Annual Report 2015

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Massage from the Chairman

In spite of its political instability, Bangladesh set an example for other lower-income countries. In 2015, we are very close to meet five out of the eight millennium development goals (MDGs) set by the UN at the turn of the millennium. This is an evidence to what people can achieve with limited resources.

Partners in health and Development (PHD) is gradually firming its pole in the development field with its expertise, team work and commitments. PHD believes in collaborative work and strength of partnership to bring the changes in destitute population. PHD has made a considerable progress and left a significant mark in reducing maternal mortality through implementing MNCS and MNH programmes. In the year of 2015, PHD has broaden its horizons through increasing its working arena in different social development sectors. PHD works in four core areas of development: direct implementation of health and nutrition program, community mobilization for demand creating, partnership for greater impact, capacity development to enable the community to solve their own problem and empowering women to overcome poverty and earning their livelihood. In the year 2012 PHD launched an academic program *Community Based Midwifery Diploma Program* with the assistance of BRAC University implemented in Khulna District. Beside these projects, PHD continuously providing technical assistance to PHC-FP component of Chars Livelihood Project (CLP) which is implemented in 16 districts of Bangladesh.

In this year PHD has accomplished several health interventions, trainings, capacity buildings and research assignments with different National and International NGOs. PHD is working with Save the Children International, UNICEF, and other donor agencies and local partners for achieving MDG targets.

We remain proud of our achievements but mindful of our shortcomings. In health, Bangladesh is already to meet the MDG target of 143 maternal deaths per 100,000 live births; still the number is high. Yet, as a working partner for the Scaling-Up Nutrition movement, I take special note of the fact that Bangladesh remains among the 36 highest burden countries when it comes to malnutrition. Mothers and their children here are among the least nourished in the world. Still we have to work on girls and women empowerment agendas. These barriers can be overcome by strong partnership and alliances. PHD is ready to face these challenges.

I specially appreciate the efforts of the Managing Director of PHD who has given a new direction to PHD in its transitional period. Since 2007, he has been shouldering the responsibilities and leading PHD towards achieving its mission and vision.

Special Thanks to all of our colleagues, partners, stakeholders and well-wishers.

Dr. K.M. Rezaul Haque
Chairperson

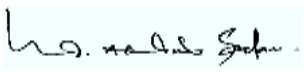
FOREWORD

The Annual Report 2015 describes the interventions under different projects and assignments with major achievements and lessons learned by PHD over the year. PHD implemented six projects in twenty two districts of Bangladesh. One of them are successfully completed in the year 2015. Others are ongoing. Beside the projects, PHD undertook two research activities one was a formative research related to situation analysis of Neglected Communicable Diseases and another was an intervention study related garments workers reproductive health and productivity. PHD has a strong unit of capacity development. In this year PHD completed several important training and workshop related to capacity building assignments under short-term agreement with UNICEF Bangladesh, Save the Children International, UNFPA and Swisscontact. Moreover, PHD also take leading part on closing process of Chars Livelihood Program (which will be ended on 2016) and planning for genesis of new broader scaling up of the programme form the lesson learnt.

During my involvement as Managing Director since 2007, the journey was not smooth, more challenges are anticipated in the future. Even though, the year 2015 is produced much better results for PHD in terms of business portfolio.

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

Confining in health sector interventions is one of PHD's key limitations, PHD expanded its intervention area in Education sector. PHD is refreshing its focus in addressing other development sectors requirements under a holistic approach and transforms gradually.



Abdus Salam
Managing Director

Genesis of PHD

PHD is the new name of Bangladesh Population and Health Consortium (BPHC) that was established in Bangladesh in 1988, a project of the UK Government's Department for International Development (DFID). BPHC started in 1988 supporting NGOs to deliver maternal and child health and family planning services to poor and under-served communities in Bangladesh. BPHC has implemented many projects in the health sector over the years mainly funded by DFID but also with funds from CIDA, Netherlands Government and SIDA.

In 1998, PHD acted as Public NGO Partnership (PNP**),** a component of DFID's support to the Government of Bangladesh's Health and Population Sector Programme (HPSP). Under the partnership, PHD provided support to Government of Bangladesh's Third and Fourth Health & Population Sector Programme in developing and promoting strategies to improve access to ESP (Essential Services Package of primary health care) for the poor, particularly women and children, through NGOs.

