felling sickness, contact with health service centers



Diploma in Midwife Program (DMP) in Covid – 19 situation:



A large number of students in “Diploma in Midwifery Program” are from the limited income family and the family of the students have hardly any savings after bearing the family’s daily expense. Literally all the normal affairs including studentship has been seriously hampered because of the pandemic situation caused by Corona virus. Students around the country are taking their lessons from online classes to stay on track of study but almost 30 students in different batch of DMP are reported that they don’t have any smart phone even at the same time with no ability to buy a smart phone. In such situation, PHD management came forward to support the students so that they can continue study through online classes and managed 30 smart phones from PHD general fund as well as from the willing contribution of PHD staffs.

From June to December 2020, 5th batch students continuing their final semester which was dedicated for clinical practices. In earlier months their clinical placement was also closed. They started their clinical practice from 3rd November and all supports were provided by PHD academic sites including personal protective equipment, transportation, accommodation and food.

For the continuation of classes maintaining quality PHD has divided the students into small groups (3 students) in each group and individual teacher supervises 3 students’ groups that means 9 students. The respective teacher would communicate with every student over phone call or through messengers to get acquainted with the students’ problem with possible solution. Lesson plan and schedule were also sent from HUB and online classes is conduct using online platform (ZOOM). In every 3 days interval model test examination for all the individual batches are taken.



Covid -19 support by MaMoni MNCS Project:

MaMoni MNCS supported MOH&FW for creating awareness and building the capacity of health service providers in relation to providing MNC services during the COVID-19 situation. The project initiated to take part LGIs in community awareness activities and distributed relief. The staff were strongly advised to maintain social distance and other measures guided by WHO. Through the process arranged hand washing facility, PPE for frontline services provider, hand sanitizer, transport support for emergency cases and relief distribution among pregnant women and milk powder for children.

The project developed awareness posts on COVID-19 infection and also hosted a Facebook Live Q&A Session on “Experiencing Motherhood during COVID-19” for Safe Motherhood Day and it had over 18,800 views and reached over 60,000 people.



Types of Response-

- COVID 19 Response for continuing Essential MNCAH & Nutrition Services in the Camps and Health facilities under COVID 19 prevention guidelines
- COVID 19 Response in the Camps and Health Facilities during critical emergency/outbreaks

Steps taken as immediate response for continuation of services

1. Triage & Social Distances at Health Facilities	<ul style="list-style-type: none"> • Maintained triage in a sitting place with 5-7 chairs separated by coarse cloths • Measured temperature on arrival of every patient • Reorganized seating arrangement of patients with at least 3 feet distance
2. Hand washing and disinfection measures at Health Facilities	<ul style="list-style-type: none"> • Placed Hand Washing Stations at the entrance of Health Facilities • Followed appropriate measures for cleaning Instruments • Washed the floor with appropriate cleaning products minimum 5 times in a day • Followed Waste Management and IP policy strictly
3. Ensuring safety and protection for Service Providers	<ul style="list-style-type: none"> • Developed Duty Roster for Service Providers to limit their footprint at camps • Provided vehicles to service providers for entering and departing from camps • Trained service providers to use protective equipment during patients' care • Supplied Personal Protective Equipment (PPE) and other protective gears to be used as per approved guidelines and protocols
4. Capacity building for clinical and community health team	<ul style="list-style-type: none"> • Infection prevention and control • RIT for COVID 19 Outbreak Investigation and Response • Promotion and preventive health care on acute respiratory illness • Mortality Surveillance and Risk Messaging • COVID 19 Contact Tracing and go. Data Mobile Apps
5. Raising awareness at Community	<ul style="list-style-type: none"> • IPC and BCC materials for COVID 19 collected, localized, printed, and distributed • Oriented Community Health Workers and their supervisors on appropriate use of IPC and BCC materials in raising awareness on COVID 19 at community and hh level • Raised awareness among children and families on how to protect themselves from COVID 19, to understand risks, symptoms and transmission, and to know what to do if they feel sick • Promoted best practices of hand-washing and hygiene management including sneezing and coughing etiquette • Distributed necessary protective gears among Community Workers and Supervisors

