

# Annual Report 2017



PHD

Partners in  
Health and  
Development

## Our Vision

*AN INCLUSIVE AND EMPOWERED SOCIETY  
WITH EQUAL OPPORTUNITY*

## Mission

- Supporting development actors in managing development process for sustainable development and
- Enhancing quality of life of the people with particular emphasis to marginalized and less privileged through improving access to livelihood opportunities.

## Contents

Contents	Page
Vision, mission and table of contents	1
Major areas we work	2
Chairperson's foreword	3
From the Managing Director	4
What we have done this year	5
Development Project	6
Technical assistance to others	14
Academic	18
Emergency response	20
Capacity building support to others	22
PHD's global participation	24

# Major Areas We Work

Grant Management

Capacity Building

Technical Assistance

Development Project

Emergency Response

Academic

# Chairperson's Foreword



Bangladesh, in its history has experienced a devastating humanitarian situation when thousands of Rohingya population fled Myanmar. Since 25 August 2017, an estimated 688,000 Rohingya have crossed over from Myanmar into Cox's Bazaar, Bangladesh, joining approximately 212,000 others who had fled in earlier waves of displacement. Pre-existing camps and settlements as well as new spontaneous settlements have expanded with the recent influx. The scale of influx into Cox's Bazaar district and the scarcity of resources resulted in a critical humanitarian emergency that exceeded the coping capacity of the local communities and systems. The crowded living conditions in camps and settlements expose the refugees to further risks of public and individual health. Basic health services and systems available prior to influx became over-strained due to sudden massive increase in demands.

The health sector's 150 national and international partners have responded to the needs through health service delivery in static and mobile health facilities in both Ukhia, and Teknaf upazillas of Cox's Bazaar district.

The Bangladesh government and other actors mobilized their resources as much as possible to tackle the situation. I do feel proud of PHD as it was one of the organisations that responded immediately and stepped in with its limited resources with the support from UNICEF.

The year 2017 was a very busy period for PHD with the enormous humanitarian activities and entering to some new areas of its intervention. Though Nutrition is a built-in component of all the health and population projects PHD has implemented, it has started a new project focusing on Nutrition with Social Development Foundation (SDF). In terms of the scale, newness, partnership and intervention, the Nutrition Awareness Support Service (NASS) project has brought a different dimension in PHD's experience.

In the emergency response, there are lot of challenges in health and other humanitarian issues. I shall urge PHD and other actors to expand their support and intervention in the humanitarian crisis, since there are reasons to believe that this crisis and problem may sustain over a longer period. As the time passes by, it is envisaged that the services in maternal and child health as well as adolescent health needs to be increased and strengthened several folds. PHD needs to prepare itself for more and extensive imposition.

Dr. K M Rezaul Haque



# From the Managing Director



PHD has been working with several partners during last two decades. Majority of our interventions and technical support are based on pre-defined protocols and models.

While PHD was busy in initiating its new “Nutrition” focused intervention with Social Development Foundation (SDF), the biggest humanitarian disaster in the world’s history began in August 2017. Bangladesh has received thousands of Rohingya population that fled from Myanmar and influx in Cox’s Bazar. The government of Bangladesh and the development partners including UN were not ready to face such a humanitarian crisis. Immediately, GoB and DPs responded by mobilizing resources as much as possible from all the sectors.

We, the PHD as a tested partner of UNICEF, also responded immediately with our experienced workforce. In August 2017, PHD has deployed its field workers, paramedics and others in Katupalang of Ukhiya and with support from UNICEF on 16 September 2017 started the project **“Response to new Rohingya settlements for MNCAH Services’ with 8 Health Posts (HPs)”**.