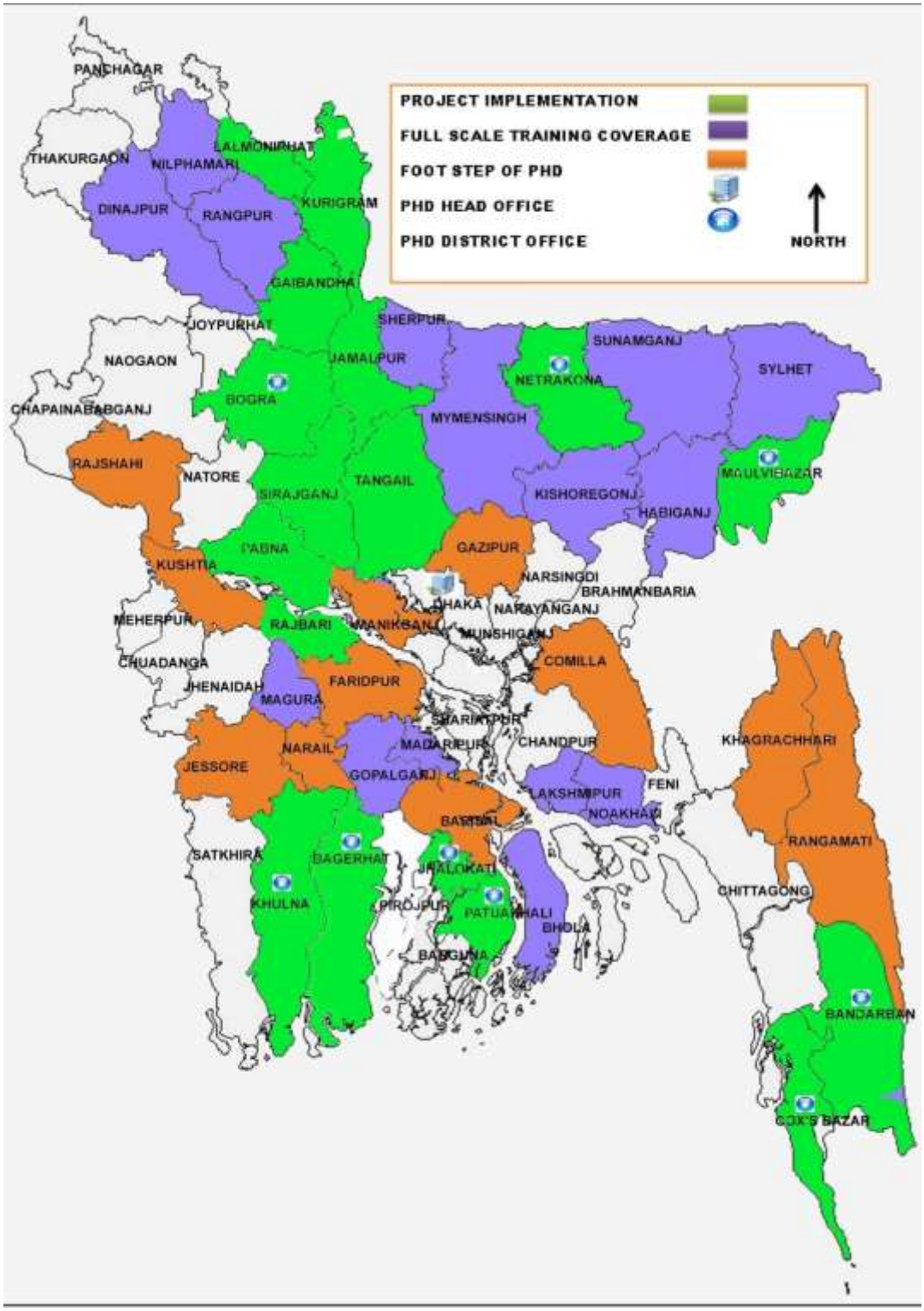
In 2002, BPHC was transformed into PHD and registered as a not-for-profit organisation that provided scope to PHD to be an independent organisation with institutional flexibility to support development objectives with a range of international and national development partners, NGOs and Government departments. In 2010, PHD got registration from NGO Affairs Bureau.

PHD belongs with the **vision** of creating '**an inclusive and empowered society with equal opportunity**', and prolongs as a non-profit organisation with the missions for supporting development actors in managing development process for sustainable development and for enhancing quality of life of the people with particular emphasis to marginalized and less privileged through improving access to livelihood opportunities. PHD's work over the past seventeen years addressed broad issues of social mobilization, community empowerment, institutional development and resource mobilization through an extensive network of NGO partners to support health and development improvement goals. It achieves this through unique strengths in Grant Management, NGO Contracting, Research and Capacity Development, together with a broad range of project management and community development competence.

PHD is governed by the Board consisted of nine members. The Chairman of the Board of Directors oversees the overall activities of the organization. The Managing Director is responsible for day-to-day running and implementation of projects and programmes, maintain contact with stakeholders and is reportable to the Board of directors through the Chairman.

Managerially, PHD is divided into five sections headed by five Directors. Managing Director provides overall direction to implements development projects and programmes through a Senior Management Team (SMT) composed with Heads of five departments. SMT is responsible for effective planning and efficient implementation of programme and project.

LOCATION AND WORKING AREA MAP OF PHD



CHAPTER 1- Implementation of PHD's Development Programs

1.1 Providing Support for Quality Planning, Implementation and Monitoring of Community Support System (ComSS) Interventions

UNICEF and Partners in Health and Development (PHD) are jointly executing Community Support System (ComSS) Interventions, which is a collaboration for accelerating progress towards reduction of maternal and neonatal mortality and morbidity' in three districts, Moulvibazar, Bagerhat and Patuakhali. Both the parties are implementing the collaboration under "GOB-UN Joint MNH Initiative" and within a signed PCA (PCA/2013/005) for two years started from 20 March 2013 to 19 March 2015.

Under the present phase, a Community Support System (ComSS) has been in participation of Community Groups (CGs) and Community Support Groups (CSGs) under each of 476 Community Clinics, which ensured functional support to GOB's Community Clinics' interventions through sensitizing and mobilizing communities for saving women's and new-borns' life. Good practices were demonstrated at community and household level, especially in creating conducive environment for the poorest for accessing their statutory entitlement.

I. Major Achievements

PHD MNHI team has identified a total of **3648** pregnant women in Moulvibazar district and PHD MNHI Bagerhat team has identified a total of **4939** pregnant women in districts. The noteworthy achievement is that all the basic information of these pregnant women are now recorded and updated in the database at district level.