- Supplied necessary logistics for immediate COVID 19 preparedness and response
- Established mechanism for distance and remote monitoring and reporting

In response to COVID - 19, PHD has installed (in every health facility):

- A hand washing station (with safe water and soap)
- Two electric temperature measure devises in HF_071 & 096 (that automatically gives signal when fever case finds)
- Providing need based personal protective equipment to service providers, management staffs and supportive staffs regularly.
- A flue corner
- An isolation corner
- A donning and doffing area
- No mask no entry poster at entrance and other IEC



Community Based Maternal, Neonatal Sexual & Reproductive Health Program for the Rohingya & Host Community in Covid – 19 situation:

During COVID-19 the field staff worked in the frontline, the CHWs work as a part of the Community Based Surveillance

According to the CBS role, the CHWs visited the coverage area weekly and collected information of COVID symptom patients and refer them to the health facility

According to the CBS role, the CHWs visit the coverage area weekly and collected information of COVID symptom patients and refer them to the health facility

The project organized Basic IPC training for our CHWs and RHAG members

After getting training they disseminate COVID prevention messages to the Community

In Collaboration with CHWG and the Health Sector we provide Home Based Care training for the field staff of the whole camp area



Capacity Development Support by PHD



Development of PRA Tools, Training Module and ToT:

In response to number of requests from some organizations; Partners in Health and Development (PHD) developed PRA Tools, Training Module on Women Empowerment and Community Social Workers Capacity Building and provided ToT to Ovibashi Karmi Unnayan Program (OKUP), Bangladesh Nari Progati Sangha (BNPS), and Karmajibi Nari (KN) in December 2020.

Implementation strategy and steps

- Need Assessment
- Two Modules and one PRA tools Guideline Development
- Tot on Training modules for Trainers and Social Worker

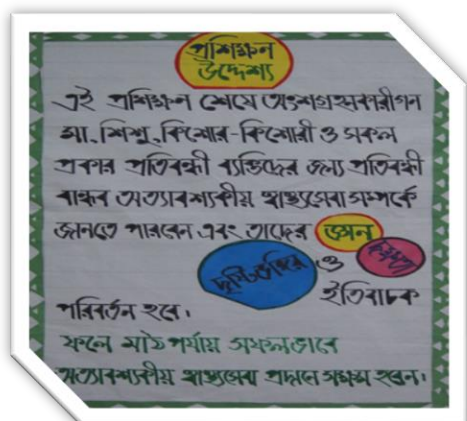


Training on ESP to the community-based GoB service providers:

To meet up the outcome 1: Develop a disability friendly Essential Service Package (ESP) And 2: Train health care providers regarding disability friendly ESP of “Essential Healthcare for the Disadvantaged in Bangladesh (EHD) Project” funded by FCDO (Previously known as DFID), PHD has conducted the training throughout September to December 2020.

Brief outline of the assignment:

- Facilitated 5 days training in selected Upazila as per required standards
- Prepared, undertake and analyze pre and post-test of each batch training
- Conducted 14 batches Training in Khulna region and 14 batches in Barishal region
- Submitted short training report of each batch with analysis of Pre, post-test and training evaluation
- Submitted compile Report of Training



Training implementation strategy and steps:

- ToT on ESP to the community-based GoB service providers
- Daylong Orientation with GoB Master Trainer
- Field training

Private CSBA training on C-IMCI:

CARE Bangladesh with the support from GlaxoSmithKline (GSK) developed 300 Skilled Health Entrepreneur (SHE) supported by local communities, public health system and Local Government (LG) bodies. The SHEs are accredited by Bangladesh Nursing Council with 6 months community skilled birth attendant (C-SBA) training complemented by community based integrated management of childhood illness (CIMCI), Family Planning, nutrition, Non-Communicable Disease and entrepreneurship training. Partners in Health and Development (PHD) has provided training for 110 SHEs in Netrokona district during October to November 2020.

