

PHD

Partners in
Health and
Development

Annual Report 2022

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

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Brief of Partners in Health
and Development (PHD)



Implementation overview



Financial forecast



Impact highlights

Partners in Health and Development (PHD)

Improving health through strengthening
management

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Table of Contents

Abbreviation/elaboration:	2
Foreword from the Chairperson	3
Foreword from the Managing Director	4
Partners in health and Development (PHD) at a glance:	5
Mission and vision statement:	7
Adolescent and youth family planning, sexual and reproductive health program:	8
Sexual Reproductive Health and Rights, ASRHR & Gender Based Violence Program:	10
Emergency Rohingya Response in MNCAH&N:	13
Primary Health Care and Family Planning program for FDMN:	16
Maternal, Neonatal and Child Health Program:	19
Maternal, Neonatal and Child Health Program in Hard-to-Reach Area:	21
System strengthening program for quality MNCH&N:	23
Community engagement for realization of SRHR and prevention of SGBV:	25
Academic program:	26
Model Urban Primary Health Care Program:	29
Climate resilience program:	31
Emergency Covid 19 Response:	33
Impact Highlights:	34
Financial statement:	39

Abbreviation/elaboration:

ANC – Ante Natal Care	MNCSP – Maternal and Newborn Care Strengthening Project
ASRH – Adolescent Sexual Reproductive Health	MOHFW – Ministry of Health and Family Welfare
BSMMU – Bangabandhu Sheikh Mujib Medical University	NCTF – National Child Task Force
CC – Community Clinic	NMC – Newly Married Couple
CHCP – Community Health Care Provider	PF – Pathfinder International
CSR – Corporate Social Responsibility	PI – Plan International
CHW – Community Health Worker	PNC – Post Natal Care
DGFP – Directorate General of Family Planning	PW – Pregnant Women
DH – District Hospital	SA – Social Accountability
EDD – Expected Date of Delivery	SACMO – Sub Assistant Community Medical Officer
EC – Eligible Couple	SCI – Save the Children International
FDMN – Forcibly Displaced Myanmar Nations	SRHR – Sexual and Reproductive Health Rights
FP – Family Planning	STI – Sexually Transmitted Disease
FTP – First Time Parents	TBA – Traditional Birth Attendance
FWA – Family Welfare Assistant	UEHFPSC – Union Education Health and Family Planning Standing Committee
FWV – Family Welfare Visitor	UH&FWC – Union Health and Family Welfare Center
GBV – Gender Based Violence	UHC – Upazila Health Complex
HA – Health Assistant	UNFPA – United Nations Population Fund
HIV - Human Immunodeficiency Virus	UNICEF - The United Nations International Children's Emergency Fund
HTR – Heart to Reach	UP – Union Parishad
LM – Lactating Mother	WHO – World Health Organization
LMP – Last menstrual Period	
MHPSS – Mental Health and Psychosocial Support	
MIS – Management and Information System	
MNCH – Maternal Neonatal and Child Health	
NGO – Non-Government Organization	

Foreword from the Chairperson



Partners in Health and Development (PHD) continued moving forward targeting to bring development drives at the doorstep of the poor and marginalized. The SDGs, which Bangladesh adopted in September 2015, is comprised of 17 Goals with 169 targets. PHD has been working simultaneously along with its other development partners and the government in achieving the SDGs. Bangladesh has made remarkable progress in lifting millions of people out of poverty and improving their health status. In such context, health benefits from progress in other SDGs are/while also contributing to them. This means that working across sectors in close partnership will be paramount for the success in achieving development goals in Bangladesh.

Apart from the health interventions, PHD has been exploring newer frontiers/dimension of interventions to achieve its mission likely 'An inclusive and empowered society with equal opportunity' through implementation of climate change and health resilience, sexual, reproductive, adolescent health and family planning, nutrition programming including IYCF and ECD, academic programme, emergency Rohingya response including COVID response across the country.

PHD has been working in close collaboration with the Community Based Health Care (CBHC), DGHS, National Institute of Local Government (NILG), LGD, IPHN, DGHS, NNHP and IMCI Programme, DGHS, National AIDs and STD Programme (NASP), DGHS, Hospital Division, DGHS and DGFP. PHD has been working with national, and international NGOs, donors,

professional bodies since its inception/

establishment and added a couple of new wings in 2022 like;/: Pooled funded project 'Women Led Climate Resilience' in collaboration with Pathfinder International, Swedish Postcode Foundation funded 'Midwifery-led health services for the islands people in Bangladesh' in collaboration with Concern Worldwide, Global Affairs Canada (GAC) funded 'Lifting Healthy, Empowered and Protected Girls and Women in Cox's Bazaar' in collaboration with Plan International and BMZ funded 'BDG Strengthening resilience and social cohesion of Rohingya and host communities in Cox's Bazaar through integrated social services and improved livelihoods in collaboration' with Save the Children.

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 approaches.

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

Dr. K M Rezaul Haque

Foreword from the Managing Director



The Annual Report of 2022 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 districts across the country. PHD undertook several organizational assessment, assessment, training and capacity building assignments under short-term agreement with other development partners.

In 2022, PHD has successfully completed USAID funded and Save the Children managed “MaMoni Maternal and Newborn Care Strengthening Project (MNCSP) Supplementary Program Description for COVID-19 Response” and through this project PHD was able to establish community-led screening mechanism to identify COVID-19 like illnesses and linked with case management approaches and support services along with leveraged support of local government bodies to spearhead community initiatives. In 2022, PHD launched BMZ funded ‘Strengthening resilience and social cohesion of Rohingya and host communities in Cox’s Bazar’ with Save the Children, GAC funded ‘Lifting Healthy, Empowered and Protected Girls and Women in Cox’s Bazar’, Pathfinder International funded ‘Women Led Climate Resilience Project’ in Gaibandha and Swedish Postcode Foundation funded ‘Midwifery-led health services for the islands people in Bangladesh’ in Bhola.

Over the years, the interventions and efforts of PHD have earned immense recognition from the local communities, partners as well as from concerned authorities. The achievements of PHD

are reflected among the beneficiaries in the form of awareness for maternal, newborn and child health, sexual, reproductive, adolescent health and family planning, nutrition programming including IYCF and ECD, academic programme, urban health, climate change and health resilience, innovation in health programming and emergency Rohingya response including COVID response. PHD believes that diversified intervention around the country will accelerate implementation of SDGs and other global priorities. PHD has proven and continuing its long experience on training, capacity building, organizational assessment, assessment, research and programme implementation in collaboration with national and international organization.

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 have extended their supporting hand with PHD in subsidiary vulnerable community. PHD will remain grateful to its governing body who have been providing strategic guidance for the growth of the organization. Last but not the least, I thank my colleagues who remained ever ready supported the organization committedly at every moment.

A handwritten signature in black ink, reading "Md. Abdus Salam". The signature is written in a cursive style.

Md. Abdus Salam

Partners in health and Development (PHD) at a glance:



BPHC

BPHC Public
NGO
Partnership
A Component of DFID's SHAPLA Programme

PHD
Partners in
Health and
Development

1988-1992 in support of 3rd Population project of the government:

- Beginning the journey as **ODA-NGO project** since the late 1988
- Managed 38 NGOs' grants for MCH/FP projects

1993- 1998 (4th Population project of the government:

- Acted as **Bangladesh Population and Health Consortium** of DFID (presently FCDO), CIDA, SIDA and Government of Netherlands
- Managed 56 NGOs' grants for ESP delivery projects

1999-2004 in support to HPSP and HNPSP of the government:

- Acted as **Public-NGO partnership project** of DFID/FCDO
- Managed 34 NGOs' grants for ESP, ARH, Safe Motherhood & HIV/AIDS projects

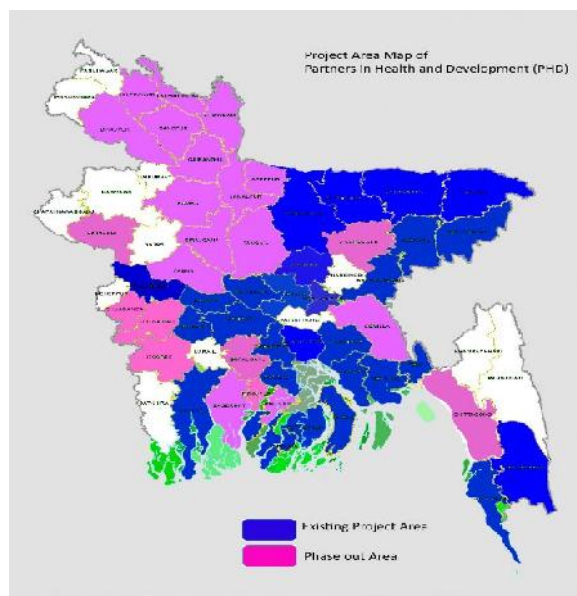
2005 onward:

- Transformed into a national organisation with non-profit and NGO registration
- Upholds institutional capabilities in the area of grant management, program implementation, technical assistance, capacity development, humanitarian response and midwifery education
- Builds partnerships and collaborations

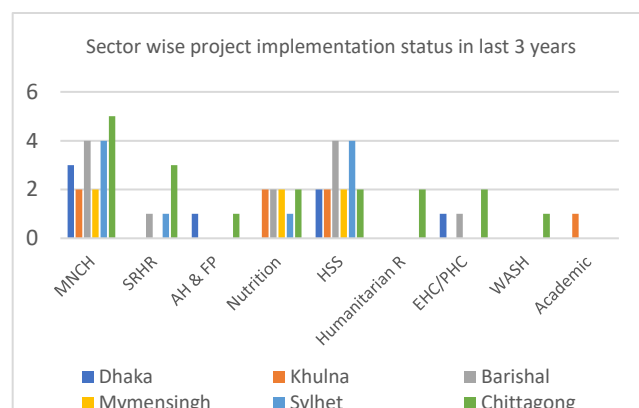
Partners in Health and Development (PHD) has started the journey as ODA-NGO Project in late 1988 and implemented 38 MCH/FP projects in 20 districts through providing support to the Government of Bangladesh's Third Population and Health Project. Later on, renamed as Bangladesh Population and Health Consortium (BPHC) in support of DFID, CIDA, SIDA and Government of Netherlands and implemented ESP delivery projects and then implemented

Bangladesh's Fourth Population and Health Project. PHD has been registered as a non-profit organisation in 2002 but its operation started from 2005, registered with NGOAB subsequently.

At this moment PHD has 6 (six) main focus areas: a) Programme implementation, b) humanitarian response c) technical assistance, d) capacity development, e) grant management, and f) academic (midwifery diploma). During last three years, PHD has been implementing projects on maternal, new-born and child health, sexual, reproductive and adolescent health and family planning, nutrition programming including IYCF and ECD, academic programme, urban health, climate change and health resilience, test



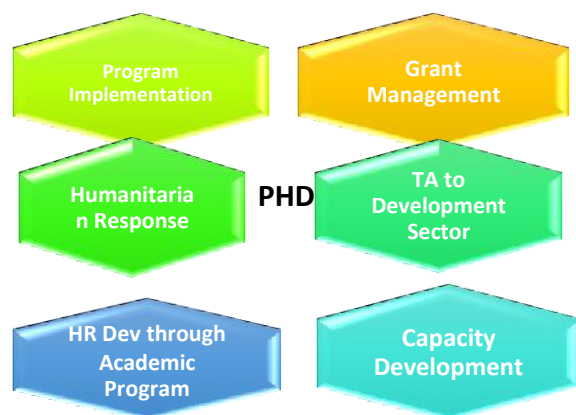
DFID supported Public-NGO partnership project by providing support to the Government of



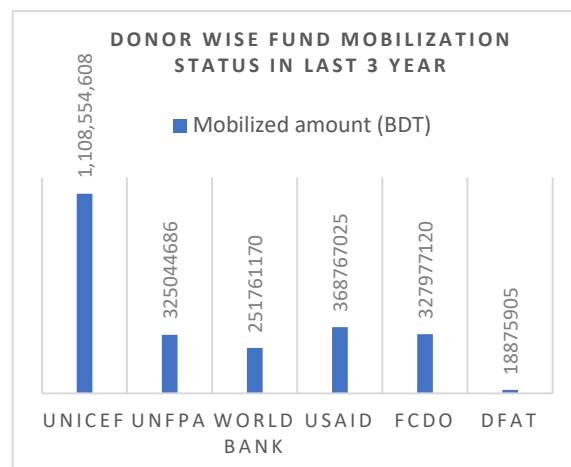
innovation in health programming, emergency Rohingya response including COVID 19 response in both rural and urban setup. The following graphical presentation represent the footprint over the country and its' fund mobilization through different funding channel in last three years-

Eight-member board governs PHD. PHD Board Chair, Co-Chair and other members supervise organisation policy and practices. The Managing Director oversees operations, programme implementation, and stakeholder relations. The Senior Management Team (SMT), comprised with of AMD, Sr. Director and Deputy Directors who plan and execute PHD's development projects, technical assistance (TA) interventions, capacity building & training programmes, research, monitoring & evaluation assignments.