- In Moulvibazar PHD MNHI team assist CHCPs in data entry to complete online-based PW and under 5 children registration process and 1916 PW and 7539 Children have been registered in this quarter and In Bagerhat districts PHD MNHI team assist CHCPs in data entry to complete online-based PW and fewer than 5 children registration process and 469 PW and 289 Children have been registered.
- As a result of Community mobilization, motivation and service enhancement of CC, total 47 new born children has delivered normally at Community Clinic in Moulvibazar district.
- CC location and its catchments & HHs demarcated in Upazila Map as well as in Health Map n every district.
- A part of collaborative initiative of PHD Juri health complex organized a health camp where 2 medical officer provided ANC and PNC services. In this camp free distributed Iron folic tablet and Calcium tablet to 247 pregnant mothers.
- A part of collaborative initiative of PHD provided 42 Moshari to PW collect from BRAC Malaria control program.
    - Some area is HTR so that's CHV task is very difficult.
    - Very supportive CS, DDFP, UHC & Upazilla Porishad district team.
    - Sometime Pregnant Women does not get proper service in the FWC / govt. hospital, some hospital Dr. & Service Facilities do not exist, and sometimes without diagnosis they often referred to District Hospital.

II. Major Events for Community Mobilization

a) Mother Assembly followed by Blood Grouping, Haemoglobin and Sugar Test Campaign

Within the reporting period, CGs organized a total of 42 Mother Assemblies to raise awareness among the community people, particularly the women. This event highlighted on MNH issues beside the awareness building initiatives at the community level. Respected Members of Parliaments (MPs), Upazila Chairman, Upazila Female Vice Chairman, UH&FPO, UFPO, Union Chairman, Union Male and Female Members, Teachers, CG members, GOB field staff and other elite persons were participated in the events. CG contributed in organizing almost 50% of the events.

Outcomes of Mother Assembly

- Pregnant Women were identified their blood groups, and became aware of its necessity along with other community people
- Pregnant Women were able to know the status of their hemoglobin and sugar, and accordingly received necessary treatment.
- ANC provided to 1544 pregnant women and PNC to **137** post mother during the event.
- **28** PWs were instantly referred to hospital for their complication which was diagnosis during the event
- Besides the diagnosis activities, four special topics were discussed- i) Birth Planning and Preparation, ii) Danger signs of pregnant woman and neonatal, iii) Necessity of ANC and PNC check-up, iv) Safe delivery, and v) Essential Newborn Care

b) Health Fair

As a planned activity, PHD organized a Health Fair in Kamalganj Upazila under Moulvibazar District on 12 February 2015 with the assistance of Upazila Health and Family Planning Department as well as the respective Upazila Administration. This innovative event created scopes for gathering of all the health service providers, health beneficiaries, and all kind of stakeholders in a common place to promote GO-NGO health services through an open space.

III. Positive Changes

Through the on-going activities of ComSS, maximum Community Groups are sensitized about ComSS. As a result many CG has taken self-initiatives to create awareness in the community level and maintenance Community Clinic; as such- generating funds, renovation, beatification, installation of solar system, fencing etc. PHD MNHI team regularly organize Union sharing meeting and attended Union Health & Family Planning Committee monthly meetings through which most of the committee members are well aware about MNHI and ComSS modalities.

PHD MNHI team regularly organize Quarterly Sharing meeting with Upazila Health and family planning department and through these meeting respective UH&FPO, UFPO, HI, AHI, FPI, FWV, etc. become aware about MNHI updates and bottlenecks followed by the discussion on PW identification, Community clinic status, Institutional delivery status, CC service and coordination status, etc. Through this process GoB health and family planning authorities extended their support to enhance implementation quality of MNHI as well as resolve difficulties.

1.2 Improving Health and Nutrition for Hard to Reach Mother and Young Children (IH&NHMYC ongoing)

Since 6 April 2013, PHD has been facilitating the process of Local Health System Strengthening (HSS) in Reducing Equity Gaps for Essential MNCHN Services in Netrokona, Cox's Bazar and Bandarban Districts under the Project Cooperation Agreement (PCA/2012/005, Project Serial- 02) as a part of the intervention "Improving Health and Nutrition for Hard to Reach Mother and Young Children (IH&NHMYC)". For the last couple of years, PHD implemented the project under the close coordination with UNICEF Health Section.

Programmatically, PHD undertook an approach of union coverage in setting targets for Online Registration of Pregnant Women (PW) and Under 5 Children (U5C) in DHIS 2, where 2.3% and 10.5% of rural population of a union estimated as expected PW and U5C in a year respectively. Accordingly, PHD calculated the expected PWs and U5C in all three districts, and planned to achieve the overall target of Online Registration in all three districts at the end of December 2015, which was 80% for PWs and 40% for U5C. In the beginning PHD developed an implementation guideline with union-wise targets and involved its senior management team to conduct meetings at all upazilas in three districts, where HMIS Consultants, PHD District Team, respective Upazila Coordinators and Union Facilitators were participated and contributed.

PHD management succeeded in growing a common interest among the stakeholders for achieving the online registration targets as a challenge, and their contribution produced excellent results at the Interventions for strengthening Local Health System.