The Nutrition Awareness Support Service (NASS) has officially started in July 2017 and launched its activities in 5 districts of Mymensingh region. Nutrition is always a built-in component of any maternal and child health

project PHD have been implementing for many years. However, NASS added some newness in PHD’s experience. The project not only provides SBCC, it also provide Tippy Taps and vegetable seeds among the beneficiaries. SDF has been implementing Notun Jiban Livelihood Improvement Project (NJLIP) in three regions; Mymensingh, Khulan and Barisal. Among these three, Mymensingh is the biggest in terms of coverage and funding. PHD has been awarded as the service provider for the NASS in Mymensingh. As a result, in end of 2017, the number of PHD districts offices increased to 18.

PHD’s academic program on Developing Midwives Project (DMP) has successfully enrolled 90 students in three batches at PHD Centre, Khulna under the non-government Diploma in Midwifery Education. Students from the first batch have already graduated and got Diploma license from Bangladesh Nursing and Midwifery Council. 100% of the licensed midwives got job in NGO sector and passed PSC exam of the government. PHD has completed selecting students for 4<sup>th</sup> batch during 2017.

PHD has started two new projects during 2017, and also successfully completed “Improving Health & Nutrition for Hard to Reach Mother & Young Children (IH&NHMYC) for reducing equity gaps”. Seven other projects are there which started before the year 2017 and continuing for the year next or more. This report highlights some major achievements of all the projects.

A handwritten signature in black ink, appearing to read 'Abdus Salam'.

Abdus Salam

# What We Have Done This Year



# Development Project



**Nutrition Awareness & Support Services Implementation period:**  
June 2017 – May 2020, **Donor:** World Bank, **Client:** Social Development Foundation (SDF)

The objective of the project is to raise awareness, improve attitudes and practices that enhance nutritional outcomes for targeted beneficiaries in selected project areas and to support beneficiaries in optimizing nutrition through their livelihood activities.

Major Interventions of the project-

- Capacitating and Engaging Nutrition Support Committees (NSC) in delivery of Nutrition SBCC at the community and HH level
- Developing functional Linkage with Government Agencies and Nuton Jibon Livelihood Improvement Project (NJLIP)
- Applying 1000 days approach in Nutrition SBCC to reach PLWs and caregivers of <2 children
- Reaching extended family members through Interactive Group Discussion and One to One Communication
- Promoting Homestead Farming to produce Nutrient-rich food for family consumption
- Establishing Hand Washing Stations at HHs level by installing Tippy Taps
- Advocating nutrition practices by sensitizing and mobilizing Influential Community Leaders, Local Government Actors and Community Groups
- Developing Change Agents from Youths and Adolescents Groups to promote Nutrition & Hygiene Practices and to combat Early Marriage and Pregnancy.
- Organizing Mass Communication Events on Nutrition
- Disseminating lessons and good practices

**8,894 Hand  
Washing Station  
installed in first  
3 months**



**6,353 BCC  
sessions  
conducted  
during first 3  
months**





# Improving Effective Coverage of Maternal, Newborn and Child Health Services to Reduce Preventable Child Deaths.

Implementation period: Apr 2016- Dec 2018, Donor: KOICA, Client: UNICEF Bangladesh

The overall objective of the project is to reduce Maternal, neonatal and under-five child mortality and morbidity as well as improvement of nutritional status to enhance Young Children's growth and development. The project focused to 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 outputs of the project are:

- Strengthen capacity of Local Government organisations for producing functional linkages with Local Health System to ensure Community-based MNCH and Nutrition Services;
- Capacity of Service Providers developed for improving quality of MNCH & Nutrition Service Delivery,
- Sensitise for creating demands for accessing MNCH Services;
- Community Health System Strengthened and integrated with HMIS
- Lessons learned documented, consulted and transformed into wider stakeholders

Comprehensive training on MNCH to **1596** HA, FWA and CHCP provided

Reactivated **425 CCs** with full capacity

Household mapping for the catchment areas of **425 CCs** and **94 UHFWC** done



## MaMoni Health System Strengthening (MaMoni HSS),

Implementation period: Aug 2014 - Feb 2018, Donor: USAID, Client: Save The Children

MaMoni HSS' goal is to improve utilization of integrated maternal, neonatal, child health, family planning and nutrition (MNCH/FP/N) services. The project has been achieving this goal through increasing availability and quality of high-impact interventions through strengthening district-level local management and health systems.