Our core Focus:



PHD has the necessary specialists with essential experience to deliver a comprehensive range of support services to a big number of development organizations. It specializes in participatory needs assessment, training curriculum development, materials development, and training delivery. It has professionals with competence in designing operation and



implementation guidelines, computerized project management and assuring efficient utilization of development funds in climate resilience, health & nutrition (MNCHNFP), SRH, humanitarian and adolescent development etc.

Service Coverage

In 2 decades PHD reached 51 districts

Reaching 6-8 million people annually

Reaching approximately 200,000 Pregnant and newborns annually

Support services to around 900 CCs, 250 FWCs and Sub Centers annually

Provided training to 20,000 health personnel of national, int. and Govt. organizations

Provided TA and CB support to at least 50 national and Int. organizations

Provided research/study support to at least 20 organizations

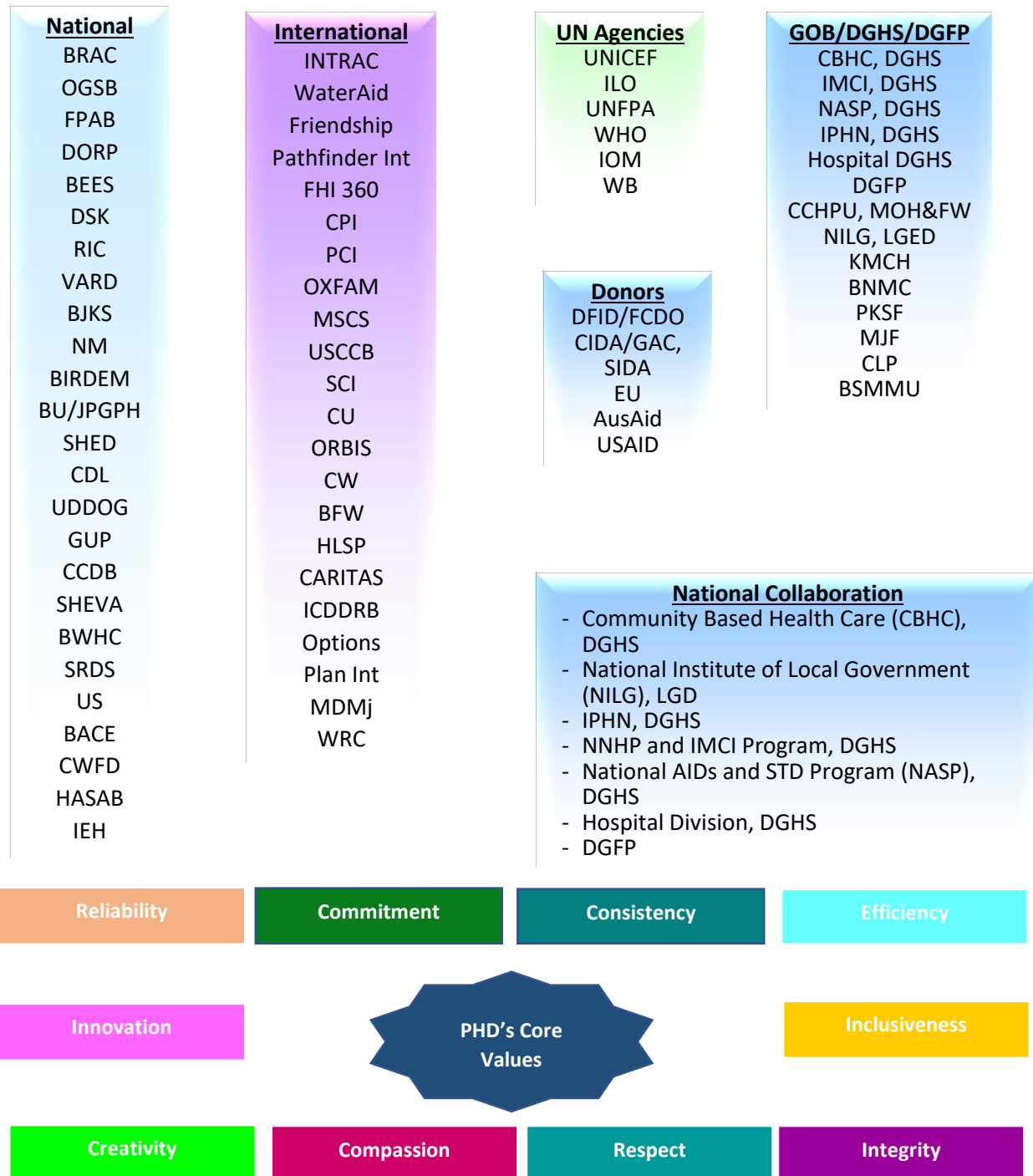
Providing direct service delivery from 16 clinics

Providing emergency services to 23 refugee camps out of 32

Mission and vision statement:

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.

Stakeholders



Adolescent and youth family planning, sexual and reproductive health program:

Geographical coverage SJ: Kishoreganj and Moulvibazar

Direct population coverage: adolescent couple 13 to 19 male 2,000 and female 2,000

Indirect population coverage: 20-50 years of age, male 353390 and female 359982 total 713372

Partners in Health and Development (PHD) is implementing USAID's "Shukhi Jibon" Project with a view to increasing the service seeking behavior among the target adolescents and youths for SRH services supported by informed, empathetic and responsive healthy social environment and knowledgeable peer support. The project has been working on empowering the target adolescents with accurate information to make their SRH decisions while having an informed support system at the family to community level. Through demonstration of the effectiveness and efficiency of using a blended communication approach the project will try to reach the adolescents with SRH information at the targeted geographical areas.

Throughout the project PHD reached directly to 4000 First Time Parents and Newly Married

Couples with 96 groups, and for SRH awareness shared 72000 voices message and 432000 SMS. Conducted 72 Tele Counseling on SRH issues involving local doctors where 3506 adolescents (boys 737 and girls 2770) reached. Arranged folklore song events on Adolescent SRH in HTR areas and adolescent SRH Community Radio Program. In collaboration with a2i, Kannet Café portal and Local Social Media Facebook page. Established networking with existing youth and adolescent platform like NCTF, Bandhushova, Volunteer platform etc. organized Quiz and Debate competition on SRH at schools and colleges. Arranged Live Social Media Dialogue at Upazila Level on adolescent and SRH issues and Mobile Based Learning Course on SRH for peer groups.

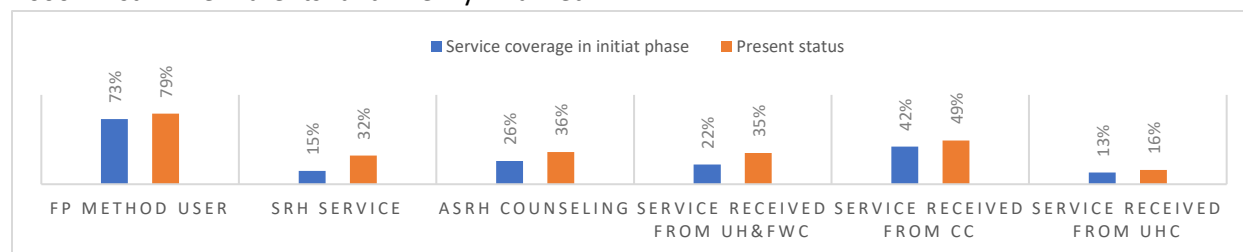


Figure 1 is showing the improvement of service coverage for awareness in different spheres through the project initiatives

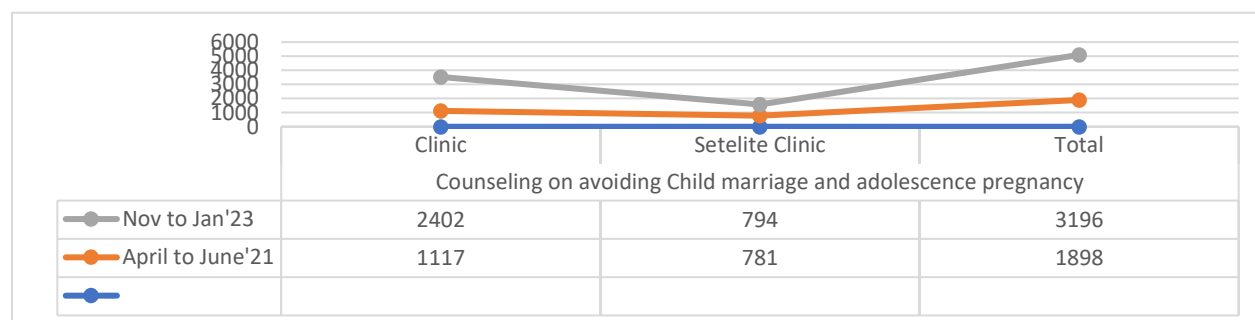


Figure 2: A comparative counseling service data for adolescent health service on preventing child marriage for the period of April to June'21 and Nov to Jan'23

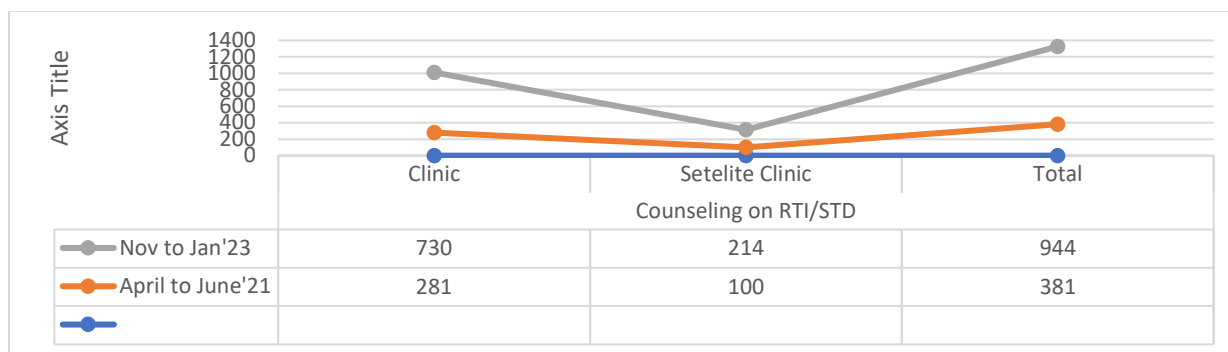


Figure 3: A comparative counseling service data on RTI/STD for adolescent service for the period of Apr to Jun 21 and Nov to Jan'23



Kuddus Bayati, a national figure performing in hart-to-reach area focusing adolescents SRH issues



Live event in collaboration with a2i, connect kafe and kishore batayan with special focus on adolescents SRH and GBV



Tele-counseling event, an adolescent girl sharing her problem with SRH specialist for solution



Demonstration and dissemination of ASRH messages through quiz and debate program at school and college



First time adolescent mother in tea garden area at Moulvibazar district



Adolescent girls sharing their knowledge received through SMS with each other

Sexual Reproductive Health and Rights, ASRHR & Gender Based Violence Program:

Geographical coverage: 20 Rohingya Camps & 5 Host Unions of Ukhiya and Teknaf, Cox's Bazar

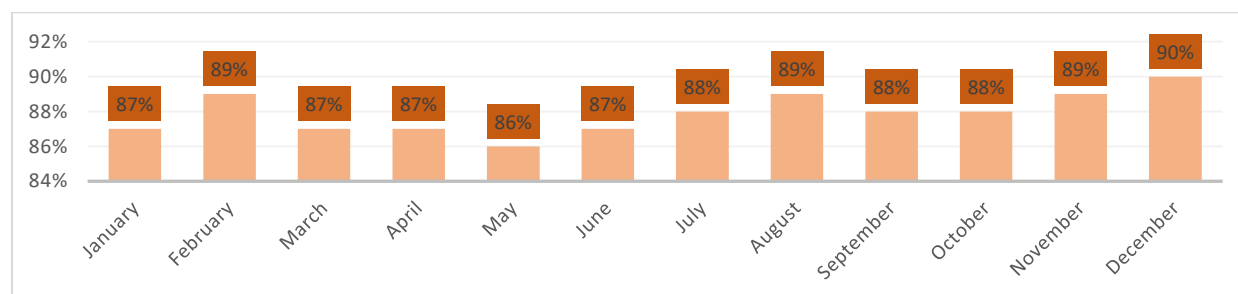
Population coverage: # Of Children 0 to 2 Year; male 5377 & female 5578, total 10955, # Of Children 0 to 5 Year; male 14918 & female 14607, total 29525, # Of Children 5 to 10 Year; male 65745 & female 72614, total 138359, # Of Adolescent 10 to 19 Year; male 20474 & female 20393, total 40867.

