

Partners in Health and Development (PHD)

Annual Report 2021



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PHD
Partners in
Health and
Development

Improving health
through strengthening
management

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Profile of the Organization

Partners in Health and Development Today:

Partners in Health and Development (PHD) is the new name of Bangladesh Population and Health Consortium (BPHC) that was established in Bangladesh during 1988, as a consortium of DFID (currently FCDO), SIDA, CIDA and TRN (previous DFAT of the Royal Netherlands) to support GoB's third health and population program. In 1998, BPHC acted as Public NGO Partnership (PNP), a component of DFID's support to the Government of Bangladesh's Health, Nutrition and Population Sector Program (HNPS). Under the partnership agreement between DPs and GoB, BPHC (current PHD) provided support to third, fourth and fifth Health, Nutrition & Population Program. In 2002, BPHC was transformed into Partners in Health and Development (PHD) and registered as a not-for-profit organization with an aim to extend its support to a range of International and National Development Partners, NGOs and Government Departments by utilizing the expertise it has acquired during those 14 years since 1988. In 2010, PHD got registration from NGO Affairs Bureau.

Vision and Mission:

PHD belongs to the **vision** of creating '*an inclusive and empowered society with equal opportunity*', and with the **missions** for *supporting development actors in managing development process for sustainable development and for 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



PHD continued moving forward targeting to bringing development drives at the doorstep of the poor and marginalized. While the COVID-19 pandemic prevailed with its extreme brunt on life and livelihood of the mass people, PHD implemented its programmes in an innovative/ creative /alternative manner to ensure optimum benefit to the destitute and deserving people. Mobilizing its programme participants and collaborating with the stakeholders ranging from the civil society to the policy making authority, PHD continued widening domains of development services remaining dedicated to the deserving segments of the society.

PHD focused predominantly on context-specific interventions concentrating on local issues and challenges. It continued its programme implementation covering the {areas of operation, and identified district}. PHD also continued exploring its working areas focusing more on the challenges, context, and zone-specific solutions in compliance with the national policy directions and guidance.

Targeting to create more room to serve different categories of the disempowered population with a particular focus on women, children and persons with disabilities and those who are overwhelmed with environmental calamities/ hazards, PHD expanded engagement with different development partners e.g. in 2021 PHD has started its journey with Pathfinder International through implementation of USAID funded “Shukhi Jibon Project”, UNICEF supported “Model Urban Primary Health Care (PHC) Clinics” and maintained effective networking with government health/family planning department, Local Government Institutions (LGIs) and other duty bearers. PHD remained quite vibrant in contributing to the country’s journey in achieving the SDGs in association with the government, donors, civil society and the communities.

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

My sincere thanks to the Government of Bangladesh and the donors and 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 and accommodative attitude.

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

Dr. K M Rezaul Haque

Foreword from the Managing Director



The Annual Report of 2021 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 response projects in 22 districts of Bangladesh. PHD undertook several training and capacity building assignments under short-term agreement with other development partners.

In 2021, PHD has successfully completed USAID/OFDA funded and Save the Children managed “Integrated Response to Covid-19 Crisis through Healthcare, WASH and Protection Program” and through this project PHD was able to establish triage and screening system at all the health facilities prior to consultation services provided by the Medical Officers and Medical Assistants in Chakaria and Teknaf Upazila health complex. In November, 2021 PHD started “MaMoni Maternal and Newborn Care Strengthening Project (MNCSP) Supplementary Program Description for COVID-19 Response project”.

In 2021, PHD started another program title “BGD HF – Rohingya Crisis Response in Bangladesh 2021” to meet humanitarian and protection needs and increase self-reliance and resilience building of Rohingya and host populations in Bangladesh. Furthermore, PHD has been continuing humanitarian support to the forcibly displaced Myanmar Nations since 2017 by diversified programs with support from World Bank, Unicef, UNFPA, DFAT III, USAID/OFDA, WRC, MdMj and so on.

In collaboration with Concern World Wide, PHD has been implementing “Essential Healthcare for the Disadvantaged in Bangladesh (EHD)” project funded by FCDO (previously known as DFID) since July 2019 but the sudden closer of fund from the donor, PHD has to discontinue the project in June 2021. The project was supposed to be continued up to December 2022.

Furthermore, in 2021, PHD has started new partnership with Pathfinder International with “Shukhi Jibon” project. Also, in December 2021, PHD started World Bank funded and Unicef managed “Maternal, Neonatal, and Child Health (MNCH) and Nutrition Service Delivery for Bangladeshi Host Communities at Cox’s Bazar District” project with a view to improve Maternal, Neonatal, and Child Health (MNCH) and Nutrition Service Delivery in Cox’s Bazar 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 'Abdus Salam'.

Abdus Salam



Development Project

Model Urban PHC Clinics

Project at a glance:

Supported by: UNICEF
Duration: 11 July 2021 to 30 September 2023
Beneficiary: Approximately 100,000 population in each 6 Urban Clinic catchment areas (Pregnant women, Mother, Infant, Under five children, Adolescent, Women of reproductive age, Old age population for NCDs.) from the project areas
Areas: Karail DNCC (Ward # 19, DNCC), Duaripara, Rupnagar, Mirpur DNCC (Ward # 06), Shyampur, DSCC (Ward # 48), Dhalpur, Jatrabari DSCC (Ward # 49), Ershadnagar, Tongi, GCC (Ward # 49)

On 11th July 2021, UNICEF signed a contract with Partners in Health and Development (PHD) as lead of the consortium along with two partners, CMED Health Limited (CMED) and Nari Maitree (NM) to carry out the assignments for the project on “Competitive management of Primary Health Care (PHC) services in selected 6 clinics in 4 city corporations in Dhaka (DNCC, DSCC), Gazipur, Narayanganj as per the Essential Service Package Guideline”. Immediate after signing of contract, PHD signed sub-contract agreement with CMED and NM, and defined the scope of works with deliverables by the outputs.

Clinics’ renovation and readiness completed:

By the end of Nov 2021, the project completed all the renovation work and readiness of model urban clinics in Karail, Shyampur, Ershadnagar, Mirpur and Narayanganj. The renovation work in Dholpur model urban clinic has been delayed due to late handover of premises from the landlord, however the work will be completed with the first two weeks of Jan 2022.

The image of the entrance of 5 urban model clinics are displayed in the following table-

Karail Clinic	Shyampur Clinic	Ershadnagar Clinic	Mirpur Clinic	Narayanganj Clinic
				

Clinical procurement completed and supplied:

Furniture and Fixtures, Lab Equipment and Medical Instruments

Both PHD and Nari Maitree agreed to launch the bidding process through PHD’s Central Procurement Team for procuring necessary furniture, fixtures, lab and medical equipment for all six clinics following PHD’s procurement policy. Accordingly, the assigned team of PHD developed 3 Request for Quotations (RfQs) for i) Furniture and Fixtures, ii) Lab Equipment and iii) Medical Instruments.

PHD published those RfQs in PHD Website and circulated among the enlisted vendors as well as other potential vendors in the open market. PHD maintained all procedures as per its policy and consider Value for Money principle to make the procurement decisions.

PHD management issued the work orders in favor of the selected vendors and received supply of maximum items within the reporting period, however few of the items to be supplied within the mid of January 2022.

SMART Point of Care Diagnosis (POCDs) and Client Satisfaction Kiosks

As an integral part of digital platform, CMED, the consortium partner ensured the supply of 6 types of SMART POCDs including strips for SMART glucometer for all clinics and outreach interventions.

SMART POCD devices are displayed hereunder-



The consortium-oriented Paramedics, Nurse, Lab Technologist and CAs, so that they can-

- ➔ Create digital health account for clients
- ➔ Use SMART POCD devices and Mobile Tabs
- ➔ Use android-based mobile applications
- ➔ Measure Pulse, BP, SPO2, temperature, BMI, MUAC, blood glucose through SMART devices
- ➔ Complete Lab request and report upload through mobile app

The consortium oriented General Practitioners (GP), so that they can-

- ➔ Use of multi-layer web portals with laptops

- Perform ESP delivery using IDHP
- Generate digital prescriptions
- View lab reports
- Refer clients

The image of Induction and IDHP orientations are displayed in the following table-

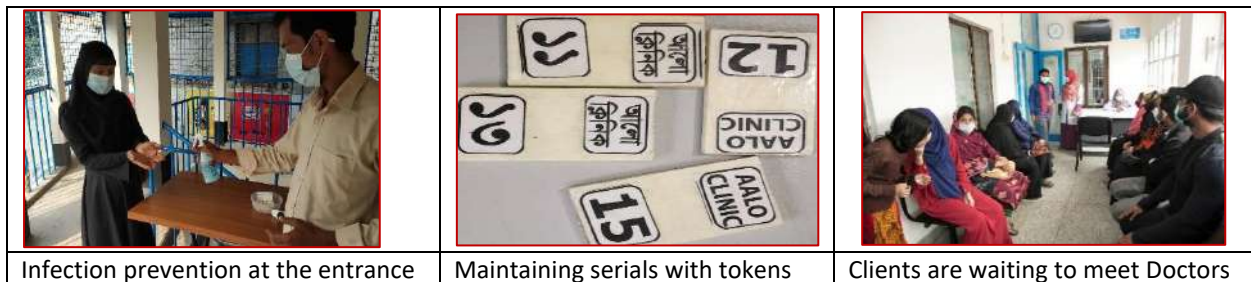


Roll-out of five clinics completed:

During the reporting period, the project rolled out 5 model urban clinics, out of which, Karail and Shyampur clinics started ESP delivery from 15 Dec 2021, and Mirpur, Ershadnagar and Narayangonj from 30 Dec 2021.

A total of 349 clients served in different Aalo Clinics up to 31 Dec 2021

Few evidences of service delivery in Model Urban Clinics



			
Patient registration to IDHP	BP screening with Smart POCD	Body Mass Index (BMI)	
			
Oxygen saturation screening	Temperature measurement	BG screening with Smart POCD	
			
Audio-visual display for clients	Consultations by Male GP	Consultations by Female GP	
			
Explaining prescriptions	Washing hands	Using Satisfaction Kiosk	
			
Lab operation with limited diagnosis	Digital ECG	Breast feeding corner	
			
RO water purifier	Wheel chair	Oxygen support	Nebulization facility

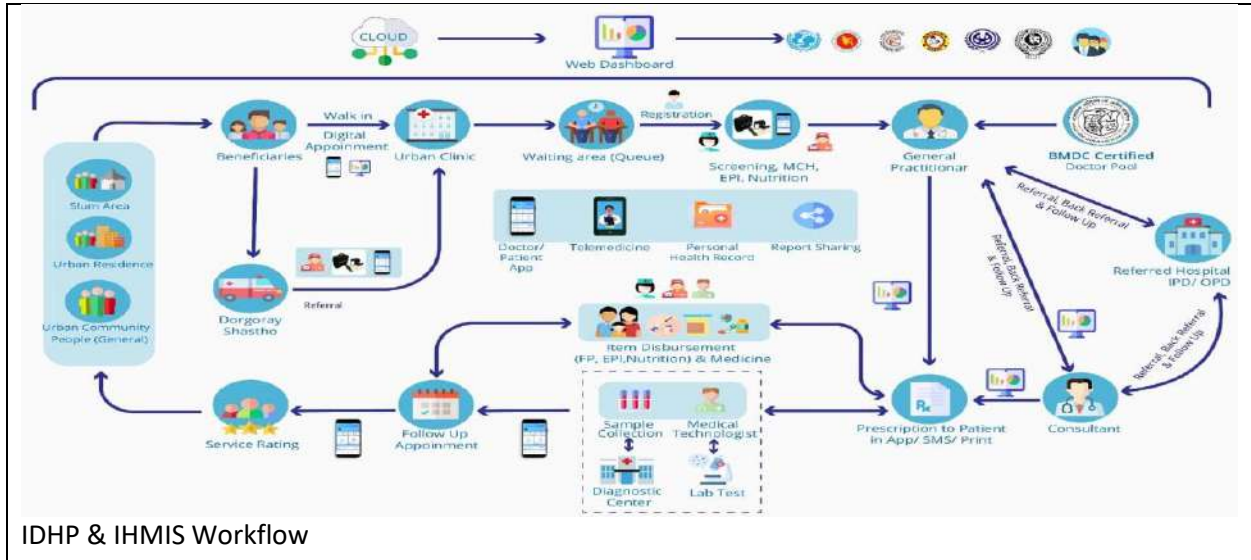
			
Standby generator	Fire extinguishers (CO2)	Fire extinguishers (Foam)	Fire extinguishers (Powder)

Operation of IDHP and IHMIS:

The IDHP was developed and ready to deploy within the timeline. However, the production server from MIS, DGHS was not given on time. Therefore, to develop capacity of the clinic professionals on the early stage, the consortium has used staging server provided by CMED. On 9th December, after continuous support from UNICEF, the consortium has received the production server from MIS, DGHS. Upon receiving the server, the assigned team has configured the server and prepared the production server ready for operationalizing the IDHP and IHMIS simultaneously by the time the clinics started operationalizing.

All the clinic staff were properly trained on the IDHP and IHMIS and they successfully oriented themselves with the use of smart POCD, mobile tabs and laptops respectively.

All the activities in the clinic were mapped and defined in line with the following IDHP and IHMIS Work Flow-



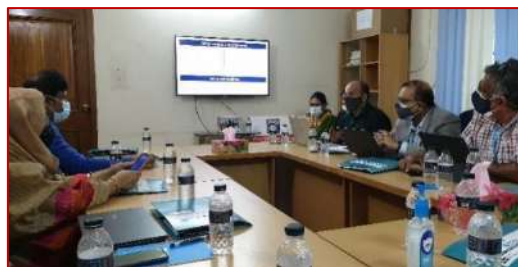
Branding protocol in place:

C4D section of UNICEF has agreed to provide necessary technical support in developing the branding protocol for model urban clinics in response of request from the consortium. During the reporting period, UNICEF provided support to determine the clinic name, clinic logo and the design of clinic signboard.

<p>The name of model urban clinics are determined as 'Aalo Clinic'</p>	 <p>The logo of Aalo Clinics</p>	 <p>Design of Signboard</p>	 <p>Design of Signboard</p>
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Visit of Senior Health Advisor, Embassy of Sweden:

UNICEF and the consortium organized a visit of Dr Mohammad Zahirul Islam, Senior Health Advisor, Embassy of Sweden on 29 December 2021 with an objective to observe field level activities of 'Strengthening Urban Health Systems for Comprehensive Primary Health Care for the most Deprived Women and Children Project' in the project office and two Aalo Clinics, Korail in Dhaka North City Corporation and Shyampur in Dhaka North and Dhaka South City Corporation. Dr. Chandrasegar Soloman Health Specialist & Dep Rep (OIC) and Dr. Md. Ziaul Matin, Health Manager along with Dr. Margub Jahangir, Dr. Abdur Razzaqul Alam, Dr. Tasrina Rahman and Masud Pervez accompanied the senior health advisor in the visit. The members of Consortium Management Team, Project Implementation Team and ICDDR,B Research Team were present in the briefing session and in the clinic visits.



Scheme operator's presentation in briefing session at PHD Head Office in Gulshan



Visit to project office

Observe signboard at entrance of Aalo Clinics, Korail



Consultation with GP in Aalo Clinics, Korail

Consultation with GP in Aalo Clinics, Shyampur



Testing digital ECG device



Consultation with client



End of visit at Aalo Clinic

Key recommendations

- ➔ Repositioning 'Satisfaction Kiosk' to ensure privacy of clients
- ➔ Redesigning management of client flow, queue and waiting at 'Aalo Clinics'
- ➔ Facilitating Implementation Research for process-documentation since inception to till end
- ➔ Developing an effective referral mechanism
- ➔ Changing font-size of the prescription more distinct, legible and user friendly
- ➔ Introducing offline option for data entry in case of internet disruption or failure
- ➔ Ensuring adequate backup for data loss in MIS server
- ➔ Provisioning SMS services for client follow-up
- ➔ Ensuring Quality of Care (QoC) rather focusing on number of patients

- ➔ Maintaining an asset and logistics management system with displaying Logo of SIDA & UNICEF on all supplied/procured equipment & furniture
- ➔ Developing strategy for Outreach Intervention and Social Behavioral Change Communications (SBCC), Demand Creation and Clinic Promotion
- ➔ Multipurpose use of the Mobile Vans for Outreach Centres was recommended
- ➔ Preparing of medicine and commodity consumption requirement with an estimated budget
- ➔ Arranging another visit plan in Aalo Clinic, Ershadnagar and Mirpur.



Digital registration of the client



Measuring BP with digital device



Clients are waiting to meet Doctors



Doctor preparing digital prescription



ECG with digital device



Support to understand prescription

USAID's MaMoni Maternal and Newborn Care Strengthening Project (MaMoni MNCSP)

Project at a glance:

- Funded by:** United States Agency for International Development (USAID)
- Duration:** April 26, 2018 to April 25, 2023
- Beneficiary:** Total 34.8 million (*eligible couple, adolescent, pregnant women, mother, lactating mother, neonatal and people from underserved areas*) from the project areas
- Areas:** 17 Districts (Bandarban, Brahmanbaria, Chandpur, Cox's bazar, Faridpur, Feni, Habiganj, Kushtia, Lakshimpur, Madaripur, Manikganj, Mymensingh, Netrokona, Noakhali, Shariatpur, Sunamganj, Sylhet and Sandwip Upazila)

Introduction: USAID's MNCSP is a five-year activity designed to contribute to the Health Population Nutrition Sector Program (2017-22) goals. A consortium led by Save the Children has been implementing the project. As a technical consortium partner PHD is playing a key role in specific capacity building and facilitating strategic directions across several systems to bring collective expertise in policy advocacy. To improve the utilization of quality MNH services by strengthening the health systems the project is catalyzing effective interventions to reach 34.8 million populations in 17 districts (Figure 1). Five implementing partners work here; DASCOH Foundation, PSKS, RIC, Green Hill, and Shimantik.