MaMoni HSS supports a set of high-impact activities to achieve four intermediate results that lead towards achieving the project objective:

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

80% of PWs received at least 1 ANC

55% of births attended by skill doctors



40% of newborns received PNC within two days of birth

70% of newborns initiated breastfeeding within one hour of birth

# Improving Community Health Workers (CHWs) Performance through Harmonization and Community Engagement to Sustain Effective Coverage at Scale, Implementation period: March 2016 –

March 2020, Donor: USAID, Client: Save the Children

The overall objective of the project is to achieve high effective coverage of high impact MNCHN&FP Interventions and to improve health status.

Major Objectives of the project-

- Institutionalization of CHWs for effective and efficient linkages between communities & health and local system established
- Measurement to influence system and policies through evidences and data for decision making
- Coordination and collaboration between Public and Private sectors to influence national and local policies and to improve plans

**Reformed  
Community  
Groups and  
Community  
Support Group**

**Redefined  
CHW and  
Developed  
National CHWs  
Profile**



**Revitalized Union  
Education, Health  
and Family Planning  
Standing Committee  
(UEHFPS)**

## Improving Health & Nutrition for Hard to Reach Mother & Young Children (IH&NHMYC) for reducing equity gaps,

Implementation period: Apr 2014- Dec 2017, Donor: GAC, Client: UNICEF Bangladesh

The project focused on the reduction of maternal and under-five mortality and morbidity, and to improve child growth and development through increasing and sustaining vaccine coverage and strengthening health system with increased availability and access to quality maternal, child health and nutrition services.

The project consisted of five major outputs as follows:

- Default tracking and management system established at the community level for effective coverage of MNCHN services
- Community support system developed and linked up with local health system for optimum uptake of MNCHN services
- Community Health Information System (HIS) under Community Clinic is developed for tracking un-served and left-out patients/families to bring them in health care system.
- Capacity of the GoB service providers and field workers is improved for increased uptake of essential MNCHN services.
- Effective referral system established for maternal, child survival and nutritional services among Community Clinics, Family Welfare Centres, Upazila Health Complexes and District Hospitals



424 Community Clinics have been assessed in 3 districts

3 Districts' Evidence Based Planning and Budgeting framework done.

PHD Handed over the project to the GoB Health System through Upazila and District Workshops





## Empowering Women for improved livelihood through Skill

**Development,** Implementation period: March 2016- Feb 2018, Donor: Australian High Commission, Dhaka

The overall objective of the project is empowering disadvantaged and underprivileged women to enhance control over productive resources and improved livelihoods.

Four deliverables of the project include-

- Develop women's skills for income generation
- Improve decision-making by women over productive resources and income generation
- Improve women's leadership and control over assets and incomes
- Ensure food security and nutrition for the vulnerable women and children



**50 Direct Beneficiaries** using Community Resource Mapping (CRM) tools

**50 Direct Beneficiaries** have been enrolled successfully in the entrepreneurship (20 in Tailoring, 15 in Livestock Farming, and 15 in Vegetable Cultivation)

Developed Trade-based **3 Skills Development Manual**, executed modular test-run, and rolled out 8 batches of training courses



## Revisit of Specific Newborn Interventions implementing under the leadership of IMCI Section, DGHS and with the support of

**Save the Children,** Implementation period: October 2016 – March 2018, Donor: USAID,

Client: Save the Children

Under the leadership of IMCI section of DGHS and technical guidance and coordination of National Newborn Cell, **Revisit of Specific Newborn Interventions** has been designed with the objective to cover all the 64 districts in Bangladesh in four phases, and PHD along with BSMMU has been engaged to implement Revisit Interventions in 28 districts in four phases during the period of October 2016 to February 2018. In each district, PHD is responsible for **planning and organizing following events** under the Revisit of Specific Newborn Interventions-

