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Chittagong Hill Tracts Development Facility (CHTDF)

ANNUAL PROGRESS REPORT
(Reporting Period: 21 July 2014 - 20 July 2015)

Chittagong Hill Tracts Health Service Delivery Activity (CHTHSDA)
(USAID Grant # AID-388-IO-14-00001)

Report prepared for

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ACRONYMS

ACT	Activated Clotting Time
AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Tract Infections
AVI	Alliance in Vaccines and Immunizations
BBS	Bangladesh Bureau of Statistics
BCC	Behavior Change Communication
BHDC	Bandarban Hill District Council
CEPZ	Chittagong Export Processing Zone
CHSW	Community Health Services Worker
CHT	Chittagong Hill Tracts
CHTDF	Chittagong Hill Tracts Development Facility
CHTHSDA	Chittagong Hill Tracts Health Service Delivery Activity
CSBA	Community-based Skilled Birth Attendant
DDFP	Deputy Director Family Planning
DGHS	Directorate General of Health Services
DNA	Deoxyribonucleic Acid
EmOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
ESD	Essential Service Delivery
EU	European Union
FWA	Family Welfare Assistants
FWC	Family Welfare Centre
GoB	Government of Bangladesh
HDC	Hill District Council
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HNP	Health, Nutrition and Population
HPNSDP	Health, Population and Nutrition Sector Development Program
HNPSP	Health, Population, and Nutrition Sector Program
HSB	Health Seeking Behavior
HSS	Health System Strengthening
icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
IV	Intravenous
KHDC	Khagrachari Hill District Council
MCWC	Maternal Child and Welfare Centre
M&E	Monitoring and Evaluation

MMT	Mobile Medical Team
MoCHTA	Ministry of Chittagong Hill Tract Affairs
MOCS	Medical Officer-Civil Surgeon
MSC	Most Significant Change
NGO	Non-Governmental Organization
NVD	Normal Vaginal Deliveries
OB	Obstetric Care
OGSB	Obstetrical and Gynecological Society of Bangladesh
OP	Operational Plan
ORT	Oral Rehydration Therapy
PHC	Primary Health Care
PMO	Prime Minister Office
PNC	Post Natal Care
RDA	Recommended Daily Allowance
RHDC	Rangamati Hill District Council
RTI	Respiratory Tract Infection
SC	Satellite Clinics
SCMC	Satellite Clinic Management Committee
UDCC	Union Development Coordination Committee
UFPO	Upazila Family Planning Officer
UHC	Upazila Health Complex
UH&FPO	Upazila Health and Family Planning Officer
UNDP	United Nations Development Programme
UNO	Upazila Nirbahi Officer
USAID	United States Agency for International Development
WHO	World Health Organization

Description of the Project

USAID GRANT #	: AID-388-IO-14-00001
Project Title	: Chittagong Hill Tracts Health Service Delivery Activity (CHTHSDA)
Project Start Date	: 21 July 2014
Project End Date	: 31 December 2015
Reporting Period	: 21 July 2014 -20 July 2015
Project Budget	: US$ 3,000,000
Executing Agency	: Chittagong Hill Tracts Development Facility, UNDP Bangladesh
Responsible Ministry	: Ministry of Chittagong Hill Tracts Affairs (MoCHTA)
Project Area	: Bandarban, Khagrachari and Rangamati districts in the Chittagong Hill Tracts region of Bangladesh.
Beneficiaries	: The final beneficiaries are the hard-to-reach poor and vulnerable population of the Chittagong Hill Tracts (CHT) of Bangladesh.
Objective	: The purpose of CHTHSDA is to improve access to quality health services in the Chittagong Hill Tracts (CHT) of Bangladesh. Through this support, the project to ensure continuity of health service delivery to the hard-to-reach poor and vulnerable population in 15 Upazilas of 3 districts within Chittagong Hill Tracts (CHT) region of Bangladesh.
Strategies	: In collaboration with the Ministry of CHT Affairs (MoCHTA), MoH&FW and Health Line Departments, the project closely work with the CHT Institutions (Hill District Councils) towards providing health service delivery for the hard-to-reach and vulnerable population in the CHT.
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Executive Summary

The Chittagong Hill Tracts (CHT) is located in the south east of Bangladesh and consists of three districts: Bandarban, Khagrachari and Rangamati. There are around 12 ethnic groups among whom the Chakma, Marma and Tripura are the largest in number. Besides indigenous people, almost half of the population is Bengali settlers[1].The region is geographically distinct from the rest of Bangladesh which consists mainly of plains. The CHT consists of very steep, rugged mountainous terrain and in many places, dense jungle frequently composed of thick stands of bamboo. Communities are scattered and live in sparsely populated areas. Villages can be found in extremely remote and inaccessible locations. In these locations, transportation and communications services are poor or non-existent. As a result, in the CHT, rural and predominantly indigenous communities are often isolated and disenfranchised. In this context, with ethno-linguistic diversity, significant challenges exist for delivering quality healthcare services.

The Chittagong Hill Tracts Health Service Delivery Activity (CHTHSDA) is a 17 months 10 days project, funded by United States Agency for International Development (USAID) started on 21 July 2014 and has an implementation timeframe up to 31 December 2015 with a total budget of US$ 3,000,000. This Grant helps to continue health service delivery in 15 Upazilas within Chittagong Hill Tracts under UNDP's Chittagong Hill Tracts Development Facility (CHTDF) program, targeting the hard-to-reach poor and vulnerable population.

The project is being implemented by UNDP Bangladesh, through the Chittagong Hill Tracts Development Facility (CHTDF) in partnership with the Ministry of Chittagong Hill Tracts Affairs (MoCHTA) and three Hill District Councils (HDCs). The project works closely with Ministry of Health and Family Planning (MoH&FW), national and CHT based NGOs, Civil Society Organizations, local leaders, communities and local community based organizations. The objective of the project is to improve access to quality health services in the Chittagong Hill Tracts (CHT) of Bangladesh and the specific objective is to connect a strengthened government health system with a strong system of community based health service.

This is the first progress report, covering the key activities and results achieved during the reporting period of 21 July 2014 to 20 July 2015. The key results achieved come under the two intermediate results summarized below.

Intermediate Result-1: Increased access to community-based basic health services

Support to HDCs continued under this project to manage the provision of health services in remote areas of three hill districts. As a result of the project interventions, people in remote communities, where government health programs were inadequate or not available previously, have been able to receive health care services. Under this project, the operation of 853 Community Health Service Workers (CHSWs)/Community Skilled Birth Attendants (CSBAs), 16 mobile medical teams (MMT) and 86 weekly satellite clinics continued, resulting in a total of 358,288 patient cases (male 159,162, female 199,126) treated by both satellite clinics and CHSWs for the reporting period. Above half of the total patient cases (56%) were treated by the CHSWs. In light of a resurgence of malaria in the region in 2014, the HDC-managed health services treated 6,226 malaria cases of the total 358,288 cases. Although the malaria outbreak was observed in 2014, cumulatively the number of malaria cases among the total patients decreased from 12.8% (in 2006) to 1.6% (in 2014), reflecting a positive decline in the incidence of malaria in the CHT. Moreover, about 3,000 patients were treated by the emergency support and response through HDC-managed health teams during the malaria outbreak occurred in CHT during this reporting period. The project also rolled out emergencies/special responses during a sudden diarrhea outbreak occurred in remote Ruilui of Sajek union under Baghaichari upazila of Rangamati district in early June 2015.

As part of maternal, neonatal and child health care services, a total of 4,305 delivered women received at least 1 ANC and 2,223 received at least 4 ANC through HDCs health system contributing to increased antenatal care coverage from 37% in 2013 to 43.7%[2] in 2014 in the CHT. Additionally, a total of 12,288 post-natal care (PNC) services were also served through both CHSWs/CSBAs and satellite clinics. 153 CSBAs continued to provide safe delivery services in their own communities across 3 hill districts of CHT and during this reporting period, a total of 1,530 safe deliveries were conducted by them in the remote

[1]M.H. Khan et al., Community Conserved Areas in Chittagong Hill Tracts of Bangladesh. Dhaka: Wildlife Trust of Bangladesh, 2012.

[2] MICS Key District Findings, 2014

communities. The continued support through CSBAs has clearly brought changes to the lives of CHT people. According to the UNDP household survey 2013, women who were assisted by medically skilled birth attendants during last delivery increased from 12% in 2008 to about 22% in 2013 in the CHT.

The linkages established between satellite clinics and the networks of CHSWs with government health facilities and other specialist medical services worked smoothly, and this contributed to the smooth functioning of referral services for the patients. During the reporting period, a total of 484 emergency patients were referred to district and Upazila hospitals. Furthermore, 81 patients were reached through fast boats services and 107 cases (cesarean sections/normal vaginal deliveries -NVD) were served through Emergency Obstetric Care (EmOC) services. As the majority of referred cases (55% of total 484 cases) were pregnancy/delivery related, the referral services contributed to reducing maternal mortality ratio per 100,000 live births from 194 in 2011 to 170 in 2013 in the CHT.

Health education and disease prevention sessions were continued to roll out across communities in the CHT. During this reporting period, a total of 50,111 health education sessions were conducted (of which 42,836 sessions-85.5% were conducted by CHSWs) contributing to increased awareness and improved health checking behavior of 565,678 community people. Besides, intensive crash programs and routine EPI sessions were conducted in all satellite clinics in coordination with MoH&FW's field workers, and technical, human resources and transport support were provided for the routine EPI sessions and other national immunization campaigns resulting in increased measles vaccine coverage from 84% in 2012 to 90.5% in 2015 in the CHT.

In terms of further strengthening the capacity of the health workers, during this reporting period, all the 853 CHSWs/CSBAs were provided with the refresher training and on-the-jobs training on the updated management of different diseases.

Intermediate Result-2: Strengthened the Government Health services system through HDCs

The project continued to strengthen the capacity of HDCs to effectively manage the provision of health services as per the CHT accord. 30 medical doctors including 3 females were provided with clinical management training on the update management of malaria, acute respiratory infection, and diarrhea, anti-snake venom administration, updated information on HIV/AIDS, Ebola virus and safe motherhood. The training helped the doctors particularly the newly recruited government doctors to enhance their knowledge on better clinical management of various diseases. The curriculum of CHSWs/CSBAs refresher training was thoroughly reviewed through a workshop, involving Civil Surgeon, Medical Officer-Civil Surgeon, other government doctors, and health technical staffs of the HDCs and UNDP-CHTDF.

