

SARPV

**Annual Report
2019-2020**



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



This year marks the successful completion of 32 years of the glorious journey of SARPV since its inception in 1989. SARPV has been working relentlessly with its mission to ensure the socio-economic upliftment of the marginalized, underprivileged and disaster-affected people including people with disabilities (PwD) as well. Also, there has been a special focus to save, through early intervention, people from conditions which might turn into disability.

Marginalized people face problems, because of negative public perception about them. It is time to change this social stereotyping of marginalized people including persons with disability, which calls for concerted efforts by the people from all walks of life.

Although we are still battling with the effects and impacts of the COVID-19 pandemic, we do believe we will be able to achieve our target as we are clear about what we want to achieve. SARPV has always been with the target groups and the community it serves. When I reflect on the past year, I feel inspired by the resilience, innovation and passion of each one of our esteemed colleagues at all levels. Together, we persevered to make a difference in the lives of the people we care about so deeply.

We are proud to share the splendid accomplishments SARPV has had to its credit so far through this report. Like the previous years, in line with SARPV's commitment to maintaining operational transparency, the 2019-20 annual report sheds light on the major events, activities and achievements of SARPV this year, related to Mainstreaming Disability, Humanitarian Assistance, Alleviating Malnutrition, Protecting people from Climate Change and Disasters, Renewable Energy support and Empowering people through Inclusive Micro-finance facilities.

Our hope is SARPV will be stronger and will cross all the hardship towards attaining an inclusive society in future where there will be no discrimination and all will enjoy the equal rights and opportunity with dignity. We will continue to adapt and find creative ways to connect like never before.

We would like to take the opportunity to express and extend heartfelt thanks and gratitude to all our stakeholders - donors, colleagues, government and non-government bodies, local representatives, other communities and the mass media for their hearty and professional assistance that enabled us to serve our target groups, the vulnerable and underprivileged groups of the society, especially the children, pregnant women, lactating mothers and of course the persons with disability; to reach where we are today.

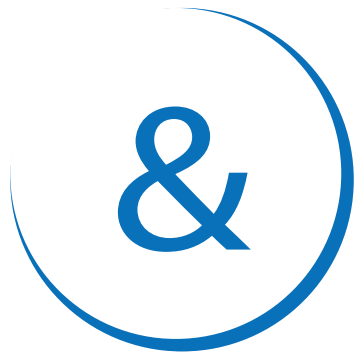
Finally, I would like to extend my thanks and gratitude to our revered Advisers, Executive Committee, Management Team and all my colleagues at all levels for their commitment and incessant supports.

I look forward to the year ahead with supports from all concerned as we carry on with the good work of SARPV.

MD. SHAHIDUL HAQUE
Chief Executive, SARPV



Accessibility
Education
Empowerment
Equity
Inclusion
Participation



Abbreviations and Acronyms

AEM	Les Amis des Enfants du Monde	NGO	Non-Government Organization
AMD	Aide Medicale et Developpement, France	NGOAB	NGO Affairs Bureau
BBS	Bangladesh Bureau of Statistics	NFPE	Non-Formal Primary Education
BCC	Behavioral Change Communication	NICAPLW	Nutrition Intervention for Children Under-5, Adolescents, Pregnant and Lactating Women
BSFP	Blanket Supplementary Food Support	OTP	Outpatient Therapeutic Point
CBO	Community Based Organization	PwD	People with Disability
CBR	Community Based Rehabilitation	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
CRG	Convergence Rickets Group	SAM	Severe Acute Malnutrition
CwD	Children with Disability	SARPV	Social Assistance and Rehabilitation for the Physically Vulnerable
DFID	Department for International Development	SDG	Sustainable Development Goal
DPO	Disabled People's Organization	SwD	Students with Disability
DSS	Directorate of Social Services	TSFP	Targeted Supplementary Food Support
ELCD	Early Learning & Childhood 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
HH	Households	UNICEF	United Nations International Children's Emergency Fund
IFA	Iron and Folic Acid	UNO	Upazila Nirbahi Officer
IGA	Income Generating Activity	VAW	Violence Against Women
ICS	Improved Cook Stove	VDC	Village Development Committee
IDCOL	Infrastructure Development Company Limited	VGD	Vulnerable Group Development
IYCF	Infant and Young Child Feeding	VGF	Vulnerable Group Feeding
KDM	Kinesitherapeutes de Monde	VRC	Village Resource Center
LEB	Local Elected Bodies	WFP	World Food Programme
MAM	Moderate Acute Malnutrition	WHO	World Health Organization
MDG	Millennium Development Goal	WO	Women's Organization
MFI	Micro Finance Institution		
MJF	Manusher Jonno Foundation		
MRA	Micro Credit Regulatory Authority		
MUAC	Mid-Upper Arm Circumference		

Organizational Info

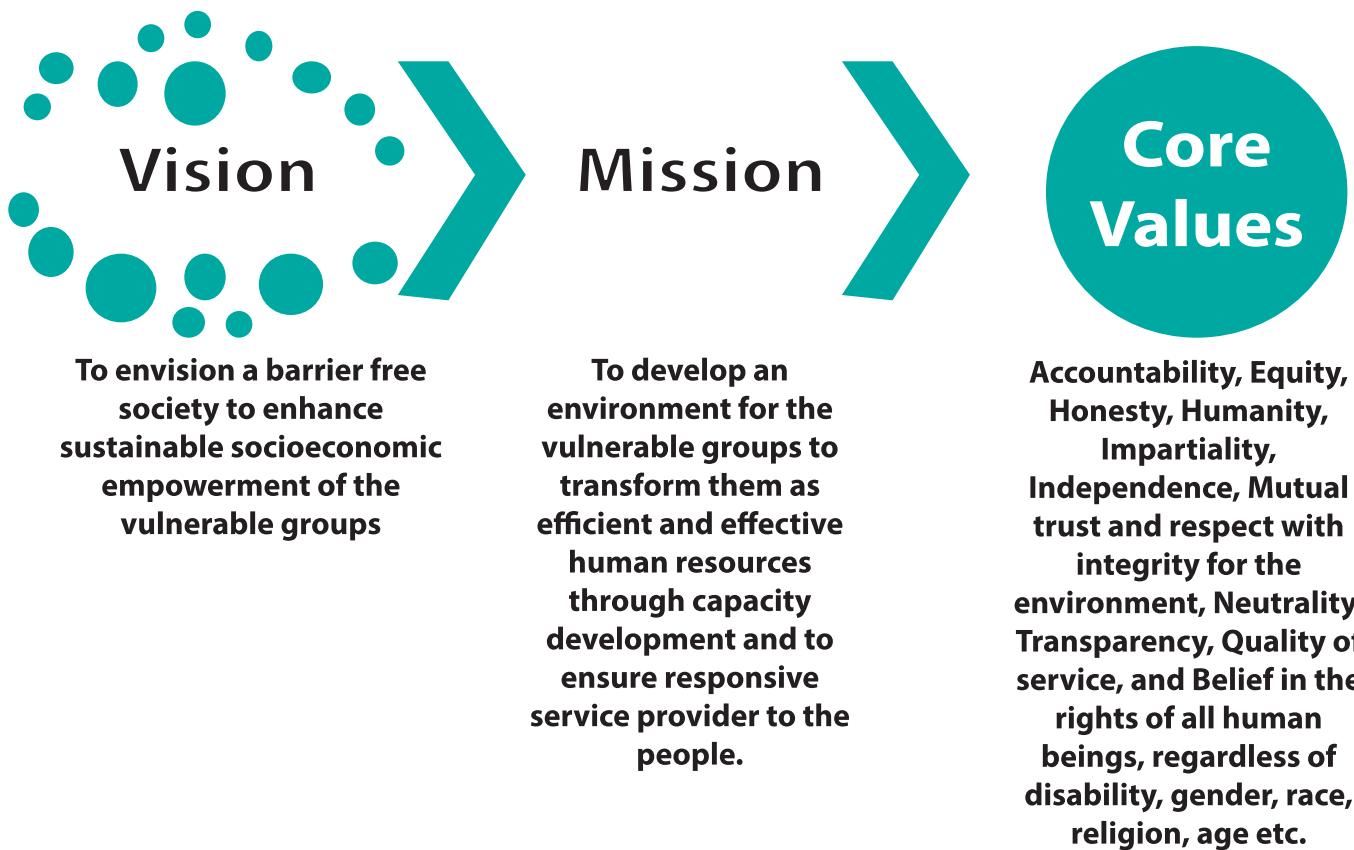


Frame For Future

Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV) was established in 1988 by Md. Shahidul Haque, a physically challenged person himself, and a few friends, with an intent to change the public perception about people with disability in Bangladesh; after the catastrophic tornado at Saturia (one of the sub-districts of Manikganj District near to Dhaka) and registered as a voluntary social welfare agency in 1989.

It is the pioneering organization in Bangladesh that has identified the correlation between disaster and disability and operated disability-sensitized emergency response and relief operation. SARPV is the first organization that has identified the prevalence of Rickets in Bangladesh in the mid- 90s. SARPV is one of the first organizations that offered targeted support to people with disability following natural disasters in Bangladesh in 1989, 1991, 1997 and most recently after flash flood in southeast Bangladesh in July 2012.

