

The background of the cover features a blurred image of a hand holding a pen, poised to write on a document. The document contains various charts, including a bar chart and a pie chart, as well as a table with numerical data. The overall theme is professional and analytical, representing the organization's focus on health and development.

PHD

Partners in
Health and
Development

Annual Report 2023

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

Improving health through strengthening
management

Partners in Health and Development (PHD)

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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
Strengthening Urban Health Systems for comprehensive primary health care:.....	7
Essential MNCAH & Nutrition Services to the Rohingya Communities:	8
MNCH and Nutrition Service Delivery:.....	11
Primary Health Care, SRHR, Adolescent Health and Family Planning:	12
PHD's Academic Programme:	14
Maternal, new-born and child health, Sexual reproductive & adolescent health, Family Planning:	16
MNCH, ASRH, FP, GBV and Mental Health Psychological Support Service programming:.....	19
Community-based maternal, newborn reproductive health & rights program:	20
Sexual and Reproductive Health and Gender Based Violence prevention and response service:	23
Improving Women and Girl's Resilience to Climate Change:	25
Climate Resilient Health Systems and Communities Project:.....	25
Adolescent Sexual reproductive health and family planning program:	26
Lifting Healthy, Empowered and Protected Girls and Women in Cox's Bazar	27
Technical Assistance:	29
Assessment of Healthy Workplace Initiatives in Bangladesh:	29
Piloting of Healthy Workplace Initiatives in Bangladesh	30
Financial statements:	32
Impact Highlights:	35
Photo Gallery:	38

Abbreviation/elaboration:

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

Foreword from the Chairperson

Partners in Health and Development (PHD) has passed another year of intervention upholding its vision of creating 'An inclusive and empowered society with equal opportunity'. PHD continued its development drives based on the people's trust that it has created through its more than 30 years of intervention as a development organization.

With its true spirit of determination for a sustainable change, PHD continued to undertake context-specific interventions. To arrive at possible sustainable solutions to contextual challenges, PHD was quite vibrant in collaborating with the development partners and professionals targeting the effective implementation of its multifaceted programs. PHD remained supportive in taking steps and measurements continuing effective intervention in an adaptive manner. Alongside the existing contextual challenges, some contemporary challenges came forward. The worldwide inflation impacted the lives and livelihood of the mass people, particularly the marginalized. With the collaboration of government, private sector, NGOs, networks, and donors, PHD delivered its every bit of effort to reach the most vulnerable groups covered under its multifaceted development interventions.

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 2023 like; 'Improving Women and Girl's

Resilience to
Climate Change
(IWGRCC)

Project, 'Sexual and Reproductive Health and Gender Based Violence prevention and response service project', 'Climate Resilient Health Systems and Communities Project', also, a very time relevant intervention like; "Piloting of Healthy Workplace Initiatives in Bangladesh" with technical support from WHO.

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.



Dr. K M Rezaul Haque



Foreword from the Managing Director

The Annual Report of 2023 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, technical assistance and humanitarian response projects in districts across the country.

Community mobilization becomes the key option in bringing more people inside the development loop. Targeting to create more room to serve the different categories of disadvantaged populations, PHD continued to expand its interventions with the effective utilization of its resources both human and financial with active involvement of the community level stakeholders.

In 2023, PHD has successfully completed USAID funded and Pathfinder International managed “USAID's Shukhi Jibon Project” and Pathfinder International’s pooled funded “Women Led Climate Resilience (WLCR)” project and through this project PHD was able to increase 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 as well as provided solutions to the problems caused by climate change which has caused repetitive flooding and erosion which has adversely affected the livelihoods of women and girls.

In 2023, PHD launched UKaid funded ‘Improving Women and Girl’s Resilience to Climate Change’ with UNFPA in Bhola and Bagerhat districts, Japan International Cooperation Agency (JICA) funded ‘Sexual and Reproductive Health and

Gender Based
Violence
prevention and

response service project in Noakhali district and Swedish International Development Cooperation Agency funded ‘Climate Resilient Health Systems and Communities Project’ in Sunamganj district.

PHD believes that diversified interventions 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, National as well as local level stakeholders 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, appearing to read 'Abdu Salam'.

Abdu Salam

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



BPHC



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 organization 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

PHD is a national organization with not-for-profit identity, working in Bangladesh for 3 decades towards improving the life of the people, particularly of marginalized and less privileged. PHD operates partnerships for implementing development programs, and delivers technical assistance to government sectors and development actors in managing funds, strengthening system, developing HR, building organizational capacity, research & evaluation, emergency response, and developing professional. The organization established as a project of FCDO (previously DFID) in Bangladesh, named as Bangladesh Population and Health Consortium (BPHC) for long 16 years since 1988, and transformed into a national organization in 2005 with the vision of "Creating an inclusive and empowered society with equal opportunity".

PHD is registered with Joint Stock Company (C-524(C-524(37)/2002 as not-for-profit, dated 25-09-2002), NGO Affairs Bureau 2567, dated 29 April 2010 and renewal on 29 April 2020 (Effective up to 28 April 2030), and TIN (679393670623 (Circle-101, Zone-05, Dhaka) and VAT (0032877370101, Issue date 27 October 2020).

Eight members board governs PHD including policy formulation, providing strategic direction

and oversee program performance. Managing Director (MD) is accountable to the board through Chairperson for day-to-day operations, leadership, external relations, compliance, contacts with clients, and value for money. Senior Management Team (SMT) comprised with Additional Managing Director (AMD), Sr. Director, Sr. Deputy Directors and Deputy Directors for effective and efficient execution of programs and assignments. PHD maintains International Accounting Standard for financial accounting systems following Electronic Data Processing (EDP). The annual accounts are audited by NGOAB listed Chartered Accountancy firms.

Our core Focus:



Service Coverage

In 3 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

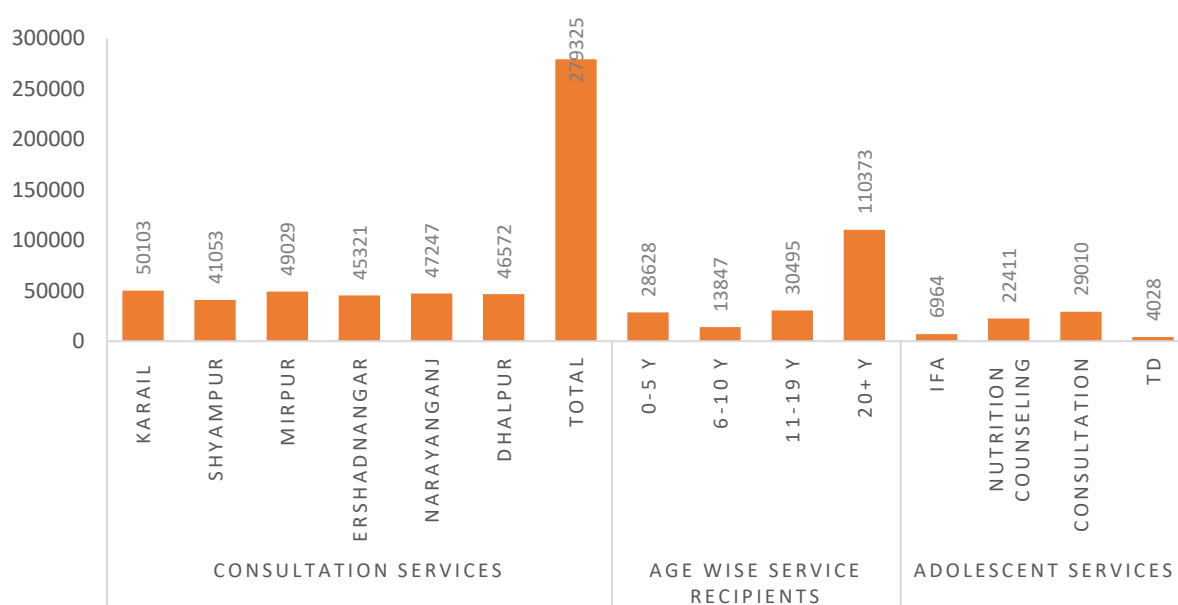
Providing emergency services to 23 refugee camps out of 32



Strengthening Urban Health Systems for comprehensive primary health care:

In support from Swedish International Development Agency (SIDA), UNICEF signed a contract with Partners in Health and Development (PHD), the lead of the consortium along with its two sub-contracted partners, to carry out the pilot implementation of the project titled “Strengthening Urban Health Systems for comprehensive primary health care for the most deprived women and children project” at 4 city corporations (CCs) in Dhaka (2 in DNCC, 2 in DSCC), 1 in Gazipur (GCC) and 1 in Narayanganj (NCC). Patient-centered digitalized PHC services (IDHP/OpenMRS+) have been introduced in selected six Aalo Clinics basing on the components of government-guided Essential Service Package (ESP).

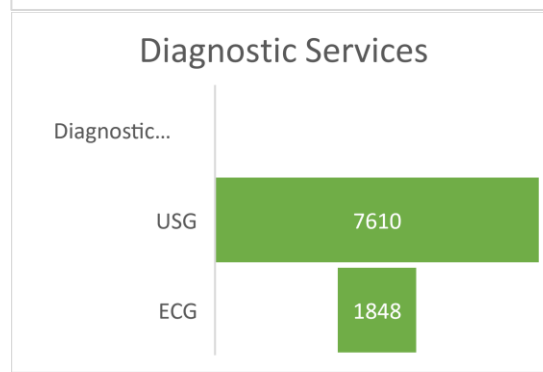
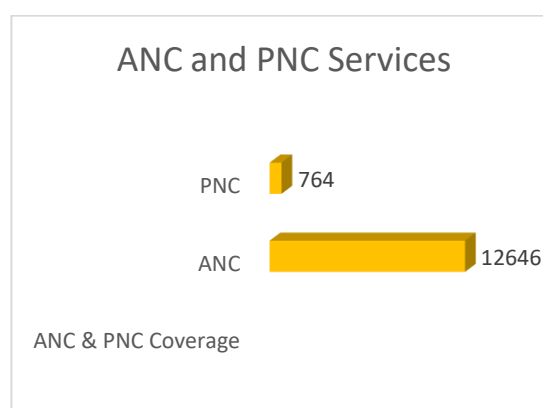
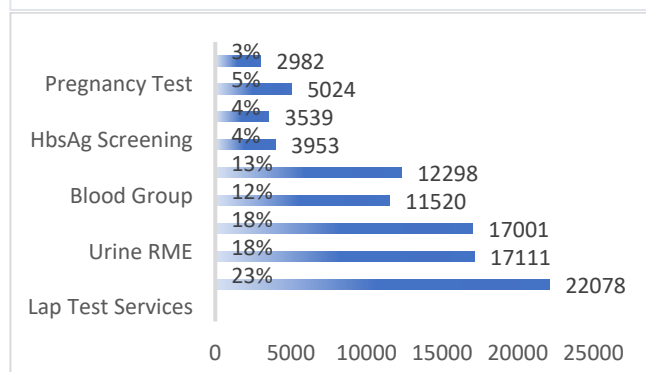
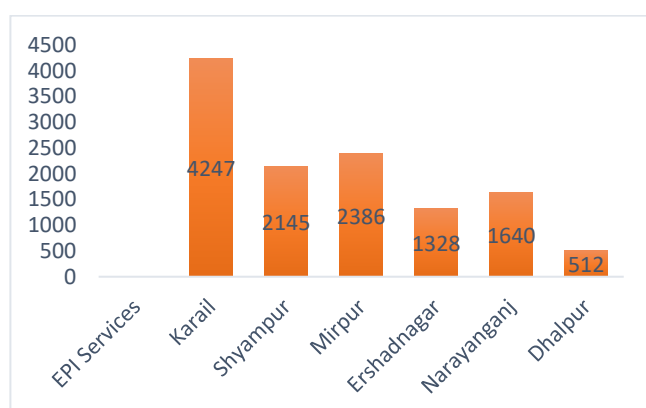
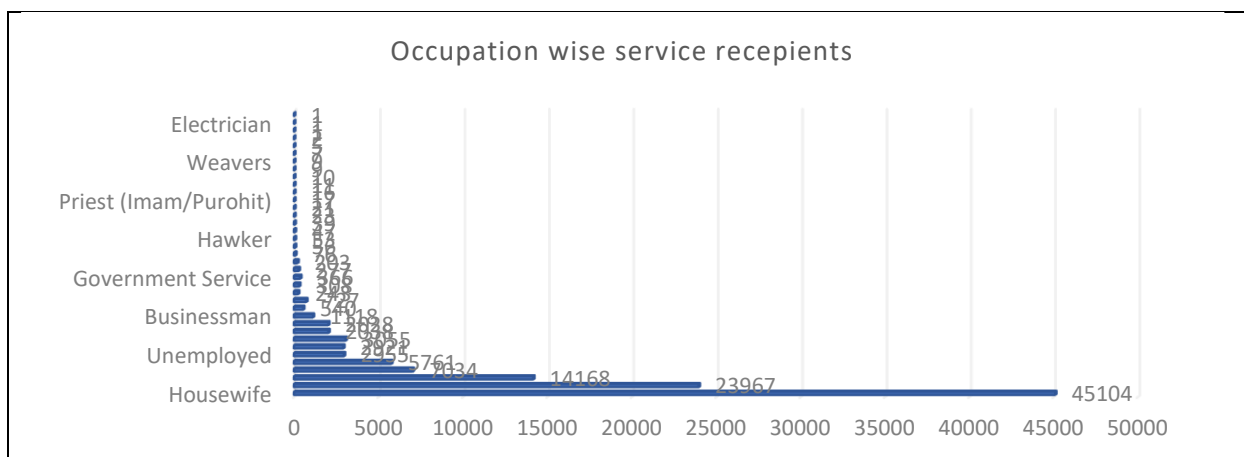
The services provided in all Aalo clinics in the reporting 2023 and recorded in IDHP are shown below in graphs and charts.