Following process has been developed to improve the project outcome:

- Developing community support system and linking with local health system to increase effective coverage of MNCHN services
- Facilitating regular monthly meetings with Community Groups (CG) in Community Clinics and Management Committees of UH&FWCs for strengthening Community Support system as a collaboration platform
- Sharing and analysis of MNCHN Services Situation with UDCC Members in their regular meetings for mobilizing local resources in improvement of MNCHN Situation
- Improving community health information system is a significant approach for online registration of PWs and <5 Children, for tracking un-served and left-outs PWs and <5 Children and for bringing them into the service coverage.
- Building capacity of local workforces through series of training courses, orientation program and workshops
- Project staff and GoB workers are jointly identifying PWs with complications and U5 Children with illness, referring then to the appropriate facilities for improved services, and supporting with Financial Assistance under the established process of effective referral system.
- Mothers assembly is an example of community mobilization event for promoting Stakeholders' Collaborations and Women's Participation

Challenges

a) Input of Service Information in DHIS 2

Tracking of registered PWs is important to ensure different services for them, like - ANC1, ANC2, ANC3, ANC4, PNC1, PNC2, PNC3, PNC4 and Delivery. Later on, information service received has to be uploaded in DHIS 2. However, this process is not working adequately, and updated information of effective coverage regarding MNCHN Services not displayed properly through TANAHASHI reporting. Moreover, information of U5 Children Service Status and input to DHIS 2 is more complicated. This is a challenge for the year 2016.

b) Data Unification

Unification of data regarding PWs and Under 5 Children is another challenge. The project team is utilizing CG meeting as a forum to come into an agreement on the number, and trying to overcome the problem.

c) Referral Activities

Reducing time and out of pocket expenditure of poor families in getting improved services during referral as well as availability of appropriate services in the referred facilities is another challenge.

d) IT Equipment, power supply and Network Connectivity

Ensuring IT equipment, electricity supply and mobile network in Hard-to-reach Areas is a challenge. The project staff conducted a stock taking in this regard, and will take assistance of different stakeholders to overcome the situation. However, it is still a challenge for the project.

Way Forward -

- Strategic Direction and Collaboration with Health System is necessary for accumulating service information in DHIS 2 to see effective coverage according to our health indicators
- Coordination, Guidance and Instruction is required from Health and Family Planning Authority to ensure uniformity of data regarding number of new PWs in each month in a union
- Referral Focal Person in UHFWCs, UHCs and District Hospital is essential to ensure that referred cases would receive appropriate secondary and tertiary level services without delay and in low cost
- Project has identified present limitations regarding IT equipment, power supply and mobile network in hard-to-reach areas, where collaborative support is necessary to overcome the limitations
- Supportive supervision from Health and Family Planning Authorities, particularly from HI, AHI and FWI is required to expedite PW identification, tracking and data input

1.3 MaMoni Health Systems Strengthening Project

MaMoni-HSS project has been working in Jhalakathi from June 2014 and is being implemented by Partners in Health and Development (PHD).

The reduction of maternal mortality has been selected as an indicator of development of a country in the Millennium Development Goals. From the human rights point of view maternal mortality seriously hampers a women's right to life and health. The impact of morbidity resulting from childbirth related complication has further devastating effect on a woman's marital, social and personal life. In Bangladesh especially in Jhalakathi district the maternal health scenario is quite alarming which the project focuses to address.

MaMoni-HSS project has a set of high-impact activities to achieve four intermediate results (IRs) that will ultimately lead towards achieving the project objective.

IR.1 Improve service readiness through critical gap management
IR.2 Strengthen health systems at district level and below
IR.3 Promote an enabling environment to strengthen district-level health system
IR.4 Identify and reduce barriers to accessing health services

Summary of Major Accomplishments

- Deployed Five Paramedics to minimize critical gaps
- Organized Training on SBMR Module-1, JSV Orientation at District & Upazila level, Misoprostol and Community Case Management (CCM)
- Organized Planning Workshop on MNCH-FP/N at Upazila and Union level
- Facilitated Quarterly Progress Review Meeting at district level
- Arranged Orientation of district and upazila managers and logistics management staffs on LMIS tools
- Organized Video based training on cMPM and UFM
- Organized Training on Mother & Newborn (FWV) Register and Infection Prevention and Medical Waste Management
- Organized District and Upazila Level orientation on Local Government Engagement in MNCH-FP/N issues
- Conducted cMPM meeting and Union Follow up meeting
- Conducted Union Parishad Health and Family Planning Standing Committee orientation workshop
- Observed three national days and Seminar on Safe Motherhood Day
- Conducted CV orientation and CAG meetings
- Displayed videos in media-dark and underperforming project pockets
- Organized Joint Supervisory Visit (JSV) with 1st line supervisor and 2nd line supervisor
- Organized Upazila and District level Monthly Coordination Meeting

Challenges

- Ensuring facility (UH&FWC) delivery
- LG resource mobilization
- HR Vacancies along with the long list of FP field staff awaiting for PRL
- No UHC is providing Caesarian Section due to absence of pair

- Round the clock Caesarian Section services are not available in the District Hospital and the MCWC
- No Trained CSBA (Community based Skill Birth Attendant) at Jhalakathi District
- Data unification and unique MIS reporting especially in the area of PW identification, Birth registration, Death information (both Child & Mother) etc.
- Daily communication, MIS data entry in the terminal post, very poor Internet service etc.

Learning

- Continuous advocacy and follow up is helpful for the smooth implementation of the interventions rolled out in the meantime.
- Sharing the plan with GoB before rolling out of any intervention minimizes the gap in proper supervision & monitoring.
- Local Government (LG) bodies can be the best stakeholders at community level for coordinating health and FP activities.
- BCC activities conducted at the hospital outdoor because of Ramadan and rainy season reduces the hustle and maintain the coverage.

1.4 Technical Assistance to Chars Livelihood Programme (CLP) as Special Service Provider

The chars in the north-west are located in some of the most isolated and impoverished areas of the country. People on the chars are heavily reliant on low-paid and unpredictable day labour for their livelihoods. They are typically food insecure and suffer from under nutrition. People leaving here are therefore highly vulnerable to environmental shocks that can have devastating effects on their livelihoods.

