

ANNUAL REPORT

2022-23



SARPV

Social Assistance and Rehabilitation for the Physically Vulnerable

DEDICATION

*To
the people
who have dedicated their
hearts and mind,
words and voice,
thoughts and actions,
above all,
their invaluable lives
to establish
rights of the marginalized people
across the globe
at all times.*

SARPV

Social Assistance and Rehabilitation for the Physically Vulnerable

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FOREWORD



I am filled with immense joy and pride as we celebrate the successful completion of 34 years of SARPV's glorious journey since its inception in 1989.

This milestone is a testament to our unwavering dedication to uplifting marginalized, underprivileged, and disaster-affected individuals, including those with disabilities. Looking back at the past year, I am inspired by the resilience, innovation, and unwavering passion demonstrated by our esteemed colleagues at all levels of our organization. Despite the challenges brought by the post COVID-19 pandemic, we have remained committed to our mission. Together, we have made a tangible impact on the lives of those we deeply care about.

At SARPV, our goal is to create a just society where justice prevails in various aspects such as race, environment, gender, economy, and social issues. With our expertise and experience, we can identify problems and develop sustainable solutions that are owned by the community. Our strong connections with individuals and organizations at national, regional, and international levels have helped us expand our projects and initiatives.

As we move forward, our commitment remains unwavering in challenging social stereotypes and negative perceptions of marginalized individuals, including those with disabilities. We firmly believe that this transformation requires the collective efforts of people from all walks of life. Together, we can strive for a society that embraces freedom, equality, dignity, and justice.

This annual report for 2022-23 highlights our achievements in various areas such as Mainstreaming Disability, Humanitarian Assistance, Alleviating Malnutrition, Protecting people from Climate Change and Disasters, Renewable Energy support, and Empowering people through Inclusive Micro-finance facilities. We value transparency and are proud to share our progress with all stakeholders.

Moving forward, we aim to grow stronger and create an inclusive society where everyone enjoys equal rights and opportunities.

Lastly, I extend my heartiest appreciation to our revered Advisers, Executive Committee, Management Team, and all my colleagues at every level of the organization. Your commitment and tireless support have been the driving force behind our achievements. I have no doubt that, together, we will continue to carry out the invaluable work of SARPV in the years to come.

With the support and cooperation of all concerned, I eagerly look forward to the promising year ahead.

MD. SHAHIDUL HAQUE

Founder & Chief Executive Officer

Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV)

Accessibility
Education
Empowerment
Equity
Inclusion
Participation





ABBREVIATIONS AND ACRONYMS

AEM	Les Amis des Enfants du Monde	MLM	Mother Lead MUAC
AMD	Aide Medicale et Developpement, France	MRA	Micro Credit Regulatory Authority
BBS	Bangladesh Bureau of Statistics	MUAC	Mid-Upper Arm Circumference
BCC	Behavioral Change Communication	NGO	Non-Government Organization
BSF	Blanket Supplementary Food Support	NGOAB	NGO Affairs Bureau
CANSA	Climate Action Network South Asia	OTP	Outpatient Therapeutic Point
CBR	Community Based Rehabilitation	PwD	People with Disability
CC	Community Clinic	PHRPBD	Promotion of Human Rights of Person with Disabilities in Bangladesh
CDC	Chakaria Disability Center	PKSF	Palli Karma Sahayak Foundation
CDP	Cooperative of Disabled People	PLW	Pregnant and Lactating Women
CEDAW	Convention for Elimination and Discrimination against Women	RIG	Rickets Interest Group
CFM	Complain and feedback Mechanism	SAM	Severe Acute Malnutrition
CMAMI	Community Management of At-Risk Mothers and Infants	SARPV	Social Assistance and Rehabilitation for the Physically Vulnerable
CRG	Convergence Rickets Group	SBCC	Social Behavior Change Communication
CwD	Children with Disability	SDG	Sustainable Development Goal
DFID	Department for International Development	SHS	Solar Home System
DIP	Detail Implementation Plan	SIP	Solar Irrigation Pump
DPO	Disabled People's Organization	SwD	Students with Disability
DSS	Directorate of Social Services	TSFP	Targeted Supplementary Food Support
ECCD	Early Childhood Care and Development	U5	Under five
FGD	Focus Group Discussion	UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
GACC	Global Alliance for Clean Cookstoves	UNHCR	United Nations High Commissioner for Refugees
GMP	Growth Monitoring Program	UNICEF	United Nations Children's Fund
HH	Households	UNO	Upazila Nirbahi Officer
IGA	Income Generating Activity	VAW	Violence Against Women
ICS	Improved Cook Stove	VGD	Vulnerable Group Development
IDCOL	Infrastructure Development Company Limited	VGF	Vulnerable Group Feeding
IYCF	Infant and Young Child Feeding	WFP	World Food Programme
KDM	Kinesitherapeutes de Monde	WHO	World Health Organization
MAM	Moderate Acute Malnutrition	WO	Women's Organization
MDG	Millennium Development Goal		
MFI	Micro Finance Institution		
MJF	Manusher Jonno Foundation		

ORGANIZATIONAL INFO



Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV) is an organization dedicated to promoting the socioeconomic development of underprivileged and marginalized vulnerable groups in society. Its primary focus is on people with disabilities, but SARPV also addresses other critical issues such as poverty eradication, inclusive education, health and nutrition, human rights, humanitarian support, climate change, and skill development. The organization aims to integrate these vulnerable groups into the mainstream of society, providing them with the opportunity to lead dignified lives in a productive and meaningful manner.

SARPV was founded in 1989 by Md. Shahidul Haque, a person with physical disability, and his friends in response to a catastrophic tornado that struck Saturia, a sub-district of Manikganj near Dhaka. Recognizing the correlation between disasters and disabilities, SARPV became a pioneering organization in Bangladesh, implementing disability-sensitive emergency response and relief operations.

In 1991, after a devastating tropical cyclone hit the southeastern region of Bangladesh, particularly Cox's Bazar, SARPV extended its community-level work to the area. It initiated relief and rehabilitation operations with a specific focus on preventing disabilities caused by physical injuries and mental trauma.

Additionally, SARPV played a crucial role in identifying the prevalence of Rickets in Bangladesh during the mid-90s, highlighting its commitment to addressing health issues affecting vulnerable populations.

In 2015, SARPV expanded its operations to encompass the socioeconomic development of all vulnerable groups, irrespective of disability status. To achieve this, the organization places significant emphasis on technical skill development as a means to generate employment opportunities, whether formal or informal. SARPV believes that economic empowerment is integral to leading a dignified life and strives to integrate vulnerable groups into society by increasing their access to employment.

SARPV collaborates with various entities, including government agencies, UN agencies, international/foreign organizations, INGOs, NGOs, and private entities operating in Bangladesh, to effectively carry out its mission and contribute to the well-being of vulnerable individuals and communities.



Vision

To envision a barrier free society to enhance sustainable socioeconomic empowerment of the vulnerable groups.



Mission

To develop an environment for the vulnerable groups to transform them to efficient and effective human resources through capacity development and to ensure responsive service provider to the people.



Core Values

Humanity, Impartiality, Neutrality, Transparency, Accountability, Equity, Independence, Quality of Service, Mutual trust and Respect regardless of disability, gender, race, religion, age etc.



ORGANIZATIONAL INFO



ORGANIZATIONAL INFO



Principles

- Every beneficiary or family must ensure easily accessible sanitary latrine use safe water in all household activities and be neat and clean in all aspects including adequate lights and air in the house.
- There must be a hole or ditch near to the household area for garbage and household waste management through composting to ensure clean and fresh environment.
- Every beneficiary family must sow and grow fruit timber and herbal medicinal plants including Guava Papaya Banana Neem etc.
- Every beneficiary household must ensure poultry and livestock rearing.
- Every beneficiary family or household must send their children to school and ensure accessibility and in all aspects of the affairs.

Registration

- Directorate of Social Services: Registration No.: Dha-02330, Reg. Date: 23/10/1989
- NGO Affairs Bureau: Registration No.: 409, Reg. Date:-15/11/1990 *Renewed on 15/11/2020
- Micro Credit Regulatory Authority (MRA): Registration No.: 00952-00132-00542; Reg. Date:01 March, 2011

Development & Associate Partners

Aide Medicale et Developpement (AMD), France
Concern Worldwide
Infrastructure Development Company Limited (IDCOL)
Kinesitherapeutes de Monde (KDM), France
Les Amis des Enfants du Monde (AEM), France
Palli Karma-Sahayak Foundation (PKSF)
People's Action for Inclusive Development (PAfID)
Rotary Club of Cox's Bazar Shaikat
Toitomboor
UNHCR
UNICEF
World Food Programme (WFP)

Policies and Codes Followed

- Child Protection Policy
- Code of Conduct for Staff
- Code Of Ethics
- Code of Conduct for Suppliers
- Gender Policy
- Transport Policy
- Policy On Prevention of Sexual Harassment (Protection of Sexual Exploitation and Abuse)
- Procurement Policy
- Human Resource Policy
- Provident Fund
- Policy of Whistle blowing
- Children and Adult-At-Risk safeguarding policy
- Information Disclosure Policy
- Safeguarding policy
- Depreciation Policy
- Staff Welfare Fund Policy
- Disaster Management Policy
- Finance Policy
- Data Management Policy

Banking Partners

Bank Asia
BRAC Bank
Dutch Bangla Bank Limited
Jamuna Bank Limited
Mutual Trust Bank (MTB) Limited
NCC Bank
Pubali Bank
Southeast Bank

Networks

Campaign for Popular Education (CAMPE)
Climate Action Network South Asia (CANSA)
Credit Development Forum (CDF)
Federation of NGOs in Bangladesh (FNB)
Food Security Cluster
National Forum of Organizations Working with the Disabled (NFOWD)
Rickets Interest Group (RIG)