- The chart depicts that a total 279325 patients received consultation services from the Aalo Clinic whereas the highest consultation service is provided from Karial.
- Age wise service receiver reflects that 28628 belongs to 0-5 years, 13847 from 6-10 years, 30495 from 11-19 years and 110373 from the 20+ age group.
- Adolescent service covered 6964 IFA, 22411 Nutrition Counseling, 29010 Consultation and 4028 TD Vaccination.

To ensure effective service delivery of urban PHC clinics as per standards ESP guidelines, the Aalo clinic has ensured EPI services, ANC and PNC services, for accessible and cost consuming lab test Aalo clinic with support from UNICEF assured diagnostic services, lab testing facilities and improved nutrition services.

It is identified that almost people from 37 occupation received services from Aalo Clinic. Maximum number covers from housewife and student group, number of housewives is 45104, student 23967, (Preschool child 14168), also a remarkable number of garments worker received services from the clinic and the number is 7034.



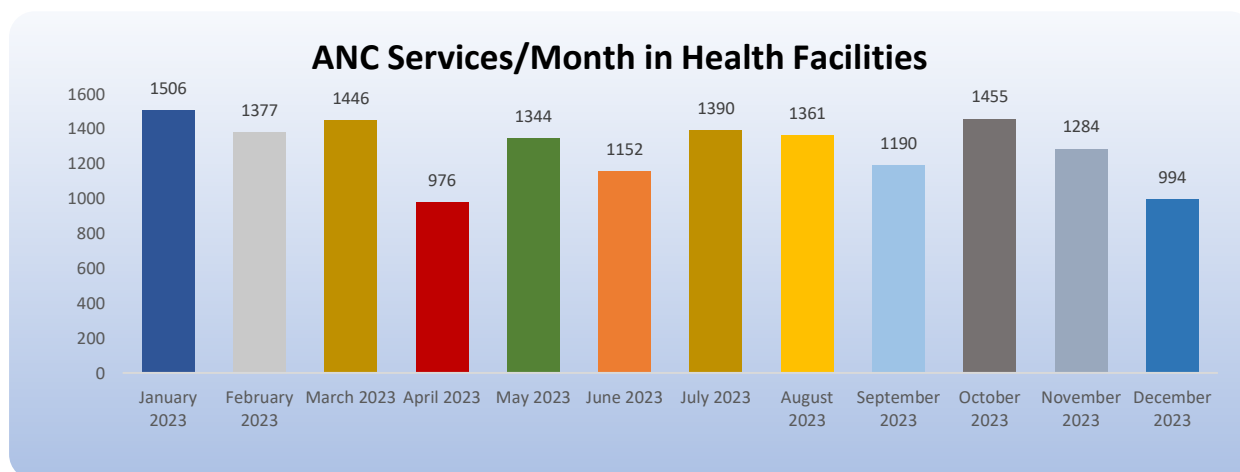
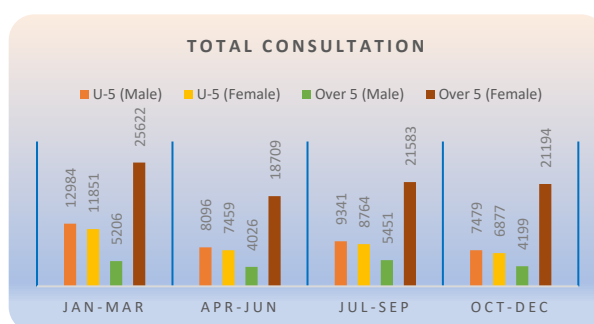
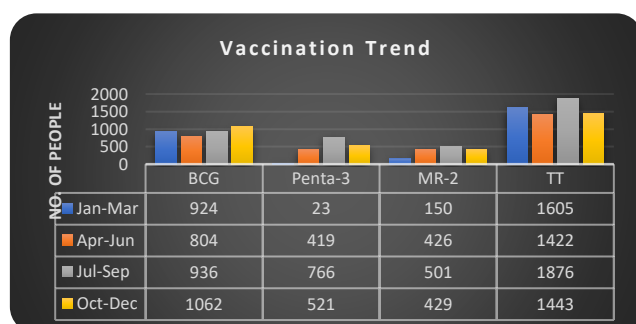
The project ensured EPI service for 12,258 children (Karail 4,247, Shyampur 2,145, Mirpur 2,386, Ershadnagar 1,328, Narayanganj 1,640, Dhalpur 512). ANC service provided to 12,646 PWs and PNC to 764 mothers. Provided pathological test for 95,506 patients that includes Blood Sugar, Urine RME, CBC Blood Group, S. Creatinine, HbsAg Screening, Lipid Profile, Pregnancy Test, ECG(1 lead). Also performed USG for 7,610 and ECG for 1,848 patients.

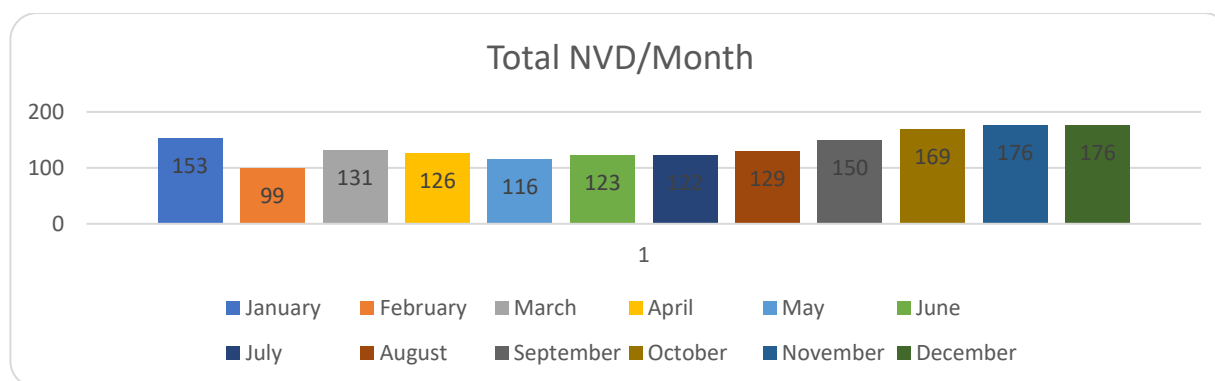
Essential MNCAH & Nutrition Services to the Rohingya Communities:

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. As advised by UNICEF, PHD pulled all the ongoing resources from UNICEF supported ongoing project of Cox's Bazar, and immediately engaged in planning process led by the Civil Surgeon.

In 2023, regular OPD and 24/7 IPD services were given by the skilled service providers. The pregnant women were provided with regular ANC checkup, counselling for breastfeeding, immunization, family planning etc. by skilled midwives and counselor. Adolescent mothers are identified for high-risk pregnancy, monitored, recommended for birth planning, and ensured facility delivery. Every month ECCD session is conducted with the mothers and caregivers where the key messages on ECCD were discussed. Also, PHD arranged the quarterly consultative meeting with the stakeholders like Majhis (Rohingya Leader) and Imams of the Camp where they discuss about the services of the health facility and took feedback about their services and received suggestions from them which helps to portray the accountability to the affected population. Referral services for critical patients were ensured by the ambulance which helped many critical patients to recover. Community team took part in Penta- TD and MR vaccination campaign, household survey for community awareness on scabies, cyclone, dengue, cholera, and COVID-19. Regular household visit by the community health workers ensured safe delivery and sick newborn and childcare.





During the year 2023, newborn management has been improved from the previous time and 1670 Normal Deliveries have been conducted in the health facilities by the certified midwives.

A total of 116,790 services given to the beneficiaries in which most of them are Female and Child. A large number of minor procedures have been done by the medical assistants of the patients who came with injuries, abscess and wound. On December 2023, PHD has transformed 1 Health Post to Primary Healthcare Center with fully equipped services available for the beneficiaries. The major reportable services which are provided by the health facilities in the year 2023 is given below:

Particulars		No. of Services
Laboratory Tests		40377
MHPSS Counseling		463
USG Tests		6741
Eye Care Service		1134
Family Planning Service	Short Acting	9889
	Long Acting	187
	Radiant Warmer	167
	Phototherapy	5
Advanced Newborn Care		

According to the Programme Document (PD) with UNICEF, PHD has provided capacity building support to the service staffs on different service-oriented topics such as: 1. Refresher training on ECCD (Early Childhood Care and Development) & SBCC (Social Behaviour Change Communication) for enhancing service providers' capacity. 2. Refresher training for CHWs (Community Health Workers) to enhance capacity on community health services. Also, with the collaboration of the Health Sector, SRH (Sexual and Reproductive Health) Sector and CHWG (Community Health Working Group), PHD has capacitated the staff's capacity by nominating the staffs in several trainings which is provided by them (i.e.: Training on Disease Surveillance and EWARS, Equitable Health Service for people with Disability, GBV case management, WHO Bangladesh Package of Essential Noncommunicable Diseases (PEN), Clinical Management of Rape and Intimate Partner Violence, Health Resources and Services and Availability Monitoring System -HeRAMS, Diarrheal Disease Case Management for healthcare professionals, Fire Safety and Clinical management of burn casualties, MHGAP, Newborn Resuscitation, Screening of Cervical Cancer by Via test, Scabies surveillance etc.). With these, PHD has contributed to providing training on PSEA (Protection from Sexual Exploitation and Abuse). The staffs were able to disseminate their learnings from the training and ensured quality service to the beneficiaries.

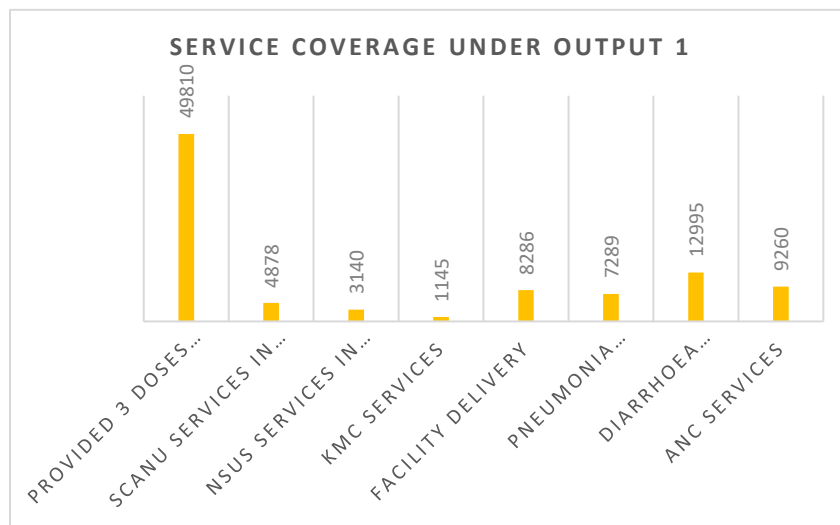
MNCH and Nutrition Service Delivery:

The HGSP project started implementation in December 2021, despite the progress on the HGSP implementation, limited resources of upazila health facilities in terms of essential supplies particularly human resources and operational support with essential logistics and power supply remain constrained, which limit the quality delivery of emergency obstetric and newborn care services. To address these challenges, there is a need to continue providing critical support under the HGSP extension until June 2024 in line with the extended GoB operational plan.

With the support of World Bank through the Health and Gender Support project (HGSP), UNICEF in collaboration with the Partners in Health and Development (PHD), has provided support for strengthening and promoting resilient health systems in the host communities. This support aims to achieve Universal Health Coverage and address inequalities, including those faced by the Rohingya refugees. The provision of quality health services is extended into the vulnerable populations of rural and hard to reach locations of five upazilas, Moheshkhali, Kutubdia, Ramu, Pekua and Chakariya Upazila in Cox's Bazar district to ensure quality health service interventions particularly focused on basic and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services for pregnant mother and initial stabilization of sick newborns including integrated management of childhood illnesses (IMCI) interventions including persons with disabilities (PWD). Additionally, the special care newborn unit (SCANU) services are strengthened through the deployment of clinical and nonclinical staff and minor renovation services. UNICEF also provides operational support with sharing the fuel, transport and maintenance cost to manage an alternate power supply to ensure functional and quality maternal and newborn services delivery at the remote upazila health facilities.

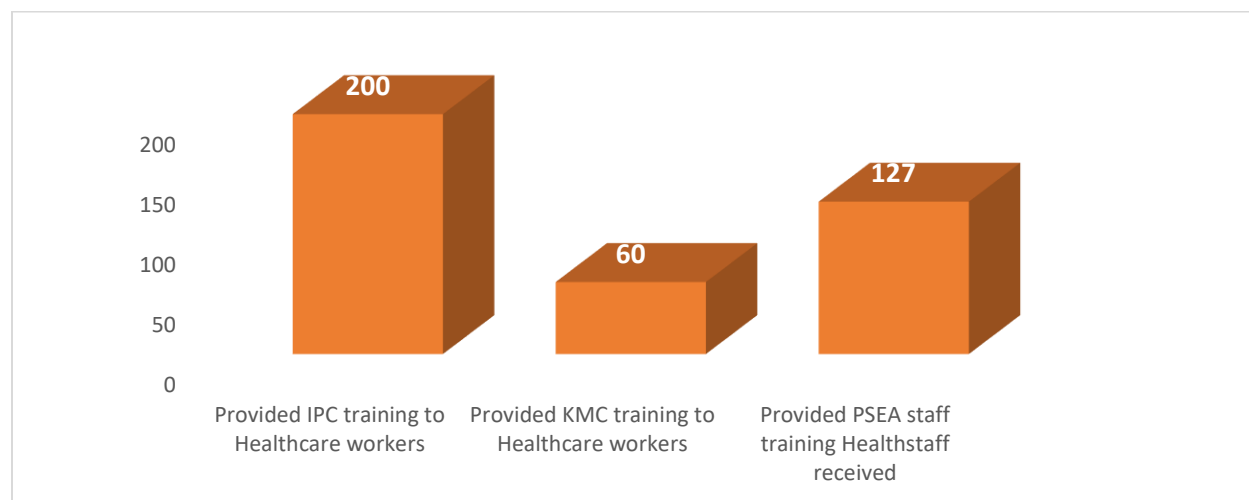
PHD has built staff capacity to manage, implement and monitor the programme interventions effectively as well as to ensure adherence to donor specific policies and rules. This includes on priority development areas such as: i) staff development through overseas and in-country training on relevant programmatic issues, ii) strengthening central MIS and M&E system, iii) Financial and Internal control mechanisms, iv) inclusion of modern technology in program interventions, v) innovative program designing and planning, vi) documentation and evidence generation, vii) professional writing skills, and viii) Mandatory Prevention of Sexual Exploitations and Abuse (PSEA) and Child safeguarding orientations for all staff. In addition, PHD promotes gender-sensitive organizational culture irrespective of race, ethnicity, religions, different social groups and supports diversity and a discrimination free and women friendly safe working environment.