SARPV is an advocacy organization doing advocacy with policy makers, local government, GOs and NGOs, community people, family members of people with disabilities to ensure their rights and accessibility. SARPV is devoted to work for the most underprivileged, marginalized and vulnerable groups of the society for their socioeconomic development to transform them as productive human resource with a dignified lifestyle. People with Disability are the prime focus of this organization. Beyond the disability issue, it also intervenes in other sensitive and substantial issues like Poverty Alleviation, Inclusive Education, Health and Nutrition, Human Rights, Renewable Energy, Humanitarian Assistance, Climate Change and Skill Development for mainstreaming the vulnerable groups of society, who are leading life with uncertainty in the society.





Organizational Info

The Spirit of Service with
A Heart for Humanity

1989

Est.

Cyclone Response
Rescue for PwD



1989: Established by Md. Shahidul Haque, a person with physical disability, and his friends Mr. Jamal Abu Naser, Mr. Md. Minhaj Uddin, Mr. Abdur Rahman Shah and Ms. S.M. Ruquiya for the People with Disability.

1991: Implemented first ever **disability-sensitized Emergency Response** in Cox's Bazar, Bangladesh, after one of the deadliest tropical cyclones.

Identification of Rickets in Bangladesh.

1993: Community-based Rehabilitation
1995-97: Conducted **National Rapid Assessment of Rickets**

1996: Psycho-physical Rehabilitation for PwD

1997: Formed **Rickets Consortium** Chakaria, Cox's Bazar.



90s



00s

2003: Surgical Program undertaken to operate the children with rickets for cure

2004: Implemented **Seeing in the Dark** project in Bangladesh

2005: Established **Assistive Device Center**

2006: Incorporated **Microfinance Program**

2008: Conducted **National Rickets Survey**

1999: Established **Prodipaloy**, an integrated school for Students with and without disability



10s

2020s

2012-15: Responded to **Flashflood** in Southeastern region

2013: Started work on **Renewable Energy**

2017: Humanitarian Response for **Rohingya Population**

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.

Stakeholders

Primary Stakeholders

Disaster and Climate Change Victims
Elderly People
Ethnic Group
Migrants
People with Disability
Ultra-poor
Vulnerable Women

Secondary Stakeholders

GOs
Local Government
NGOs
Print and Electronic Media
Private Sector
Professional Groups
Religion based groups

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 06/09/2015
- Micro Credit Regulatory Authority (MRA): Registration No.: 00952-00132-00542; Reg. Date: 01 March, 2011

Development Partners

Action contre la Faim (ACF)
Aide Medicale et Developpement (AMD), France
Centre for Disability in Development (CDD)
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)
Plan International
SOLiNFO
United Nations International Children's Emergency Fund (UNICEF)
World Food Programme (WFP)

Banking Partners

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

Address

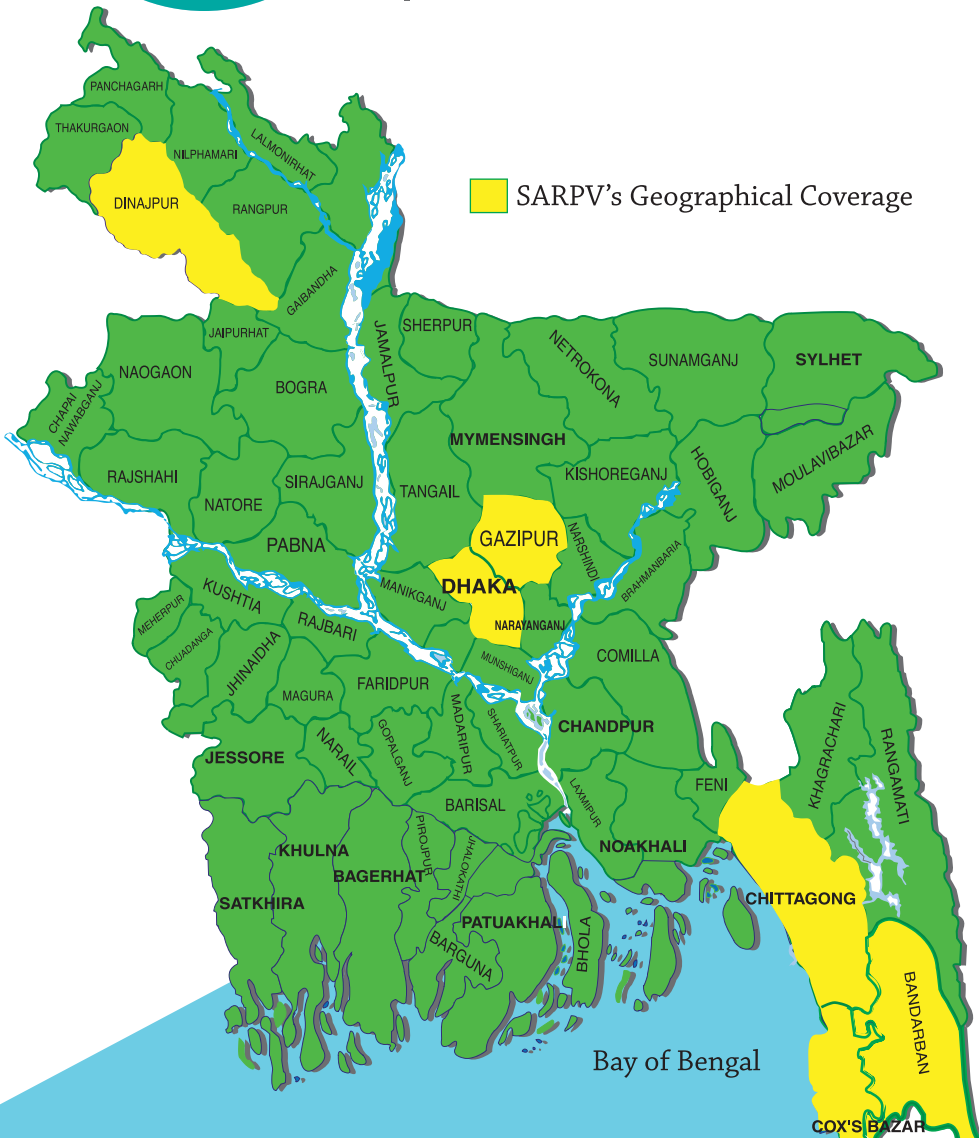
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Organizational Info

Area Coverage



3
Divisions

6
Districts

21
Upazillas
(Sub-districts)

Division	District	Upazilla (Sub District)			
1. Dhaka	1. Dhaka	1. Dhaka			
	2. Gazipur	1. Gazipur Sadar	2. Kapasia		
2. Chattogram	1. Chattogram	1. Anwara		2. Bashkhali	
		3. Chandanaish		4. Lohagara	
		1. Cox's Bazar Sadar		2. Chakaria	3. Kutubdia
	2. Cox's Bazar	5. Pekua	6. Ramu	7. Teknaf	8. Ukhiya
	3. Bandarban	1. Lama		2. Naikhangchhari	
3. Rangpur	1. Dinajpur	1. Birol		2. Birganj	
		3. Bochaganj		4. Kaharol	

Organizational Info



Advisory Committee



Julian Francis
UK



Mahmudul Hasan
Bangladesh



Dr. Cravier Thierry
France



David Curtis
UK

Executive Committee



Hasnain Sabih Nayak
President



Md. Minhaj Uddin
Vice President



Md. Shahidul Haque
General Secretary



Abdur Rahman Shah
Finance Secretary



Anamul Haque
Executive Member



Ferdous Ara Ripa
Executive Member



Jolly Kowser
Executive Member



Organizational Info

Programs & Projects of SARPV at a Glance

SI	Program	Project	Donor	Duration	Location	Beneficiary #
1	Rights Advocacy & Networking	IDEA	Manusher Jonno Foundation	2019-2020	Dhaka North & CHK	6000
		PHRPBD	CDD	2012-Cont	CHK	117
2	Health & Nutrition	Prevention of Rickets in Cox's Bazar	AMD-KDM	2008-Cont	Chattogram and Cox's Bazar District	7384
		Improving Maternal and Child Nutrition (IMCN) & Community Based Management of Acute Malnutrition (CMAM)	WFP-ACF	2014-Cont	MHK, PEK	32994
		Integrated Nutrition Intervention (INI) to address under nutrition among vulnerable populations in Rohingya makeshift camp	WFP-UNHCR	2020-Cont	Camp 4 in Ukhiya upazilla	8882
		Integrated Malnutrition Treatment and Prevention Program	WFP-UNICEF	2020-Cont	Camp 5 Camp 6 Camp 8W Camp 10	26425
3	Micro Finance & Small Enterprise Development		Own fund and PKSF	2006	Chattogram and Cox's Bazar District	10451
4	Inclusive Education	Inclusive School for Disabled and non-disabled Children-Prodipaloy	AEM	1999-Cont	CHK	155
5	Mainstreaming Disability (Integrated with Other Programs)					
6	Climate Change, Disaster and Disability Management / Emergency Management	Special Support for Host community (SSHC) during Covid-19	WFP	May-July 2020	CHK & PEK	22000
7	Renewable Energy	Improved Cook Stoves (ICS)	IDCOL	2013-Cont	CHK, CXB, PEK, RAM, MHK, GZP, BAS	8058
		Biogas and Bio Fertilizer	IDCOL	2015-Cont	Chattogram and Cox's Bazar District	22
		Solar Irrigation	IDCOL	2017-Cont	BGNJ, KHL, Birol	1000
8	Training and skill Development (Integrated with Other Programs)					

Chattogram Division: BAS: Banshkhali, CHAND: Chandanish, CHK: Chakaria, CXB: Cox's Bazar, PEK: Pekua, RAM: Ramu, MHK: Moheshkhali,

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

Rights Advocacy & Networking



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.