The project has been working to improve access to utilization of integrated SRHR, ASRHR & GBV prevention and response services in Rohingya camp and union level of Host communities for increasing awareness and capacity of the community to receive integrated and equitable sexual and reproductive health services, including STI/HIV, GBV, FP in development and humanitarian context.

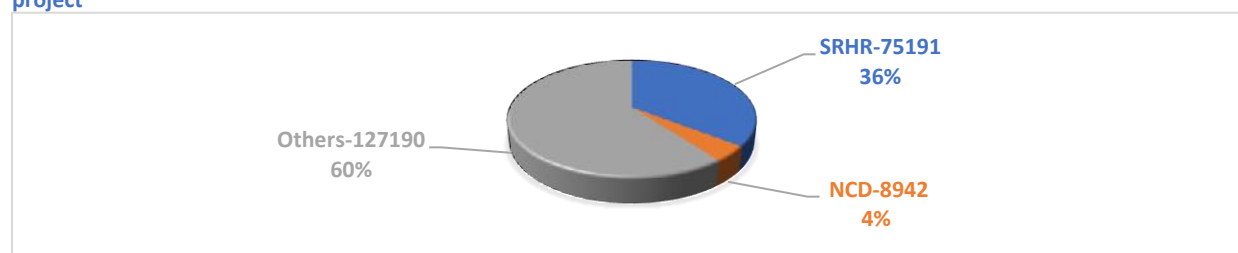
The project paid special focus on advocacy with newlywed couple on hygiene, nutrition & family planning issues, awareness campaign lead by the RHAG members specially Majhi and Imam on facility delivery, family planning & its methods in the presence of technical support of expert groups, promotion of family planning issue, advocacy with senior family member to aware them on family planning, promotion of facility delivery & prevention of GBV, Round Robin

discussion with female reproductive health awareness group/community influential group including TBA on SRHR and ASRHR awareness and development, male engagement through visual awareness session: to have a healthy life-know SRHR & inform others, video show to raise awareness (video projection in the community level) with the involvement of RHAG members and awareness campaign by the selected skilled girls to sensitize the community adolescent girls & caregivers on SRH & ASRH issues.

In the reporting period the project has introduced community referral support system for the beneficiaries like vehicle support. Increased 2 adolescent learning center in camp 11 & 19 also introduce audio visual awareness session within the community people. Celebration of various international day with the local govt, stakeholders & community people.



The above figure the figure is showing the percentage of facility delivery in 2022 under the project catchment areas of MNRHP project



The Figure is showing the functional referral system highlighting referral from community to facility level in reporting period

Event highlights:



Counselling through House-hold visit with Rohingya Community



Patients referred from community to facility with support from PHD ambulance



Awareness session lead by male RHAG at Rohingya Camp



Round Robin Discussion with Female RHAG at Rohingya Camp

Geographical coverage : 69 union, 8 upazila : Cox's Bazar Sadar, Ramu, Chakoria, Ukhiya, Kutubdia, Pekua, Maheshkhali and Teknaf . District: Cox's Bazar

Population coverage: # Of Children 0 to 5 Year; male 40198 & female 42208, total 82406, # Of Children 5 to 10 Year; male 65054 & female 45403, total 110457, # Of Adolescent 10 to 19 Year; male 58708 & female 53389, total 112097, # Of Population 20 to 60 Year; male 205470 & female 246520, total 451990.

The project has been working to strengthen integrated sexual and reproductive health and rights (SRHR) and gender-based violence (GBV) prevention and response services and information for the host and the displaced Rohingya population in Cox's Bazar district. Strengthened integrated SRHR and GBV prevention and response services and information in all tiers of healthcare facilities, host communities and in the Displaced Rohingya Population (DRP) camps. Strengthened the

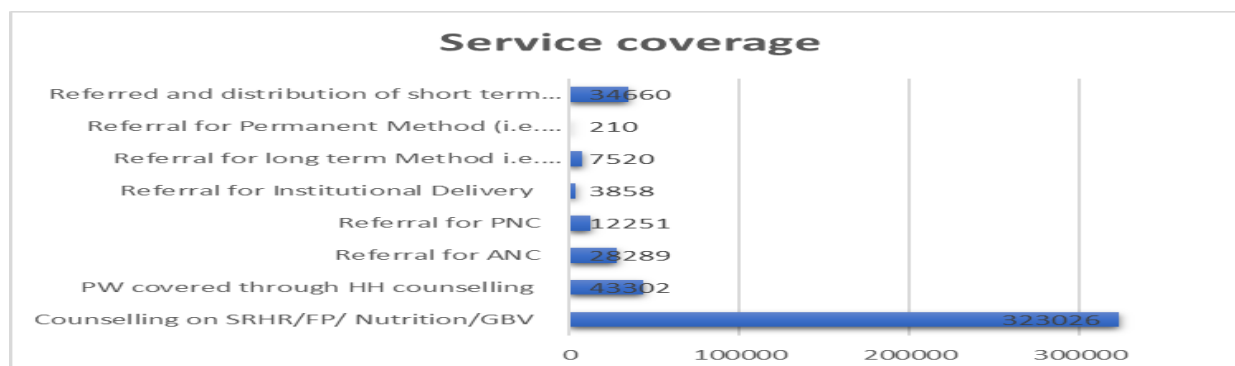
government system's capacity to deliver enhanced integrated SRHR and GBV prevention and response, as well as information management in Cox's Bazar. To achieve the objective, PHD is contributing in ensuring the counselling on Family planning method, Institutional delivery, SRHR, GBV, Nutrition, ANC, PNC, Cervical cancer and so on through recruiting CHWs in the vacant position of FWA.

To reach the project objective, in the reporting period (January to December 2022) Partners in

Health and Development (PHD) has deployed 182 Community Health Workers (CHWs) in the vacant position of Family Welfare Assistant (FWA) and all of them have been working at the respective vacant unit/ward of respective unions under 8 Upazila of Cox's Bazar District. Training on Tablet computer (Tab) Operation for e-Registering has been provided with the support

of MIS unit of DGFP. All the CHWs received 2 days refreshers training on SRHR, FP, Nutrition, GBV, PSEA and FWA registers. For proper documentation of the CHWs work, we introduced referral slips and the CHWs have been using those slips during providing different referral services to the other facilities in the respective catchment areas.

A total of 43302 pregnant women were covered through household counselling on SRHR, GBV and nutrition in underserved unions. A total of 2831 adolescents mobilized through counseling for acquiring ASRHR information under one-stop services (UH&FWC and Upward Health facility). Estimated 5000 populations have been reached with relevant information through street drama & folk songs during this reporting period. Learning and Progress sharing workshops were held at Upazila level ((except Cox's Bazar sadar, Ukhiya, Chakaria, Kutubdia and Pekua upazila). Mothers and girls assembly organized at premises of different UH&FWCs under Cox's Bazar District. 20 Adolescent groups were formed and each group comprised of 5 girls and 5 boys.



Mothers and Adolescent Assembly at Cox's Bazar Sadar



Advocacy Meeting with SMC and School Teachers



Issue based advocacy meeting at khutakhali UH&FWC, Chakaria, CXB.



UH&FWC Management Committee Meeting, Dhalghata, Moheshkhali.

Emergency Rohingya Response in MNCAH&N:

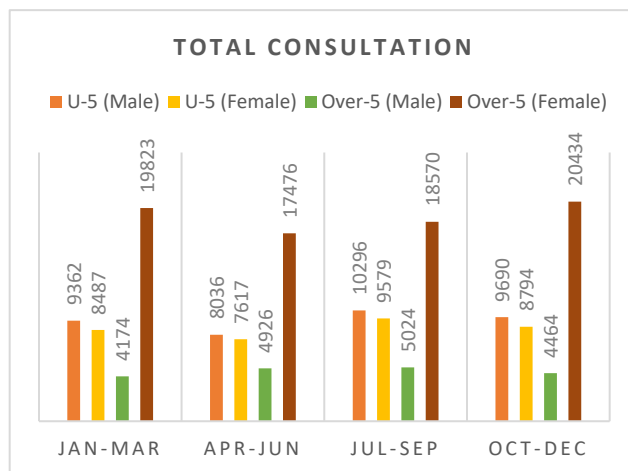
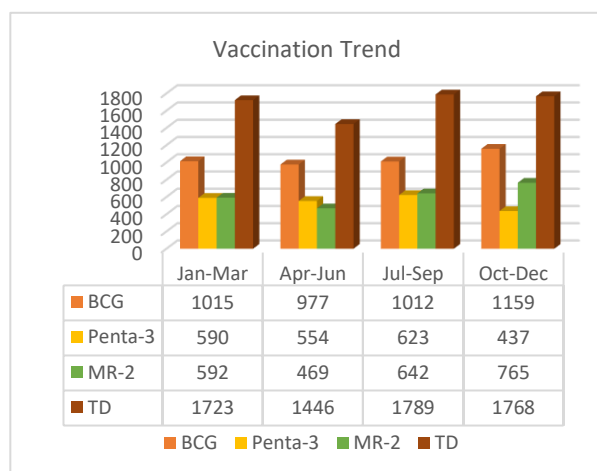
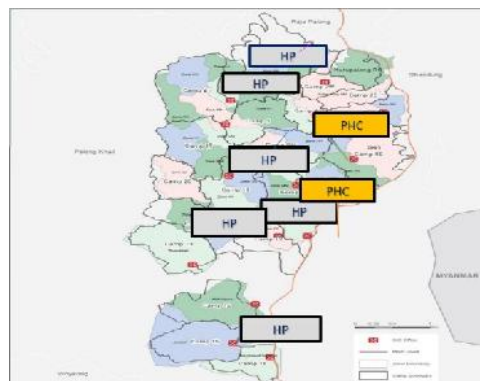
Provision of essential Maternal, Newborn, Child and Adolescent Health and Nutrition (MNCAH&N) services to the Rohingya Communities and response to COVID-19 pandemic.

Geographical coverage: 01 Upazilla (Ukhiya) in Cox's Bazar District

Beneficiaries reached: # PW 4000, # Adolescent PW 900, # of under 2 children male 11045, female 5743 total 11045, # of Lactating Women 11045, # of population with disability, male 783, female 724 total 1507.

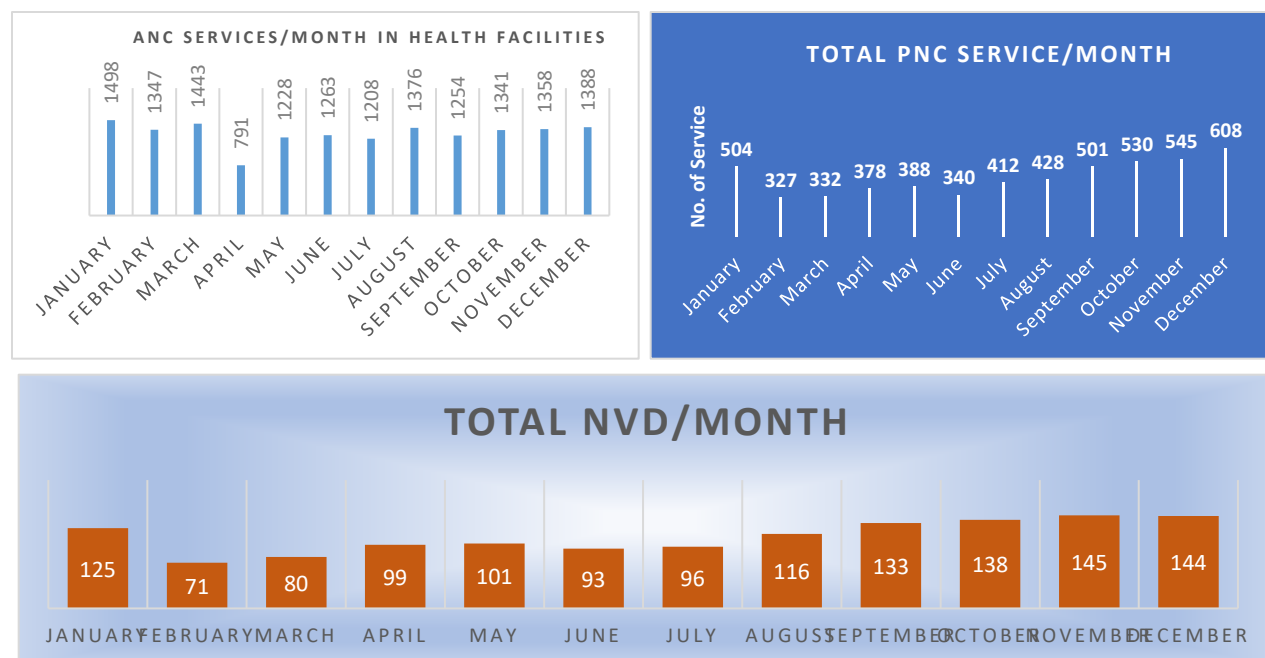
Since 25 August 2017, targeted violence against Rohingya communities forced them to flee from their homes in Rakhine State of Myanmar. Around 671,000 Forcibly Displaced Myanmar Nationals (FDMN) crossed the border and sought safety in our country. The People of Bangladesh and the Government exposed resounding solidarity with these people. ISCG's rapid needs assessment revealed that among the new arrivals 58% were children and 60% were women with significant numbers PLWs. The situation incurred Health Sector for immediate response with emergency Primary Health Care including Sexual and Reproductive Health (SRH), Maternal, Neonatal and Child Health (MNCH) Care, and Outbreak Preparedness.