Service coverage under PD Output 1: The health system is strengthened to provide access to continuous comprehensive Maternal, Neonatal, Child and

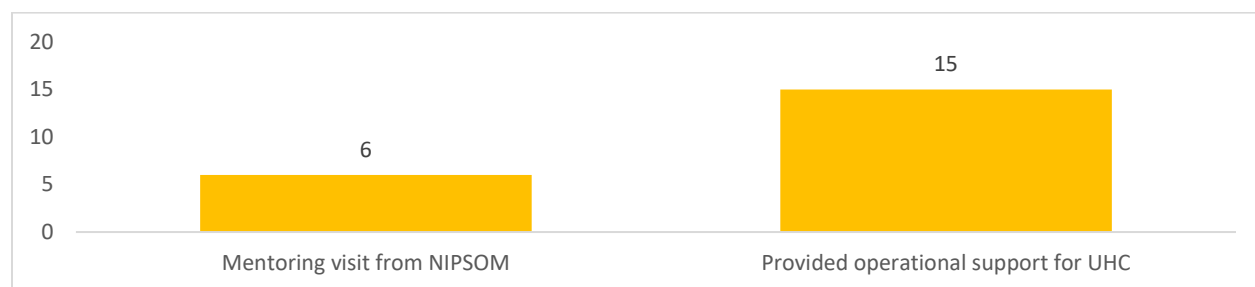


Adolescence Health (MNCAH) and Nutrition services through the delivery of Essential Service Packages (ESP) for Host communities through the recruitment and placement of staffs at UHCs.

Service Coverage under PD Output 2: The health system is strengthened to provide access to continuous Comprehensive Maternal, Neonatal, Child and Adolescence Health (MNCAH) and Nutrition services through the delivery of Essential Service Packages (ESP) for Host communities by strengthening quality improvement (QI) initiatives, providing operational and coordination support.



Service coverage under Program Output 3: The health system is strengthened to provide access to continuous Comprehensive Maternal, Neonatal, Child and Adolescence Health (MNCAH) and Nutrition services through the delivery of Essential Service Packages (ESP) for Host communities by strengthening quality improvement (QI) initiatives, providing operational and coordination support.



Primary Health Care, SRHR, Adolescent Health and Family Planning:

PHD has been providing intensive support for the Rohingya refugees since the beginning of the influx. Along the way, PHD started as an implementing partner of Save the Children and from 2021, DFAT 3 project is being implemented successfully. In Rohingya camp 17 and 18, two PHD-SCI Health Posts (UID 168 & UID 178 respectively) are successfully providing primary healthcare services by trained medical personnel.

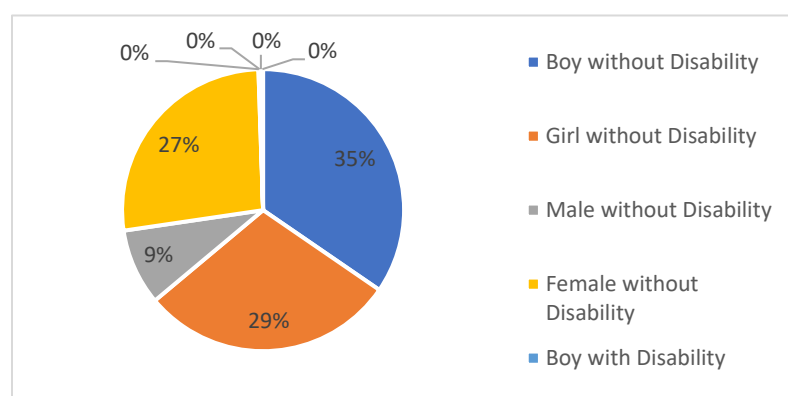
Reached Beneficiary Repeatedly (Consultation Data)		
# Of Children_0 to 5 Year		
# Of Male	11,715	22,006
# Of Female	10,291	
# Of Children_5 to 10 Year		

The general illnesses along with integrated services like MHPSS, C-MAMI and Growth Monitoring and Disability inclusion. Apart from these, outreach services provided by the CHWs play vital roles in the catchment areas in terms of message dissemination, patient identification, counselling and referral. Diligent efforts of the health posts' staff and efficient medical care with quality service visibly brought positive changes in health seeking behavior of the beneficiaries.

This includes SRHR, MHPSS, and rehabilitation services. To achieve this, health facilities have been established to provide quality and equitable life-saving services. Peer support networks for adolescents and a disability support committee are being strengthened to serve as community change agents. The project also aims to enhance access to humanitarian services, including rehabilitation and referral services, and to increase service uptake through community mobilization and outreach activities by Community Health Workers (CHWs).

# Of Male	2,811	5,331
# Of Female	2,520	
# Of Adolescent_10 to 19 Year		
# Of Male	1,693	6,636
# Of Female	4,943	
# Of Population_20 to 60 Year		
# Of Male	3,745	29,556
# Of Female	25,811	
# Of Population_60+ Of Age		
# Of Male	1,935	3,660
# Of Female	1,725	
# Of Disable Population		
# Of Male	198	367
# Of Female	169	

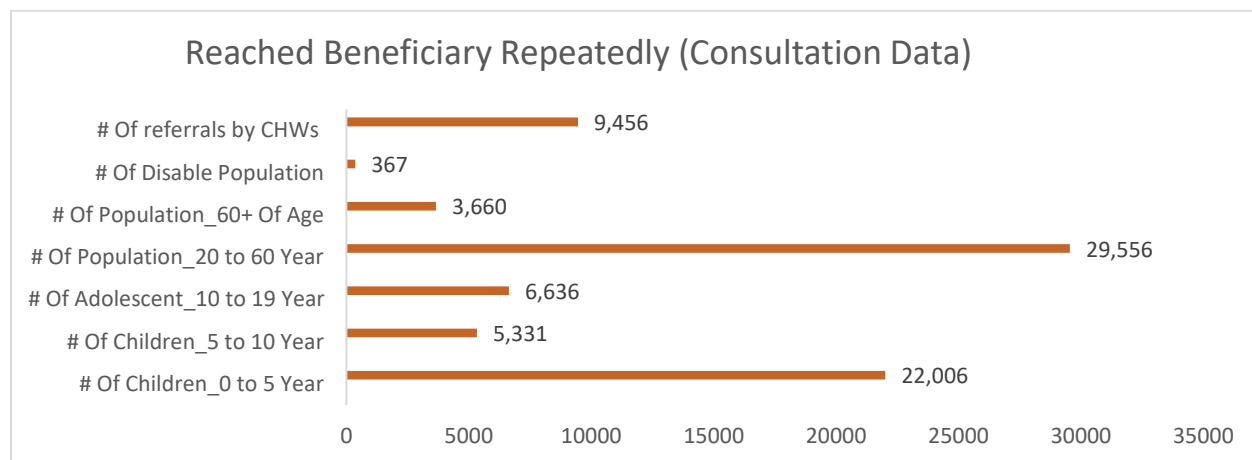
Number of referrals by CHWs for OPD, IPD, SRH, IYCF-E, MHPSS consultations and Immunization from community to the health facilities (disaggregated by disability, gender and age):



Boy without Disability	3269
Girl without Disability	2775
Male without Disability	828
Female without Disability	2534
Boy with Disability	8
Girl with Disability	9
Male with Disability	19
Female with Disability	14
Total	9,456

The program has achieved commendable results across key outputs, demonstrating its impact on community health and well-being. A total of 67,189 primary health care consultations reflects robust community engagement and provide insights into health-seeking behavior where 367 people were Disable. The program's focus on psychosocial and mental health needs has reached diverse demographic groups effectively. The CMAMI program, despite facing challenges, positively impacted mother-infant pairs. Community Health Workers (CHWs) facilitated 9,456 referrals, showcasing outstanding success in outreach and engagement. Disaggregated data allows for comprehensive evaluation and continuous

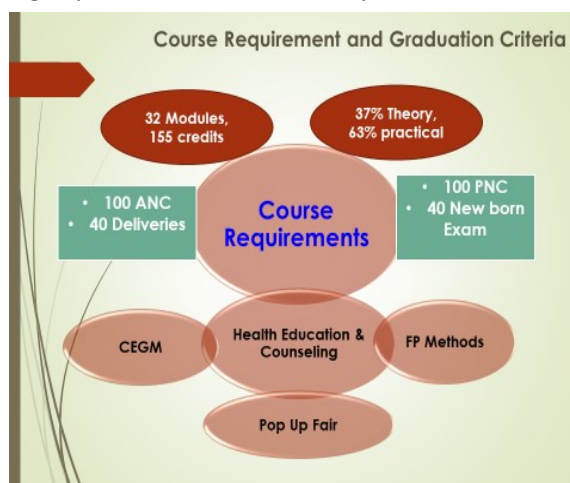
monitoring, emphasizing the program's resilience and adaptability. Overall, the program efficiently utilizes resources, contributing significantly to community health and well-being.



As part of our capacity-building intervention, several training sessions, orientations and refreshers were provided to staff from various sources, including the health sector, SRHR and CHW working groups, specialized implementing partners, Save the Children and within the organization itself including on job training. These sessions aimed to enhance the skills and knowledge of our team. The training content was then cascaded down to field staff and volunteers, ensuring that they also benefited from the capacity-building efforts. This comprehensive approach has strengthened our overall service delivery. These efforts reflect our commitment to continuous learning and professional development for our staff and volunteers.

PHD's Academic Programme:

PHD's Diploma in 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 Course 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 examination, offered by the Bangladesh Nursing and Midwifery council, during the course each Midwifery student clinically practices in a medical college Hospital or other designated health facilities performing the following tasks independently. These are:



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

- 100 Neonatal Care

In 2012, PHD initiated 3-years' Diploma in Midwifery Education in collaboration with BRAC University (BRACU) under Foreign, Commonwealth & Development Office (FCDO), UK Government funded Developing Midwives Project (DMP) and operated the Academic Sites independently in Khulna. The project was designed with a 'hub and spokes' approach, where BRACU acted as the hub with the responsibility for leading and driving, and other six organizations acted as spokes with responsibility to operate their respective Academic Sites. The project was extended for another phase based upon the achievements and lessons recognizing the importance of sustainability in past 2021 period.

During 2012 to 2021, PHD has gained lot of experiences from its partner BRAC University with funding support from UKaid. Then PHD has successfully implemented DMP-I & II with the HUB & Spoke model. PHD was lucky enough to get an opportunity in working with Auckland University and gained massive knowledge and experience in maintaining the ICM standards. As a result, PHD has achieved the guideline through the experience gained from there and got the courage to run institute as an independent organization with high moral and standardized values. PHD's academic site is on the way for admission of 11 batch, in the meantime the academic site has successfully accomplished 7th batch with 30 students who will get license very soon from BNMC.

Batch wise graduated and currents students' status of DMP		
Batch	Number of Students	Present status of graduates
1 st Batch	30	Obtained government job at different UH&FWCs and Upazila Health Complexes Engaged with private Job at Midwifery-Led Centre (MLC) and NGOs
2 nd Batch	30	
3 rd Batch	28	
5 th Batch	30	
6 th Batch	32	After completion Internship they were eligible for appearing of license examination
7 th Batch	30	
8 th Batch	30	Taking preparation for 3 rd year final examination
9 th Batch	30	Taking preparation for 2 nd year final examination
10 th Batch	30	Continuing study and to take preparation on 1 st year final examination
11 th Batch	30	Waiting for enrollment of next batch (11 th Batch) student

PHD diploma in midwifery programme successfully accomplished 9th and 8th batch year final examination and internship for 7th batch in different government health facilities for licensing. Finally, our all students and graduate midwives maintained 100% pass rate in licensing exams and year final examination organized by BNMC.

Milestone of PHD's Diploma in Midwifery Institute:

PHD Midwifery Institute completed 7 batches of Diploma Courses, and presently continuing 4 batches. The institute enrolled a total of 330 students in 11 batches during the period of last 13 years, out of which 210 students were successfully graduated and got their license from BNMC, and 120 students are continuing their study.

One of the expected outcomes of the academic program is to ensure utilization of midwifery services in reducing maternal and neonatal deaths in Bangladesh, and as a part of this endeavor, the institute

produced significant achievement in promoting employment of all 180 licensed midwives in different sectors, such as-

- ➔ Public Health System absorbed **55 midwives**, who are being deployed in different Upazila Health Complexes (UHC) in Bangladesh;
- ➔ PHD appointed **90 midwives** for the Primary Healthcare Centers (PHCs) under the Rohingya response project in Cox's Bazar;
- ➔ PHD deployed **29 midwives** in District Hospital, MCWC, UHC & UH&FWC under UNFPA supported the health system strengthening project in Noakhali and Bhola char-fashion.
- ➔ PHD recruited **2 midwives** as Junior Instructor of PHD Midwifery Institute
- ➔ PHD promoted self-employment of **4 midwives** through initiating Midwifery-led Care Centers (MLCC) within a hard-to-reach UH&FWC in Dumuria, Khulna
- ➔ Maintained **100% pass rate** of all graduate students in licensing examination organized by BNMC (1st, 2nd, 3rd, 5th, 6th & 7th batches)
- ➔ **100% pass rate** of all batches students in year final exams organized by BNMC (7th, 8th and 9th batches).