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:

- Community advocacy
- Indigeneous group advocacy
- Individual advocacy
- Self-advocacy

For conducting Legal advocacy and Systemic advocacy SARPV has resource limitation. To overcome the situation SARPV working simultaneously to develop its own capacity and to generate resources.

Projects under this Program

1. Integrating disability with the infrastructural development process to increase mobility & engagement of PwDs in economic activities to uplift their socioeconomic condition (IDEA)

2. Promotion of Human Rights of Person with Disabilities through Disability Inclusion (PHRPBD-DI)

Geographical Coverage

Cox's Bazar and Dhaka districts

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

Target Groups

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

Contribution to SDG





Integrating disability with the infrastructural development process to increase mobility & engagement of PwDs in economic activities to uplift their socioeconomic condition (IDEA)

Goal

Economic independence of person with disability by integrating disability with infrastructural developmental process.

Purpose

Increasing the mobility, income and livelihood opportunity through ensuring physical accessibility of 6000 PwDs and reducing violence against women (specially women with disability)

Objectives

- To intensify awareness to ensure infrastructural inclusiveness for person with disability.
- To form 5 Cooperatives of PwDs as entrepreneurship entity to engage PwDs in IGA as well as to act as pressure groups.
- To connect 80% of the beneficiaries with financial institutions to make their financial transactions through formal economy.

Project Area

Dhaka North City Corporation

9 Wards (10, 11, 28, 29, 30, 31, 32, 33 and 34) of Adabor, Mohammadpur, Mirpur, Darus Salam and Sher-E-Bangla Nagar Thana

Cox's Bazar District

Six Unions (Chiringa, Shaharbil, Badarkhali, Kakara, Dulahazra and West Boro Veola) of Chakaria Upazila

Beneficiary Coverage

3200 Persons with Disabilities in Chakaria and 2800 in Dhaka

Age Group/Sex	Male	Female	Total
Adult	2372	1578	3950
Child	1208	842	2050
Total	3580	2420	6000

Activities & Achievements

Service Received	Male	Female	Total
Relief support from external sources during Covid-19 period	1,386	1,483	2,869
Old age allowance	8	9	17
Widow Allowance	0	13	13
Student stipend	18	13	31
Health Service received	677	763	1,440
Access to Education	161	134	295
Agriculture service received	202	76	278
Involvement in IGA	146	112	258
Involvement in committee/ Representation	12	3	15
Skill develop training received from external sources	32	23	55
Disability ID card received	181	145	326
General Training received	116	28	144
Primarily selected for KHAS land	92	13	105
Loan received from loan providers	7	3	10
Access to other Social safety net program	385	186	571
Assistive device support	8	5	13
Beggar allowance received	1	2	3
Total	3,432	3,011	6,443

Challenges

- Vast working area and high number of beneficiaries compared to number of staff
- Negative attitude of some doctors towards certifying a person with disability which is hindering persons with disability to get disability ID cards
- Prejudice of community people on participation of women with disability in different public events
- Negative attitude of some duty bearers towards persons with disability (PwDs)
- scarcity of accessible meeting place in the urban areas of Dhaka for conducting group/beneficiary meeting
- Business persons remaining very busy, can rarely give their time to attend meeting
- Most of the people with disability are not willing to work preferring begging or sitting idle at home
- Due to Covid-19, some beneficiaries lost their profession and sources of income, thus re-located to other areas of Dhaka; Some shifted to their village.
- Project beneficiaries are dissatisfied with us for not supporting directly with any humanitarian assistance and/or health hygiene kits due to donor's decision.

Integrating disability with the infrastructural development process to increase mobility & engagement of PwDs in economic activities to uplift their socioeconomic condition (IDEA)



Lessons Learned

- Persons with disability think that only money will solve everything. Capacity development, rights, knowledge gathering etc are valueless to them.
- Continuously sharing and communication with the concerned persons bring out a good result.
- Persons with disabilities are highly jealous with each other.
- Only motivation does not work among hungry people.
- Awareness raising is the most important thing for prevention of corona virus among mass people.
- Organizational reputation is an asset and effective tool in case of service provision.
- Physical visit to any spot is essential to understand actual situation.





Promotion of Human Rights of Person with Disabilities in Bangladesh through Disability Inclusion (PHRPBD-DI)

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

Project Area

Chakaria Pourashova and Boroitoli Union of Chakaria Upazilla

Beneficiary Coverage

117 PwDs

Activities & Achievements

- Provided Referral Services to 30 people.
- 132 people were oriented on Child Safeguarding
- Formulated and Strengthened Child Protection Watch Group involving 30 people of society
- 1 Stakeholder Sensitization Meeting held on Child Protection, VAW and Legal Services for Victims
- Organized 4 orientation sessions at 4 Community Clinics to include PwD
- 1 field camp was organized for mentally unwell person
- Distributed Medicine to 30 (12 Female, 18 male) Mentally Unwell Person
- 3 courtyard meetings held with youth groups on disability rights, VAW and role of youth in its prevention, leadership, disaster management, local government and its services.
- 1 Awareness Raising Session with School Students on Violence Against Children and Its Types
- 1 Awareness Raising session conducted at Upazilla Level on SDG and Disability
- Advocacy Meeting with Stakeholders to Ensure Legal Service for PwD.
- Including PwDs in different programs of other NGOs
- Formulated 1 Youth Group
- Assisted 7 PwDs to get Disability Allowance
- Assisted 3 students with disability (SwDs) to avail Govt. Scholarship for SwD.
- Assisted 15 PwDs to be involved in Government's Social Safety Net Programs e.g. Allowance for Elderly People, 40/100 Days Program etc.
- Arranged Loan for PwD from Govt.
- Arranged Loan for 3 PwDs from non-Govt. Organization.

Challenges

- Inaccessible infrastructures.
- Social taboo and superstitious practices put obstacle in every step at field level
- Due to COVID-19, 2020 was an endangered year for all



Source: The World Bank website

Health & Nutrition



Projects under this Program

1. Prevention of Rickets 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

Geographical Coverage

Cox's Bazar district

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).

Target Groups

- Children with Clubfoot
- Children with Cerebral Palsy
- Pregnant & Lactating Mother
- Children under 5 years

Contribution to SDG



2.1

Prevention of Rickets 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

- Rickets
- Clubfoot
- Cerebral Palsy
- Other types of Children with disability

Beneficiary Coverage

6,713 CwDs (2,349 Girls and 4,364 Boys)

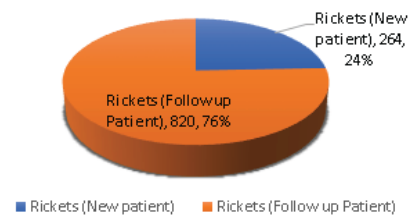
Project Area

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

Major Activities

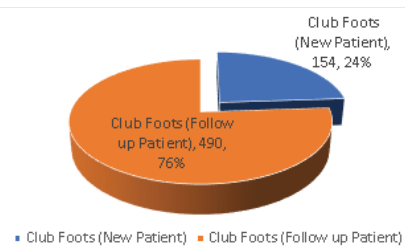
- Physiotherapy
- Surgery
- Medication
- Meeting with Local Government
- School Visit and awareness rising on disability
- Identifying childhood disability and providing necessary guidance to prevent disability (without medicine)

Rickets identified and treated in 2019-2020



Total 1,084 Rickets patients were treated. 24% (264) were newly identified patients and rest were follow up patients.

Clubfoot identified and treated in 2019-2020



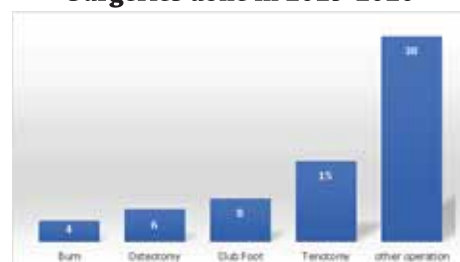
Total 644 clubfoot patients got treatment. Out of 644 patients, 154 were newly identified and 490 were follow up patients.

Other types of treatments provided in 2019-2020



Total 3,368 patients with different types of disability and illness received direct treatment from SARPV.

Surgeries done in 2019-2020



Out of 71 surgeries done, 15 were Tenotomy, 8 were for Clubfoot patients, 6 for Osteotomy and 4 for burn.

Prevention of Rickets in Cox's Bazar



Assistive Device Center



Total 1,084 rickets patients were treated. 24% (264) were newly identified patients and rest were follow up patients.

Total 618 assistive devices were manufactured in SARPV's Device Center for different types of PwDs. Devices included customized CP Chairs, Arch Support and Walkers, which were manufactured and provided to PwDs.

Success Story of Ferdous



Before surgery



After surgery

2.2

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

Objectives

- Identify malnourished Pregnant and lactating women through screening.
- Identify SAM with complication and without complication through screening.
- Identify Moderate Acute Malnourished (MAM) children through screening.
- Admit them in SC/OTP/SFP and provide therapeutic/supplementary/systematic treatment.
- Follow up children who have may be absent or defaulted and those who have problems.
- Understand reasons for absence and default so that they can be addressed.
- Promote strong links between prevention and treatment so that the underlying causes can also be addressed.