- Arrange Divisional advocacy and planning meeting and Dissemination meeting on Post training follow up of 7.1% CHX
- Select three Identified Medical Officers from each district and two from each Upazilas who will act as Newborn Focal Persons
- Organize ToT for the Identified Medical Officers
- Organize Advocacy and Planning Meeting at the district level
- Organize Refresher Workshops at Upazila level of Essential Newborn Care with Newborn Resuscitation (HBB) and application of Chlorhexidine organized for all SBAs, who received both the trainings at upazila level during the last scale-up interventions
- Revisit of health facilities for quick assessment of preparedness and functionality of newborn interventions, which includes- HR and skill retention, Facility readiness, Medicine, Supply, Service utilization and Stock status of 7.1% Chlorhexidine

Covered 28  
Districts out  
of 64

1273  
Nurses, 54  
Midwives  
Trained

Assessed  
2043 Health  
Facilities

Refreshed  
8933 Service  
Providers



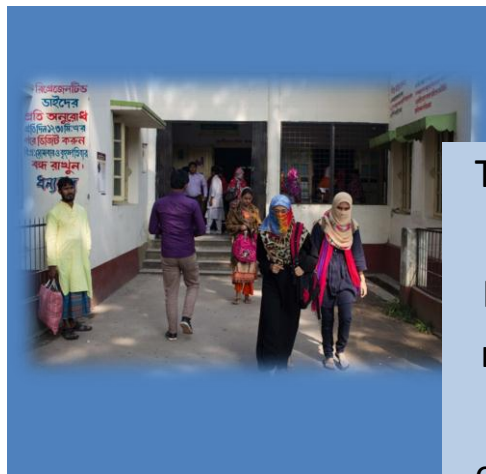
# Technical Assistance to Others



## Urban Health System Strengthening Project (UHSSP),

Implementation period: April 2014 – March 2018, Donor: DFID, Client: Option-UK

UHSSP is a component of the UK Government funded Urban Health Programme jointly implemented by Options-UK, PHD and HISP-India. The planning phase of the project is under implementation from April 2015 and will be completed by Dec 2015. Thereafter, the project is expected to run from the date of signing the contract and subsequent mobilization until end of April 2018. UHSSP planned to work intensively in three Municipal Corporations, Mymensingh, Jessore and Dinajpur to develop a model approach of HSS.



The Mayors and Health and Family Planning Managers of the three municipalities are now confident and fully empowered to oversee health in the cities.

Municipality level data has been integrated into the national system resulting in complete health system data



Now 50% more EPI centres in

Jashore and 22% more satellite clinics in Mymensingh



## Other Technical Assistance Support

### **Baseline Survey of Urban Sponsorship Program, Save The Children In Bangladesh**

The baseline survey has been 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 in 2017. The survey results contributed to the overall project planning, implementation and evaluation in the project area. Key findings from baseline survey shared with relevant stakeholders (GO/NGO representatives) and used as evidence for the project's advocacy initiative.

### **Baseline Assessment of Blood Collection and Demand System Of District Health System, Commissioned by WHO**

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 in 2000. Apart from the government facilities, a number of voluntary and non-profit organizations have been contributing to safe blood transfusion. This study aimed at assessing the dynamics of blood collection system in districts in Bangladesh and the demand for blood. In order to address the objectives PHD employed both quantitative and qualitative methods, during the period of November 2016 to January 2017. Data was collected from 20 district hospitals, eight Upazila Health Complexes (UpHC) and eight community clinics (CC) under sampled UpHCs. Facility survey was done in 29 public and private blood centers. 24 donors were also surveyed from 20 districts. 104 in-depth interviews were conducted with blood donors, recipients, donor organization representatives, and personnel (e.g., Civil Surgeon or Residential Medical Officers). 18 focus group discussions were done with groups of managers and personnel of blood centers.