The purpose of the C-IMCI training course was to enhance participant's knowledge, performance skills and positive attitude to identify Signs and Symptoms by following IMCI protocol, Classification of

childhood illness, identify the Treatment, Follow-up and Counsel to parents or guardians to reduce harmful practices and to contribute achieving SDG effectively and efficiently.



Contents of the training:

1. Assess and Classify Young infants for Bacterial infection
2. Management of the sick Young Infants through Classify Diarrhea
3. Assessment of Breastfeeding, positioning and attachment
4. Home care Management
5. Treat the sick young infants, Teach the mother to local infection
6. Assess and Classify Sick Young infants for Very Severe Disease and Diarrhea, Feeding assessment
7. General danger sign, cough or difficult breathing
8. ECD and counseling

Training on Non-communicable Disease (NCD) for 110 Skilled Health Entrepreneurs (SHE's):

The purpose of the training course is to make easily accessible healthcare for Non-communicable Disease (NCD) to the poor and extreme poor disadvantaged marginalized population of Netrokona district. PHD has provided the training on four separate batches in November and December 2020.

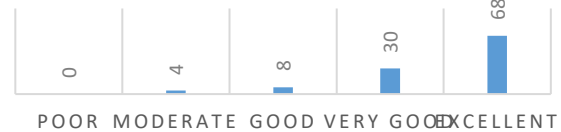


Contents of the Training:

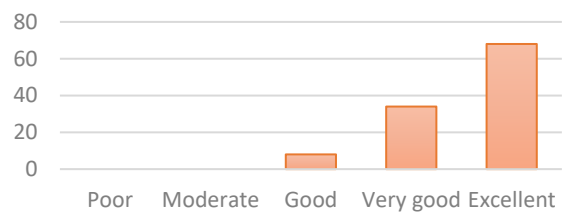
- Disease diagnosis process
- NCD: Diabetics and blood pressure
- General disease of reproductive organ; Dyspareunia, Dysmenorrhea, menorrhagia, White discharge, fistula, prolapse
- Practical demonstration of measuring BP in the training Infecting diseases of reproductive organ
- Pathological tests
- Pregnancy nutrition
- Breast feeding
- Complementary feeding for baby
- Malnutrition diseases
- Skin diseases
- Different types of fever
- Diseases caused by abdominal pain
- Different type of eye related cases
- Infection prevention
- Counselling

Few of the Course evaluation status

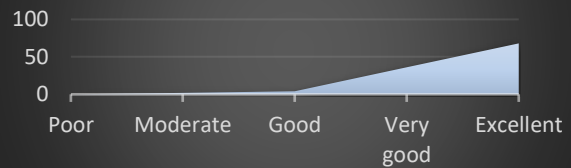
TRAINING OBJECTIVE ACHIEVEMENT



Quality of training materials



Training method



Financial Statement of PHD

Fiscal Year July 2019 to July 2020

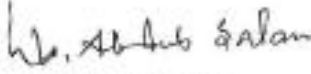


Partners in Health and Development (PHD)
Statement of Financial Position
As at 30 June 2020

	Notes	30.06.2020 Taka	30.06.2019 Taka
ASSETS			
A. Non-current Assets			
Property, Plant and Equipment	03.00	9,415,357	2,021,218
B. Current Assets			
Short Term Investment (FDR)	04.00	7,515,188	7,075,059
Accrued Interest	04.04	292,410	276,962
Investment to WORD	05.00	1,722,229	1,722,229
Loan and Advances	06.00	5,176,185	4,977,604
Advance Income Tax	23.00	232,362	173,023
Cash and Bank Balance	07.00	4,898,477	239,879
C. Total Assets (A+B)			
		29,252,207	16,485,973
D. Current Liabilities			
Income Tax Provision	08.00	2,795,177	195,195
Liability for Expenses	09.00	555,519	555,519
Inter project Payable	11.00	1,475,858	2,975,858
Grants Payable (ADC DAP)	12.00	-	-
Loan payable to PF		-	1,625,484
Provision for Audit Fees	10.00	212,590	111,390
Other Liability	13.00	286,707	365,733
Net Current Assets (B-D)			
		14,511,000	8,635,576
Total Net Assets			
		23,926,356	10,656,794
FUNDS			
General Funds	14.00	23,926,356	10,656,794
Total Funds			
		23,926,356	10,656,794

The annexed notes form an integral part of these Financial Statements.