In 2022, regular OPD and IPD Services are given by the health service providers. Consultation for all age groups is provided and also free medicines are given as per the diagnosis. The pregnant women are provided with regular ANC checkup, counselling for breastfeeding, immunization, family planning etc. The adolescent mothers are identified for high-risk pregnancy, monitored, and ensured facility delivery. Every month ECCD session is conducted with the mothers and caregivers where the key messages on ECCD were discussed. Health facilities of PHD took part in Covid-19 vaccination campaign and covered a distinct number of FDMN population by providing 1st, 2nd & 3rd dose of Covid-19.



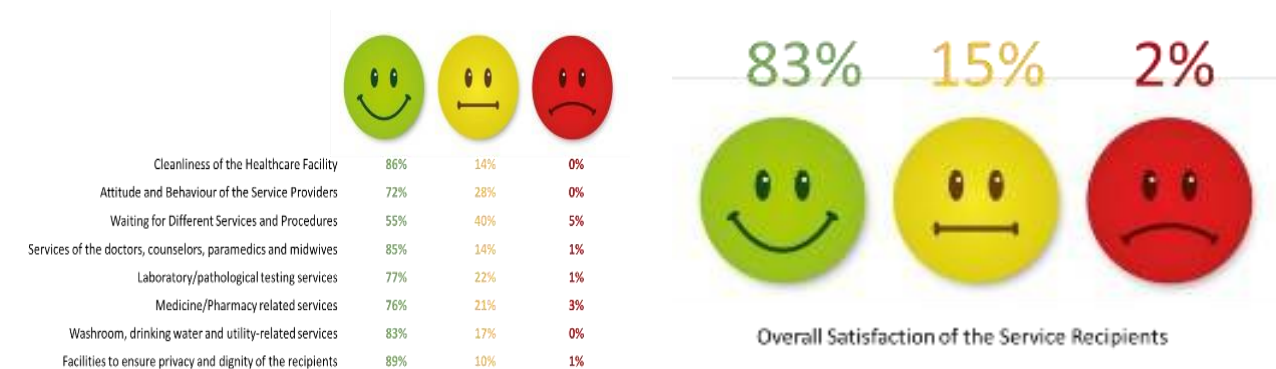
During the year 2022, a total of 1341 Normal Vaginal Delivery took place in the Primary Health Care Centers. All the deliveries were conducted by trained midwives with the support of the Medical Officer. During checkup, 5230 Ultrasonography services were received by patients where a sonologist observed

the patients for any possible complications. A total of 10591 Family Planning Service were given to the patients (Short acting-10459, Long acting- 132). For ensuring proper diagnosis, total 42,739 laboratory tests were performed by the laboratory technologists in 4 Health Facilities. Community Health Workers



visited the households 4 times in a month for awareness and referral of Pregnant women, newborn for immunization and sick U-5 children. The CHWs visited the households 1096937 times in the year.

Service recipients were asked about the overall satisfaction regarding the services that they took on the day of the exit survey. There were three categories in the scale to measure the satisfaction – highly satisfied, moderately satisfied and dissatisfied. More than four-fifth of the respondents included in the exit survey indicated that they were highly satisfied with the services that they received from the facility on the survey date. Around 15% of the respondents mentioned that they were moderately satisfied. 2% of the recipients indicated being dissatisfied with the services.



Different capacity building interventions took place during the year to strengthen the capacity of the health service providers, program staff and community health workers. PHD provided Training on ECCD to the Health Service Providers and Training on PSEA (Protection from Sexual Exploitation and abuse to all the staff). Other than this, different partners like UNICEF, WHO, IPAS, Health Sector, Community Health Working group, UNFPA, UNHCR etc. has provided training on Disease surveillance, treatment protocol,

reproductive health, fire safety, Camp Coordination and Camp Management, palliative care, surgical care, CNCP, ETAT, KMC etc. Staff from PHD participate in these training and disseminate the learning through sessions in the health facilities which enriches the knowledge of the service providers.

Visual documents:



Application of 7.1% Chlorhexidine to the Newborn



Medicine dispensing and patient feedback receiving through tab



Vaccination service at PHC



Radiant Warmer Therapy for the Newborn



Sample collection of a child for laboratory test



Handover of the Newborn to the mother for KMC and breastfeeding

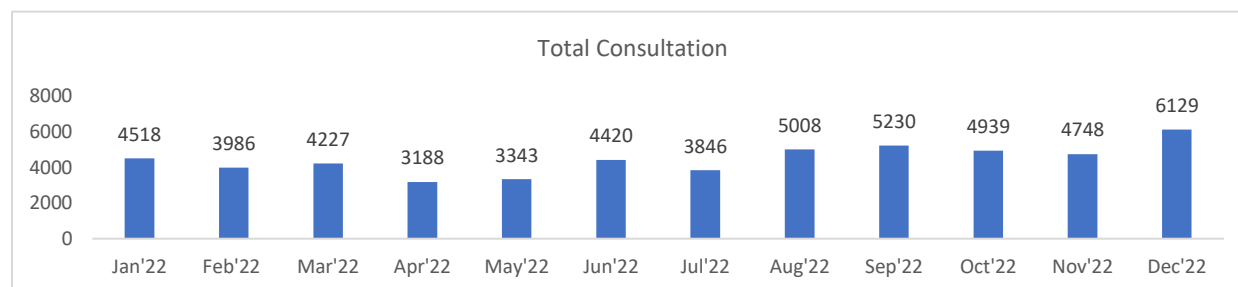
Primary Health Care and Family Planning program for FDMN:

Geographical coverage: 2 Health Posts in Camp 17 and 18, Palongkhali, Ukhiya, Cox's Bazar

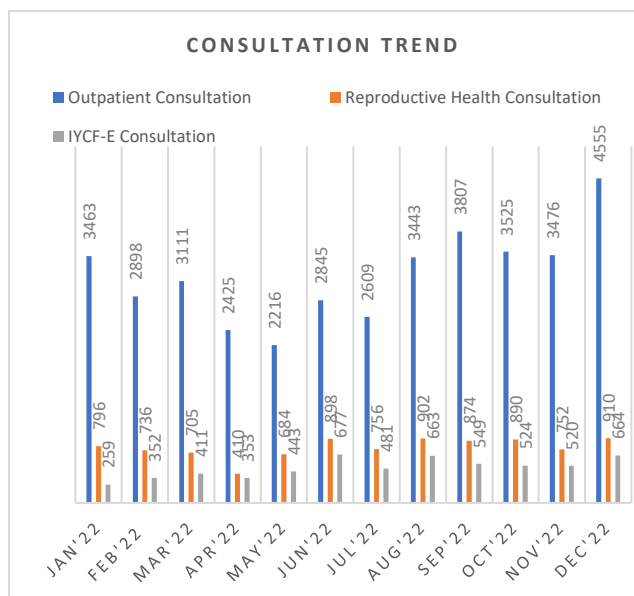
Beneficiaries reached: Children_0 to 5 Year male 9289 & female 8071 total 17360, Children_5 to 10 Year male 2138 & female 1997 total 4135, adolescent_10 to 19 Year male 1301 & female 4771 total 6072, Population_20 to 60 Year male 2211 & female 22102 total 24313, Population 60+ of Age male 1659 & female 1459 total 3018, Population with disability male 253 & female 161 total 414.

The project has been implementing to ensure health and well-being of the FDMN, Minimum Initial Service Package (MISP) was delivered through the Health Posts funded by DFAT III. To ensure quality clinical services competent Medical Officers were engaged, who were also supported by trained Medical Assistants and also by Midwives which covered almost all of the components of health as like limited curative care, SRH and some emerging seasonal cases. Apart from these, Nutrition and MHPSS were considered as priority issues and to address those, dedicated IYCF-E Counsellor and graduated PSS Officer were recruited which significantly met the needs of the targeted community people.

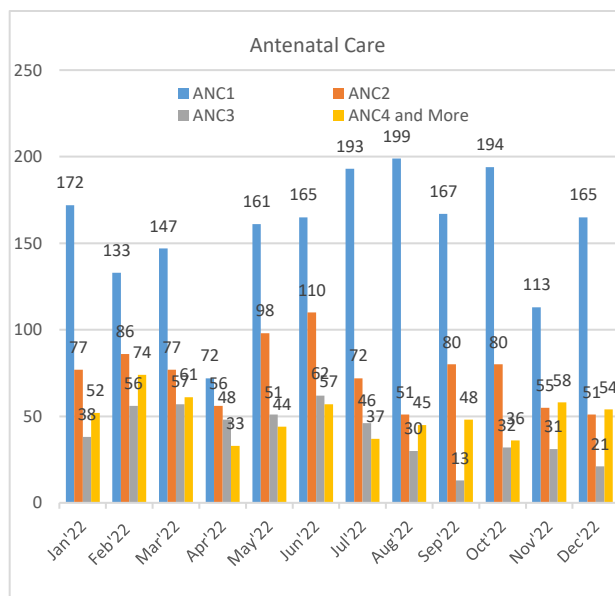
The two Health Posts in Camp 17 and 18 are dedicated to provide MISP for the beneficiaries. Majority of the patients come for OPD consultation for various diseases and outbreaks. It also works as an internal point of identification of other health or well-being related issues. The Reproductive Health (RH) works with ANC, PNC visits, post-partum family planning and conduct ASRH sessions for raising health awareness among the adolescents. IYCF-E Counselling is vital for pregnant women, lactating mother, newborns and children under five. The counselling sessions identify the nutritional needs and provide specific guidance for beneficiaries with malnutrition, breastfeeding and other valuable information. The Mental Health and Psycho-Social Services (MHPSS) deals with a range of psychosocial issues covering in PSS sessions, group sessions, household visits and regular follow-ups. From mental illnesses to child protection, MHPSS has worked hand-to-hand with respective partners or authorities for the psycho-social well-being of the beneficiaries. Immunization is vital for every child and Camp 18 is a government approved fixed site for EPI vaccination. Regular EPI vaccination and weekly household visits brought some significant changes in health seeking behavior for routine EPI among the beneficiaries. Apart from these activities, community mobilization through Community Health Workers has become well organized for awareness raising, health related messages, referrals and follow-ups. Regular communication with camp authorities, local leaders (Majhi, Imam) and community people played vital role for smooth implementation of the project.



