Annual Report 2016

PHD

Partners in
Health and
Development

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VISION

AN INCLUSIVE AND EMPOWERED SOCIETY WITH EQUAL OPPORTUNITY

MISSION

PHD IS A NON-PROFIT ORGANIZATION THAT-SUPPORTS DEVELOPMENT ACTORS IN MANAGING DEVELOPMENT PROCESS FOR SUSTAINABLE DEVELOPMENT; AND ENHANCES QUALITY OF LIFE OF THE PEOPLE WITH PARTICULAR EMPHASIS TO MARGINALIZED AND LESS PRIVILEGED THROUGH IMPROVING ACCESS TO LIVELIHOOD OPPORTUNITIES

Contents

HISTORY & MILESTONES

BPHC TO PHD - THE JOURNEY AND MAJOR ACHIEVEMENTS

2016 — Grant received for IECMNCH project in Tangail district from UNICEF-KOICA. Initiated ICHWs project at Barisal

2015 — Grant received for IECMNCH Empowering Women for Improved livelihood project in Patuakhali district. Started Urban Health Strengthening Project also.

2014 — Grant received for IH&NHMYC project in three district- Bandarban, Cox'sBazar and Netrokona from UNICEF-GAC

2013 — MNHI project scale-up phase started in Bagerhat, Patuakhali and Moulvibazar district.

2012 — Strategic Plan Developed for 2012-2016. Awarded Community Midwives Development Program of JPGSP & BRAC, to implement at Khulna. Also awarded to provide TA to PHCFP Component of CLP project. Also awarded for a baseline study under Dutch Ministry of Foreign Affairs MFSII, in collaboration with INTRAC.

2011 — Entered into WaSH field, through WaSH Rights training for LGIs (UP) and CBOs. Also Conducted Rapid Assessment in Five Cities under UIEP of ILO

2010 — Assessed Functional Competency needs and gaps for HIV/AIDS Targeted interventions District and also awarded 5 package intervention of UNICEF

2009 — Grant received for Maternal and Neonatal Health (MNH) Initiative, a joint GoB-UN project implemented in Moulvibazar District

2008 — Awarded Maternal neonatal and Child Survival (MNCS) project of Unicef and Community Clinic project of NGO Foundation along with other Capacity building services

2007 — Recognized as Capacity building service provider for large volume of participants and awarded by ORBIS International to provide PEC training to 2900 participants at 11 Districts

2002-2006 — TA to NGOs in CHT to establish health rights of indigenous communities in Bandarban District, Strategic Planning of Islamia Eye Hospital and Development of National Policy on Parasitic disease and Strategic Plan for Soil Transmitted Helminthiasis & Filariasis Control

2002 — BPHC transformed into PHD, an independent not-for-profit organization with new scope to support development objectives with a range of international and national development partners, NGOs and Government departments.

1999-2005 — Acted as Public NGO Partnership (PNP), a component of HPSP of DFID and provided support to the Government of Bangladesh's Health and Population Sector Program to develop and promote strategies to improve access to ESP through working with 36 NGOs

1993-1998 — Awarded by DFID, CIDA, SIDA and Government of Netherlands for fund receive and supported 56 NGOs for ESP delivery across the country under HNPSP

1988-1992 — Supported 38 NGOs to implement 38 MCH/FP projects in 20 districts and capacitate them to response to natural disaster

1988 — Journey started in Bangladesh as Bangladesh Population and Health Consortium (BPHC), a project of the UK Government's Department for International Development (DFID)

Massage from the Chairman

In spite of its political instability, Bangladesh set an example for other lower-income countries. In 2016, after facing the challenges to meet the eight millennium development goals (MDGs) set by the UN, we are now making our selves ready for SDG. This is 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 this year PHD launched its livelihood program with the assistance of Australian High Commission in Patuakhali 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

FOREWORD

The Annual Report 2016 describes the interventions under different projects and assignments with major achievements and lessons learned by PHD over the year. PHD implemented nine projects in twenty two districts of Bangladesh. Beside the projects, PHD undertook several training and capacity building assignments under short-term agreement with UNICEF Bangladesh, Save the Children International and Project Concern International. Moreover, PHD also executed two formative researches with Ministry of Health and Family Welfare adopted Safe Blood Transfusion Program and Urban Health Strengthening Program.

During my involvement as Managing Director since 2007, after lots of ups and down, the year 2016 has produced better results for PHD in terms of business portfolio. PHD started implementing two new development projects this year.

In addition, PHD has established admirable 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 in intervention area in Education sector. Change of focus in addressing other development sectors requirements under a holistic approach is a big challenge for the future.

Abdus Salam

Our Board

Chairperson	Vice-chairperson
Dr. K. M. Rezaul Haque	A.J.M. Ifjalul Haque Chowdhury
Secretary and Managing Director	**Treasurer**
Abdus Salam	Dr. Saqui Khondker

Members

Shahid Hossain
Hosneara Khandker
Khodeza Begum
Zaheda Ahmed

2016

Improving Effective Coverage of Maternal, Neonatal and Child Health (IECMNCH)

Project Area: Tangail

2015

Urban Health System Strengthening Project

Project Area: Jessore, Mymensingh, Dinajpur

2016

Improving Community Health Workers (CHWs) Performance

Project Area: Barisal

2015

Empowering Women for Improved Livelihood through Skill Development

Project Area: Patuakhali

2014

Improving Health & Nutrition for Hard to reach Mother and Young Child (IH&NHMYC)

Project Area: Coxs'Bazar, Bandarban, Netrokona

2014

Diploma in Midwifery Program (CMDP)

Project Area: Khulna

2014

MaMoni-Health System Strengthing

Project Area: Jhalokathi

2014

Maternal & Neonatal Health Initiative (MNHI-ComSS)

Project Area: Moulvibazar, Bagerhat Patuakhali

2013

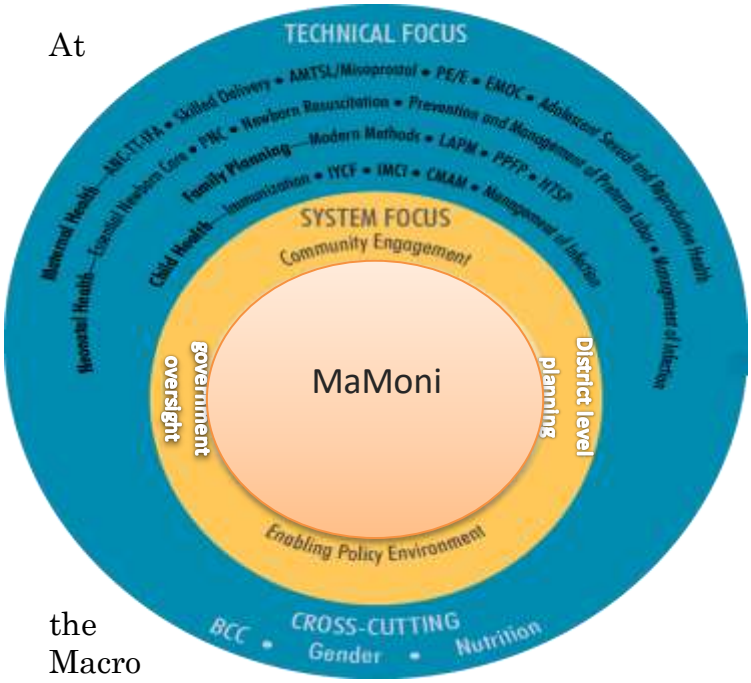
Chars Livelihood Program (CLP)

Project Area: 8 Northern districts of Bangladesh

MaMoni HEALTH SYSTEMS STRENGTHENING PROJECT

The Integrated Approach to Health (Maternal, Newborn, Child Health, Family Planning and Nutrition or MNCH/FP/N) popularly known as **MaMoni Health Systems Strengthening (MaMoni HSS)** Project has been named as Save the Children's newest-and seventh-**Signature Program** and PHD is the proud implementing partner of this program. The program has been working in Jhalakathi from June 2014 and and two upazilas of Pirojpur district from year three (October' 2015) is being implemented by PHD.

The project builds on MOH&FW capacity to deliver high-impact services, while supporting community-based strategies that increase demand for and use of these services. MaMoni collaborates with MOLG and the Ministry of Women and Children Affairs (MOWCA) to ensure local ownership, gender equity and sustainability.