A research study on malaria has been initiated in three district of CHT with technical support from icddr,b to better understanding of transmission dynamics of malaria parasite in humans and vectors and implication of research findings to enhance malaria eradication program in the CHT.

The health line department officials were successfully engaged in project development process. During this reporting period, a total of 142 joint monitoring visits to HDCs-managed Satellite Clinics and working areas of CHSWs and CSBAs were made by the health line department officials and local government representatives. The visits indicating ownership on HDCs-managed health services has been increased by the GoB line department officials, as well as coordination and linkage between HDCs and health line departments has been strengthened positively. Similarly, HDCs' senior management officials made a total of 92 visits to the satellite clinics and CHSWs/CSBAs homes and their regular activities.

In-terms of sustainability of the HDC-managed health services, several decisions were undertaken in the National Steering Committee and Technical Advisory Committee-Health meeting held during this reporting period. An inter-ministerial meeting is scheduled to be held on 26 July 2015 to decide on operationalizing the financial support for 866 health workers from MoH&FW budget.

The coordination meetings, involving various stakeholders including health line department officials at different levels helped enhancing coordination in health service delivery and created a platform of stakeholders to discuss on different issues, for example, strategies to control the spread of communicable diseases.

The project incurred a total eligible expenditure of USD 1, 934,486 for this reporting period (21 July 2014 to 20 July 2015) recording a 64% delivery against the total budget.

I. Introduction

The Chittagong Hill Tracts (CHT) is located in the south east of Bangladesh and consists of three districts: Bandarban, Khagrachari and Rangamati. There are around 12 ethnic groups among whom the Chakma, Marma and Tripura are the largest in number. Besides indigenous community members, almost half of the population is Bengali settlers[3].The region is geographically distinct from the rest of Bangladesh which consists mainly of plains. The CHT consists of very steep, rugged mountainous terrain and in many places, dense jungle frequently composed of thick stands of bamboo. Communities are scattered and live in sparsely populated areas. Villages can be found in extremely remote and inaccessible locations. In these locations, transportation and communications services are poor or non-existent. As a result, in the CHT, rural and predominantly indigenous communities are often isolated and disenfranchised. In this context, with ethno-linguistic diversity, significant challenges exist for delivering quality healthcare services.

Despite these challenges that make the CHT unique, the government uses a 'one size fits all' approach in delivering health services. Government services provided through the line departments (health and family planning) are unavailable, inaccessible and unacceptable reducing utilization rates and effectiveness of the services delivered. Due to limitations in recruitment and deployment, around 20 percent of health service delivery positions remain vacant[4]. Bangalis often receive preference over indigenous people due to their better academic qualification. Whether Bangalis or indigenous, government staff prefer to reside at upazila or district headquarters due to better opportunities for socialization, communication, schooling and medical facilities. Difficult terrain and inadequacy of communications deter them from attending their duty stations at health facilities. Even if health service providers show up to work, the multi-lingual environment presents an obstacle to being accepted by the local population. Most of the health indicators in the CHT are below the national standards and the levels of coverage and utilization of the basic health services are also significantly lower. Under the 1997 CHT Accord and subsequent legislation, provision was made to transfer 33 "subjects" including health and family planning (FP), to the Hill District Councils (HDCs). But the HDCs have had limited capacity and resources to manage these transferred subjects, especially Health and Family Planning.

The Chittagong Hill Tracts Health Service Delivery Activity (CHTHSDA) is a 17 months 10 days project, funded by United States Agency for International Development (USAID) started on 21 July 2014 and has an implementation timeframe up to 31 December 2015 with a total budget of US$3,000,000. This Grant helps to continue health service delivery in 15 upazilas within Chittagong Hill Tracts under UNDP's Chittagong Hill Tracts Development Facility (CHTDF) program, targeting the hard-to-reach poor and vulnerable population. The project is being implemented by UNDP-CHTDF in partnership with 3 Hill District Councils as component of UNDP's project "Promotion of Development and Confidence Building in the Chittagong Hill Tracts". CHT institutions such as the Ministry of Chittagong Hill Tracts Affairs (MoCHTA), Regional Council and Circles (traditional leaders) are key stakeholders of the project and involved in the governance of the project through their participation in project steering/coordination committees, and therefore support the implementation of the CHTHSDA activities. The main objective of the project is to improve access to quality health services in the Chittagong Hill Tracts (CHT) of Bangladesh and the specific objective is to connect a strengthened government health system with a strong system of community based health service.

The project is being implemented in 15 Upazilas out of 25 in the three hill districts. In Rangamati, the project has been working in Barkal, Bilaichari, Jurachari, Baghaichari, Rajasthali and LangaduUpazilas. In Bandarban, the working Upazilasare:Rowangchari, Ruma, Thanchi, Lama and Alikadam, and in Khagrachari: Matiranga, Mahalchari, Laxmichari and Panchari.

The project expects to achieve the following results:

- Well-functioning community health services providing promotional, preventive, basic diagnostic and curative treatments including antenatal and post-natal care and provision of safe deliveries through CSBA.

[3]M.H. Khan et al., Community Conserved Areas in Chittagong Hill Tracts of Bangladesh. Dhaka: Wildlife Trust of Bangladesh, 2012.
[4]Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, Health Bulletin, 2012. Page **10** of **22**

- Periodical (weekly or fortnightly) out- patient services in communities through qualified health providers, providing diagnostic facilities, complimentary medications, health education and diseases prevention along with emergency referrals services.
- Respective HDCs are capable of managing health service delivery efficiently.

The objectives and IRs, Sub-IRs and outputs to be delivered under the project are provided below.

Overall Objective: Health Status Improved, strives to stabilize population and improve health and nutrition ;and **CHTHSDA Objective:** Improve access to quality health services in the Chittagong Hill Tracts (CHT) of Bangladesh
Intermediate Result (IR)-1: Increased access to community-based basic health services **Intermediate Result (IR)-2:** Strengthened the Government Health services system through HDCs
Sub IR 1.1 Ensured functional community-based health workers' network Output 1.1.1 CHSWs and CSBAs are operational at community level Output 1.1.2 Training for the CHSW and CSBA provided **Sub IR 1.2 Strengthened health service delivery through MMT and Satellite clinic** Output 1.2.1 MMTs and SCs are operational in remote strategic locations of CHT **Sub IR 1.3 Ensured functional referral system** Output 1.3.1 Referral system in place by CHSWs/CSBAs/MMTs
Sub IR 2.1Strengthened the capacity of HDCs to manage health service delivery Output 2.1.1 Training for HDCs based health staffs and MMTs provided Output 2.1.2Proper supervision and monitoring of CHSWs/CSBAs/MMTs by the HDC and GoB line department in place

This progress report provides highlights of achievements for the period of 21 July 2014-20 July 2015.

I. Key activities carried out and results achieved

Intermediate Result (IR)-1: Increased access to community-based basic health services

Sub IR 1.1 Ensured functional community-based health workers' network

The project saw major progress during the reporting period. The project has contributed to the achievement of this sub-intermediate result through the following:

- A total of 238,054 patients' cases including 125,486 females were treated by the project-supported CHSWs. Additionally, a total of 4,305 delivered women received at least 1 ANC and 2,223 received at least 4 ANC through HDCs health system, and a total of 22,288 post-natal care (PNC) services were received through both CHSWs/CSBAs and satellite clinics.
- 1,530 safe deliveries were conducted by 153 Community Skilled Birth Attendants (CSBA), contributed to reducing maternal and new born mortality rate.
- A total of 42,836 health education sessions were conducted by CHSWs in both Bangali and local languages by using flip charts where about 458,904 people participated, resulting in increased awareness and improved health seeking behavior among local CHT communities.
- Capacity of all the 853 has been further strengthened through providing refresher and continuous on-the-job training.

Output 1.1.1 CHSWs and CSBAs are operational at community level

Activities undertaken during this reporting period are elaborated below.

Health services provided through CSHWs and CSBAs

The project supported the HDCs to continue the provision of health services in remote areas of three hill districts. During the project period, a total of 238,054 patients' cases including 125,486 females were treated by the project-supported CHSWs. On an average 30 patients per month were treated by each CSHW/CSBA. Among the total treated patients cases, a total of 182,600 were indigenous origins patients, while patients from Bengalis were 55,454. Moreover, of the total patients cases, 100,893 (42%) were under 5 years children; 35,205 (15%) were due to water-borne diseases; 58.035 (24%) were due to respiratory diseases; and 4,369 (2%) were for malaria disease. The highest portion of patients was treated in Bandarban. CHSWs and CSBAs submitted monthly reports to HDCs and Health Department as well and data on patients treated were included in government statistics.

Districts	No. of cases treated (by disease type)				
	Water Borne Disease	ARI	Malaria	Others	Total
Bandarban	13,339	25,079	2,245	58,482	99,145
Khagrachari	11,060	13,725	425	39,943	65,153
Rangamati	10,803	19,231	1,699	42,023	73,756
All	**35,202**	**58,035**	**4,369**	**140,448**	**238,054**

Table-1: Patients cases treated by CHSWs, by district and diseases

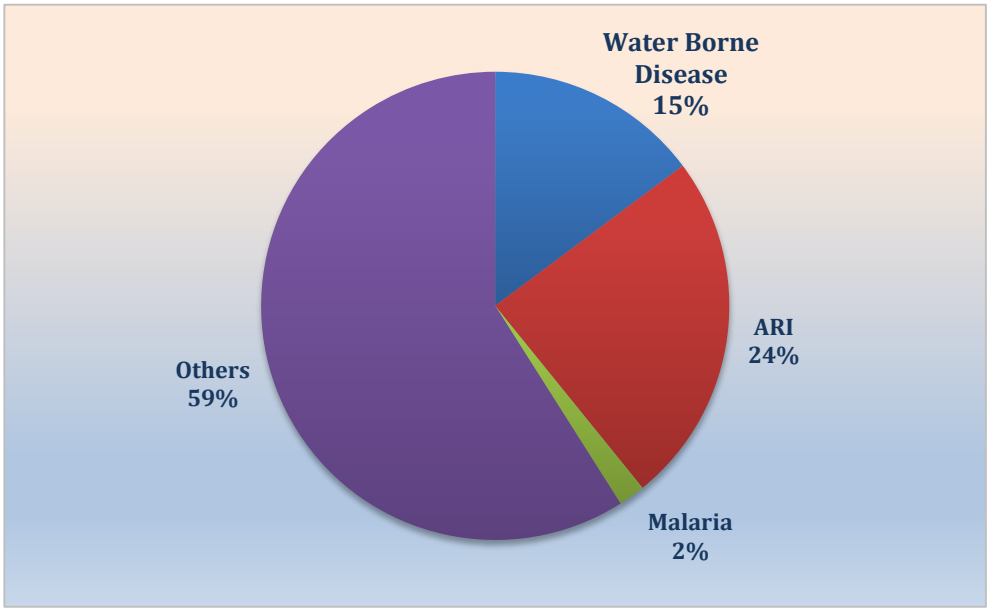


Figure-1: No. of patients' cases treated by diseases

Ante-natal care services for the delivered women

As part of maternal, neonatal and child health care services, a total of 4,305 delivered women received at least 1 ANC and 2,223 received at least 4 ANC through HDCs health system. Additionally, a total of 12,288 post-natal care (PNC) services were also served by both CHSWs/CSBAs and satellite clinics. The data shows that highest ANC services (1 ANC-2,775; 4 ANC-1,535) were provided in Khagrachari than in the

other two hill districts. On the other hand, Bandarban was the highest to provide the PNC related services (5,004) with 4,355 in Khagrachari and 2,929 in Rangamati district.