JPGSPH of BRACU arranged six monthly faculty development training in collaboration with Auckland University of New Zealand where PHD's faculty members received specialized training that made them competent enough for facilitating quality education of midwifery diploma. PHD has ten Nursing post graduated teachers and they regularly update their knowledge with support from Auckland University through e-Learning course and mock-test in every month.

On the other hand, PHD, as the 'spoke', carried out the responsibility of recruiting students, maintaining the training infrastructure including teaching, residential and recreational facilities, hosting the faculty, organizing clinical placement of the students, and ensuring delivery of the Diploma courses. During the period, PHD concentrated on developing intuitional capacities to deliver the Diploma courses at ICM standard, and to obtained accreditation from BNMC as an independent Midwifery Institute. Student's yearly examination result at a glance who are studding here;

- Total students' admission 330. Total batch 11, number of licensing passed 210, Public Service employed 60, employed non-government organization 170.
- Last batch (30 students who have completed their course) obtained the result 2 (A+) 19 (A), 9 (A-).

Maternal, new-born and child health, Sexual reproductive & adolescent health, Family Planning:

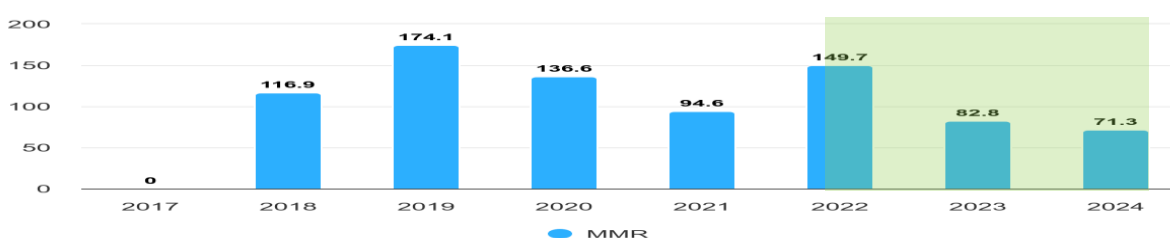
The Swedish Postcode Foundation funded Midwifery-led Health Services for the islands people in Bangladesh (MLHS) project has been implementing by PHD to develop a community led model that improves the health status of the hard-to-reach and marginalized island communities by increasing accessibility, coverage, comprehensiveness and sustainability of the Union Health and Family Welfare Centre (UH&FWC).

UH&FWCs were not functional due to lack of human resources in the project locations. After starting the MLHS project, skilled midwives and medical assistants have been on-boarded and they provided health support to the Char people. In total 38277 patients received Essential Health Service Package (ESP), 8106

eligible couples receive family planning support and 489 (Sakuchia 445 & Kukri Mukri 44) Normal Vaginal Delivery (NVD) support from the UH&FWC during the project period. In addition, 406 vulnerable pregnant women received cash support for taking advance treatment during the delivery time. Currently above 71% of births are attended by the skilled health personnel in the project areas. Project also organized satellite clinics in the remote and neighboring unions that also helped increase service availability. Women in the community are now feeling more comfortable to seek ANC, PNC and midwifery service from the facility. It was also found that currently 62% of pregnant women received four or more ANC check-ups and 68% of mothers received two or more post-natal check-ups from the skilled health personnel. The project also established a strong Complain Feedback Mechanism (CFM) to improve the quality and accountability of service delivery.

Reduction in Maternal and Infant Mortality

Though as part of this study a short survey was conducted alongside a number of qualitative data collection strategies, however, to observe the potential overall impact of this project, a larger authentic data set need to be analyzed. To that goal, the maternal indicator reporting dataset at the Directorate General of Health Services (DGHS) dashboard has been utilized to observe if any changes has happened.

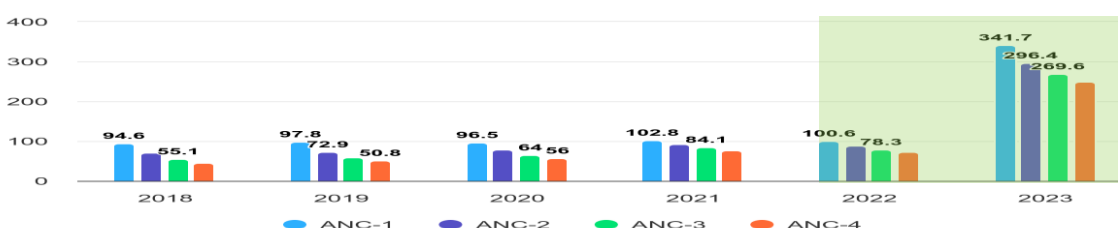


Maternal Mortality Rate by years in the Char Fashion Upazila (Source: [DGHS Indicator Dashboard, April 2024](#)) (from project learning document)

In DGHS's maternal indicator reporting data, it has been observed that the Maternal Mortality Rate (MMR) has been significantly decrease in Char fashion Upazila (Figure 6) and in Monpura Upazila (Figure 7) from 2022/2023 to 2024. Though this is a collective data and doesn't specify as exclusive achievement of MLHS project, however, MLHS project surely contributed to this achievement.

Increased Service Uptake trends

The data reported in Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) databases shows increase in service uptake for the project supported Upazilas. As MLHS project put significant effort on ensuring ANC and PNC, it may have contributed to the overall increase in Upazilas' performances.



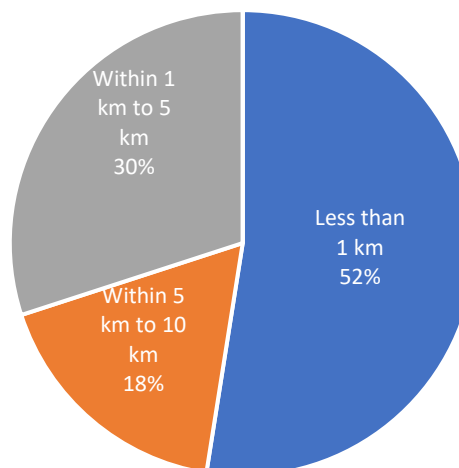
ANC service uptake trends observed upwards for the Char Fashion Upazila (source: [DGHS Indicator Dashboard, April 2024](#)) (from project learning document)

As depicted in the figure above, Antenatal care (ANC) service uptake has been significantly increased in Char fashion Upazila – nearly three times in all four ANCs in 2023 in comparison with 2022. Though the data did not substantiate in what percentages are those ANCs home delivered, and facility based, the significant increase during the project implementation years could be considered as meaning to the implemented activities including community mobilizations, promoting institutional delivery and service uptake and supporting with making the service available at the union and community level facilities and service points.

Increased availability of health services through skilled health service providers

As the project areas are very remote, water locked and isolated, ensuring quality health service within people's reach is a key breakthrough. As the study team found, the service provisions were either non-existent or limitedly available prior this project. The existing GoB health facilities are not always nearby and, in the remote geographic set up, not having the facilities adequately functional poses significant loss in confidence and therefore negatively impact people's service seeking behavior.

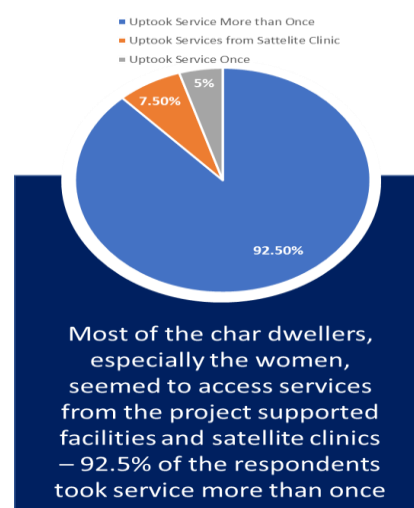
As the data presented in the chart, though most (52%) of the people live in the close proximity (within 1 km) of the service facilities and 30% people live within moderate proximity (within 1 to 5 km) who has some difficulties (such as, vehicles are not available from their doorsteps and often required 1~2 km or more hiking before boarding autorickshaws). And, for the 18% of the people surveyed lives over 5 km away from the facilities, for whom the transportation is more complicated and often required multiple vehicles with higher cost implications. Though, further investigation revealed that, the Community Health Volunteers (CHVs) regular reach-out supported them greatly to plan service uptake and provisions such as 'tele-counselling' helped limitedly, however, in the absence of this project, they will suffer greatly. Moreover, these differences are often area specific and, in some areas, (such as Dhal Char, remote part of Char Kukri Mukri and South Sakuchia) people suffers.



the average distance of health facilities from the respondent's household (from project learning document)

Improved access and utilization of healthcare services

The project delivered the essential services outlined in the citizen charter of UH&FWCs ensuring improved access and utilization of healthcare services of the target population. During project period a total 38277 patients (33209 female and 5068 male) served with essential service package form the project supported UH&FWCs. Beside the midwives have already conducted 489 NVD at respective UH&FWCs in the project period. The Project supported services



Service uptake Pattern from MLHS Project (from project learning document)

included, as found, 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.

The following chart presents the types of service uptake and the overlapping percentile verify that the individuals took services multiple times – that illustrated the critical nature of the Project’s interventions and how critically the char dwellers depend on it.

MNCH, ASRH, FP, GBV and Mental Health Psychological Support Service programming:

BMZ funded project has been implementing for Promotion of resilience of host communities in Ukhiya and Teknaf of Cox’s Bazar district, Bangladesh, through strengthening the local Health and Child Protection Systems and income generating opportunities by 2024. Specially through the health intervention; public health providers and community-based health promotion are strengthened for effective and accessible primary health care, Including MHPSS services, for host communities.

Through counselling, have successfully referred diverse patient cases to upazila hospitals, resulting in a notable increase in the utilization of healthcare services. Couples actively sought family planning services from government hospitals, showcasing the effectiveness of the counselling provided. CHWs successfully raised awareness among adolescent girls about physical and mental health care, self-monitoring, and the availability of healthcare services in government institutions. The community is well-informed about the bene-fits and availability of family planning services, both self/independent methods and those pro-vided at Family Planning Welfare Centers (FWC). Through group meetings and home visits, have significantly contributed to the provision of counselling and health services. Assisted 212 expectant mothers in receiving institutional delivery, provided postpartum care for 5 mothers, ensured healthcare for 212 children, and facilitated 18 mental health services. A total of 29691 individuals, including 21458 women, 3232 men, 2646 boys, and 2355 girls, are receiving health services in health service centers. The commend-able efforts of health activities have led to in-creased healthcare uptake,

Reached Beneficiary		
# Of Children_0 to 2 Year		
# Of Male	3588	7234
# Of Female	3646	
# Of Children_2 to 5 Year		
# Of Male	2849	5757
# Of Female	2908	
# Of Children_5 to 10 Year		
# Of Male	2832	5720
# Of Female	2888	
# Of Adolescent_10 to 19 Year		
# Of Male	3047	6155
# Of Female	3108	
# Of Population_20 to 60 Year		
# Of Male	3389	33222
# Of Female	29833	
# Of Population_60+ Of Age		
# Of Male	112	1039
# Of Female	1027	
# Of Disable Population		
# Of Male	5	17
# Of Female	11	

80% of Women in 11 Unions will have contact with a medically trained service provider (Family Welfare Visitor, doctor, etc.) within 2 days of delivery by project end 12/2024. Community-

improved family planning awareness, and enhanced maternal and adolescent health outcomes within the community.

Union Health and Family Planning Welfare Centers (UH&FWCs) play a crucial role in providing delivery facilities. With effective training for doctors and midwives, UH&FWCs are contributing to increased institutional deliveries. The ongoing expansion to additional unions promises further advancements in maternal healthcare. The encouragement of referrals for institutional delivery and enhanced PNC services contributes to a safer and more supportive birthing environment for mothers. The strategic involvement of CHWs in counselling and community engagement has led to tangible improvements in maternal and neonatal care. The success in increasing government health service uptake, promoting institutional deliveries, and expanding delivery facilities through UH&FWCs showcases the positive impact of targeted interventions. Future plans to implement UH&FWCs in additional unions hold promise for further advancements in maternal healthcare within the community.

based individual and group counselling for breastfeeding mothers is accepted and sustained by local CHWs and peer mothers.

However, in this project period, project team conducted 4 youth assembly with 426 youths aged between 10 to below 18 years (Girls: 173, Boys: 253) and 36 orientations and 360 regular meetings on Adolescents, Sexual and Reproductive Health (ASRH), GBV through using flipchart with 36 adolescent groups aged between 10 to below 18 years (Girls: 251, Boys: 261).

Besides, the project team also conducted 18 folk-songs, 18 street drama, 13 AV van show and film show, 20 cable tv broadcasting, 26 radio broadcasting with a total of 44,346 individuals (Girl: 5,632, Boy: 2,733, Female: 30759, Male: 5,222) and organized 21 mothers' assembly with 1774 pregnant women and 581 lactating mother with the assistance of government family planning department and youth assembly with the assistance of Local Government at community level to aware all community people on ASRH, GBV, SRHR and MNCH.