At the Macro level, MaMoni-HSS efforts are designed to contribute to stabilize the population and improve health and nutrition. The specific goal of the MaMoni-HSS Project is to improve utilization of integrated MNCH/FP/N services in the selected districts.

Major Accomplishments

Skill development and facility enhancement:

In order to improve Service Readiness through Critical Gap Management Project has provided lots of efforts to develop capacity through organizing training such as Orientation for District, Upazila & Union level service providers on QI, SACMO meeting on Sepsis Management, Sensitization workshop for UP Chairman on MNCHFPN Issues, Village Doctors' Orientation, TBA Orientation, Orientation for CSBA & CSBA on FP, PPFP for home deliveries (CHCP) etc. Deployed Five

Paramedics to minimize critical gaps, Established SAM corner with accommodation of 02 bed at Upajila Health Complex, Rajapur along with making person skilled through providing Training on SAM &ToT on CMAM, provided support in establishing KMC corners at three different facilities (District Hospital, Kathalia UHC and Nalchity UHC).

Systems Strengthening:

With an inclusive approach focusing Accessibility, Availability, Utilization and Quality of ANC, PNC, SBA, ENC and Family Planning services, project has organized district planning workshop in Pirojpur High Intensity area. Aiming to strengthen health system minimizing service gaps, workshop purpose to identify low performing unions, address most critical interventions and supply- and demand-side bottlenecks to accelerate implementation. Based on the outputs of this workshop, union level planning has been conducted at six upazila for 2 low performing unions at each upazila.

24/7 NVD facility preparedness:

One of the main service strengthening approach of this project is to establish 24/7 service at FWC level. Project has initiated 24/7 service up gradation in 11UH&FWCs under Jhalakathi. These efforts of facility preparedness include HR support, skill development, facilities provide and mostly renovation work. This effort has a great impact on emergency obstetric care and management.

Changes that create visibilit

Shilpi Begum (30), the Balakdia village dweller of Binoykathi Union, Jhalakathi Sadar, admitted to UH&FWC for getting Normal Vaginal Delivery (NVD) service on August 22, 2016 and finally delivered a female baby. It was her third delivery. She has two more children and none of them were born by skilled birth attendant. This time she came to know about ANC services through a BCC activity organized by the project where a video program was shown on ANC, PNC and Neonatal care. The video encouraged her a lot and she chronologically received all the ANC services and later give birth at the 24/7 NVD services at Binoykathi UH&FWC.

EMPOWERING WOMEN FOR IMPROVED LIVELIHOOD THROUGH SKILL DEVELOPMENT

"**Empowering Women for Improved Livelihood through Skill Development"** project is a market driven and community led intervention that will establish women's rights through enhancing their leadership quality, income generation, asset management and decision making. It is going to support, empower 50 women in 5 communities under Patuakhali District through increased contributions to production and household wellbeing. Soon after the agreement signed between PHD and Australian High Commission 17th February, 2016, PHD's senior management team has to start the project from 1st March 2016 at Kalapara Upazila in Patuakhali. The overall objective of the project is empowering disadvantaged and underprivileged women to enhance control over productive resources and improved livelihoods.

Joint Community assessment; Step towards involving women

Ensuring women participation is every steps is the core to this program. Thus PHD designed the community assessment process as a combo package consists with multiple participatory tools; such as- Community Resource Mapping (CRM), Income-expenditure Tree, Mobility Mapping and Wealth Ranking. Output of this process includes, knowing about the boundary of a particular area, types of settlement, classification of families like Extreme poor, Poor, Middle class and Rich, resource identification, communication system, mood of transport, various institutions and women accessibility, vegetation, types of business etc. This information's could be used in planning, monitoring of Direct Aid fund project as well as help to identify direct beneficiary.

Need based trade selection: Stairway to women empowerment

Findings of community assessment help PHD finalizing the 50 direct beneficiaries and then selection of trades. PHD identified the skill gaps between existing skill and required skill to develop business for selected direct beneficiaries, then develop a module for DB on TBST to capacitate them and start the training on TBST. The content of the modules are

- Hands on practice of sewing trade
- Domestic Animal farming
- Cultivate Vegetable

PHD also analysed the findings from PRA to select indirect male beneficiaries to sensitize them on women empowerment and play as supportive role.

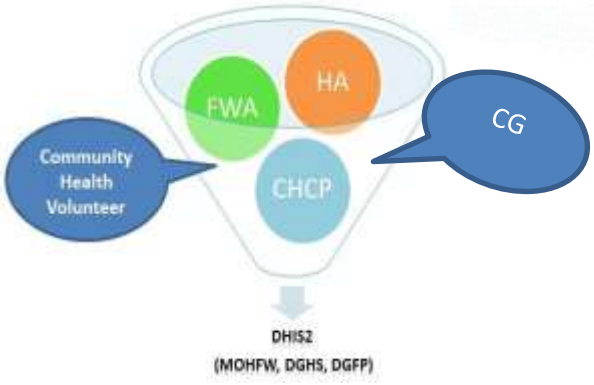
Sensitization orientation with Indirect Beneficiaries: Promote enabling environment for women empowerment

PHD has selected 50 Male Indirect beneficiaries for the 5 communities of Kolapara upazila in Patuakhali district. The indirect beneficiaries are selected on the basis of the tailor, livestock and vegetable profession. This group of people are benefited from the direct beneficiary's profession selected by PHD. There will one workshop in each of the five communities with these IDBs to sensitize them about women empowerment. They will be given different shorts of ideas about the necessity of the women professional involvement in the community.

Continuous of Trade Based Training: developing skilled women entrepreneurs

PHD hires the resource person from HDC to conduct the Trade Based Skill Development Training. PHD focal person made the monitoring of the training for quality assurance. The Community Facilitator organized the said training with the assistance of GoB experts. They are also subject matter specialist for this training. PHD has developed Trade based training manual with the support and guidance of GOB and trade based expert and also organize Master TOT & Test run for the Facilitators. The training has broad design to give brief about Employment and Entrepreneurship, importance and sources of employment, Qualities of small entrepreneur and also coordination between partners and indirect beneficiaries.

IMPROVING HEALTH & NUTRITION FOR HARD TO REACH MOTHER AND YOUNG CHILD (IH&NHMYC) PROJECT



UNICEF, with the Government of Bangladesh had launched a five years' project '**Bridging Equity Gaps in Maternal, Child.** As part of the above project, the proposed intervention, **"Improving Health & Nutrition for Hard-to-reach Mother and Young Child in Three Districts",** was prepared to complement and supplement 'BEGin MNCHN' to achieve its intended objectives through facilitating and supporting the local health system. In particular, the intervention has facilitated the process of connecting local health systems with community support system and with the local government institutions. It has capacitated the local health service providers to track MNCHN Service Delivery to the poor and the women, particularly the disadvantaged community by poverty, ethnicity and Hard-to-reach consideration.

The project has been implemented in three most disadvantaged and hard-to-reach districts of the country, Netrokona, Cox's Bazar and Bandarban. The project has reached around 5 million people, who are living in 186 unions and 25 upazilas of three districts. PHD successfully completed first three year of implementation period (2014-2016) and now entering in consolidation and phasing out process from 2017.

Achievement so far:

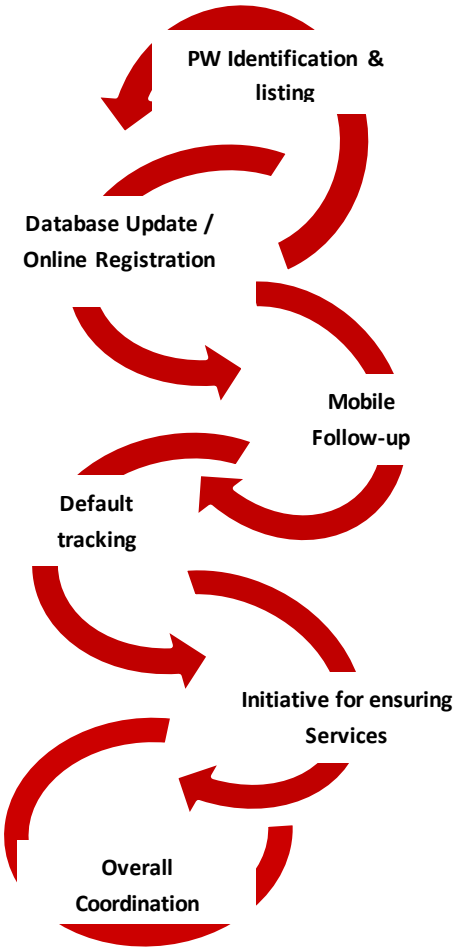
Household Mapping established as a navigating tool for CGs- The project developed Household Maps in more than 2000 villages under the catchments of all Community Clinics.The health mapping has been proved as a navigating tool for the CGs in identifying PW & New-borns with their poverty status, and in tracking to include them within the Service Coverage. Regular updating of information in health maps is in practice, and continuation of this practice is important.