 Assistant Director Finance
 Partners in Health and Development


 Managing Director
 Partners in Health and Development

This is the Financial Position referred to in our separate report of even date.

Dhaka
 29 October 2020

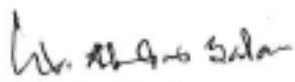

 Aziz Halim Khair Choudhury
 Chartered Accountants

Partners in Health and Development (PHD)
Statement of Income and Expenditure
For the year ended 30 June 2020

	Notes	1 Jul '19 to 30 Jun '20 Taka	1 Jul'18 to 30 Jun'19 Taka
Income			
FDR Interest		517,417	454,092
Bank Interest		60,829	34,221
Emergency Response Received		-	-
Shared Cost and Overhead Received	15.00	32,058,156	24,270,780
Training, Evaluation and Consultancy Income	16.00	2,401,514	7,566,444
		35,037,916	32,325,537
Expenditure			
Personnel Cost	17.00	21,041,625	21,838,763
Office Expenses	18.00	2,355,978	3,985,064
Transportation Expenses	19.00	363,741	426,858
Repair and Maintenance	20.00	527,680	754,658
Project Expenses	21.00	965,776	796,968
Training, Evaluation and Consultancy Expenses	22.00	1,058,642	5,476,227
Audit fee		101,200	101,200
Bank Charge		21,823	26,228
Interest Expense		123,547	-
Excise Duty		2,500	2,500
Depreciation		475,462	507,204
Income Tax		2,599,981	193,953
		29,637,955	34,109,624
Net Surplus/(Deficit)		5,399,961	(1,784,087)
		35,037,916	32,325,537

The annexed notes form an integral part of these Financial Statements.


Assistant Director Finance
Partners in Health and Development


Managing Director
Partners in Health and Development

This is the Statement of Income and Expenditure referred to in our separate report of even date.

Dhaka
29 October 2020

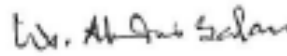

Aziz Halim Khair Choudhury
Chartered Accountants

Partners in Health and Development (PHD)
Statement of Receipts and Payments
For the period from 01 July 2019 to 30 June 2020

Notes	1 Jul '19 to 30 Jun '20 Taka	1 Jul '18 to 30 Jun '19 Taka
Opening Balance	1,313,258	1,652,315
Cash and Bank Balance	239,879	855,267
Advance to Staff and Others	1,073,379	797,048
Receipts		
Bank Interest	60,829	34,221
Shared Cost and Overhead Received	15.00 32,058,156	24,270,780
Grant Received for Project	12.01 455,842,440	355,771,430
Loan from PF	-	2,500,000
Inter Project Payable Received	12.00 -	12,000
Training, Evaluation and Consultancy Income	30.00 2,401,514	7,566,444
	491,676,197	391,807,190
Payments		
Personnel Cost	24.00 20,186,912	21,052,688
Office Expenses	25.00 2,278,296	3,909,275
Transportation Expenses	26.00 363,741	426,858
Repair and Maintenance	27.00 524,343	754,658
Project Expenses	28.00 953,776	766,968
Training, Evaluation & Consultancy Expense	29.00 1,070,642	5,475,144
Audit Fee	-	101,200
Bank Charge	21,822	26,228
Grants Payable (ADC DAP)	-	-
Grant Transferred to Project	12.02 455,842,440	355,771,430
Purchase of Non-current Assets	-	317,800
VAT payable payment	13.01 47,223	16,500
Tax payable payment	13.02 967,535	942,289
Advance tax paid	-	58,378
Loan refund to PF	1,749,031	874,516
Loan to MSNP	550,000	-
Loan refund to PHD HDC	1,500,000	-
	486,055,760	390,493,932
Closing balance		
Cash and bank balance	4,898,477	239,879
Advance to Staff and Others	721,960	1,073,379
	491,676,197	391,807,190

The annexed notes form an integral part of these Financial Statements.