Funding Agency

- WFP
- ACF

Target Groups

- Under 5 children
- Pregnant and Lactating Women

Beneficiary Coverage

- BNFs U5 TSF child: 24,001 (Male: 9,223 and Female: 14,778)
- PLW: 8,268
- U5 SAM child: 724 (OTP)

Project Area

Moheshkhali and Pekua Upazilla of Cox's Bazar district

Major Activities

- Community based screening
- EPI based screening
- Referral
- Community based health education session on nutrition and health topics
- Centre based therapeutic feeding program
 - ♦ Anthropometric measurement
 - ♦ Appetite test
 - ♦ Admission and registration
 - ♦ Record keeping
 - ♦ Health and nutrition education session at CNC
 - ♦ RUTF distribution
- Community based follow up and home visit.
- MAM, SAM, PLW Admission & Discharge
- GMP Coverage
- IYCF counseling.
- Cooking demonstration
- Hygienic activities
- Covid-19 precautions message.
- MNP, IFA distribution



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



Achievements



Model Mother Training at Pekua

290 model mothers were trained on Basic Nutrition, IYCF & Hygiene to ensure accessibility to screening and treatment of Acute



CNV Training at Moheshkhali

6926 Pregnant & Lactating Mothers were screened by CNVs/month



PLW screening at Moheshkhali

9682 MAMs PLWs were referred to the nutrition treatment centre for full screening and 8978 PLW were admitted during this period.

1828 Cooking Demonstration were done



Cooking Demonstration at Moheshkhali

19653 children were screened by CNVs per month. and **753** children with SAM



US Children Screening

A total of **574** SAM & **13534** MAM children were referred to the nutrition treatment centre for full screening

13002 children with MAM were admitted during this period.

2.2

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

Challenges

- Areas were remotely located and hard to reach, due to which we were unable to meet our screening target as some areas couldn't be screened completely.
- Due to covid-19 we couldn't conduct our BCC, Courtyard & school awareness sessions.
- There were some gaps in the overall planning that's why we had to take some spontaneous decisions like joint visits, Coordination meeting.
- Due to COVID-19 situation, we didn't get enough time to implement the program
- Late supply of various nonfood item and formats
- Food distribution time at CNC after 2 pm decided by UHFPO

Lessons learned

- All quarterly stakeholders meeting should be arranged at the beginning of quarter.
- The requisition for food and non-food items should be provided at least 15 days ahead.
- EPI counseling is very important to disseminate information among target groups within a short time.

- Motivation may also play an important role to make people more active in doing job.
- Community mobilization has reduced the number of absentees and defaulters.
- Regular communication and meeting with govt. Health service providers can ease our access to Health facilities.
- Regular training needed for CNV/CNWs.
- Model Mothers helped in referring beneficiaries and following them up.
- Regular refresher's training increased staff capacity running field level activity.
- Screening at EPI centers increased relationship with Govt. Staff and they can cover larger extent of community.
- Regular quarterly stakeholder meeting helps to implement the program smoothly.
- Donor visits and their feedbacks contributed to running the program smoothly.
- Proper planning and setting up the target for all staff and volunteers in the beginning of the year.
- Utilization of online platform would be effective in emergency.



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

- Increase program coverage.
- Find children with SAM.
- Find children with MAM.
- Find acutely malnourished PLW.
- Follow up children who have may be absent or defaulted and continuous screening.
- Understand reasons for absence and default so that they can be addressed.
- Promote strong links between prevention and treatment so that the underlying causes can also be addressed.
- Reduce SAM & MAM cases.

Funding Agency

- UNHCR

Target Groups

- Under 5 children
- Pregnant and Lactating Women

Beneficiary Coverage

- In Care Under 5 children: 6,926
(In OTP: 128, TSFP: 1,819, and BSFP: 4,979)
- In Care Pregnant and Lactating Women: 1,945
(In TSFP: 100, and BSFP 1,845)
- Over 5 SAM beneficiaries: 11

Project Area

Camp 4 in Ukhiya upazila, Raja Palong union.
GPS Coordinates:
Site 1: 21.213310; 92.143900
Site 2: 21.204182; 92.143526

Major Activities

- Identify malnourished Pregnant and lactating women through screening.
- Identify SAM with complication and without complication through screening.
- Identify Moderate Acute Malnourished (MAM) children through screening.
- Admit them in OTP/SFP and provide therapeutic/supplementary foods.
- Follow up children who have may be absent or defaulted and those who have problems.
- Understand reasons for absence and default so that they can be addressed.
- CMAMI activities will help to prevent malnutrition among nutritionally vulnerable mother and child under 6 months of age.
- IYCF will break the intergenerational cycle of malnutrition through preventive approach.
- Promote strong links between prevention and treatment so that the underlying causes can also be addressed.
- Creating MtMSG and Adolescent forum.
- Providing IFA to Adolescent and PLW.



Rohingya Children watching information festoons



Vitamin A Campaign

2.3

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

Achievements

- 2,152 HH (6-59 months child) and 971 HH (PLW).
- 20,507 children screened at community by outreach (No Screening in April & May due to COVID-19).
- 3,193 PLW screened at community by outreach (No Screening in April & May due to COVID-19).
- 99 OTP child cured from center.
- 11 OTP over 5 cured from center.
- 386 TSFP child got care at center.
- 6,044 BSFP child reached.
- 16,784 BSFP child registered on GMP.
- 111 TSFP PLW cured from center.
- 1,747 BSFP PLW reached.
- 191 IYCF Group session at center (No session in April, May and June due to COVID-19).
- 355 (6-23 months) 1v1 counselling on IYCF at center (No session in April, May and June due to COVID-19).
- 37 (PLW) 1v1 counselling on IYCF at center (No session in April, May and June due to COVID-19).
- 17 CMAMI screening at center (Activity started in May).
- 5 CMAMI admission at center (Activity started in May).
- 573 MLM (Mother Lead MUAC) training at center (Started outreach activity by mothers in April due to COVID 19).
- 6,033 Vitamin-A supplementations on Round 1 at center.
- 18,689 IYCF message at community outreach at center.
- 17 Cooking Demonstration conducted at community.
- 2 Community Dialogue Session.
- 1,785 PLW received Micronutrient supplementation (IFA).



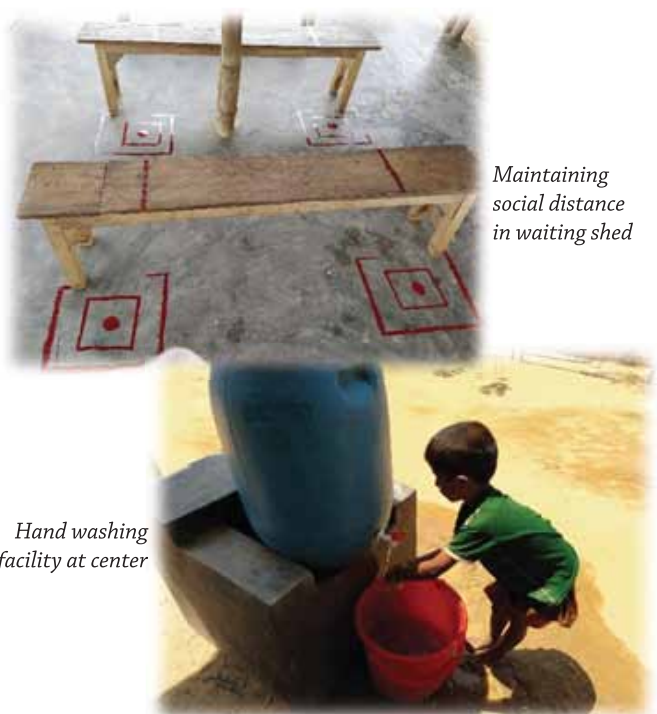
Vitamin A campaign at camps

Challenges

- MASS screening had to be done within a week.
- Completion of VAS and screening in this pandemic.
- Due to Covid-19 we can't run integrated program fully.
- Proper home visit or follow up were challenging and risky for being exposed to COVID-19
- It's very hard to create awareness, motivate, and making habits about hand washing due to this pandemic (COVID-19) situation.
- During Monsoon, it's very hard to run operations due to heavy rain and excessive heat.

Lessons learned

- Regular communication and meeting with govt. health service providers can ease access to the health facilities.
- Donor visits and their feedbacks contributed to running the program smoothly.
- Proper planning and setting up the targets in the beginning of the year benefit to implement the field level tasks adequately.
- Using online platform was more convenient to do the official work.



Maintaining social distance in waiting shed

Hand washing facility at center

Integrated Malnutrition Treatment and Prevention Program



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

- Increase program coverage.
- Find children with SAM and MAM.
- Find acutely malnourished PLW.
- Follow up children who have may be absent or defaulted and continuous screening.
- Understand reasons for absence and default so that they can be addressed.
- Promote strong links between prevention and treatment so that the underlying causes can also be addressed.
- Reduce SAM & MAM cases.