- ***Capacity of Basic Health Workers (BHWs) enhanced-*** The project has also provided number of trainings to Basic Health Workers (BHWs) on ANC, ENC & PNC Counselling, and Community Case Management (CCM) under C-IMCI protocol, Household Mapping and Default Tracking etc. These trainings have capacitated BHWs to conduct counselling sessions, manage Community Cases

and prepare reporting, which has been reflected in online reporting with significant increase of effective coverage in management of pneumonia and diarrhoea cases.

- ***CGs empowered in managing CC based MNCH Interventions-*** The project team has facilitated CG monthly meetings in order to revitalize and empowered CGs for ensuring optimum uptake of MNCHN services.
- ***Community Referral facilitated with financial support for poor PWs and U5Cs-*** The project has successfully established Community Referral System with provision of financial support for PWs and U5Cs from poor families.
- ***UDCC acted as a platform for mobilizing local resources to improve Health Facilities-*** The project has mobilized local resources
- for facility improvement, particularly by involving Local Government Institutions in the process. Over 150 health facilities have received various supports in terms of cash as well as in kind, especially for electrification, earth raising, fencing, repairing and maintenance solar panel installation, etc.

Coordination approach for Default tracking



- ***Union based target oriented approach executed for improving Online Registration-*** One of the major impacts of this project was Union Based Online Registration approach. In later half of the year two (2016) both PHD and UNICEF came to an accord to promote online registration based on population target to cover all of the rural.

Districts	PW Registration		U5C Registration	
	2015	2016	2011-2015	2012-2016
Netrokona	96%	56%	75%	57%
Cox's Bazar	73%	80%	38%	62%
Bandarban	89%	110%	86%	104%

Proposed Consolidation and Phasing-out Process

The consolidation and phasing-out process will be implemented based on the following strategic directions-

I. **Phasing out of District Program**- a cost-effective approach to be planned and executed for gradual phasing out of district level project inputs

II. **Phasing-out of Community Clinics based project interventions**- a gradual phasing out plan to be designed and implemented in line with Performance Standard with Benchmarks and Handover Modalities

III. **Selecting DEPB Interventions in Upazila level-** where further supports to be given from project during extension period

IV. **Developing Union Parishad (UP) Action Plan to contribute in MNCHN Interventions-** an endeavour towards integrating LGIs in local health system

V. **Linking CHSWs & CSBAs with the respective CCs-** an initiative to mobilize potential human resources in local health system strengthening for increasing MNCHN coverage

VI. **Utilizing HMIS-** a joint initiative to acquire full benefits from DHIS 2 for promoting Online Registration (PWs and Under 5 Children) and MNCHN Service Coverage

VII. **Disseminating Good Practices and Lessons at National level-** a partnership initiated between PHD and Community Based Health Care (CBHC) through signing of MoU to create connectivity between the front-line service providers and policy makers

DEVELOPMENT OF COMMUNITY SUPPORT SYSTEM (COMSS) FOR MATERNAL, NEONATAL AND CHILD CARE SERVICES (MNHI-COMSS)

Under the Project Cooperation Agreement between PHD and UNCEF, PHD has been implementing its scale-up phase of 'Community Support System (ComSS) intervention for accelerating progress towards maternal and neonatal mortality and morbidity reduction under Joint UN Maternal and Neonatal Health Initiatives (MNHI) in Bagerhat, Patuakhali and Moulvibazar District.

Being a successful implementer of two phases of ComSS approach in Moulvibazar, Bagerhat and Patuakhali District, UNICEF and PHD agreed to work together to implement the start MNHI program under Small Scale Funding Agreement- SSFA for the period of (January 2016 to June 2016) with limited resources by using earlier experiences, emphasizing sustainability. This project has been implementing at national level as well in the respective project districts with the key approaches and geographical coverage.

Mainly the responsibility of these interventions are in the National Level which will be strengthening the capacity of RCHICIB, share lesson learned from field and mobilizing resources to scale up provided ComSS interventions. The responsibility from the district level will be strengthening further capacity of district and upazila.

Experiences of previous MNH Interventions revealed that ComSS mechanism succeeded breaking invisible barriers that limits women's access to service entitlements. CG capacity building, its functional integration with health system, various innovative activities, joint monitoring with Upazila Health with Upazila Health authorities and different initiatives for learning sharing produced significant outcomes in ensuring vibrant relationship between rights holders and duty bearers in the working areas. Confidence of Women in family and community level decision making increased as a result of their participation in different events for claiming their reproductive rights and raising voice to the duty bearers.

Qualitative achievement

- **Health Care as a social norm** - PHD succeeded stimulating families/communities to value and practice maternal and neonatal services as family/social norm by bringing all family members in birth planning process. Now-a-days families are not considering pregnancy and delivery is a women-issue. Previously women were somehow restricted to receive health services from service centers situated in public places and showed considerable reservation to receive services from male service providers. ComSS interventions achieved a great degree of success in mobilisation of women and children to receive services

and in breaking invisible barriers that restricted women to visit health centers in public places.

- **Effective platform of bridging between "right bearers" and "duty bearers":** MNHI proved as effective platform of bridging between "right bearers" and "duty bearers" by creating demand at community level. As a result GoB had to respond to address these demands by increasing supply of health services and ensure accountability of frontline health workers at community level. So it should be continued through strengthening collaborative effort among GOB and ComSS intervention to ensure community participation in health system.

- **Communal action towards 3 delay model:** Willingness of CG and other community leaders in facilitating immediate transfer of women with obstetric complications to an appropriate EmOC facility through referral mechanism enhancing the decision making process at the household level and creating awareness among community members about the danger signs of obstetric complications and the availability of EmOC services is increasing contentiously. For further effective coordination, GoB needs support from MNHI to address referral cases from community with prior attention and provide in time service.

- **Publicizing Breastfeeding:** Breast feeding has been publicized through **public declaration**. As a result public became aware on good health care practices at household level.

Health Fair; an innovative approach to bring all the Health Service Providers together

An innovative program of PHD MNHI program is Health Fair. This innovative program has gathered all the health service providers, health beneficiaries, and all kind of stakeholders in a common place of health fair. This intervention has ensured participation of Upazila Chairman, Vice Chairman, UNO, UH&FPO, MOMCH, Union Chairman, UP member, Elite persons, GO- NGOs officials, Health and Family department, CG, CHVs and PWs. A lot of interested people attended and received respective or needful services from there. Everybody enjoyed as well as become aware about various health service centers. This also provide a scope for local social and religious leaders, elected representatives to advocate for improve home care for mothers and children and educate for early care seeking.

IMPROVING COMMUNITY HEALTH WORKERS (ICHWS) PERFORMANCE PROJECT

"Improving Community Health Workers Program Performance through Harmonization and Community Engagement to Sustain Effective Coverage at Scale" commonly known as ICHW project. It's a collaborative and multi-country project funded by USAID's Global Health Bureau (GH) and UNICEF, is supporting Save the Children in Bangladesh. The project is being implemented by Partners in Health and Development (PHD) in Barisal district, covering six upazilas/sub-districts that are Barisal Sadar, Banaripara, Bakergonj, Babugonj, Wazirpur & Gournadi.

The project is working for strengthening national policies, systems and implementation mechanisms related to community health workers addressing the major barriers and support the government and their key partners in improving community health programming in the country. Purpose of the project is to overcome systems and gender barriers to sustaining high quality CHW services at scale. The project works on the following thematic areas- influence systems and policies, Inclusive and effective Partnerships. Coordination and collaboration between government, civil society, and the private sector to influence national and local policies and plans are one of the core area of focus of this project.