Health education sessions organized by CHSWs

Health education and disease prevention sessions were continued to roll out across communities through the CHSWs network, contributing to increased awareness and improved health checking behavior on areas such as Acute Respiratory Tract Infections (ARI), diarrhea prevention, malaria, Ante Natal Care (ANC), Post Natal Care (PNC), safe water usage, immunization, sanitation and personal hygiene. During this reporting period, a total of 42,836 health education sessions were conducted in both Bangali and local languages for participants by using flip charts. About 458,904 people[5] participated in these sessions, resulting in increased awareness and improved health seeking behavior among local CHT communities.

CHSW with local women in a health education session

Safe deliveries services by Community Skilled Birth Attendants (CSBA)

A total number of 153 CSBAs[6] have been operational and continued to provide safe delivery services in their own communities across 3 hill districts of CHT. During this reporting period, a total of 1,530 safe deliveries were conducted by the CSBAs in the remote communities followed by 243 in Bandarban, 832 in Khagrachari and 455 in Rangamati. The Health and Family Planning Department of the Government of Bangladesh has begun to take services of the CSBAs and want to utilize the services by CSBAs at the adjacent Community Clinics and Family Welfare Centres. Some CSBAs have already been linked to GoB health Community Clinic for conducting safe deliveries. The community people have welcomed this initiative. The continued support to the HDC managed services through CSBAs has clearly brought changes to the lives of CHT peoples. According to the UNDP household survey 2013, women who were assisted by medically skilled birth attendants during last delivery increased from 12% in 2008 to about 22% in 2013 in the CHT.

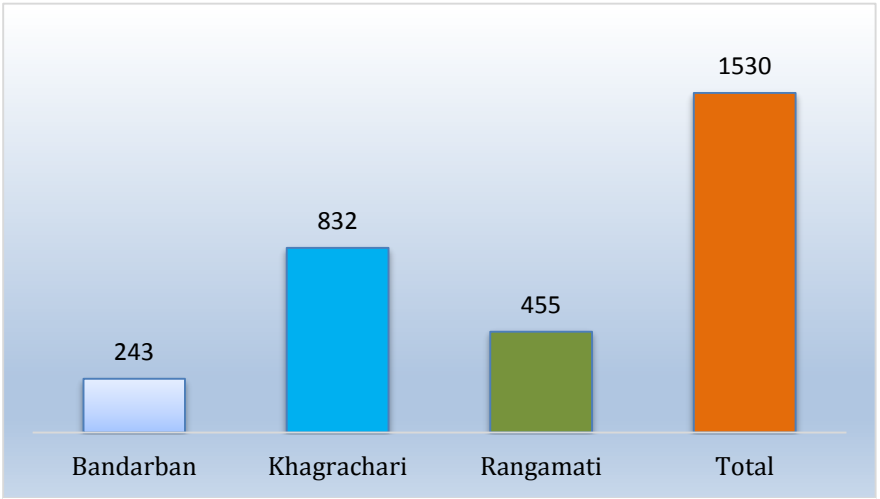


Figure-2: No. of safe deliveries conducted by CSBAs

[5] The number of participants reflect information over same individuals who attended multiple sessions.

[6]The CSBAs received training course from the Institute of Child & Mother Health (ICMH), Matuail, Dhaka through UNDP-CHTDF, supported by the Directorate General of Health Services (DGHS), Director-Nursing Council, the Obstetrical and Gynecological Society of Bangladesh (OGSB) and UNFPA.

Surekha Marma –A successful Health Worker in Panchari

"This was my great opportunity when I was selected to be engaged as a CHSW and CSBA under the KHDC-managed health project in 2010. Initially I received two month-long basic health training from the project at Khagrachari, and later I got another 6 month-long CSBA training course from the Institute of Child & Mother Health (ICMH), Matuail, Dhaka through the project. After having the training, I have been performing normal safe home delivery in my own communities. This engagement has shown me a new path of serving my own community in a meaningful way"- Ms. Surekha Marma.

Surekha Marma from Kongchairi village of Lotiban union in Panchari Upazila of Khagrachari district joined as a CHSW on 8th May 2010 who has been assigned to provide basic health services to the villages of Kongchairi para, Chotobari para and Mogulimohan para. At present, Surekha Marma is well known as a little lady doctor in her own communities because of her services. Community people come to Surekha for health services whenever they have any health issues. Pregnant women and mothers visit to her for taking ANC & PNC services regularly. Earlier community people had to pay when they visited other village doctors or drug sellers, but now they are getting free of cost services from Surekha. At present, rapid diagnosis and treatment for the deadly disease malaria is available in their doorsteps. The community people are also getting services for other common diseases, like ARI, diarrhea and fever from Surekha. As a CSBA, she has successfully conducted 24 delivery cases so far after she received 6 month-long CSBA training.

CSBA Surekha Marma regularly conducts health education session with her community people. Mrs. Chengwa Marma, wife of Mr. Konchairi Marma from Konchairi para/village said "during my pregnancy period, I had high blood pressure; I could not take food well and I felt very weak. Surekha Marma did ANC check-up and gave advice on how to cope with the rising problem. Finally she took me to the Khagrachari sadar hospital for delivery. At hospital, I gave birth to a male child and after 3 days we came back home from the hospital in good health and mood. I am grateful to Surekha Marma. I am still taking her good health advices in taking care of my baby".

Mrs. Krashang Marma another pregnant women said that "she is getting ANC service timely at home from Surekha Marma. I do not have enough fitness mentally and physically to go far away for ANC check-up. So it is a great opportunity that Surekha Marma is working for us and staying with us".

Output 1.1.2 Training for the CHSW and CSBA provided

Activities undertaken during this reporting period are elaborated below.

Refresher and On-the-job training for CHSWs/CSBAs

The CHSWs/CSBAs have played a very important role to ensure the availability of health facilities across the three hill districts. All the CHSWs/CSBAs were provided with basic training earlier from the EU supported project. During this reporting period, 853[7] CHSWs/CSBAs received 2 day-long refresher training under this USAID supported project. Through the trainings the health workers received updated information about currently introduced malaria treatment and management, the prevention of other diseases, EPI Schedules, treatment protocol, corrected common error and revised their basic health knowledge. Furthermore, all the CHSWs/CSBAs were provided with the on-the-job training. They attended their nearest clinic on a weekly basis to provide support to manage the clinic, and received technical orientation on different health issues from the Medical Officers and other technical staffs after the clinic hours. This has provided them with an opportunity to share their experience with other CHSWs and also to obtain in-service training and technical support required from the mobile team members.

Refresher training for the CHSWs

Sub IR 1.2 Strengthened health service delivery through MMT and Satellite clinic

The achievements of the project under this sub-intermediate result are given below:

- A total of 120,234 patients cases including 73,640 females were treated by the project supported satellite clinics teams. Of the total 358,288 patient cases treated by both satellite clinics and CHSWs, a total of 6,226 malaria cases were treated during the reporting period. The number of malaria cases among the total patient cases showed a positive decline cumulatively from 12.8% (in 2006) to 1.6% in 2014, reflecting a positive decline in the incidence of malaria in the CHT.
- About 3,000 patients were treated by the emergency support and response through HDC supported health team during the malaria outbreak occurred in CHT during this reporting period. The project also rolled out emergencies/special responses during a sudden diarrhea outbreak occurred in Ruilui of Sajek union under Baghaichari upazila of Rangamati district in early June 2015.
- A total of 7,275 health education sessions were conducted by the satellite clinics on Acute Respiratory Tract Infections (ARI), diarrhea, malaria, Ante Natal Care (ANC), Post Natal Care (PNC), safe water usage, immunization, sanitation and personal hygiene by the satellite clinics where 106,774 people participated contributing to increased awareness and improved health seeking behavior among local CHT communities.

Output 1.2.1 MMTs and SCs are operational in remote strategic locations of CHT

Activities undertaken during this reporting period are elaborated below.

Health services provided through satellite clinics

The Mobile Medical Teams (MMTs) are run by subcontracted 3 NGOs through HDCs in 15 upazilas of the CHT. The MMTs conducted satellite clinics in 5 different places of the targeted upazilas of the District in

[7] 13 CHSWs left out as they got another better opportunities either with government or NGOs.

each week. Each MMT consists of a Medical Doctor, a Nurse, a Pharmacist, a Laboratory Technician and a Upazila Health Promoter.

During the project period, a total of 120,234 patients cases including 73,640 females were treated by the project supported satellite clinics teams. On an average 33 patients were treated daily by each mobile team at respective satellite clinics nodes. Among the total treated patients cases, a total of 73,269 were indigenous origins patients, while patients from Bengalis were 46,965Moreover, of the total patient cases, 23,686 (19.7%) were under 5 years children; 6,221 (5.2%) were due to water-borne diseases; 11,775 (9.8%) were due to respiratory diseases; and 1,857 (1.5%) were for malaria disease. The highest portion of patients cases (44,025) were treated in Rangamati with 39,520 in Bandarban and 36,689 in Khagrachari. The MMTs submitted monthly reports to HDCs and government health department and data on patients treated are included in government statistics.