Assistant Director Finance
Partners in Health and Development


Managing Director
Partners in Health and Development


Aziz Halim Khair Choudhury
Chartered Accountants

Dhaka
29 October 2020



Impact Highlight / Case Study / Story



Impact Highlight / Case Study / Story

Story from PHD working area: Charfesson

Community contribution from a *Majhi*¹ Md. Taslim and UP Chairman: A humanity creates bondage at Mujibnagar Union

A discussion started at a point: where UP² Chairman Md. Wadud Mia, RF³-Md Shujon and HC⁴-Md Zakir Hossain & Rezaul Karim make convinced to take good social care of the person with disability and pregnant women of their remote *Char* area. Chairman realized that- it would be a necessary step, as a responsible elected union representative, to extend his hand for the disadvantaged people. *Kheya*/Engine boat is the only transportation system to connect with town for having any sort of health-care-facilities in UzHC. Mutual understanding between the *Majhi*/boat-man and the Chairman has brought a virtuous initiative for the people of Mujibnagar⁵ union. The boat fare for the person with disability and the pregnant women were made free, if they would need to travel to UzHC for healthcare or medical treatment. The initiative is a milestone to create social acceptance for the person with disability and special care with respect for the pregnant women. The one-way fare per head by *Kheya* engine boat is 30/-BDT (£0.27) and 100/-BDT (£0.91) by speed-boat; the transport cost for the community people is sometimes a extra burden in their living expenses ;the provision of free trip might seem nominal but it will spread the message for the community for greater acceptance of person with disability and also for the men and youth that the pregnant women need extra care and family support too. Community mobilization for taking care of the Pregnant Women and social respect for disadvantage group of people like Person with Disability in this hard-to-reach area. This footstep will meet the hope and uphold the human rights for the Charfesson’s disadvantaged group of people.



The boatman Mr Md. Taslim happily stated, “*The Chairman has asked me not to take any fare from the poor patients; I now give them a free boat ride. I appreciate this noble initiative of the Chairman and feel happy to be part of it that I can at least do something for the disable people and pregnant women...*”. The *majhi* confirms that about 15 patients on an average per week avail this free boat ride or about 60 patients per month to come to Upazila health facilities. The fare exemption also has cost-benefit, saving about BDT 3600, considering BDT 60 per patient for one round trip.



This is a testament of how EHD project team of PHD has successfully managed to mobilize local resources through local level advocacy to secure a benefit worth of BDT 3600 for the disadvantaged people and get the commitment from the UP to do something noble for the social cause as part of their accountability to the constituents. Such successful advocacy will help to advance the ultimate project objective of strengthening health system to ensure essential healthcare for the disadvantaged people in the coastal zone.



¹ *Majhi*- Boatman in Bangla

² UP-Union Parishad

³ RF- Rural Facilitator

⁴ HC- Health Coordinator

⁵ Mujibnagar is one of the twenty-one unions (including one proposed) under Charfesson Upazila in Bhola - a coastal district at the south. The union is inhabited by a population of approx. 34701, area-km