Community-based maternal, newborn reproductive health & rights program:

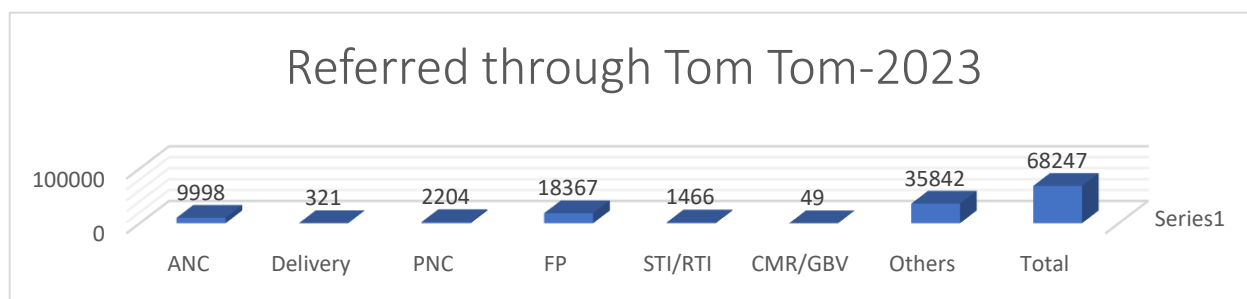
PHD has been implementing the MNRHP project, in collaboration with the UNFPA for the Rohingya and host communities in 20 FDMN camps and 5 adjacent unions of Ukhia and Teknaf sub-districts since 2018. To ensure the sexual and reproductive health and rights of the respective communities, MNRHP covers seven indicators (e.g., Maternal Health, Neonatal Health, Adolescent Sexual and Reproductive Health and Rights, Family Planning, GBV, STI/RTI and HIV and Maternal Mortality) for sensitizing the community and raising awareness through mobilization activities. Along with the mobilization activities, through five multiple-activity centers, PHD is educating selected adolescents through different structured thematic sessions. On top of that, CHWs are also making referrals to the nearest facility for proper and timely treatment. As a part of effective referral, The Community Referral Support Services (CRSS) is dedicated to ensuring the provision of high-quality services at the time of referral, particularly for pregnant mothers, children, and individuals with urgent healthcare needs, to maximize the benefits of this service for the community.

Demographic overview of the camp areas								
Total Population		Children under 5 Years Old		Adolescents		Lactating Women	Pregnant Women	Eligible Couple
Male	Female	Male	Female	Male	Female			
74156	78687	8890	8797	15583	16195	8743	2098	23734
152843		17687		31778				

Demographic overview of the Host areas								
Total Population		Children under 5 Years Old		Adolescents		Lactating Women	Pregnant Women	Eligible Couple
Male	Female	Male	Female	Male	Female			
134924	139138	18195	21481	22175	26679			
274062		39676		48854		9306	2152	43602

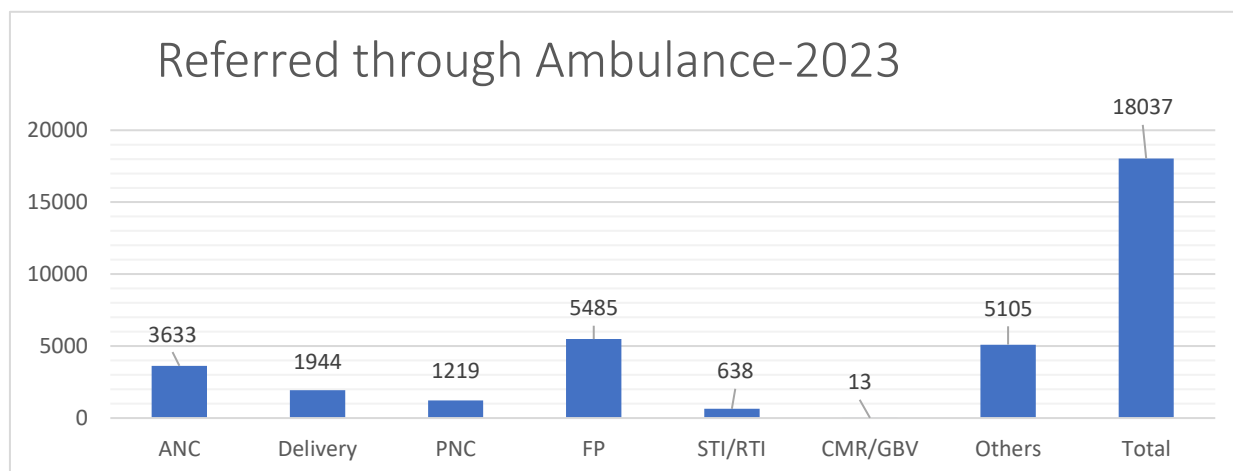
In an effort to raise awareness and sensitize women of reproductive age, adolescents, and caregivers, PHD has successfully organized comprehensive discussions in 20 FDMN camps and 5 host communities. These discussions involved a diverse group of stakeholders, including men, women, religious leaders, and community leaders. The initiative aimed to address crucial health issues and promote informed decision-making within these communities. By engaging diversified participants, PHD ensured that the discussions were inclusive and reflective of the community's needs and perspectives.

The active participation of religious and community leaders played a significant role in fostering trust and facilitating open dialogue, thereby enhancing the effectiveness of the awareness campaign. During this period, PHD conducted 252 group discussion sessions with pregnant and lactating women, 113 advocacy meetings with married young men, 100 advocacy meetings with senior female family members, 80 advocacy meetings at the community level with adolescent boys on health, nutrition, hygiene, the disadvantages of addiction, and MHPSS. Additionally, 88 participatory dialogues, 40 round-robin discussions with female RHAG members, 80 visual awareness sessions, 75 monthly awareness sessions, and 88 awareness campaigns were conducted across 20 camps.

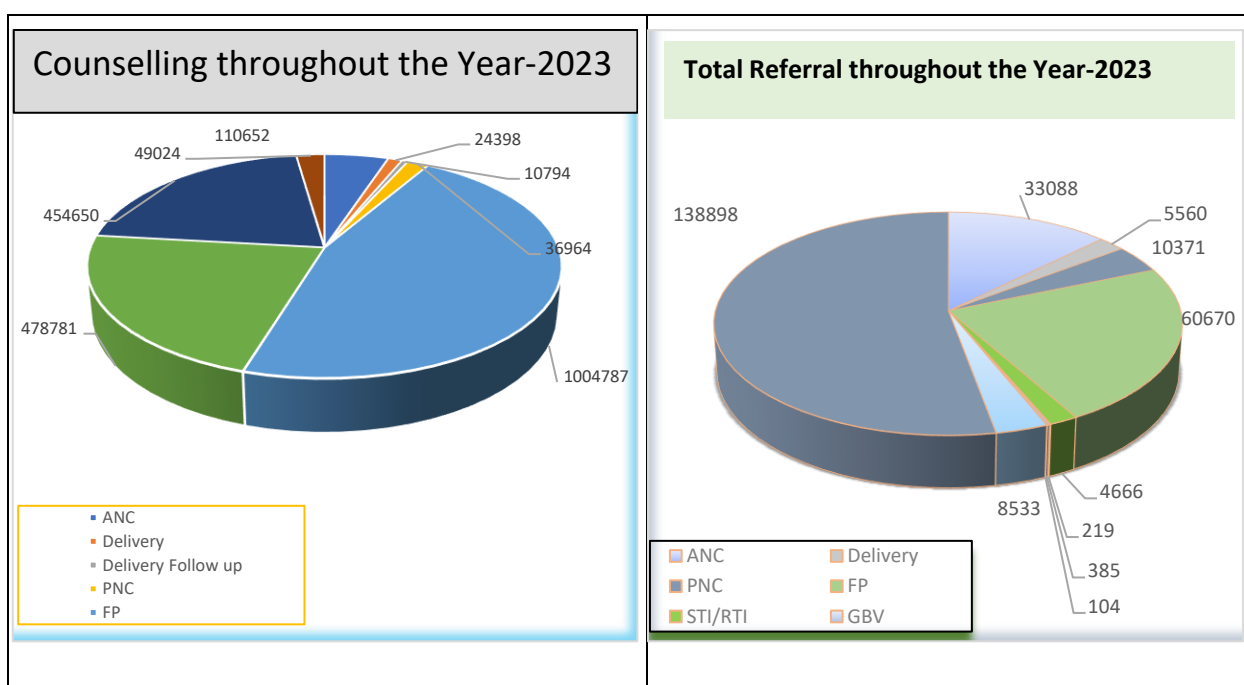


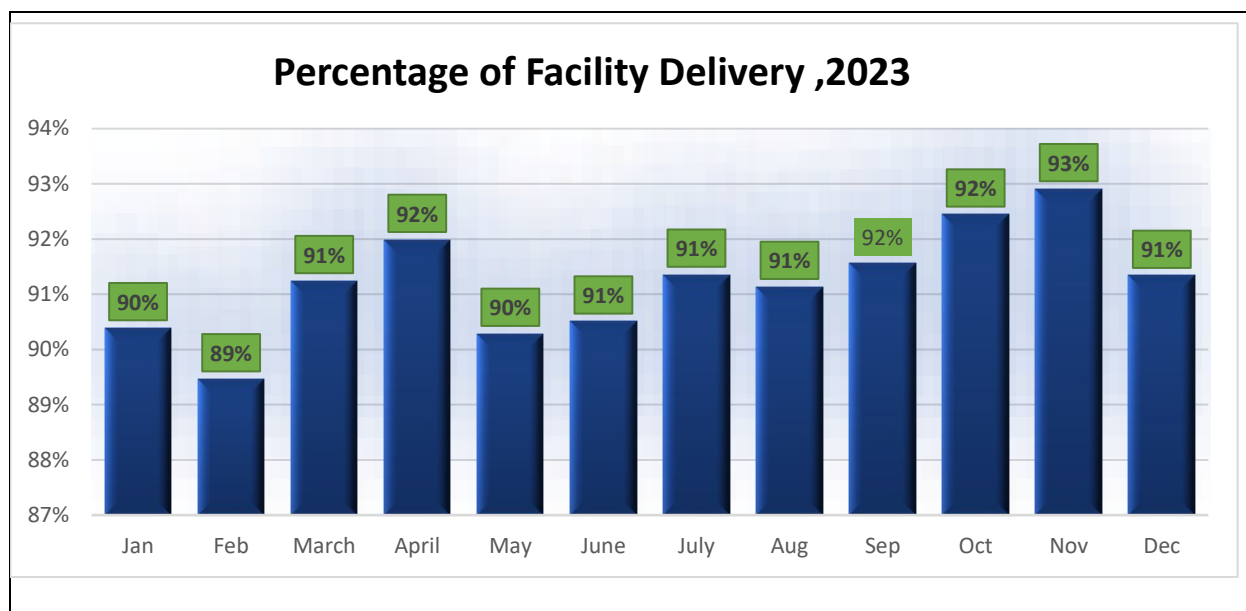
PHD also conducted 15 sessions in 5 camps with selected adolescent boys, 75 sessions for adolescent and youth couples, and weekly sessions on life skills, SRHR, first aid, and personal hygiene with 500 adolescent girls at 5 Multiple Activity Centers (MAC). Moreover, PHD operates a community-based referral support service using 8 Tomtoms and 2 CNGs to transport general obstetric patients to health facilities. In 2023, a total of 68,247 individuals (6,693 males and 61,554 females) were referred to various health facilities for SRHR and other services. Additionally, PHD supports patients in the advanced stages of complicated pregnancies through two ambulances. During this reporting period, these ambulances facilitated the referral of 18,037 individuals (889 males and 17,148 females) from the community to health facilities, ensuring they received the necessary care. Through these efforts, PHD has made significant strides in educating and empowering women, men, and adolescents, providing them with the necessary knowledge and resources to make informed choices about their reproductive health.

We have successfully achieved our key targeted health indicators, which are significantly enhancing community well-being. This accomplishment reflects our commitment to comprehensive health care, effective community engagement, and targeted interventions. During this reporting period in the PHD coverage area, 96% of women attended at least four antenatal visits during pregnancy, and 91% of deliveries were conducted at health facilities. Additionally, 47% of women received three postnatal visits within six weeks of delivery, 100% of adolescents improved their knowledge of comprehensive sexual and reproductive health and rights (SRHR), 51% of women and girls from reproductive age group were referred for family planning services, and 84,220 individuals received mental health and psychosocial support (MHPSS) counseling. It is noteworthy that all the indicators successfully met their targets. This year we



have started to conduct exit interviews as a part of Accountability to Affected Populations (AAP) where a total of 509 beneficiaries have participated and out of them 316 expressed, they were very satisfied, 138 mostly satisfied, 39 was neutral, 12 were somewhat dissatisfied & 4 persons reported very dissatisfied and the overall weighted mean score is 89%.





The capacity development initiatives aim to enhance the knowledge and skills of Community Health Workers (CHWs) in comprehensive Sexual and Reproductive Health and Rights (SRHR) to ensure community awareness and effective referral systems. Additionally, the comprehensive training program seeks to improve the capabilities of project staff across multiple areas. This domain commenced with a two-days Training of Trainers (ToT) on Psychosocial First Aid (PFA) and basic emotional skills for CHW supervisors. To promote and exchange successful initiatives, a workshop is organized to discuss achievements in SRHR and Family Planning through mobilization activities. Furthermore, a daylong training session on Protection from Sexual Exploitation and Abuse (PSEA) and safeguarding was conducted for all project staff. This is followed by a one-day cascade training for CHWs focused on PFA and basic emotional skills. Subsequently, two-day training on basic Gender-Based Violence (GBV) messages and referral pathways is specifically organized for project staff. Additionally, a two-day adaptation workshop was held to develop a Mental Health and Psychosocial Support (MHPSS) module for CHW training in collaboration with the MHPSS Working Group and the ToT team. Thus, a series of capacity-building activities were conducted to support staff development and the well-being of the project.