Districts	Malaria	Water Borne Disease	ARI	Others	Total
Bandarban	682	2582	4861	31395	39,520
Khagrachari	84	1597	3216	31792	36,689
Rangamati	1,091	2042	3676	37216	44,025
All	**1,857**	**6,221**	**11,753**	**100,403**	**120,234**

Table-2: Patients cases treated by Satellite Clinics, by district and diseases

Md. Kamal Uddin- Early intervention saves his life in severe diarrhea

Md. Kamal Uddin (about 50 years old), hailing from Rajapur, Kalapakujya, Langadu. He is a day laborer, having three sons and three daughters. They live in a house made of bamboo which is almost broken now. In the house they have no sanitary latrine. Most of the days, he cannot afford adequate meals to his family members. There is no tube well in the premises of their house. So, they have to use lake water for drinking and other purposes.

One day, Md Kamal Uddin was having frequent passage of loose watery stools associated with vomiting and abdominal cramping. Initially he was treated at home with frequent sipping of ORS water which, in the past, they came to know during health education sessions conducted by CHSWs. But, only ORS water did not help him out and gradually he got lethargic and very thirsty with sunken eyes. Then his family members decided to bring him to the BHDC managed Mobile Medical Clinic. By this time his condition deteriorated more when he reached the clinic. The doctor of MMT attended him as soon as they arrived at the clinic and found his pulse was very rapid and feeble, and BP was as low as 70/40 mm of Hg. The doctor realized that he was in impending hypovolumic shock. The doctor then started emergency intervention with running I. V. fluid they had in the clinic with meticulous monitoring of vital signs. Over the time, severe dehydration got corrected and his condition started improving. When vomiting was stopped and there was no sign of dehydration, the infusion was replaced by oral ORS water and he was finally let go home with prescribed medications with the advice to get admitted in the hospital if the condition deteriorated once again. Thus Md. Kamal Uddin escaped certain death by attending doctor early at right time. In this way HDC managed Mobile Medical Teams have been bringing smiles by saving lives of many poor people in the remote areas.

Malaria incidence reduced

Malaria continues to be an important area of focus for the project-supported health services, with the CHSWs providing the bulk of the early diagnosis and treatment. Of the total 358,288 patient cases treated

by both satellite clinics and CHSWs, a total of 6,226 malaria cases were treated during the reporting period. Despite the resurgence of malaria in the CHT in 2014, the number of malaria cases among the total patient cases showed a positive decline cumulatively from 12.8% (in 2006) to 1.6% in 2014, reflecting a positive decline in the incidence of malaria in the CHT. In 2014, a total of 20 patients were died in malaria in CHT wherein 11 from project areas.

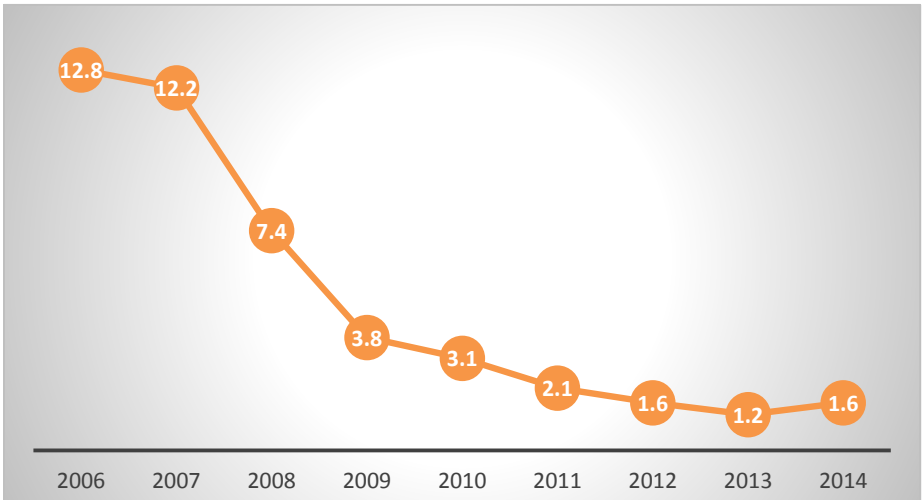


Figure-3: Proportion of malaria patients treated among total treated patient cases by the project by year (2006-2014)

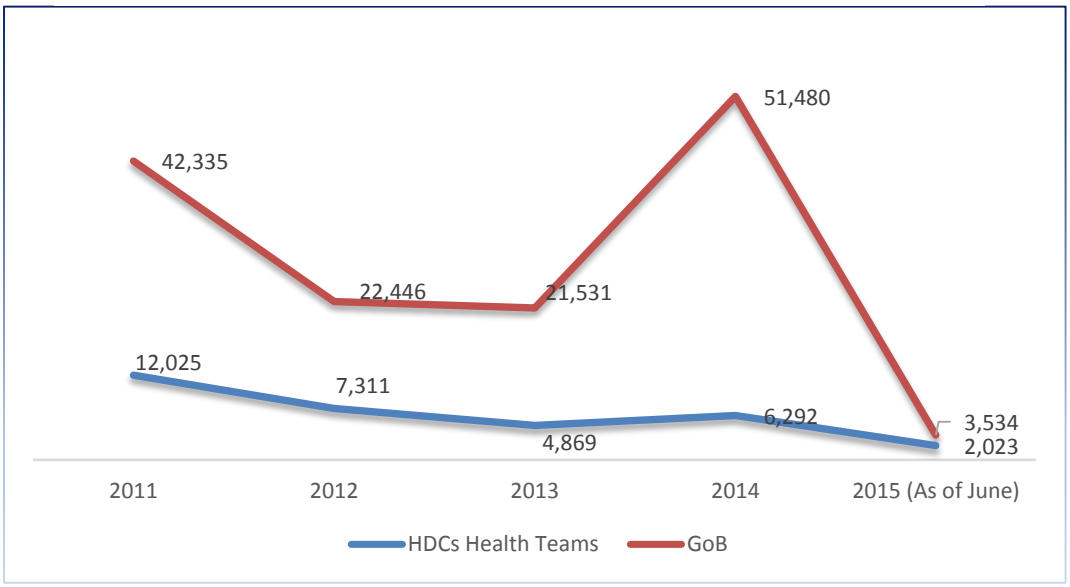


Figure-4: Malaria patients treated by HDCs Health Program compared to GoB statistics (GoB data includes HDCs health data)

Emergency responses for malaria outbreak

During this reporting period, the project mobile teams rolled out emergencies/special responses during the malaria outbreak occurred in CHT. The most outbreak affected areas were the Thanchi and Ali Kadam upazilas of Bandarban district, Farua of Bilachari, Dumdumia and Moydong of Jurachari, Boroharina of Barkalunder under Rangamati district and Lakshmichari upazila of Khagrachari district.

HDCs health staffs providing medical support to community people

About 3,000 patients were treated by the emergency support and response through HDC supported health team. The swift and appropriate response of project mobile teams in each risk areas contributed to improving quality of and access to early diagnosis and effective treatment of malaria, and hence controlling the situation within a short period of time. The visit of a civil surgeon along with HDC officials to some areas during the outbreak also made aware of the community members that they would act jointly to manage such occurrences in the future when required.

Emergency responses for diarrhoea outbreak

A sudden diarrhea outbreak was occurred in Ruilui of Sajek union under Baghaichari upazila of Rangamati district in early June 2015. The only way to reach the affected areas was by foot that takes at least 5 hours to reach from Ruilui from Sajek. The prime cause of the diarrhea was for having contaminated drinking water from Well. In south Ruilui, about 45 households of Tripura community were affected by diarrhea and in north Ruilui, about 35 households of same community were in direct threat of diarrhea. 5 people were died from this sudden outbreak. However, UNDP-CHTDF, RHDC and project partner NGOs made a special camp in Ruilui on 9 June 2015 to combat the alarming situation. Out of 90 patients treated during this response, 50% were of affected by diarrhea. An oral rehydration therapy (ORT) was opened in CHSW homes who were the residents of south Ruilui. Besides, in every Tuesday the mobile team conducted clinic activities at Ruilui. The outbreak news was also informed to the Civil Surgeon office timely and sought necessary support by the RHDC. Civil Surgeon sent more Intravenous fluid (IV) and water purifier tablets which were very useful to control the situation.

Health education sessions organized

Like the CHSWs, a total of 7,275 health education sessions were conducted by the satellite clinics on Acute Respiratory Tract Infections (ARI), diarrhea, malaria, Ante Natal Care (ANC), Post Natal Care (PNC), safe water usage, immunization, sanitation and personal hygiene by the satellite clinics. A total of 106,774 people[8] participated in these sessions, resulting in increased awareness and improved health seeking behavior among local CHT communities.

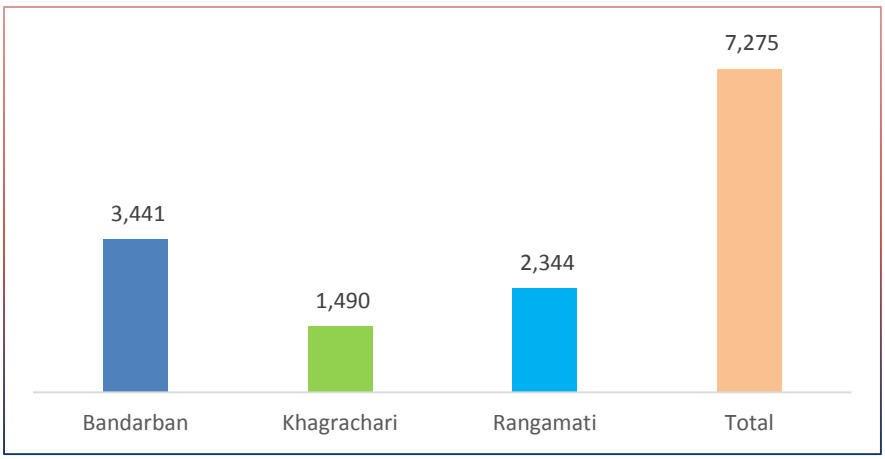


Figure-5: No. of health education sessions conducted by Satellite Clinics, by districts

Functional Satellite Clinic Management Committee (SCMC)

The SCMCs[9] supported the satellite clinics by site management, maintaining premises of the clinics, mobilizing the patients and coordinating the activities for patient referral at community level in many instances. During the reporting period, all the SCMCs were functional and performed their responsibilities actively. The SCMCs also continuously monitored the works of CHSWs, CSBAs and Mobile Medical Teams (MMTs) and shared their observation with the Upazila Health Field Supervisors. During the reporting

[8] The number of participants reflect information over same individuals who attended multiple sessions.
[9]Each SCMC consists of 9-11 members including one third female members

period, 522 SCMC meetings were conducted where 4,182 SCMC members including 528 females participated. The meetings helped them to identify the problems regarding day to day operation of the clinics and to take corrective measures accordingly for the smooth implementation of health activities in the nodes of satellite clinics.