Case Story # Rasulpur: A Road to be taken towards Life

Char Fasson⁶ is an upazilla of green Bhola in coastal belt of Bangladesh. Char Fasson upazilla consist of 21 unions. Rasulpur is one of the remotest unions with limited access to health care facilities. It is about 40km far from the Char Fasson Sadar. There is one functional Union Health & Family Welfare Centre (UH&FWC) -adjacent to the highway. The approach road was not feasible for the patients, particularly pregnant women and person with disability, especially during monsoon. It was a concern for the service providers of UH&FWC as well as the village community, who are fully dependent on this UH&FWC. In March 2020, PHD-EHD field staff, FPI⁷ and FWV, noticed the hardships and brought the issue into the attention of the participants of UDCC⁸ union parishad bi-monthly meeting community level group meeting. They requested the Rasulpur UP Chairman, Mr. Jahirul Islam Pandit to allocate fund for the construction of the road. The issue was repeatedly raised up to the Chairman by the URF⁹. After months of sticking to the back of the Chairman, finally, in September 2020, Chairman declared to allocate fund from LGSP-3 Project (allocated fund from Education, Health & Family Planning 2019-2020). Eventually, the road was constructed in October 2020. This road surely has changed lives of the inhabitants of Rasulpur.

Target Population of EHD

Established: This Union Health & Family Welfare Center established in 2008

Service Provider:

Family Welfare Volunteer-1 Family Welfare Assistant -2

Patient of Rasulpur UH&FWC- 1922 Women

[Last 6 months patient in Rasulpur UH&FWC

Women: 1148

Pregnant Women: 210

Children: 557

Person with Disability: 7]

Geographic Location:

Char Fasson- Bhola

Implemented Partner:

Partners in Health and Development (PHD)



Consortium Lead: Concern Worldwide



Funded By: Foreign, Commonwealth & Development office (FCDO)



Rasulpur Union Parishad Chairman expressed -

“this road constructed by us but the motivation and inspiration came from EHD staff Ashraf and Karima...they always inspired about its necessity”



Photo: Before construction the road of UHFWC



Photo: After construction the road of UHFWC

⁶ Total Area of Char Fasson is 14404 sq.km, Population - 456,437 (by population census 2011)

⁷ FPI(Family Planning Inspector) -Mr. Mahfuzur Rahman, FWV(Family Welfare visitor)-Ms. Karima Begum and EHD URF(Urban & Rural Facilitator)- Md. Ashraf Uddin

⁸ UDCC- Union Development Coordination Committee

Struggle of Aronna Chowdhury:

I am Aronna Chowdhury, a lady of 23 years of age belong to the Christian religion. My father's name is Late Babul Chowdhury and mother Fulkumari Das, a housewife. My parents lived in Chittagong. My mother stayed at her in-laws house with her mother-in-law and sister-in-law when my father went to his job and my mother was tortured in different ways. When my mother was pregnant, they locked her in a room for 14 days and the neighbors saved her from the prison when they came to know it. The local people informed my maternal grandparents through letter about the horrible condition of my mother. In such situation, she suddenly started feeling labour pain and the local people took her to the Naval hospital at Patenga at her 7 months of gestational age. I took by birth at 9:00 pm, Tuesday, 1998. My condition was critical after birth as I gained a low birth weight (Only 1.3 kg) due to malnutrition and inadequate health check up of during my mother's pregnancy period.



Me, while taking care of newborn child

My grandparents received the letter after one month due to poor telecommunication system and unavailability of mobile phone at that time. After receiving the letter, my maternal grandparents immediately rushed to Chittagong.

I had an elder brother and he too was not allowed to be fed (breast feeding) by my mother's mother-in-law and sister-in-law. My brother was a malnourished child as my grandmother used formula feeding instead of breast milk. They even would not allow my brother to stay with my mother at night. While every conversation my grandparents from maternal side were ill-treated and insulted by father's family members. They snatched away my brother from us and separated us (me and my mother permanently and send us to my maternal grandparents.

After that I came to my maternal grandparent's house at Malgazi in Mongla and passed my childhood in with them. My grandparents love me so much. Although my maternal grandparents were poor, they cherished me like their own children. I started my school life at the age of five and admitted at class one in Primary School of my village. I completed my S.S.C examination from St. Paul's High School, Mongla. I completed my H.S.C examination from Mongla Govt. College, Mongla. I obtained GPA 3.69 and 3.07 in SSC and HSC examination respectively.