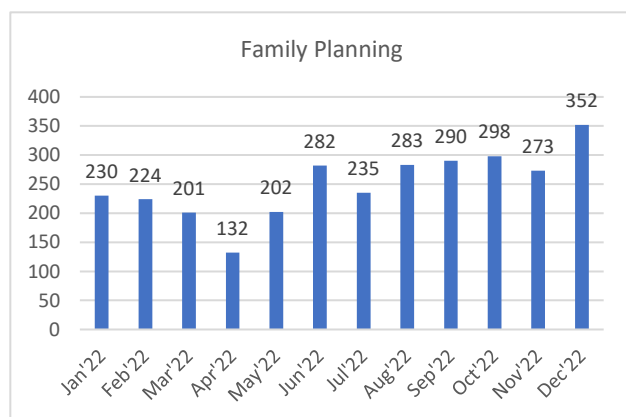
Total consultation is direct service provision to beneficiaries for OPD, RH and IYCF-E consultations which are the major components of the project



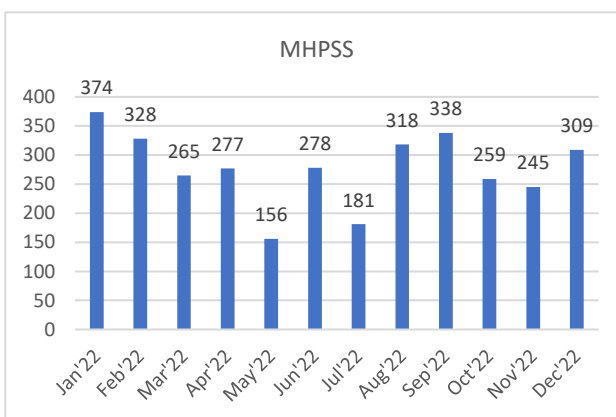
Total consultation is month-wise segregated here to show the trend of consultations in 2022



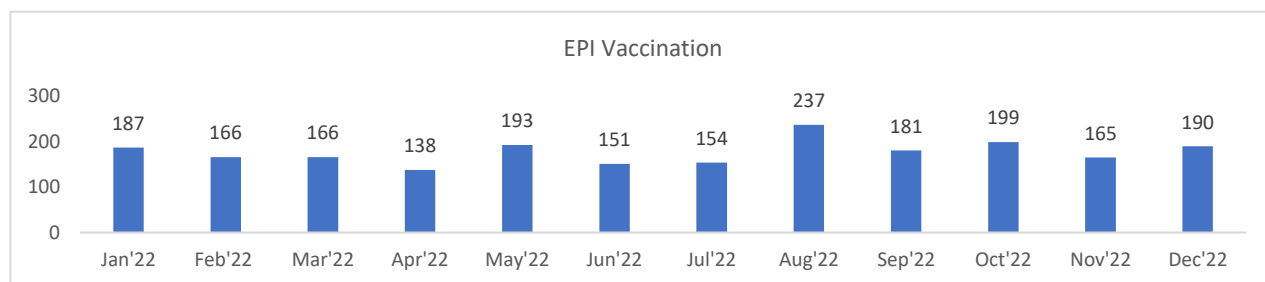
Numbers of ANC visits performed by Midwives per month in 2022 are given in the chart



Number of family planning methods given for the beneficiaries are given in this chart



As a vital component, MHPSS reached out to provide services for beneficiaries. Monthly beneficiaries' numbers are given for 2022



Month-wise segregated total EPI vaccination numbers in Camp 18 Health Post

One of the most successful endeavor of the project was engaging males for family planning issues through advocacy meeting in the presence of the respective Camp's CIC. This resulted in mutual decision making and trust building among beneficiary couples for their preferred family planning methods. This mutual understanding prevents the likelihood of GBV due to mutual decision making. The beneficiaries are more

satisfied with the services provided and they have a good way of communication through CHWs in case of any health-related issues in the earliest.



Community Health Workers (CHW) Household Visit



Drug Dispensing to the service recipients from Rohingya community



IYCF-E Counselling



MHPSS Service



OPD Consultation



Reproductive health service provided at facility

Maternal, Neonatal and Child Health Program:

Geographical coverage: 17 Districts (Bandarban, Brahmanbaria, Chandpur, Cox's bazar, Faridpur, Feni, Habiganj, Kushtia, Lakshmipur, Madaripur, Manikganj, Mymensingh, Netrokona, Noakhali, Shariatpur, Sunamganj, Sylhet and Sandwip Upazila)

Direct population coverage: Total beneficiaries 35,132,916 (eligible couple, adolescent, pregnant women, mother, lactating mother, neonatal and people from underserved areas) from the project areas

USAID's MaMoni Maternal and Newborn Care Strengthening Project (MNCSP) is a five-year activity designed to contribute to the Health Population Nutrition Sector Program (HPNSP 2017-22) goals. A consortium led by Save the Children has been implementing the project. The partners of the consortium include Institute for Healthcare Improvement (IHI), Jhpiego, Council for Health Services Accreditation for Southern Africa (COHSASA), icddr, b, Dnet, Bangabandhu Sheikh Mujib Medical University (BSMMU), and Partners in Health Development (PHD). The project supports the Ministry of Health and Family Welfare (MOH&FW) to improve the utilization of quality maternal and newborn services by strengthening the health systems in 17 districts and its Upazilas. The project is catalyzing an effective scale-up of proven MNH interventions to reach nearly 35.8 million populations. As a technical consortium partner PHD is playing a key role in specific capacity building of project staff and facilitating strategic directions across several systems to bring collective expertise in policy advocacy. Moreover, the project is testing new MNC innovations and escalating evidence base learning sites to facilitate health system improvement. Five local NGO partners, DASCOH Foundation, Palashipara Samaj Kallyan Samiti (PSKS), Resource Integration Centre (RIC), Green Hill, and Shimantik are supporting in the implementation process.

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 sectors
4. Design effective strategies to reduce access barrier and initiate MNH service delivery at the underserved areas

Social accountability interventions: SA mechanism is considered an important tool to strengthen the public health system in delivering services, improving governance, and monitoring public resources. The project decided the approach that will be a "facility-led initiative" where supply-side actors will be directed and governed by the respective Facility Management Committee.

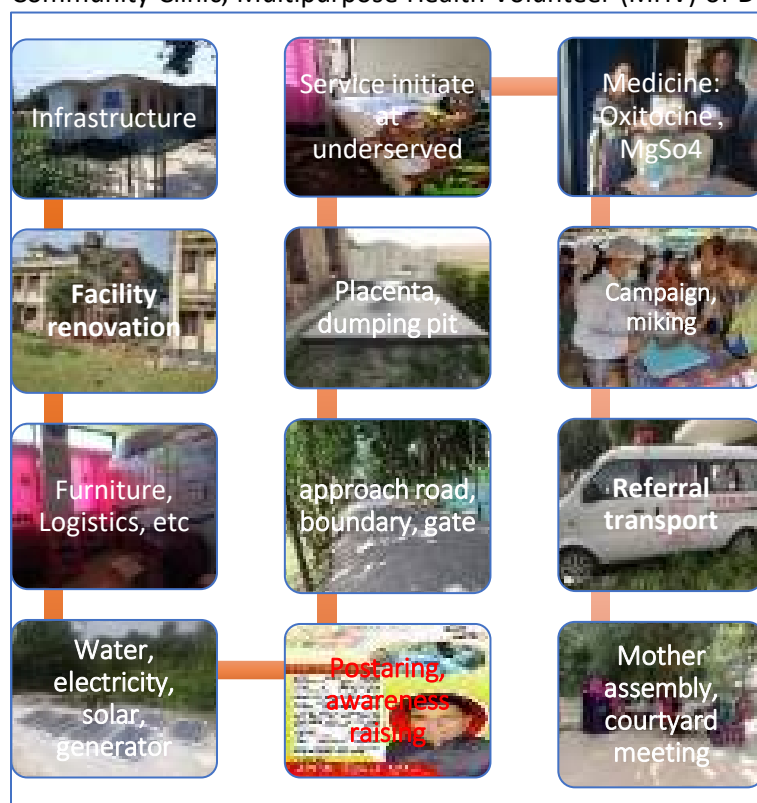
Local government engagement: The project initiated to mobilize a wide range of local resources both financial and non-financial. Initially, the project identified the support required for and its potential sources. Then the project built a relationship with the LGIs, public and private sectors, philanthropists, and community-level individuals and groups considering the local context.

Facilitated the MOH department seeking support and mobilizing resources from LGIs and other



stakeholders. LGI has a range of responsibilities for strengthening health service delivery, including utilizing services through local planning, engaging, budgeting, and overseeing.

Community engagement: The project designed a community mobilization strategy through engaging existing community platforms; Community Support Group (CSG) and Community Group (CG) of the Community Clinic, Multipurpose Health Volunteer (MHV) of DGHS, and Paid Volunteer of DGFP. The CG



members meet regularly in the Community Clinic (CC). Here, front-line community health workers like Community Health Care Providers (CHCP), Health Assistants (HA), Family Welfare Assistants (FWA), MHV/CHW of NGOs, and CG members meet monthly. The project provided a day-long orientation and formatted notebook to the CG members to capture information about their community. This platform created an opportunity to gather information on the eligible couple (ELCO), pregnancy, childbirth, and maternal & newborn deaths of the community. Also, it helps to identify gaps in planning, service coverage, and unified reporting.

Mobilize CSR and Philanthropist resources for MNH services: Philanthropist support: like; 60000 BDT

as salary for AYA at Teota, Manikganj, delivery bed for Saidergaon Union RD, Chhatak, Sunamganj, 4th generation CC at Derai UHC, Sunamganj, etc. The Bayer Crop-science provided health commodities for 2 MaMoni project areas of Manikgnaj and Kushtia district hospitals. Like; as 14 Oxygen Cylinder, 3 Oxygen Concentrator, 14 pc of oxygen flow meter, 6200 surgical masks, 94 N95 masks, 400 Hand sanitizer, 5 Cardiac multipurpose monitors, KNS Canada Int. support 100000BDT for necessary drugs and the salary of AYA at Bachamara Union, Manikganj. "SOHAY" foundation with support of "KONKA Bangladesh" provided 2 AC for Feni DH.



Maternal, Neonatal and Child Health Program in Hard-to-Reach Area:

Geographical coverage: 4 unions, 2 Upazilas of Bhola District

Direct population coverage: Adolescent_10 to 19 Year male 5151 & female 5431 total 10582, Population_20 to 60 Year female 5460, Population with disability female 1004.

The project has been implementing to develop a community led model that improves the health status of the hard-to-reach and marginalized island communities by increasing accessibility, coverage, comprehensiveness and sustainability of the Union Health and Family Welfare Centre (UH&FWC). PHD has channelized regular distance support to midwives arranging virtual meeting for technical support from the high skilled midwife instructor from the institution of Developing Midwives Project (DMP). For regular up-skilling on new changes in service protocol and technical skills, PHD ensured the provision of technical assistance by two highly skilled midwife instructors to the project deployed service providers through PHD's academic institution of Developing Midwives Project (DMP) as contributory support in both UH&FWCs in this reporting period.

PHD are providing delivery of all listed services as per the citizen charter of UH&FWCs, which is covering ante-natal care, normal vaginal delivery, post-natal care; child and adolescent health care; nutrition services; family planning counselling; limited curative care; education on communicable diseases; awareness-raising and referrals for gender equality, gender-based violence, early/child marriage issues, and infectious disease by MLHS project. There are 5551 (male 1220, female 4331) patients served as ESP form UH&FWC in this reporting period. Already the midwives have conducted 24 NVD at UH&FWCs in the reporting period.

MLHS project supported to the remotest people (PLW and newborn). For delivery at UH&FWC or tertiary level facility as for local referral/transport cost. As per local community

and communication facilities MLHS project support to poor patients BDT 8000-9000. Generally, the referral cases are selected by CHVs through LGI and referral committee through the selection criteria. The criteria are-referral patients must be poor or ultra-poor. The referral committee evaluate their financial status by cross checking with CHVs. In this reporting period 5 persons have got almost 8000/- of each for received treatment from more tertiary/upazila level hospital. Total 5 PLWs got support as referral cost in the reporting period and got BDT 39,923.

During the reporting period, the project team has competed 6 meetings have been held across the two UH&FWC-MCs at Char Kukri Mukri and Sakuchia UH&FWC-MC. The Union Parishad Chairman was present in all meetings, [1st NVD at Kukri Mukri UH&FWC-2](#)



which is an inherent part of ensuring engagement in these meetings. To ensure the public and private partnership, community engagement, community fund raising, problem solving and ensure the service of quality and quantity are the objects of those meetings. To increase the Normal Delivery, referral, DRR, CRM, Medicine supply and other issues are those meetings agenda.