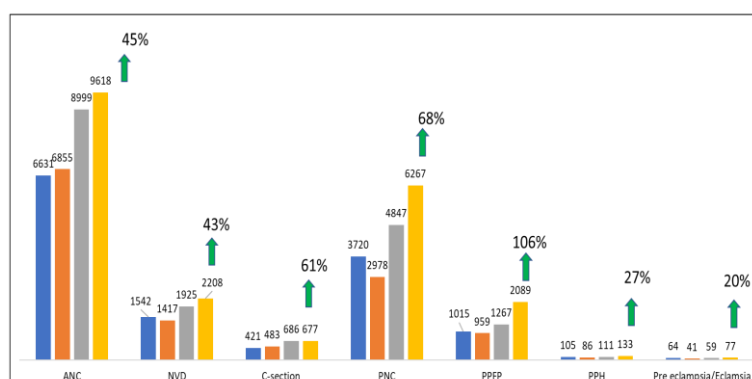
Sexual and Reproductive Health and Gender Based Violence prevention and response service:

PHD is implementing the project with support from Japan International Cooperation Agency (JICA). The overarching goal of this project is to provide equitable Sexual and Reproductive Health (SRH) care and Gender Based Violence (GBV) prevention and response services to the communities in the Sadar and Hatiya Upazila of Noakhali district by strengthening the health system to provide 24/7 BEmONC and CEmONC services including access to continuous comprehensive MNCAH and SRH services. The specific objectives are- To ensure functional 24/7 high quality CEmONC services at Noakhali 250 Bed General Hospital, To improved provision of high quality basic and emergency obstetric services at Hatiya Upazila, To strengthened union facilities with 24/7 safe delivery and initial stabilization of obstetric emergencies especially PPH, Severe pre-eclampsia and Eclampsia, To enhance availability of integrated SRH&GBV

information and services, including post-partum family planning & contraception and To strengthened effective referral of obstetric emergency cases.

The project ensured facility readiness to strengthen 24/7 EmONC services by providing 48 items of medical supplies and essential logistics (cesarean section set, normal delivery set, autoclave machine, CTG machine, infant warmer, surgical diathermy machine, sucker machine, MVA kit, spotlights, fetal doppler, baby weight scale, HBB kit, vacuum extractor, PPH & Eclampsia kit box, colposcopy table, labour table etc.). Placed Billboard, Citizen Charter and Suggestion Boxes for project supported service access and visibility. Besides, the Labour Complex and FDMN unit of Noakhali District Sadar Hospital completed its functional renovation and refurbishment work to create a conducive environment for the MNH patient. The project capacitated a total of 60 Health Personnel with “Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Emergencies (SRHiE) training.

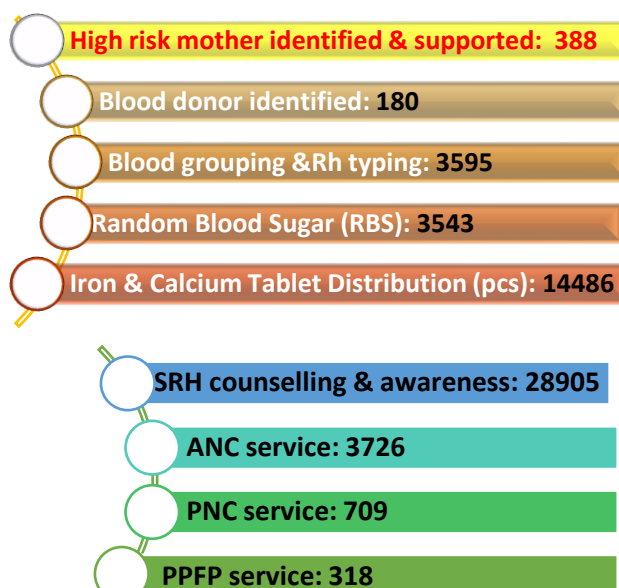
**Quarterly Maternal Health Service Utilization Trend 2023 (compiled)
in 02 Upazila (01 DH, 01 MCWC, 01 UHC, 06 UH&FWC) of Noakhali**



Increased Trend of Maternal Health Service Utilization in Sadar & Hatiya

*Data source DHIS-2 and dgfpmis

Improved interpersonal communication behavior of the 162 Govt. CHWs through ‘IPC & Counseling training’. The upward service trend in reflecting improved ANC, NVD, PNC, PPFP and complication management during the project span in the year 2023. Between Mar’23 to Dec’23 the project Doctors managed 921 EOCs and midwives performed a total of 4770 NVDs (DH-1363, MCWC-1287, UHC-762, UHFWC-1358). Additionally, conducted regular performance review meeting and engaged local stakeholders by restoring functionality of existing government platform (like UHFWCMC, UDCC, UEH&FPSC, CG meeting etc.) to empower the community, to share and discuss the project progress and way forward on improving quality SRH & MNCAH services of the area. Besides, conducted 29 Mothers Assembly and 39 Satellite Clinics at the selected unions to maximize antepartum and postpartum mothers' access to SRH, and MNH services from one-stop service centers. Also, conducted 181 Mother

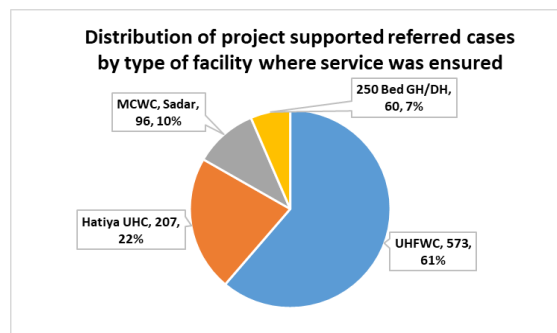


Services provided through awareness developing events like Mother Assembly, Satellite Clinic, Courtyard Meeting.

Group Meeting at different courtyards which could reach and ensured one to one “Saaf Kotha” counselling to all beneficiaries.

Also, project CHWs through 16,449 domiciliary visits provided following services at the community-level:

- Registered 4368 new pregnant women
- Counselling for checkup to 7,899 antenatal and 2,325 postnatal women
- Ensured birth preparedness preparation of 1672 pregnant women
- 1858 pregnant women were referred for safe facility delivery
- 936 referred pregnant women were ensured provision of delivery services at different referral points (UH&FWC-573, UHC-207, DH-60, MCWC-96).



Additionally, in collaboration with GoB, “the Family Welfare Services and Promotion Week 09-14 December 2023” was celebrated in Sadar and Hatiya Upazilas of Noakhali. The week encompassed further expanded service reach, including ANC, PNC, NVD, family planning, counseling, and general care.

Improving Women and Girl’s Resilience to Climate Change:

Improving Women and Girls Resilient to Climate Change (IWGRCC) project poses in funding support of UKaid, technical assistance of UNFPA and guidance by the Climate Change and Health Promotion Unit (CCHPU)- a wing of Health Service Division under MoHFW. The project covers a catchment of 12 Unions of Char fashion, Bhola and Mongla of Bagerhat district in a duration of July 2023 to September 2024 with a set objective to develop a resilient community to address climate shocks and its impact on girls and women’s health through enhance awareness and preparedness to respond the climate induced vulnerabilities and risks on Sexual and Reproductive Health services and Rights (SRHR) and capable HSP to meet the community need during critical times.

The project has started its operation in July 2023 and so far, achieved the following:

- i) Designing of and applied the training manuals, guidelines and IEC/ BCC materials (flash-cards, HH-register, HH-Cards) in the context of climate change and health with technical support of UNFPA and Climate Change & Health Promotion Unit (CCHPU, MoH&FP).
- ii) Training of total 274 service providers (Doctor/ Health Manager/ Nurse/Midwives/Paramedics/ SACMO/ FWV/ Basic Health Worker HA/ FWA/ CHCP).
- iii) Covered total 8000 population for awareness education on Climate Change & Health through orient 4046 women of reproductive aged and adolescent girls) and organize different events includes HH sessions, School-session, orientation, training and workshops.
- iv) Organized Advocacy workshop, orientation and meeting (with LEBs, Community Influential and UP, Uz actors) on Climate Change and Health at 8 Union and 2 Upazila.

Climate Resilient Health Systems and Communities Project:

PHD implementing The Swedish International Development Cooperation Agency (SIDA) funded Climate Resilient Health Systems and Communities Project in Sunamganj interventions to reduce health impact

causing due to climate changes in the selected areas and target population of Sunamganj Sadar & Dowarabazar Upazilas of Sunamganj district.

The Project will work to reinforce the integrated Climate informed sexual and reproductive health servicers focusing facility readiness, capacity building, maternal, neonatal, and reproductive health and GBV services and information in all aspects of mobilization and of health care facilities. PHD will step to enhance the area of climate responsive health facility through implementing capacity strengthening support to GoB service providers to improve SRHR and MISIP services.

To aware, the community people about climate informed SRHR such as Family planning, antenatal care, postnatal care, and facility delivery, etc. community Resilient volunteers will mobilize the information through household

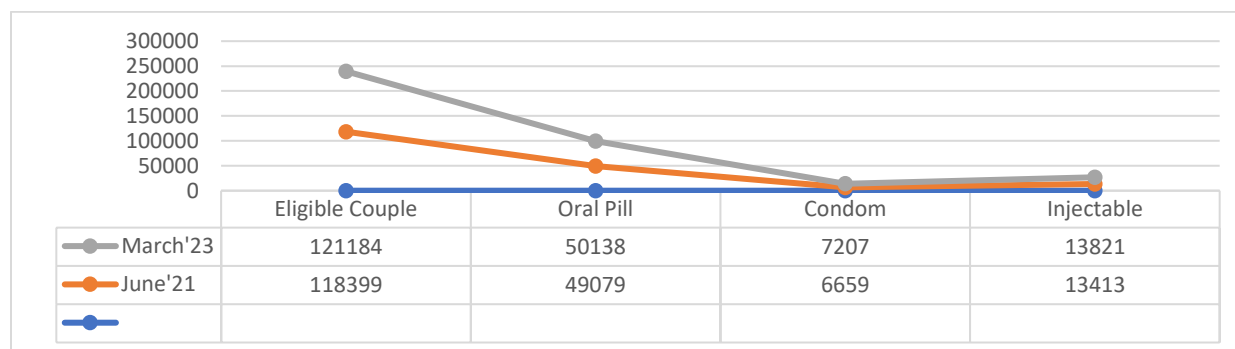
visits. The hard-to-reach unions and villages will be accessed through responsible and interested people of the community. Along with these, awareness sessions, workshops, and dedicated assemblies will be organized with different community platforms, community leaders and people of different ages and sex to sensitize them about SRHR climate resilience information and services. With a view to relating the real-life scenario on SRHR with the community people, different kinds of digital SRHR messages will be designed and circulated for reaching more people. To ensure the proper monitoring and evaluation monthly staff Coordination Meeting at District, Joint monitoring visit by GoB (CS, DDFP, UH & FOP, UFPO), and field monitoring for Project staff will be ensured.

Adolescent Sexual reproductive health and family planning program:

The USAID funded project has attempted to empower the target adolescents, FTPs and NMC with accurate information to make their SRH decisions while having an informed support system at the family to community level. The project has demonstrated the effectiveness and efficiency of using a blended communication approach to reach the adolescents with SRH information at the targeted geographical areas.

To ensure the access to accurate information, project will have a blended approach by combining Mobile Voice SMS, group meeting and Courtyard session to deliver Key SRH message. The voice message will be designed based on SBCC materials of Shukhi project. The Project will also leverage existing Sukhi Project and Local Health & FP System and other GoB setup to reach the adolescents at community level. School based program to develop peer and coordinate with the existing School Based Health Program of DGFP and others interventions of development partners. Engage Union parishad, upazila parishad and local GoB system in creating enabling environment for adolescents. PHD will use tested innovative approach to bring rights and duty bearers in same platform. These activities will hand over to local government and local health system gradually to integrate in local level service delivery strategy. The key focus will be given Menstrual Hygiene Practice (MHP) and develop a healthy peer influence. Mobile Based Learning to selected adolescents to develop peer groups. Specific activities will be designed to promote adolescent SRH at tea garden. The project will focus on information sharing and linkage development rather than sensitization process. Series of activities will be linked tea garden management, Panchayet, GoB stakeholders to develop future action plan. For HTR areas, traditional activities will cover the pocket areas.

PHD-Shukhi Jibon team supported in conduction of 9 UH&FWC meetings and 9 meeting with Panchayet committee (as an alternate of UH&FWC meeting in tea garden area where there is no UH&FWC). Total 18 meeting was conducted with the participation of 267 participants, ratio of male participants was 69% and the number was 179, ratio of female participants was 31 % which is 88 in number altogether in Tea Garden and hoar area. In also team supported in facilitation of 62 Community Group meeting with a total participation of 930 participants. Participation ratio for male participants was 72% whereas the female participation was 28% which is 669 and 261 in number respectively for male and female participation



Comparison of short-term method user at the beginning of the project June'2021 and at the last moment of the project, March 23

The above graph shows that in June 2021 the oral pill user in catchment area was 49079 where as in 2023 the number has increased 50138 so 2% oral pill user has been increased. In regards of condom users, the number was 6659 in 2021 and in 2023 we found the number as 7207 so overall 8% condom user has been increased. Similarly, the injectable users have been used 3% in comparison to 2021. (Data source: DGPF MIS).

The project has established an information hub in UDC of project areas for adolescent in collaboration with UDC and a2i. And tele counseling with adolescent as well as adolescent couples has been offered with support from district and upazila health and family planning department, UDCC and project has provided support the UDCC entrepreneurs during project life to establish a business model to provide tele medicine and counseling services to adolescent couples and FTPs. The project focused on information sharing and linkage development rather than sensitization process. Series of activities will be linked tea garden management, Panchayet, GoB stakeholders to develop future action plan. For HTR areas, traditional activities will cover the pocket areas.