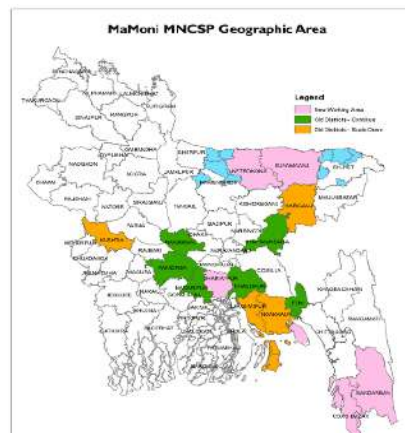


Figure 1: USAID's MaMoni MNCSP districts

Key achievement:

- Ensured two directives by Director Hospital and Clinics of DGHS and Program Manager QIS, to promote SA interventions and CSC formation.
- About 65% of facilities authority initiated functional social accountability mechanisms.
- During this year 94 facilities adopted SA tools. Where 72 facilities introduced feedback mechanisms through SB, Helpdesk 14 facilities and citizen charter 70 facilities.
- Union Parishads utilized 1,119,576 USD for MNH services.
- Total 130 CG-based cMP rolled out where, 94% meeting held.
- About 29% (64) Zila Parishad, Upazila Parishad, and Municipality utilized 159,119 USD.
- Mobilized 14,844 USD from private sector; Corporate Social Responsibility (CSR) fund, Philanthropist.
- For service improvement 94% UH&FWC MC conducted planned bi-monthly meetings. Total 54 Underserved unions developed action plans to start MNH service through multi-stakeholder planning meetings.
- Total 86 (cumulative 106) US unions started MNH services and 42 started NVD services (cumulative). A total of 25822 women receives ANC, and 4048 facility delivery was held

Role of PHD

1. Testing innovations to establish a functional system for social accountability towards improving the responsiveness of district health systems to deliver patient-centered MNC Services
2. 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 and HH practices.
3. Improved coordination between existing community cadres and public sector
4. Design effective strategies to reduce access barrier and initiate MNH service delivery at the underserved

Programmatic achievements relative to sub- IRs in 2021:

Sub IR 1.3: Functional System of Social Accountability (SA)

The SA intervention introduced by MaMoni MNCSP focused on information dissemination regarding the public health facilities and incorporation of citizen’s feedback for quality improvement. SA mechanism is considered an important tool to strengthen the public health system in delivering services, improving governance, monitoring the public resources. The project introduced the approach of “facility-led initiative” where supply-side actors will be governed by the respective Facility Management Committee.

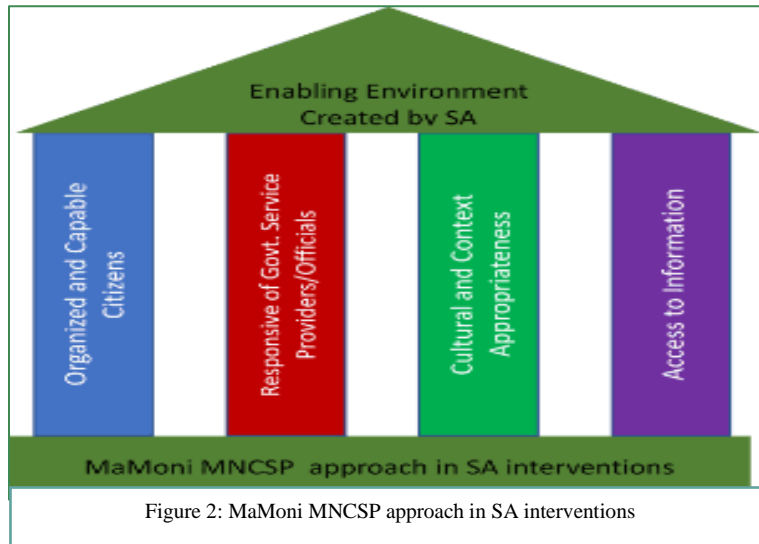


Figure 2: MaMoni MNCSP approach in SA interventions

Citizen Charter:

As the baseline survey and end of project assessment covered the same intervention areas. Figure 3- shown that significantly high in the case of SA intervention facilities (60%) in comparison to the non-project facilities (37%) and baseline (3%).

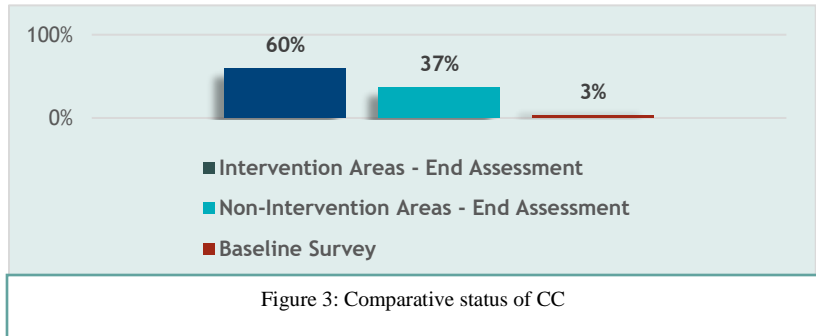


Figure 3: Comparative status of CC

Help desk:

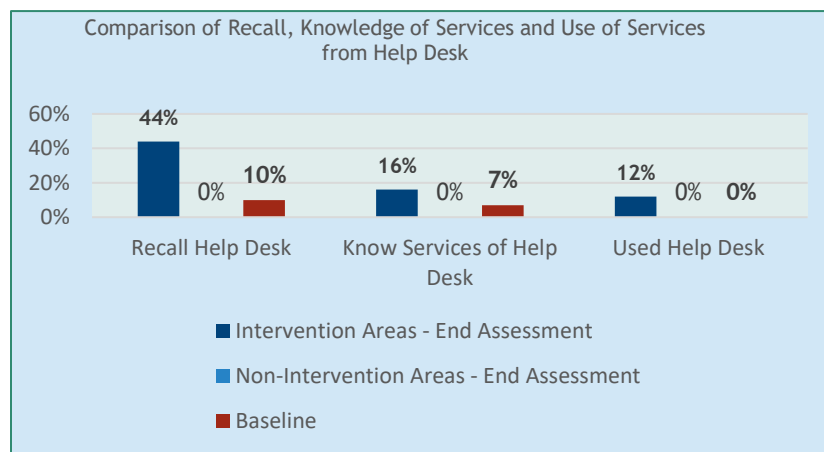
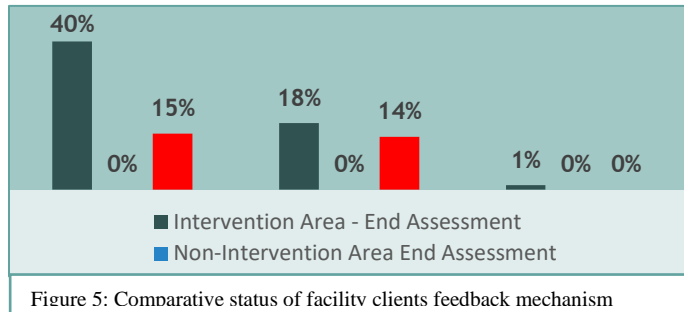


Figure 4: Comparison status of help desk

The findings shown around 44% of respondents from the intervention facilities (exit interview) could recall the Helpdesk. About 16% knew what services the help desks provided and 12% of the respondents used help desk services. In the baseline survey, the recall prevalence was 10% and 7% knows the helpdesk

Suggestion box:



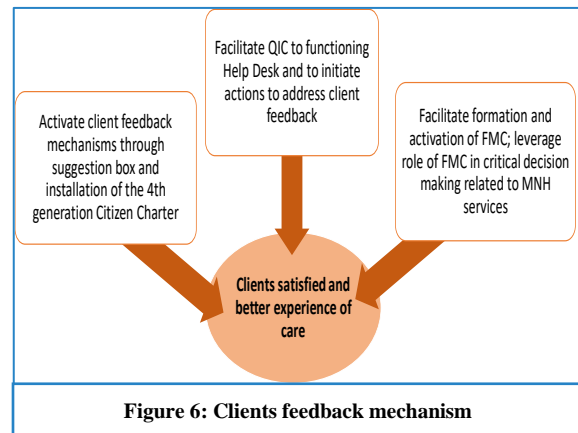
survey.

Figure 5, Shown that the recall of suggestion boxes in intervention areas found 40%, which was only 15% during the baseline survey. It indicates the visibility of the suggestion box was facilitated through interventions in the facilities. The knowledge on the use of the suggestion box was also found to be quite high in the intervention areas during the end assessment (18%) than the baseline (14%)

Client's feedback mechanism

Data were collected through a checklist from 48 facilities of old districts. Feedback was collected from the SB installation to March 2021 period. The primary findings revealed that;

- ✚ A total of 11,630 suggestions counted on the mentioned duration.
- ✚ About 48% of clients were satisfied with the services and 5% found dissatisfied.
- ✚ More than 15% of clients satisfied with the waiting time for the services, providers behaviors, and receiving physical examination and medicine
- ✚ Around 61% of feedback (from SB) was addressed by the QIC meeting for further action.



Community Support Committee

Key CSC initiatives

- Manikganj DH installed a helpdesk
- Manikganj and Chandpur city corporation providing cleanness and waste management
- Manikganj and Chandpur DH set digital ticket counter and manage the queue
- Manikganj DH Controlled brokers and hawkers inside the facility
- At Manikganj DH, municipality will provide two security guards, and basket



Community Support Committee meeting at Manikganj District Hospital

Community Score Card



Approach road and boundary wall at Arua UH&FWC, Manikganj

Achievements at two piloted areas of Arua, Manikganj and Charbata, Noakhali:

- Charbata UP supported to hiring a Nightguard for Charbata UH&FWC and they providing 5000 taka per month for Nightguard salary.
- Charbata UP contributing monthly 2000 taka for medicine & other emergency requirements
- Arua UP supported to build approach road, boundary wall, and main gate for Arua UH&FWC Arua UP initiated listing and follow-up of pregnant women by the FWAs of the union.

Sub IR 3.1: Improved engagement of existing community structures and community cadres with the public system for improving MNC services

The project was initiated to mobilize a wide range of local resources, both financial and non-financial. Initially, the project identified the support required and its potential sources. Then the project built a relationship with the MOH department, LGIs, public and private sectors, philanthropists, and community level individuals and groups considering the local context. LGI has a range of responsibilities for strengthening health service through local planning, engaging, budgeting, and overseeing.

National inclusion of cMP approach in CG Training Manual

CBHC already added the CG based cMP approach in their OP. To operationalize and filed level scale up of the cMP



Zila Parishad orientation Kushtia



participated CG training manual review workshop

approach the project initiated national level advocacy with CBHC. The review committee final workshop was held on 22 December 2021. Hopefully, CBHC will publish the final CG training manual very soon.

Zila Parishad orientation

Achievements

- This year total 8 Zila Parishad orientations held.
- Chandpur Zila Parishad contributed 100,000 BDT for renovation DH.
- Sylhet Zila Parishad approved around 605 Thousand BDT to support 9 UH&FWC's

- Kushtia, Shariatpur, Brahmanbaria, Bandarban, and Feni Zila Parishad asked MOH managers for submitting requirement letters.
- Developed a system where the MOH manager submitting a formal proposal to ZP support

District level advocacy

Achievements

- Till the Y4 the project organized 11 district-level advocacy meetings held, 2 this year.
- Union Parishads and Upazila Parishads were agreed to revise the budget for healthcare.
- District administration taken leadership role and guide to LG authority to ensure full cooperation for strengthening MNH services.
- UP's utilized USD 609.23 for MNH services



District advocacy meeting at Bandarban

Progress sharing of LG engagement

Key achievements

- Developed a system to sensitize and mobilize LGs towards MNH services improvement.
- Total 8 request letters submitted to DC.
- Most of the DC's instructed the LGs for giving attention to strengthening MNH services

Union parishad contribution

990 Union Parishads (85% of total 1,169) utilized/mobilized 1,119,576 USD equivalent BDT for MNH services in the 17 project-supported districts and 1 island.



Zila & Upazila Parishad, and Paurashava contribution

64 Zila Parishad, Upazila Parishad, and Municipality (29% of total 217) utilized 159,119 USD equivalent BDT to support preparedness.



Collaboration with EALG project'

- At Faridpur district a total of 75 LG representatives were orientated on LG engagement on MNH.
- MaMoni MNCSP district and Upazila team participated in some workshops, public hearing sessions, and awareness sessions.



MaMoni Representative conducting LG session

Community engagement in MaMoni MNCSP

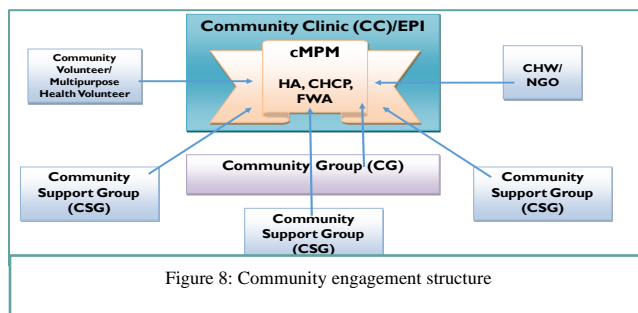


Figure 8: Community engagement structure

The project designed a community mobilization strategy through engaging existing community platforms; Community Support Group and Community Group of CC, Multipurpose Health Volunteer (DGHS), Paid Volunteer (DGFP). The project-initiated CG-based cMP in 130 unions.

Lesson learned from CG based cMPM

- It improved the information flow and access to information on MNCH among CG members
- It made the CHWs accountable for correct data recording and made the members responsible
- CG meeting improved the interaction of CHWs with community people and leaders.
- CG and CSG members felt empowered having more interaction with the health systems
- This forum is an opportunity to discuss local level health problems and solutions

MHV orientation

- CBHC initiated MHV intervention for community mobilization through development of community-based information and referral system. A total of 5740 MHVs from 942 CCs are selected in 35 Upazilas of 8 MaMoni MNCSP districts.
- CBHC Line Director issued a GO to the respective MOH managers to support to organize MHV orientation.
- Develop module for a day long training



Meeting with the CBHC management team at Mohakhali

Sub IR 3.3: Access barriers reduced

Formation and activation of UH&FWC Management Committee



UH&FWC MC Orientation at Madhukhali,

The UH&FWC management committee has to ensure the safety of the facilities and quality services by an adequate number of providers. They also ensure the utilization of the medicine, equipment, and logistics for the facility. Consequently, ensure access and utilization of services for all pregnant women and children through monitoring physically and conducting bi-monthly meeting, they work for local-level problem-solving.

Initiate MNH service delivery approaches in underserved areas

In Bangladesh, around 28 million people are living in underserved areas. A Government Survey in 2011 showed 1144 unions of 50 districts as underserved. The project supports MOH&FW for improving equitable utilization of quality MNH services in 17 districts to start MNH service delivery in the underserved unions.



Figure 9: Underserved areas

Selection and Category of underserved unions

- Total of 215 unions were identified as underserved among the 17 districts.
- Category-1: No UH&FWC and No FWV- 44 unions
- Category-2: No UH&FWC but FWV is in place- 23 unions
- Category-3: UH&FWC is in place but NO FWV-68 unions
- Category-4: Both UH&FWC and FWV are in place-80 unions

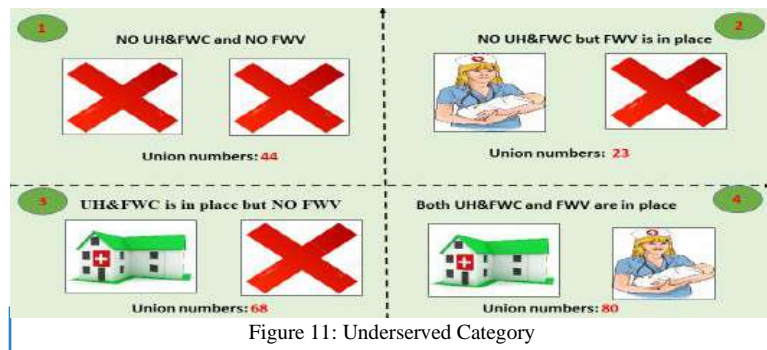
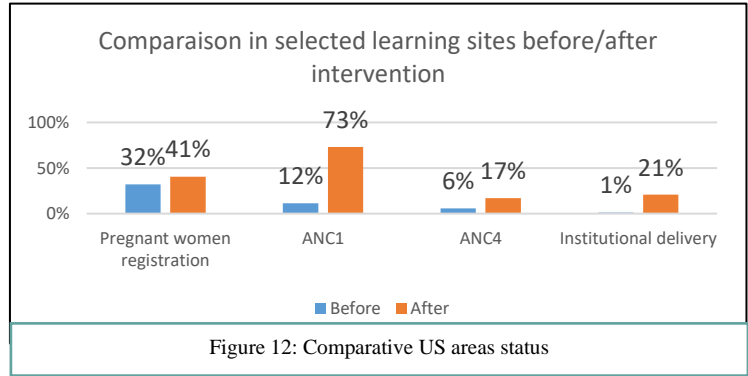


Figure 11: Underserved Category

Learning agenda

The largest improvements were seen in attendance of the 1st ANC visit, about three-fourths of estimated pregnant women attended their 1st ANC visit after intervention, a 60% point's improvement compared to before the intervention (12%). Institutional delivery increased also, from 1% before the intervention to 21% after across all selected unions.