SCMC members in a meeting

Sub IR 1.3 Ensured functional referral system

The major achievements of the project under this sub-intermediate result are given below:

- A total of 484 emergency patients were supported and referred to, and received treatment in the district health facilities. Majority of the emergency referral cases (about 55%) were related to maternal health.
- 81 patients through fast boats services and 107 cases through emergency Obstetric Care (OB) were served.
- Technical, human resources and transport support were given to the routine EPI sessions and other national immunization campaigns in the CHT. Intensive crash programs were conducted in all low coverage areas to increase immunization coverage.

Output 1.3.1 Referral system in place by CHSWs/CSBAs/MMTs

Activities undertaken during this reporting period are elaborated below.

Referral System Established for Emergency Services

Emergency referral system is fully functional and effective. The linkage of Satellite Clinics and the network of CHSWs with the government health facilities and specialist medical services has been strengthened through the establishment of an effective and efficient referral system in three districts of CHT. With the emergency patients referral guidelines developed under the previously EU supported project, this project ensured that the CHSWs and mobile medical teams followed the guidelines to refer patients to appropriate medical institutions. During the project period, a total of 484 emergency patients were supported and referred to, and received treatment in the district health facilities based on the above guidelines. Majority of the emergency referral cases were pregnancy/delivery related complicacies (about 55%), while the other emergency referral cases were respiratory diseases, severe diarrhea, accidents/injuries including snake bites, severe malaria etc. However, slowness in referral services is still an issue in the community.

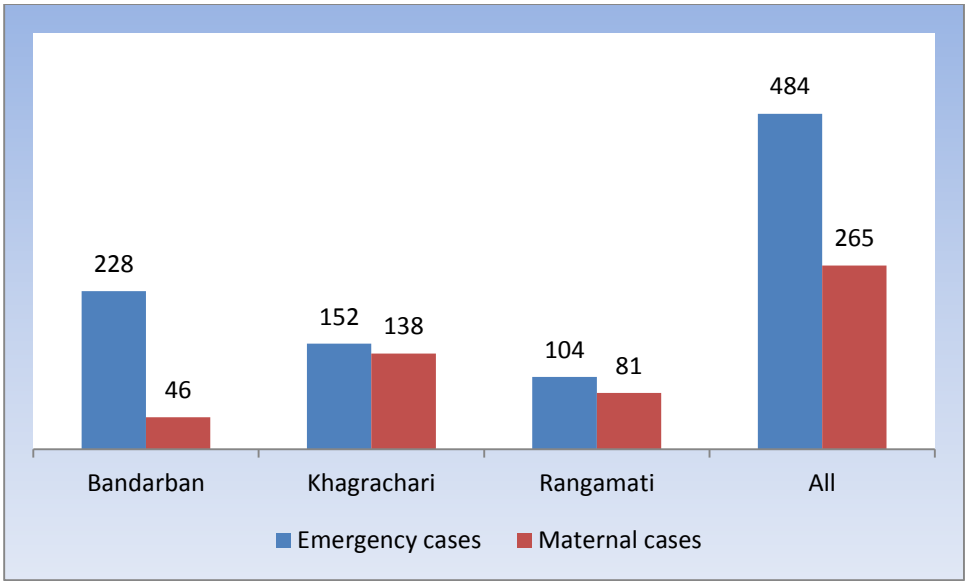


Figure-6: Emergency patients' cases dealt by Satellite Clinics and CHSWs, and by districts

The HDCs under the previously EU supported project procured 3 fast boat ambulances for referral of patients. These speed boat ambulances are stationed at various locations of Kaptai Lake in order to enable speedy transportation of 81 patients. Through the interventions, the boats have been proved crucial in providing those in remote areas with access to referral emergency care.

One critical patient referring through fast boat ambulance in Rangamati

Emergency Obstetric Care (EmOC) services provided

Under this SUAID supported project, the BHDC provided EmOC services with a view to preventing obstetric related death. The introduction of EmOC contributed to saving lives of the mothers and newborns in the remote localities of Bandarban by providing critically pregnant women with the EmOC services free of cost. During this reporting period, 107 cases (both cesarean sections and normal vaginal deliveries -NVD) were served.

Support for the implementation of immunization programme

The project provided the technical, human resources and transport support to the routine EPI sessions and other national immunization campaigns. Through the project, the immunization coverage of women

and children was extended to hard-to-reach areas in the CHT, thereby contributing to increasing their access to health services as well as reducing the incidences of diseases.

Subsequently, intensive crash programs were conducted in all low coverage areas to increase immunization coverage. Routine EPI sessions were conducted in all satellite clinics in coordination with MoH&FW's field workers. The CHSWs also assisted in raising awareness of the community members on preventable diseases and bringing the eligible children and women to the nearest immunization sessions for routine immunization resulting in increased measles vaccine coverage from 84% in 2012 to 90% in 2015 in the CHT.

Health workers assisting to EPI vaccination

Intermediate Result (IR)-2: Strengthened the Government Health services system through HDCs

Sub IR 2.1 Strengthened the capacity of HDCs to manage health service delivery

The achievements of the project under this sub-intermediate result are given below:

- 30 medical doctors including newly recruited government doctors received clinical management training that contributed to enhancing their knowledge on better clinical management of various diseases.
- A research study on malaria has been initiated in three district of CHT with technical support from icddr,b to better understanding of transmission dynamics of malaria parasite in humans and vectors and implication of research findings to enhance malaria eradication program in the CHT.
- 142 joint monitoring visits to HDCs-managed Satellite Clinics and working areas of CHSWs and CSBAs were made by the line department officials & local government representatives. The visits helped them to receive direct recommendations from the community people for smooth running and long term sustainability of health services in the CHT. Furthermore, HDCs' senior management officials made 92 visits to the satellite clinics and CHSWs/CSBAs homes and their regular activities.
- The National Steering Committee and Technical Advisory Committee-Health meeting held during this reporting period made several decisions to expedite the pending decision on channelling of funds for the 866 health workers.

Output 2.1.1 Training for HDCs based health staffs and MMTs provided

Activities undertaken during this reporting period are elaborated below.

Clinical Management training

The project organized 2 day-long training on medical clinical management for 30 medical doctors (male-27, female-3) that includes Medical Officers of Mobile Medical teams, Partner NGOs District Coordinators (who are also medical doctors), newly recruited government doctors and HDCs' District Medical Officers.

The training topics included update management of malaria, acute respiratory infection, and diarrhea, anti-snake venom administration, updated information on HIV/AIDS, Ebola virus and safe motherhood. The Medical Officer-Civil Surgeon (MO-CS), Pediatric consultant, Gynecology and Obstetrics consultant and renowned medical health practitioners conducted academic sessions in this training. The participants were provided with information on updated information and management of diseases such as malaria, RTI, HIV and Ebola. The training helped the doctors particularly the newly recruited doctors to enhance their knowledge on better clinical management of various diseases.

Group work on behavioral change and communication during the training

Curriculum review for refresher training of CHSWs/CSBAs

During this reporting period, the curriculum for refresher training of CHSWs/CSBAs was thoroughly reviewed through a workshop organized by UNDP-CHTDF. The Civil Surgeon of Khagrachari, Medical Officer-Civil Surgeon, government doctors, HDCs' District Medical Officers, Partner NGOs Coordinator and CHTDF Programme Officer-Health attended the curriculum review workshop. The revised curriculum included several new topics such as management of malaria with new guideline, management of local diseases and behavioral change communication, key messages for emerging and reemerging diseases etc. The revised curriculum was effectively used in refresher trainings organized for the local health workers during this reporting period.

Workshop on designing project M&E plan

A workshop was organized by UNDP-CHTDFto develop the M&E Plan of this USIAD supported project where 16 technical staffs from HDCs, partner NGOs and UNDP-CHTDF actively participated. The results framework of the project was developed in a participatory way in this workshop. The exiting indicators, data collection formats, guidelines and Health MIS were reviewed and consequently modified to ensure that data are being collected appropriately in line with this M&E Plan. The involvement of the HDCs and partner NGOs' technical staffs with this process resulted in their better understanding of the M&E Plan and data collection process of each performance indicator of the project. The HDCs and partner NGO staffs were also provided with orientation on new qualitative data collection tool that was developed following the 'Most Significant Change (MSC)' technique for collecting success story from the fields.

Malaria research study with icddr,b

During this reporting period, research study on malaria has been initiated in three district of CHT with technical support from icddr,b. A Memorandum of Understanding (MoU) was signed between three Hill District Councils and iccrd,b to better understanding of transmission dynamics of malaria parasite in humans and vectors and implication of research findings to enhance malaria eradication program in the CHT. Under this study, the below progress has been made so far;

i) icddr,b has collected 1,099 register books from 3 HDCs where the HDCs-managed mobile clinics recorded malaria related data during the period 2010 to 2014. The icddr,b has started digitalizing the collected data in data entry software to estimate incidence of symptomatic malaria, including sub analyses by month, year, and small geographic units, identifying individual and community-level risk

factors for symptomatic malaria and individual level risk factors for death from malaria, modeling the transmission of malaria and potential impact of interventions.

ii) 24MMT's medical officers and lab technicians were provided with technical training by icddr,bon how to collect dried blood sample from febrile cases. As a result, trained officers/technicians have started collecting dried blood Spot sample from randomly selected RDA positive patients before starting Artimisin and/or patient not responding even after 3 days ACT/treatment. The blood spots will be used to get the DNA of parasite and then the extracted DNA will be analysed to see if there is specific mutation in specific gene.

iii) Malaria & anemia checking of Pregnant during ANC visit has been started by the local health workers who were provided with technical support from icddr,b to measure the prevalence and severity of anaemia in relation to malaria infection among antenatal care seekers at community level in the Chittagong Hill tracts.

The data analysis, report writing on findings and dissemination will take place during September-December 2015.

Output 2.1.2 Proper supervision and monitoring of CHSWs/CSBAs/MMTs by the HDC and GoB line department in place

Activities undertaken during this reporting period are elaborated below.