Funding Agency

- WFP
- UNICEF

Target Groups

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

Beneficiary Coverage

- In Care Under 5 children: 24,480
(In OTP: 429, TSFP: 2,504 and BSFP: 2,1547)
- In Care Pregnant and Lactating Women: 1,945
- Over 5 SAM beneficiaries: 1

Project Area

Camp	Site	Latitude	Longitude
Camp 5	Camp 5 INF	21.20361	92.14888
Camp 6	Camp 6 INF	21.20592	92.15771
Camp 8W	Site 1	21.19583	92.14916
	Site 2	21.19694	92.15305
Camp 10	Site1	21.18776	92.15256
	Site 2	21.19138	92.15194

Major Activities

- Identify malnourished Pregnant and lactating women through screening.
- Identify SAM & MAM with complication and without complication through screening.
- Admit them in OTP/SFP and provide therapeutic/supplementary foods.
- Follow up children who have may be absent or defaulted and those who have problems.
- CMAMI activities will help to prevent malnutrition among nutritionally vulnerable mother and child under 6 months of aged.
- IYCF will break the intergenerational cycle of malnutrition through preventive approach.
- Promote strong links between prevention and treatment so that the underlying causes can also be addressed.
- Creating MtMSG and Adolescent forum.
- Providing IFA to Adolescent and PLW.



Nutritional Support at Rohingya Camp

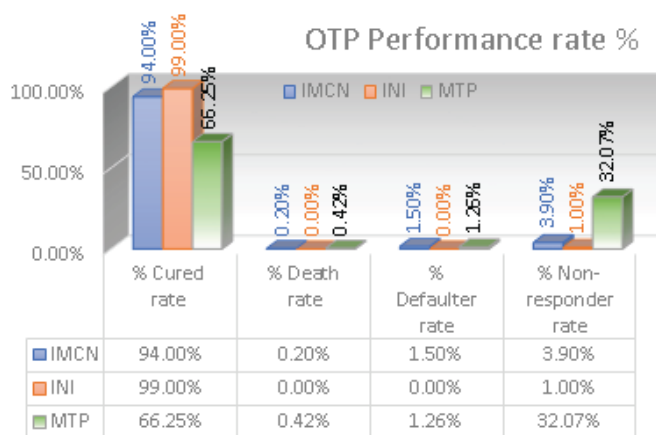
2.4

Integrated Malnutrition Treatment and Prevention Program

Achievements

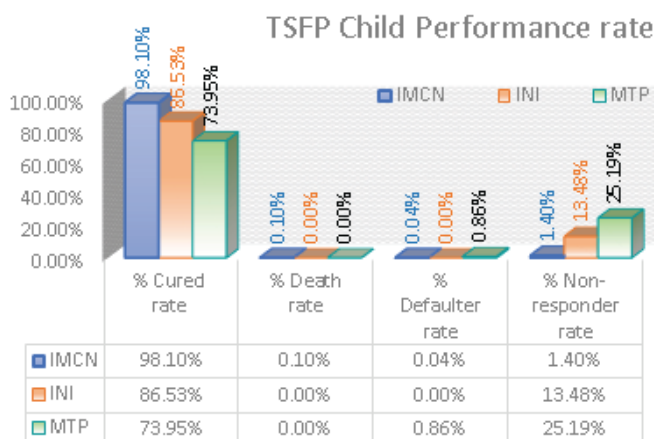
- 16,151 HH (6-59 months child) and 11,879 HH (PLW).
- 17,846 (per month) children screened at community by outreach (No Screening in April and May due to COVID-19).
- 2,036 (per month) PLW screened at community by outreach (No Screening in April and May due to COVID-19).
- 316 OTP child cured from center.
- 459 OTP over 5 cured from center.
- 772 TSFP child got care at center.
- 22,321 BSFP child reached.
- 54,805 BSFP child registered on GMP.
- 557 TSFP PLW cured from center.
- 2,789 BSFP PLW reached.
- 818 (6-23 months) 1x1 counselling on IYCF at center (No session in April, May and June due to COVID-19).
- 1,888 MLM (Mother Led MUAC) training at center (Started outreach activity by mothers in April due to COVID 19).
- 21,934 Vitamin-A supplementations on Round 1 at center.
- 72,442 IYCF message at community outreach at center.
- 4,949 attended Cooking Demonstration conducted at community.

Performance Rate of IMCN, INI and MTP project



OTP Performance rate of IMCN, INI & MTP Project

OTP Performance rate for severely acute malnourished (SAM) children has been shown in the graph beside. 4. Cured rate of IMCN, INI and MTP project is respectively 94%, 99%, 66.25%, Death rate is 0.42% only for MTP project, rest are almost nil. Defaulter rate is around 1.5% for IMCN, nil for INI and 1.26 for MTP. 32.07% of MTP didn't respond after our intervention rest are very negligible i.e. 3.9% for IMCN & 1% for INI project.

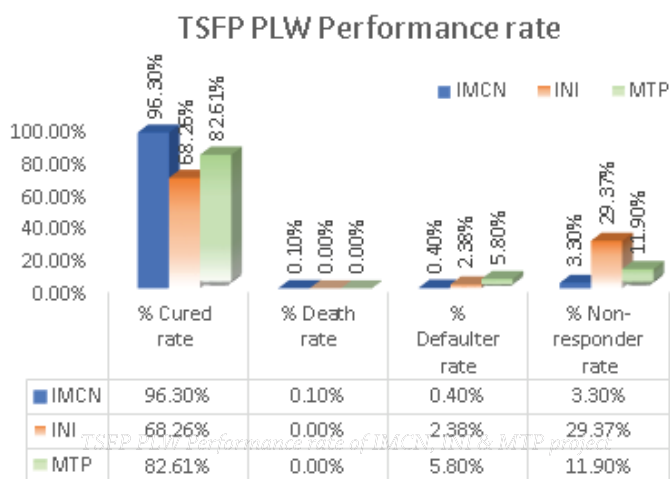


TSFP Child Performance rate of IMCN, INI & MTP project

TSFP Child Performance rate for moderately acute malnourished (MAM) children has been shown in the graph beside. Cured rate of IMCN, INI and MTP project is respectively 98.1%, 86.53% and 73.95%. Death rate is 0.1% only for IMCN project, rest are nil. Defaulter rate is 0.86% only for MTP and rest are nil. Non responder rate is 1.40%, 13.48% & 25.19% respectively for IMCN, INI, MTP.

Integrated Malnutrition Treatment and Prevention Program

2.4



TSPF Child Performance rate for moderately acute malnourished (MAM) children has been shown in the graph beside. Cured rate of IMCN, INI and MTP project is respectively 96.3 %, 68.26% & 82.61%. Death rate is 0.1% only for IMCN project, rest are nil. Defaulter rate is 0.40% only for MTP and rest are 2.36% and 5.80% for INI and MTP respectively. Non responder rate is 3.3%, 29.37% and 11.90% respectively for IMCN, INI, MTP.

Challenges

- COVID-19 situation was the major challenge
- During Monsoon, it is very hard to operate properly due to heavy rain and excessive hot weather.

Lessons learned

- Regular communication and meeting with govt. health service providers can ease our access to Health facilities.
- Online platform was handy to do the official tasks in emergencies like COVID-19.

Success Story of Zohra - An Elderly Foster Mom

Zohra Begum and Bosir Ahmed had 7 children. On 1st August 2019, this couple adopted a baby girl, who was born on that day. They named her Jannat Ara. Her mother died just after her birth and father had died few days later. There were no relatives to bring her up. When Zohra heard the news from some neighbors, she went there quickly as she was very interested to adopt a baby girl, because she always missed all her daughters who were married off. So she adopted baby Jannat. From then on, Jannat was breastfed by several persons like Zohra's daughter, Zohra's daughter-in-law and few relatives from neighborhood. But it was not always possible for them to breastfeed her all the time. So sometimes they fed powder milk to Jannat which they got as ration. SARPV's volunteer found Zohra and suggested her to enrol with IYCF to know about appropriate complementary feeding practices.

Zohra came to our center when Jannat was 1 year old, weak and unhealthy. After analyzing Jannat's condition, Zohra was given regular counseling on appropriate complementary feeding practices and how to feed Jannat properly. Zohra started feeding Jannat following the instructions. Day-by-day Jannat's health status improved. She became healthier within 3 months of admission. Now she is very healthy and cheerful. Her mother Zohra is also.



Jannat with Zohra during first visit to SARPV Centers



Jannat with Zohra after getting assistance from SARPV



Micro Finance & Small Enterprise Development

Geographical Coverage

Division: Chattogram
 Districts: Chattogram, Cox's Bazar and Bandarban
 Upazila: Chakaria, Pekua, Lama, Lohagora, Satkania and Chandanaish
 Villages: 428

Program Objectives

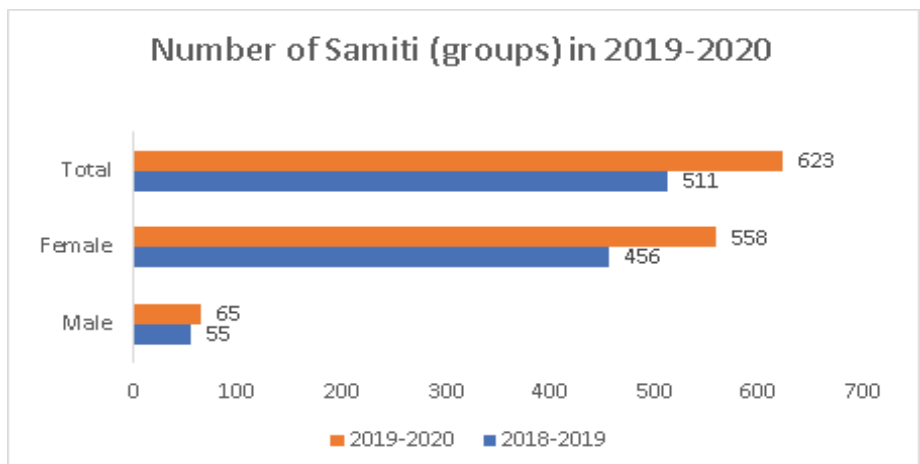
- To reduce poverty.
- To enhance the capacities of people in the area of money management
- To elevate socioeconomic condition of vulnerable groups especially women and PwDs.
- To develop entrepreneurship at community level.

