

Annual Report-2010



Society Development Agency (SDA)
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Message from Executive Director

The Society Development Agency (SDA), since its formation in 1996, as a self sufficient, nongovernmental, non-profitable, voluntary organization dedicated to promoting and ensuring a better quality of life for the underprivileged people of the country, especially the least advantaged and mother and children, poor and ultra poor, farmers and overall vulnerable people at urban and rural, disaster risk and costal areas. SDA has been working right based approach for human recourses development through participatory various manners.

The SDA has been working in multi-pronged initiative program and cconsidered the situation and problems analysis of Bangladesh. Since 2005 SDA has been implementing successfully 5 year four component in Patuakhali District that are Homestead Food Product Program (HFPP); Maternal, Health and Nutrition (MCHN) Water and Sanitation (WATSAN) and Cyclone preparedness Program (CPP) under Jibon O Jibika project supported by jointly Save the Children-USA, Helen Keller International (HKI), Bangladesh and NGO Forum. The program Initiatives are to improve household food availability, access to quality basic health services and community disaster preparedness, Child rights, education and Protection program, this aims to increase food security and availability and purchasing power as well as gender equality awareness and women leadership and marketing group formation of homestead food products program.

The J-O-J Maternal, Child Health and Nutrition (MCHN) component activities have contributed significantly to prevent malnutrition in children under the age of two. The principal channel of communication is through the 126 Community Health Volunteers (CHVs). The CHVs provide information and educate pregnant women on appropriate reproductive health practices such as ANC, and danger signs during pregnancy. The J-O-J project has been very successful in developing a strong partnership with the GOB Health and FP department of MoH&FW. As a result of J-O-J's partnership effort, satellite clinics and EPI centers now offer their services on the same day and at the same place in the majority of the respective Unions

Access to a clean, protected water supply and appropriate sanitation facilities is part of the foundation of healthy household. J-O-J has used a multi-pronged strategy to increase access to safe water and sanitation. The strategy includes rehabilitating existing tube wells, sinking new tube wells where there are no safe water sources in the vicinity, establishing village sanitation centers, to increase the availability of low cost latrines at the union level, forming village development committees in each ward to carry out water, sanitation and hygiene activities, and using a set of behavioral change communication strategies to raise awareness of the communities on safe water, sanitation and personal hygiene practices

The Child Project Emergency Program implemented through Child Friendly Spaces (CFS) for AILA affected children supported by UNICEF. Adolescent volunteers conducted psychosocial activities to run sessions among the CFS children by utilizing the age specific recreational items, music and cultural tools. The children involved in psychosocial and recreational activities to cope with the post cyclone situation.

Bangladesh has received funds from the second and six round of GFATM for the prevention of HIV/AIDS among young. SDA contributed to prevention of HIV infections in young people, ages 15-24, and thereby help avert a generalized HIV epidemic in Bangladesh.

SDA has large-scale functional relationship and communication with local and National Govt. different department and National and International donors' part and also has organizational good reputation and nice acceptance between the donors and communities.

KM Enayet Hossain
Executive Director

SDA Executive Board

SDA has strong executive board that has been getting time to time appropriate guidance from its executive board for driving the over all SDA activities and management. Since beginning and this has enabled the organization to rise to its present height as a right based approach organization. The Executive Board member who an expert, educated, qualified and an experienced on large scale social services and public administration and they are giving effort to formulate organizational policies and guilds, SDA implementation of all project intervention and in facing all the challenges. The board role has been huge in guiding it along a path of chronological expansion for sustainability of the organization.

For sustaining its status as a premier, SDA has been pursuing the policy of increasing the donor base through extending it's arrive at beyond the livelihood sector, health, child protection was an area of focus in the last year and considerable achievement was made in this sector. The executive board members played very significant roles for achieving those areas.

Thanks and best wishes to the guidance of the executive board and the commitment of all the staff members, SDA forward to a brighter future

Legal Status of SDA

SDA is registered as Non-Government Organization (NGO) under the Department of Social Service Registration number Dhaw-04434 Dated January 27, 1999, Department of Youth Development Patuakhali-247, Sadar-104 Dated November 08, 2003 and Trusty board Registration 531 dated November 11, 2007. Department of NGO Affairs Bureau is under process (Applied).