Underserved areas progress

- In this reporting period, 54 US unions organized multi-stakeholder planning meetings and developed an action plan.
- MNH service delivery in 106 US unions
- Started NVD services at cumulative 39
- Total of 25822 women received ANC, and 4048 women delivered at the facilities.



Others work:

Mobilize CSR fund

The project initiated to mobilize CSR funds for the first time to support alternate service delivery at the Bachamara facility. In this connection, the KNS Canada Inc provided 132,000 support of the CSR fund Bachamara facility initiated to recruit an AYA for 2 years and buy some necessary medicines.



Zero Home Delivery' program



Zero Home Delivery program inaugurated with a big hype in Kabirhat Upazila of Noakhali District. In the reporting period the respective deputy commissioner (DC) of Noakhali Md. Khorshed Alam Khan has taken the initiative to announce the 'Zero Home Delivery' program in Kabirhat Upazila. DC's kind directives, DDFP's active

engagement and holistic support by MaMoni and local government initiated the zero home delivery movement.

Health Fair

In 2021, MaMoni MNCSP arranged Health Fair at Singair, Shibalaya and Saturia upazila in Manikganj and Kendua upazila in Netrokona. The purpose of the health fair to make aware of the women & pregnant mother about the services available for them in UHC & UH&FWCs and how to get it, increase responsiveness among health & family planning managers, Local government specially upazila & union parishad chairman, ensure accountability of service providers specially Midwives & FWVs



Health Fair at Singair

Staff capacity building

- ToT on UH&FWC MC orientation to IP staff
- Conducted two-day-long virtual training to the IP staff on LG&A thematic intervention.
- Conduct 3-day long training of the PHD staff Physical training was conducted at Sylhet region on LG&A thematic component

Youth engagement

- The project engaged Nondita Surokha, a voluntary youth organization, working at the Faridpur district.
- 5 community awareness sessions held among 150 community people including mothers and parents were participated the MNH awareness session.

Health campaign

MaMoni MNCSP arranged Health Campaign at Krokong Chak Para, Dochari, Naikhongchari Upazila in Bandarban. The session was inaugurated by the respected Zila Parishad member, Vice-Chairman of Upazila Parishad, Karbari, health and family planning members, local leaders. The

purpose of the health fair is to make aware of the women about the services available for them in UHC & UH&FWCs.

Mobilize Philanthropist fund

- Four (4) individual philanthropists provided total 29,000 taka for Baby management Table and Stairs for Delivery Bed-Tarol UH&FWC, Stairs for Delivery Bed, Jamalganj-Vimkhali UH&FWC, Fund for the CC and SB of some UHC of Sunamganj
- A philanthropist donated 40000 BDT as salary for AYA to support at Teota, Manikganj

Religious leader orientation

At Noakhali and Netrokona the religious leaders were oriented on awareness-raising of MNH services. After the orientation the religious leaders committed to work for;

- o Raising awareness regarding the MNH services and institutional delivery at their catchment areas.
- o Whenever they meet people in any social gathering, they will aware of the on disadvantages of home delivery.

Headman Karbari orientation

- Around 34 headmen and karbari were oriented that 3 Upazilas (Lama 16, Naikhongchari 06, and Thanchi 12).
- They were oriented and sensitized to work for awareness-raising activities on MNH care at their catchment areas. They are also oriented to motivate the community regarding MNH service and facility delivery by overcoming existing traditional and social barriers.

USAID's Shukhi Jibon Project

[Project at a glance:](#)

Funded by:	United States Agency for International Development (USAID)
Duration:	May 2021 to April 2023
Beneficiary:	Adolescent couple, First Time Parent (FTP), Parents/ family members of Adolescent Couple /FTPs, Adolescent (10-19), Youth (20-24) and Tea Garden Adolescent girls and mothers
Areas:	Four Upazila from Kishoreganj district (Kishoreganj Sadar, Karimganj, Hossainpur and Pakundia) of Dhaka region and Four Upazila from Moulvi Bazar district (Srimangal, Moulvibzar Sadar, Rajnagar and Kamalganj) of Sylhet Region.

Formation of First Time Parents (FTP) group and Newly Married Couple (NMC) group including their parents:



FTP and NMC groups have been formed in the project targeted unions. These teenage couples are the primary beneficiaries for the project activities. The groups are formed on the basis of mapping the target population. Criteria for selection and details guideline have been developed by PHD, following a checklist with some basic information such as access to phone, age, whether interested in being a beneficiary, etc. Total-96 groups have been formed in two districts - 48 each. These groups have an average

of 20-24 beneficiaries. In the two districts, total 4,000 married adolescent women are included as target beneficiaries.

Orientation on SRH for Union Level Influencers (Standing Committee and religious leaders):

PHD has successfully conducted 24 events of Orientation on SRH for Union Level Influencers (Standing Committee and Religious leaders) at 24 Unions under Moulvibazar and Kishoreganj districts. Participants covered union parishad members, health and family planning standing committee members, religious leaders, freedom fighters etc. The FC and UF facilitated the orientation and shared the project purpose and activities. After the orientation program the UFs and volunteers will participate in UDCC meeting to share the project update and adolescent SRH needs of the union to sensitize the union parishad and local level service providers. Participant's categories- Charman-22 panel Charman-2, members-195, Women member-64, Immam-23, porohit-16, freedom fighter-22, FPI-15, SACMO-10, Up secretary-21, Educationist-28, Social Worker-24, District FP-2 office staff-4, DPO Pathfinder -2, DDFP as a resource's parson-1, PC-1, FC-2 UF-10 and volunteer-67. Total number of participants were 577 (PC, FC, UF and Volunteer).



Orientation on SRH in regular Upazila Coordination Meeting:

PHD-Shukhi Jibon Team has successfully conducted 08 events of Orientation on SRH in regular Upazila Coordination Meeting in 8 Upazila under two districts covering UDCC members, Member of parliament (in Shreemangal upazila), health, family planning, DWA, Upazila Chairman, Upazila vice Chairman, Union Parishad Chairman, Upazila administrative, freedom fighters etc. A total number of 352 participants participated the event where male participants was 266



and Female participants 86. At the beginning of the orientation respective UNO of all upazila were sensitized and informed of the project objectives and activities. The entire sessions were conducted maintaining social distance and personal safety. Sessions were designed prior to the event and presented through PPT. From every event the project team collected the commitments from the respective stakeholders where they can provide support to the project team.

Orientation on Adolescent SRH for Tea garden Panchayet:

Shukhi Jibon project team has successfully conducted the 15 Orientation on Adolescent SRH for Tea garden Panchayet. The orientation date has been settled as per discussion with the tea garden management, the panchayat committee and district as well as upazila family planning department. Topic, content and guideline of the orientation have been finalized in consultation with Pathfinder International in leadership of PHD head office. UF and Volunteers conducted the meeting according to the schedule. Through these orientation program the project intendents effectively disseminate information on sexual, reproductive and adolescent health in the tea garden, where Deputy Director Family Planning, UFPO, UH&FPO, Gob officials, tea garden panchayet committee, UP members, Health & Family planning staffs of community level, local elite personnel and Responsible staff of Shukhi jibon Project were presented. 251 participants participated the events and through the orientation project tried to bring positive change in their knowledge, skill, attitude towards sexual, reproductive, adolescent health and family planning issues. Mr. Md. Abdur Razzak, Deputy Director Family planning participated the events where he has briefed the importance of knowledge on sexual, reproductive health and family planning issues.



Bi-monthly meeting with Management Committee of UHFWCs:



Total 60 meeting was conducted with the participation of 749 participants, ratio of male participants was 69.30% and the number was 519, ratio of female participants was 30.70% which is 230 in number altogether in Moulvibazar and Kishoregnj districts. Before conducting the event, PHD team communicated with UH&FWC management committee members to make them sensitized on Shukhi Jibon Project's objectives and supported respective Family Welfare Visitors (FWVs) and tea garden hospital

midwife to fix up a date with their convenient date and time. As, in this quarter the project team conducted very first meeting consequently the members briefed the project objectives to the meeting participants and seek support from the participants in disseminating as well as creating enabling environment in increasing access to information on Sexual and Reproductive Health at local facility level.

Immediate output of the event:

1. Increasing the number of permanent and temporary family planning methods users.
2. Increasing the presence of pregnant mothers at service facilities.
3. Gradually adolescent friendly service facilities are being producing with support from service providers and management committee.
4. UH&FWC Management Committee are reforming as per GoB guideline.
5. Functional referral system is being getting promoted and any patient at risk is getting immediately referred for better treatment.

Adolescent SRH Community Radio Program at Moulvibazar:

The objective or purpose of the event is to utilize locally available communication platform to reach target population in tea garden area where there is scarcity of information dissemination system. The program is designed for tea garden adolescents and after airing in radio volunteers will continue sharing audio podcast in the group meetings of tea garden adolescents and FTPs/NMCs. Services and promotional activities from the health and family planning department of government and NGOs, especially adolescent health services as well as promotion of SRH could not reach tea garden area. Most importantly, services provided by non-government organizations (NGOs) are usually very much basic and often does not continue after the project is completed and donor assistance is withdrawn. As a result, tea garden community got dependent on dispensaries close to garden area. Considering the issue, Shukhi Jibon Project has initiated a package programs on sexual, reproductive health and family planning issues through community radio to reach the population who remain backwards for the time being. Radio messages, short dramas, jingles are created for sharing SRH & FP related information among the community.

Immediate output of the event:

- Providing glimpse of perception to the participants on Sexual and Reproductive Health
- Collaboration in between government and non-government to reach underserved population
- Development of Sustainable plan with Radio Polli Kantho, Gob and Ujjibon project
- Commitment from district family planning department and Radio Pollikhonto for increasing promotional activities in the tea garden
- Video show with the support from Ujjiban project has created much more impact on learning process

Networking with existing youth and adolescent platform like NCTF, Bandhushova, Volunteer platform etc.:

The participants were National Child Task Force (NCTF), Protom alo Bondushava and School Based Youth Student Forum Youth net. The objectives and activities are presented to the participants by the project coordinator of Shukhi Jibon Project. In the speech of the president, the district child affairs officer



mentioned, sex and Reproductive health messages are highly sensitive so we should all deal with the messages sensitively. We, of course, will be able to make students well aware if we can do it effectively.

Quarterly meeting with CG of CCs:

PHD Shukhi Jibon team supported in facilitation of 240 Community Group meeting in 64 community clinics with a total participation of 2616 participants. Participation ratio for male participants was 71% whereas the female participation was 29% which is 1856 and 760 in number respectively for male and female participation. The prime reason of facilitation of the group meeting is to disseminate sexual, reproductive health and family planning messages for the entire population of CC catchment area through the support of CC's service providers and group members. As of the very first impression in between project team and CC related stakeholders, the project team communicated with every individual CHCPs (member secretary of CG) as well as other service providers (HA & FWA) for the respective community clinic and made then sensitize about project objectives. The project team regularly shares results and action point views in group meetings with the concerned Civil Surgeons, Deputy Director of Family Planning and Upazila Health and Family Planning Line Managers.



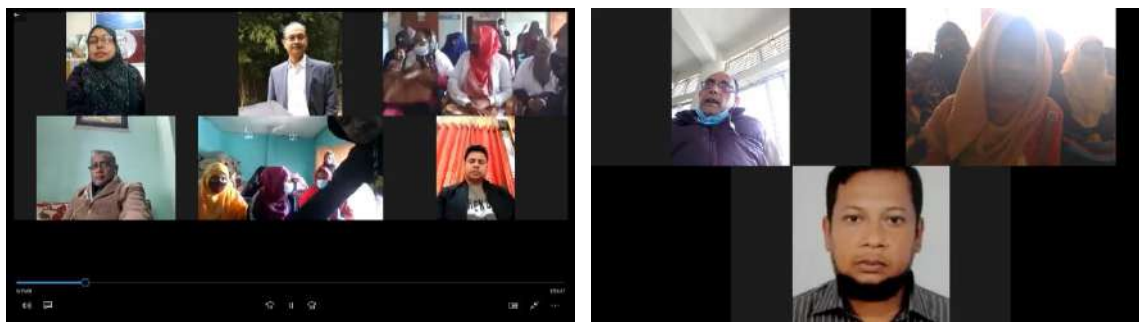
Tele Counseling on SRH for adolescent/ young couple at UPCC/PPC:

Shukhi Jibon team successfully completed Tele-counseling activities in 18 events in 12 unions of eight upazilas with the participation of target beneficiary like Newly Married Couple (NMC), First Time Parents (FTP) and adolescents from the project catchment area.

The basic agendas which are covered through these events are as follows;

- Adolescent nutrition
- Adolescent hygiene
- Ministration hygiene management
- Harmful aspects of adolescent pregnancy
- Birth planning and child nutrition
- Mental health of adolescents

The Tele counseling on SRH has been designed through public private collaboration in engagement with



district family planning authority, Pathfinder International and PHD. PHD formulated a plan with the

district family planning department and pathfinder International for the effective execution of the events. Accordingly, including project beneficiaries and others adolescents, gathered at three different locations in one day whether in Union Parishad, UH&FWC, Tea Garden or Satellite premises. In successful conduction of the events district and upazila family planning department, union parishad bodies, UP entrepreneur, project staff worked in collaboration with each other. For the event Multimedia, internet connection, sound system, laptop, mobile phone and altogether through the use of technology and zoom platform are being used. One technical and one non-technical resource person are being utilized for the counseling and telemedicine services for each of the programs.

Immediate output of the event:

- Increased perception of participants who have attended the event on adolescent hygiene, nutrition, bad consequence of adolescent pregnancy and so on
- A large number of participants received medical consultation and counseling from expert doctors
- Health, hygiene, nutrition awareness has been increased among the participants
- Service linkage has been improved in between the service providers and service receivers
- Community adolescents are now aware of the intervention area that through Tele-counseling community adolescents can get medical as well as psychosocial support through direct counseling with specialists.

Send One Minute SRH voice message to adolescent couples and their family through mobile:

The project is sending SRH Voice messages to the mobiles of 2000 selected beneficiaries in 12 unions of Moulvibazar district twice a month in the 2nd and 4th week. For this the project has created a message to create interest among the target beneficiaries. Information on when the beneficiary wants to receive the message was taken during the selection of the beneficiary for the correct use of this message so the rate of missing the message is comparatively less. Even then, project volunteers discuss the message in group meetings with each group in each quarter. Volunteers visit the House Hold every month and hold group meetings every quarter to address these types of problem.

Send SRH SMS to adolescent couples and their family through mobile:

Shukhi Jibon is sending test SRH messages to the mobiles of 2000 selected beneficiaries in 12 unions of Kishoreganj district twice a month in 2nd and 4th week. For this, the project has given a message of creating interest among the target beneficiaries. Even then, project volunteers discuss the message in a group meeting with each group each quarter. In this way, the beneficiaries do not have any problem in getting the correct information of their message. Test SMS send only Kishoreganj District. Volunteers visit the House Hold every month and hold group meetings every quarter to address these types of problem.

Health and Gender Support for Cox's Bazar District

Project at a glance:

Funded by:	World Bank through UNFPA
Duration:	June 2021 to December 2022
Beneficiary:	In total 1,08,582 (where Male-35055 and Female-73527) individuals received counselling services from the 182 CHWs under 8 Upazilas under Cox's Bazar District on SRHR, Family Planning (FP) Method, GBV, Nutrition and Covid-19
Areas:	All 8 Upazilas (Cox's Sadar, Ukhiya, Teknaf, Ramu, Chakaria, Moheshkhali, Pekua, and Kutubdia) under Cox's Bazar District.



Under this project, Partners in Health and Development (PHD) deployed 182 Community Health Workers (CHWs) at community level under 8 Upazilas of Cox's Bazar District in the vacant position of Family Welfare Assistants (FWAs). They are working in the respective community in close collaboration with Family Planning Department and direct supervision of 5 Field coordinators. Besides that, the team

conducted a plenty of sanitization event (e.g. Consultative Workshop, Meeting, orientation, progress sharing event, conduction of mother and adolescent's assembly, health education session at school and madrasha) at community, union, Upazila, and District level to engage actively with program and collect their moral support from different tiers. Moreover, the organization disseminated important relevant messages on SRHR, GBV, FP Methods, Nutrition and Covid-19 by using different communication media like community radio, local TV Cable, Mobile SMS, and conduction of street drama and folk songs in community. As a result of the project intervention the following impacts created by the team.



- 1,08,912 individuals received counselling services from the CHWs on SRHR, GBV, Nutrition, and FP methods
- 5309, 642 and 1740 pregnant or lactating mothers received referral services for ANC, Institutional Delivery, and PNC services respectively from the CHWs in the nearest health facilities.
- Total 1162 individuals received referral services from the CHWs for long term family planning methods like IUD, Implant, Injection
- For Permanent Method, 36 Individuals received the services and more than ten thousand community people has referred to the nearest facilities for short term methods like condom, pill and emergency pill or contraceptive.