Contribution to SDG

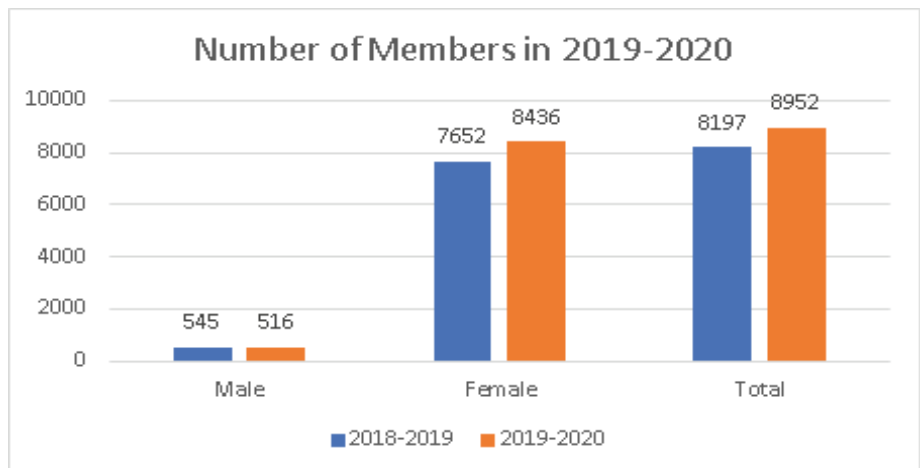


SARPV believes that every single person regardless sex, ethnicity, disability is potential resources for development. Contextualizing the economic condition and availability of resources specially for PwDs, this organization started this program in 2006 as a component of community-based rehabilitation 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).

2019-2020 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.

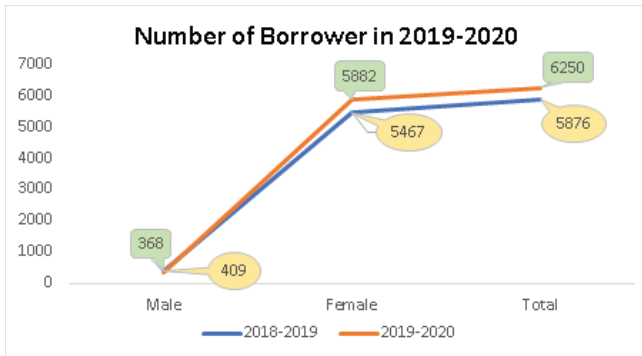


Compared with 2018-2019 fiscal year, total number of groups increased by 112 in 2019-2020. Out of 112, male groups increased by 10 and female groups by 102.

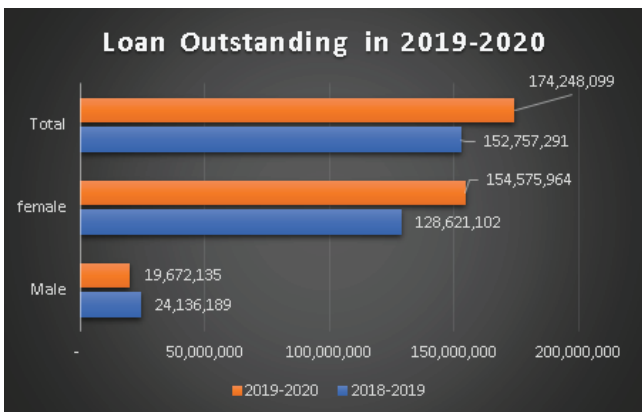


Change in number of members between last two fiscal years was moderate. Total growth was 755 (784 female members were added while 29 male members were excluded).

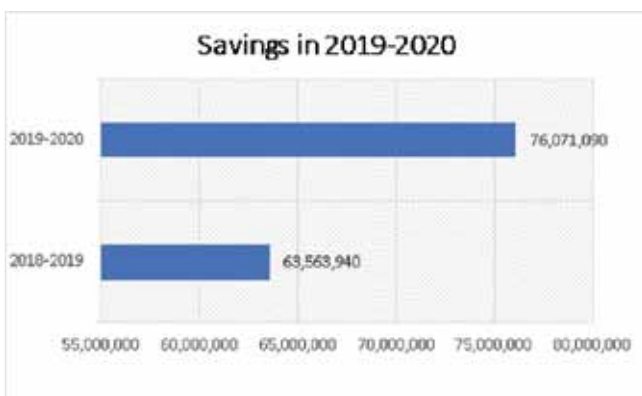
Micro Finance & Small Enterprise Development



Because of COVID-19, the increase of borrowers in last year was too little i.e. 374.

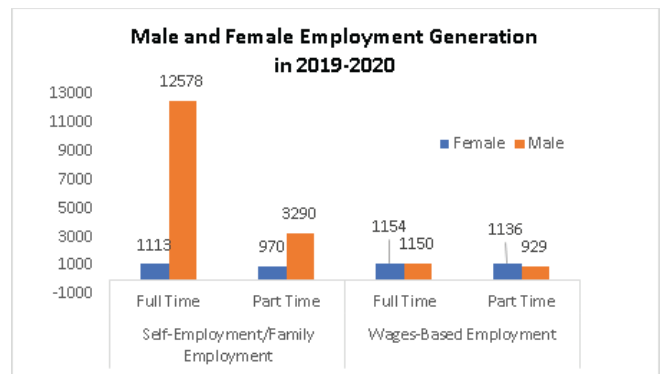
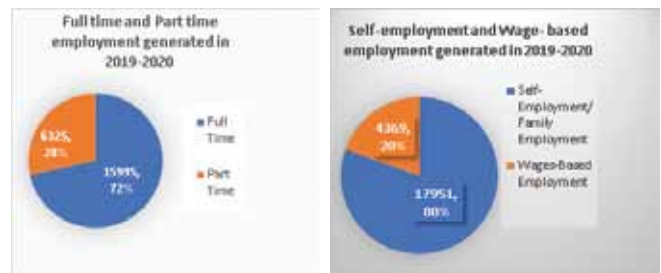


Following the growth pattern of previous year, total loan outstanding increased this year as well with PKSF's financial assistance and operational support. The total outstanding increased by BDT 2,14,90,808 in last year, total amount being BDT 17,42,48,099.



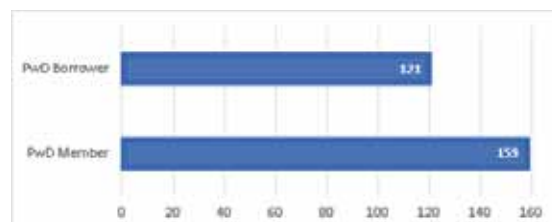
Last year total savings amount of the members turned to BDT 760,71,090 from BDT 63,563,940.

Employment Generation through this Program

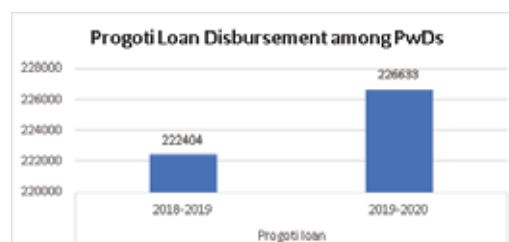


Last year total 22,320 jobs were created through this program. 15,995 got Full-time employment, and rest 6,325 got part-time employment. Out of full-time employees, 86% are male and 14% female and out of part-time employees, 67% are male and 33% female.

PwD Coverage through this Program



Total 159 PwDs were members out of which 121 are direct borrowers. The most important thing is, compared with others, the PwDs are more trustworthy and responsible.



3

Micro Finance & Small Enterprise Development

Scholarship from PKSF



Scholarship distribution ceremony



Scholarship Recipients

23 students (14 HSC 1st year and 9 HSC 2nd year) from low income families got scholarship from PKSF in 2019-20.

Success Story of Mridul Sushil



Mridul Sushil, a resident of Palakata of Chiringa union under Chakaria Upazilla of Cox's Bazar (Lat: 21.44.20.3; Long: 92.04.12.7) is a person with physical disability. He has been one of the members of SARPV Microfinance since 2013. He started his small medicine shop with minimum capital and gradually expanded it. During his business expansion he required capital support and SARPV provided him special loan product "Progoti", a special loan for PwDs. Lately, he borrowed 40,000 Taka and he is repaying all the installments on time. According to him, "SARPV trusted me as a potential human being rather than a burden for the society. Only because of SARPV, most of the people with disability of our area are getting social access and economic opportunity to prove themselves."