Regular technical assistance and training for the UH&FWC midwives by high skilled midwife instructor from the institution of DMP-2



Anti-Natal Checkup by Iti Akter, Midwife of MLHS supported project



Mother's group session conducted by Community Health Volunteer



Neonate wipe after normal delivery by Tamanna Khanam, Midwife



Patient served by Medical Assistant at facility



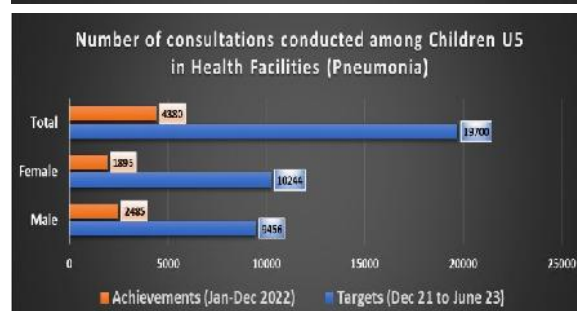
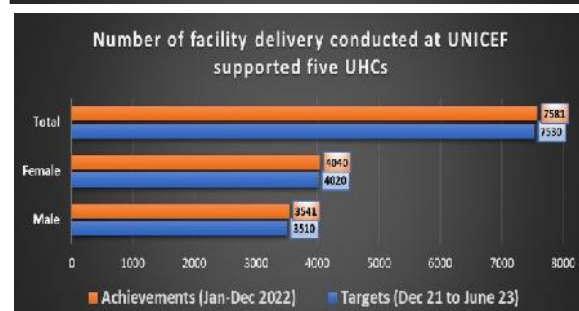
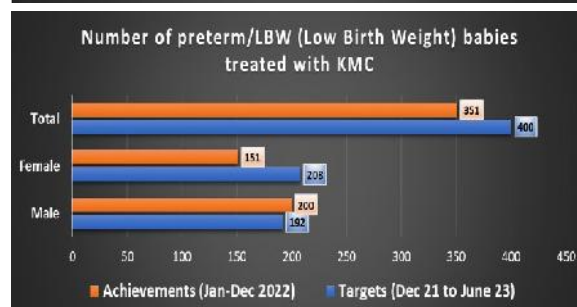
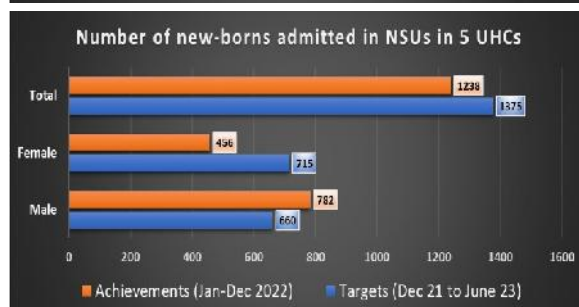
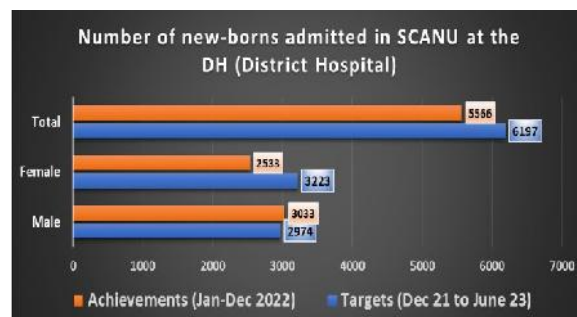
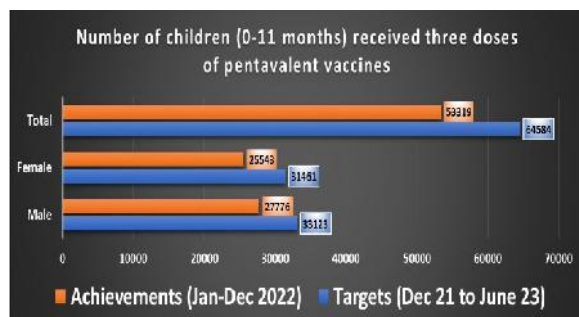
On-call roster service by midwife at household level

System strengthening program for quality MNCH&N:

Geographical coverage MNCH&N: 250 Bedded District Hospital and 5 UHCs (Ramu, Chakaria, Pekua, Kutubdia and Moheshkhali)

Direct population coverage: Children_0 to 5 Year male 33123 & female 31461 total 64584, Children_0 to 5 Year male 8962 & female 9708 total 18670, Pregnant Women 7530

The project has been implementing to contribute in enhancing the provision of CEmONC at two remote UHCs in Moheshkhali and Kutubdia and BEmONC services at 3 UHCs in Ramu, Pekua and Chakaria. SCANU at the district hospital, NSUs, KMC & IMCI services across 5 UHCs in Moheshkhali, Kutubdia, Ramu, Pekua



and Chakaria and Quality MNCH services across all the 5 UHCs.



Mentoring Visit by NIPSOM Director



Meeting with NIPSOM team after mentoring visit



HGSP LD Visit at CXB



First CS at Moheskali UHC



NSU inauguration by local Member of Parliament (MP)

Community engagement for realization of SRHR and prevention of SGBV:

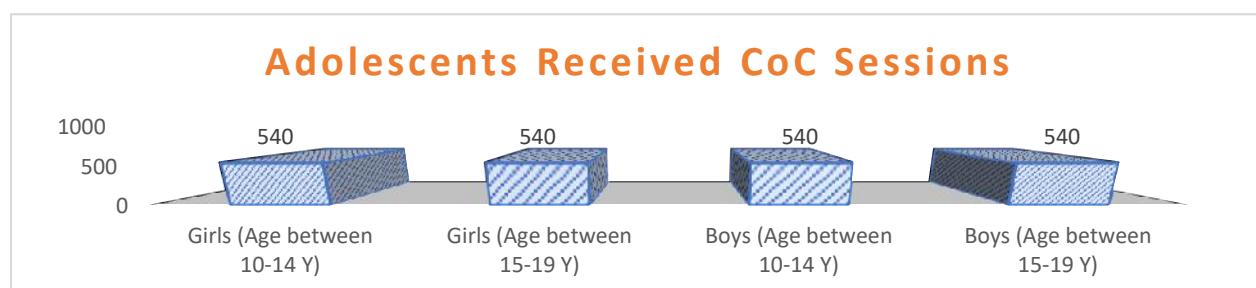
Geographical coverage LEAP: Total 9 Unions where 7 Unions (Khuruskul, Chowfaldandi, Bharuakhali, Jalalabad, Eidgaon, Jhilongja and PM Khali) of Cox's Bazar Sadar Upazila and 2 Unions (Teknaf Sadar and Subrang Unions) of Teknaf Upazila under Cox's Bazar District

Direct population coverage: Total 97,773 people, where 60,578 Adolescents Girls and Young Women (AGYW) age between 10-24 Years and 37,196 Adolescent Boys and Young Men age between 10-24 years old. Indirectly reach total 1,02,591 people including 53,861 females.

The ultimate outcome of project is advance the realization of sexual and reproductive health and rights (SRHR) and prevention of SGBV among diverse groups of adolescent's girls and young women in Cox's Bazar host communities and refugee camps. The project has three intermediate outcomes which are: a) Improved individual and collective agency and resilience of adolescent girls and young women to exercise their SRHR and protection from SGBV; b) Strengthened health systems to provide gender- and adolescent-responsive and inclusive (GARI) SRH, SGBV and MHPSS services to adolescents and young people; and c) Enhanced capacity of local stakeholders to advocate for evidence-based and accountable gender & adolescent-responsive & inclusive SRH and SGBV services and policies. For achieving the outcomes, LEAP implementing a range of activities like train the Adolescent girls, boys, young married women, fathers of the adolescents, local women powerholders, religious leaders, and Community and Facility Management Committees through different adopted modules. The project also managing the GBV cases, provide the referral services and provide emergency support to the survivors by the Case Management Workers at each union.

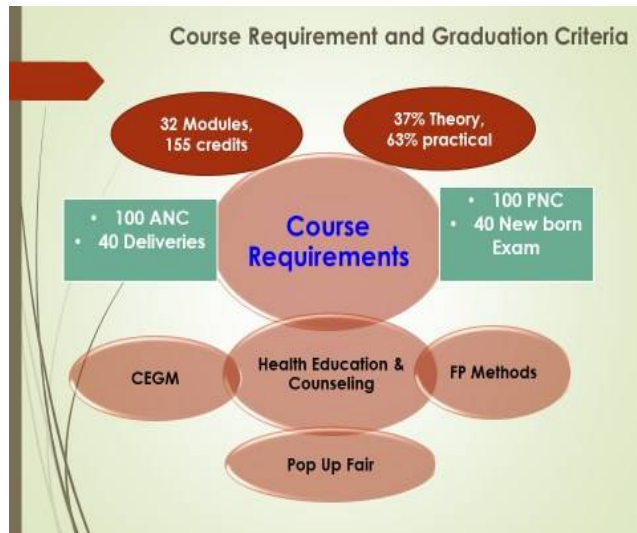
The project has initiated;

Identification and CoC group Formation	Mapping and capacity needs assessment of YMWGs
Training of Youth Facilitators	Mapping and capacity needs assessment of local women power-holders and influencers
Conduction of CoC Girls Sessions	GBV Case Management and Provide Need-Based Emergency Support to Survivors
Discussion with moral gatekeepers and parents	Formation of Boys Group and Conduction of COC session
Workshop on adaptation and contextualization Curriculum on Low literacy and low resource for Men's Clubs	Conduction of Training on SGBV, PFA, PSS and GBVIMS+



Academic program:

PHD Midwifery Institute, Khulna



Midwifery course offers a 3-year long diploma with a midwifery curriculum which follows the standards set by the International Confederation of Midwives (ICM) and approved by the Bangladesh Nursing & Midwifery Council (BNMC). The Diploma has been approved by the Ministry of Health and Family Welfare of Bangladesh (MoH&FW). The Diploma in Midwifery education is designed with a two-pronged approach i.e., developing faculty for midwifery education and producing qualified midwives simultaneously.

In order to qualify to participate in the Midwifery licensing exam, offered by the Bangladesh Nursing and Midwifery council, each Midwife

student in 6 months of intensive internship in a medical college Hospital has to perform the following tasks independently. These are:

- 40 Normal Vaginal Delivery
- 40 Newborn Care
- 100 Antenatal and postnatal care and family planning services
- 100 Neonatal Care

Our journey started in 2012 in collaboration with BRAC University, funded by Uk Aid. We successfully implemented DMP-I & II till October 2021. Where we have gained a lot of experience working with the HUB & Spoke model. We were lucky enough to work with Auckland University as well and have gained massive knowledge and experience in maintaining the ICM standards. As a result, we have achieved the guideline through the experience gained from there and got the courage to run our institute as an independent organization with high moral and standardized values.

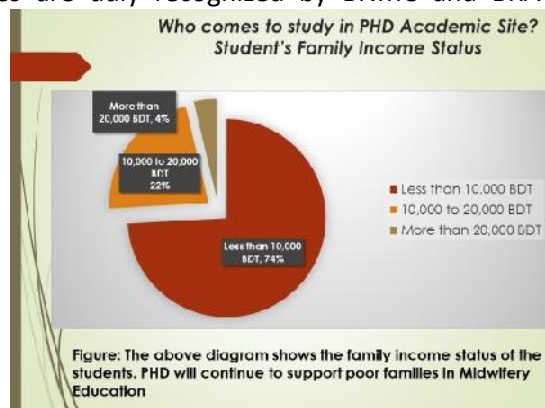
Batch wise Graduated and current students status of DMP		
Batch	# of Students	Present status of graduates
1 st Batch	30	Government job at different UH & FWC and Upazila Health Complex
2 nd Batch	30	
3 rd Batch	28	
5 th Batch	30	Private Job at Midwifery-Led Centre (MLC) and NGOs
6 th Batch	32	
7 th Batch	30	Continuing their internship and waiting for licensing examination.
8 th Batch	30	To take preparation for 2 nd year final examination.
9 th Batch	30	To take preparation for 2 nd year final examination.
10 th Batch	30	Continuing study on 1 st year.

Year final and licensing examination: We are successfully finished the 7th and 8th batch year final examination and 6th batch licensing examination. Finally, our all students and graduate midwives 100% pass rate in licensing exams and year final examination organized by BNMC.

Start Diploma in Nursing within 2024: BNMC team to visit our academic site after that they are also suggested us to apply nursing coursing course because, our academic site will smoothly run two similar courses. So that we starting the preparing the BNMC check list and also preparing our academic campus as per BNMC instruction. Finally, we submitted our application in BMNC and waiting for BNMC visit of accreditation.

Module development: PHD (Partners in Health and Development) Midwifery Institute all teachers updated modules for Diploma in midwifery 1st, 2nd & 3rd year students. The modules include BNMC recognized curriculum based on update knowledge. And the modules are very helpful for the midwives in qualitative practice with latest knowledge. The modules are duly recognized by BNMC and BRAC University.

- Quantitative data: Total students Admission = 300. Total batch=10, Total licensing pass= 180, Total Public Service employee = 60, Total Employee Non-Government organization = 120.
- Last batch (who are completed their course, here final year result mentioned = Total A+ = 3, A= 22, A-4, B+=1.



Major achievement in the reporting period:

- Total number of students enrolled are 300 in 10 batches.
- Total number of students graduated until now is 210.
- 100% pass rate of all graduate students in licensing exams organized by BNMC (1st, 2nd, 3rd, 5th & 6th batches).
- Total number of graduated students got government job are 55 (from batches 1, 2 and 3) and 50 (including 5th, 6th and 7th) are working in NGOs and in private sector
- At present three batches (90 students) are in study.
- In every session, we are successfully admitting 30 students and helping them complete their course. We make sure that, we have no drop outs
- We reviewed our SOP in context of our current situation, and consider of course demand.
- We have updated our all-preparatory activities for upcoming construction at our Land.