Lifting Healthy, Empowered and Protected Girls and Women in Cox's Bazar

Global Affairs Canada project Lifting Healthy, Empowered and Protected Girls and Women in Cox's Bazar (LEAP) aims to advance the realization of Sexual and Reproductive Health and Rights (SRHR) of adolescent girls and young women in all their diversity in both the host communities and refugee camps in Cox's Bazar.

CoC Girls Group Formation and Session Conduct: Conducted 1,080 CoC sessions for 135 groups of girls, covering topics such as self-awareness, effective communication, child marriage,

gender-based violence, and life skills to overcome social and structural barriers.

Conduction of CoC Boys Session: 972 CoC sessions were conducted for 2,700 boys across

135 groups in Cox's Sadar and Teknaf Upazila, with each group receiving 8 sessions. Trained youth facilitators led these sessions, guided by male mentors, and 27 groups completed 108 sessions this year, with the remaining 108 sessions scheduled for next year. Knowledge was assessed through pretests and posttests.

Conduction Courtyard Session with the Young Married Women Groups: 288 sessions were held for 720 young married women across 36 YMVGs, with each participant attending 8 sessions on SRHR, SGBV, life skills, FP, and MHPSS, showing active participation and understanding as evidenced by an average of 20 women per session.

Courtyard sessions with local women power-holders and influencers as GE&I, SRHR and Mental Health Champions: At each union one group (comprised of 25 Members) from respective working unions received 8 sessions. 27 groups along with 216 has been completed. In addition, 9 groups accomplished 36 sessions in this year.

Meeting of the Community, Traditional and Religious Leaders: 160 traditional and religious leaders were trained over two days on gender equality, SRHR, mental health, and GBV, with 606 participants attending 36 quarterly meetings to discuss SRHR in religious contexts, family planning, child marriage, violence, and referral services.

Conduct Collaboration meeting with relevant GoB stakeholders and project participants: PHD organized the collaboration meeting with GoB stakeholders including UNO, UFPO, UHO, USWO, UYDO and project participants under Cox's Bazar and Teknaf Upazila. The Six Upazila-based meeting was ensured the facilities services of GBV and SRHR from Government Health Service. The GBV survivor can get support easily and smoothly from them for any occurrences.

Develop and Distribute Referral related IEC and SBCC materials: Twelve items of IEC and SBCC materials were developed by PIB and PHD and delivered them to 9 unions and two Upazila service delivery institutions. Early marriage, puberty, awareness of pregnant women, referral pathway, Sub-sector Road map, safeguarding, PSEA, gender-based violence, sustainable development goal and so on were disseminated through IEC materials like calendar, posters, festoons, booklet, stickers, panaflex board, flip chart etc.

Conduct recreational activities and awareness sessions with women and girls' groups: Through the events 5,401 adolescent girls and young married women and 5,095 adult women are reached featuring sessions on reproductive health and games like quiz competitions. Prizes of sanitary pads and hygiene products were awarded to winners, enhancing menstrual hygiene practices and creating a positive community impact.

GBV Case Management: 718 GBV cases were managed in Teknaf and Cox's Bazar, with case workers providing immediate support, conducting assessments, and referring 343 cases to various service providers. Positive community changes were observed, with increased awareness on referring survivors to safe spaces and services.

GBV Awareness session: Through the awareness sessions across two upazilas, reaching 9,836 community members and raising awareness on GBV, child marriage, and SRH rights. These sessions led to increased community referrals to safe spaces, prevention efforts against violence, and improved male engagement in creating a GBV-free society.

Installation of Billboard: On spreading the information of awareness on SRHR health services center like community clinic and family

welfare center, 49 billboards are installed in unions and Upazila health facility center.

Broadcast Radio Jingle: PIB developed script for radio jingle show which broadcast by Radio Naf and Radio Saikat in two upazila, Teknaf and Cox's Bazar Sadar. 22 jingle shows have been broadcast.

Theater for Development Show Perform: Following a 7-day script development and performance training, PHD conducted 64 TFD demonstrations in two upazilas on early marriage, SRHR, family planning, and GBV. The community's active participation and support from local leaders and representatives highlighted their eagerness to address local taboos and promote change

Eighteen youth facilitators (9 female and 9 male) received a three-day intensive training on life skills, SRHR, GE&I, and SGBV, using adapted CoC modules and led by experts from PIB, Mukti Cox's Bazar, SKUS, and PHD. Following training in Child Protection and Safeguarding, they conducted CoC sessions in the field under the supervision of LEAP mentors and Technical Officers.

9 Volunteers and 4 Project Staffs participated 5-day residential training on GBV, SGBV, referral pathways, PFA, and PSS. The training, led by PIB resource persons and GBV Technical Officers from PHD and partner organizations, included 21 case management volunteers from all implementing partners. Also, a 5-day residential training on SGBV, referral pathways, PFA, PSS, and GBVIMS+, alongside 21 case workers, 4 GBV and MHPSS Technical Officers, and 1 Technical Specialist from PHD, Mukti, SKUS, and Hope Foundation.

PHD's 3-day GBVIMS+ training for 21 case workers, 4 GBV Technical Officers, and 1 Technical Specialist covered case management and data handling through IMS software, with an Information Sharing Protocol signed with UNFPA, and PHD has started using GBVIMS and reporting to the GBV sub-sector.

Technical Assistance:

Assessment of Healthy Workplace Initiatives in Bangladesh:

PHD was assigned to meet the purpose of WHO's Healthy Workplace Initiatives (HWI) to create enabling environments for workers for improving health and wellbeing, and for ensuring safety by applying the principles of the health promotion in settings where people learn, enjoy, live and work. It is of paramount importance to the productivity, competitiveness and sustainability of enterprises, communities, and to national and regional economies.

In Bangladesh, various occupational health and safety (OHS) program are currently being implemented by various governments, nongovernment and international organizations. However, the aspiration of a fully embedded, sustainable HWI which includes a Health in All Policies, Whole of government and whole of society approaches has not yet been achieved. The government of Bangladesh is keen to promote health and wellbeing of the workers at every workplace and therefore, an understanding of the current scenario and the way forward strategy to implement the HWI in Bangladesh is deemed necessary.

Activities undertaken:

- **Inception of assignment-** Immediate after signing of contract, WHO invited Partners in Health and Development (PHD) team to have an introductory meeting on 5 January 2023 to provide a primary direction of the assignment for determining initial steps on how to identify the relevant literatures for review and to organize initial meetings with Non-Communicable Disease Control (NCDC) Program and National Institute of Mental Health (NIMH) of DGHS.

- **Review of Literatures**- PHD team initiated the literature review and is continuing the process, and organized another round of sharing meeting with WHO to discuss the literature review findings.
- **Stakeholders' Mapping**- The team started drafting of stakeholders' mapping in consultation with representatives of WHO, NCDC, NIMH and ILO. As a process, PHD team organized two introductory meetings with NCDC and NIMH, where Dr. Helal Uddin Ahmed, Program Manager and Dr. Fazla Alahi Khan, Program Manager-1 were represented NIMH and NCDC respectively, and both the representatives provides their opinions in selecting key stakeholders. WHO and PHD team organized a short meeting to discuss the stakeholders' mapping. It was agreed to take assistance of International Labor Organization (ILO) in identifying the key stakeholders from Ministry of Labor and Employment, Employers' Associations and Trade Unions. Accordingly, PHD organized a short virtual meeting to discuss the existing practices of Occupational Safety and Health (OSH) program of Department of Inspection for Factories and Establishments under Ministry of Labor and Employment, and to take ILO's suggestions to include key stakeholders in the mapping. WHO organized another meeting with PHD team and finalized stakeholder's mapping.
- **NCDC endorsement**- WHO organized another meeting with the Line Director, NCDC, where Program Manager (PM)-1 and Deputy Program Manager (DPM) were participated. WHO and PHD team jointly introduced the assignment with progresses, and shared two documents for the endorsement, which are- i) Stakeholders' mapping and ii) Priority areas of Healthy Workplan Initiative (HWI). Later on, the Line Director reviewed the documents and provided NCDC's consent to continue with the next actions.
- **Tools development** - PHD team initiated the process for developing necessary tools to conduct interviews of key stakeholders. The assigned team developed interview checklists for i) Department of Inspection for Factories and Establishments (DIFE), ii) Employers' Associations (BKMEA, BGMEA & BEF), iii) Trade Unions (NCCWE, IBC & OHSE foundation), v) CSO & NGOs, vi) DGHS (NCDC, NIMH, NNS & NIPSOM).
- **ILO's engagement**- WHO organized second round of meeting with ILO and requested them to support PHD team in developing linkages with the key stakeholders of Department of Inspection for Factories and Establishments, Bangladesh Garments Manufacturers and Exporters Association (BGMEA), Bangladesh Knitwear Manufacturers and Exporters Association (BKMEA), Bangladesh Employers Federation (BEF), National Coordination Committee for Workers' Education (NCCWE) and Industrial Bangladesh Council (IBC). PHD shared the relevant interview checklists with ILO through WHO. In response of WHO request, ILO team communicated with the relevant agencies for fixing interview schedule within 7th of June 2023.
- **Documentations**- PHD team has prepared documentations of all accomplished events and shared with WHO for references, which will be utilized in developing the final report.

Piloting of Healthy Workplace Initiatives in Bangladesh

The objectives of entire assignment are- i) designing a doable piloting of Health Workplace Initiatives (HWI), ii) implementing the designed interventions in two selected workplaces, and iii) capturing the lessons and the challenges from the piloting. As agreed, it is planned to implement piloting of Health Workplace Initiatives (HWI) in two workplaces in two phases, the 1st phase to be completed during the period from 19 Oct 2023 to 31 Dec 2023, and the 2nd phase to be completed during the period from 1 Feb 2024 to 31 Mar 2024.

According to the Terms of Reference (ToR) of Agreement for Performance of Work (APW), Partners in Health and Development (PHD) is assigned to draft the design of interventions for piloting of Healthy Workplace Initiative (HWI) in two selected workplaces in Bangladesh during the first phase of assignment in consultation with the Government counterpart and technical officer of the World Health Organization.

The major activities of the APW for the first phase are as follows-

- 1) Reviewing literatures and relevant documents
- 2) Determining priority areas for piloting of HWI including deployment of Healthy Workplace Criteria for large, medium and small workplaces
- 3) Selecting two workplaces for piloting (one large and one medium)
- 4) Drafting the design of doable interventions for piloting of HWI
- 5) Organizing an Expert Consultation with the relevant stakeholders including the management of workplaces to finalize the design of interventions for piloting of HWI in two selected workplaces
- 6) Signing of Memorandum of Understanding (MoU) between the Line Director, NCDC and the proprietors of two selected workplaces

PHD team in coordination with government counterpart and WHO representatives has carried out the assignment, and completed a substantial part of the planned activities of the APW. However, the assigned team has experienced a few challenges initially in selecting workplaces within the garment and textile sector due to country-wide movement of minimum wages for the workers, which delayed the implementation of assignment. As a result, the assigned team could not accomplish some of activities, which need to be carried forward to the 2nd phase.

Financial statements:

Partners in Health and Development (PHD)

Statement of Financial Position

As at 30 June 2023

Particulars	Notes	Amount in Taka	
		30 June 2023	30 June 2022
ASSETS			
A. Non-current Assets		20,960,743	11,928,691
Property, Plant and Equipment's	03.00	20,960,743	11,928,691
B. Current Assets		79,913,113	23,123,385
Short Term Investment (FDR)	04.00	19,036,916	18,048,870
Loan and Advances	05.00	18,966,255	763,056
Advance Income Tax	06.00	138,510	232,362
Cash and Bank Balance	07.00	41,771,432	4,079,097
C. Total Assets (A+B)		100,873,856	35,052,076
D. Current Liabilities		65,891,337	5,864,114
Provision for Expenses	08.00	3,777,690	4,827,402
Liability for Expenses	09.00	555,519	555,519
Grants Payable	10.00	60,913,526	-
Other Liability	11.00	644,602	481,193
Net Current Assets (B-D)		14,021,776	17,259,271
Total Net Assets		34,982,519	29,187,962
Funds			
General Funds	12.00	34,982,519	29,187,962
Total Funds		34,982,519	29,187,962

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


Deputy Director Finance
Partners in Health and Development


Managing Director
Partners in Health and Development


Farhana Sultana, FCA
Partner
Howladar Yunus & Co.
Chartered Accountants
DVC No. **2312211619AS465388**
Dated: Dhaka- **11 DEC 2023**

Partners in Health and Development (PHD)
Statement of Profit or Loss & Other Comprehensive Income
For the year ended 30 June 2023

Particulars	Notes	Amount in Taka	
		30 June 2023	30 June 2022
Income			
FDR Interest		623,088	542,796
Bank Interest		83,111	29,762
Shared Cost and Overhead Received	13.00	42,271,222	37,825,904
Total Income		42,977,421	38,398,462
Expenditure			
Personnel Cost	14.00	31,706,859	26,888,462
Office Expenses	15.00	4,662,899	3,374,873
Transportation Expenses	16.00	695,309	1,466,577
Repair and Maintenance	17.00	1,599,725	946,957
Project Expenses	18.00	1,794,605	5,012,896
Audit Fee		104,632	101,200
Bank Charge		12,125	49,319
Excise Duty	20.00	62,000	-
Depreciation		233,587	279,862
Total Expenditure		40,871,741	38,120,146
Gross Surplus/(Deficit)		2,105,680	278,316
Tax Expenses		579,062	76,537
Net Surplus/(Deficit)		1,526,618	201,780

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


Deputy Director Finance
Partners in Health and Development


Managing Director
Partners in Health and Development


Farhana Sultana, FCA
Partner
Howladar Yunus & Co.
Chartered Accountants
DVC No. **2312211619AS465388**
Dated: Dhaka- **11 DEC 2023**

Partners in Health and Development (PHD)
Statement of Receipts and Payments
For the year ended 30 June 2023