ORGANIZATIONAL INFO

Area Coverage



Districtwise Presence of SARPV

3
Divisions

7
Districts

22
Upazillas
(Sub-districts)

Division	District	Upazilla (Sub District)			
1. Dhaka	1. Dhaka	1. Mohammadpur	2. Mirpur		
	2. Gazipur	1. Gazipur Sadar	2. Kapasia		
2. Chattogram	1. Chattogram	1. Anwara	2. Banshkhali	3. Chandanaish	4. Lohagara
		5. Satkania			
	2. Cox's Bazar	1. Cox's Bazar Sadar	2. Chakaria	3. Moheshkhali	4. Pekua
		5. Ramu	6. Teknaf	7. Ukhia	
	3. Bandarban	1. Lama			
	4. Noakhali	1. Hatia (Bhashan Char)			
3. Rangpur	1. Dinajpur	1. Birol	2. Birganj	3. Bochaganj	4. Kaharol



Advisory Committee



Julian Francis
UK



Mahmudul Hasan
Bangladesh



Dr. Cravier Thierry
France



David Curtis
UK

Executive Committee



Hasnain Sabih Nayak
President



Dr. Sanchoy Kumar Chanda
Vice President



Md. Shahidul Haque
General Secretary



Mushfiqur Rahman
Finance Secretary



Jolly Kowser
Executive Member



Syed Baharul Hassan Sabuj
Executive Member



Shamima Akter
Executive Member



PROGRAMS AND PROJECTS

At A Glance

Sl.	Program	Project	Donor		Location
1	Rights Advocacy & Networking	Promotion of Human Rights of Person with Disabilities in Bangladesh (PHRPBD)	SARPV and Partners	2012-Cont	Chattogram Division
		AccessBD	SARPV and Partners	2022-Contd	Dhaka, Chattogram and Rangpur Divisions
2	Mainstreaming Disability (Integrated with Other Programs)				
3	Health, Nutrition and Rehabilitation	Prevention of Rickets in Cox's Bazar	AMD-KDM	2008-Cont	Chattogram and Cox's Bazar Districts
		Improving Maternal and Child Nutrition (IMCN) & Community Based Management of Acute Malnutrition (CMAM)	WFP-ACF	2014-Cont	MHK, PEK
		Integrated Nutrition Intervention (INI) to address under nutrition among vulnerable populations in Rohingya makeshift camp	WFP-UNHCR	2020-Cont	Camp 4
		Integrated Malnutrition Treatment and Prevention Program	WFP-UNICEF	2020-Cont	Camp 5 Camp 6 Camp 8W Camp 10
		Delivering Health, Nutrition and Livelihood, and Protection services for Rohingya Refugees and vulnerable host communities in Cox's Bazar, Bangladesh 22	Concern-Worldwide	2020-2023	Haldiapalong and Ratnapalong of Ukhiya and Camps with Nutrition Centers of SARPV & CWW
		Integrated Nutrition Intervention (INI) to address under nutrition among vulnerable populations in Bhasan Char for Rohingya	WFP-UNHCR	2022-	Bhasan Char
		Assistive Device & Physiotherapy Unit	AMD-KDM	2001- Cont	Chattogram and Cox's Bazar Districts
4	Micro Finance & Small Enterprise Development		Own fund and PKSF	2006	Chattogram and Cox's Bazar District
5	Inclusive Education	Inclusive School for Children with and without Disabilities - Prodipalay	AEM	1999-Cont	CHK
6	Emergency Management - Climate Change, Disaster and Disability				
7	Renewable Energy	Improved Cook Stoves (ICS)	IDCOL	2013-Cont	CHK, CXB, PEK, RAM, MHK, GZP, BAS
		Biogas and Bio Fertilizer	IDCOL	2015-Cont	Chattogram and Cox's Bazar District
		Solar Irrigation	IDCOL	2017-Cont	BGNJ, KHL, BRL
8	Training & Skill Development (Integrated with Other Programs)				

Dhaka Division: GZP: Gazipur

Chattogram Division: ANW: Anwara, BAS: Banshkhali, CHAND: Chandanaish, CHK: Chakaria, CXB: Cox's Bazar, LHG: Lohagara, MHK: Maheshkhali, PEK: Pekua, RAM: Ramu, TEK: Teknaf, UKH: Ukhiya

Rangpur Division: BGNJ: Bochagonj, KHL: Kaharol, BRL: Birol

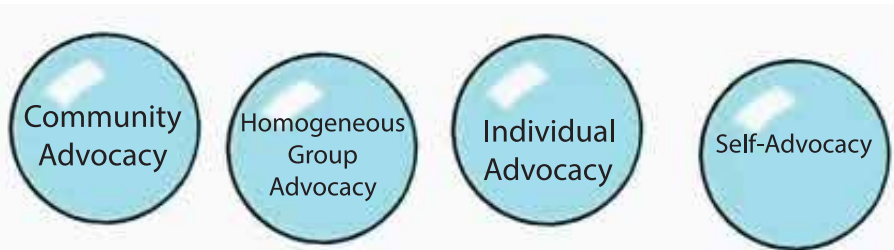
Persons with disabilities are more likely to experience adverse socioeconomic outcomes such as lack of employment and education opportunities, lower wages, and increased cost of living thus poorer health outcomes, lower levels of employment, and higher the risk of poverty. Poverty in turn may increase the risk of disability through malnutrition, inadequate access to education and health care, unsafe working conditions, a polluted environment, and lack of access to safe water and sanitation.

According to WHO, there are more than 1000 million people with disability globally, that is about 15% of the world's population or one in seven people. Of this number, between 110 million and 190 million adults experience significant difficulties in functioning. It is estimated that some 93 million children – or one in 20 of those under 15 years of age – live with a moderate or severe disability. The number of people who experience disability will continue to increase as populations age, with the global increase in chronic health conditions.

As COVID-19 continues to have wide-reaching impacts across the globe, it is important to note how persons with disabilities are impacted by the pandemic, including health, education, and transport considerations.

SARPV has been working for PwDs since 1989. Its prime mandate is to ensure PwD's basic human rights through all its interventions. Combining the national and international guiding instruments this program has exclusively been designed to make PwDs aware on human rights, to conduct advocacy with different stakeholders and to establish network among primary and secondary stakeholders for creating a common platform for PwDs along with other marginalized groups.

Through this program SARPV usually conducts the following types of advocacy:



Projects under this Program

1. Promotion of Human Rights of Person with Disabilities in Bangladesh (PHRPBD)

2. AccessBD

Geographical Coverage

Chattogram, Dhaka and Rangpur Division

Program Objectives

- To promote the rights and dignity of poor, excluded and marginalized communities
- To strengthen the networks with different stakeholders and authorities
- To raise mass awareness to reduce the violence against Women and Children
- To raise mass awareness on Road safety for PwDs

Target Groups

- People with Disability
- Hardcore/Ultra Poor
- Elderly People
- Dependent/Destitute Family/ Women/Widow/Children
- Vulnerable Group
- Marginalized Groups

Contribution to SDG



Project 1.1

RIGHTS ADVOCACY & NETWORKING Promotion of Human Rights of Person with Disabilities in Bangladesh (PHRPBD)

Goal

To sensitize people, policy makers and civil society organizations in Bangladesh to the potential, leadership qualities and rights of persons with disabilities in order to improve inclusion, equity and access in society.

Objective

Improving the quality of life of people with disabilities through effective use of local resources where the inclusion of all will be ensured.

Activities

- International Disability Day Observance at UNO office of Maheshkhali Upazilla on 3rd December 2022.
- Launching a youtube video with brief information on International International Disability Day 03 December 2022 to mark the day, alongwith short talks given by the Founder and the EC Members of Social Assistance and Rehabilitation of the Physically Vulnerable (SARPV) in collaboration with Rotary Club of Cox's Bazar Shaikat and Toitomboor.
- Observing Global Accessibility Awareness Day (18 May 2023) through launching a promotional youtube video in collaboration with People's Action for Inclusive Development (PAFID), Rotary Club of Cox's Bazar Shaikat and Toitomboor.

Challenges

- Social taboo and superstitious practices put obstacle in every step at field level.
- Limited resources in terms of manpower, skillsets and fund.

Lessons Learned

- Collaboration through resource sharing and credit sharing can help implement different strategies economically and with ease without being burdened with excessive workload.
- Cooperation and collaboration enable to help reach wider audience.



International Disability Day Observance at Maheshkhali Uapzila UNO office 3rd December 2022.



AccessBD

As SARPV believes that every single person with disability is a potential resource for development, provided s/he is given access to systems, structures, activities and opportunities, SARPV has taken an initiative to identify and promote accessible Places and Spaces through a community-based approach.

Goal

To promote Accessibility in the family, community and national level in terms of Buildings, Offices, Community Facilities, Religious Buildings, Transports, Roads and Streets.

Objectives

- To sensitize communities on accessibility through workshop/seminar and ground activation
- To Identify Accessible Buildings, Offices, Community Facilities, Religious Buildings, Transports, Roads and Streets.
- To categorize them based on the degree of accessibility.
- To promote them through mainstream and/or social media.
- To advocate accessibility in projects in the offing and during development.
- To institute an accessibility seal/mark for the Organizations, Buildings, Offices, Community Facilities, Transports, Roads and Streets to promote them nationally and internationally.

Area Coverage

Division	District
1. Dhaka	1. Dhaka
	2. Gazipur
2. Chattogram	1. Chattogram
	2. Cox's Bazar
	3. Bandarban
	4. Noakhali
3. Rangpur	1. Dinajpur

Activities

- Community Sensitization Workshop/Seminar
- Ground Activation Events and Activities
- Selection of Voluntary Community-based Key Informants e.g. local community or religious leaders, teachers, social workers etc.
- Visiting Venues
- Assessment of Accessibility and Categorization
- Documentation
- Presentation of a Charter of Recognition and Accessibility Seal/Mark for the visibility of the accessible venues or organizations
- Promotion of the Recognized venue/organization through media meet, seminar/workshop, publication and coverage in mainstream/social media etc
- Monitoring & Evaluation
- Outcome Analysis

Funding

SARPV and its current and prospective partners

Challenges

- Selection of Voluntary Community-based Key Informants
- To make concerned authorities understand the implication of accessibility as far as their business growth viz-a-viz ethical stand on inclusion is concerned.