### **Data Validation Study of IEC MNCH-Tangail Project, PHD**

The main objective is to identify the information gap and crosscheck the collected data by Community Health volunteers (CHV). The specific objectives are to a) verify the antenatal care coverage of delivered mothers against CHVs register, b) to verify institutional/SBA delivery information, c) to verify having birth planning status and d) to validate and utilize the information between field level activities and project MIS as well as to identify the existing gaps and steps need to be taken to enhance the program performance. Quantitative survey methodology has been applied and for primary data collection, the semi-structured questionnaire has been used to conduct the study. The primary respondents are the mothers who conduct delivery in September 2017. Systematic random sampling method has been applied to select 10 percent (100) CHVs among all 990 CHVs as the sample and all the delivered mothers of selected CHVs are selected for interview. The main findings have been presented and a final report has been submitted to the Managing Director of PHD.

**Assessment and Planning of health care options and financing for health facilities in and around the camps and settlements registered refugees, UMNs, and host community members in Teknaf and Ukiya Upazila. Funded by UNFPA**

Keeping the information gap in mind and to complement the results of situation analysis, this research project aims to reach the objectives a) to identify gaps in comprehensive reproductive health services in 20 selected facilities in Teknaf and Ukiya, b) to make an individual action plan for each facility, c) to carry out needed mentoring and training for management and health providers to narrow any identified gaps, and d) to write a policy brief highlighting the health service delivery situations, gaps in service provisions and potential solutions for action. Mix method of qualitative and quantitative methods to capture both quantitative and qualitative information related to the functional competencies, needs and gaps of the health facility centers in and around the camps and settlements registered refugees, UMNs, and host community members in Teknaf and Ukiya Upazila. Through this study, 8 Govt. Health facilities (1 UHC, 2 Sub Centers & 5 UH & FWC) have been assessed in the provision of comprehensive reproductive health services at the selected health facilities.

**End Evaluation of Advocacy for Empowerment Project, Leprosy Mission International Bangladesh**

The objective of the study is to gather key learning from Advocacy for Empowerment Project (AEP) interventions and to design future program, replication and extension appropriately. Qualitative research methodology has been applied to conduct the study where the respondents are Government Health Managers and CBO members. Through the study, Relevance, Effectiveness, Sustainability and Change are addressed in line with the key findings of the evaluation, and draw a conclusion for deciding the future recommendations.



# Academic



## Developing Midwives Project for increasing safe births in

**Bangladesh**, Implementation period: July 2012 – Sept 2021, Donor: DFID, Client: James P Grant

School of Public Health and BRAC University

PHD's academic program on Developing Midwives Project (DMP) has successfully enrolled 90 students in three batches at PHD Khulna Site under the non-government Diploma in Midwifery Education. Students from the first batch have **graduated** in the meantime and got Diploma license from Bangladesh Nursing and Midwifery Council. 100% licensed midwives have got job in NGO sector and passed PSC exam of the government. PHD is going to select students for 4<sup>th</sup> batch in late 2017. PHD mobilise good students from poor families from Southern districts.

PHD selects students through a well-defined transparent selection process. Student's graduation criteria are sets-out and exams are undertaken by BRAC University.

PHD signed MOU with Khulna Medical College Hospital (KMCH), Ad-din Medical College Hospital, District Hospital, MCWC-Khulna, Urban Health Care Project-Khulna for clinical practices.