After the completion of my H.S.C examination, my grandparents decided to get me married but I had a strong determination to continue my study. In the meantime, I heard about Diploma in Midwifery Course and got my admission here. The Partners in Health and Development (PHD) authority provided me a full free scholarship. Without this opportunity, it was totally impossible for me to continue my study as my grandparent's financial condition was extremely poor. I complicated my graduation from PHD academic site with better academic achievement.



Meanwhile, I participated a short story writing competition organized by Bangladesh Midwifery Society (BMS) in January 2020. The story writing topic was "Importance of midwives for Bangladesh". I wrote a short story named "Today Happy Is No More". I occupied 1st position (in English) category and the news was published in different newspapers including, Ittefaq, Amadershomoy, and Banglaline 24. I got the news through an Email. After that, I received BDT 10,000 and a Certificate, from UNFPA, Twinning Project of Royal College of Midwives (RCM) UK & Bangladesh Midwifery

Society (BMS). I will be always thankful to those organization.

I would like to thank Partners in Health and Development (PHD) and BRAC University for providing me the opportunity to continue my study. Now I would like to continue serving the people with vulnerable group. Especially I want to keep my contribution to reduce maternal and neonatal mortality and morbidity rate from Bangladesh. Thanks to God and all of the people who helped me and till helping, supporting, and inspiring me in every steps of my life.

Story of Nupur Khanam, “A Proud Midwife”:



I am Nupur Khanam, It was an early winter morning of 13th December 1990, when I was born in a poor rural family in district of Gopalganj. My father Mr. Eskender Ali was a school teacher and mother Mrs. Piyara Begum was a house wife. I am the eldest among the five children of my parents. When I was 6-7 years old, I was admitted in a



local primary school. My early school life was very joyous. My father passed away by thunder storming, when I was a student of class eight. My mother passed away with sever cardiac attack when I was in 12 Grade. Then I shifted to our maternal uncle’s house for security concern. My routine job was to get-up early in the morning (about 5 pm), doing all household chores like a maidservant. Though I was allowed to go to college, I had to tutor some young students to meet the expense of my own and other sibling’s education. In the evening, again I used to do all household work.

I continue my struggle and admitted to a local college to have my Bachelor’s degree. While continuing the course, I learned about Midwifery course. I admitted in three years diploma in midwifery course. I fulfilled all graduation criteria with full of confidence.

I awarded by BRAC University, I appeared and passed licensing exam of Bangladesh Nursing and Midwifery Council (BNMC) to qualify to practice as a Registered Midwife in Bangladesh



Having BNMC license, PHD deployed me in its health projects operated in Ukhiya for FDMN. Now I am serving as a Midwife, in a Primary Health Care Centre (PHC). I conducted 350 deliveries at my current working place under PHD. The authorities of PHD awarded me for my achievement. I feel proud of myself as I am one of them, who contributes directly to the SDG achievement by reducing maternal mortality rate.

While receiving award from PHD authority for my hard work

A journey to Bachamara

The Bachamara char is nearly accreted from the river Jamuna and extremely vulnerable to both erosion and flood hazards. This union divided into two parts, 3 wards are attached with the upazila Sadar and 6 wards are separated by Jomuna river. In this area, women and children are deprived from health services due to lack of health service facilities. Most of the deliveries are done by unskilled TBA and relatives. Based on the facts about the facilities and the human resources, it is not possible for all women to give birth in a facility. The causes of maternal deaths are great concern of Bachamara Union. MaMoni MNCSP facilitated to conduct several meetings with the Union Parishad (UP) including local elites and Upazila Family Planning department. A multi-stakeholder's meeting organized on 07.11.2019 where LGIs, local elites, teacher, health and family planning officials and youths participated in the meeting. UP allocated two rooms adjacent with their office. Family planning department supplied equipment and MaMoni MNCSP deployed a Midwife to start MNH including NVD services. On 13th June 2020, Bachamara facility started MNH services with support of local government and DGFP. Mr. Abdul Latif, Chairman of Bachamara Union Parishad inaugurated this service center in a low profile due to COVID 19 situation. Community people are happy to see the health center in the union parishad. Mukta Akter said...*"I am very happy to have this type of service delivery in my nearest area. Previously I had to go Daulatpur UHC for this which usually cost me 600TK and 3.30 hours. But now I receive service without any cost within 5 munities only."* As result, facility achieved 55 NVD, 298 ANC, 56 PNC since inauguration till 30 September 2020.