Lesson learned:

- Though the recruitment process was fair enough by engaging relevant GoB stakeholders but it was too much lengthy and due to this reason, we were not able to start the planned activities in time. This area may need to improve by developing collaboration and coordination with the GoB counterparts in future.
- Service data of the CHWs or couple registration may documented in computer tab other wise it is not properly reflected in the health system. It may influence by collaborating with UNFPA and GoB.

Major challenges faced Vs strategies adopted to overcome the challenges:

The following challenges those hampered a lot to achieving and carrying out the planned project intervention in the field.

- Different term country wide lock down and restriction due to Covid-19 pandemic was a big challenge for implementing the project particularly in conducting the recruitment process of the CHWs and in arranging the workshop, meeting, mass gathering, and carry out the mobilization event in the community.
- Delayed receiving of yearly and quarterly budget was one of the big challenges where we could not implement the planned activities desired level in time.
- Coordination with GoB Counter Part, unethical demand and their bureaucratic system we faced serious challenges particularly during recruitment of the 182 CHWs for field Intervention.



Strategies Adopted:

- During lock down, the project team worked in the community, CHWs paid domiciliary visit, provided counseling support, registered couples, and provided referral services to the community people. In collaboration with GoB stakeholders PHD team conduct some important event by taking permission from the authority. Also conducted online recruitment exam through Microsoft Team by engaging Key stakeholders like Upazila Vice Chairman, UNO, UH&FPO, UFPO.
- During fund crisis or delayed receiving of fund, project team emphasized on non-budgetary activities at community level and on development of coordination with the GoB counterparts and other Implementing Partners of the big umbrella to improve the referral mechanism.
- By frequent communication and collaboration, the Project team were gradually improved relation with the GoB counterpart and tried to implement the planned activities stipulated timeframe.

Major achievement:

- Though facing numerous challenges in recruitment of CHWs at the vacant position of FWA under 8 Subdistrict of Cox's Bazar, it was successfully deployed 182 CHWs by maintaining fare process and by engaging the key stakeholders (e.g. Upazila Vice Chairman, UNO, UH&FPO, UFPO)
- Introduction of register for recording the eligible couple and collection of demographic data of the respective working areas of the project. Accordingly, CHWs were registered most of

the eligible couple from their catchment areas and it is helping the CHWs to identify the required couple, Pregnant women and other clients for providing different services.

- Successful Implementation of Referral slip for ensuring the referral services to the higher facility and to provide better services for wellbeing of the community people of Cox's Bazar. It is also helping to track the service data provided by the CHWs in the community and cross checking the data quality of the reported data.
- Due to deployment of 182 CHWs in the vacant position of FWA under 8 Upazilas of Cox's Bazar district, gradually improving the services of family planning department at Cox's Bazar District. During this period, already Cox's District achieved the 3rd position among all the district of family planning services and GoB counterparts are acknowledging the PHD's works in the field level.





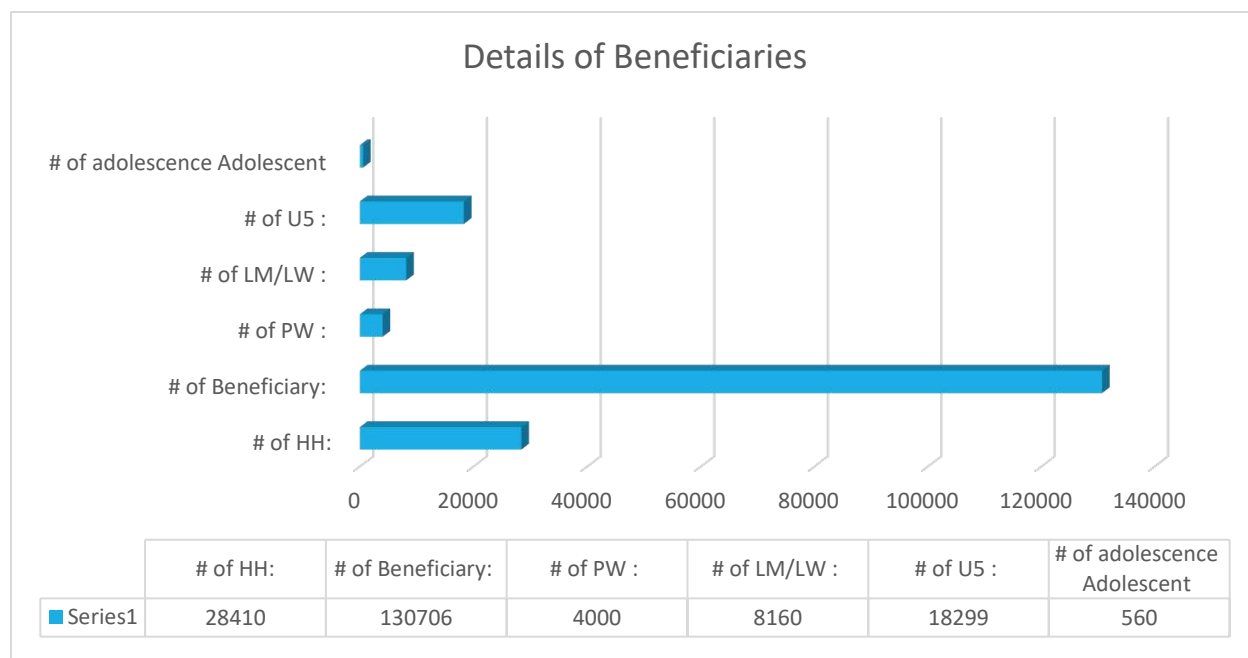
Humanitarian Response

Providing Essential Maternal Newborn Child, Adolescent Health (MNCAH) and Nutrition Services to the Rohingya Communities and response to COVID -19 Pandemic

Project at a glance:

Funded by: UNICEF
Duration: Phase 5 - 12 Months (January 2022 to December 2022)
Beneficiary: Women, New-borns, Under 5 Children and Adolescents
Areas: Two (2) Primary Healthcare Centre (PHC)- i) 071 at Camp 8W and ii) 096 at Camp 10. Six (6) Health Post (HP)- i) 117 at Camp 12, ii) 183 at Camp 18, iii) 033 at Camp 3, iv) 032 at Camp 4, v) 134 at Camp 13, and vi) 165 at Camp 16.

According to the Country Program Document (CPD) Output 1, UNICEF has committed to strengthen the quality of integrated service delivery and effective coverage in national and subnational health systems to support the well-being of children under 5 years and their mothers. It also includes people infected and affected by HIV, emergency and non-emergency situations in both rural and urban areas. The joint response has been intended for the emergency situation in Cox's Bazar to provide life-saving basic assistance in Rohingya Camps. Beneficiary details of the project is as follows;

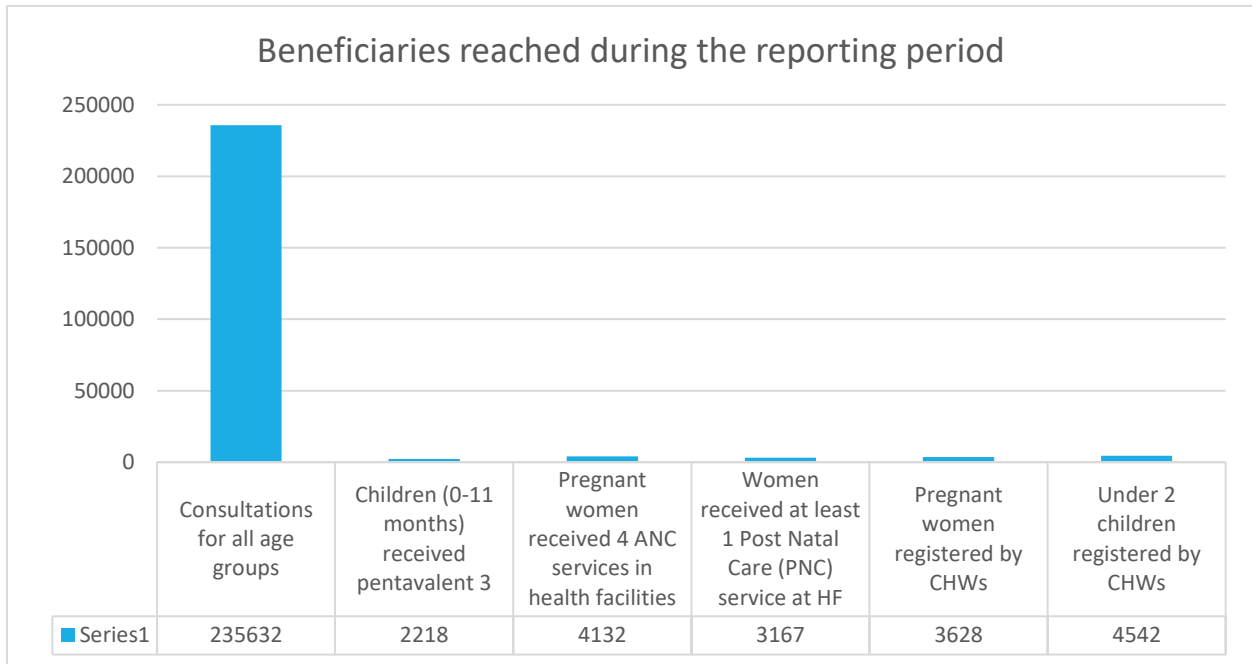


The project has been designed with the bellow mentioned expected outputs:

- Improved Access for FDMN Women, Newborns, U5 children and Adolescents to Comprehensive Maternal, Newborn, Child & Adolescent Health and Nutrition (MNCAHN) Services
- Capacity of service providers in PHC and HP enhanced for ensuring continuous care among the registered PWs, NBs and U5 Children

- Improved Referral services for General Patients, PWs with complication, Sick New-borns and U5 Children to appropriate health services
- Quality Improvement (QI) Initiatives in PHCs and HPs in place and standardized
- Effective and efficient program management in place

Category wise reached population during the reporting period:



Service details during the reporting period:

1. Limited Curative Care:

PHD is continuing 17 Medical Officers in 8 HPs for delivering Limited Curative Care for the General Patients as well as Paediatric Patients.

2. EPI Program:

PHD is continuing its EPI program in 8 HPs with a team of 2 supervisors, 8 vaccinators who are responsible for delivering vaccines 4 days a week in HP and 6 days a week in PHC and follow-up visits to HH in the remaining alternative days.



3. MNSRH Care:

PHD has deployed 13 Medical Assistants, 13 Midwife and 14 Nurses for MNSRH Care in 8 HFs to cover ANC/PNC, Family Planning (Male/Female), Distribution of IFA/zinc/cal, Referral of BV/CMR/MR/PAC. For the CMR, it includes the child survivors.

4. C-IMCI services:

PHD has engaged its clinical staffs for C-IMCI services in HFs to manage sick New-borns & Under 5 Children with Diarrhoea, ARI, Ear Infection, Fever with referral to appropriate facilities.



5. ORT/BF/Nutrition Screening:

PHD has engaged its clinical staffs to operate ORT and BF Corners in 8 HFs including Nutrition Screening of PLWs and Under 5

Children. Apart from these, they also provide counselling, screening, syndrome management & refer of RTI/STI.

6. Patient Registration, Management and Reporting:

PHD has deployed 8 Register and 32 Service Facilitators in 8 HFs to maintain routine works of patient registration, patient management and daily reporting.

7. Tab Facilities:

PHD deployed 4 Lab Technicians in 2 HPs and 2 PHC to operate Labs Facilities, where few strip-based investigations are performed, which cover diagnostic requirements of remaining HFs.

8. Mini Dispensary:

PHD continued Mini Dispensary in 8 HFs with 9 Drug Dispensers.

9. Community Health:

PHD intervened Community Health to create ownership among the community on health services, register surveyed PLWs and their Children under 2 years of age, and ensure their enrolment in 4 ANC, Facility Delivery, ENC, PNC, FP, Exclusive BF, IYCF and EPI. CHW conducted awareness/sensitization sessions on MNCAH care, preventable diseases, hygiene practices, recognition the danger signs in pregnant women and newborns and refer to the health facilities immediately to reduce maternal and newborn mortality and morbidity. CHWs to engage with male members separately through BCC sessions to promote MNCAH care. PHD engaged 5 Community Health supervisors in 8 HFs to supervise 110 CHWS so that they could implement Community Health responsibilities well. Field Coordinators (2) will lead HH tracking in 8 HFs to ensure effective and comprehensive coverage of MNCAH Services.

10. Referral Service:

PHD strengthened its Referral Service with a Medical officer, 4 Referral Facilitators & 24/7 Ambulances and they carried out their responsibilities of the referrals admitted to the appropriate facilities, followed up during referral period, and ensured the return of referred patients to respective camps.

11. Normal Vaginal Delivery Conduct:

PHD conducted normal vaginal delivery in 2 PHCs rating per day 5.06 with skilled clinical team specially Midwife.

12. HIV Testing and Counselling:



PHD conducted HIV testing and counselling under PMTCT program of UNICEF in 7 HFs.

Lesson learned during 2021:

Interpersonal and clear communication between the service provider and patient:

Community health workers and service providers of PHD try to maintain personal interactions with beneficiaries, and always individuals felt they were being with them. Based on these findings, our observation concludes that improved interpersonal communication skills of health workers are critical in fostering trust in the healthcare system. Additionally, developing patient feedback mechanisms and communication tools that promote positive experiences of community members who directly interacted with health care systems will improve perceptions and promote or resort trust in the health system.

Conduct is always respectful and treatment is better and explained:

Importance of patient-provider interactions Personal interactions with health workers, and whether individual's felt they were being cared for on a personal level, has been identified as a major factor influencing trust in health facilities and health care workers. Our experienced medical personnel always try to better treat beneficiaries by long hearing their problems. Our health facility has adequate capacity and resources for disease management, laboratory diagnostics, mental health and psychosocial support services, among others beneficiary received better treatment from the other health facility.

Major challenges faced Vs strategies adopted to overcome the challenges: Mandatory

#	Major challenges	Strategies adopted to overcome
1	Establishing an environment friendly waste management system is critical for dumping medical wastage from all the 8 health facilities as per standard IPC protocol, and it is a prime requirement to construct a waste disposal plant in camp 8W.	UNICEF assistance is mandatory to overcome this challenge. After confirmation of fund PHD will take permission from CiC and RRRC.
2	MS fencing on PHC's boundary walls at camp 8W is necessary to protect the premises from outsiders' entry for ensuring safety and security.	For such expansion required fund and permission from RRRC.
3	As a decision from CIC, all the organization will be work in their assigned block area. But most of patients come to our Health facilities from out of our assigned area. So, it is very difficult to track these patients from our side.	If CHW working group relocation our area surrounding our Health facilities, it will be ensured proper tracking and refer of patients to our health facilities.
4	Power supply is one of major challenge in PHC-1 at Camp 8w, currently the existing power cable does not support AC and other high	Need fund for power strengthening and, in the meantime PHD team has

	voltage equipment due to single phase power supply by Palli Bidduyat.	applied to Palli Bidduyat Office for three phases' line.
5	PHC premises at camp 10 is not adequate for maximizing operational efficiency in quality service delivery, and additional spaces can produce significant outcomes in this regard. CiC of camp 10 has realized the challenge, and assured that he is going allocate areas adjacent to PHC by relocating few households	PHD has applied to CiC to get the permission for such expansion, but needed fund.
6	To manage some critical pregnant mothers for delivery who before getting admitted in health facility practise home-trial	PHD facility service providers and Community Health Workers counsel the pregnant women and her family for facility delivery.
7	Lack of sharp surgical instruments like catgut, proline, vicryl, silk, etc. as Unicef doesn't provide or give permission to procure them but often we have to deal with some emergency patients in PHCCs who need emergency care where these items should be used.	PHD manage this scarcity with receive some donation from different agency.
8	Most of the newly recruited service providers didn't receive any IMCI training which is one of the indicators of the monitoring checklist.	To keep provision of the training in our PD.