Monitoring visit by GoB line department and Local Government officials

The project successfully involved the health line department officials in project development process. During this reporting period, the GoB line department & local government officials made a total of 142 joint monitoring visits to HDCs-managed Satellite Clinics and working areas of CHSWs and CSBAs to monitor health services performed by the HDCs through mobile medical teams, and CHSWs/CSBAs as well as to receive recommendations from the community people for smooth running and long term sustainability of health services in the CHT. The monitoring teams included Civil Surgeons, Deputy Director-Family Planning (DDFP), Upazila Chairman, Upazila Vice-chairman, UH&FPO UNO, and UFPO. The results are clear from these visits- i) HDCs' health teams received instant practical feedbacks from the specialist medical doctors that contributed to improving better health services for the remote communities in CHT, ii) Ownership on HDCs-managed health services has been increased by the GoB line department officials, and iii) Increased coordination and linkage between HDCs and health line departments.

Civil Surgeon of Bandarban district checking laboratory quality during monitoring visit to a BHDC-managed satellite clinic

Programme management visit by HDC officials

During this reporting period, a total of 92 visits were made to the satellite clinics and CHSWs/CSBAs homes and their regular activities by the HDCs' senior management officials including Health convenor of HDC, Chief Executive Officer and Executive Officer and Administrative Officer etc. The purpose of these visits was to monitor progress of the HDC-managed health programme implementation activities and identify the areas for improvement having direct discussion with community people. During the visits, they inspired the staffs of satellite clinics and CHSWs/CSBAs for providing better health services. The visits also useful for HDCs management particularly for proper planning as they received feedbacks and suggestions from the community people directly. The visits also contributed to increasing linkage between HDCs and community people, and community people received opportunity to place their needs to the HDCs for their improved health services.

Monitoring visit by the Chief Executive Officer and District Medical Officer of Rangamati Hill District to a Satellite Clinic at Barkal Upazila in Rangamati district

Besides, HDCs district health teams and Upazila Health Field Supervisors made regular supervisory monitoring visit regular to mobile clinic nodes and each CHSWs/CSBAs on a monthly basis. Moreover, Upazila Health Field Supervisors joined the UDCC (Government Union Development Coordination Committees) meetings, where they had good interaction with the government and community representatives, and received their feedback on better management of health services.

Technical Advisory Committee (TAC) meeting for Health

During this reporting period, one TAC meeting for Health to the National Steering Committee of 'Proportion of Development and Confidence Building in the CHT' was held chaired by Joint Secretary-Development of MoCHTA, attended by development partners, relevant ministries, and UN Agencies. The meeting took several decisions which are: i)MoH&FW to call a meeting of representatives of MoH&FW, MoCHTA, MoF, Ministry of Planning and UNDP-CHTDF to finalize decision about funding modality for the allocated resources under the Tribal Health Plan in CHT component of the revised ESD OP of the HPNSDP, ii) MoH&FW to form an inter-ministerial committee comprising representatives of MoH&FW, MoCHTA, PMO, MoF, Ministry of Planning together with technical experts like UNDP-CHTDF for suggesting district-specific health system in CHT and proposed institutional arrangements for operation of HDCs managed health services for strengthening access and utilization of health services for all population of CHT, iii) Civil Surgeons of the three hill districts to ensure supervision of CHSWs and CSBAs by the concerned UH&FPO teams, iv) WHO in collaboration with National Malaria Control Programme to call a meeting to be participated by USAID, UNDP-CHTDF, MoCHTA and other concerned to develop a plan of action for developing sufficient buffer stock of anti-malarial drugs and early detection and prompt treatment provisions to avoid crisis experienced in 2014 outbreak of malaria, and v) MoCHTA to be actively involved in the preparation of AVI-HSS proposal[10] for due reflection of CHT issues and UNDP-CHTDF to provide necessary technical assistance to MoCHTA.

[10]This proposal is currently being prepared by MoH&FW on Health System Strengthening (HHS) that will submit to Global Alliance in Vaccines and Immunizations (GAVI).

National Steering Committee meeting

During this reporting period, a national steering committee (NSC) meeting was held in Dhaka, chaired by the State Minister of MoCHTA, where 61 participants including 7 females from various GoB ministries and departments, development partners including USAID, HDCs and UNDP-CHTDF attended. The meeting placed emphasis on operationalizing the HDC-managed basic education and health services in the CHT through national financing framework/s. Major decisions were made at the meeting included: i) MoCHTA to follow-up with MoH&FW on channelling of funds for the 866 CHSWs, adequate medicines and mobile clinics, ii) UNDP, HCDs and Civil Surgeons to continue with mapping exercise of nearby services at mobile clinic nodes, iii) MoCHTA to closely follow-up on the nationalization process of HDC managed 228 earlier supported schools by CHTDF, iv) three HDCs with the help of MoCHTA, will find ways to finance the 228 schools during the gap period of October 2015 to the date of nationalization, v) Dr. Gowher Rizvi, Advisor to Honorable PM and MoCHTA State Minister to visit Taindong soon to observe the successful rehabilitation programmes jointly implemented by GoB, UNDP-CHTDF, FAO and others, and vi) UNDP to formulate the new programme document and submit to MoCHTA as soon as possible.

Project coordination at different levels

During this reporting period, a total of 4 cluster monthly coordination meetings were organized where 84 participants from LOA Health staffs of HDCs, CHTDF district and cluster staffs participated. Similarly, 1818 bi-monthly district health coordination meetings were organized by HDCs where 588 participants including civil surgeons, health line department officials, CHTDF representatives, HDC health officials and NGO staffs actively participated. Similarly, 90 bi-monthly upazila health coordination meetings held in 15 working upazilas where 4,378 participants including UH&FPO, UFPO, Upazila Chairman and other relevant stakeholders attended. The meetings helped enhancing coordination in health service delivery and created a platform of stakeholders to discuss different issues, for example, strategies to control the spread of communicable diseases.

District Health Coordination meeting in Rangamati

III. Cross-Cutting Issues

3.1 Gender

The project has continued to support 853 female CHSW/CSBAs to provide basic health services in the remote CHT areas. About 53% of the total patients are females treated by CHSWs/CSBAs. They regularly conducted health education sessions with community people of which majority of being women. The project also supported the HDCs and MoH&FW to organize rallies/seminars in the three CHT districts to conduct routine EPI sessions and celebrate other national immunization campaigns, resulting in expanded immunization coverage for women and children particularly in hard-to-reach areas of the CHT.

3.2 Human Rights

The project has worked closely with the 3 HDCs to build their capacities for delivering improved health services particularly to marginalized and disadvantaged communities in the CHT. As a result of the intervention, community people who were previously less aware on their health issues and had no or limited access to the health services have become more aware on their rights to receive services.

IV. Visibility and Communication

The visibility of the USAID and UNDP was ensured through various publications and other materials used/disseminated by the project, e.g. Family Health Book, Ante-Natal Care (ANC) Card, Sign boards in each satellite clinic locations and other materials such as banners used during observation days, training and workshops.

Besides, regular CHTDF promotional materials with appropriate donor information were disseminated through CHTDF factsheet, folder, note book, quarterly newsletter, desk and wall calendar, annual report, etc. The health activities with USAID logo were properly documented in CHTDF overall 5-7 minute video documentary.

Annual Report 2014: The CHTDF produced 1,150 printed copies of the Annual Report 2014 reflecting key project activities and achievements. The reports were widely disseminated to stakeholders both at regional and national levels including different ministries/departments and institutions like Dhaka University. The USAID logo was on the front cover, along with other Development Partners.

CHTDF Video: A seven minute video highlighting the diverse work that CHTDF undertakes was shot late 2014 and distributed earlier 2015. The video, which was shot by a professional British team, features many of the confidence building activities that the project supports, including CPF and Trust-builders. The video, which contains USAID logo amongst other Development Partners, was widely circulated to target audiences including government personal. The video is currently stored on the UNDP Bangladesh YouTube channel.

Awareness raising and sensitization through observance of national and international days:

High profile and relevant international days were observed both at districts and Upazilas by the project to raise awareness on key themes, in addition to providing opportunities to raise the project visibility. These included World Health Day and World AIDS Day. Over 3,690 people from different ethnic and mainstream communities participated in these events. The USAID logo was used in all these events.

Examples of visibility materials are provided in Annex 2.

Below is the cumulative progress against indicators as set in its plan.

Communication activity	**Sub-activity**	**Cumulative Progress**
1. Elaborate key messages/ identify new messages	1. Discuss in coordination meetings	The below health related key messages along with others were discussed in the health coordination meeting at district and upazila levels for wider dissemination through health workers; - Update treatment of malaria management; - EPI vaccine and administration; - Dissemination of new family planning methods such as Norplant; - ARI management
2. Preparation of communication materials	2.1 Updating of Sign Boards	Sign boards were updated and installed in each of 80 satellite clinic locations with USAID logo.
	2.2. Updating of Health Promotion flip charts, Family Health Book, ANC card	A total of 35,000 Family Health Books and15,000 Ante-Natal Care (ANC) Cards produced and distributed among the patients.
	2.3 Preparation of PowerPoint presentations	PowerPoint presentations covering all components including USAID supported health activities were prepared and shared in the National Steering Committee meeting chaired by MoCHTA State Minister, and Regional Coordination meeting chaired by Regional Council Chairman.
	2.4 Preparation of promotional items as	72 banners with USAID logo were produced for the observation of international days and

Communication activity	Sub-activity	Cumulative Progress
	necessary	training/workshops at district/upazila levels.
3. Organize different events	3.1 Observe World Health Day, International Day of HIV/AIDS, Malaria, Breast Feeding, Safe Motherhood	World Health Day and International Day of AIDS were observed at 3 districts and 15 working upazilas by the project to raise awareness on key themes, in addition to providing opportunities to raise the project visibility.Around3,690participants from different community groups, CHT institutions including Upazila and Union Parishad, traditional institutions, civil society organizations, NGOs, and district administrators joined the events.
4. Organize meetings	4.1 TAC meetings, once in every three months	One Technical Advisory Committee (TAC)-Health meeting was held during this reporting period. In addition, one National Steering meeting was held where sustainability of project health intervention was importantly discussed.
	4.2 District Health Coordination Meeting – meet once a month or so and include NGOs and HDC representatives	During this reporting period, 18 bi-monthly district health coordination meetings were organized by HDCs where 588 participants including civil surgeons, health line department officials, CHTDF representatives, HDC health officials and NGO staffs actively participated. The meetings helped enhancing the coordination in health service delivery of different stakeholders and created a platform of stakeholders to discuss different issues, for example, strategies to control the spread of communicable diseases. Similarly, 90 bi-monthly upazila health coordination meetings held in 15working upazilaswhere 4,378 participants including UH&FPO, UFPO, Upazila Chairman and other relevant stakeholders attended.
	4.3 Quarterly coordination meeting of Health clusters/forums, annual/bi-annual meetings with SCMC	4 cluster coordination meetings were held, involving 84 participants from HDCs, partner NGOs and UNDP-CHTDF. The meetings reviewed progress of planned activities and provided solutions for practical challenges at the field level, and hence contributed to timely implementation of the activities. Furthermore, 18 bi-monthly coordination meetings were organized by the partner NGOs at district level with their 568staffs to review field progress and discuss on planned activities.
5. Produce project reports	5.1 Annual report	The first annual progress report of the project (21 July 2014-20 July 2015) has been prepared as stated in the agreement. Furthermore, UNDP-CHTDF Annual Report 2014 published covering health project achievements.
	5.2 Final report	The final report of the project will be produced after end of project activities in December 2015.
6.Organize trainings and workshops	6.1 Organize various trainings and workshops as outlined in the project documents intended for beneficiaries and other relevant stakeholders	33 refresher trainings were organized for 853 CHSWs/CSBAs, I curriculum review workshop refresher training workshop on, 1 workshop on medical clinical management for 30 Mobile Medical Team Medical Officer, newly recruited government doctors and HDC based District Medical Officers, and 1 training workshop on designing M&E Plan and revising exiting data collection tools.