PHD has three 3 labs equipped with necessary instruments and a computer lab and a library to explore education opportunities under 8 Faculty who have been trained by national and international organizations. DMP is very new, innovative and challenging initiative, particularly in Non-Government Sector of Bangladesh, aiming to develop Midwives from the hard to reach areas those who will work to ensure quality services for safe deliveries

**60 Midwives** graduated on 3 years' Diploma in Midwifery and **100%** of them received License from **BNMC**



**28 out of 60** licensed Midwives got **Government job**



**32 out of 60** got Job in the **Private Sector**





# Emergency Response



# Response to new Rohingya Settlements for MNCAH Services in the Rohingya camp of Cox's Bazar Bangladesh in collaboration with UNICEF. Implementation period : September 2017 – September 2018, Client: UNICEF

The overall objective is to meet the urgent need for massive scale up of health service provision across all sub-sectors with a particular focus on emergency primary health care provision, reproductive, maternal, newborn and child health care as well as outbreak preparedness and active response planning.

The outputs of the project are:

- Health care center operation
- Capacity of Service Providers developed for improving quality of MNCH & Nutrition Service Delivery
- Fully Vaccinated Children (Tracer MR)
- Service provided by the providers (e.g. MO, Paramedics) received orientation on short protocol of IMCI, Newborn Packages
- Capacity building
- Lessons learned documented, consulted and transformed into wider stakeholders.

**8,018** Children were treated in first 3 months of the project

**1,472**

Received PNC

**12,497** Rohingya Pregnant Women Received ANC during first 3 months







# Capacity Building Support to Others



PHD has a reach and extremely well equipped Capacity Building (CB) Unit headed by a Director. It provides CB support to development partners, international NGOs, National NGOs and other Private sectors. Below table shows the Training design and conducted by the PHD CB team during 2017.

Name of Intervention	Types of Participants	No of Batches
Training on minimum package (QI) 3 days for service providers, Emergency Response Project, Unicef	Doctors and Paramedics	2 batches
Training on minimum package (IMCI 3 days & IP- 1 day) 4 days for service providers with refreshers, Emergency Response Project, Unicef	Doctors and Paramedics	4 batches
3days training on KMC practices and Services Seeking for service providers with refreshers, Emergency Response Project, Unicef	Doctors and Paramedics	4 batches
Training on minimum package (EMEN) 3 days for service providers with refreshers, Emergency Response Project, Unicef	Doctors and Paramedics	4 batches
Training on minimum package (ETAT) 3 days for service providers with refreshers, Emergency Response Project, Unicef	Doctors and Paramedics	4 batches
5 days basic training on MNCAH Care practices and Services Seeking with refreshers, Emergency Response Project, Unicef	Counselors	6 batches
		
Refreshers ToT on Basic Facilitation Skill, Swiss Contact	Faculty Members of CPTIs	2 Batches
Basic ANC, PNC and ENC training, SHED	Paramedic & Counselors	1 Batch
CHV Refreshers Training, IECMNCH Project, Unicef	CHVs	40 Batches
Training on effective communication advocacy and facilitation skill, IECMNCH Project, Unicef	Supervisory Staff	1 batch
Training on financial management for DC,DDC,UC ,FAO, AFAO ,OA and potential UF for making appropriate bill voucher ,VAT & TAX ensured by all professional staffs, IECMNCH Project, Unicef	Project Staff	1 Batch
Refreshers on Supportive Supervision, IECMNCH Project, Unicef	HI, AHI, FPI	12 Batches
Nutrition Counseling and BCC Training, SDF-NASS Project	NO, DNS	67 Batches



# PHD's Global Participation

As a part of “Staff Development Plan”, PHD continues strengthening the capacity of its work force through training, participating in seminar, workshops, conference etc.. In 2017, some PHD staff members participated in the following:

1. Mr. Ashish Kumar Dutta, one of the Director participated in the “International Fundraising Congress Asia 2017” that was held in Bangkok, Thailand in June 2017.



2. Mr. Abdus Salam, Managing Director, participated in the “14<sup>th</sup> International Conference on Urban Health 2017” which was held at Coimbra, Portugal in September 2017



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