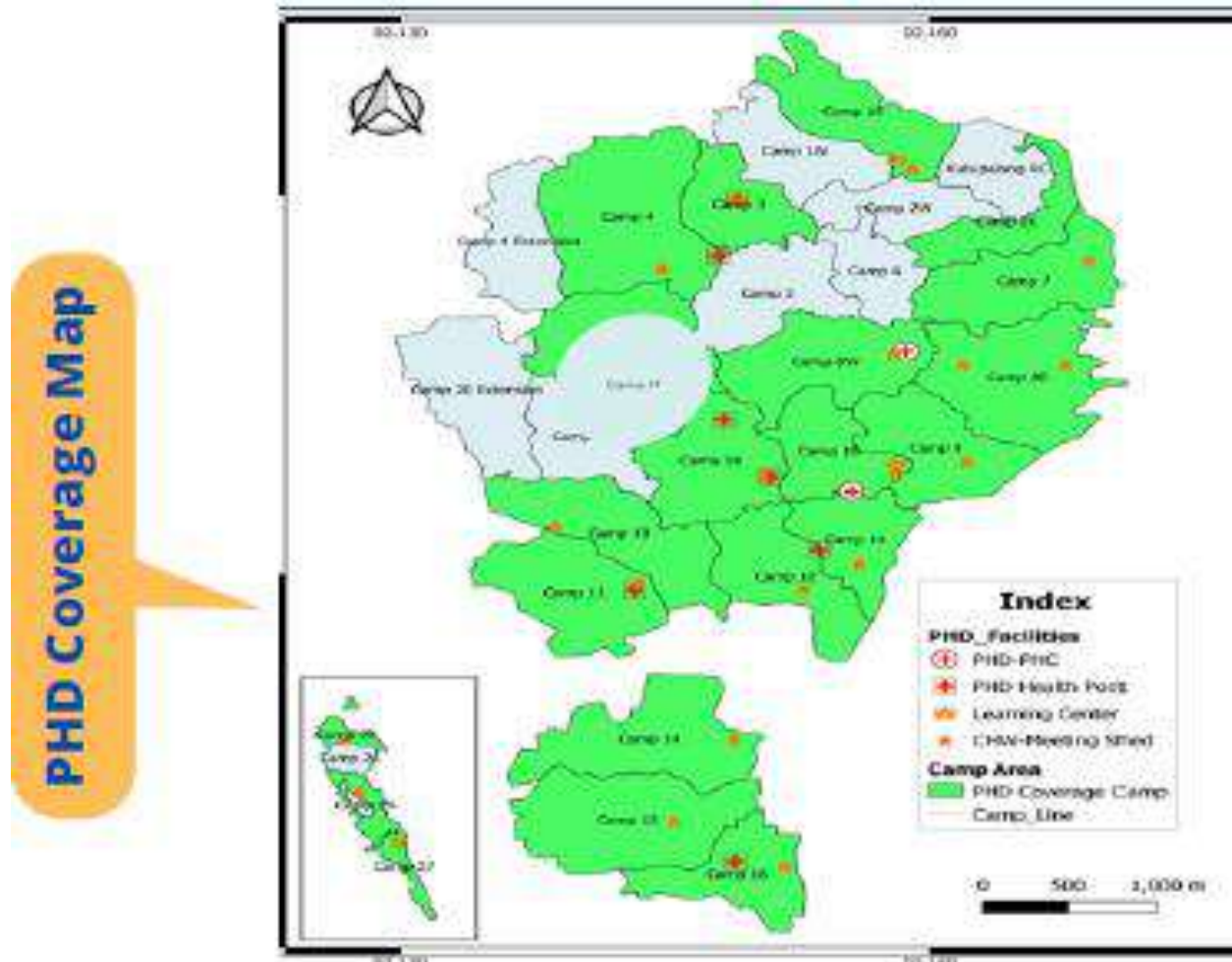
Community-based Maternal, Newborn and Sexual Reproductive Health Program

[Project at a glance:](#)

Funded by:	UNFPA Bangladesh with multi-donor support
Duration:	July 2018 to December 2022
Beneficiary:	Pregnant Women, Lactating Mothers and Caregivers, Adolescents Girls, , Under 5 Children and others.
Areas:	Camps (1E,2E,3,4,7,8E,9,10,11,12,13,14 15,16,17,18, 19, 25, 26, 27), Total block Covered- 49 and total Population- 167884.

With the aim to increase awareness and capacity of the community to receive integrated and equitable sexual and reproductive health-related services and health-seeking behavior, including FP, STI/RTI, HIV, GBV, in Development and humanitarian context the MNRHP program started form 2018 in collaboration with UNFPA. Through this program PHD covers 20 camps and 5 Unions where the total population reached

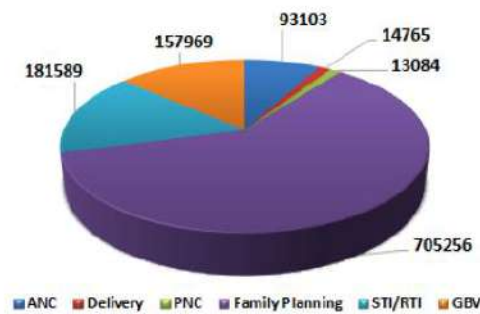
367884. Among the total population this program has prioritized as well as focused on Pregnant Women, Lactating Mothers and Caregivers, Adolescents Girls, Under 5 Children, eligible couples etc.



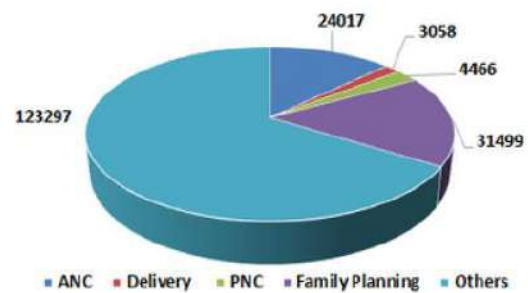
Domiciliary Visit by CHWs:

To aware and sensitize the community people regarding SRHR, ASRHR & integrated GBV our 388 trained CHWs are working in 20 camps and 5 Unions of Ukhiya & Teknaf. During this reporting year 2021, our CHWs visited 860000 household of our working area 1686101 times. They have disseminated information based on flipchart about SRH indicators such as maternal health, neonatal health, family planning, ASRHR, GVB, STI/RTI, and HIV and maternal morbidity are prioritizing to ensure Sexual and Reproductive Health Rights and increase their awareness to receive SRH related services, as well as they have circulated messages about COVID-19 and its prevention. Throughout the house visited our CHWs counselled a total of 1165766 beneficiaries for ANC, Delivery, PNC, Family Planning, STI/RTI and GBV and referred 193455 people for the service access. To ensure the ANC and facility delivery our CHWs track Estimated Date of Delivery which found 90% accurate by analyzing last year data. At present the percentage of facility delivery in MNRHP working area is 83%. Through domiciliary visit CHWs also maintain the various surveillance like community-based birth & death surveillance, Married couple tracking surveillance and community-based surveillance for COVID-19.

Total Counselling throughout the year 2021



Total Referral throughout the year-2021



Community-based mother's support group meeting to raise awareness on comprehensive SRHR information, education and communication materials: Court Yard;

PHD MNRHP program has been committed to raise awareness and sensitize the community people on SRHR, ASRHR and integrated GBV services. Courtyard meeting is organized to aware & sensitize the women & girls of the community about their SRH rights as well as encourage them to access SRH services from the facilities. A number of women of reproductive age, pregnant women, lactating mothers, adolescents' girls and caregivers are invited in these meetings. Courtyard session takes place at household level and the courtyard of the cooperative members of the community is chosen where women, adolescent girls can gather conveniently. The sessions are conducted in a collaborative, participatory and interactive way where CHW Supervisors/Community health workers jointly facilitated the meetings. Through these meeting they provide the information by following the flipchart like importance of taking ANC (Antenatal Care) checkup during pregnancy, inform them about the danger signs during pregnancy, benefits of facility delivery, importance of family planning, make them aware them about neonatal danger signs. Moreover CHWs & Supervisors discuss about adolescence & puberty related health rights with their caregivers such as menstrual health hygiene. Furthermore, they try to present a role model in this meeting



who had already took the SRH services from the facilities and benefited parallelly by these services. That role model described that experience with other community women's which helped to encourage other women for taking services from the facility. In 2021, PHD have conducted 280 courtyard session and reached 4913 women and girls.

Reproductive Health Awareness Group (RHAG) meeting with the Majhi, Imam and community influential in 20 camps on SRHR, COVID 19 and Vaccination of COVID 19 to sensitize the community;

As a strategy PHD-MNRHP reached the community through Community leaders and influential persons. Considering an important issue PHD established a dedicated forum named Reproductive Health Awareness Groups (RHAG), consisting of the reverent people like Majhi, Imam, Teachers as well as others influential persons from the Rohingya community. These RHAG members are responsible to disseminate information and solving the challenges during the implementation of SRH services. To inform them as well as to improve their knowledge PHD have arranged quarterly review meeting with RHAG members throughout the year. Through these meeting PHD-MNRHP program staffs informed them about the goals and objectives of this project as well as improve their knowledge on SRH issue. In this meeting PHD honored them for their great role in the community and make them understand that this program is for their benefits so that they can work with integrity. Moreover, we seek assistance from them to mitigate the field challenges as well. In 2021, PHD have conducted 64 meeting with 22 RHAG where the total participant was 1482.

Female RHAG meeting in 20 camps on SRHR to sensitize the community about SRHR services:



In the Rohingya social system the acceptance of women is less prioritized and their opinion is not well taken so that the woman empowerment is needed to develop the SRHR or any kind of decision-making activities. To empower the community women PHD initiated to formed a Female Reproductive Health Awareness Group with the influential women of the community like wives of Majhis, TBA, Teacher etc. In this year, PHD conducted 62 Female RHAG meetings with 20 female RHAG of 20 camps where 300 members attended those meeting. Through these meeting they got clear ideas about our project activities, improved their knowledge about how to sensitize the community people regarding SRHR services, learned to develop their leadership skills etc. PHD also seek assistance from them to increase the

facility delivery, to increase contraceptive user among the community. Now they are acting as an ambassador for promoting the facility delivery and family planning among their respective community.

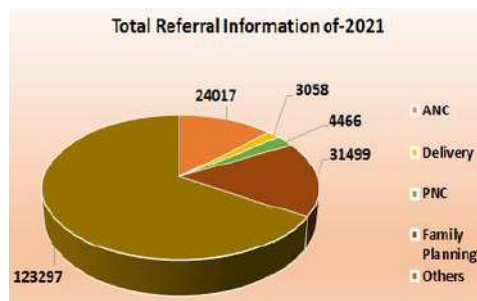


Community dialogue with Majhi, Caregivers, Parents, teachers and Imam for sensitizing them about the ASRH participatory awareness campaign;

Based on the experience that had so far, engagement of the community leaders and caregivers in the program activities through briefing them on all the ideas and structure of activities helped to run the activities smoothly in this conservative society. As the campaign idea was new in this context of the Rohingya community, it was necessary to know the opinions and views of community leaders and caregivers regarding the campaign and also to inform them about the intention behind that campaign idea to avail their support. To ensure an enabling environment for skilled girls for arranging awareness campaigns safely in the community, PHD has organized community dialogues in three camps of the ASRH working area. In this year 3 community dialogues were arranged in 3 camps where the total number of participants was 75 (Male- 50 and Female-25 & all are from the Rohingya community). Through this dialogue PHD initiated to make the responsible person of a family and leaders of the community understand the purpose and arrangement of the campaign, its benefits, and importance of the ASRH information for daily life and also to take suggestions or feedbacks from them to make some necessary changes in the arrangements.

Major Achievement

- Every month we can reach more than 150000 people with awareness messages on SRH, ASRH & GBV



through counseling.

- PHD selected as co-chair of ASRH technical team
- In 2021, our CHWs referred a total of 186337 patients. Among them Referred for ANC- 24017, Delivery- 3058, PNC- 4466, FP- 31499
- In PHD coverage area facility delivery percentage is – 83%
- According to the married couple tracking surveillance in PHD's coverage area percentage of CAR is - 59%



PHD CHW team participated on Covid- 19 vaccination program at rohingya camp, Cox's Bazar-Bangladesh. The team successfully helped the government and other partner NGOs in Camp mapping, segregated age group selection. Which was the primary part of that program.



- We did fire incident awareness campaign in our coverage area
- Moreover, Our CHWs team also actively participated part in OCV (Oral Cholerae Vaccine) campaign

Lesson learned:

- How to address an outbreak of communicable disease and way to do various teamwork in a restricted environment and cope up the project model as per demand
- We have learned community-based surveillance throughout the time period.
- Continuation of routine intervention by following the etiquette for Covid-19
- Identify the sign and symptom related to Covid-19 and as well as continuity of referral services as per need

Major challenges faced Vs strategies adopted to overcome the challenges:

Challenge 1- To keep the standard quality in all field of programmer.

Overcome 1- Identification of Programmatic gap and support the team accordingly

Challenge 2- Lack of staff motivation

Overcome 2- Giving orientation to all staffs about the objectives of program which directly and indirectly help to motivate them to their works to bring the best outcome.

Challenge 3- Adjust with donor and government demands

Overcome 3- Increase communication with the donors and government to understand their expectations and demands.

Health Care to FDMN under DFAT-III (BGD AHP Rohingya response phase 3)

Project at a glance:

Funded by: Australian Aid
Duration: January 2021 to March 2022
Beneficiary: Services:
Under 5-9465, Over 5-15176 or Male-10325, Female-14316, ANC-2260, PNC- 376, FP-1490, ASRH-476, EPI-2237, MHPSS Counselling-2644.
Outreach:
Male-29829, Female-46040 or Adult-57700, Child-18169
Areas: Camp-17 (Male: 1974, Female: 2115, Pregnant women: 112, PWD: 37)
Camp-18 (Male: 1897, Female: 2091, Pregnant women: 45, PWD: 52)

PHD provided essential primary health care services which include Outpatient department service, Reproductive and Maternal Health service, IYCF, MHPSS, MNCHN, Immunization (EPI), and Outreach activity through two health posts. A total of 24641 OPD consultations were provided, where 10325 were male, and 14316 were female patients, 9465 were under-five children, and 15176 were over five and 176 persons with disability.



Doctor's Consultation

7232 SRH services were provided, including 2260 ANC, 376 PNC, and 1490 family planning method services. On September 26th, 2021, World Contraception Day has been celebrated with the theme of "Child by choice, not by chance", where Partners in Health and Development (PHD) has organized a program with the Rohingya refugees in Cox's Bazar. Throughout the program, PHD tried to provide the Rohingya married couples, and elite people a platform to share their feelings, thoughts, and ideas on

contraception. The initiative was taken to inform them about the importance of this day, and in this program, we circulated the idea of different birth control methods. The program was highly appreciated by government stakeholders and different sectoral organizations. In September, the total family planning method acceptors were 200. After the daily observation and awareness sessions, the family planning method acceptors were 235 in October (17.5% increase). A total of 43 patients were referred for ultrasounds and pregnancy-related complications.



Family Planning Counselling by Midwife

The immunization service was provided to 2237 beneficiaries, of whom 959 were boys, 856 were girls, and 422 were females of reproductive age. A total of 476 services were given to adolescent girls and boys by 110 ASRH sessions. Menstrual hygiene management, sex education, STI/RTI, sexual and gender-based violence, physical and mental growth during adolescence, and contraception and family planning are the major topics covered during ASRH counselling.



MHPSS Counselling

A total of 2644 MHPSS counseling sessions were conducted. CHWs made a total of 11894 referrals. Among these, 10227 were referred to other health facilities, and the outcomes were followed up. Overall, the indicator-based targets were achieved at 100%. During the COVID-19 pandemic situation necessary precautions have been adapted to limit the disease's transmission.

EPI Vaccination

Outreach Facilities: PHD conducts a monthly health support community meeting, FGD (Focused Group Discussion), in which Majhi, Imam, teachers and other community people meet to discuss suggestions for improving the services in the camp. Within the camp, MPHSS services such as consultation and knowledge sharing are also provided by PHD. To help encourage people to get the COVID-19 and OCD

vaccinations, CHWs went out to the different blocks of the camp and met people, persuading them to come to the health post and get the vaccine.

Lesson learned during 2021:

Staff's shortage has been experienced in health posts as some staffs were COVID-19 positive at the same time. A few of them were infected twice by COVID-19. However, service provision was uninterrupted even with inadequate staff members. We mobilized staff to keep all the service corners going. From that experience, we have trained existing staff to support another relevant department when the situation demands it.

Camp-17 health post was initially located on the hilltop. Therefore, older people, pregnant women, and people with disabilities faced challenges in reaching that destination. Following the fire incident, we received suggestions from the beneficiaries to relocate the health post to the bottom of the hill. Besides, the camp in charge (CIC) also agreed with them. Therefore, we have found a new convenient place for all beneficiaries, and the health post has been relocated there. The health post is functional there, and the beneficiaries are happy.

Major challenges faced Vs strategies adopted to overcome the challenges:

A group of miscreants inside the camp stole toilet rings, lamp posts, lights, and doors from the health post premises during the night. This kind of incident happened in several places inside the camps. This group even stole bamboo sticks from a public bamboo bridge. We took immediate and necessary action accordingly. Besides, to increase the security, we have appointed an extra night guard. We kept the camp in charge informed, and he assured us that he would look into this matter and take prompt action. Currently, this type of unpleasant issue has been significantly reduced.

Major achievement while implantation of the project

Achievement 1: Disability and gender inclusion to the mainstream activity.

Achievement 2: Rapid response and resilience to ensure uninterrupted service provision after a massive fire incident.

Academic Program



Developing Midwives Project (DMP)

Funded by: UKAID (FCDO) through JPGSPH and BRAC University

Duration: October 2016 to September 2021

Beneficiary: Primary beneficiaries are Students of

Areas: Khulna

Goal: To create and build a cadre of competent professional midwives to promote, maintain and alleviate the health of the mother and her newborn.

Aim and Objectives: DMP targets young woman from urban and rural remote areas of Bangladesh to educate and train them as professional 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 objectives of:

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

Area of Operation: Diploma in Midwifery Education

Beneficiary details:

- Female(s) who have passed their Higher Secondary Certificate within two year as well as those who are capable of fulfilling the criteria set by the Government in the given year.

Batch wise graduated and current student's status of DMP		
Batch	Number of Students	Present status of graduates
1 st Batch	30	Government job at different UH & FWC and Upazila Health Complex
2 nd Batch	30	
3 rd Batch	28	Private Job at Midwifery-Led Centers (MLC) and NGOs
5 th Batch	30	
6 th Batch	32	Currently graduated and waiting for licensing examination from BNMC (Bangladesh Nursing and Midwifery Council)
7 th Batch	30	Continuing study in 2 nd year.
8 th Batch	30	Continuing study in 1 st year.