Communication activity	Sub-activity	Cumulative Progress
7. Uploading/updating relevant knowledge materials in the CHTDF website		During this reporting period, UNDP-CHTDF factsheet, quarterly newsletter, video documentary and CHTDF annual report that includes USAID's supported health service delivery activities were uploaded CHTDF website (www.chtdf.org).

V. Future work plan

The following activities are planned for the remaining period (21 July 2015-30 December 2015) of the project.

SL.	Activities	Quarter-1			Quarter-2		
		Jul	Aug	Sept	Oct	Nov	Dec
1	**Component 1: Operation of Community Health Programme through 716 CHSWs and 150 CSBAs including required refresher training and supply support**						
1.1	Health services through Community Health Service Workers (CHSW) and Community Skilled Birth Attendants (CSBA)	X	X	X			
1.2	Follow-up on inter-ministerial meeting between MoCHTA and MOH&FW for ensuring MoH&FW budget allocation for CHSW/CSBA from October 2015	X	X				
1.3	Follow-up with MoH&FW on actual allocation and disbursement of fund		X	X			
1.4	**Mainstreaming CHSWs/CSBAs to UHC system**						
1.4.1	Filed monitoring visits				X	X	X
1.4.2	Community meeting to ensure active support from the community leaders				X	X	X
1.4.3	Ensure CHSW/CSBA integration is discussed at regular coordinator meetings of HDCs, Union Parishads, Upazila Parishads and UHC				X	X	X
1.3.4	Liaison with HDCs, Civil Surgeons, UHCs and other stakeholders (Union Parishads, Upazila Parishads, traditional leaders, communities and NGOs)				X	X	X
2	**Component: Operation of periodic outdoor services through 16 Mobile Medical Teams (MMT) including medicines costs and emergency referral provisions**						
2.1	Service delivery through Mobile Medical Team	X	X	X			
2.2	Satellite Clinic Management Committee meetings	X		X			
2.3	Capacity assessment of nearby government services and financial analysis		X				
2.4	Plan and communications on closing of mobile clinic nodes, facilitate transfer of patients to government services		X	X			
2.5	Community meetings to inform and facilitate transfer of patients to government and alternative services , and facilitate transfer of patients (if required)				X	X	X
2.5	Ensuring issues on transfer of patients to				X	X	X

	government services are discussed at regular coordination meetings of HDCs, Union Parishads and Upazila Parishads						
2.6	Liaison with HDCs, Civil Surgeons, UHCs and other stakeholders (Union Parishads, Upazila Parishads, traditional leaders, communities and NGOs)				X	X	X
2.7	Provision of alternative health services at location without access to government health services				X	X	X
3	**Component 3: Supervision and monitoring of CHSWs/CBSAs/MMTs by the HDCs through upazila and district teams**						
3.1	HDC management and supervision at regular CHTHSDA activities	X	X	X			
4	**Management, Coordination and Operations Support**						
4.1	Management support	X	X	X	X	X	X
4.2	Follow-up at national level with MoCHTA, MoH&FW, USAID, and UN Agencies	X	X	X	X	X	X
4.3	Health Technical Advisory Committee Meeting		X		X		X
4.4	Operations and security support	X	X	X	X	X	X
4.5	Final reporting						X

VI. Project Monitoring and Evaluation

Planning, Monitoring and Reporting (PMR) unit of the CHT Development Facility continue to ensure result-based monitoring and reporting processes of project activities.

During this reporting period, the M&E Plan of this USAID supported project was developed in a participatory way, involving HDCs and partner NGOs' technical staffs. The exiting data collection formats were reviewed and accordingly modified the formats to ensure that data are being collected appropriately in line with this M&E Plan. The involvement of the HDCs and partner NGOs' technical staffs resulted in better understanding of the M&E Plan and data collection process of each performance indicator of the project. A research study on malaria has been initiated with icddr,b to digitalize malaria related data from CHSWs' register book and then assess the incidence of symptomatic malaria, and prevalence and severity of anemia in relation to malaria infection among antenatal care seekers at community level in the Chittagong Hill tracts and analysis of Artemisia in resistance in molecular level.

Apart from the above study, the project continued to undertake periodical M&E activities working closely with HDCs and their partner NGOs. The periodical M&E-related activities include collection of data, compilation of success stories, and data analysis. At the field level, dedicated M&E staffs under each HDCs and CHTDF Capacity Development and Service Delivery (CD&SD) cluster collected and verified data, minimized data error, updated the database and sent to PMR for consolidation and reporting. To ensure good planning and implementation of M&E activities the project also utilizes various M&E tools such as annual M&E plan and indicator tracking formats to monitor and track progress.

With a view to further enhancing M&E capacity of the project staffs (to be able to report on qualitative aspects of the results), a new qualitative data collection tool was developed during this reporting period following the 'Most Significant Change (MSC)' technique. The tool is currently being used by each cluster/component of CHTDF to collect change stories for the field.

VII. Major challenges, Lessons learnt and Measures undertaken

The actual implementation on operationalizing the financial support for 866 health workers from MoH&FW is still pending. However the project has been successful in ensuring the inclusion of major components of HDC-managed health services in the health ministry budget for 2015-2016. Continuous follow-up is needed with MoH&FW and MoCHTA to expedite the process.

The network of community health services workers in the CHT, backed up with mobile medical teams, is an appropriate and very effective means of providing basic health care services to hard-to-reach communities, and that HDCs are able to manage this network quite effectively as supported by the project. It also became evident that this system needed continued support to be integrated under the government health system adapted for the CHT with sustainability.

The support and services of CSBA are well recognized by the community people. Today, they are very much capable to provide services and secure mother and child at their own community located in underserved geographic areas of CHT. Their support has greater impact on the emergency service delivery which is now being treated a role model of sustaining the basic health services activities.

The efficient coordination between stakeholders' has mitigated some of the problems encountered. The UNDP-CHTDF from the beginning developed a strong coordination mechanism with the MOH&FW district and field staffs and other health services providers. The coordination mechanism played a crucial role in ensuring the control of acute disease outbreaks such as malaria and diarrhea and facilitated the expansion of the immunization coverage.

VIII. Sustainability

UNDP-CHTDF continued to support the Hill District Councils (HDCs) to operate a specific health system in 15 Upazilas out of 25 Upazilas of CHT with a cadre of 866 female Community Health Services Workers (CHSWs) from the local communities who are trained through specially designed residential training and deployed in their communities, 153 are of them are further trained to become Community Skilled Birth Attendants (CSBAs); a fleet of mobile medical teams comprising MBBS physician, diploma nurse, diploma pharmacist and diploma laboratory technician to carry out periodical satellite clinics; backed by provisions of emergency referral.

For sustainability of these efforts, MoH&FW, under the chairmanship of its Secretary, in a meeting on 3 September 2013 decided to provide salary support of the Community Health Services Workers (CHSWs) and Community Skilled Birth Attendants (CSBAs) from the ongoing Health, Population and Nutrition Sector Development Program (HPNSDP) 2011-2016. Within the HPNSDP, the Essential Service Delivery (ESD) Operational Plan (OP) is the home of tribal health. To accommodate CHSWs/CSBAs salary support the OP needed to revise. After the Mid Term Review (MTR) of the HPNSDP, OPs were reviewed. In the latest revised OP of the ESD (which is incorporated in the Revised Program Implementation Plan (RPIP) of the HPNSDP that was approved by the ECNEC recently), it is found that Taka 393.50 lakhs are allocated as honorarium for 866 CHSW and CSBA in the financial year of 2015-2016. Also for medicines Taka 65 lakhs in FY 2014-15 and Taka 124 lakhs in FY 2015-16 are allocated. Similarly for other supplies and services Taka 208 lakhs in FY 2014-15 and Taka 346 lakhs in FY 2015-16 are also allocated.

However till today decision to support has not been operationalized yet. Health services are still implemented with the financial support of USAID (which was meant to be temporary as bridging fund). An inter-ministerial meeting between MoH&FW and MoCHTA will be held on 26 July 2015 to decide on operationalizing the financial support for 866 health workers from MoH&FW under the tribal health plan of HPNSDP.

MoH&FW financial support does not include operations of mobile medical teams, Kaptai lake ambulances and HDC health management/supervision teams. UN agencies have advised to review scope to reduce number of mobile team nodes, and mobile teams, after which discussions can start on finding ways to continue these services as a temporary measure. Notably in the recent times, Upazila Health Complexes have been strengthened (less vacancies) and community clinics have been introduced. In this new situation mapping and coordination of services is essential.

IX. Status of Expenditure

The project incurred a total eligible expenditure of USD 1, 934,486 for this reporting period (from 21 July 2014 to 20 July 2015) recording a 64% delivery against the total budget.