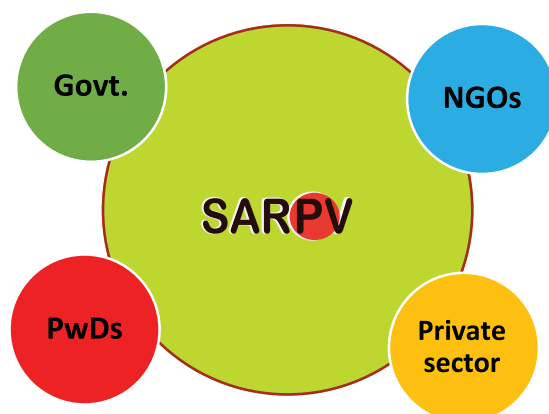


Program 2

MAINSTREAMING DISABILITY

According to the World Health Organization approximately one billion people worldwide live with some form of disability, 80% of them in developing countries. One reason that leads to this is the vicious circle of poverty and disability. Poverty can be both a cause and a consequence of disability. Other reasons in developing countries include natural disasters, or the effects of wars and armed conflicts, and climate change etc.

This program aims to influence policies and practices affecting PwDs, by developing more inclusive communication and promoting rights-based approaches that take into account the needs and opinions of PwDs at the grassroots level. PwDs also have a right to information about services and policies that affect them. This can only be achieved through the development of an enabling environment: through the development of democratic, representative disability movements in developing countries, through advocacy which upholds human rights and through pluralistic media which portrays accurately grassroots perspectives on PwDs and effective questioning of government policies.



SARPV's main focus is to bring PwDs to the mainstream of society, therefore SARPV includes disability in all its current programs.

SARPV plans, designs and implements all its interventions ensuring the disability inclusion and facilitating the PwDs to exercise their rights in raising their own problems to the respective service providers.

Very recently SARPV has raised the issue of allocating pension by the government for the persons with severe disability who are not capable to work and for the senior citizens outside the service cadres who contributed to building this nation, so that they are not dependent on anyone else or the family.

Geographical Coverage

Chattogram and Dhaka divisions

Target Groups

People with Disability

Program Objectives

- To minimize the attitudinal Gap of the society in relation to person with disability
- To maximize the empowerment of people with disabilities
- To promote the accessibility of people with disabilities into the services
- To sensitize the duty bearers of Govt. Local govt. and non govt. service providers

Contribution to SDG



Activities & Achievements

The following activities were done in last year for ensuring Mainstreaming Disability within the society

- House Visit
- School visit
- Community Consultation
- Meeting with Local Government



◀ Mayor of Chakaria Municipality hands over a cheque for Medical Assistance to PwDs



▲ SARPV Founder speaks in a meeting



▲ PwDs are receiving Food Support facilitated by SARPV



▲ Fair for Market place

Challenges

- Continuation of mainstreaming process after completion of any project/program.
- Committed and dedicated groups to raise the voice, thus most of the time the voice is with donors' supports and when the donor's support is stopped, the voice gets lost.
- Ignorance, apathy and indifference of the concerned groups of people.

Learnings

- Self-help groups have to be developed to include the issues in the manifestos of the political parties so that in absence of the foreign and donor support the party or parties can continue to raise voice for the people being excluded from the mainstream of the community

Program 3

HEALTH, NUTRITION AND REHABILITATION

Geographical Coverage

Chattogram and Cox's Bazar

Program Objectives

- To reduce substantially the number of deaths and illnesses.
- To provide health & nutritional services to the rural area.
- To prevent disability (especially childhood disability).
- To provide knowledge and skills needed for healthy food choices.
- To help people find information on sound food and nutrition.
- To make people aware of their nutritional needs, provide supplementary nutrition to U-5 children, pregnant women and lactating mothers..

Target Groups

- Children with Clubfoot, Cerebral Palsy and other disabilities
- Pregnant & Lactating Mother
- Children under 5 years

Contribution to SDG



Projects under this Program

1. Prevention and Treatment of Rickets and Other Disabilities in Cox's Bazar

2. Improving Maternal and Child Nutrition (IMCN) through Community-based Management of Acute Malnutrition (CMAM)

3. Integrated Nutrition Intervention (INI) to address under nutrition among vulnerable populations in Rohingya makeshift camp

4. Integrated Malnutrition Treatment and Prevention Program

5. Delivering Health, Nutrition and Livelihood, and Protection services for Rohingya Refugees and vulnerable host communities in Cox's Bazar, Bangladesh

6. Integrated Nutrition Intervention (INI) to address under nutrition among vulnerable populations at Bhasan Char

7. Assistive Device Unit



HEALTH, NUTRITION AND REHABILITATION

Project 3.1

Prevention of Rickets and Other Disabilities in Cox's Bazar

Goal

To Prevent disability due to rickets with especial focus on childhood disability prevention.

Objectives

- To ensure early identification of Rickets and provide required service according to need.
- To advise on nutritional support.
- To ensure surgery.

Target Groups

- Cerebral Palsy •Clubfoot •Rickets
- Children with other types of disabilities

Beneficiary Coverage

13,199 CwD

Project Area

- Anwara •Bashkhali •Chakaria •Cox's Bazar Sadar
- Lohagara •Moheshkhali •Pekua •Ramu •Ukhia

Major Activities

- Medication •Physiotherapy •Surgery
- Meeting with Local Government
- School Visit and raising awareness on disability
- Identifying childhood disability and providing necessary guidance to prevent disability (without medicine)

Funding Agency

AMD-KDM

Achievements

Rickets treated in 2022-23

Treatment	Boys	Girls	Total
New	574	283	857
Follow up	1578	934	2512
Total	2152	1217	3369

Clubfoot treated in 2022-23

Treatment	Boys	Girls	Total
New	311	196	507
Follow up	1296	724	2020
Total	1607	920	2527

Children with other Disabilities treated in 2022-23

Treatment	Boys	Girls	Total
New	1250	803	2053
Follow up	3011	2199	5210
Total	4261	3002	7263

Surgeries done on CwDs in 2022-23

Disability	Boys	Girls	Total
Rickets	8	3	11
Burn and Reconstructive	2	2	4
Club Foot	5	2	7
Others	8	10	18
Total	23	17	40



Surgery in progress



Physiotherapy session in progress



A parent of a CwD taking advice from the duty doctor of SARPV at Chakaria

Project 3.1

HEALTH, NUTRITION AND REHABILITATION

Prevention of Rickets and Other Disabilities in Cox's Bazar

MAHBUB TOWARDS AN ACTIVE CHILDHOOD

Mahbub lived in a village called Koisakhali in Chakaria. At the age of six months, he had undergone serial plaster treatment three times, but the family couldn't continue the treatment due to financial constraints. His father, Nazrul, worked tirelessly as a daily laborer, making ends meet by peddling goods in the local village market. Determined to find a solution, Mahbub's parents embarked on a journey to Dhaka, the capital city of Bangladesh, in search of medical help.

Their journey to a brighter future began in December 2021. Their path led them to a chance encounter with Mr. Imran, a caring individual who served as a Prosthetist and Orthotist at the Centre for the Rehabilitation of the Paralyzed (CRP). Upon hearing Mahbub's story, Mr. Imran realized the gravity of the situation and informed them of the services offered at SARPV.

Filled with hope, they arrived at SARPV on January 18, 2022. At SARPV, Mahbub's medical condition was identified as a congenital deformity that affected both of his feet. Other than this, Mahbub did not have any other health problems, and his parents were devoted to ensuring his well-being.

The medical team at SARPV immediately took charge of Mahbub's treatment. They initiated a casting process with fortnightly intervals, closely monitoring his progress. The scores indicated a gradual improvement in his foot deformities over several weeks.

On June 19, 2022, the turning point arrived when Mahbub underwent a surgery at Chittagong Maa O Shisho Hospital. Following the surgery, he had to wear a plaster cast for 45 days, and a Brace and Foot Orthosis (BAFO) were provided to aid his recovery.

The journey was not without its challenges, but the dedication of Mahbub's parents and the skill of the medical team bore fruit. The day finally came when Mahbub could wear a brace and shoe, enabling him to walk with the grace and confidence of any child with a normal foot. His parents were overjoyed, tears of happiness streaming down their faces as they watched their son take his first steps toward a brighter future.

Mahbub's story serves as a testament to the power of hope, determination, and the unwavering support of compassionate individuals and organizations. In the village of Koisakhali, a young boy once faced adversity, but with the help of SARPV and the loving care of his family, he now walks the path of possibility and dreams of a future filled with boundless opportunities.