Converge of ICHW Project in DLL

Total upazila	Total Union	Total population covered by the Project		
		Male	Female	Total
6	54	700,759	667,429	1,368,188

Revitalization/ Reactivation of UEHFPSC: 20 (37%) out of 54 UEHFPSC was formed but not in accordance to the GoB guideline. That's why it became urgent to reform the committee & accordingly the activity is revised considering its budget and prior activities. So, as per instruction of SCiBD, PHD team started first to reform UEHFPSC. Project also reformed 54 UEHFPSC as per GoB guideline.

CG Strengthening: Committee reformation and conduct Community Group (CG) meeting is one of the important activities of ICHW project which aims to engaging the community people with CC and to improve the service quality and facilities of the Community Clinic. It is found that whenever the CG/CSG members are well aware about their roles and responsibilities and get cordial support from others, it make them motivated towards engaging and facilitating community health care services.

'Development of community clinic through community engagement'

Ismat Ara, 34 years old lady, is a Community Health Care Provider (CHCP) of South Rakudai Community Clinic of Babuganj upazila under Barisal district, a truly dedicated person towards the CC. She has been working as CHCP since 2011. Being the daughter of land donor of the CC, she always thought for the development of CC, how to standardize of health facility and environment of the CC. But it was not possible to develop the service and surroundings of the CC by her single effort. For that reason she tried to engage CG and CSG members as her supportive agent but failed to make them organize.

Ismat Ara, CHCP, South Rakudia CC, Rakudia Union, Babuganj, Photo by: Moniruzzaman, UC, Babuganj

ICHW project communicated with Upazila Health and Family Planning Officer, chairperson of CG and CSG in this regard. Being supported by ICHW project she arranged CG/CSG meeting in presence of ICHW project staff to make the group members more aware and well-motivated to their roles and responsibilities. Now she is able to conduct regular meeting and the participation number is satisfactory.

They have already appointed a lady to keep the CC clean, taken action to get electricity connection, earth filling with the support of union parisad and developed an action plan for 2017.

Finally Ismat Ara, the CHCP said, "I am highly satisfied with the great initiatives of ICHW project because at the beginning stage, project is trying to find out the inherent gaps in local health and administrative system and accordingly taken initiatives for minimizing the gaps with engaging respective stakeholders, CG/CSG & UEHFPSC members and community people".

IMPROVING EFFECTIVE COVERAGE OF MATERNAL, NEWBORN AND CHILD HEALTH SERVICES TO REDUCE PREVENTABLE CHILD DEATHS (IECMNCH)

Since 1st October 2016, PHD has been implementing Community based Interventions for Improving Effective Coverage of Maternal, Newborn and Child Health (IECMNCH) Services in Tangail District for Reducing Preventable Newborn and Child Death under the Project Cooperation Agreement with UNICEF. The project is funded by KOICA. The project aims at "Reduction of Maternal, neonatal and under-five child mortality and morbidity as well as improvement of Young Children's growth and development" with following purpose "Key health care practices at household level improved along with timely care seeking from appropriate providers through creating an enabling environment where community, local government, NGOs/CBOs Networks and Health System are mobilized and engaged in functional collaboration for producing effective coverage of MNCH Services". The project will work on mainly following five output areas-

1. Local Governance improved for producing functional linkages with Local Health System to ensure Community-based MNCH and Nutrition Services
2. Capacity of Service Providers developed for improving quality of MNCH Service Delivery
3. Demand of MNCH Services increased
4. Community Health System Strengthened and better integrated with HMIS
5. Lessons learned documented, consulted and transformed into an exit strategy

As of first quarter, from October to December 2016, PHD successfully set up district and two field offices and recruited all project staffs. PHD also introduced the project at Tangail district by District Launching Workshop where all national and local stakeholders were present. Following by that, PHD organized Upazila Sensitization Workshops in all upazilas of Tangail. These activities allowed PHD to develop positive vibration and sensitized local government and local health systems towards both the organization and project. PHD believes in upcoming year this positive start will contribute in achieving goal and purpose of the project with greater engagement of local government and health system.

URBAN HEALTH SYSTEM STRENGTHENING PROJECT

UHSSP is an Urban Health Project implemented under the leadership of Options UK, where PHD acted as Host Organization with responsibilities for Administrative and Financial Management as well as for Implementing Output 1 and 4.

In late December 2015, the Government of Bangladesh approved the Urban Health Systems Strengthening Project (UHSSP) for the period of January 2016 to March 2018 as an off budget TA project of the MOHFW and an initiative within the 2011-16 health sector programme to support urban health development. A Memorandum of Understanding (MoU) was signed between DFID and the External Relations Division (ERD) following which the MOHFW formed a Project Monitoring Committee (PMC) to oversee project implementation.

Initiation of UHSSP Intervention

In its first meeting in January 2016, the PMC reviewed the UHSSP Project Implementation Plan (PIP), selected Mymensingh City Corporation, Jessore & Dinajpur Municipal Corporation as three pilot locations, and approved the project's work plan for first six months (January - June 2016). UHSSP implementation started as planned in January 2016 with a focus on strengthening the efforts of MOHFW to improve coordination for urban health services. The project also focused on building the capacity of the ULGIs of the pilot locations for stronger leadership and improved governance. In February and March 2016, project launch meetings were held in the pilot locations. These were attended by all key local stakeholders and representatives of the PMC from Dhaka. The participants expressed their interest to take part in project activities and support the attainment of the project purpose and goals.

Key Achievements by each of four UHSSP outputs

Output 1: Strengthened coordination amongst the government ministries, ULGIs, DFID urban health partners, key urban actors and other urban health NGOs

- Meeting of the **Urban Health Working Group** was held on 30 November 2016, and Additional Secretary of Urban Development, Local Government Division (LGD) chaired the meeting and most of the UHWG members including Joint Chief Planning, MOHFW attended. The participants agreed to fully support the UHWG and call the meeting of the inter-ministerial UHCC as soon as possible.
- Deputation order issued for **placing Medical Officer (MO)** from MOHFW to Jessore and Dinajpur Municipality Health Department (MHD), orientation for

the new Health Officer completed, minor refurbishment work of his office and MHD carried out, two computers with printers installed, a set of basic patient examination tools and equipment provided to support functioning of a primary care consultation unit.

- **City Landscaping and Facility Mapping** was completed in Dinajpur and uploaded in Directorate General of Health Services (DGHS) urban health atlas portal www.urbanhealthatlas.dghs.gov.bd
- In all three municipalities, **City Health Plans** were prepared; and they were reviewed and endorsed/approved by the MHCCs. In all three municipalities, City Health Plan implementation review meetings were held in all three pilot locations with participation of the Panel Mayor, Municipality Chief Executive Officer, Senior Health/Family Planning (FP) Managers, Municipality Health Department officials and Non-Government Organisations (NGO) managers. Progress and challenges with the implementation of the CHPs were discussed and consensus was reached to cover all slums with NGO Satellite services and mergers of possible EPI service centre with the Satellite Clinics run by NGOs.
- In all three pilot locations, urban health coordination workshops were held, and two of the three **Municipality Health Coordination Committees (MHCCs)** formed last quarter held their first meetings and taken up actions required to ensure better service coverage of the slums. **Ward Health Coordination Committees** are formed in all 42 wards
- Stakeholder consultation meeting held on the draft **urban health coordination roadmap** and a small task team engaged to incorporate further feedback and prepare the final report for presentation to PMC and UHWG

Output 2: Integration of urban HMIS into DHIS2 and development of a common health management information systems for ULGIs for piloting

- **City Health Profile** for three cities prepared, dashboards created and profiles uploaded
- Common **urban Health Management Information System (HMIS)** draft data entry formats were developed and consensus reached to use the format for reporting into DHIS2 and to the Municipalities
- **Customization of DHIS2 to capture urban HMIS** was completed, and Bangla version of the customized DHIS2 software operational manual developed, and DHIS2 data entry hands on training completed in all three municipalities, where a total 86 participants from 39 agencies participated.
- Population of MIS data into national DHIS2 portal initiated by 33 NGO service outlets and 3 MHD, and Monitoring visits started to check quality of data and provide trouble shooting supports

Output 3: Harmonising safety net provisions

Baseline surveys were completed, finding were shared with stakeholders centrally and in three locations, and further analysis of Baseline survey data started.