NETWORKING/CLUSTER:

Sl #	Name of Organization	Nature of activities	Position
01	Child Protection in Emergency (CPIE), district cluster in Patuakhali of unicef	Emergency Preparedness and Response for Child Protection	Co-lead organization, Patuakhali
02	STI/AIDS Network of Bangladesh	Reproductive health HIV/AIDS, STI/STD	Member
03	NEARS- Network for Ensuring Adolescents Reproductive Rights and Services	Adolescents Reproductive health	Member
04	BSAF (Bangladesh Shishu Adhikar Forum)	Establishment of Child Rights (Considering CRC)	Member
05	FCDI (Forum for coastal Development Initiatives)	Establishment of Human Rights in South in Coastal Belt	Founder Secretary and existing now Vice- President
06	BNC (Barisal NGO Coordination)	Local NGOs Association	Executive member
07	Bamashop	Advocacy Program	Member organization
08	DNC-District NGOs coordination	As a lead Organization, SDA buildup coordination with all level NGOs	District level leading NGOs

The Jibon O Jibika (J-O-J) project is multi-pronged initiative to improve food security, access to quality basic health services and disaster preparedness. As the nature of the work requires, we would like to inform that Society Development Agency (SDA) has been the torchbearer in the field of human development in Bangladesh. SDA has been working successfully 5 year four component Homestead Food Product Program (HFPP); Maternal, Health and Nutrition (MCHN) Water and Sanitation (WATSAN) and Cyclone preparedness Program (CPP) under Jibon O Jibika project supported by jointly Save the Children-USA, Helen Keller International (HKI), Bangladesh and NGO Forum in Patuakhali District. Jibon O Jibika (J-O-J) project is a multi-pronged initiative to improve food security, access to quality basic health services, and disaster preparedness. To this end SDA carries out training and technical assistance on homestead gardening, poultry rearing, fishing, nutrition education, water and sanitation, gender equality awareness and women leadership and marketing group formation of homestead food products for project participants.

Improve household food production; Establish Village Model Farm to support homestead gardens and marketing groups; Training local technical specialist; Distribute agriculture inputs; Introduce ultra-poor households to income generation activities under Strategic Objective-1.

Promote community-based management of acute respiratory illness and diarrhea; Growth monitoring and promotion, feeding demonstrations; Support immunization, Vitamin A+ campaigns; Improve the quality of maternal and child health care; promote sanitation through awareness buildings and infrastructure installation; Develop and repair potable water sources; Distribute incentive food ration and BCC under Strategic Objective-2.

Improve community emergency response capacity; Rehabilitate evacuation structures (Cyclone Shelters and Killas); strengthen community-based volunteer networks; Updated/develop emergency contingency plans and resource maps; Pre-position non-food item kits for immediate response and Emergency response and recovery activities after cyclone SIDR under Strategic Objective-3.

The J-O-J project seeks to reduce high level of food insecurity and malnutrition with started goal decreased household food insecurity in the sadar sub district of Patuakhali District. Thus the end line survey data indicated that the J-O-J project had a very positive effect on the beneficiaries in terms of food security and nutrition status. The following changes in food security status are below:

Outcome/Result:

- » Improved household food production practices adopted and utilized
- » Improved marketing practices adopted and utilized
- » Increased knowledge, attitudes and skills in food production
- » Increased knowledge, attitudes towards key marketing practice
- » Improved access to key technical services and inputs
- » Increased adoption of key MCHN practices and utilization of key MCHN service
- » Improved availability of and access to key MCHN services at the community level
- » Improved quality of key MCHN Services
- » Improved community preparedness and response to natural disaster
- » Improved communities capacity to respond to natural disaster
- » Improved access to safe water and sanitation facilities



এসডিএ আয়োজিত ওয়াটসান মেলা-২০১০ দর্শকের একাংশ

The WATSAN

Access to a clean, protected water supply and appropriate sanitation facilities is part of the foundation of healthy household. J-O-J has used a multi-pronged strategy to increase access to safe water and sanitation. The strategy includes rehabilitating existing tube wells, sinking new tube wells where there are no safe water sources in the vicinity, establishing village sanitation centers, to increase the availability of low cost latrines at the union level, forming village development committees in each ward to carry out water, sanitation and hygiene activities, and using a set of behavioral change communication strategies to raise awareness of the communities on safe water, sanitation and personal hygiene practices

The Water and Sanitation (WATSAN) is component of Jibon O Jibika (J-OJ) Project SDA implemented hardware and software activities under the WATSAN part of under J-OJ Project with NGO Forum and Save the Children USA involving twelve Unions of Patuakhali Sadar Upazila from June 2005 to March 2010. SDA established and strengthening Village Development Committee (VDC) and keep-up liaison frequently while implementing the each WATSAN program in the community.