Before Treatment



After Casting Process



After Surgery



After Braces

HEALTH, NUTRITION AND REHABILITATION

Improving Maternal and Child Nutrition (IMCN) through Community-based Management of Acute Malnutrition (CMAM)



Goal

To break the intergenerational cycle of malnutrition using a combination of preventive and curative approaches which include the detection and treatment of under nutrition of pregnant & lactating women and moderately malnourished children aged of 6-59 months of 19 Unions (Including pouroushova) of Moheshkhali Upazila and Pekua upazila under Cox's Bazar district

Objective

- To reduce mortality and morbidity among boys and girls under 5 years old and PLW among Host community population in cox's Bazar



Funding Agency

- WFP
- ACF

Target Groups

- 6-59 Month Children (MAM & SAM)
- Pregnant and Lactating Women
- Partially all types of caregivers & adolescents

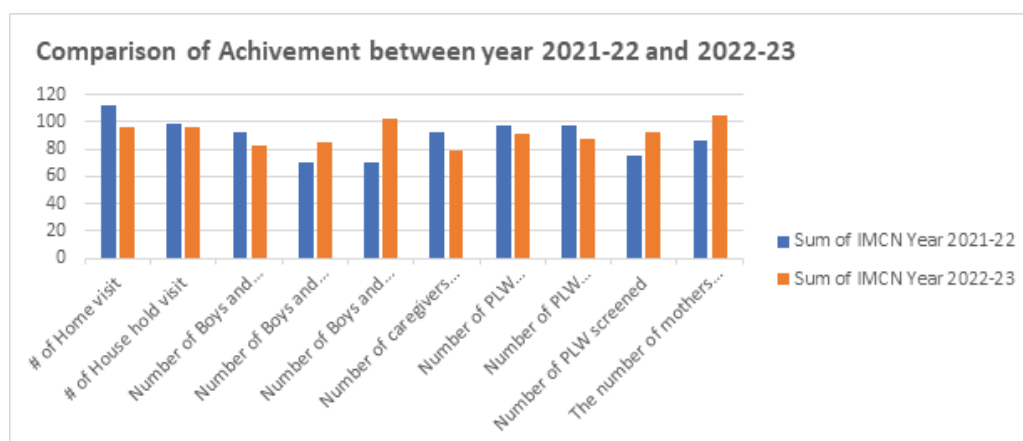
Beneficiary Coverage

- Total MAM Admission: 8,287
- Total PLW Admission: 4,582



Achievements

Community Outreach activity, MUAC measurement, Edema Checking, GMP



Project 3.2

Improving Maternal and Child Nutrition (IMCN) through Community-based Management of Acute Malnutrition (CMAM)

Challenges

- Mostly of the bridge & culverts are under construction in Moheshkhali & it is causing many probms in commucation specially food transport to the office & facility level.
- Accident-prone road and support bridge instead of the broken bridge which is often dangerous to navigate on the Choto Moheshkhali-Gorokghata road.
- Some security issues occur at Barbakia Union Under Pekua Upazila, as this is a Rakhaine based hilly area.
- Due to price hike and poverty some people are coming to the CNCs and wanting food to meet their hunger and nutritional needs though they are not eligible for enrolment criteria.

Learnings

- SARPV_IMCN program arranged a day-long workshop for target setting at the beginning of the year that was more effective in implementing the program in a quantitative & qualitative way.
- We have ensured the physical inventory practice to CC/FWC level to cross-check the food calculation & tracking properly
- SARPV_IMCN Program can meet a large number of activities according to FLA by maintaining a proper DIP & better planning
- WFP's evaluation process.

AYES TOWARDS BECOMING A HEALTHY CHILD

Ayes Hossain Awal (Registration No. SPSFCL1172910), son of Amir Hossain and Maya lives in Moulouvikata, Shaplapur union, Moheshkhali. Amir Hossain is a farmer and Maya is a housewife. They live under the poverty line that resulted in malnourished growth of Ayes. Ayes was identified as a malnourished child by a SARPV volunteer on 23/03/2023, as his first MUAC measurement was 11.9 cm. After getting nutritional support under this program his MUAC improved to 12.5 cm. Observing the growth he was discharged on 26/06/2023.

Now he is more nourished and his family has come to know the nutritional issues that will help him in future.



HEALTH, NUTRITION AND REHABILITATION Integrated Nutrition Intervention (INI) to address under nutrition among vulnerable populations in Rohingya makeshift camp

Goal

To reduce the prevalence of under nutrition among children aged 6-59 months and among pregnant and lactating women (PLW) to break intergenerational cycle of malnutrition through combination of preventive and curative approach.

Objectives

- To provide nutrition intervention for children under 5, adolescents, pregnant and lactating women, and other vulnerable groups to prevent malnutrition and reduce the risk of mortality and morbidity among the Forcibly Displaced Myanmar National (FDMN) population.
- To improve nutrition-related behaviors through nutritional education and SBCC
- To strengthen the nutrition system through providing quality nutrition services, effective coordination, and evidence-based decision-making.

Funding Agency

- UNHCR and WFP

Target Groups

- Under 5 Children
- Pregnant and Lactating Women
- Adolescent Girls

Project Area

- Rohingya Camps at Ukhiya, Cox's Bazar

Beneficiary Coverage Targetted

- Approx 150,000

Beneficiary Served

- Approx 120,000

Achievements

- OTP Child Cured rate: 86.2%
- OTP Child Death rate: 0.2%
- OTP Child Defaulter rate: 0.2%

Challenges

- Malnourished children are experiencing low weight gain due to:
 - Food Selling & Sharing by caregivers
 - Lack of Nutritional and Hygiene Care from caregivers
- Need construction for some components are causing challenges for us because it's risky on the windy/rainy season and food preservation in the warehouse.
- Completion of campaigns are challenging for because the provided deadline isn't enough to complete smoothly.
- Continue services in adverse weather too much challenges for us.

Learnings

- The kitchen environment (TCK) can be unpredictable. Therefore, it is crucial to be adaptable and quick-thinking. Encourage the team to be flexible and creative in finding solutions to unforeseen challenges.
- Ensure maximum coverage of targeted beneficiaries through active outreach activities.
- To prevent the selling of packets, we collect all the sachets given to the beneficiaries after distribution.
- Continuous program monitoring, follow-up, and dedicated work contribute to the improvement of program quality.
- Providing supportive supervision in every component enhances the quality of services delivered by the service providers.



Mukhe Bhaat Ceremony and Cooking Demonstration

Project 3.3

HEALTH, NUTRITION AND REHABILITATION Integrated Nutrition Intervention (INI) to address under nutrition among vulnerable populations in Rohingya makeshift camp

MOSHAROFA TOWARDS BECOMING A HEALTHY CHILD

Mosharofa, the firstborn baby of Rofik Alam and Shenuara, lives with her parents at Camp 1W (Site-1), as forcibly displaced Myanmar nationals. In this challenging new environment, they rely solely on the rations provided by the World Food Programme (WFP).

Mosharofa, when she was just 18 months old, she was identified by a compassionate OTP/TSFP nurse as severely malnourished. Her fragile condition marked her as a child with Severe Acute Malnutrition (SAM). The nurse recognized the urgency and immediately arranged for her transfer from TSFP to the OTP (Outpatient Therapeutic Program) for specialized care.

On the chilly day of December 22, 2022, Mosharofa's journey toward recovery began in earnest.

Time passed, and with each visit, Mosharofa's progress became evident. Her once-dire condition gradually improved under strict monitoring of the healthcare team. Every seven days, her mother diligently brought her to the facility, where the nurse and IYCF counselor provided essential guidance not only on RUTF but also on hygiene, sanitation, and child care.

On March 23, 2023, Mosharofa was discharged from the program, with her once-fragile frame now strengthened. Her weight increased to a remarkable 7.7 kg, her height stood tall at 74.0 cm, her MUAC measured a healthy 126 mm, and her weight-for-height Z-score went above -2 SD, all achieved without a single medical complication. Her remarkable journey took 91 days of perseverance, with an average weight gain of 1.83 grams per day.

But the story didn't end here. Mosharofa was transitioned into the OTP follow-up program, ensuring her continued and sustained progress of her health condition.

Mosharofa's mother, her heart filled with gratitude, couldn't thank the nurse, the site supervisor, and the support service of SARPV enough. Their compassion and dedication kindled a beacon of hope in her heart, a testimony of their indomitable spirit to stand by and guide the vulnerable from darkness to light.



Before



After

Integrated Malnutrition Treatment and Prevention Program (IMTP)

Goal

To provide nutritional support to the children aged under 5 years, pregnant & lactating women and adolescent girls

Objectives

- To reduce excess mortality and morbidity among boys and girls under 5 years of age, PLW and other vulnerable groups through provision of life-saving interventions to treat Severe and Moderate Acute Malnutrition.
- To reduce the burden of malnutrition among boys, girls, PLWs and other vulnerable groups through the strengthening and scale up of malnutrition prevention interventions.

Funding Agency

- UNICEF
- WFP

Target Groups

- 0-59 months child
- Adolescent girls
- Pregnant Women and Lactating Mothers

Beneficiary Coverage

25,000+

Project Area

Camp	Camp 5, Camp 6 INF, Camp 8W, Camp 10W
Host	Pekua, Chakaria, Moheshkhali

Achievements

- 20,000+ population cured from SAM, MAM,
- 1,359 Mukhe Bhaat ceremony organized
- 7,846 adolescent girls 10-19 years received IFA supplementation and Nutrition awareness session

Challenges

- Bringing beneficiaries to INF only for GMP activities
- Recurring fire incidence in camp 5 and 8w
- Volunteer's drop out
- Fragile conditions of infrastructure.
- Need assessment and work permission from CiC

Learnings

- By sensitizing the key influential persons of community and households, beneficiaries can be motivated to come to the INF to receive services
- Conducting activities with limited number of volunteers is possible through rotation and by strategic planning
- Continuing all the activities is possible by maintaining COVID-19 protocol.



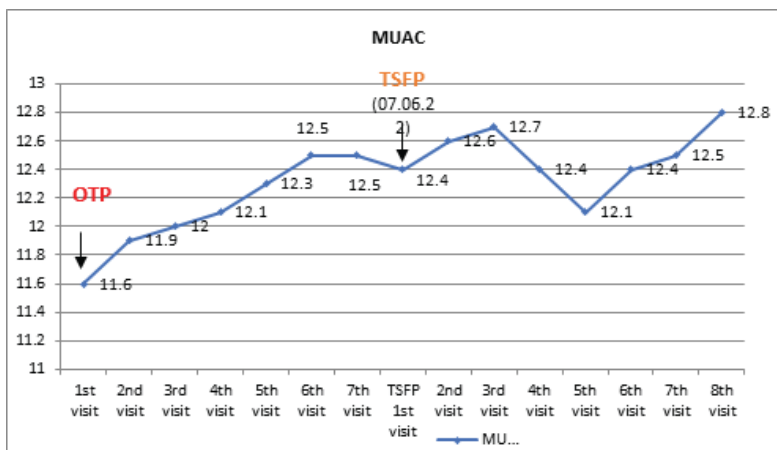
Project 3.4

HEALTH, NUTRITION AND REHABILITATION

Integrated Malnutrition Treatment and Prevention Program (IMTP)

KOHINUR TOWARDS BECOMING A HEALTHY CHILD

Kohinur was a 7-month old girl when she was identified as a SAM child during screening. She was admitted to the OTP on 08.03.23. After a complete medical checkup and physical examination, no medical complications were found. So, she was provided systematic support such as RUTF, and her mother was given proper advice on how to feed the baby RUTF in the correct amount along with maintaining proper hygiene. During the rapid assessment, the counselor found out that there were some gaps in the complementary feeding practice of Kohinur. So, she was enrolled in IYCF point for proper counseling. After receiving continuous counseling, Kohinur's situation improved a lot.