- **Trail listing of Extreme Poor (EP)** following a consensus process and involvement of stakeholders and verifications by the WHCC completed in 3 selected wards
- Process initiated to **synchronize health safety net provisions** with national approaches such as BPD (Below Poverty Database, for poverty listing) and SSK (Shastho Shurokkha Kormoshuchi, common health care entitlement card for the extreme poor)
- **Common Health Care Entitlement card (CHCEC)** and information banner printed after field testing and distributed to the extreme poor (EP) in 3 selected wards of Jessore and Dinajpur.. A concept note drafted for assessing the use of CHCEC by the UHP partners, who have already started to honour the CHCECs
- 250-bed General Hospital agreed to facilitate the promotion of and service provision to CHCEC holders

Output 4: Strengthened institutional capacity of LGD, MOHFW, ULGIs and DFID UHP partner NGOs to develop and implement effective strategy and action plan for delivery of health services to the poor

- **Project Orientation workshop** for core groups from three pilot locations was completed Preparation for leadership training
- **City Health Plan (CHP) planning** teams trained
- **Study Programme** for a five member team consisting Mayors and senior officials of MOHFW and LGD was arranged in London. The team visited and attended urban health discussion sessions at Southampton University, Options London office, Tower Hamlet Public Health Department and a GP practice.
- **Orientation of MHCC** was completed in Dinajpur and initiated the process of activating ward health committees
- **Residential training course on Urban Health Systems Strengthening** was designed, and a total of 63 local level managers of MOHFW, ULGIs and NGOs were trained
- Capacity building **training for 46 MHCC members** were arranged in Mymensingh and Jessore
- Two-day long training courses for **capacity building of the Ward Health Coordination Committee (WHCC) members** started and a total of 411 members of 42 WHCCs of the three municipalities were trained
- **Orientations on the CHCEC** were carried out for the Ward Health Coordination Committees (WHCCs) and the.
- Additional trainings identified based on CHPs were organized on **EPI and Couple Registration**. A total of 20 NGO field staff participated in a Couple Registration Training and 101 municipality and NGO staff participated in the EPI Training

Project 8

DIPLOMA IN MIDWIFERY PROGRAM (DMP)

PHD's academic program Diploma in Midwifery Program (DMP) has successfully completed its first batch of graduation program with 30 students and enrolment of new 60 students in 2nd and 3rd at PHD HDC Khulna branch with support from JPGSPH, BRAC University. CMDP is very new, innovative and challenging initiative, particularly in Non-government Sector of Bangladesh, aiming to develop Community-based 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. The 'Diploma in Midwifery program is designed to develop a competent and compassionate cadre of diploma midwives to serve the underserved rural and urban areas and increase the coverage of quality of maternal health services.

Inauguration & Enrolment of 3rd batch student: On 29th February 2016, PHD organized the inauguration program of DMP 3rd batch in presence of Dr. Pandora T. Hardtman, RN, CNM, Director of Midwifery Education DFID/BRAC, DMP, BU, where students with their guardians and DMP staff members were participated. New students were raised their concerns in regard to facilities, terms & condition of the course and agreed to maintain the rules & regulation of the program.

Skill Practices and Clinical Practices

Skill Practices

Skill practices are provided an opportunity for students to exercise practically in the lab, particularly on what they have learned from the lectures under MWD-203 and MWD-290. Skill Practices were conducted in lab rooms with different demonstrations, such as, NVD, AMTSL Episiotomy, Immediate Newborns' Care, Newborns' Resuscitation, Adult Resuscitation, Drug Administration in different routes, and Infection Prevention.

According to the modules 203 & 290, all students were practiced their skills of- i) managing Eclampsia & Pre Eclampsia patient, ii) taking blood sample, iii) blood transfusion, iv) Breech delivery, v) Shouldering Dystocia, vi) Cord prolapse and vii) Vacuum Extraction. Faculty Members provided encouragement and positive support to the students on how to practice without checklist, so that they could change their habit of memorizing the checklist

Clinical Practices

In the beginning, DMP Team organized clinical placement of faculty members. DMP team communicated with the respective authorities and signed an agreement on visa-versa cooperation and collaboration between PHD and the Khulna Medical College Hospital (KMCH). PHD signed a Memorandum of Understanding (MoU) with the Khulna Medical College Hospital (KMCH), and deployed DMP students for clinical practices on different learning issue under module No-122,191,192,123,193 and 194. Under the leadership of Associate Professor (Gyne & Obst.) of KMCH, DMP students participated in different practical sessions facilitated by the Doctors and Nurses of the hospital. Preceptors from DMP supervised all students' activities and jobs performed during day and night duties.

Gyne and Obs Department agreed to share feedback on student's performance at the KMCH with DMP Team. Head of Gyn Department praised our students' performance by saying- '***Although students are mostly from Arts background but they were found very sincere to their duties and working hard with interest'***.

The major issues of practical sessions during clinical placement were-

- ANC, PNC, Family Planning Services at the Out-patient Department through Taking History, Clinical Examination, Communication and Counseling
- ANC and PNC at Obstetric and Gynae Inpatient Department through Taking History, Clinical examination, Communication and Counseling)
- Normal Vaginal Delivery, Use of Partograph, Active Management of 3rd stage of labor
- Episiotomy and Perineal Tear Repair, Post-natal Care, and Essential Newborn Care

Community Placement

Community Placement is necessary in DMP to inform each community about the program. The midwifery students placed in various health clinics in order to develop healthy relationships with all allied health care workers in sexual reproductive, maternal and newborn health. It is also important that all faculty members are familiar with the sexual and reproductive clinics where the students were placed.

The faculty members together with the students identified reproductive health services that are missing in the catchment area (if any). In addition, the students, along with the faculty members followed various cadres of health care workers at the households' level, met with Village Doctors and TBAs, and let them know that the program has started.

PHD contacted with different public, private, and non-government health centers or facilities or clinics with sexual/reproductive and maternal and newborn health care services in catchment areas for the Clinical Placement.

DMP Students of PHD Academic Site visited the following facilities/clinics/health centers under the community placement-

i) MCWC (Maternal and Child Welfare Centre), Khulna

ii) Nagor Matree Sadon and Primary Health Care Centre under UPHCSDP (Urban Primary Health Care Service delivery Project)

iii) Akij Addin Medical Collage Hospital and

iv) Meri Stops Clinic Society (MSCS).

Hardest Challenge

Faculty retention is the hardest challenge for us to continue DMP with same quality and standard, because the pool of trained/experienced Midwifery Teachers is limited as well as present opportunities of getting government service is too high. In our country, people are generally attracted to the government jobs, and the faculty members in DMP are also carrying the similar attitude. Moreover, high rate of dropout will increase the cost of investment in Faculty Development in DMP 2nd phase.

TECHNICAL ASSISTANCE TO PRIMARY HEALTH CARE – FAMILY PLANNING (PHC-FP) PROJECT OF 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

A 25 membered female group was formed with a given name (i.e.: Shapla, Surjakukhi etc.) 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, 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 a holistic and integrated approach. After selection of core participants, 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. 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.

FACILITATE COMMUNITY LED PLANNING PROCESS - 1

Training on Ward Health Committee

PHD has been engaged in providing supports to Urban Health System Strengthening Project (UHSSP) in conducting the basic training courses on Ward Health Coordination Committee (WHCC) to the all ward of Mymensingh, Jessore and Dinajpur municipalities.

The objective of this training is to enhance knowledge, improve skills and to develop performance level of WHC Committee so that they can help the poor and frantic poor to get access to and got better services from the government health service facility centers. Enhance understanding on service centers (All GoB and NGO) at Municipality level.

Both PHD and UHSSP team were involved in the monitoring process of this training. PHD has developed a theory of Change Matrix with four core areas : Situation, Planning and designing, Implementation and Evaluation.

Situation	Ward Health Coordination Committees (42) formed in line with GoB Circular and other guidelines, though members are fully active
Planning and	Mayors has taken initiative to roll-out of training program
Implementation	Training Program implemented - 4 batches at Jessore, 6 batches at Dinajpur, 10 batches at Mymensingh and Action plans developed
Evaluation	Post training follow-up to make some significant changes by the Committees members.