Capacity building intervention: PHD Midwifery center is the only enterprise that absolutely belongs to PHD, i.e., belongs to we all associated with PHD. Therefore, we call for attention from everyone to have a kind gesture on us by:

- Professional Marketing for attracting students for Midwifery
- Support in promotion of the institute and in revenue generation, resource sharing:
- Collecting sponsorship and philanthropic supports
- Request all staff to contribute with Zakat fund that each family exercise due to religious reasons;
- We would like to remind our Managing Director sir to have a kind vision on our two poorest students to provide 50% of their required cost, we welcome others in this valuable activity.
- We welcome any sort of assistance from other projects and not only financial support. For example: Chairs, Tables, Fan, PC, Paper, pen etc.
- Request PHD to actively explore opportunity to implement development projects in Khulna region so that administrative cost can be shared.



Snap of few of the activities of PHD's diploma in midwifery students beside studentship

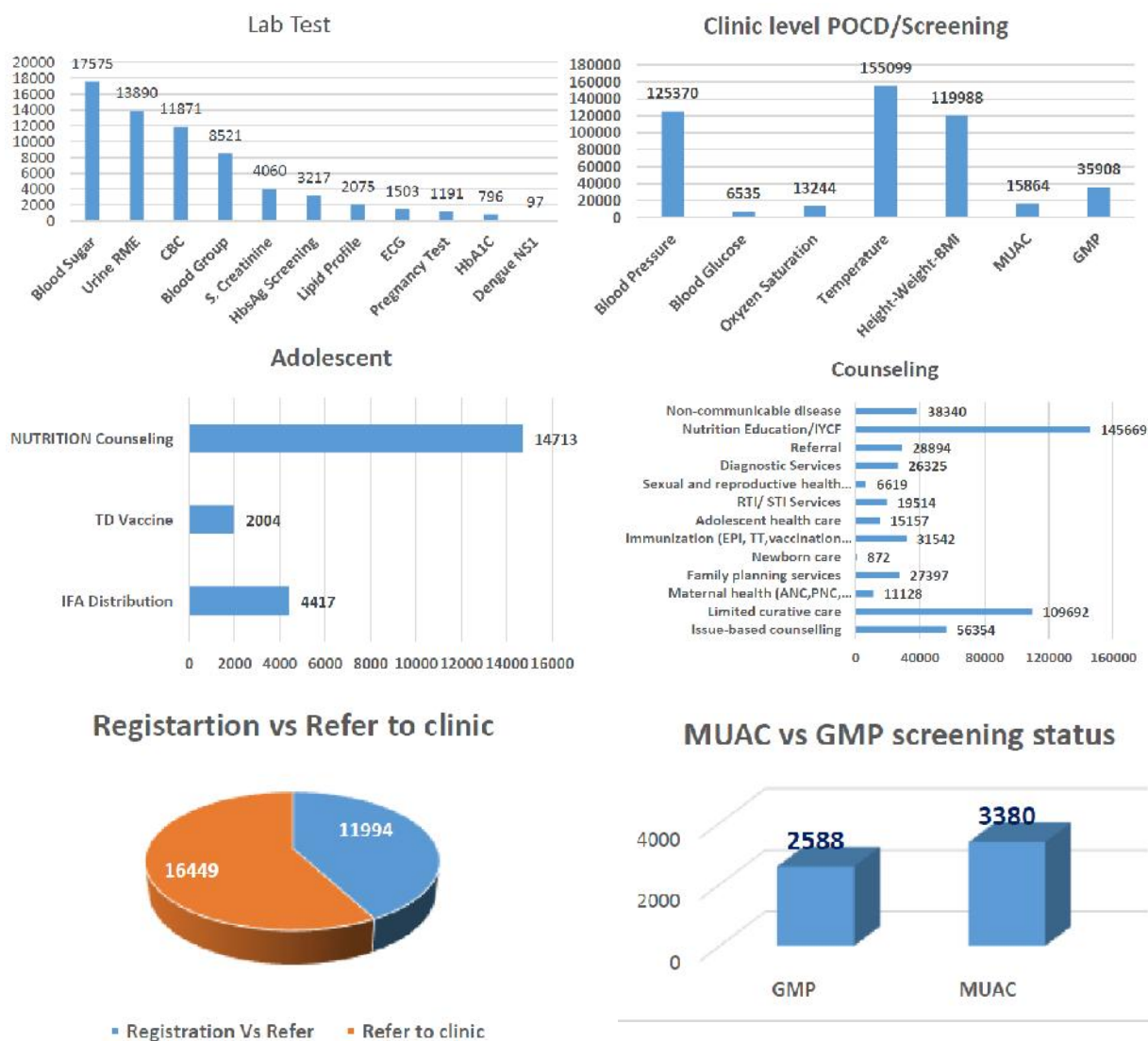
Model Urban Primary Health Care Program:

Geographical coverage UPHC: Competitive Management of Primary Health Care (PHC) services in selected 6 Aalo Clinics in respectively 2 city corporations in Dhaka (2 clinics in DNCC, 2 in DSCC) and 2 city corporations in Gazipur (GCC) and Narayanganj (NCC) as per the Essential Service Package (ESP).

The 'Model Urban PHC (Aalo Clinics) project has been running for one and half years only including the challenging start-up period. Although this small period is not enough to justify its capability of piloting and displaying the accessible, equitable services, nonetheless the project could attract the attention of concerned government offices and all other related stakeholders like Development Partners, INGOs, NGOs, Electronic and Print Media and private organization.

General Service Delivery Scenario:





Family Planning activity: All the clinics and project office are working for a long time to make Aalo clinics enlisted under DGFP to begin FP activities as a component of Essential Services Packages (ESP). Accordingly, necessary documentations have been completed at Thana and District level FP offices and submitted to DGFP for final approval. Unfortunately, DGFP declined to approve and issued a letter in this regard.



Director Planning, DGFP visiting Karail Aalo Clinic

Climate resilience program:

Partners in Health and Development (PHD) has implemented pool funded project of Pathfinder International that planned to expand its Women Led Climate Resilience initiative in Gaibandha, where substantially higher poverty, insufficient health systems and infrastructure, a high risk of natural disasters place a disproportionate load on women and their families to manage their daily lives. Focusing the issues, the project intended to ensure reliable access to quality health services, and communities should be resilient to future shocks for women and girls in low-resource settings. The project has been implemented aiming to achieve the goal: 'Women and girls in low resource settings to have reliable access to quality health services and communities are resilient to future shocks in Bangladesh'.

PHD has provided services to support to the Ghaibanda project in the areas of quality health and Sexual Reproductive Health Services due to vulnerability as a result of livelihoods adversely affected by repetitive floods, to accomplish the following objectives:

- A. Women led Community Support System.
- B. Harmonizing Local Level Effort.
- C. Strengthening Local Health System.
- D. Local Government led Sustaining Model



Gaibandha, the northern district of Bangladesh, which is one of the districts most severely affected by flooding and erosion. Gaibandha belongs to the mainland region where more than 80 percent of people here are directly or indirectly involved with agricultural production and their livelihoods are adversely affected by a concentration of various. Repetitive floods and riverbank erosion increase the vulnerability of the natural resource bases of the area and affect the livelihood of the communities. The women and girls in Gaibandha, who are the most affected population of climate change, are deprived of quality health and SRH services as well as most at risk for gender-based violence (GBV). As a community mobilization actor, PHD understands that every community has internal learning, experience, and a unique way of being resilient. All the community needs are information, particularly women need health and SRH service information. PHD will supply the information to strengthen existing knowledge of the target population and community information. Moreover, PHD will only supplement the existing government health system rather than establish any parallel services and complement the ongoing efforts of development actors.





Emergency Covid 19 Response:

Partners in Health and Development (PHD) implemented the MaMoni- MNCSP Supplementary Program for COVID-19 Response project with the objective to develop an active screening and response mechanism for COVID-19 case management with engagement of Community and Local Government (LG) bodies- Union and Upazila Parishad. The project piloted at Patavog Union Parishad of Sreenagar Upazila under Munshiganj district and Ghatmajhi Union Parishad of Madaripur Sadar Upazila under Madaripur district.

At the commencement of the project, PHD project team designed and conducted the Needs Assessment (NA) events in Sreenagar Upazila of Munshiganj district and Sadar Upazila under Madaripur district using participatory tools and techniques. As per the findings and observations revealed from needs assessment process, PHD then designed a piloting model on Community level active screening and response to COVID-19. The total design was reviewed and finalized jointly with SCI team. For effective implementation of the piloting model of active screening of COVID-19 cases, PHD deployed 18 Volunteers for 2 piloting UPs. Volunteers were selected for each Ward of the UP, thus total 9 Volunteers for each Union Parishad were recruited. 3 Community Information Provider (CIP) were selected in each Ward of the piloted UPs to assist the Volunteers by providing information about suspected Covid cases.

Established separate Isolation Corner to response of COVID19 through 2 PHCs & 6 HPs in Cox's Bazar. Conducted Special Campaign for COVID and vaccination, Awareness raising on COVID-19, ECCD, Nutrition, NCD and other health related issues using IEC/BCC materials, and supported Support for COVID-19 Vaccination among the FDMN community. Since beginning of the COVID 19 pandemic, PHD took massive initiatives as per national guidelines to minimize the health risks among refugee communities and health service providers, ensured personal protective measures, established hand washing stations, and trained all providers including CHWs on infection prevention and control (IPC).



Impact Highlights:

Water ambulance 'Swapna Jatra' meets the hope of a hard-to-reach area 'Char Abdullah' under Ramgati Upazila

Char Abdullah Union is a char island, which is far away from the mainland of Ramgati upazila under Lakshmipur district. It is a very under privileged and hard to reach area where about 12,500 population resides. The population of those area uses engine boat to come to mainland (Ramgati) after about 02:30-03.0 hours journey.

But it is very tough for them because the boat is not available all times in a day throughout the year. Moreover, during bad weather (specially storm and rainy season) the movement of boats becomes restricted, which increase the hazard of the population of that area very much. Ramgati UHC is their main health service seeking center of Char Abdullah because there is no health services center at Char Abdullah. Char Abdulla is about 6 km apart from Ramgati, which is very time consuming and expensive also. As a result, peoples (especially pregnant women and newborn) of that area sometimes go under life threatening risk. To combat those hazards, a water ambulance was long time the expectation for the people of Char Abdullah. Peoples raised their need (water ambulance) in different forum (eg multistakeholder meeting- organized by MaMoni project).

MaMoni staff also advocated Upazila Chairman, Union Parishad Chairman, to manage a water ambulance. Lastly under the guidance of DC and with the initiation of Ramgati Upazila parishad a water ambulance was managed from the financial support of govt. of Bangladesh and JAICA. With Under the initiatives of Ramgati Upazila administration, on 06.10.22 a 'Water Ambulance handover & inauguration' ceremony was held at Ramgati upazila parishad complex. DC & district magistrate (Mr. Md. Anwar Hossain Akand) himself inaugurated the session. Officers of Upazila parishad, Health and Family planning department at Ramgati upazila were present in that ceremony. Mr. Md. Anwar Hossain Akand himself handed over the key of the ambulance to UNO of Ramgati Upazila. That ambulance will be used for all kinds of emergency health services for the population of Char Abdulla union. The cost of driver and fuel of that ambulance will bear by Upazila parishad. By getting a water ambulance, people of Char Abdullah are very happy and grateful to DC, Upazila Parishad, Union Parishad and MaMoni MNCSP. That ambulance fulfilled the long-time expectation of the people of Char Abdulla, which obviously reduce the hazards of people and thereby will contribute to save the lives of that area.



Handover of Key of water Ambulance by DC to UNO



Figure: Swapna Jatra

My Autobiography

I am Aronna Chowdhury. I am 24 years old. I am a Christian girl. My father's name is late. Babul Chowdhury. My mother's name is Fulkumari Das. She is a housewife.

My childhood was difficult because my parents were separated in my childhood. 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. So, he stayed home for a few days. It was needed to stay outside for a long time for job purpose.



My mother stayed at her in-law's house 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, didn't give enough food, forbidden to talk with neighbor's and beated 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 naval hospital in order to my father's consent at Patenga at her 7 months of gestational age. And that time, my brother come in world as a pre-term baby. My grandparents received the letter after one month because the communication system was not so developed and mobile phone was not available that time. They immediately went to Chittagong after hearing the news.