Progression of MUAC



Kohinur was found responsive to RUTF on her second visit and slowly her health started improving. She was cured from malnutrition at the OTP program and then was admitted to the TSFP program. Due to fever and diarrhea, her progress might have stumbled several times but she steadily gained it back. After several counseling sessions, the issue with the amount of complementary feeding was also resolved, her mother properly understood how a lack of nutrients can lead to stunting and improper development, both physically and mentally. As of now, Kohinur is being breastfed regularly and a variety of complementary food is also being ensured in the appropriate amount. She is currently a BSFP beneficiary. She gained around 1.5 kg, and MUAC improved from 11.6 to 12.5 in about 6 months. In the GMP plotting card, her nutritional status was found to be increased from severely underweight to moderate.

HEALTH, NUTRITION AND REHABILITATION

Delivering Health, Nutrition and Livelihood, and Protection services for Rohingya Refugees and vulnerable host communities in Cox's Bazar, Bangladesh

Project
3.5

Goal

To improve health, safety, and well-being of women, men, boys, and girls in camps and surrounding host communities.

Objectives

- To improve health and nutrition practices for pregnant and lactating women (PLW) and children under 2 years and increase detection and rehabilitation of children affected by malnutrition related skeletal disorders.
- To improve access to nutritious food for households with children under 5, older persons, and PLW, through home gardens, participatory cooking sessions and livelihoods interventions.

Funding Agency

Concern Worldwide

Target Groups

- Pregnant and lactating women (Women who have conceived and/or has a child less than 2 years of age)
- Husbands of pregnant and lactating women
- Mother-in-law of pregnant and lactating women
- Elderly people and their helpers: Elderly people aged more than 60 years are included in this group of beneficiaries.

Project Area

Haldiapalong and Ratnapalong of Ukhiya; Camps (with Nutrition Centers of SARPV) 4, 5, 6, 8W, 10 and Camps (with Nutrition Centers of Concern Worldwide) 13, 14, 15, 16 and 22.

Services provided and Activities

Physiotherapists of SARPV provide service to the persons with disabilities in these camps, SARPV enumerators also conduct rickets survey in these camps.

Beneficiaries Served

Location	PLW	Husband	Mother in Law	Elderly People
Camp 4	2,926	2,443	119	751
5	2,192	2,002	77	720
6	2,267	1,699	137	803
Camp 8W	2,320	2,120	145	905
Camp 10	2,464	1,871	182	718
Holdiapalong	3,531	2,927	519	2,214
Ratna Palong	1,767	1,405	354	1,470
Total	17,467	14,467	1,533	7,581

Achievements

- Reassessment, formation and functional of Mother Care Group (MCG), Household Care Group (HHCG), Husband's group, Mother-in-law group and elderly group in all camps and unions of the SARPV project area.
- Conduction of 7 MCG monthly sessions on topics of group session facilitation technique, home garden, care before, during and after pregnancy, Exclusive breastfeeding, complementary feeding and participatory cooking demonstration session.
- Conduction of one session of quarterly sessions of Husbands, mother-in-law and elderly on the topic of home gardening.
- Establishment of 16389 home garden
- Establishment of 100 model gardens in total
- Training of 200 beneficiaries of host community on Goat rearing, small business and food processing (100 beneficiaries for goat rearing, 100 beneficiaries for small business)
- 9 school awareness sessions
- Identification and management of 260 Rickets patients through providing calcium tablets in camps and host community.
- Enlistment of 39 persons with disabilities for providing assistive devices to them.
- We served 12 beneficiaries and supported them during serial plaster.
- Arranged training session on AAP and cascading.
- Facilitated and Established 23 vermicompost plants.

Project 3.5

HEALTH, NUTRITION AND REHABILITATION Delivering Health, Nutrition and Livelihood, and Protection services for Rohingya Refugees and vulnerable host communities in Cox's Bazar, Bangladesh

Challenges

- Supply-related challenges due to lack of budgetary provisions. Several times group sessions were initiated for husband groups, mother-in-law groups, and elderly groups but had to be called off at the eleventh hour due to non-availability of budget.
- Distribution of seeds, fertilizers, and other inputs was conducted separately, and therefore the same beneficiary had to come twice for collecting the inputs. Till now, in the second year, only seeds are provided by the donor but not fertilizers. This hampers our community acceptance.
- Sometimes arranging enough mats or large mats for sitting in a session is difficult and rare in Rohingya households.
- There is an increased rate of identification of disability-related patients in both camps and the host community.
- Sometimes it takes a long time to get approval and permission from concerned authorities, which reduces project validity or duration, thus leaves very little time to complete the project.

Learnings

- It will be better if the package of inputs for gardening (seeds and fertilizers for home gardening and seeds, fertilizers, and other inputs for model gardening) was given to beneficiaries at once.
- School awareness sessions increased our community acceptance and children are aware of adolescent nutrition.
- Regular and frequent follow-up of beneficiaries resulted in a good rapport of the SARPV team with the beneficiaries. It also helped in identifying the needs of beneficiaries and providing necessary support to them.
- If donors share the monthly activity plan beforehand, it is easier for us to plan and implement the activities.



Smiling beneficiary with his collection from his homestead garden



A person with disability is receiving small business input at Ratnapalong union parishad

TOSNIMA AKTER FINDS A WAY TO GET RID OF HARDSHIP

Tosmin Akter was initially selected as a beneficiary of a BPRM-funded project by the case worker (CW) Joynal Abedin. Yasir Arafat is her husband, and they have an under 2 year old child, making a family of total 6 members. It was discovered that their child was suffering from severe acute malnutrition and receiving treatment from the SARPV-implemented integrated nutrition facility. The Health and Nutrition Promoter (HNP), Nurfat Jahan Mamuri, identified a problem related to proper attachment and positioning of the baby for breastfeeding, resulting in insufficient milk-intake of the baby.

During daily follow-up visits, both the CW and HNP observed hygiene-related issues in their house and noted that the family lacked knowledge of proper menu planning for balanced nutrition. Due to economic difficulties, they struggled to afford proteins and varied foods rich in micronutrients and vitamins.

They owned a cultivable land but lacked knowledge of the proper cultivation process. To utilize the land properly and productively, the CW and the HNP provided them with three types of seeds (1 packet gourd, 1 packet pumpkin, and 1 packet cucumber) and 10kg of vermicompost. They also guided the family on soil preparation and appropriate cultivation methods. The HNP conducted sessions on homestead vegetable gardening, increasing their knowledge about gardening and its nutritional benefits.

SARPV also provided them with tactical knowledge on achieving economic stability by selling surplus produce after meeting their family's needs and buying other essential foods for a balanced diet. This initiative allowed them to fulfill their nutritional requirements and reduce additional expenses. Moreover, they generated income by selling vegetables to their neighbors.

With the supports received, Tosmin Akter became self-reliant, like many other women in the camp, and was able to support her family. The family expressed their gratitude, with Tosmin Akter stating, "I am very happy and thankful to SARPV and Concern Worldwide. They always helped me and guided me to start gardening. Now I can fulfill my family's needs as well as sell to neighbors."

They also expressed their desire to have more inputs such as seeds, bamboo, nets, yellow cards/sex pheromones, traps, sacks, etc., to further expand their gardening venture.



The vegetable garden of Tosmin Akter

Project 3.6

HEALTH, NUTRITION AND REHABILITATION Integrated Nutrition Intervention (INI) to address under nutrition among vulnerable Rohingya populations at Bhasan Char

Goal

To reduce the prevalence of under nutrition among children aged 6-59 months and among pregnant and lactating women (PLW) to break intergenerational cycle of malnutrition through combination of preventive and curative approach for the refugees living at Bhasan Char.

Objectives

- To provide quality life-saving nutrition services for the vulnerable groups in the FDMN community,
- To improve nutrition-related behaviors through nutritional education and SBCC,
- To strengthen the nutrition system through providing quality nutrition services, effective coordination, and evidence-based decision-making.

Funding Agency

- UNHCR and WFP

Target Groups

- Under 5 Children
- Pregnant and Lactating Women
- Adolescent Girls
- Other vulnerable populations such as children 5-9 with acute malnutrition, medical cases and the elderly

Beneficiary Coverage

- Approx 50,000 (Children, PLW)

Beneficiaries Served

- Total Children Screened: 36,276
- PLW Screened: 6,059

Achievements

- OTP Child Cured rate: 94.38%
- OTP Child Death rate: 0.80%

Challenges

- PLW with multiple ANC cards leads to duplicate admission.
- Due to BNF movement to Cox's Bazar, some BNFs need to be discharged as 'Defaulter'.
- Due to the transition of the BSFP program from GFA to the Nutrition facility, crowd management was a huge challenge at the beginning.
- As the understanding level of all CHNWs is not the same, sometimes the quality of the Home visit checklist is compromised.

Learnings

- Beneficiaries are more aware of their service-providing organization, as we sensitize in the SBCC session regarding this.
- After preparing the BNF database we prepared the distribution plan considering the beneficiary ratio that leads to less crowding situation in the facility.
- The beneficiary engagement in the Mukhe Bhaat and cooking demonstration session is very much participatory.
- Using requisition slip for food requisition from store to food distribution point which provides more smoothness of the activity.
- Engagement of Health partners nutrition staff in the CMAM and IYCF & CMAMI training results in more understanding of project implementation and coordination process.



Porridge given to children



Cooking Demonstration



VAS campaign round-1 inauguration by ARRRRC



UNDP mission Visit



ECO mission Visit

Assistive Device and Physiotherapy Unit

Goal

To enable people with disability to lead a normal or better life as much as possible by providing/supporting with assistive devices.

Objectives

- To assess the potentials and requirements of the people in need.
- To develop/customize the device
- To run trials to have expected performance of the device
- To follow-up with the customers/beneficiaries to match the changing needs.