Brief narration and impact of key activities:

Our academic site was closed due to the current outbreak of the corona virus. It hampered our academic activities so HUB sent us an academic plan which we followed strictly.

As per the plan of HUB, firstly, we divided our all batches of students into smaller groups. And for every group, we assigned a responsible teacher. We assessed the 3 batches of students at a time. There were 3 students in each group. Every teacher supervised 3 groups (9 students) from 3 batches.

Every day, the responsible teachers used to pay phone calls to their group students. We created a group in Face book messenger where we could find them and take care of them easily. They prepared their everyday lessons according to the schedule plan from HUB.

We conducted online classes according to the plan (Teacher's Group) for 6th and 7th batches. We allowed them to contact with us at any time for any problems. We listened to their problems and solved the problems over phone calls, messenger or through SMS. We provided all types of suggestions to the students for their betterment.

Our students of 5th batch were continuing their CEGM and was going through preparatory phase for licensing exams. Our students of 5th batch were supposed to seat for licensing exam under BNMC in February 2021. But, due to some changes in plan of the BNMC authority, the exam was delayed to 4th September 2021 where all of the students have become successfully licensed.

As per the graduation criteria each student has to complete the following mandatory activities independently: (ANC-100, PNC-100, INC-50, NVD-40, FP-17)

In order to achieve above objectives, PHD identified some minimum risk maternity centers such as PHCCs in Rohingya camp, Cox's Bazar, MCWC Khulna, PHCs of Urban Primary Health Care project in Khulna and BRAC Maternity centers in Khulna and deployed students for clinical practice for achieving their target.

We continued our regular office remotely through online.

Admin staffs came to office campus physically in 2 to 3 days weekly, clinical placement supervisors went to the precise hospital with the students and rest of the faculties came to office one day per week.

We sent our all-Quarterly Report and other relevant documents on time to HUB.

PHD academic site successfully completed its yearly Audit without any observation.

We maintained our all HDC related activities such as trade license update, land registration, mutation and NOC for construction.

Lesson learned during 2021: Key learning during reporting period and recommendation for future:

Although we arranged all of our academic classes through online, this system was not sufficient for students because 70% of their curriculum is practical based and we did not get satisfactory semester final result. (6th batch)

When GOB gave order to reopen the academic site, we immediately placed our students to hospital for their clinical placement.

We gave our maximum effort for the practical and viva examination of 7th batch students.

We placed our students in Rohingya project, Cox's-bazar by rotation for fulfilment of their CEGM target.

In this quarter, Due to the very emergency situation of covid-19 in Khulna another new hospital were announced as corona dedicated hospital, general hospital of Khulna. Our 9 students were performing their CEGM in the general hospital. Now all the outdoor and indoor admission of patients is cancelled. That's way we stopped their CEGM according to the advice of Dr.Sharmina Rahman.

Our academic activities were closed for a long time after that, we have opened our academic site and started all activity physically including clinical placement as soon as the govt. approved.

In our academic site all the staffs and all the students completed their COVID-19 Vaccination.

In our academic site, all the staff and all the students completed their two doses of COVID-19 Vaccine. Also, our 7th batch students completed their Hepatitis B vaccine. In this COVID- 19 time, we have learned to maintain all the precautions against COVID-19 as well as boost up the immunity.

The BNMC accreditation team were very pleased to visit our academic site. They also suggested us to apply nursing course because, our academic site is able to smoothly run two similar courses.

Major challenges faced vs. Strategies adopted to overcome the challenges:

Challenges:

- a) CEGM placement of 5th batch during COVID-19 situation.
- b) Faculty recruitment and retention.
- c) Final Examination of 7th batch under BNMC.
- d) Physical attendance of our teachers for student monitoring during alarming COVID-19 situation.
- e) Two of our students were physically ill (patella dislocation and heart disease).
- f) Due to COVID-19 pandemic situation our 6th batch students were not placed in clinical placement. It was quiet tough to achieve their graduation target.
- g) Due to the worst socio-economic situation for COVID-19 pandemic, we couldn't collect the student's tuition fees satisfactorily.
- h) In this COVID-19 time it became a big challenge to implement our business plan for project sustainability.
- i) Though we had a shortage of teachers, we had to attend our clinical placement on time and maintain every rules appropriately along with attending the class of all batches and took every model test which was very challenging for us.
- j) The students of 6th batch went to their clinical placement from September-2021 but they couldn't fulfill their graduation criteria.
- k) In prior, we provided snacks to the students, but after September 2021, we could not give any snacks to the students due to financial problems .To maintain this change was also a challenge for us.
- l) Besides, we also faced challenges to admit our new batch of students. Because some of them were not aware about the opportunity and they denied to get admitted. After several episodes of counselling, some of them willingly admitted in our academic site.

Strategies Adopted to overcome the challenges:

- We analyze and realize the impact of COVID19 situation. Hence, we made a proposal for clinical placement of the students.
- Faculty development is a process to be continued: We identified the core faculties and arranged various training and higher-level specialized education opportunity for capacity building. Incentives have been built in project for faculty retention.
- We are communicating with motivational approach with the students' parents through zoom and over phone that could recover students' fees.
- We opened our academic institute and continued our all activities physically.
- We tried to motivating our students to adjust to our new management.
- Finally, we admitted the 8th batch of students and continuing their classes.

E. Major achievement while implementation of the project:

- 100% students passed in all licensing exams organized by BNMC (first, second, third and fifth batches)
- 100% students passed in first and second batches employed with government institutions
- 100% students in 7th batch passed their 1st year final exam organized by the government
- As of now, 120 students are graduated and got license from BNMC out of which:
- 53 employed in government services in 10th grade
- 37 working at private sector (NGOs) with a salary range between 35,000 and 60,000/month)
- 05 students got jobs having license from recently organized BNMC exam (Exam date: 04-09-2021) and another 10 midwives are in the process of employment

F. Covid-19 support

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.

Our students of all batches



First batch



Second Batch



Third batch



Fifth batch



Sixth batch



Seven batch



Eight batch



Capacity Development Support by PHD

Integrated Response to COVID-19 crisis through Healthcare

Supported by: Save the Children International (SCI)

Duration: 1 day (31st March 2021)

Beneficiary: WatSan community Members

Areas: Teknaf, Cox's Bazar

WatSan committee training at Upazila level has successfully organized and conducted very satisfactory way with the cooperation & collaboration of SCI and PHD management. The specific objective of the training is " **To Increase**

Knowledge of safe water, sanitation, awareness on Hygiene promotion, understand the spread of fecal, germs and protective measures activity. Also will able to know how to increases union WatSan committee capacities through Upazila WatSan committee." The whole training was designed by Govt. circular and WASH related concept and activities where related. PHD were provided their effort as needed in different session. SCI was given technical support to the training as required.



Total 19 WatSan community Members (Female- 1, Male-18) were participated at the training session. Full training was participatory from both levels. From the participant's feedback and the group work, session facilitators and observers can reach a common understanding that committee members can keep a significant role in Upazila and Union level and reach project goals and objectives. They also committed to applying their learning on training subjects at their personal, institute, and community levels to establish the concept and raising awareness level focused on COVID-19.

Community Health Volunteer Training on MNCAH Project

Supported by: UNICEF

Duration: 20-24th November, 2021

Beneficiary: CHW

Areas: Kutuplaong & Thankhali, Cox's Bazar

PHD team has conducted the training following the CHWs Module developed by UNICEF, where participants will be able to "acquire adequate knowledge, skills and positive attitudes to provide maternal, child health, Nutrition and ECCD packages services to the community effectively". In this training, both the participants and facilitators jointly participated in the process that has generated the initial temperament among the participants to create the learning environment of the training courses. Total number of participants were 110 volunteer, 5 supervisors. The training event was held in Kutuplaong Camp, PHCC-1, PHCC-2, Thankhali office venues in Cox's Bazar.

PHD has conducted a session on field experience sharing through Force Field Analysis process, where participants got an opportunity to share their experiences of facilitation after getting the basic training. Participants were asked to share about Driving factors behind their success. PHD completed training within the timeline with active cooperation and support from very skillful and energetic staff members of MNCAH Project.

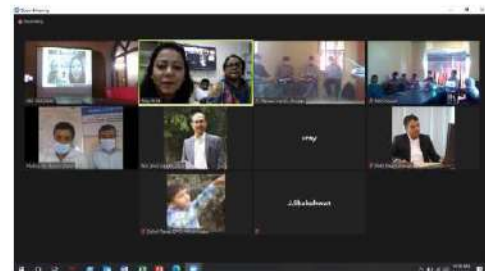
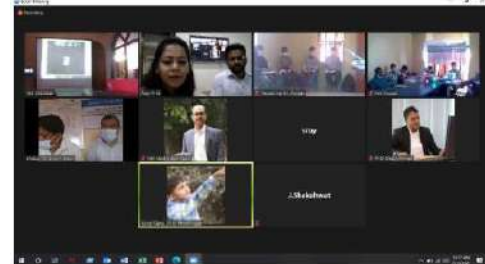
3-day Staff induction and orientation on Shukhi Jibon & ISNAASRH

Supported by: Pathfinder International
Duration: 17-19 July, 2021
Beneficiary: Project Staffs
Areas: Kishoreganj and Moulvibazar

PHD formed a seven member's team for the conduction of the training program successfully and total number of participants 16 (PC, FCs and UFs). Because of country lockdown situation the training event was arranged in two different venues in respective two district Kishoreganj and Moulvibazar. The training program was inaugurated by the Managing Director of PHD also the Pathfinder's representative participated the event from the beginning to the end of the training session. For making the training sessions live big screen, multi-media projector was used and participants took part the session maintaining social distance so altogether the entire sessions were like a single training room. The entire sessions were designed interactively, participants feedback was taken most frequently. To make to training much more effective, Md. Sakhawat Hossain, Director Program, PHD physically attended the training venue and took couple of sessions at Kishoreganj district office. Total a number 16 sessions were delivered through power point presentation, couple of game and energizers too were used during the training program.

Training Output:

- Clear perception to the project staffs on project objectives, activities and outcome
- Project implementation modalities
- Capacitated project staffs on organizing successful community event
- Community engagement strategy and assure local government support



Participatory Rural Appraisal (PRA) Training and Field Test on PRA Tools

Supported by: Bangladesh Nari Progati Sangha (BNPS)

Duration: One Day long (March 2021)

Beneficiary: NOG worker, Private Teacher, Tailors, Garments worker, Beautician/Parlor worker, Small Businessmen, Students, Trade union, leader, Migrated from abroad

Areas: Mouchak Union (Ward 4, 5 and 6), Kaliakoir, Gazipur

Participatory Rural Appraisal (PRA) process will allow local staff and community based social volunteers in



the locality for better understanding on community needs, organizing outreach session with women on their entitlement, complaint management system, local arbitration process, village court on women's mobility specially in locality and in overseas job situations and to develop their own plan of action. In this regard, Partners in Health and Development (PHD) has been assigned to facilitate in conducting 2 days training on PRA tools for Community Social Worker including field test as active citizen and change agents. The main objectives of this assignment are to "develop skills for field level staff

and Community Social Worker's on PRA (Participatory Rural Appraisal) tools".

PHD reviewed documents, arranged pre-discussion meeting with project personnel, developed and shared draft training materials, session plan, questioner and guide, finalized the materials, conducted training session at field level, practical demonstration at field for practicing tools and captured learnings & challenges for documentation.

Infection Prevention and Control (IPC) Maternal, Neonatal, and Child Health (MNCH) and Nutrition Service Delivery project for Bangladeshi Host

Supported by: World Bank

Duration: Day long (December 2021)

Beneficiary: Service Providers of Selected 5 Upazila Health Complex

Areas: Ramu, Moheshkhali, Pekua, Chakaria upazilas under Cox's Bazar district

The training on infection Prevention and Control (IPC) for service providers was held from 26th December to 30th December (5 batches) in Ramu, Moheshkhali, Pekua, Chakaria upazilas under Cox's Bazar district of Bangladesh. The training was provided to ensure the continuity of routine health services despite the COVID-19 pandemic. A total of 100 participants were attended the daylong training sessions. The training was held on UHC conference room Ramu, Moheshkhali, Pekua, Chakaria. Two Master trainer was picked from the Cox's Bazar district and one master trainer was picked from PHD's Head office to conduct the training.

The topics was covered in context of present COVID-19 situation during the session. The main areas of the training was covered are the following issues - Description of Infection Prevention and Control (IPC), Covid-19 WHO Recommended IPC Strategies, Components of IPC, The formation of IPC committee in Bangladesh, General principles, Handhygiene, Technique practicing with UV light, Respiratory Hygiene for patients, Use of PPE, Improving environmental cleaning, Waste management, Hospital laundry, IPC Training for Covid-19, Isolation Treatment Centre, IPC in the Community, Health awareness in Tourist Zone.

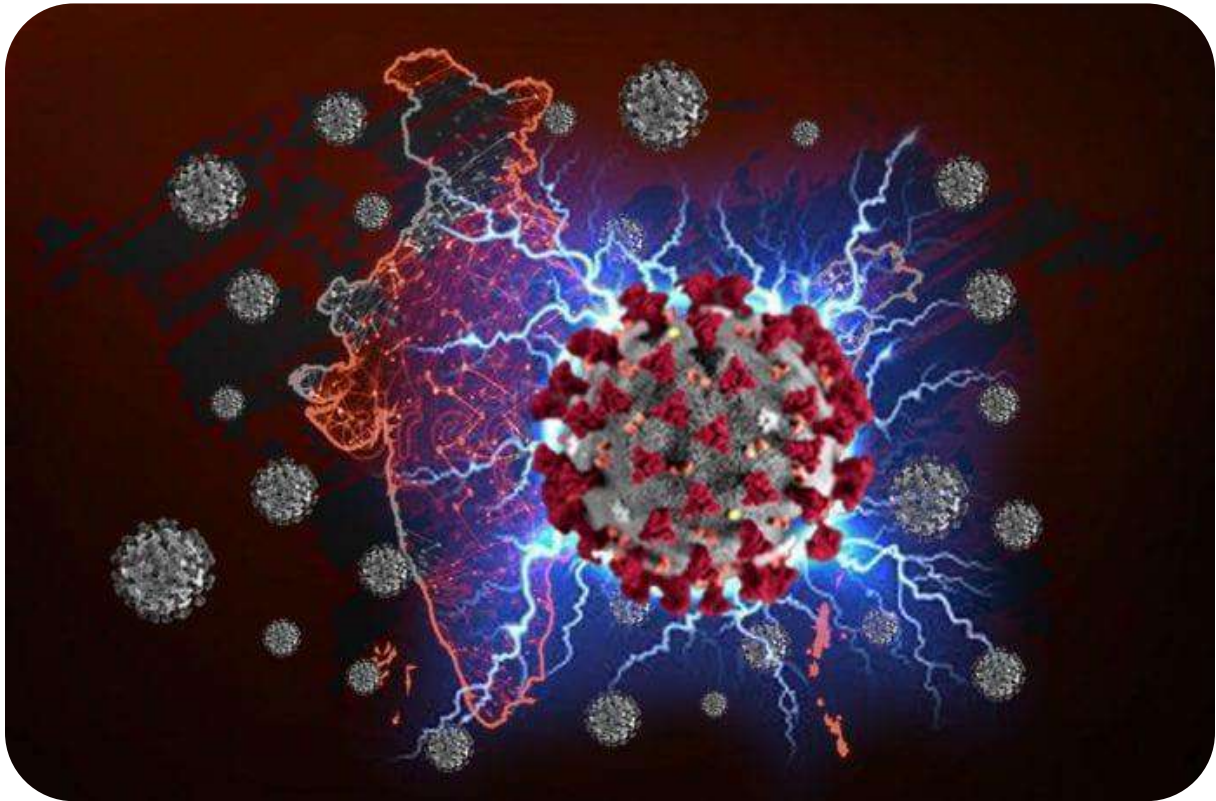


**IPC Training conducted in Ramu on
26/12/2021**

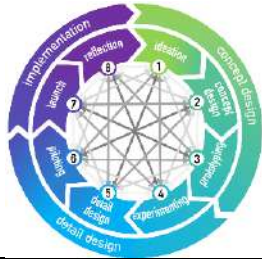






**IPC Training conducted in Moheskali on
28/12/2021**

Covid-19 Response by PHD



PHD's Covid - 19 Response in 2021

<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



PHD builds Covid-19 awareness at community-level through the household visits and helped the community to adapt and maintain Covid-19 health etiquette in society. Besides household visits, we distributed IPC (Infection Prevention Control) materials and PPE (personal protective equipment) such as masks, hand sanitizers, etc to the community level as well as the project staff. Our community mobilization team played a vital part to refer Covid-19 symptomatic and confirmed patients according to their needs and helped to quarantine the family members in ITC (Isolation Treatment Center). In 2021 PHD organized 20 Community SRHR meetings on COVID 19 consists of Imam (Religious leaders), Teachers and other members of the community to discuss the goal and objectives of our project, raise awareness regarding the sexual and reproductive health and COVID 19 information and encourage them to circulate the information and promote institutional delivery among the Rohingya community people. Total participants were 447(all are male and from the Rohingya community), among them Imams, teachers, Majhi, and other community members were present in the meeting.

358 CHWs actively participated in community based surveillance system where they have provided COVID prevention messages through a prescribed flipchart, have screened primarily patient with COVID symptoms based on pictorial checklist & referred them to the nearest health facility. Under this surveillance system our CHWs have visited the household 4 times in a month for the primary screening of the COVID symptoms. Our CHWs have counselled 2287365 times on COVID prevention messages & screened more than 300000 with COVID symptoms and referred them to the nearest health facility.