Bachamara center adjacent to the Union Parishad



Rahima (25 years) delivered a healthy child at the Bachamara facility

Now Bachamara union became a role model for alternate MNH service delivery in the underserved areas. Daulatpur family planning department organized a learning field visit to Bachamara facility. Purpose of the visit to observe - how Bachamara facility provide MNH services and conducting normal delivery with very limited resources. Another objective is to inspire FWVs to have perform normal delivery in their facility. Four (4) FWVs visit at Bachamara facility. They observed how one midwife provide MNH services including normal delivery with very limited resources. They observed practically - how the Midwife managed the whole process.

A grant contribution by the Chandpur Zila parishad towards Chandpur district hospital

Zila Parishad is the first level institution of rural government in Bangladesh and is statutory through law. According to zila parishad acts; the Zila Parishad body has a range of responsibilities to strengthen quality health services. Over local planning, engaging, budgeting and overseeing local level health services they can contribute in this regard.

Considering the scopes, MaMoni Maternal Newborn Care Strengthening Project (MaMoni MNCSP) provided an orientation to the Chandpur Zila Parishad on their scopes for contributing health service delivery on 18 December 2019. In this orientation respected zila parishad bodies made some commitments to ensure the quality health services and strengthen MNH services in Chandpur district in coming days to execute some action points like; regular follow up and monitoring of existing health facility especially on MNC services and discussed in quarterly meeting, provided necessary and need based support on HR and renovation, etc.

Under the circumstances MaMoni MNCSP team maintained regular communication with Zila Parishad authority to materialize their commitment. Because Chandpur District Hospital faced some difficulties about toilet facilities into the female ward and shortage of some fan in the female ward. The service providers as well the receivers faced miserable sufferings during the summer season due to insufficient of ceiling fan support. Again due to one toilet facility the service receivers faced a long queue or moved to another toilet outside of the facility. This situation also created some suffering for the female, older and operated patients. Sometime for the indoor patients the sufferings turned into risk while they have to go to the toilet outside of the building during night time. Bearing in mind the situation the hospital authority requested MaMoni MNCSP team to seek the support from Zilla Parishad. MaMoni team communicated Chandpur Zila Parishad to provide the mentioned support. Zila Parishad agreed to provide the support and they suggested to send formal letter from the hospital authority. Following the instruction, the Superintendent of Chandpur District Hospital sent a formal letter requesting for 10 ceiling fan and renovation of the toilet that needed 100,000 (one lack) taka. Zila Parishad bodies cordially approved for the amount and take necessary action for activated the support as early as they could. Continuation of those following activities on 14th December, 2020, Zila Parishad provided 10 ceiling fans to Chandpur District Hospital. And within 26th December, 2020 they supported to renovate mentioned toilets facility. Now the district hospital has two toilets at the facility and keep in mind of women, older and especially pregnant women and operated patients one high commode toilet was added. Now the female ward is full with all kind of comfortable support from the facility.

Through the process the quality of health service would be improved and the people of the local community will get a great support from this initiative. This initiative of MaMoni- MNCSP will leave a crucial mark in maternal and newborn health services, ensuring the quality of services and support to reducing maternal and neo-natal death. Nevertheless, some more way to go in this MNC field to achieve the SDG by work together with GO, NGO services.



Zila parishad contribution for Chandpur