My brother's condition was not so well after birth. He was a baby of only 1.3 kg which was very low birth weight according to medical term. 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 but they insulted them. They send me and my mother with my grandparents but didn't gave my brother with us. In this way I came to my maternal grandparent's house at Malgazi in Mongla. And that time my mother got second marriage, because it was too difficult for my poor grandparents to bear our expenses. That's why I passed my childhood as an orphan. I started my school life at the age of five and I 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.



I passed some critical situation in my life when I was a school student. When I went to school it was far from to 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 are flooded by rainy water. When I reached at my school with my wet dress and tear shoes. Many students laughed at me. Some people through bad comments. I was regular in my class. So, it was more important to me to continue my study. 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 so. People can be a curse for her or his life if they don't do proper use time in a proper way. I became emotionally upset and constantly worried about how my grandparents pay my school fees, provisional store expenses and other expenses.

In my life I faced many failures and sad moments. That constant emotional upsets affect my thinking ability and kept me depressed. In this time my grandparents, some of my friends and teachers encouraged me to keep patience and to achieve success. Those persons 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. My grandparents think marriage is better when a good family came to see me. I was not agreed and wanted to continue my study.

In this situation I heard about Diploma in Midwifery Course and attended to the admission examination. I feared that my grandfather is poor and it was impossible for him to pay the course fee. I was hopeless and I think I wouldn't continue my study. After the examination the 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 can't complete my study.

I am a student of PHD academic site, Khulna. I got "B+" in 1st semester, "A" in 2nd semester, "A" in 3rd semester, "A" in 4th semester and "A" in 5th semester. I completed my graduation criteria under PHD academic site. During this COVID 19 pandemic situation, I was very worried when our academic site was closed and we stayed home for a long time. In this time my academic site gives me the opportunity to fill-up my graduation criteria.



I 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 to Rohingya Community people. I achieved my all targets from these places before attend to my license exam. I conducted 5 more normal vaginal delivery after fill up my graduation target during my duty time. I get more experience from the huge scope of practice and also learned different complication management from the skilled midwives. I attended to a short story writing competition that organized

by Bangladesh Midwifery Society (BMS) at the completion of January 2020. 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 Bangla line 24. I got the news through an Email. After that, I received BDT 10000 and Certificate that funded by UNFPA, Twinning Project of Royal College of Midwives (RCM) UK & Bangladesh Midwifery Society (BMS). My dream: Become a competent midwife, start a own Birth Centre, or become a skilled midwifery teacher.

I want to serve people and work with vulnerable group of people. Specially I want to keep my contribution to reduce maternal and neonatal mortality and morbidity rate from Bangladesh. Thanks to God and all of the people who helping me, supporting me, and inspiring me to every step of my life. This people are God gifted blessings for my life and they help me to make my dream and hope. Thank you, Partners in Health and Development (PHD), BRAC University, Twinning Project of Royal College of Midwives (RCM) UK & Bangladesh Midwifery Society (BMS).

Case Report

The patient named Anowara Jahan is a forcibly displaced Rohingya national. She is living with her family at Camp-10, Block C-12, FCN No: 198811, Majhee- Nur Alam. She took four antenatal checkups routinely from here. During her antenatal checkup we did all physical examination and laboratory investigations. We counselled her about antenatal and postnatal care and encouraged her for institutional delivery. Our MNCAH counselor described her in detail about her care and food during pregnancy which will be helpful for both mother and fetus. Then we provided medicine which was described by pharmacist. When her EDD was come she admitted in our facility for safe delivery. She delivered a healthy male baby. After delivery both mother and newborn were safe and sound. Then we gave her **mama kit as a gift** where 11 items for mother and the newborn. After getting the **mama kit** she told us, "I just want to say a very, very big thanks to you for this truly awesome gift. I am indeed gratified by your effort for me and my child. This

sweet and lovely present has warmed my heart in quite an impressive way, and it will always remind me that I am a special person. The present has brought so much joy and happiness into my family. I will never fail to remember this kind act of yours. Thanks!"

She took postnatal care from our facility. Her newborn baby received immunization vaccine as per EPI schedule. She took counselling from our IYCF counselor. When she discharged from facility she told us, "I don't think that thanking you is sufficient enough to repay you for these amazing services and after going home I must encourage my other family members and others FDMN's about institutional delivery and will talk about the wonderful and satisfactory services I got here.



Eye Care Service in Primary Health Care Center: PHD recently commenced eye care service at its PHC in Camp 8W in November 2022. By that month, a total of 410 people were seen at the center, 80% are elderly patients with aneasily treatable refractive problem. Cataracts account for 30% of the diagnosis.

Another feather of Success at Moheshkhali Upazila Health Complex

Mr Sajal Datta and Mrs Niyoti Rani lives in Thakurtola, 8 no Ward in Choto Moheshkhali union of Moheshkhali Upazila. Sajal Dutta is a day laborer and Niyoti Rani is Housewife. Mrs Niyoti had bad obstetrical history. She was pregnant four time before the recent pregnancy, among which one abortion, one intra uterine dead (male), one neonatal death (male) and one alive baby (female, 3 years of age). In Recent Pregnancy (5th Gravida) She not received ANC care regularly. There was no significant history of illness during her pregnancy period. But unfortunately, at 31st week of gestation she delivered a male baby at home by untrained local birth attendant. Baby was very small in size and very low in weight. They were very much panicked and helpless while observing the situation. Then one of the relative suggest to brought the baby to Upazila Health Complex for better care.

Then they came to Moheshkhali Upazila Health Complex with the baby for better management. On arrival to hospital in Emergency room baby was admitted immediately to newly established Neonatal Stabilization Unit (NSU). During admission baby was diagnosed as a Case of Pre-term (31 wks) with very low birth weight (1459 gm). On Admission doctor observed, baby color pink, reflex and activity moderate and other vitals was within normal limit. Conservative treatment was started immediately with fluid, antibiotics, warmer and other supportive medication in NSU.

Treatment was supervised by Paediatric Consultant (Dr Ayesha Farhana) and supported by 2 Medical doctors and 5 Nurses. From day 2 initial feeding was started under close monitoring and on Day 3 baby developed jaundice and phototherapy started immediately. Meticulous follow up given including daily weight monitoring and take necessary measure as required. Baby was transferred to Kangaroo Mother Care (KMC) room on 26 days of age and breast feeding was started. Baby discharged from the hospital on 30 days of age with the advice for subsequent follow up, home care. During Discharge baby was active and weighing 1800 gm. Follow up of the baby was ensured on D5 and D10 after discharge from the hospital and weighing 1880 gm and 1920 gm.

Mr Sajal Datta and Mrs Niyoti Rani express heartfelt gratitude to UHFPO and all other staff for their excellent and cordial service during the hospital stay. It was their valuable pregnancy as they had experienced bad outcome multiple times previously. They feel blessed to have this kind of treatment facility in an Island like Moheshkhali Upazila.

Under the leadership of UHFPO (Dr. Mohammad Mahfuzul Haque) NSU and Kangaroo Mother Care (KMC) service is newly added at Moheshkhali Upazila Helath Complex from November with the support from Cox's Bazar Civil Surgeon's office, UNICEF, Partners in Health and Development (PHD), CIPRB (Centre for Injury Prevention and Research, Bangladesh) through Health and Gender Support Program (HGSP) funded by The World Bank. All Setup and Instrument was supported by UNICEF. It has been inaugurated by Local MP and since then it serving the people of Moheshkhali Upazila.



Newly established NSU Room at Moheshkhali UHC



Consultant observing patient at NSU



Happy Mother during discharge from hospital



Baby treatment ongoing at NSU



Mother Convey Thanks to UHFPO

Financial statement:

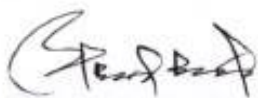
Islam Jahid & Co.
Chartered Accountants

Partners in Health and Development (PHD)

Statement of Financial Position

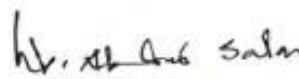
As at 30 June 2022

Particulars	Notes	Page No.	Amount in Taka	
			30 June 2022	30 June 2021
ASSETS				
A. Non-current Assets			11,928,691	12,018,146
Property, Plant and Equipment's	03.00	9	11,928,691	12,018,146
B. Current Assets			23,123,385	24,144,017
Short Term Investment (FDR)	04.00	9-10	18,048,870	15,006,074
Investment to VORD	05.00	10	-	1,722,229
Loan and Advances	06.00	11	763,056	3,447,626
Advance Income Tax	21.00	16	232,362	232,362
Cash and Bank Balance	07.00	11	4,079,097	3,735,727
C. Total Assets (A+B)			35,052,076	36,162,163
D. Current Liabilities			5,864,114	8,508,847
Income Tax Provision	08.00	11	4,614,812	4,589,640
Liability for Expenses	09.00	12	555,519	555,519
Provision for Audit Fees	10.00	12	212,590	111,390
Inter project Payable	11.00	12	-	1,475,858
Grants Payable	12.00	12-13	-	1,511,561
Other Liability	13.00	13	481,193	264,879
Net Current Assets (B-D)			17,259,271	15,635,170
Total Net Assets			29,187,962	27,653,316
Funds				
General Funds	14.00	14	29,187,962	27,653,317
Total Funds			29,187,962	27,653,317



Deputy 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

Date: 27 December 2022



Page 3

Md. Jahidul Islam FCA
Managing Partner
Enrl No:1008
Islam Jahid & Co.
Chartered Accountants
DVC: 2212271008AS881938

Partners in Health and Development (PHD)

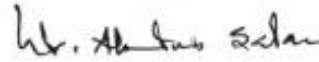
Statement of Profit or Loss & Other Comprehensive Income

For the year ended 30 June 2022

Particulars	Notes	Page No.	Amount in Taka	
			30 June 2022	30 June 2021
Income				
FDR Interest			542,796	198,476
Bank Interest			29,762	44,166
Shared Cost and Overhead Received	15.00	14	37,825,904	34,012,230
Total Income			38,398,462	34,254,872
Expenditure				
Personnel Cost	16.00	15	26,888,462	22,777,716
Office Expenses	17.00	15	3,374,873	2,363,703
Transportation Expenses	18.00	15	1,466,577	833,584
Repair and Maintenance	19.00	15	946,957	896,590
Project Expenses	20.00	15	5,012,896	1,363,939
Audit fee			101,200	101,200
Bank Charge			49,319	26,106
Depreciation			279,862	370,610
Income Tax	08.01	11	76,537	1,794,463
Total Expenditure			38,196,683	30,527,911
Net Surplus/(Deficit)			201,780	3,726,961
			38,398,462	34,254,872



Deputy 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
Date: 27 December 2022




Md. Jahidul Islam FCA
Managing Partner
Enrl No:1008
Islam Jahid & Co.
Chartered Accountants
DVC: 2212271008AS881938

Partners in Health and Development (PHD)

Statement of Receipts and Payments
For the year ended 30 June 2022

Particulars	Notes	Page No.	Amount in Taka	
			30 June 2022	30 June 2021
Opening Balance			7,183,353	5,620,437
Cash and Bank Balance			3,735,727	4,898,477
Advance to Staff and Others			3,447,626	721,960
Receipts			536,227,592	424,551,232
Bank Interest			29,762	44,166
Shared Cost and Overhead Received	15.00	14	37,825,904	34,012,230
Grant Received form Project	12.01	12	491,049,697	386,040,611
Investment Realise	05.00	10	1,722,229	-
Loan Refund from Project	27.00	17	5,600,000	4,454,225
Total Receipt			543,410,944	430,171,669
Payments				
Personnel Cost	22.00	16	25,712,567	21,888,982
Office Expenses	23.00	16	3,207,736	2,187,947
Transportation Expenses	24.00	16	1,336,299	820,583
Repair and Maintenance	25.00	16	940,848	890,754
Project Expenses	26.00	17	4,892,864	1,460,281
Audit Fee			-	202,400
Bank Charge			49,319	26,106
Grant Transferred to Project	12.02	13	492,562,757	384,529,050
Purchase of Non-current Assets			181,493	-
FDR			2,500,000	7,000,000
VAT payable payment	13.01	13	21,650	64,727
Tax payable payment	13.02	13	1,511,893	944,086
Advance tax paid			51,365	-
Land			-	2,973,400
Loan To Project	28.00	17	5,600,000	-
Closing balance			538,568,791	422,988,316
Cash and bank balance			4,079,097	3,735,727
Loan and Advances	06.00	11	763,056	3,447,626
			4,842,153	7,183,353
Total Payment			543,410,944	430,171,669


Deputy 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
Date: 27 December 2022

Page 5




Md. Jahidul Islam FCA
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