The CLP

The Chars Livelihoods Porgramme (CLP) is a livelihood programme which aims to substantially reduce extreme poverty on the chars in North-Western Bangladesh. It provides a comprehensive package of support to the extremely poor, as well as extending support to the wider char community.

The CLP is jointly funded by UKaid through the Department for International Development (DFID) and by the Australian Government through the Department of Foreign Affairs and Trade (DFAT). It is sponsored by the Ministry of Local Government, Rural Development and Cooperatives (LGRD&C) of the Government of the People's Republic of Bangladesh. It is executed by the Rural Development and Cooperative Division (RDCD) and is managed through Maxwell Stamp PLC through the NGOs of the locality.

CLP-2 began in April 2010 and follows on from CLP-1 but with a redefined working are. CLP-2 was continued to work in Kurigram, Gaibandha, and Jamalpur, as well as new districts of Lalmonirhat, Nilphamari, Rangpur, Pabna and Tangail. CLP-2 ran until 2016 with the amim of lifting another 78,000 housholds out of the extreme poverty.

The wider char community also benefits from the programmes activities. These include access to health and family planning services, village savings and loans groups, cash-for-work and market development activities among others. However, there is more to poverty than income and livelihoods. The CLP package therefore addressed a wider range of issues, such as water and sanitation, women empowerment, health and nutrition, village savings and loans, Rasing awareness of social issues such as dowry and early marriage, flood protection and access to market development.

Health and nutrition activities

All the core participants were women. A 25 membered female group was formed with a given name (i.e.: Shapla, Surjakukhi etc.). President, Vice-president, Secretary and Treasurer were nominated through election and this body was involved in all core functions of CLP activities. Around four groups in a village was look after by a Char Nutrition Worker and a Char Health Workers. For around 200 households, a paramedic was trained and developed to conduct satellite clinics twice in a cluster in a month for Maternal and Child Health services and services for some common ailment. All these char health cadres are trained through comprehensive health, nutrition and food security and other issues, like empowerment and gender, emergency management during flood, hygiene and water sanitation, integrated management of childhood illnesses, rapid assessment of nutritional indicators of pregnant and lactating women and children under five years. Apart from others developmental issues, each women's group was given 4 sessions related to maternal and child health, maternal and child nutrition, personal hygiene and water and sanitation conducted by char health and nutrition worker supported by paramedic and their supervisors or developmental workers of the respected implementing organization along with programme organizers of PHD. The CLP area were divided into four geographical areas and one programme organizer of PHD was responsible to look after or supervise the programme activities.

Food and Nutrition Security

It is already told that this programme had and holistic and integrated approach. After selection of core participants, their households plinth were raised above the last known devastating flood level. Then settlement was installed along with provision of safe drinking water and sanitary latrine, asset transfer and stipend for maintaining the assets, training on cattle rearing, fowl raring, common diseases and remedies of those, develop vaccinator for cattle and fowl. Homestead gardening is one of the major activities of CLP. Agriculturist of the implementing partners with help of upazila agriculture department plan these and other activities jointly. After soil testing and germination, which plants and fruit trees could be planted in the households were selected and planted accordingly considering the water resistance as well. High yield variety was chosen for vegetable so that the households can secure with nutrition security within short period of time. On the other hand, they made their asset value higher within 3 to 4 months which also had an impact on food and nutrition security. Naturally within a short period of time income generation was started which give them food and nutrition security.

Role of PHD as Special Service Provider

The role of the PHD was in planning, designing, refining and lead the health and nutrition project of CLP as a special service provider and integrate project to other developmental activities. PHD did the pivotal role in mobilizing the government and non-government sector through advocacy, physical support and drag resources form local government and local administration. Development of paramedics, char health and nutrition workers, encourage good practice of existing TBS, drug seller, local practitioner through training was one of the major role of PHD. Development of basic training modules, clinical training module, IMCI, TBA training module, training module related to gender and violence and impart training and working strategies with define job description was the responsibility accomplished by PHD. PHD team was responsible for finding out the referral institution (primary, secondary and tertiary), liaison with different government sector (health, family planning, public health engineering, agriculture, livestock for tapping resources and made these departments to work as a team for integrated development of char population.

1.5 Increasing Safe Births Through Developing Community Midwives in Bangladesh

Developing Midwives Project (DMP) is in the half-way of its journey in order to develop 30 quality midwives for the country from HDC Khulna campus of PHD. DMP has successfully enrolled 30 students in two batches at PHD HDC Khulna branch with support from BRAC University under the non-government Diploma in Midwifery Education. PHD started this academic program with support from JPGSPH, BRAC University. DMP is very new, innovative and challenging initiative, particularly in Non-government Sector of Bangladesh, aiming to develop Diploma Midwives from the hard to reach areas those who will work to ensure quality services for safe deliveries and will contribute at the community level for reducing the maternal and neonatal mortality rate.

Inauguration & Enrolment of 2nd batch student

On 27 January 2013 PHD has organized a successful inauguration program in the presence of JPGSPH, where the Director of Khulna Medical College Hospital was the Chief Guest and the representative of Deputy Director FP (DD -FP) was the Special Guest amongst others. There was also a local women leader attended the program as Guest of Honour who is enthusiastic to support the CMDP & students. 30 selected students from remote areas of different assigned districts were admitted & permitted to continue the course. These students with their parents were the participants in the program & they raised their concerns in open discussion.

Cooperation agreement and Clinical placement

An agreement on visa-versa cooperation and collaboration was signed between PHD and Khulna Medical College Hospital (KMCH) to have clinical orientation for clinical practice of Obstetric cases. Under the guidance of the Associate Professor (Gyne & Obst.) of KMCH, 60 CMDP students participated in different practical sessions facilitated by the Doctors and Nurses of the hospital. Preceptors from CMDP supervised all activities and jobs performed during day and night duties by the students. Students were found sincere on duties and work with interest".