Beneficiary Coverage

Total 840 assistive devices were delivered/ distributed among PwDs.

Area Coverage

Chattogram division and adjoining divisions/districts as it is the first and only of its kind in the whole southeast region of the country.

Devices developed and produced

Total 43 types of different devices have been developed and delivered.

Funding Agency

AMD-KDM



Project 3.7

HEALTH, NUTRITION AND REHABILITATION

Assistive Device and Physiotherapy Unit

YESMIN BACK TO AN ACTIVE NORMAL LIFE

Yesmin, a girl from a small village of Eidgah, at the tender age of 12, had an accident - a fast-moving car struck her from behind as she was crossing the road. This fateful event led her to get admitted in Chittagong Medical Hospital, where it resulted in the loss of her right limb through amputation, forever changing the course of her life.

As fate would have it, the challenges for Yesmin extended beyond the physical realm. Society, often unkind and unforgiving, neglected her, and the school environment became a breeding ground for hurtful words and isolation. Yesmin, once an eager student, found herself retreating from education, disheartened by the harsh judgments she faced daily.

For years, Yesmin endured the struggles without proper treatment and a proper prosthetic limb. Her condition worsened, and despair loomed over her like a perpetual shadow. However, a glimmer of hope appeared when she came across SARPV, which would alter the narrative of her life so far.

Turning the page on her tumultuous past, Yesmin sought refuge at SARPV, where she underwent extensive physiotherapy. With SARPV's intervention, she not only regained physical strength but also found a renewed purpose of life. The skilled technicians at SARPV's Prosthetic Orthotic workshop crafted a remarkable device for her – the Trans Femoral Prosthesis, an artificial leg that became a symbol of her resilience.

Empowered by her new limb, Yesmin courageously resumed her studies, determined to overcome the setbacks that had threatened to derail her dreams. Undeterred, she appeared for her Higher Secondary Certificate examination, proving to herself and the world that adversity could not snuff out her academic aspirations.

Recognizing the dire situation of Yesmin's family, SARPV extended a helping hand, not only in mending her physical setbacks but also in uplifting the spirits of her household. Acknowledging her unwavering spirit, SARPV offered Yesmin the opportunity to contribute by working at the very department that had played a pivotal role in her rehabilitation.

Today, Yesmin Akter is not just a survivor; she is a beacon of hope for her community. Embracing her role as a Junior Technician in the SARPV Prosthetic Orthotic Department, she exemplifies the triumph of the human spirit over adversity. Yesmin's story is a testimony of the transformative power of compassion, resilience, and the continued support provided by organizations like SARPV.



SARPV believes that every single person regardless sex, ethnicity, disability is potential resources for development. Contextualizing the economic condition and availability of resources specially for PwDs, this organization started this program in 2006 as a component of community-based rehabilitation for PwDs. Though the financial capacity indicates the social wellbeing for the vulnerable groups, SARPV continued this program since then. SARPV obtained the legal permission from Microcredit Regulatory Authority in 2011 and became the 275th partner organization of Palli Karma Sahayak Foundation (PKSF) in 2017.

The year 2021-22 was very challenging to operate this program because of COVID-19 pandemic. All the program staffs and its beneficiaries had to confront life threat throughout the year and had to survive during this adverse situation.

Program Objectives

- To reduce poverty.
- To enhance the capacities of people in the area of money management
- To elevate socioeconomic condition of vulnerable groups especially women and PwDs.
- To develop entrepreneurship at community level.

Geographical Coverage

Coverage Unit	2021-22	2022-23
District	3	3
Upazilla	7	9
Union/ Pouroshabha	79	89
Village	643	769
Branch	10	12

Target Groups

- People with Disability
- Marginalized Men & Women
- Covid-19 affected entrepreneur
- Entrepreneurs of natural disaster-prone/climatic vulnerable areas
- Ethnic groups.

Contribution to SDG



Beneficiary Coverage

Number of Beneficiaries: 16,054 (Female:15,684 Male: 370)

Groups (Samiti)		Female Groups		Male Groups	
	2021-22: 928 2022-23: 1062		2021-22: 904 2022-23: 1040		2021-22: 176 2022-23: 164
Members		Female Members		Male Members	
	2021-22: 13,588 2022-23: 16,054		2021-22: 13,155 2022-23: 15,684		2021-22: 433 2022-23: 370
Members with Disability		Female Members with Disability		Male Members with Disability	
	2021-22: 129 2022-23: 165		2021-22: 114 2022-23: 150		2021-22: 15 2022-23: 15

Program 4

MICRO FINANCE & SMALL ENTERPRISE DEVELOPMENT

Borrowers		Female Borrowers		Male Borrowers	
	2021-22: 9,651 2022-23: 11,849	2021-22: 9,334 2022-23: 11,571	2021-22: 317 2022-23: 278		
Borrowers with Disability		Female Borrowers with Disability		Male Borrowers with Disability	
	2021-22: 113 2022-23: 132	2021-22: 101 2022-23: 121	2021-22: 12 2022-23: 11		

Financial Status

Year	Savings	Due	Loan Outstanding
2021-22	130,089,923	6,059,115	344,112,345
2022-23	181,117,152	6,268,975	489,409,752

Employment generated through SARPV Microfinance program

Employment Type	Full Time			Part Time			Total (Full Time & Part Time)		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Self-Employment/Family Employment	4,801	21,702	26,503	3,018	6,992	10,010	7,819	28,694	36,513
Wages-Based Employment	2,050	3,376	5,426	2,186	2,103	4,289	4,236	5,479	9,715
Total	6,851	25,078	31,929	5,204	9,095	14,299	12,055	34,173	46,228

MD. AKTER HOSSAIN OVERCOMES ADVERSITY

Md. Akter Hossain lived in Padua, Lohagara, with his family of three. He used to be a farmer who grew vegetables and rice, but his income was very low. He is also a person with disability. Despite all these challenges, Mr. Hossain started his own business: a restaurant and a grocery store.

He took a loan of BDT 40,000 from the SARPV microfinance program to get his business started. He used the loan amount to rent a space, buy supplies, and fill his shelves with groceries. He also invested in some basic kitchen utensils and dishes so that he could serve the food to his customers.

Over time, Mr. Hossain's business grew and prospered. He was able to repay his loan and even start saving. The balance of his savings account stood at BDT 29,626 at the end of the year.

Mr. Hossain's story is an inspiration to all of us. He showed us that it is possible to overcome adversity and achieve success. He is also a role model for people with disabilities, showing them that they can achieve anything they set their minds to.



Md. Akter Hossain at his restaurant



Md. Akter Hossain at his grocery store

Program 5

INCLUSIVE EDUCATION

Project under this Program

1. Inclusive School for children with/without disabilities - Prodipaloy

Geographical Coverage

Chakaria Upazila of Cox's Bazar district

Program Objectives

- To ensure Inclusive Primary Education
- To ensure education for the school dropout children of the society
- To create interest among the children so that they come to school
- To ensure fear free environment for the pre schooling.

Contribution to SDG



Students of Prodipaloy at the assembly

INCLUSIVE EDUCATION

Project 5.1

Inclusive School for Children with and without Disabilities - Prodipaloy

Goal

Quality Primary Education for all

Funding Agency

AEM-France

Project Area

Chakaria Upazila of Cox's Bazar District

Objectives

- To ensure inclusive Primary Education
- To ensure education for the school dropout children of the society
- To make all the schools accessible for the children with disabilities
- To ensure quality basic Education and ECCD

Target Groups

Children with and without Disability

Current Status

Total Student: 112

SwD: 16.07%

Boys : Girls = 61 : 51 = 54% : 46%

SwD Boys : SwD Girls = 9 : 9 = 50% : 50%

Major Activities

- Giving lessons, exercises
- National and Int'l Day observation
- Home visit

Challenges

Covid-19 Situation

Learning

Due to staying out of school and other external activities children are experiencing mental disturbances.

Distribution of Students

Class	Total Students			Students with Disabilities		
	Boy	Girl	Total	Boy	Girl	Total
Play	05	05	10	01	0	01
Nursery	08	06	14	0	01	01
One	13	11	24	01	01	02
Two	15	09	24	05	0	05
Three	09	07	16	01	04	05
Four	04	06	10	0	01	01
Five	07	07	14	01	02	03
Total	61	51	112	09	09	18



Program 6

EMERGENCY MANAGEMENT - CLIMATE CHANGE, DISASTER AND DISABILITY

SARPV is always keen to stand by the most vulnerable disaster-affected people. Hence the goal of this program is to provide Immediate/Emergency relief to the disaster-affected people including Forcedly Displaced Myanmar Nationals at Camps and facilitate them for the betterment of their bio-psycho-social being, so that no life turns into disabilities, disorders and trauma due to lack of proper care.

It may be mentioned that SARPV took an active part in the Emergency Relief Activities at FDMN Camp as a massive fire broke out over several Rohingya camps located in Ukhiya on last 22 March 2021. More than 10,000 shelters were burnt down to ashes, 11 people died and more than 500 people were injured. It took long 7 hours to bring the fire under control. SARPV has provided nutritional support, dry food and hot meals to the affected people from its facilities.

Geographical Coverage

Chakaria upazila of Cox's Bazar District.

Program Objectives

- Mainstreaming Inclusive DRR at community level.
- Enhancing adaptation and mitigation skill.
- Promoting proactive disaster management approach
- Assessing and identifying disaster risk.
- Strengthening and sensitizing local elected body by including them on various disasters related intervention.
- Empowering at risk community.

Contribution to SDG



Geographical Coverage

Rangpur and Chattogram Division.

Program Objectives

- Promotion of renewable energy
- Affordable energy for all
- Improved Public Health and Environmental quality

Contribution to SDG



Through Studies SARPV found that traditional ways of cooking create lots of heat and smoke in kitchen areas, which cause different types of respiratory and nutritional deficiencies to the mothers and pregnant women working regularly in the kitchen and their children. These health hazards result in nutritional deficiency disease like rickets and different types of disability. To protect women and children from deficiencies, diseases and disabilities, SARPV introduced a smoke free kitchen through Improved Cook Stoves (ICS) for rural families in 2014 in collaboration with IDCOL.