To make the vaccination campaign successful our CHWs actively have provided support to the Health sector & government. They were responsible for community mobilization as well as referred the respective people to the vaccination center for ensuring the vaccination.



Moreover a dedicated booth was setting up in the Ratnapalong Union to provide support to the marginalized people regarding COVID-19 vaccine registration.

Health Care to FDMN under DFAT-III (BGD AHP Rohingya response phase 3):

During the COVID 19 pandemic, necessary precautions have been adapted to limit the disease's transmission. Regular hand washing practices, maintaining respiratory hygiene, and proper physical distance have been promoted among beneficiaries. 100% beneficiaries along with staff inside the facility were ensured wearing facemasks. COVID-related health awareness messages were shared in the waiting area inside the health posts. Besides, CHWs' continued delivering awareness messages to beneficiaries in the community during door-to-door visits and to any person with flu-like symptoms at the health post.

The health post staffs attended to those patients in the flu corner and took necessary action, including referring them for COVID-19 testing.

A total of 58938 COVID 19 awareness sessions were conducted, through which a total of 75874 beneficiaries were reached. 29834 were male, 29104 were female, and 1570 had a disability. During the sessions, the following topics were covered: proper use of a mask, proper hand washing technique, maintaining social distance, and primary symptoms of COVID 19. A total of 1064 yellow cases were identified and referred to the health post. There was no red case detected. Any patient with flu-like symptoms was asked to wear a mask and to take a consultation in the health facility.

Health and Gender Support for Cox's Bazar District:

During the reporting period, all the non-budgetary works were implemented in the respective field in consultation with the appropriate authority. All CHWs were participated in Covid-19 vaccination Camp (by taking appropriate measure) and played a significant role (e.g. registration of recipients, traffic management and documentation). During domiciliary visit, CHWs were distributed musk provided by UNFPA among the community people. Apart from that, all the CHWs disseminated Covid-19 related messages among the community people during their works and HH Visits.

USAID's MaMoni Maternal and Newborn Care Strengthening Project (MaMoni MNCSP) Supplementary Program for COVID-19 Response

Project at a glance:

Funded by:	United States Agency for International Development (USAID)
Duration:	September, 2021 to July, 2022
Beneficiary:	Suspected COVID 19 affected people from the project areas
Areas:	Two Upazilas from two respective districts of Madaripur and Munshiganj

The USAID's MaMoni Maternal and Newborn Care Strengthening Project (MaMoni- MNCSP's) Emergency Response to COVID-19 Pandemic works with the government to strengthen its health system response to community transmission of COVID-19, minimize health risks to individuals and avoid adverse health outcomes. Specifically, the project aims to enhance the national health system's capacity to prevent transmission of COVID-19 and improve case management in healthcare facilities and at community level, and support sub-national health systems to rapidly analyze and respond to the changing pandemic epicenters. Partners in Health and Development (PHD) is implementing the MaMoni- MNCSP Supplementary Program for COVID-19 Response with the objective of Strengthen CST intervention with added activities. The project will cover its activities in 10 districts during Phase-1 and Phase-2. However, PHD aims to develop an active screening model for identification of COVID-19 cases in rural community to supplement the ongoing CST intervention in 2 districts- Munshigonj and Madaripur. The approaches to achieve the activities will be to engage with local government bodies and community in the district, upazila, and union of the project area.

Conduction of Need assessment:

During the reporting period two need assessment was organized one in Sreenagar Upazila of Munshiganj district and other one in Sadar Upazila under Madaripur district to assess field practice for verbal screening and UP engagement practice for COVID 19 issue. Some participatory method was used such as- Focus



Snap while conduction of Need Assessment in Munshigonj

Group Discussion (FGD), Force Field Analysis, Participatory Rapid Appraisal (PRA) and Key Informant Interview (KII) to conduct this need assessment. Before the need assessment one meeting was held in PHD Head office with Shimantik representatives to share the need assessment plan. Need assessment checklists were shared with both SCI and Shimantik team and finalized

by their incorporating inputs. In the need assessment the participants were CST members covering Health

and FP and CG, CSG representatives of community level, Health and FP staff at Upazila and MO-Covid-19, UP Chairman, Secretary, Members and Members of Union Education, Health and Family Welfare Standing Committee (UEHFWSC). The objectives of the need assessment were-

1. To assess field practice on community led screening and communication for COVID response and explore opportunities for further strengthening the process,
2. To assess current UP engagement practice for COVID response and explore opportunities for further strengthening the process.

Two separate checklists were developed to facilitate the FGD, one was for Community Support Team (CST) and another for UP Members and UEHFWSC. Two types of Key Informant Interview (KII) guidelines were developed in this need assessment. One for Health and Family Planning staff at Upazila and MO-COVID-19 and another for UP Chairman and Secretary were attended the need assessment. Two team simultaneously conduct the assignment at Munshiganj and Madaripur at a time. The monitoring and proper guidance was provided by project focal person. The team leader monitors the field work and provide necessary guidance. At a glance of event date and participants information-

Madaripur:

Sl.	Events	Date	Respondents	Number of Participants		
				Female	Male	Total
1.	FGD and Force Field Analysis	20-12-2021	Mothers (came to CC with child for immunization)	12	-	12
		20-12-2021	CST (Health and FP staff)	9	2	11
		20-12-2021	CG and CSG	5	6	11
		22-12-2021	UP Members and Secretary	3	3	6
2.	KII	21-12-2021	UH&FPO. UFPO, MO-COVID-19, MO, Statistician, HI and FPI	1	6	7
		21-12-2021	Chairman, Ghatmajhi Union Parishad		1	1
3.	Meeting cum FGD	22-12-2021	SIMANTIK Field Staff	-	6	6

Munshiganj:

Sl.	Events	Date	Respondents	Number of Participants		
				Female	Male	Total
1.	FGD and Force Field Analysis	20-12-2021	CST (Health and FP staff)	7	2	9
		20-12-2021	CG and CSG	4	6	10
		22-12-2021	UP Members and Secretary	3	3	6

2.	KII	21-12-2021	UH&FPO. UFPO, MO-COVID-19, Statistician, HI and FPI	2	6	8
		21-12-2021	Chairman, Patavog Union Parishad		1	1
3.	Meeting cum FGD	22-12-2021	SIMANTIK Field Staff	1	8	9

After field work, the findings of the need assessment were compiled under some key points. **KEY ISSUES**

DISCUSSED IN THE NEED ASSESSMENT

- i) Awareness raising
- ii) Registration and vaccination
- iii) Corona case identification
- iv) Telemedicine service
- v) Post-COVID complications
- vi) Follow-up
- vii) CST functioning
- viii) Coordination with community, CST and UP
- ix) Reporting



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Financial Statement of PHD

Fiscal Year July 2020 to July 2021

Partners in Health and Development (PHD)

Statement of Financial Position

As at 30 June 2021

Particulars	Notes	Amount in Taka	
		30 June 2021	30 June 2020
ASSETS			
A. Non-current Assets		12,018,146	9,415,357
Property, Plant and Equipment	03.00	12,018,146	9,415,357
B. Current Assets		24,144,017	19,836,850
Short Term Investment (FDR)	04.00	15,006,074	7,515,188
Accrued Interest		-	292,410
Investment to VORD	05.00	1,722,229	1,722,229
Loan and Advances	06.00	3,447,626	5,176,185
Advance Income Tax	22.00	232,362	232,362
Cash and Bank Balance	07.00	3,735,727	4,898,477
C. Total Assets (A+B)		36,162,163	29,252,207
D. Current Liabilities		8,508,847	5,325,851
Income Tax Provision	08.00	4,589,640	2,795,177
Liability for Expenses	09.00	555,519	555,519
Provision for Audit Fees	10.00	111,390	212,590
Inter project Payable	11.00	1,475,858	1,475,858
Grants Payable (Shukhi Jibon Project)	12.00	1,511,561	-
Other Liability	13.00	264,879	286,707
Net Current Assets (B-D)		15,635,170	14,510,999
Total Net Assets		27,653,317	23,926,356
FUNDS			
General Funds	14.00	27,653,317	23,926,356
Total Funds		27,653,317	23,926,356

Assistant Director Finance
Partners in Health and Development

Managing Director
Partners in Health and Development

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

Place : Dhaka
Dated: 15 March 2022



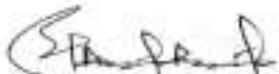
Md. Jahidul Islam FCA
Managing Partner
Enrol No:1008
Islam Jahid & Co.
Chartered Accountants
DVC: 2203151008A5099778

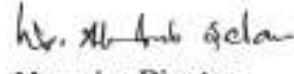
Partners in Health and Development (PHD)

Statement of Income and Expenditure

For the year ended 30 June 2021

Particulars	Notes	Amount in Taka	
		30 June 2021	30 June 2020
Income			
FDR Interest		198,476	517,417
Bank Interest		44,166	60,829
Shared Cost and Overhead Received	15.00	34,012,230	34,459,670
Total Income		34,254,872	35,037,916
Expenditure			
Personnel Cost	16.00	22,777,716	21,041,625
Office Expenses	17.00	2,363,703	2,355,978
Transportation Expenses	18.00	833,584	363,741
Repair and Maintenance	19.00	896,590	527,680
Project Expenses	20.00	1,363,939	965,776
Training, Evaluation Expenses		-	1,058,642
Audit fee		101,200	101,200
Bank Charge		26,106	21,823
Interest Expense		-	123,547
Excise Duty		-	2,500
Depreciation		370,610	475,462
Income Tax		1,794,463	2,599,981
Total Expenditure		30,527,911	29,637,955
Net Surplus/(Deficit)		3,726,961	5,399,961
		34,254,872	35,037,916


Assistant Director Finance
Partners in Health and Development


Managing Director
Partners in Health and Development

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


Md. Jahidul Islam FCA
Managing Partner
Enrl No:1008
Islam Jahid & Co.
Chartered Accountants
DVC: 220,315,1008 As 299778



Place : Dhaka
Dated: 15 March 2022

Partners in Health and Development (PHD)

Statement of Receipts and Payments

For the year ended 30 June 2021

Particulars	Notes	Amount in Taka	
		30 June 2021	30 June 2020
Opening Balance		5,620,437	1,313,258
Cash and Bank Balance		4,898,477	239,879
Advance to Staff and Others		721,960	1,073,379
Receipts		424,551,232	490,362,939
Bank Interest		44,166	60,829
Shared Cost and Overhead Received	15.00	34,012,230	32,058,156
Grant Received for Project	12.01	386,040,611	455,842,440
Loan Refund from NILIP		3,904,225	-
Loan Refund from MSNP		550,000	-
Training Evaluation and Consultancy		-	2,401,514
Total Receipt		430,171,669	491,676,197
Payments			
Personnel Cost	23.00	21,888,982	20,186,912
Office Expenses	24.00	2,187,947	2,278,296
Transportation Expenses	25.00	820,583	363,741
Repair and Maintenance	26.00	890,754	524,343
Project Expenses	27.00	1,460,281	953,776
Training, Evaluation Expense		-	1,070,642
Audit Fee		202,400	-
Bank Charge		26,106	21,822
Grant Transferred to Project	12.02	384,529,050	455,842,440
PDR		7,000,000	-



Partners in Health and Development (PHD)

Statement of Receipts and Payments
For the year ended 30 June 2021

Particulars	Notes	Amount in Taka	
		30 June 2021	30 June 2020
VAT payable payment	13.01	64,727	47,223
Tax payable payment	13.02	944,086	967,535
Land	03.01	2,973,400	-
Loan refund to PF		-	1,749,031
Loan to MSNP		-	550,000
Loan refund to PHD HDC		-	1,500,000
Closing balance		422,988,316	486,055,760
Cash and bank balance		3,735,727	4,898,477
Advance to Staff and Others		3,447,626	721,960
		7,183,353	5,620,437
Total Payment		430,171,669	491,676,197


Assistant Director Finance

Partners in Health and Development


Managing Director

Partners in Health and Development

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

Place : Dhaka
Dated: 15 March 2022




Md. Jahidul Islam FCA
Managing Partner
Enr No:1008
Islam Jahid & Co.
Chartered Accountants
DVC: 2202151008-AS 277778

Impact Highlight / Case Study / Story

Impact Highlight / Case Study / Story

Resolve the women's toilet problem at Parshuram Upazila Health Complex through the client feedback mechanism.

According to the State of the World's Toilets 2017 report, about 47% of healthcare facilities lack adequate toilets and 85.4 million people in Bangladesh lack access to adequate toilets. In Bangladesh, the lack of decent toilets harms women¹. Due to the absence of appropriate sanitary facilities at their employment,

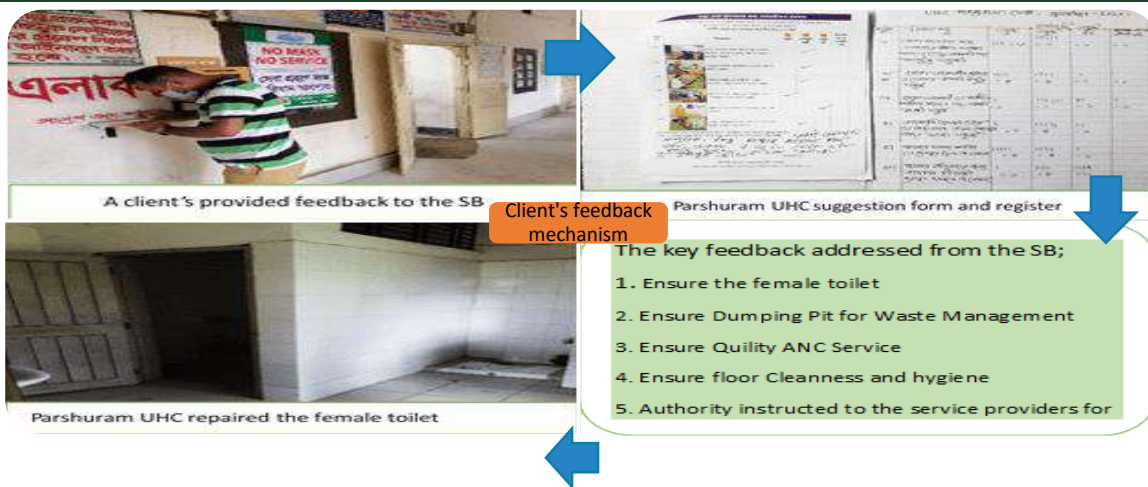
“I took my relative to the Parshuram health facility few months ago. Before leaving the facility, I wrote complain into the suggestion box regarding the female toilet. Because there was no separate female toilet here. Women feel embarrassed to use the male toilet. I didn't know that hospital authority takes consideration any client's feedback in Bangladesh. But last month while I re-visited the facility, I found that the facility renovated the separate female toilet. As a sensible citizen, this encouraged me to contribute to future where required. Such initiatives helped the clients to think of being a part of the institution”- A male attendant

Bangladeshi women miss up to six days of work every month². The Parshuram Upazila Health Complex (UHC) in Feni district handled an average of 200 patients every day. Female consumers had difficulty utilizing the toilet facility since there was only one suitable male toilet. The female toilet was utilized as a storage facility for a variety of health commodities and waste products. The lobby in front of the female toilet was used as a dumping zone. As a result, women had difficulties, but they were unsure where to report their complaints to remedy.

To improve the experience of care, USAID's MaMoni MNCSP supported the installation of a suggestion box (SB) at Parshuram UHC in September 2020. The client feedback intervention was built by reframing the

existing complaint boxes as suggestion boxes. The project facilitated the activation of the client's feedback taking where the QIC is functioning. After the facility adopted the client's feedback mechanism, women visiting this facility found a way to solve the issue. The clients submitted feedback on separate female toilets (83 %) as well as other topics. The authority took note of the feedback and checked the toilet situation instantly. During the QIC meeting in November 2020, the RMO and UH&FPO instructed for necessary action. With their cordial support and supervision by the UC of the project, the allocated space was cleaned by December 2020, and renovate the toilet floor and door, hand wash station, indication mark of the female toilet, etc. The RMO also gave the cleaner instructions to keep the place clean on a regular basis.

A functioning management committee can change the scenario of a health facility



¹ WaterAid (2017), 'Out of order: The state of the world's toilets 2017', WaterAid, November, Available at: <https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/Out%20of%20Order%20report%202017.pdf>.

² Jennifer Schappert, HER project and BSR at the Celebrating Women meeting in Geneva, 8 March 2013.

MaMoni MNCS project work on many aspects of community mobilization, local government engagement, work in underserved areas, etc. The project also supports functioning the management committee to strengthen the non-functioning health services. The UH&FWC management committee of, “Paschim Char Dukhiya (Faridganj)” was non-functioning for a long time. As result, the facility didn’t run properly due to lots of obstacles. Then the project sensitized the committee members and took initiatives to reorganize the committee. Now they arrange monthly meetings regularly. The chairman and the committee members have taken important steps to function the facility properly. The committee initiated the renovation of the center & purchase some furniture and other materials. The Union Parishad allocated 400,000 BDT. They also did the tiles work on the delivery room, post-operative room, and toilet for ensuring the quality of MNC service. The combined approach of UH&FWC and the Union Parishad committee support increasing the ratio of service standards, maternal and newborn care, and all other health services in the area. The service providers from the health and family planning department arrange courtyard meetings where the union chairman and the members attend regularly. The number of patients rising day by day in the union health complex and the committee also consider the referral linkage. For that, they instructed the providers to support the patients in case of referral. Mothers and newborns with serious health complications are referred to the Upazila health complex from here. Thus by a functioning management committee changed the scenario of a health facility.