2 MAKING AWARE AGAINST GENDER BASED VIOLATION;
Training for CMC/BMC leaders

PHD, under contract with IOM has provided GBV training to CMC/BMC leaders of 3 UMN makeshift settlement areas- Leda, Kutupalong and Shamlapur GBV has heavily infiltrated with in the UMN community as women are treated here as an inferior part of the community. The community leaders of UMN communities mainly represent the reflection of approach, thinking and mental model of community people over any critical issues or situations. For that reason, IOM has started to build the capacity of these community leaders of UMN community that is members of CMC/BMC/PDC to bring positive change among them.. PHD selected mainly participatory methods to relate gender and Gender Based Violence (GBV) issues with UMN community's practical life. The training courses covered 61 community leaders of three UMN makeshift settlement areas- Kutupalong, Leda and Shamlapur in two batches. PHD introduced a tool to measure the changes at knowledge level of participants before and after training through a pre and post-test mechanism (A set of training related multiple choice questions weighing total marks of 20). PHD always introduced interactive ice-breaking methods to get participant acquainted each other and connect the learning of the ice-breaking activity with training objectives to build a common consensus among participants to sensitize them. In this training, PHD introduced a new method where participants draw the sketch of their left palm on white paper with different colors and introduced themselves in large group . PHD introduced "Force Field Analysis" to find out current risk and protection issues of women in UMN community. Through which participants shared the risk and protection issues on women in their community.

Protective factors for women	FORCE FIELD ANALYSIS	Risk factors of women
• Elders and elite persons of community are supportive • Activities of CMC/BMC • Direction of religious leaders/Imams • Activities of NGOs/IOM • Unity among community • Youth community play vital roles		• No security measurement in makeshift settlement areas • Lack of communication with appropriate authority in case of GBV issues • Outsiders intrude in makeshift settlement areas and harass UMN women • Usage of drugs and other illegal activities • Lack of support from law • Poverty/ Economic insolvency

RECOGNISING THE UNRECOGNIZED

3

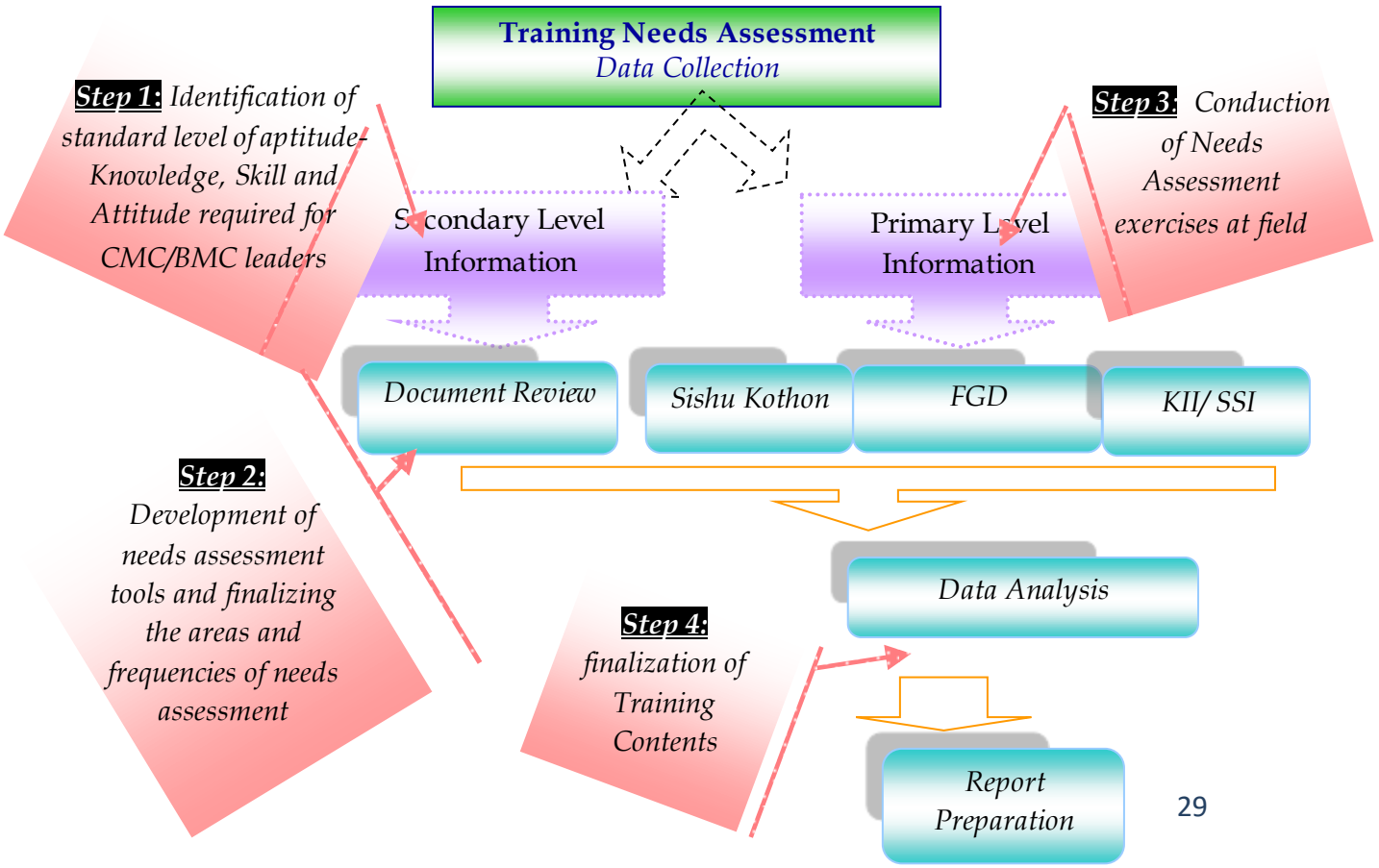
Leadership and Negotiation Skills for Community Leaders of Undocumented Myanmar

Group Work in Training

PHD conducted 2 batches training

The purpose of this consultancy with IOM is to address leadership, management and negotiation skill gaps by providing customized training to CMC and BMCs on leadership and negotiation skills for enhancing the collective efforts, dispute resolution and confidence building.

PHD accomplished the assignment in close collaboration, coordination and consultation with IOM. Through an initial discussion with IOM focal person, PHD first organized a consultation meeting with IOM team both from Dhaka and Cox's Bazar and also shared the initial design with the IOM. Based on the understanding of document review and consultation meeting, PHD developed the training needs assessment tools and finalized the areas and frequencies of needs assessment and date of training conduction for two batches.



4 INTEGRATED APPROACH TO NEWBORN CARE; Chlorohexidine 7.1% Interventions and Revisit of Specific Newborn Interventions

Partners in Health and Development (PHD) are intervening the One day training of the usage of National scale up of the application of 7.1% chlorhexidine solution in the newborn umbilical cord in the rural and urban areas during January to June 2016. During this time of Interventions PHD organizes 146 Batches of training where 176 Doctors, 365 Nurse, 190 SACMO and 195 FWV attend the training. During October to December 2016 PHD was intervening the Revisit of Specific Newborn Interventions with the support of IMCI, Save the Children and funded by USAID. During this period FCs of PHD Identified Medical Officers for newborn health intervention for each upazila and send them to BSMMU for TOT regarding the refreshers workshop. During this period Advocacy and planning meeting held at Munshigonj, Manikgong, Mymensingh, Tangail and Gazipur districts. The FCs of PHD Revisit the health facility in 48 Upazila in Munshigonj, Manikgong, Mymensingh, Tangail, Gazipur and Dhaka districts. During this time PHD organized 13 batches Upazila level refreshers workshop where 254 participants were participated.

Doctor	Nurse	Fwv	CSBA		Male	Female	total
			HA	FWA			
21	70	100	26	37	13	241	254

A number of 196 health facilities were revisited with a standard check list which includes data on: HR and skill retention, Facility readiness, Medicine, Supply, Service utilization and Stock status of 7.1% Chlorhexidine in 6 districts.