To prevent further environmental and agricultural deterioration, in 2016 as a partner of IDCOL, SARPV introduced Bio gas and Bio fertilizer units for rural society. This form of renewable energy helps rural society in cooking and producing organic fertilizer for crops and fish ponds.

In 2017, SARPV started Solar irrigation by installing solar powered environment-friendly pumps, which reduce use of fossil fuel and electricity, thus reduce CO2 emission.

Projects under this Program

1. Improved Cook Stoves (ICS)

2. Biogas and Bio Fertilizer

3. Solar Irrigation



Improved Cook Stoves (ICS)

The traditional cooking practice in Bangladesh uses a “three-stone” cooking stove. Only 5%-10% of the households in Bangladesh use fossil fuels such as kerosene or liquated petroleum gas for cooking. The majority uses a mix of agricultural residues, twigs, leaves, cow dung and firewood. The combustion of some of this biomass in the traditional cooking stoves generates a variety of gases including carbon dioxide (CO₂), carbon monoxide and other particulate matters. The replacement of traditional stoves by improved cooking stoves (ICS) improves heat transfer, which reduces the total amount of fuel required for cooking and the amount of emissions. Altogether, the improved cook stoves have the following benefits-

- Yearly reduction of Carbon Di-oxide emission is 2.145 ton per ICS
- Yearly savings of fuel wood 1.277 ton per stove
- Fuel and time consumption of ICS is 50% less than those of traditional stove.
- Saves money
- Almost smoke free environment that ensure healthy life, specially of mother and children.

Goal

Energy Efficiency

Objectives

- To save traditional fuels by popularization of improved stove and keep pollution free environment in rural areas
- To reduce indoor air pollution (IAP) in the kitchen.
- To develop skill manpower through training course of improved stoves to the unemployed men and women of the country
- To create awareness about the effectiveness and usefulness of improved stoves by massive advertisements through various media.
- To reduces deforestation and maintain ecological balance of the country by massive used of improved stove.
- To involve different Government, Semi-Government and Non-Government Organizations in dissemination program of improved stoves.
- To improve the hygienic condition of the kitchen

Geographical Coverage

Chakaria, Moheshkhali, Pekua, Ramu, Cox's Bazar Sadar & Ukhiya upazilas of Cox's Bazar District; Banshkhali & Lohagora upazilas of Chottogram district; Lama upazila of Bandarban District and Kapasia Upazila of Gazipur District.



Improved Cook Stoves (ICS)

Major Activities

- Training on benefits ICS.
- Courtyard meeting on climate change and impact of deforestation.
- Session on Health hazards due to indoor smoke.
- Awareness rising session on air pollution.

Achievements

- Yearly reduction of Carbon di oxide emission 2.145ton per ICS
- Yearly savings of fuel wood 1.277 ton per stove
- fuel and time consumption of ICS is 50% less than traditional stove
- Money saved.
- Almost smoke free environment that ensure healthy life, especially for mother and children.

Total 80,000 ICS were installed in last year among which 46,500 were Portable, 19,500 Single Burner and 14,000 Double Burner. Districtwise and Upazilawise achievements are stated below:

District	Upazila	Portable	Single Mouth	Double Mouth	Total
Bandarban	Lama	4000	4000	0	8000
	Banskhali	5000	2500	0	7500
Chattogram	Lohagara	2500	2000	0	4500
	Chakaria	25000	15000	3000	43000
Cox's Bazar	Moheshkhali	4000	500	1000	5500
	Pekua	5000	1000	6000	12000
	Ramu	4000	1000	2000	7000
	Coxs Bazar Sadar	3000	1000	2000	6000
	Ukhiya	1000			1000
Total		53500	27000	14000	94500

Challenges

- Lack of adequate financial support to execute the activities at field level.
- Scarcity of raw material for ICS production.
- Interruption in supply because of inadequate transportation facilities due to Covid-19 and bad road condition due to heavy rainfall
- Lack of awareness on the health hazards resulting from smoke and the benefits of using ICS.
- Financial incapability of the prospective beneficiaries to buy ICS.

Lessons Learned

- Involvement of community leaders gives easy access to any community.
- To proliferate the use of ICS, widespread promotion is needed across the country.
- Staff capacity needs to be developed by training.
- Involvement of community leaders, Local government and general physicians can improve the users' awareness.
- Local or women entrepreneurship may be developed for reaching out to the beneficiaries in every village for providing ICS easily.



Biogas and Bio Fertilizer

In order to prevent further environmental and agricultural deterioration, it is imperative to promote biogas as a sustainable and clean source of energy in Bangladesh. Biogas needs only cattle dung/ poultry droppings and water, which is commonly available in the rural households of Bangladesh. Most of the appliances and materials (bricks, sands, aggregates, cement and pipes) used for the construction of biogas plant are locally available or can be locally produced in Bangladesh. Any local literate person with some training can easily construct a biogas plant.

SARPV has been implementing biogas program in Cox’s Bazar, Bangladesh since 2016 as a partner of Infrastructure Development Company Limited (IDCOL) with support from the World Bank, KFW Development Bank and SNV Netherlands Development Organization. Biogas plants not only provide gas for cooking purpose but also produce organic fertilizer for the crops and fish pond. The program saves tons of firewood ever year worth a lot and also reduces the use of chemical fertilizer. The program also helps reduce carbon-di-oxide (CO2) consumption per annum.

Goal

To promote renewable energy

Objectives

- To save the environment, especially from soil and water pollution and to fight deforestation
- To utilize low-cost technology to encourage a circular economy
- To reduce dependency on fossil fuel, firewood and electricity

Project Area

Chattogram and Cox’s Bazar Districts

Target Groups

People who are using fossil fuel, firewood, electricity for cooking and other low productive activity.

Beneficiary Coverage

As much as possible to cover, not fixed

Major Activities

- Awareness raising session on Biogas and Bio-fertilizer.
- Training on Biogas and Bio fertilizer plant.
- Courtyard meeting on environmental pollution.

Achievement

120 Biogas plants were installed in Chattogram and Cox’s Bazar districts.

Challenges

- Covid-19 was the greatest challenge last year.
- Biogas plant runs by Cow dung (Minimum 4 Cows) or Poultry litter (Minimum 500 Birds). It’s a big challenge to make available minimum numbers of Cows and Birds all the time. Cow dung-based biogas plant turns inactive if the owner sells cow.
- Because of geographical location Biogas plants get flooded during Flash flood
- Lack of adequate financial support to execute the activities at field level.
- Lack of awareness.
- Collecting installment amount from beneficiary of Loan based Biogas plant.
- Most of the time, Beneficiary can’t afford the construction expense.

Lessons Learned

- Awareness of the beneficiaries on proper cow rearing is needed.
- Subsidy should be provided to encourage the poor biogas users.



Mixing Device of Biogas plant

Solar Irrigation

SARPV started Solar Irrigation at the end of 2017 initially in Dinajpur District as an Implementing partner of IDCOL. Till now SARPV has already constructed 6 pumps in Dinajpur district and 27 pumps are under construction. These pumps are environment-friendly which reduce the consumption of fossil fuel and electricity. Using these pumps SARPV along with IDCOL is contributing to reduction of emission of Carbon dioxide, thus protecting the environment.

Goal

Ensure uninterrupted irrigation and Reduce consumption of fossil fuel.

Target Groups

Agro-based population of rural off-grid areas.

Project Area

Bochagonj, Birganj, Kaharol and Birol Upazillas of Dinajpur district.

Achievement

So far, 240 acres of agricultural land have been covered (each pump covers 40 acres of land) with uninterrupted irrigation water. More 880 acres of agricultural land will be covered in the upcoming Boro season with 22 new pumps.

Challenges

- Lack of awareness about this new technology at the farmers level is one of the prime challenges.
- Excessive fog In January interrupts the solar panel to generate power from sunlight.
- Heavy rainfall reduces the demand for irrigation water, thus the revenue collection.
- Sometimes seasonal storm destroys solar panels. Replacing solar panel is very expensive.
- Price of irrigation water from solar pumps is higher than that from diesel driven shallow pump.
- Revenue collection from farmer level is the big challenge. Farmers become unwilling to pay the bill after harvesting.

Lessons Learned

- To avoid the impact of fog, irrigation water should be managed by alternative power.
- Increase of grant amount from IDCOL can reduce the water price.
- Raising awareness among and providing training to the farmers can ensure the revenue collection.