Extra curriculum activities

In addition to the academic functions students were engaged in different types of educational and recreational activities. Essay, drawing and music competitions were the major events that the students enjoyed very much and best performers are also awarded. Students observed International Midwifery Day, Safe Motherhood Day in participation of high officials of the DGHS and specialized doctors of the KMCH

CHAPTER 2: Research Interventions

2.1 Situation Analysis as a background document for developing TLMIB Country Strategy (2016-2020)

The Leprosy Mission International Bangladesh (TLMIB) started its work in Bangladesh in 1991 as a registered International NGO. Under the five year Country Strategy 2011-2015, TLMIB has been operating in 24 Districts, particularly in the northern part of the country with 6 programs and 22 projects. At present, TLMIB is going to develop the Country Strategy for the period of next five year from 2016 to 2020, and the **Situation Analysis** has been considered as a preparatory work to develop a **background document on current global and country context along with the present position of TLMIB and other stakeholders**, which will provide appropriate directions to TLMIB in setting up its country strategies.

Coverage of Situation Analysis

I. Analysis of present situation on the basis of Global and National Context and Priority, Country's Leprosy Situation and Gaps, Country's Disability Situation and Gaps, and Global Funding Situation and Donors' Commitment
II. Points of Discussion, Consolidation and Consensus
III. Recommendations and Conclusion

Key Findings

- **Inclusion of initiatives in other NTDs Elimination and Control-** TLMIB could address other NTDs in its existing working areas beside the current focus on further elimination of leprosy burden. However, TLMIB has to develop a strategic framework in coordination with concerned Government Agencies as well as other stakeholders
- **Early diagnosis and complete case management of NTDs-** TLMIB could contribute in early diagnosis and complete case management of Leprosy and other NTDs including timely case detection, initiation of proper treatment, morbidity control and reconstructive surgery for Grade 2 Disabilities in case of leprosy.
- **Capacity Building of Health Work Forces (HWFs)-** It is important to increase capacity of HWFs, particularly at the peripheral and primary level for better utilization of the HWFs in diagnosis, treatment and referral of Leprosy and other NTDs.
- **Awareness Raising to address Social Stigma-** It is important to address the Social Stigma with the people affected by Leprosy as well as other NTDs and their family members for visible behavioral changes among the community people.
- **Promotion of Rights for people affected by NTDs-** Persons with Leprosy and other NTDs do not have easy access for quality complication management service due to distance and quality of treatment. Most of the patients are mentally upset due to fear from social isolation. Promoting rights of people affected by leprosy as well as other NTDs in collaboration with Government and other development actors is another area, which TLMIB could explore.
- **Widen coverage of interventions to address the needs of the People with Disabilities-** Widen coverage of interventions in addressing the needs of the People with Disabilities in Bangladesh through Community based Rehabilitation (CBR) as it is important to address the requirements of the People with Disabilities for rehabilitating them through building partnership with National and International NGOs.

2.2 A Study of the Return on Investment (ROI): Nirapod: 'Saving Women from unwanted pregnancy and Unsafe MR'

Multiple studies conducted with garment workers showed that they are very much malnourished due to lake of awareness of reproductive health rights, health and nutrition, protecting them from violence and STI/HIV. The Objective of the Embassy of the Kingdom of Netherlands funded Nirapod intervention study was to develop capacities and raise awareness among the workers and their managers regarding reproductive health and hygiene, unwanted pregnancy, unsafe MR and abortion. As part of a consortium, Phulki implemented the project in RMG factories. Phulki had started implementing the 'Nirapod: Saving Women from Unwanted Pregnancies and Unsafe MR' since 2012. The project provided reproductive health, including menstrual health, education in order to reduce the prevalence of STI/STDs, develop protection against HIV/AIDS, and reduce unplanned pregnancies and to increase demand for safe MR practices and contraception among garment workers. As an outcome of the improvement in workers' awareness and behaviour, the Nirapod intervention project was expected to result in more hygienic environment, better health of workers and enhanced productivity garment factories.

Changes in knowledge and behavior- a comparison between base-line and end-line

- The proportion of workers who had heard of 'reproductive health' increased from 27% to 78%
- 19% of the respondents knew about menstrual regulation which has increased to 62%
- Possession of the knowledge of safe MR practices has increased from 10% to 81%
- Knowledge of safe MR period has increased from 9% to 36%
- Knowledge of key family planning issues increased from 73% to 93%
- Knowledge of the legal age of marriage for girls went up from 88% to 95% for boys went up from 16% to 43%.
- Key safe motherhood practices increased from 24% to 73%
- Knowledge of minimum number of ANC has increased from 35% to 55%
- Use of sanitary napkins has increased from 10% to 17%.
- Prevalence of the use of modern family planning methods among women workers increased from 54.9% to 67.4%

An Estimate of the Effect on Business

The NIRAPOD project was found to result in a significant increase in the productivity in a garment factory, for example, total gain in production was TK 3,487,127

Concluding Remarks

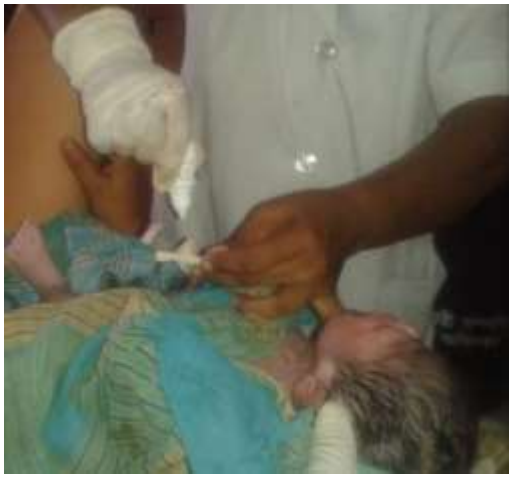
The study provides evidence that a small investment to enhance workers' reproductive health and hygiene awareness may contribute to improvement of the workers' behavioural practices and health and also contribute to a significant gain in factory productivity and thus profitability. While a gain of thirteen times the investment is very unlikely, there is a significant gain nonetheless.