District Advocacy and Planning Workshop, Tangail

District Advocacy and Planning Workshop, Gazipur

5 PARADIGM SHIFT; FROM TRADITIONAL SUPERVISION TO SUPPORTIVE SUPERVISION- Refreshers for HI.AHI and FPI

IH&NHMYC-Improve Health & Nutrition for Hard to Reach Mother and Young Child Project of **UNICEF** is intervening Refresher Training approach to develop a certain level of capacity of supportive Supervision among the GoB first line supervisors to enhance support in the field.

In view of effective implementation of Refresher training PHD provided a comprehensive capacity building support that covered Need Assessment, Module Development and conduct Refresher Training for **IH&NHMYC** field staff under the 03 Districts. **PHD** has accumulated the participants of 03 districts in **Netrokona, Bandarban and cox'sBazar** for Supportive supervision in 27 batches.

Through this intervention PHD enhanced capacity of 542 of GoB Field Workers and 47 Project staff. It will help to contribute in supporting service delivery in terms of monitoring and quality assurance for improving MNCHN status at Union level.

Netrokona: 10 Batches with 188 participant

Bandarban: 9 Workshop with 67 participants

Cox's Bazar: 8 Workshop with 155 participants

6 LINKING HEALTH WITH LOCAL GOVERNMENT; GET EXTENDED SUPPORT AND UPHOLD MNCHN STATUS- ANC, PNC and ENC Counseling training for HA, FWA, CHCP

PHD provided supports to IHNHMYC Project in conducting Refresher training to the front line cadres of GoB Health and Family Planning in Cox's Bazar, Bandarban and Netrokona districts. In these program areas, IHNHMYC project is intervening with close collaboration with Health and Family Planning department, thus they need to have refreshed knowledge and skills about updated information and tactics. PHD Conducted the refresher training in three districts with 1781 professional from GoB staff & 47 Project staff

Netrokona: 40 Batches with 935 participants

Cox's Bazar:24 Workshop with 621 participants

Bandarban: 12 Workshop with 319 participants

7 CAPACITATE THE RURAL BASE; Training on ANC, PNC and ENC Counseling for CHVs

PHD has expanded its capacity building support to IHNHMYC Project in providing refresher Training on ANC, PNC and ENC Counseling for CHVs. In collaboration with the respective CG members, the project initiated a process for identifying CHVs, so that they could select their CHVs from their own community, and accordingly they appointed 802 CHVs, who were adequately trained by PHD Training Unit with appropriate knowledge and skills for enhancing the CHVs' competency and confidence in carrying out their responsibilities. From the date of the joining, they participated in huge numbers of CG meetings in every month, and actively involved in different activities for increasing Service Coverage. PHD has accumulated the participants of 03 districts in Netrokona, Cox'sBazar and Bandarban in 36 batches. Through this intervention PHD enhanced capacity of 802 CHV staff.

Netrokona: 14 Batches with 315 participants

Cox's Bazar*: 13 Sishu Kothon*
325 participants

Bandarban: 9 Workshop with 220 participants

DOCUMENTATION SUPPORT FOR FIELD DATA COLLECTION

To establish an evidential basis on the dynamics of business actors in their intersection between criminality, public officials and economic activity, Saferworld hired PHDs' technical assistance in providing Documentation Support for field data collection: Focus Group Discussions and Key Informant Interview with selected stakeholders in Rajshahi and greater Sylhet.

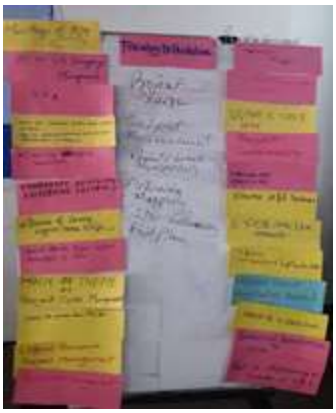
This field activities aims to engage businessman and association, civil society/ NGO/ CSO/ CBO, elected representatives, social leaders and political party affiliated persons, media, policy practitioners and researchers through FGD and KII to document their response and experiences that led to sufferings and impacts during the violent actions/programmes locally or nationally as part of democracy practices and raise voices in favor of the mass people. Through the research activities selected stakeholders will engage to identify the prioritized issues hampering the peaceful society, motivate to raise voices against any actions harmful to their economic activities and coordinate all the relevant stakeholders efforts under an umbrella to reduce such activities in the local area.

MASTER TOT ON ANC, PNC AND NUTRITION COUNSELING

PHD with its vast experience in Maternal Child Health and Nutrition awarded and developed a training module for service providers on ANC, PNC and nutrition counseling for MI Bangladesh

. PHD conducted the "Master TOT" on this module on 20th April at Institute of Public Health and Nutrition (IPHN) Conference room. Objectives of the Assignment was to To develop training manual for health and family planning service providers on improving maternal nutrition practices.

10 MANAGING PROJECTS EFFICIENTLY; Training on 'Project Cycle Management of National NGOs' in Cox's Bazar'

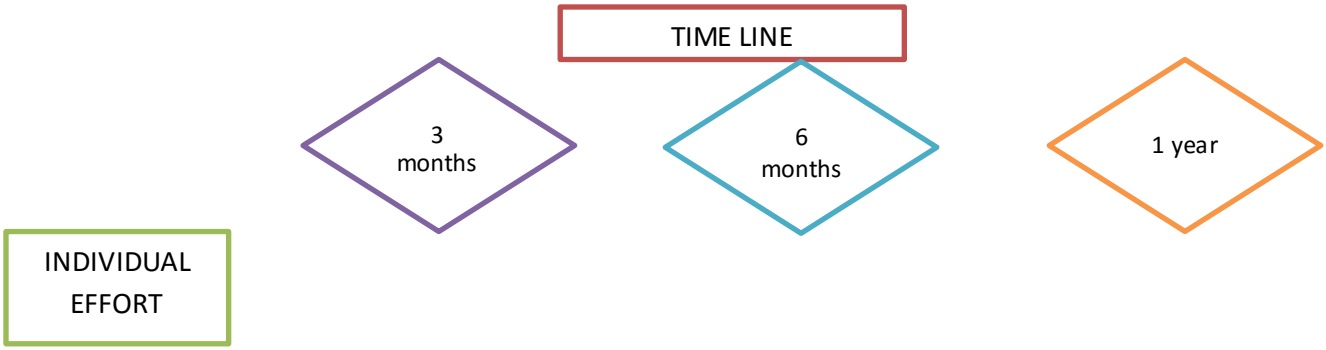


1. Introductory game, 2. Training expectations 3. Training rules

The purpose of this consultancy with IOM is to develop and customized user friendly participants' module through training needs assessment on PCM and provide training to improve management and decision making skills through project cycle for selected national NGOs to ensure quality service in line with international humanitarian standards and principles and by using monitoring tools and indicators in focus of ensuring humanitarian rights of UMN community.

The training started with Identifying project ideas, developing problem tree in consultation with intended beneficiaries, Determining objective tree, Stakeholders' Analysis, then Session on Formulation Stage of Project Cycle Management (PCM), Implementation Stage of PCM and finally designed a Road Map for NGOs Inclusion of Humanitarian Principles and Core Standards.

The facilitators gave a timeline framework to participants and asked them to write down their individual and collective road map on specific issues based on the provided timeline framework as follows-



1. PIP 2. Monitoring Matrix 3. LFA 4. Problem Tree 5. PEST analysis

1 BASELINE ASSESSMENT OF BLOOD COLLECTION AND DEMAND SYSTEM OF DISTRICT HEALTH SYSTEM IN BANGLADESH

Provision of sufficient and safe blood transfusion in hospitals is an important health service. In order to ensure the safety of both the blood donors and the recipients, Ministry of Health and Family Welfare adopted Safe Blood Transfusion Program (SBTP) in 2000. Apart from the government facilities, a number of voluntary and for-profit organizations have been contributing to safe blood transfusion. This assessment, commissioned by the World Health Organization (WHO) Bangladesh, and carried out by Partners in Health and Development (PHD), aimed at assessing the dynamics of blood collection system in districts in Bangladesh and the demand for blood, and to map the potential blood donor organizations that will be able to contribute in voluntary blood donation system development.