Program

8

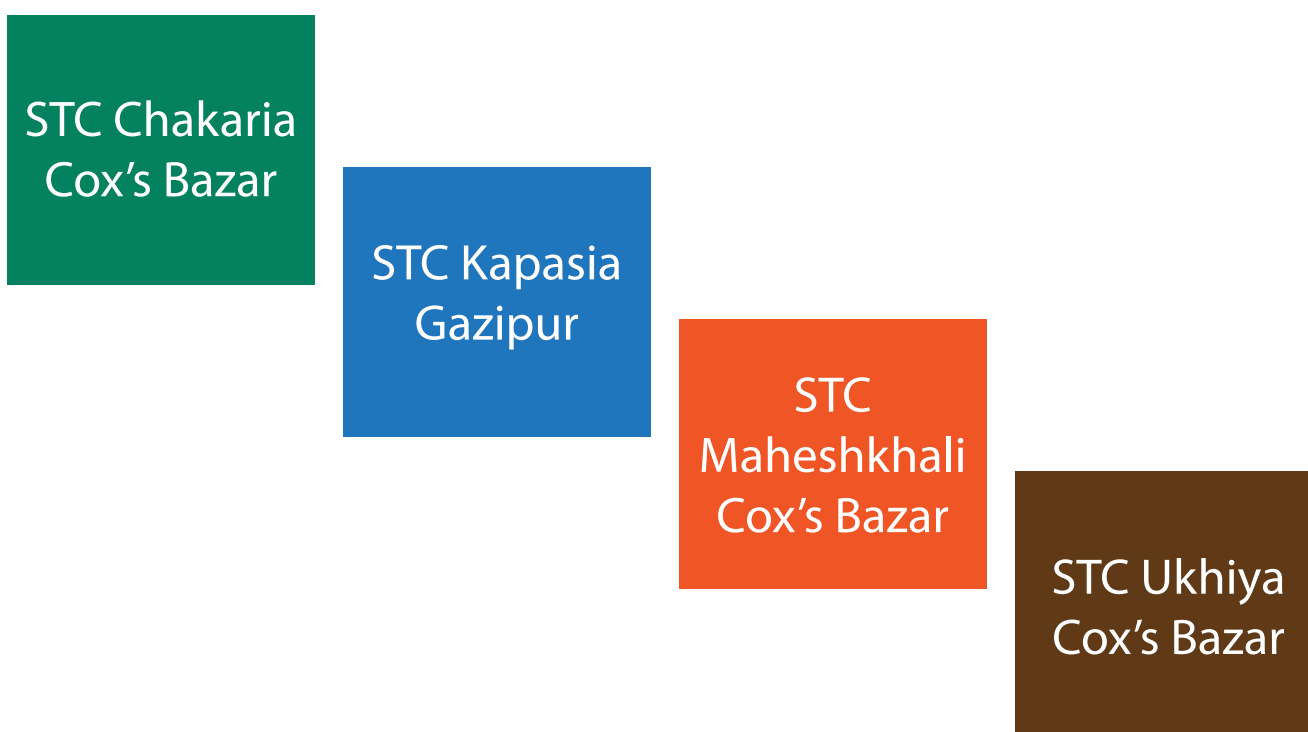
TRAINING AND SKILL DEVELOPMENT

Capacity and skill development is the most important factor to achieve higher and better performance. Training is a strong tool for skill, capacity and professional development of human resources. Considering the fact, SARPV has formulated a capacity and skill development component with all its development interventions. To conduct training programs/sessions for skill, capacity and professional development, SARPV has come up with four SARPV Training Centers (STCs) in Cox's Bazar and Gazipur, which are also made available on rent to other organizations.

Major Activities

Training 2022-23			
Name of Program	No. of Training	No. of Beneficiary	PWD among Beneficiary
Health and Nutrition	89	8400	12
Right Advocacy and Networking	22	520	520
Total	111	8920	532

SARPV Training Centers (STC)



STC Chakaria, Cox's Bazar

STC Chakaria provides training and residential facilities for development practitioners and visitors. It has a conference hall for 40 participants; AC and non-AC guest rooms with 40 bed coverage for dormitory support; along with dining and refreshment serving facilities. STC Chakaria is the only disability inclusive training venue for in Chakaria. Located at the central point of Chakaria Pourasava, the venue is safe and secure with cool and tranquil environment. We are committed to delivering quality services by maintaining high standards in order to earn our guest's satisfaction.



Project 8.2

TRAINING AND SKILL DEVELOPMENT

STC Kapasia, Gazipur

STC Kapasia stands on the Kapasia–Kaligonj road, at Tilsunia village under Chandpur Union of Kapasia Upazilla under Gazipur district. It is a non-residential training center, which can cater to 30 to 35 participants with food and snacks support. There is a standard guest room with two single beds for course facilitators with attached bathroom.



STC Maheshkhali, Cox's Bazar

STC Maheshkhali was inaugurated in 2020 . This venue has capacity to accommodate 25-35 participants and has the other required facilities for training/workshop/seminars.



Project
8.4

TRAINING AND SKILL DEVELOPMENT

STC Ukhiya, Cox's Bazar

STC Ukhiya was inaugurated in 2021. This venue has a capacity to accommodate 50 participants and has other required facilities for training/workshop/seminars, along with guestroom for visitors.



FINANCIAL STATEMENT

9

Balance Sheet



SOCIAL ASSISTANCE AND REHABILITATION FOR THE PHYSICALLY VULNERABLE (SARPV)			
CONSOLIDATED STATEMENT OF FINANCIAL POSITION (BALANCE SHEET) AS AT 30 JUNE 2023			
Particulars	Notes	30.06.2023	30.06.2022
ASSETS:			
Non-Current Assets:			
Property, Plant & Equipment	4.00	77,844,902	79,762,680
Total Non-Current Assets:		77,844,902	79,762,680
Current Assets:			
Loan Outstanding	5.00	452,158,248	321,307,242
FDI & Security Deposits	6.00	41,245,225	32,897,236
Advance	7.00	114,818,325	61,934,635
Saving Account	8.00	11,948	11,948
Account Receivable	9.00	-	-
Stock & Store	10.00	704,184	457,097
Cash & Cash Equivalent	11.00	76,643,080	92,424,084
Head Office Current Account	16.00	385,279,858	113,715,255
Accrual Account	20.00	-	13,307,649
Bank Guarantee (Margin)		5,440,141	5,440,141
Total Current Assets:		877,544,719	651,295,378
Total Assets:		955,389,621	731,058,058
FUND & LIABILITIES:			
Fund Account	12.00	221,821,283	185,211,032
Current Liabilities:			
Member Savings	13.00	221,533,130	131,219,938
Payable & Other Liabilities	14.00	60,196,818	16,128,202
Insurance Fund	15.00	5,871,075	5,871,075
Resolvement Reserve	16.00	49,900,412	49,900,412
Loan Loss Reserve	17.00	33,389,418	9,483,850
Loan Account	18.00	249,827,718	210,178,346
Accrual Account	20.00	21,730,262	99,656,380
Member Welfare Fund	21.00	8,785,433	5,819,836
Security Money	22.00	80,000	88,000
Staff Security Fund	23.00	3,381,276	1,043,875
Contingency Fund	24.00	130,949	178,896
Donation - Conditional	25.00	445,000	440,000
Interest Provision on SPS	26.00	2,684,356	4,121,542
Provision for Expenses	27.00	540,882	249,382
Miscellaneous Receivable	9.00	287,310	830,285
Miscellaneous Payable		-	413,462
Total Current Liabilities:		733,568,328	545,846,126
Total FUND & LIABILITIES:		955,389,621	731,058,058

1.00 Figures have been rounded off to the nearest BDT.
2.00 Audited notes form part of the financial statements.
3.00 Previous year's figure has been rearranged for comparison.

Md. Masudul Raheem
Finance Secretary

Signed in terms of our separate report of examination annexed.

Md. Shaukat Hossain
Chief Executive

Toha Khan Zaman & Co.
Chartered Accountants
Registration No 4920/CAB-72
(Md. Kamal Uddin, FCA)
Senior Partner
Enrollment No 164
(IDVC:2311170164AS635303)



Dated, Dhaka
05, October 2023

HIGHLIGHTS OF UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (UNCRPD)

1 Convention Timeline

- Adoption by the United Nations General Assembly - 13 December 2006
- Opened for signature - 30 March 2007
- Entry into force – 3 May 2008
- First Conference of States Parties – 31 October & 3 November 2008
- Second Conference of States Parties – 2 – 4 September 2009
- First session of the Committee on the Rights of Persons with Disabilities – 23-27 February 2008

2 Relationship to other disability texts

- The Convention builds upon, and works in synergy with previous international texts related to persons with disabilities:
 - Standard Rules on the Equalization of Opportunities for Persons with Disabilities - 1994 (not a legally binding treaty)
 - World Programme of Action on Disabled Persons - 1982 (not a legally binding treaty)

3 Why this Convention?

- A response to an overlooked development challenge: approximately 10% of the world's population are persons with disabilities (over 650 million persons). Approximately 80% of whom live in developing countries
- A response to the fact that although pre-existing human rights conventions offer considerable potential to promote and protect the rights of persons with disabilities, this potential was not being tapped. Persons with disabilities continued being denied their human rights and were kept on the margins of society in all parts of the world. The Convention sets out the legal obligations on States to promote and protect the rights of persons with disabilities. It does not create new rights.

4 Purpose of Convention (Article 1)

To promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

5 What is unique about this Convention?

- Both a development and a human rights instrument
- A policy instrument which is cross-disability and cross-sectoral
- Legally binding

6 A Paradigm Shift

- The Convention marks a 'paradigm shift' in attitudes and approaches to persons with disabilities.
- Persons with disabilities are not viewed as "objects" of charity, medical treatment and social protection; rather as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society.
- The Convention gives universal recognition to the dignity of persons with disabilities.

“No pessimist ever discovered the secret of the stars, or sailed to an uncharted land, or opened a new doorway for the human spirit.”

Helen Keller

Writer, Speaker and Activist

(Helen Keller, born in 1881, was left deaf and blind by a febrile illness at 19 months old.)

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“Impossible is just a big word thrown around by small men who find it easier to live in the world they’ve been given than to explore the power they have to change it. Impossible is not a fact. It’s an opinion. Impossible is not a declaration. It’s a dare. Impossible is potential. Impossible is temporary. Impossible is nothing.”

Muhammad Ali

Champion Boxer

(Muhammed Ali developed early-onset Parkinson's when he was just 42 years old.)

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“At the end of the day, we can endure much more than we think we can.”

Frida Kahlo

Mexican Artist

(Born with Spina bifida, affecting the growth of her legs, she also contracted polio at the age of six and had a car accident that caused significant damage to her spine and pelvis.)

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“Just because a man lacks the use of his eyes doesn’t mean he lacks vision.”

Stevie Wonder

Musician

(Despite his blindness, Stevie Wonder learned to play the piano, harmonica, and drums by age nine and went on to become a world-famous artist.)

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“We must be treated as equals—and communication is the way we can bring this about.”

Louis Braille

Inventor of Braille Reading System

(Braille himself lost his sight at 15 in an accident, inspiring him to create the Braille reading system for blind people, which is still widely used today)

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“My disability exists not because I use a wheelchair, but because the broader environment isn’t accessible.”

Stella Young

Australian comedian

(Stella Young is a lifelong wheelchair user who uses her platform to raise awareness of issues surrounding accessibility.)

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Social Assistance and Rehabilitation for the Physically Vulnerable