Inclusive Education

4

Project under this Program

1. Inclusive School for Disabled and non-disabled Children-Prodipaloy

Geographical Coverage

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 taking oath



4.1

Inclusive School for Disabled and non-disabled Children - Prodipaloy

Goal

Quality Primary Education for all

Funding Agency

AEM-France

Project Area

Chakaria Upazila of Cox's Bazar District

Objectives

- Ensure inclusive Primary Education
- Ensure Education for School dropped out children
- Make all the school accessible for the disable children
- Ensure quality basic Education and ECCD

Target Groups

Children with and without Disability

Current Status

Total Students: 155

SwD: 12 (8% of Total)

Boys : Girls = 80 : 75 = 48.4% : 51.6%

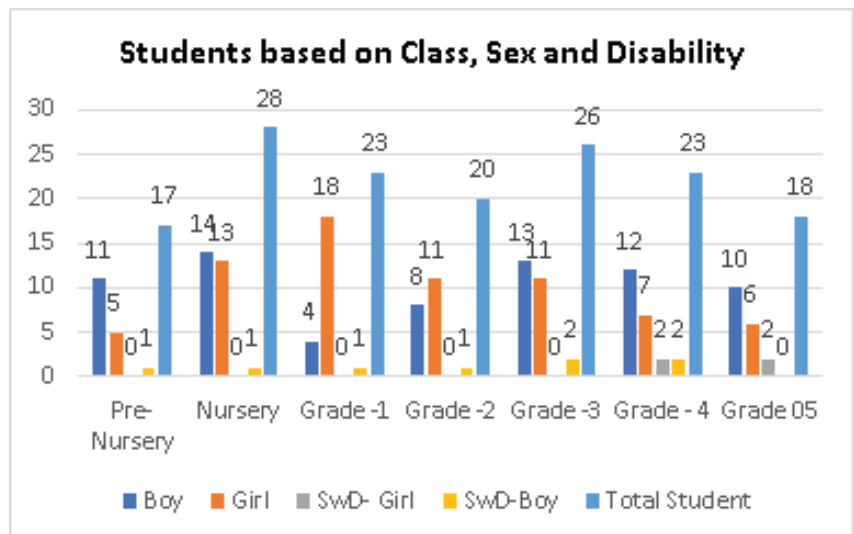
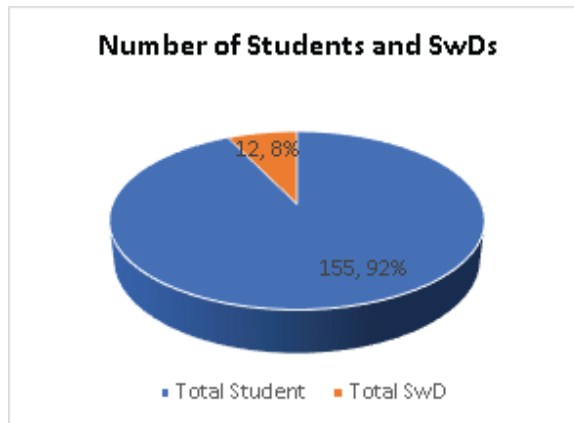
SwD Boys : SwD Girls = 8 : 4 = 67% : 33%

Major Activities

- Day observation
- Home visit
- Emergency Relief Distribution

Achievements

- 100% passing rate in PEC examination. attendance award for PP Students
- Provided emergency relief to 250 COVID-19 affected families.



UNO of Chakaria distributing Relief items among the families

Mainstreaming Disability



This initiative aims to influence policies and practices affecting disabled people, by developing more inclusive communication and promoting rights-based approaches that take into account the needs and opinions of grassroots disabled people. Rights based approach ‘implies a right to self-representation’ in recognition that the needs and viewpoints of disabled people are best communicated by disabled people themselves. Disabled people 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: development of democratic, representative disability movements, advocacy which upholds human rights and pluralistic media which portrays accurately grassroots perspectives on disability and effectively questions government policies. The initiative works with partner organizations to promote inclusive communication by disabled people’s organizations. People and audience centered inclusive communication can empower individuals and communities to analyse their situation and reach consensus on how change can occur. Capacity building also takes place with partners according to identified needs in order that they can participate fully and gain maximum benefit from the approach.

Communication within communities and societies often excludes disabled people. Their experiences and images are not portrayed in the national or local media, or portrayed in a way, which continues the stigmatization and isolation of people with disabilities. As a result, their rights and needs remain unrecognized. People with disabilities including women and girls from uneducated and poorer families at the grassroots level face marked discrimination. It is important to ensure that Disabled People’s Organizations represent those at the grassroots, and include their voices in advocacy, and policy formation. DPOs and NGOs are key brokers of communication between the people they represent and the decision makers.

Recently SARPV has started raising its voice for those who are severely disabled and not capable to work and even for the senior citizens.

Challenges

Committed and dedicated groups are rare as oftentimes the voice is raised with donors’ supports and when the donor support is stopped, the voice also gets lost.

Lessons Learned

Developing self-help groups is needed to involve in the manifesto the political parties so that in absence of the foreign and donor support this party can carry out this humanitarian voice for the people those who are being excluded from the mainstream of the community.

Geographical Coverage

Dhaka and Cox’s Bazar District

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



5

Mainstreaming Disability

Events for Mainstreaming Disability at field level



Climate Change, Disaster and Disability Management / Emergency Management



Project under this Program

1. Special Support for Host community (SSHC) during Covid-19

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



79% face difficulties or cannot evacuate during a disaster

Accessibility saves lives

Countries with accessibility standards or guidelines



Convention on the Rights of Persons with Disabilities

Article 9 requires States to ensure equal access to facilities and services

Source: Department of Economic and Social Affairs, United Nations

Project 1

6.1

Special Support for Host community (SSHC) during Covid-19

Goal

Minimize the adverse impact of Covid-19 on the low-income households at Cox's Bazar under the direction of the Honorable Prime Minister Sheikh Hasina to development partners to support the local people. Considering the situation WFP initiated SSHC project that has been implemented by SARPV.

Purpose

- Provide food and cash support to meet immediate food crisis triggered by Covid-19

Geographical Coverage

Chakaria & Pekua Upazilla under Cox's Bazar District

Target Groups

- Low-income families

Beneficiary Coverage

22,000 low-income families:

- 16,500 HH at Chakaria
- 5,500 HH at Pekua

Activities

- Conduct assessment
- Prepare, Screen and Finalize Beneficiary List
- Ensure security Measures
- Distribute Commodities: 60 kg good quality rice, 5 kg of high energy biscuits (in Chakaria only) and 4500 Taka to each family

Challenges

- Ensuring appropriate safety for Covid-19 during project implementation.
- Managing vehicles for food transport on time during lock down.
- Carrying large amount of money from bank to distribution points.
- Nepotism during beneficiary selection by the political leaders.
- Hazardous weather during distribution.

Lessons Learned

- Beneficiary list that has been prepared by local political person, must have to revalidate before finalizing.
- Involvement of local influential person along with local administration ensures the social security.

Renewable Energy



Projects under this Program



Geographical Coverage

Rangpur and Chattogram Division.

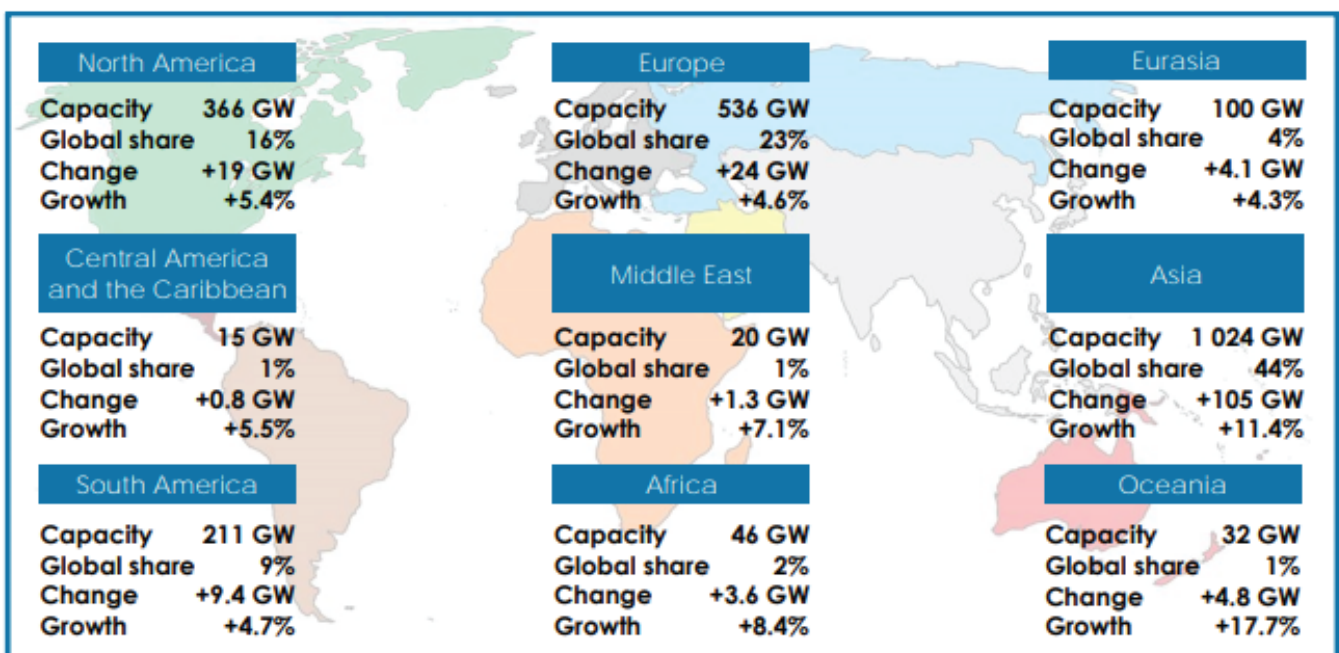
Program Objectives

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

Contribution to SDG



Renewable generation capacity at the regional level



Source: The International Renewable Energy Agency (IRENA)