Study design:

In order to address the objectives we employed both quantitative and qualitative methods, during the period of November 2016 to January 2017. Quantitative data was collected from 24 public sector institutions (20 district hospitals, and four Upazila Health Complexes [UpHC]) and five private sector institutions (four voluntary blood donation organizations and one licensed for-profit organization). Quantitative socio-demographic data from 24 voluntary blood donors were also recorded. Qualitative data were collected through in-depth interviews (IDI) and focus group discussions (FGD). These included 104 IDIs (24 with blood donors, 16 recipients, 43 representatives of voluntary blood donation organizations, one representative of licensed for profit private organization, eight representatives from district level hospitals, five representatives from UpHCs [Upazila Health and Family Planning Officers], and seven representatives from Community Clinics [CC]). 18 FGDs were conducted with groups of managers and personnel of blood centers.

Findings:

Current status of blood collection:

Among 20 district level public sector blood banks, 15 were attached with the pathological laboratory in the district hospital; only five were independent full-fledged blood banks. In four UpHCs that we collected data from, there were no systematic blood collection, storage or distribution mechanisms. We found that blood centers fared well in terms of maintaining Standard Operating Procedures (SOP), following safety measures, and personal safety procedures, as 100% of the facilities we assessed, were found to be compliant in these regards. We also found that many staff received some in-service training. Shortage of trained staff, especially for organizing campaigns, liaising with other organizations, counseling with potential donors, etc., was a common complain in all types of blood transfusion facilities; as reported in qualitative interviews. Qualitative assessment also revealed pervasive shortage of equipment and reagent, space, and funding in most of the blood centers. Some respondents said, they had funds but could not use it properly due to administrative complications. A respondent from a voluntary blood donation organization said, they collected money from their advisers and to a smaller extent from their student volunteers to organize blood donation campaigns.

Figure 1Interview with the President of Medicine Club

Figure 2 Observing Refrigerator of the Blood center at Faridpur General Hospital.

Baseline Survey of Urban Sponsorship Program, Save the Children in Bangladesh

Save the Children in Bangladesh (SCiBD) is a leading child rights based organization, currently covering a wide range of geographical areas in Dhaka, Khulna, Barisal, Chittagong, Rajshahi, Sylhet and Rangpur Divisions. SCiBD works in number of thematic areas, including education, child protection, policy rights and governance, health and nutrition and HIV/AIDS, child poverty and emergency.

Sponsorship funded Shishuder Jonno (SJ) Program is an Integrated Child Development Program (ICDP), which is being implemented at Meherpur District (rural setting); and Rayer Bazar Slum and Mohammadpur Town Hall Bihari Camp (urban setting); In 2013, SCiBD decided to expand new impact area of the sponsorship program in urban areas, and Dhaka was selected for the expansion. In 2014, situation analysis was done and accordingly, program design workshop was organized, draft results framework was prepared and results level indicators were identified. Finally, Rayer Bazar Slum and Mohammadpur Town Hall Bihari Camp were selected to work on ICDP in urban setting.

The baseline survey was conducted to assess the situation regarding access to services related to pre-primary and primary education, child protection, maternal, newborn, child health and nutrition (MNCHN) services, and WASH facilities within the project area. The survey results will contribute to the overall project planning, implementation and evaluation in the project area. Key findings from baseline survey will be shared with relevant stakeholders (e.g. GO/NGO representatives) and used as evidence for the project's advocacy initiative.

Methods

This was a mixed methods study conducted at Rayer Bazar Slum and Mohammadpur Town Hall Bihari Camp in the month of November 2016. A total of 1120 respondent were interviewed, The sample was distributed according to the proportion of population in these two slams. A total of 833 HHs were selected through simple random sampling to obtain desired number of respondents. Additionally, semi-structured interviews, in-depth interviews, focus group discussions were conducted for understanding the situation in-depth and to validate and triangulate information. Respondents were both children and parents or caregivers appropriate for intermediate results of program components. Apart from these, institutions related to program were also visited, observed, and the people responsible for these institutions were interviewed. Semi-structured questionnaire interview were also conducted for recently delivered women (women who gave birth to a child one year preceding the survey).

Results

Early Childhood Care and Development (ECCD)

Only 16% of the total survey children were enrolled in early learning pre-primary sessions, and all were from Rayer Bazar. On the other hand, 61% of the children were reached through formal (government of non-government) pre-primary schools, mostly from Town Hall. 52% children completed pre-primary and enrolled in Grade 1. Participation of parents/caregivers in parents education session was low (20%).

Early Years of Development (EYD)

In Rayer Bazar Slum and Town Hall, 17% of the children and 21% mothers/caregivers were covered by early care and stimulation intervention; with higher proportion in Town Hall. In Town Hall 61% of mothers/caregivers participated in early care and stimulation related parenting session/intervention. This rate was much lower (17%) in Rayer Bazar Slum.

Basic Education (BE)

Among the identified/surveyed out of school children, 41% were enrolled in formal/non-formal school again. In qualitative part, we found that, most of the respondents found the Resource Centers (RC) to be useful; some (children with both parents working) even used them as day-care centers. Children, compared to their parents, were found to be more receptive of healthy practices taught in the RCs.

ICT in Education

Among the six surveyed schools, five had ICT infused classroom; but there was no teacher to design and prepare contents as per relevant lesson plan. Pass rate was the highest in Rajmoshuri GPS, where all students passed in English school examination in grades I, II, and V.

School Health and Nutrition (SHN)

Among all the children (0-19 years) surveyed, 42% were stunted, 10% were underweight, and 4% were wasted. Prevalence of under-weight, and wasting was higher among the males, stunting among females. In qualitative part, we found that, despite demand, especially from the RC-going children, for boiling water, they often failed to do it due to high cost of gas. People reportedly had some degree of knowledge about water-borne diseases and ways to avoid them; but level of related hygiene practice was low. Waste disposal was a problem due to irregular show up of garbage collectors.

Maternal Newborn Child Health and Nutrition (MNCHN)

87% surveyed pregnant mothers received one antenatal care visits; but none received four visits. Facility delivery rate was only 40%; which was higher in Town Hall (56%) than Rayer Bazar Slum (39%). Proportion of delivery by trained birth attendant was 75%; which was again higher in Town Hall (94% vs. 73% in Rayer

Bazar Slum). Proportion of breastfeeding in first hour of birth was 48%, and proportion of newborns who were bathed at least 72 hours after birth was 54%.

Adolescent Development (AD)

Only 5% of 10-19 years old adolescents used Adolescent Sexual and Reproductive Health (ASRH) Services. Only 10 out of 447 (i.e., 2%) adolescents of 10-19 years age could correctly name three or more methods of family planning. Only four could name three or more ways to prevent sexually transmitted infections. 57% of 10-19 years old married adolescents used contraception. This proportion was much less in Town Hall (25% as opposed to 59% in Rayer Bazar Slum). Only 21 out of 175 (12%), and none from Town Hall, adolescents of 15-19 years age received vocational training. In qualitative part, we found that, adolescent awareness meetings were appreciated by the attendees; but the female adolescents suggested involving their mothers in the program as well. Girls said, they learned a great deal, especially on menstrual hygiene; but in order to practice it, they need privacy, which is compromised due to lack of space. They reportedly developed a feeling against early marriage, as a result of the learning from these sessions. Male adolescents were found less knowledgeable about ASRH issues. Respondents also mentioned that meetings were often held during their school hour, hindering their effective participation.

Child Protection (CP)

46% of children faced corporal punishment at school, 83% at home. In 82% of cases, physical harassment and punishment (PHP) was inflicted by family members. 92% parents of two to 14 years old children believed corporal punishment was needed to bring up, raise, or educate a child properly. Child marriage rate was 19%; and the average age of marriage for adolescent girls was only 14.9 years. In qualitative part, we found, National Child Taskforce (NCTF) was functional in both the sites. NCTF members organized various awareness-raising meetings on health and hygiene, reproductive health and consequences of early marriage with all the parents' groups in the community. They organized video show on sanitation, child labor and consequences of early marriages. These activities reportedly created positive changes in the mindset of the slum dwellers. It even created sensitization among male members against sexual harassment (commonly known as 'eve teasing'). Their activities, reportedly, created awareness regarding health and hygiene as well. Despite limitations and often disapproval from some community members, NCTF successfully organized various activities and programs.