CHAPTER-3: Capacity Development and Training Interventions

3.1 National Scale-up of the application of 7.1% Chlorhexidine Solution in the newborn umbilical cord

Bangladesh has achieved significant reduction in under five mortality, however, the country, have experienced relatively slower reductions in neonatal mortality which contributes 60% of all under five mortality. The causes of neonatal mortality have been well documented, with birth asphyxia, prematurity and infection the greatest contributors. There is currently a renewed global interest in reducing neonatal mortality by strengthening systems and interventions to address these causes. In 2013 Bangladesh declared its commitment for 'Ending Preventable Child Deaths by 2035', Application of 7.1% Chlorhexidine to umbilical cord stump was identified as one of the major interventions to achieve the target and hence MOH&FW has decided for national scaling-up of this intervention. In Bangladesh, newborn mortality claim major share of all under 5 death. According to the last Demographic and Health Survey (2011), overall under-five mortality decreased from 133/1000 live births in 1993 to 53/1000 live births in 2011. During this same time period, neonatal mortality also declined, but currently represents 60% of all under-5 deaths.

A contributing factor to higher neonatal mortality is the high rate of home deliveries (68%). Only 32% of all births are assisted by a skilled birth attendant. Again, only 26 % of women actually complete the recommended 4+ ANC consultations while 27% mother receive PNC consultation (within 2 days of delivery). Traditional practices are still predominant with regard to cord care, especially for home deliveries. Among the home deliveries, 41% caregivers apply something to the umbilical cord stump of their newborn. These practices likely increase the risk of sepsis and umbilical infection. Save the children Bangladesh and IMCI section took initiative to ensure application of 7.1% Chlorhexidine to umbilical stump of all newborn immediately after birth.



PHD implemented is implementing National Scale up of 7.1% Chlorhexidine for newborn cord care in 11 district (Barisal, Priojpur, Patuakhali, Burguna, Bhola, Mymonshingh, Jamalpur, Tangail, Netrokona, Sherpur, kishoregonj) of Bangladesh under the leadership of IMCI, DGHS with the financial support of MaMoni HSS project. During this period PHD has oriented all the facility service provider and community service provider under Health and Family planning department of Bangladesh Govt.

3.2 Training of Trainers (TOT) Course for enhancing Training Quality and Facilitation skills

Towards sustainable quality health care delivery at grassroots level through active participation of civil society organizations (TRASAN Project) implemented by Swisscontact in Bangladesh from March 2011 to February 2015. The project was funded by European Union. The project aimed to develop community paramedic to serve in rural Bangladesh and contribute towards sustainable quality healthcare services at grassroots level. Upon the success of TRASAN, ASTHA (achieving sustainability towards healthcare access) has been initiated with funding jointly by Novertis Global and Swisscontact aiming to sustainable healthcare service to rural Bangladesh.

The following are the intervention areas:

Intervention area 1: Build the capacity of Community Paramedic Training Institutes (CPTIs)
Intervention area 2: Improve the quality of the community paramedic based health care services by strengthening the community paramedic training programme
Intervention area 3: Create awareness among the community people

Participants: Trainers of Selected Community Paramedics Training Institutes

Team involved in training facilitation- PHD provides three senior professionals (2 training expert and 1 subject matter expert) along with co-facilitator and guest facilitator of speciality.

Training methods and materials

Following methods and materials were mainly used:

Lecture discussion	Role play	Quiz method
Brain storming	Problem solving	Simulation games
Hum group discussion	Demonstration	Question and answer
Buzz group discussion	Exercise	Card writing
Small group discussion	Case studies	Presentation
Large group discussion	Study circle	Pair group
Agree-disagree method	Margolis wheel	Panel Discussion
In-basketball	Pear Learning	Experiential learning

During training following materials and aids are used

Note book and pen	Making Tape	VIPP Cards, VIPP Board,
Sketch pen	Board pin	Flip chart paper and markers
Flip chart board	White board marker	Stimulation game
Power-point slides	Hand-outs	

Monitoring and evaluation of the training programme

Mood meter, spider web, top of the mountain, Scale meter were used to monitoring of the training. Training evaluation was done in scale with indicator of training objective achievement, quality of training materials and training techniques were how far participatory.

3.3 Children Resilience Building Training

Children without Appropriate Care (CWAC) Programme is one of the sub-thematic priorities for the child Protection Sector of Save the Children in Bangladesh. The programme is working for the support parents, caregivers and communities in providing appropriate care for the children. Particular attention is given to those children who are living under the circumstances that make them extremely vulnerable to all forms of abuse and exploitation including children sex workers and children infected with HIV. CHETONA is an integrated project of child protection and HIV/AIDS sectors of Save the Children in Bangladesh, aims to increase care and protection for children through enhanced family and community support and improved child protection system. With the support of Save the Children Australia and DAFT, CHETONA focuses on two extremely vulnerable and often excluded groups of children (children with HIV/AIDS and sex workers children) for their wellbeing by system strengthening, improved access to services and building community capacity.