Project 1

7.1

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

Geographical Coverage

Banshkhali upazila of Chottogram district; Chakaria, Moheshkhali, Pekua, Ramu, Cox's Bazar Sadar, Ukhiya upazilas of Cox's Bazar District

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

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

Total 8058 ICS were installed in last year among which 3267 were Portable, 1791 were Single Burner and 3000 Double Burner. the comparison of last two years is stated below:

District	Upazila	Portable		Single mouth		Double Mouth		Total	
		2019	2020	2019	2020	2019	2020	2019	2020
Bandarban	Lama	1894	3207	2	427	0	0	1896	3634
Chattogram	Banskhali	1467	0	87	0	2	0	1556	0
	Lohagara	4	2	272	94	0	0	276	96
Cox's bazar	Chakaria	2741	57	294	1200	11	0	3046	1257
	Cox's Bazar Sadar	7	2	413	26	3	0	423	28
	Ramu	0	0	32	43	1	0	33	43
	Moheshkhali	112	0	0	0	0	0	112	0
	Pekuya	17	0	0	0	0	2000	17	2000
	Ukhiya	1	0	0	0	0	0	1	0
	Teknaf	0	0	0	0	0	1000	0	1000
Total		6243	3268	1100	1790	17	3000	7360	8058

Improved Cook Stoves (ICS)

7.1

Challenges

- Covid-19 was the greatest challenge last year.
- Lack of adequate financial support to execute the activities at field level.
- Scarcity of raw material for ICS production.
- Lack of transportation facilities due to Covid-19 and heavy rainfall
- Lack of awareness on the health hazard results from smoke
- Lack of institutional facility to train the employees.

Lessons Learned

- Preparing a backup plan helps to overcome any immediate difficulties.
- Contextualizing the situation make the activities easier to perform.
- Involvement of community leaders gives easy access to any community.
- Mass people are unaware of the health hazard results from smoke.
- Staff capacity needs to be developed by training.
- Involvement of Local government and general physician can improve the users' awareness.



Kitchen with traditional stove



Kitchen with ICS

Project 2

7.2

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 every 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

Promoting renewable energy

Objectives

- Save the environment, especially from soil & water pollution and fight deforestation
- Utilize low-cost technology to encourage a circular economy
- Reduce dependency on fossil fuel, fuel wood, 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 we can 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

- 26 Biogas plants were installed in Chattogram and Cox's Bazar districts.

Challenges

- Covid-19 was the greatest challenge last year.
- Price of Plant is higher, thus hard to afford.
- 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.

Lessons Learned

- Proper beneficiary selection can reduce overdues.
- Beneficiaries purchasing loan-based plant should have some security .
- To avoid flooding biogas plant must be constructed on high land.
- Providing specialized loan support for cow rearing can decrease the number of cows sold.
- Contextualizing the situation can make the activities easier to perform.
- Involvement of community leaders gives easy access to any community.
- Staff capacity needs to be developed by training.
- Involvement of Local government and general physician can improve the user's awareness.



Mixing Device of Biogas plant

Solar Irrigation

7.3

SARPV started Solar Irrigation at the end of 2017 initially in Dinajpur District as an Implementing partner of IDCOL. Within this time SARPV already constructed 6 pumps in Dinajpur district and more pumps are under construction. These pumps are environment friendly which reduce use of fossil fuel and electricity consumption. Using this pumps SARPV is contributing along with IDCOL to reduce emission of Carbon dioxide for 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

Bochaganj, Birganj & Kaharol Upazilla of Dinajpur district.

Major Activities

- Farmers Training
- Staff Training
- Courtyard meeting

Achievement

Total 22 solar pumps were installed at following places:

Sl.	Village	Upazilla
01	Kalir Hat Kandor	Birganj
02	Rangao Poschim Kandor	Birganj
03	Kajol	Birganj
04	Gogonpur Purbo Kandor	Biral
05	Shohogram Dokkhin Kandor	Biral
06	Bogaibil Kandor	Biral
07	Sonora Uttar Kandor	Biral
08	Tetultolar Kandor	Biral
09	Lakkhir Kandor	Bochaganj
10	Lakhipur Kandor	Kaharole
11	Prohoria Purbo Kandor	Kaharole
12	Saptia Kandor	Kaharole
13	Sabramtolar Kandor	Kaharole
14	Dohonda Uttar Kandor	Kaharole
15	Dohonda Purbo Kandor	Kaharole
16	Hortukir Kandor	Kaharole
17	Isanpur Purbo Kandor	Kaharole
18	Diyarir Kandor	Kaharole
19	Maklafata Kandor	Kaharole
20	Singra Bill	Kaharole
21	Kustri	Kaharole
22	Dokkhin Mohespur Kandor	Kaharole

Solar Irrigation pump

Outcome

- Solar irrigation is now a proven technology and accepted by farmers.
- Local capacity has developed to support the demand created by IDCOL.
- Pump price has reduced considerably, making SIP financially more viable.
- Alternative use of solar energy during idle hours of pumps has been identified.
- Smaller capacity pumps may also be installed targeting farmers with more lands/diesel pump operators.

Challenges

- Excessive fog In January interrupts the solar panel to generate power from sunlight.
- Price of irrigation water should be lesser than diesel driven shallow pump.
- Farmers become unwilling to pay the bill after harvesting.
- During Heavy rainfall reduces the irrigation water demand and the revenue collection.

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.
- Awareness training enriches the knowledge of community.
- Involvement of local government, influential person can sensitize the community.



Program 8

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 three SARPV Training Centers (STCs) in Cox's Bazar and Gazipur, which are also made available on rent to other organizations.

Major Activities

Training in 2019-2020		
Name of Program	No. Training	No. of Beneficiary
Health and Nutrition	8	210
Rights, Advocacy and Networking	5	143
Renewable Energy	255	7562
Total	268	7915

SARPV Training Centers (STC)

STC Chakaria, Cox's Bazar

STC Moheshkhali, Cox's Bazar

STC Kapasia, Gazipur

STC Chakaria, Cox's Bazar

8.1

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.



8.2

STC Moheshkhali, Cox's Bazar

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



STC Kapasia, Gazipur

8.3

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.



9

Balance Sheet



SOCIAL ASSISTANCE & REHABILITATION FOR THE PHYSICALLY VULNERABLE
Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV)
 Consolidated Statement of Financial Position
 As at 30 June 2020

Particulars	Notes	Amount in Tk.	
		30-Jun-20	30-Jun-19
ASSET			
Non-Current Asset			
Property, Plant & Equipment	4.00	64,145,197	65,989,217
Sub Total A		64,145,197	65,989,217
Current Asset			
Loan Outstanding	5.00	173,963,279	152,472,475
FDR & Security Deposit	6.00	14,953,615	10,357,634
Advance	7.00	2,257,933	1,507,791
Saving Account	8.00	11,948	11,948
Account Receivable	9.00	1,617,458	1,252,007
Stock & Store	10.00	64,932	22,211
Cash & Cash Equivalents	11.00	25,749,643	23,171,958
Accrual Account	20.00	-	3,874,656
Sub Total B		218,618,808	192,670,680
Total Assets (A+B)		282,764,005	258,659,897
FUND & LIABILITIES:			
Fund Account	12.00	65,266,126	56,215,838
Sub-Total A		65,266,126	56,215,838
Current liabilities:			
Member Savings	13.00	78,258,427	65,405,699
Payable & Other Liabilities	14.00	15,090,499	13,083,714
Insurance Fund	15.00	5,873,075	5,873,075
Revaluation Reserve	16.00	49,909,412	49,909,412
Loan Loss Reserve	17.00	5,219,823	5,301,851
Loan Account	18.00	47,891,069	53,771,121
Head/Field office Current Account	19.00	5,337,480	3,898,720
Accrual Account	20.00	-	-
Member Welfare Fund	21.00	6,297,134	4,209,662
Security Money	22.00	80,000	80,000
Staff Security Fund	23.00	989,334	805,634
Contingency Fund	24.00	147,881	105,171
Donation -Conditional	25.00	275,000	-
Interest Provision on SPS	26.00	2,128,745	-
Sub Total B		217,497,879	202,444,059
Total Fund and Liabilities (A+B)		282,764,005	258,659,897

The annexed notes form an integral part of these financial statements.


 Abdur Rahman Shah
 Finance Secretary


 Md. Shahidul Haque
 Chief Executive

Signed in terms of our report of even date annexed.


 Mahfel Huq & Co.
 Chartered Accountants

Date: 13 October 2020

*Rights, Advocacy & Networking
Health & Nutrition Inclusive
Education Micro Finance & Small
Enterprise Development Climate
Change Disaster and Disability
Management/ Emergency
Management Renewable
Energy Training and
Skill Development*

SARPV

Social Assistance and Rehabilitation for the Physically Vulnerable