Budget Line Items	Total Obligation (USD)	Cumulative Expense till July 20, 2015 (USD)	Budget Balance (USD)	Delivery ratio %
a	b	c	d = (b-c)	e
Operation of CHSWs/CSBAs including required refresher training and supplies support	875,272	570,198	305,074	65%
Operation of 16 Mobile Medical Teams including medicines costs	1,123,548	716,368	407,180	64%
Supervision and monitoring of CHSWs / CBSAs /MMTs by the HDCs	419,004	352,089	66,915	84%
Technical Assistance and Programme Management by UNDP	359,954	152,536	207,418	42%
UNDP's General Management Services (8%)	222,222	143,295	78,927	64%
Grand Total	**3,000,000**	**1,934,486**	**1,065,514**	64%

Annexes 1-5

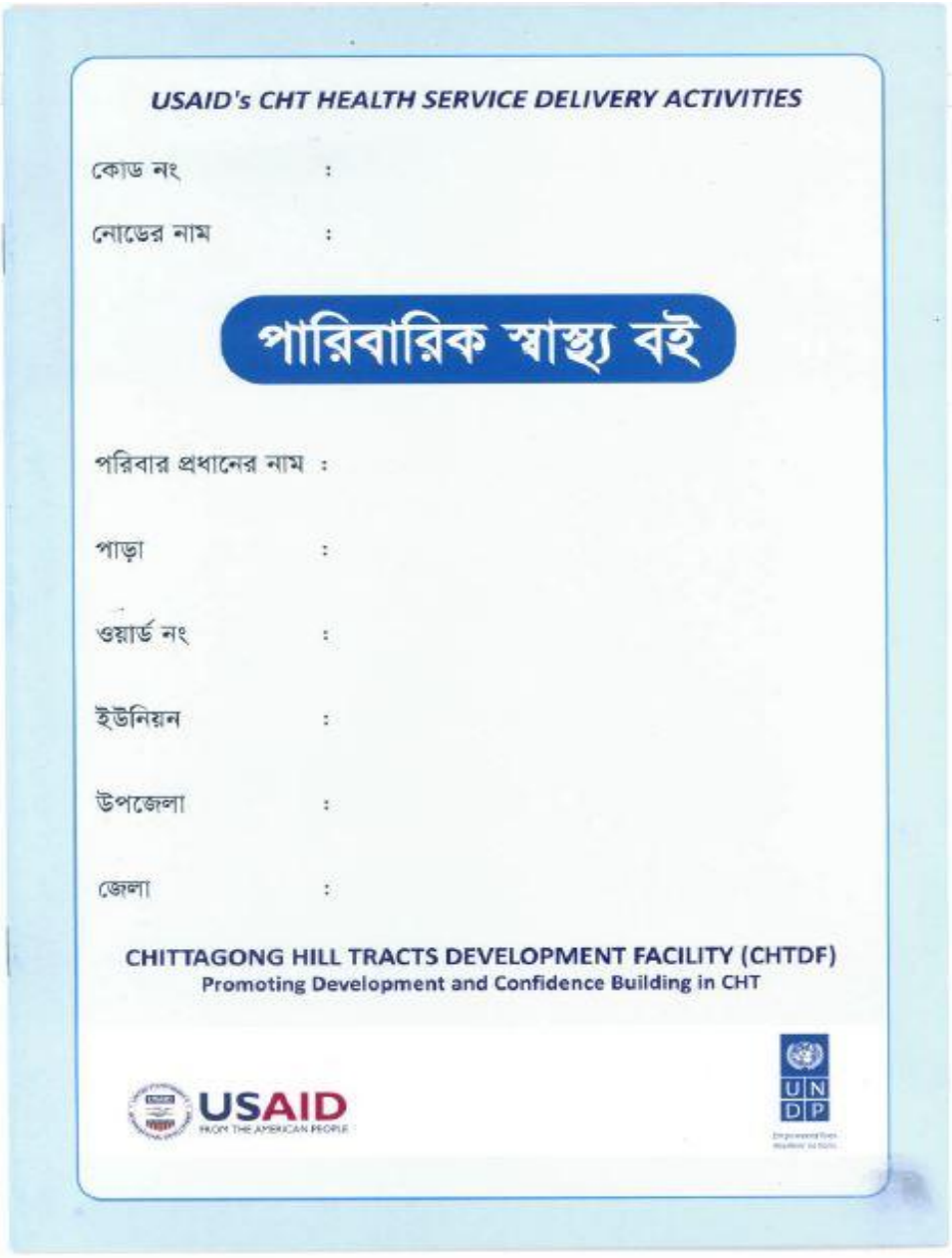
Annex-1: Progress against the performance indicators

Ref	Indicators	Unit of measure	Baseline Figure	*Overall Targets*	Achievements as of 20 July 2015	*Remarks*
a	**b**	**c**	**d**	***e***	***f***	***g***
	Overall objective USAID DO3: Health Status Improved, strives to stabilize population and improve health and nutrition; and CHTHSDA Objective: Improve access to quality health services in the Chittagong Hill Tracts (CHT) of Bangladesh					
F-indicator 3. 1.6-58	Maternal mortality ratio in the CHT	Ratio	194/100,000(Source: BMMS 2010, but published in 2011)	143	170 (UN 2013, Health Bulletin 2014)	
F-indicator 3.1.6-54	Under 5 Mortality Rate in the CHT	Rate	51/1000(Source: BDHS 2014)	38	53 Source-MICS Key District Findings 2014	
	IR 1: Increased access to community-based basic health services					
1.1	Measles Vaccine Coverage in CHT	Percentage	84*(Source: CES 2012)*	90	93% (CS Office 2015) 90.5% (Source-UNDP Survey 2013)	
1.2	Contraceptive prevalence rate in the CHT	Percentage	61(Source: BOHS 2011)	70	68.2% (Source-UNDP Survey 2013) 60.2 (Source-MICS Key District Findings 2014)	
1.3	Antenatal care coverage (at least one visit and at least four visits) in CHT	Percentage	37(Source: NIPORT Report 2013)	45	43.7(ANC-1) 7.0(ANC-4)	Source-MICS Key District Findings 2014
1.4	Proportion of births attended by skilled birth attendants	Percentage	12 (Source: UNDP Household Survey, 2008)	25	Bandarban-2.8, Khagrachari-15.5 and Rangamati-15.9; and 21.8% (Source-UNDP Survey 2013)	Source-MICS Key District Findings 2014
1.5	Incidence of malaria reduced	Number	4,869 (in 2013 treated through project health teams)	4,669	6,226 (1.7% of total treated patients during this reporting period)	
	Sub IR 1.1: Ensured functional community-based health workers' network					
	Output 1.1.1 CHSWs and CSBAs are operational at community level					

1.1.1.1	# of CHSWs and CSBAs are operation and providing health services at their own communities	Number	866	866	853	
	CHSW		716	716	700	Bandarban-173; Khagrachari-213; and Rangamati-314
	CSBA		150	150	153	Bandarban-47; Khagrachari-52; and Rangamati-54
1.1.1.2	# of patients cases consulted and treated by CHSWs and CSBAs	Number	Zero for this project	335,000	238,054	Bandarban-99,145; Khagrachari-65,153; and Rangamati-73,756
1.1.1.3	# of delivered women received at least 1 ANC through HDC health system	Number	Zero	9,500	4,305	Bandarban-679; Khagrachari-2,775; and Rangamati-851
1.1.1.4	# of delivered women received at least 4 ANC through HDC health system	Number	Zero	7,800	2,223	Bandarban-256; Khagrachari-1,535; and Rangamati-432
1.1.1.5	# of safe deliveries conducted by CSBAs	Number	Zero	1,800	1,530	Bandarban-243; Khagrachari-832; and Rangamati-455
1.1.1.6	# of courtyard health education session conducted by CHSW and CSBAs	Number	Zero	30,500	42,836	Bandarban-10,890; Khagrachari-15,938; and Rangamati-16,008
1.1.1.7	# of malaria cases detected and treated	Number	Zero	6,200	6,226	Bandarban-2,927; Khagrachari-509; and Rangamati-2,790
	Output 1.1.2 Training for the CHSW and CSBA provided					
1.1.2.1	# of CHSW and CSBAs received refresher training	Number	Zero	866	853	
1.1.2.2	# of CHSW and CSBAs received on-the-job training	Number	Zero	866	853	
	Sub IR 1.2: Strengthened health service delivery through MMT and Satellite clinic					
1.2.1.1	# of patients' cases consulted and treated by MMT and SC	Number	Zero	175,000	120,234	Bandarban-39,520; Khagrachari-36,689;

						and Rangamati-44,025
1.2.1.2	# of health education session conducted by SC	Number	Zero	11,540	7,275	Bandarban-3,441; Khagrachari-1,490; and Rangamati-2,344
1.2.1.3	# of SCMC are functional	Number	80	80	86 at 86 nodes	Bandarban-33; Khagrachari-20; and Rangamati-33
	Sub-IR 1.3: Ensured functional referral system					
	Output 1.3.1 Referral system in place by CHSWs/CSBAs/MMTs					
1.3.1.1	# of emergency patients referred to improved government health facilities by CHSW, CSBA and SC	Number	Zero	600	484	Bandarban-228; Khagrachari-152; and Rangamatii-104
1.3.1.2	# of patients served through fast boat services	Number	Zero	120	81	Only in Rangamati
	IR-2: Strengthened the Government Health services system through HDCs					
	Output 2.1.1: Training for HDCs based health staffs and MMTs provided					
2.1.1.1	# of HDC based staffs received capacity development training	Number	Zero	54	13	
2.1.1.2	# of MMT based staff trained on clinical management	Number	Zero	50	30	
	Output 2.1.2:Proper supervision and monitoring of CHSWs/CSBAs/MMTs by the HDC and GoB line department in place					
2.1.2.1	# of monitoring visits conducted by GoB line department, HDC and local government authorities	Number	Zero	36	142 (by GoB line department); 92 (by HDCs officials)	GoB line department: Bandarban-42; Khagrachari-55; and Rangamati-45 HDCs officials: Bandarban-20; Khagrachari-44; and Rangamati-28

Annex 2: Sample of knowledge products



Family Health Book

Sign board installed at Satellite Clinic

Banner produced on World Health Day

Banner produced on International Day of AIDS

Quarterly Newsletter published by MoCHTA and CHTDF jointly

Promotion of Development and Confidence Building in the Chittagong Hill Tracts

Annual Report 2014

Chittagong Hill Tracts Development Facility

CHTDF Annual Report 2014

Annex 3: Monitoring and Evaluation Plan

The draft M&E Plan has been shared with USAID in June 2015 for review and comments.

Annex 4: Gender Strategy

The gender strategy was officially submitted to USAID in June 2015 incorporating USAID comments. Before submitting the gender strategy officially to USAID, the draft version of the strategy was shared with USAID for review and comments.

Annex 5: Communication Strategy

The communication strategy was officially submitted to USAID in June 2015 incorporating USAID comments. Before submitting the communication strategy officially to USAID, the draft version of the strategy was shared with USAID for review and comments.