Key deliverables of the assignment

The key deliverables are module development in the country and community context form global one, translation of the module in to Bengali and produce relevant materials for training and impart training

The Children Resilience Building Module/Manual is a comprehensive one covering diversified issues. In order to make the module more user friendly, PHD developed the manual into six splited module given below:

- Introducing ourselves
- We shall overcome; know resilience , be resilient
- I, we and our; be aware, ready to speak up and keep strong
- Fight to get back; keep protective from drug and addictions
- Be Resilient, Be a leader; I can do, help others to do

Team involved in training facilitation: PHD provides three senior professionals (2 training and capacity development expert) along with co-facilitator conducted the training programme.

Monitoring and evaluation of the training programme:

PHD Team used Mood meter, Spider web, Top of the mountain, Scale meter for training monitoring Training evaluation was done in scale with indicator of training objective achievement, quality of training materials and training techniques were how far participatory.

3.4 Staff Capacity Building Training on "Leadership and Advocacy Skills"-A training designated for the FPTRRP project of BWHC

With a broader goal to end "fistula"-a menace to motherhood, The Fistula Patients Training and Rehabilitation Project came into existence on November 2006 with funding support of UNFPA. It is a Partnership Project entitled "Fistula Patients Treatment and Rehabilitation Project, where Director General of Health Services is the Project Director, DMCH is the strategic partner for treatment, UNFPA is the partner for technical and financial assistance and BWHC is the implementing partner for rehabilitation activities. The exclusive feature for this project is, this the only initiative in the country that has strongly focused on the obstetric fistula patients, rehabilitating the cured patients in their community and a long term vision, developing them as an ambassador to campaign for elimination of fistula.

As a part of the mentioned intervention, FPTRR project of BWHC has planned to improve the knowledge and enhance the skills of the Officer-Field Operations through training on Leadership and Advocacy Skills so that they can coordinate at the door steps with health service providers, community and other stakes. Under the circumstances, BWHC hired Partners in Health and Development (PHD), renowned for training, to conduct the leadership training.

Team Profile

An expert capacity development team of PHD conducted the training includes Director Capacity Building, Training and Special Programme.

Training Quality Assurance

- **Ice breaking and creation of learning environment**- At the beginning of each day session, facilitation team conducted a comprehensive introduction to create learning environment by getting acquainted with each other through a process of Ice Breaking exercises. Session objective were described at the beginning of the each session
- **Use of energizer and Maximize Participation-** Considering the difficulties to keep adult learners attentive in the classroom and to ensure active participation in discussion and maximise the productivity by sharing the best to participants' existing knowledge and skills. Many subject re lated games and recreation exercise in each day has been initiated to stimulated participants' attention and participation in classroom discussion.
- **Training Materials and Aids**- PHD team used various training materials and aid to make the participant more active and for successful achievement of training objective. Various type of visual aids such as, poster, VIPP card, power point presentation, etc. were used in training session.
- **Demonstration of specialized PRA method**- An interesting PRA session held at second day where participants took a gross idea about two remarkable PRA tools: Force field analysis and Changing Trends. In that process, participants analyse the indicator of the tools in line with the fistula project and presented activities
- **Review and Evaluation-** Reviewing sessions and acknowledging the best performers among the participants was also done. Day evaluation was done by spider web, training course were also evaluated by the participant through scoring**.**

3.5 Union Parishad Orientation Workshop under MaMoni HSS project

Partners in Health and Development (PHD) has been engaged in in providing supports to Save the Children in conducting orientation workshop to the Union Parishad Health and Family Planning Standing Committee under MaMoni HSS project in Jhalokathi district.

The orientation programme integrated following issues:

- Adaptation with prepared Union Parishad Orientation Workshop Manual with updated maternal, child health, and family planning information and harmonized it with Jhalokahthi perspe ctive of MaMoni HSS programme
- Develop a feasible training plan and all sorts of visual perpetration for training conduction
- Provide training to 32 batches of Union Parishad Members and Chairmen

Course contents and its distribution over duration

Considering the practicality of Union Parishad Members' time constrains, the two days' workshop manual was designed by distributing 3.5 hours per day excluding all breaks. Thus PHD designed a seven hours workshop package, where a total of eight sessions were distribu ted over the duration. Course content was given below:

- Introduction and creation of learning environment
- Present situation of MNHFPN and MaMoni activities
- UEHFP standing committee
- Union level health service providing institutions and role of UP
- Allocation of utilization of budget MNHFPN
- Action plan and commitment
- Recapitulation

Management and Facilitation Team

PHD engaged its senior level professional as technical support team for this orientation workshop and deployed a well experienced Facilitation Team with appropriate combination of skills and competencies.

Accomplished status of UP Orientation Workshop

A total of 32 workshop had been organized under Jhalokathi district out of which 10 under Sadar, 10 under Nolchity, 6 under Rajapur, 6 under Kathalia. A total of 527 participant had received the orientation under the district.

Special features of Training Implementation

- Introduction to each other ice breaking and networking
- Sharing experiences for contextual reflections and minimising gaps

Action Plan and Commitment

PHD team has designed the last session of training as Action Plan. While conducting the session, facilitators intended to develop two sorts of action plan

- Action Plan to strengthen Union Parishad Education, Health and Family Planning Standing Committee
- Action Plan to improve MNHFPN situation in each Union
- Apart from this action planning PHD team had also collected commitment from each Union Parishad to implement that Action Plan

Course Evaluation by the Participants

The course was evaluated by five stage mood meter matrix such as 1=Moderate, 2=Good, 3=Very good, 4=Excellent