Union Parishad Chairman can support to ensure 100% facility delivery: An example of Nijumdip, Hatiya, Noakhlai

Nijumdip is an isolated island with 17375 inhabitants in Hatiya. This area was geographically so vulnerable that people are deprived of basic needs. Where MNH services were considered out-of-box needs. Considered the issues MaMoni HSS initiated here MNH services with the support of health and FP department from November 2017. The health center is situated in the Cyclone center. The project was supported by deployed a midwife and facility renovation work, health and FP department supported by providing necessary medicine and equipment, the UP bodies supported for facility preparedness. All together work to make the facility services 24/7 to all. But beyond that still, some home delivery happened here. Which causes delivery complications and maternal and neonatal death. The newly-elected UP Chairman found the facility very potentials to affect MNH services. To ensure 100% institutional delivery he takes the oath from the very beginning of his work. Keep in mind that he started the renovation work of the facility by, repairing the waterline, door, window, dumping pit, approach road, necessary medicines, etc. To raise awareness among the community regarding MNH services from the facility and facility delivery he started



the campaign. On the first day of receiving responsibility as a Union Parishad Chairman, he invited all women to deliver at the facility for their betterment. He strictly asked the traditional birth attendant to practice at home. Rather he requested them to refer the women to the facility for better treatment. He committed to ensuring 100% facility delivery at this island and work hard to fulfill the oath. He tried to establish a role model at this Nijumdip UH&FWC on MNH services and 100% facility delivery.

Sonia Khanom: Light of hope at Paler Char, Zanjira



1st NVD at Zanjira facility

Paler Char is one of the twelve unions of Zanjira Upazila in the Shariatpur district. Almost 14 thousand populations live in Paler Char union. Most of them are in poor socio-economic conditions. Every year due to the huge river erosion of the mighty Padma, people's suffering is increasing day by day. For such a huge area and population there is one UH&FWC and one Community Clinic to cover health services. In the UH&FWC there was one FWV in place but she retired from service in early 2020. From that time peoples are deprived of services at UH&FWC especially pregnant mothers and newborns. They had to travel almost 12 kilometers to reach UHC to receive services and the road was also in bad condition. UH&FWC management committee

formed and orientation for the committee members provided from MaMoni MNCSP. UFPO, Zanjira presided over the orientation. Then a multi-stakeholder meeting was also held and then Union Parishad Chairman Mr. Alam Farazi put a demand to UFPO to send a demand letter for a service provider at Paler Char UH&FWC. Then Upazila and the district family planning department put a demand to MaMoni to deploy a service provider in that UH&FWC. Finally, MaMoni project deployed a midwife at Paler Char UH&FWC named Sonia Khanom. Now pregnant mothers as well as general patients also coming to UH&FWC. On November 14, 1st ever normal delivery was done and it's 19 months after the retirement of FWV. Suma Akter, mother of the newborn baby told, *"My family is too much poor and my day labor husband couldn't afford to take me to a private clinic. That's why after receiving ANC from Sonia apa, I will give birth to my child at Paler Char UH&FWC. Sonia apa is a blessing for me"*.

Though UH&FWC is not well equipped yet, 24/7 services are continuing by the midwife. In the reporting period total of 2 normal delivery conducted by the midwife. She also provided ANC services to 81 pregnant mothers in the reporting period. Along with the day-to-day task, she is tracking the EDD of pregnant mothers. Based on community needs she started satellite clinic sessions to cover the maximum population in the community. According to the request from district administration, the midwife also planned to start a satellite clinic session at a neighboring hard-to-reach union named Kunder Char. UFPO, Zanjira, Mr. Ayub Ali told that, *"It's a great move to serve the people who were deprived for a long time from services"*.

Mr Alam Farazi, Chairman of Union Parishad stated, *"Sonia Khanom created new hope in my union and I will provide all kinds of support for continuity of services"*. UP chairman also ensured to conduct miking in the union area to make sure the people that services are now available at Paler Char UH&FWC.

Rustampur UH&FWC: Witness to Hundredth NVD

Rustampur is an underserved union under Gowainghat Upazila of Sylhet District. It is 12 km away from Gowainghat Upazila and 35 km from Sylhet district. Rustampur is surrounded by Haor and Plain rivers. About 57,280 people live in this Union and most of them are day labor. Dwellers of Rustampur Union had

not been getting Maternal and Newborn related health services for the last 2 years as there was no FWV posted in Rustampur UH&FWC. Unfortunately, the health facilities of Upazila and the district are far away from this area, and the cost of transport is high for the poor people, so people are not interested to go for ANC/PNC and delivering services from the health facilities. Moreover, people are not aware of the benefits of ANC, PNC, and institutional delivery.

Considering the situation, a multistakeholder meeting was arranged in June 2021, under the leadership of Md. Shahabuddin



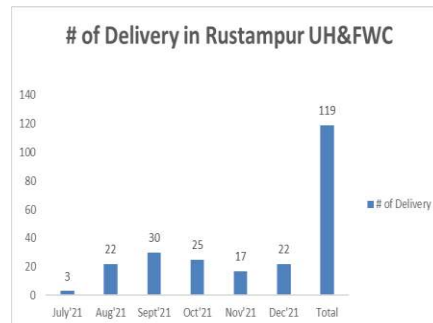
Shihab, Chairman of Rustampur Union Parishad. Members of Rustampur Union Parishad, representatives from the health and family planning

department, local elites, like-minded NGO, project staff of USAID's MaMoni were present in the meeting. Participants shared their

MNH-related problems in their remote areas. After in-depth discussion, all agreed that if a project-supported Midwife can be deployed for Rustampur UH&FWC, ANC, PNC, and normal delivery services will be started in this remote area.

Finally, USAID's MaMoni MNCSP deployed Midwife on 8 July 2021. Meanwhile, the Family Planning department completed minor renovation tasks. UP Chairman ensured safety and security by providing a Night guard from Union Parishad and Aya from his fund. Health and Family Planning Department provided required logistics and medicines for the facility. An auspicious moment came on 26 July 2021. Around 7:50 pm, Mrs. Kulsuma Begum of village Teknagul delivered a Female Baby (3.5 KG). UP Chairman Md. Shahab Uddin Shihab instantly circulated this good news on social media. He also played an active role in the publicity of this facility and any type of problem-solving activity. UFPO and MOMCH-FP and project staff also visited the facility regularly. UH&FWC Management Committee Meeting, decentralized planning workshop, Mother assembly arranged for community mobilization and to increase service coverage. With this publicity and satisfaction of service providers, day by day the number of deliveries increased in Rustampur UH&FWC. To date (31 December 2021) the total number of normal deliveries is 119. Md. Sadek Hossain, husband of Mrs. Sabana Begum, Age 25 Years Village-Upar Gram expressed his satisfaction as her wife delivered a baby boy on 2 September 2021. He said, *"My wife is very happy to get service from such a beautiful environment of Rustampur UH&FWC. The behavior of the service provider is very nice. We will request our neighbors and relatives to take service from this health facility"*.

Shahab Uddin Shihab, Chairman of Rustampur Union mentioned, *"I am very grateful to USAID's MaMoni MNCSP for recruiting a Midwife in Rustampur UH&FWC. It's my commitment to mobilize community people to increase Facility Delivery"*. Mrs. Swapna Begum, Village-Borgusa was very much delighted to get normal delivery service from this facility. She stated, *'It's an opportunity for us that we are receiving free maternal and newborn health services from Rustampur UH&FWC. Previously, we were used to home delivery by unskilled TBA. Now we are aware of the benefits of facility delivery. We will circulate this message to our community people'*.



Assertion of Ponchayet Committee on disseminating SRH messages in Tea Garden area:

Pushpa Das Painika, the chairperson of Keachora Tea Garden Ponchayet Committee under Kalighat union of Sreemangal Upazila, Moulvibazar district, said that “It is for the first time of my life when I am experiencing that an NGO is having meeting with us for the development of tea garden community’s knowledge level who are deprived from acquainting the basic knowledges from the civil society crossing the border of tea garden area”.



Pushpa Das Painika, the chairperson of Keachora Tea Garden Ponchayet Committee, PC: Md. Rezaula Karim Bhuyan, PC_PHD

In tea garden areas adolescent and young people are predominantly vulnerable to a wide range of variables, such as peers' influence, media projection of sexuality and inadequate access to contraceptives, lack of knowledge on sexual and reproductive health issues and so on. Some adolescent issues are rooted in society's socio-cultural norms in tea gardens which are not addressed properly. The most vulnerable groups are adolescent couples and First Time Parents (FTPs) as the targeted geographical areas have a high early marriage rate. Considering the issues, USAID funded “Shukhi Jibon Project”, managed by Pathfinder International and implemented by Partners in Health and Development (PHD) started tea garden intervention with the objective of **“To improve Adolescent Health and SRH knowledge at low coverage areas like Tea Garden”**.

In the very first meeting with tea garden ponchayet committee in 7th September 2021, the chairperson of ponchayet committee, Mr. Pushpa Das mentioned that “It is inconceivable that anyone would come to us to know about our problems.” Here the government health and family planning support are very much rare even far cry. We do not get what we expect and what we get is very little for us. Our children have grown up but we can’t manage our family financially. But more than financial support we need to know how to keep ourselves healthy and keep the family happy. He also mentioned that now we could see the light of hope as our generations will know about the basic of adolescence, sexual and reproductive health. Finally, he assured the participants of the meeting that “We the ponchayet committee will be with Shukhi Jibon project team and provide support in dissemination of sexual and reproductive health message received from project team in bi-monthly meeting to our community people.

A story of Aronna Chowdhury



I am Aronna Chowdhury, 23 years old from the religion of Christianity. My father's name is late. Babul Chowdhury. My mother's name is Fulkumari Das, a housewife.

My childhood was so difficult because my parents were separated when I was just 1 months and 6 days old. My parents lived in Chittagong. I heard from my mother that my father was a good person. He was kind hearted, soft minded and pious. He was a Navy person. So, he stayed home for a few days and he had to stay outside for a long time for job purpose.

My mother stayed at her in-laws with her mother-in-law and sister-in-law. When my father went to his job, they tortured her in different ways. They forced her to do all household works. They didn't give her enough food, forbidden to talk with neighbors and beat her. She was pregnant and they

locked her in a room for 14 days.

When neighbors understood that situation, they saved her from this prison. She was too ill to talk. The local people informed my maternal grandparents through letter about the condition of my mother. In this time, she suddenly felt labor pain and people took her to the Navy hospital at Patenga at her 7 months of gestational age. I was born there on Tuesday at 9:00 pm in the year 1998.

My grandparents received the letter after one month because the communication system was not so developed and mobile phone was not available. They immediately went to Chittagong after hearing the news. My condition was not so well after my birth. I was a baby of very low birth weight.

I had an elder brother. When he was born my mother's mother-in-law and sister-in-law didn't give him to my mother for breastfeeding instead they gave formula feeding to my elder brother. Even at night they didn't give my brother to my mother.

My grandparents talked with my father's family members to solve the problem but they insulted them. They sent me and my mother with my grandparents but didn't give my brother with us. In this way I came to my maternal grandparent's house at Malgazi in Mongla. I passed my sweet childhood in this place with them. My grandparents love me so much and cherished me as their children.

I started my school life at the age of five and I was admitted at class one in Sacred Heart 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 got GPA 3.69 and 3.07. My grandparents always encouraged me to study and they always tried to meet my all needs in their poor financial condition. They always taught me to stay honest and help the poor people. They are very pious and they taught me that never forget the Almighty God. I passed some critical situation in my life when I was a student. The school I used to go, was far from my village. I remember that most of the time I went to school by walking. So, I needed to get up very early morning. Many days I passed with starvation. The rainy season was the more difficult time, because of muddy roads and sometimes roads were flooded by rainy water. When I reached my school, I would get all drenched. Many students laughed at me. Some people threw bad comments. I was regular in my class. So, it was more important to me to continue my studies. Sometimes, I felt sad and embarrassed to cope with the situation.

Sometimes, I thought that poverty is a curse for my life. But now I don't think that anymore. Because, people can be a curse for her or his life if they don't utilize proper time in a proper way. I became emotionally upset and constantly worried about how my grandparents would pay my school fees, bear grocery and other expenses. In my life I faced many failures and sad moments. That constantly affects my thinking ability and kept me depressed. Throughout the time, my grandparents, some of my friends and teachers encouraged me to keep patience and to achieve success. Those people always inspired me to overcome some of my difficult situations of life.

After the completion of my H.S.C examination I was very worried about my further education. My grandparents thought marriage would be a better option as bearing further expenses were not possible for them. I disagreed and wanted to continue my study. Fortunately, then I heard about Diploma in Midwifery Course and attended the admission examination. I feared that my grandfather is poor and will not be able to pay the course. I was hopeless and thought wouldn't be able to continue my study. After the examination, PHD authority selected me as a midwifery student and also gave me the chance to get scholarship. If I didn't get the opportunity, I wouldn't be able to complete my study.

At this time my maternal grandfather's physical condition deteriorated. Yet he tried to go to his work. His occupation was Mason. He is now 68 years old. He is suffering from knee pain for many years but didn't get relief from work. My maternal grandmother is 50 years old. She is suffering from high blood pressure for last two years. She maintains our all-household activities properly. She is very hard-working and a religious woman. She took care of me since my childhood.

My maternal uncle didn't take their responsibility and left home before 12 years. My mother got married again after my father's death. I had a little brother there. My mother is a tailor. She tried to support my grandparents as much as she could.

I completed my graduation criteria under PHD academic site. During this COVID 19 pandemic situation, I was very worried about reopening of our academic site as we stayed home for a long time. During this time our academic site gave me the opportunity to fill-up my graduation criteril got a chance to go to Ukhiya, Cox's Bazar. I worked in Partners in Health and Development (PHD), Primary Health Care Center (PHCC)-1 at camp 8W, & Primary Health Care Center (PHCC) -2 at Camp 10. Where I served Rohingya

Community people. I achieved my all targets from these places before attending my license exam. I conducted 5 more normal vaginal deliveries after filling up my graduation target.



I attended to a short story writing competition that organized by Bangladesh Midwifery Society (BMS) after the completion of my

course. The story writing topic was "Importance of midwives for Bangladesh" I wrote a short story named "Today Happy Is No More". I was a winner of the competition. This news was published in different newspapers including, "Ittefaq", "Amadershomoy" and "Banglaline 24". I got the news through an E-mail. After that, I received BDT 10,000 tk and a certificate funded by UNFPA, Twinning Project of Royal College of Midwives (RCM) UK & Bangladesh Midwifery Society (BMS). The authorities of my academic site PHD Center also gifted me a smart phone to continue my online study during COVID-19 Pandemic Situation.

My dream: I want to become a competent midwife and start my own birth center, or become a skilled midwifery teacher. I want to serve the people and work with the vulnerable groups of people. Especially, I want to keep my contribution to reduce maternal and neonatal mortality and morbidity rate in Bangladesh.

Thanks to God and all the people who helped me, supported me and inspired me to every steps of my life. This people are God gifted blessings for my life and they helped me to keep my dreams alive.



Thank you, "Partners in Health and Development (PHD), BRAC University", Twinning Project of Royal College of Midwives (RCM) UK & Bangladesh Midwifery Society (BMS). God bless you.

Case Study_Mental Disability Patient at Primary Health Care Center Camp-10

Abstract:

A 10 years old boy has been brought with his mother with the complaints of fever cough and respiratory distress for 2 days. He was found with a diagnosed bronchial asthma and a suspected case of mental disability.

Introduction

PHCC is the 24/7 health facility where both services like OPD and IPD with other services are available for



the forcibly displaced Rohingya nationals. PHCC- 096 is managed by PHD (Partners in Health and Development) supported by UNICEF in response to the new Rohingya settlements for MNCAH services. Being started from 10 May, 2020 to till date, here we deal with 15 disability patients. Out of 15 disability patients, one case has been found with mental disability.

Background

Disability is a condition of body or mind that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interaction with the world around them (participation restriction). There are people in our surroundings who are unable to respond to certain situation or participate in certain activities as most of us would normally do, i.e., These people carry out their responses in a special way, which is different than the conventional one. This can happen in terms of physical or mental or both forms. For example, there are people with certain physical shortcomings as blindness, hearing difficulties, inability to speak etc. Furthermore, there are people with mental shortcomings such as having a reduced mental growth or sense of understanding in comparison to another conventional personal of similar is Horror Special mental conditions that bound them in acting in certain way person of similar age or special mental condition that bounds them in acting in a certain way, such as making the body movements or responses as in an unusual manner or in a seemingly uncontrolled way. Some of those special needs can develop with age and some of those needs are persistent with Birth.

Case Report

The patient named Mohammad Yunus, 10 years old boy is a forcibly displaced Rohingya national. He is living with her parents named Sofika and Mohammad Salam at Camp-09, Block F-1, FCN No: 110904, Majhee- Jafir Alam. He was suffering from fever, cough and respiratory distress and our CHW Mohammad Jaber had sent the patient in OPD PHD- PHCC-02- 096 and received by Dr. Shamim Akter. The proper patient history and relevant primary physical and mental state examination were done.