Particulars	Notes	Amount in Taka	
		30 June 2023	30 June 2022
Opening Balance		4,842,153	7,183,353
Cash and Bank Balance		4,079,097	3,735,727
Loan and Advances		763,056	3,447,626
Receipts		701,421,046	536,227,591
Bank Interest		83,111	29,762
Shared Cost and Overhead Received	13.00	42,271,222	37,825,904
Grant Received from Project	10.01	656,566,713	491,049,697
Investment Realise		-	1,722,229
Loan Refund from Project	19.00	-	5,600,000
Transfer FDR to Midwifery Project		2,500,000	-
Total Receipt		706,263,199	543,410,944
Payments			
Personnel Cost	14.00	27,257,046	25,712,567
Office Expenses	15.00	4,453,674	3,207,736
Transportation Expenses	16.00	695,309	1,336,299
Repair and Maintenance	17.00	1,561,743	940,848
Project Expenses	18.00	1,741,348	4,892,864
Grant Transferred to Project	10.02	595,653,187	492,562,757
Purchase of Non-current Assets		-	181,493
Land		9,265,640	-
FDR		3,000,000	2,500,000
VAT payable paid	11.01	34,291	21,650
Tax payable paid	11.02	1,468,949	1,511,893
Advance tax paid		12,467	-
Income tax paid		114,511	51,365
Audit Fee		202,222	-
Bank Charge		12,125	49,319
Excise Duty	20.00	53,000	-
Loan To Project	05.01	18,300,000	5,600,000
Closing balance		663,825,512	538,568,791
Cash and bank balance		41,771,432	4,079,097
Advances Staff & Office Rent		666,255	763,056
Total Payment		706,263,199	543,410,944

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


Deputy Director Finance
Partners in Health and Development


Managing Director
Partners in Health and Development


Farhana Sultana, FCA
Partner
Howlader Yunus & Co.
Chartered Accountants
DVC No. **2312211619AS465388**
Dated: Dhaka- **21 DEC 2023**

Impact Highlights:

Triumph of light over superstition:

Basiru Jahan (Pseudonym-35) and her husband Md. Rafiq (Pseudonym-47) resides in Camp 19. PHD provides health education to women of reproductive age in the Rohingya community through group discussions and household visits. Through these initiatives, Basiru became aware of sexual and reproductive health and conceived her fifth child. During a household visit, a PHD CHW identified Basiru and assisted her in accessing ANC services at a facility. The CHW provided essential information and facilitated necessary referrals to ensure her well-being during pregnancy. Anti-Pathetically, as Basiru's husband is an imam by profession, he prevented his wife from going to the hospital for any kind of check-up and mentioned, **“If she goes to the hospital, the veil will be broken and community people will throw the ill talk”**. In light of this situation, CHW and the CHW supervisor counseled him and invited him to our male group meeting, an awareness campaign led by the RHAG meeting.



In these meetings, Basiru's husband came to understand the importance of ANC visits and pregnancy care. CHW ensured Basiru attended her ANC appointments and conducted regular follow-ups until her EDD. On September 22, 2023, at midnight, Basiru's labor pain started. She informed the CHW, who arrived promptly and recommended a facility delivery. Despite this, her husband, the decision-maker, refused facility delivery. He stated, **“When she went to the hospital, she got the check, so why should she go to the hospital again? Earlier, I had 4 children, and at that moment she didn't need to go to the hospital for them”**.

PHD's Medical Assistant (Responsible for Community referral support service) checked the baby's position and found that it was in malposition. In consideration of this situation, she advised Basiru's husband that **“The mother and the baby would be at risk if the home delivery was done in this condition, So the patient needs to be hospitalized that offers the patient and baby specialized care”**. She was later referred by ambulance to the nearest CEmONC in the nick of time and the facility ensured safe C-Section. During the PNC visit, the CHW counseled and motivated them to choose a long-acting reversible contraceptive (implant), which was successfully inserted. They are now leading a healthy life.



"Hope in Hardship: Life-Saving Comprehensive Emergency Obstetric Care Reaches Hatia's Remote Shores"

Poppi Rani's journey to motherhood took a daunting turn on the remote island of Hatia! At 38 weeks pregnancy, she faced a harrowing labor, compounded by her diagnosis of positive hepatitis. With little amniotic fluid and the baby's distress evident, Poppi's situation grew dire.

Admitted to Auchkhali's Upazila Health Complex, Poppi's vital signs appeared stable, yet her low blood iron levels signaled added complications. The midwives' examination unveiled concerning signs: a smaller-than-expected uterus and the baby's erratic heartbeat. Despite efforts for a normal delivery, Poppi's distress intensified.

In a crucial moment, PHD deployed Obs-Gyn Specialist stepped in, recognizing the need for urgent intervention. Opting for a cesarean section, the Doctor delivered a healthy 3kg baby, alleviating the tension with a moment of joy and relief.

Poppi's story echoes the resilience and care found in the heart of adversity. Through the comprehensive emergency obstetric care provided in Hatia's challenging terrain, lives like Poppi's and her newborns are safeguarded, underscoring the invaluable importance of accessible and timely healthcare, even in the most remote island of Bangladesh.



"Improving Maternal Healthcare Access in Hatiya Upazila: Establishing Local Ambulance Service through Empowering the Local Government"

Hatiya Upazila, situated amidst the sea in Noakhali District, faces challenges in providing timely medical care to its population of over 600,056, predominantly the pregnant women, particularly in remote areas like Chaishwar Union, struggle to access healthcare due to the absence of nearby health centers and transportation unavailability.

Jameni Kanto Sarkar, a community mobilizer from PHD identified this as a pressing issue during interactions with pregnant women in Hatiya Upazila. His collaboration with the Local Government (UP Chairman, Member) and advocacy at different community engaging forum (like UDCC meeting) gathered further support for the initiative. His continuous communication and coordination pledged the UP Chairman to led the



allocation of 200,000 BDT from the Union Parishad budget for the establishment of the ambulance service. Since, January 18, 2024, this local ambulance is at service, marking a significant milestone in improving healthcare access the mothers of Chariswar union.

The establishment of a local ambulance service in Chariswar, Hatiya Upazila exemplifies the power of community mobilization and collaboration with local authorities in addressing healthcare challenges. Through proactive advocacy and resource allocation, the initiative successfully enhances access to maternal healthcare, ultimately contributing to improved maternal and newborn health outcomes of the unprivileged group of population in the region.



A Lifeline for Hajera: How a Strengthened Referral Mechanism saved a mother and her newborn

Hajera, a 40-year-old resident of New Sukhchar Jahajmara Union, was facing a high-risk pregnancy. Her husband, Zahir Uddin, brought her to the Jahajmara Union Health and Family Welfare Center (UH&FWC) when she was past her due date and experiencing labor pains. After a day without progress and emerging complications, the midwife at Jahajmara referred her and coordinated to the medical team of Hatiya Upazila Health Complex (UHC).

At the UHC, the midwife on duty found Hajera on active labour with high blood pressure, and gave history of home trial, the midwife grew concerned about the baby's minimal movements. The duty Doctor was called in and discovered with her investigation as a case of severe pre-eclampsia. Recognizing the severity of the situation and the risks of a normal delivery, Dr. decided a C-section was necessary. However, without ICU facilities at Hatiya (Island), Hajera needed to be transferred to Noakhali Sadar District Hospital (DH).



The referral system, reinforced by the SRH&GBV response service project, worked seamlessly. Hajera was swiftly and safely transported to Noakhali DH from Hatiya Island. There, she underwent a successful C-section. In follow-up visits, it was confirmed that both Hajera and her baby were healthy and doing well. Hajera expressed profound gratitude for the timely and coordinated medical care she received.

This story highlights the critical importance of a functional referral mechanism in maternal health. The coordinated effort from the community level to the district hospital, ensured Hajera received the care she needed. As Hajera's experience shows, trust in professional advice and timely medical intervention can indeed save lives during childbirth.

Photo Gallery:



Conducting USG of Patient at Rohingya Camp



Laboratory Test in PHD operated PHCC at Rohingya Camp



PHCC Visit by WHO IPC team and other delegates



Patient Carrying by Human Ambulance from community to facility



Aalo Clinic visited by UNICEF and other delegates



Noala Slusne (UNICEF) and delegation team



Paramedics working in well-decorated tents in outreach spot of Aalo clinic



EPI Center in Aalo clinic



Hands on guidance and training to midwives for service strengthening by high skilled midwife of DMP at Sakuchia UH&FWC, Monpura, Bhola



Service delivery at satellite clinic by midwife at Char Kukri Mukri union, Charfesson, Bhola



Mothers Group Formation Meeting, Holodiyapalong, Ukiya



Mother Assembly a one stop service point at Teknaf



Day Observation Menstrual Hygiene week at Rohingya Camp



Mental Health Psycho-social Support Peer Education Session_Camp 18



Fresher's reception and capping ceremony at PHD's academic site, Khulna



Graduated students from 7th batch of PHD's diploma in midwifery academy



CoC Girls Group while conduction of session in Cox's Bazar



Theater for Development Show to create awareness among mass people at Cox's Bazar



Folklore song events on Adolescent SRH in HTR areas by Kuddu Bayati



SRH awareness and voice of adolescent through Kishore Batayan



Fig: Strengthening 24/7 BEMONC and CEMONC with Project Doctors and MWs at the District, Upazila and Union Level



Fig: CHWs developing awareness through courtyard meeting and one to one counselling



Fig: "Mother Assembly" at the hard to reach area to enroll and to ensure One stop service to the unprivileged



Fig: Providing referral money to the beneficiary, a case of obstructed labour



Fig: Revitalization of CG forums and annual action plan preparation

গণসংগঠন কর্মসূচির কার্যক্রম/অনুষ্ঠান									
ক্র.সং.	কর্মসূচির নাম	কর্মসূচির বর্ণনা	কর্মসূচির স্থান	কর্মসূচির তারিখ	কর্মসূচির সময়	কর্মসূচির ফলাফল	কর্মসূচির মন্তব্য	কর্মসূচির প্রতিক্রিয়া	কর্মসূচির পরামর্শ
০১	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির স্থান	গণসংগঠন কর্মসূচির তারিখ	গণসংগঠন কর্মসূচির সময়	গণসংগঠন কর্মসূচির ফলাফল	গণসংগঠন কর্মসূচির মন্তব্য	গণসংগঠন কর্মসূচির প্রতিক্রিয়া	গণসংগঠন কর্মসূচির পরামর্শ
০২	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির স্থান	গণসংগঠন কর্মসূচির তারিখ	গণসংগঠন কর্মসূচির সময়	গণসংগঠন কর্মসূচির ফলাফল	গণসংগঠন কর্মসূচির মন্তব্য	গণসংগঠন কর্মসূচির প্রতিক্রিয়া	গণসংগঠন কর্মসূচির পরামর্শ
০৩	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির স্থান	গণসংগঠন কর্মসূচির তারিখ	গণসংগঠন কর্মসূচির সময়	গণসংগঠন কর্মসূচির ফলাফল	গণসংগঠন কর্মসূচির মন্তব্য	গণসংগঠন কর্মসূচির প্রতিক্রিয়া	গণসংগঠন কর্মসূচির পরামর্শ
০৪	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির স্থান	গণসংগঠন কর্মসূচির তারিখ	গণসংগঠন কর্মসূচির সময়	গণসংগঠন কর্মসূচির ফলাফল	গণসংগঠন কর্মসূচির মন্তব্য	গণসংগঠন কর্মসূচির প্রতিক্রিয়া	গণসংগঠন কর্মসূচির পরামর্শ
০৫	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির স্থান	গণসংগঠন কর্মসূচির তারিখ	গণসংগঠন কর্মসূচির সময়	গণসংগঠন কর্মসূচির ফলাফল	গণসংগঠন কর্মসূচির মন্তব্য	গণসংগঠন কর্মসূচির প্রতিক্রিয়া	গণসংগঠন কর্মসূচির পরামর্শ
০৬	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির স্থান	গণসংগঠন কর্মসূচির তারিখ	গণসংগঠন কর্মসূচির সময়	গণসংগঠন কর্মসূচির ফলাফল	গণসংগঠন কর্মসূচির মন্তব্য	গণসংগঠন কর্মসূচির প্রতিক্রিয়া	গণসংগঠন কর্মসূচির পরামর্শ
০৭	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির স্থান	গণসংগঠন কর্মসূচির তারিখ	গণসংগঠন কর্মসূচির সময়	গণসংগঠন কর্মসূচির ফলাফল	গণসংগঠন কর্মসূচির মন্তব্য	গণসংগঠন কর্মসূচির প্রতিক্রিয়া	গণসংগঠন কর্মসূচির পরামর্শ
০৮	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির স্থান	গণসংগঠন কর্মসূচির তারিখ	গণসংগঠন কর্মসূচির সময়	গণসংগঠন কর্মসূচির ফলাফল	গণসংগঠন কর্মসূচির মন্তব্য	গণসংগঠন কর্মসূচির প্রতিক্রিয়া	গণসংগঠন কর্মসূচির পরামর্শ
০৯	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির স্থান	গণসংগঠন কর্মসূচির তারিখ	গণসংগঠন কর্মসূচির সময়	গণসংগঠন কর্মসূচির ফলাফল	গণসংগঠন কর্মসূচির মন্তব্য	গণসংগঠন কর্মসূচির প্রতিক্রিয়া	গণসংগঠন কর্মসূচির পরামর্শ
১০	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির কার্যক্রম	গণসংগঠন কর্মসূচির স্থান	গণসংগঠন কর্মসূচির তারিখ	গণসংগঠন কর্মসূচির সময়	গণসংগঠন কর্মসূচির ফলাফল	গণসংগঠন কর্মসূচির মন্তব্য	গণসংগঠন কর্মসূচির প্রতিক্রিয়া	গণসংগঠন কর্মসূচির পরামর্শ