SDA has been working productively the following activities that are popular folk media for WATSAN campaign, WATSAN Fair, Mobile film Show, Observation of National and International day, Courtyard meeting with community female groups, Community meeting with male Groups, Meeting with VDC, School WATSAN Program, Orientation for Religious Leaders, Mosque based discussion, Instillation of deep tub-well, Orientation for caretaker training and distributed tub-well tools for repairing and maintenance, Rehabilitation of nonfunctioning water points, — Motivated to setup new latrine at household, Ring slap distribution, Training for VDC members on arsenic Screening, Union based WATSAN meeting, Orientation for private VSC winners, Installation Deep Tube-well, Installation School Latrine, Rickshaw painting, Setup Bill Board, Wall painting, Installation of Village Sanitation Center and others sensitization activities.



ওয়াটসান মেলায় তৈরীকৃত বিভিন্ন রকম স্বাস্থ্যসম্মত পায়খানার মডেল।

Briefed the software quantities activities in the community:

Sharing meeting with Union WATSAN Committees-12, Formation of Village Development Committees-108 and meeting-2484, Union WATNSA meeting-216, meeting with religious leader-24, Courtyard meeting with female group-6624, Community meeting with male group-2304, Masque based discussion-246, School WATSAN discussion-30, WATSAN based Rally-60, Drama-24, Mic-ing-60, Mobile Film Show-84, WATSANT Fair-5, Day observation national and international, Meeting with representative of local Govt.-36 and PRA-108.

Briefed the hardware quantities activities in the community:

Deep Tube-well (DTW) installed-48, Installed school latrine-01, Rickshaw Painting-80, Setup Bill Board-12, Wall Painting-12, established Village Sanitation Center (VSC)-06, Rehabilitation of inactive tub-well-242 and Arsenic screening-3062.



Capacity Building:

SDA provided different types capacity building training for community beneficiaries and much community people. Training on Arsenic awareness and Mitigation.



The HFPP

SDA implemented the Homestead Food Production Program (HFPP) component of Jibon O Jibika (J-O-J) Project with Helen Keller International (HKI) and Save the Children USA involving eight Unions of Patuakhali Sadar Upazila from June 2005 to March 2010. The targeted beneficiaries of the project are low-income households, as represented by women with children under age two, who are landless or marginally landless. They comprised of 40 Village Model Farmers (VMFs), 2400 women Household Members, 200 Ultra Poor, 200 Small Farmer, 18 Vaccinators and 300 Marketing Groups Members in eight union of Patuakhali Sadar sub-district in the coastal belt of Barisal Division. Sixty HFP households are attached to each VFM, in three groups of 20 members. Each HFP group has a group leader to coordinate activities, organize meetings and liaison with the program staff and the VMF. All planned women's HFP groups were formed and functioning with membership that met the target 2400 household members.



এসডিএ'র উপকারভোগী সদস্য জৈনকাঠী ইউনিয়নের ঠাংগাই গ্রামের সালমা বেগম বাগানে সবজি গাছের পরিচর্যা করছে।

J-O-J promoted year-round vegetable gardening techniques and non-traditional nutrient-rich vegetable varieties such as carrot and yard long beans; provided training on improved poultry management techniques and market information; facilitated the formation of marketing groups to encourage collective marketing and developed poultry vaccinator to crate easy access to vaccination services in the community. HFP participants preserve vegetable seed that are easy to produce. Most household members' establishment gardens in their own small plots. Some buy tree samplings from VMF or other nurseries and depend on market primary for the type of seeds that is difficult to produce at home.

The first step in increasing food arability at the household level is to improve food production. The J-O-J project therefore trains families in Homestead Food Production (HFP), particular in improved gardening techniques and poultry rearing. At the start of the project, only 0.1% of the households had homestead gardens, a figure that increased to 89.4% by the final monitoring round. A majority of families already owned poultry at the start of the project, but even so, this proportion increased over time as well. AS expected, food production has increased with the establishment of gardens and the acquisition of more poultry.



VMF and House Hold members are always sell their productive vegetables by group marketing. -SDA.

Alongside increased food production, the project ultimately aimed to increase food consumption, especially consumption of nutritious and diverse diet. The surveys therefore included a section on dietary recall, in which women were asked about their children over the previous days. Foods were categorized into five groups: animal sources foods, Dark Green Leafy Vegetables (DGLV), pulses, fruits, and vegetables.

The Ultra poor households were targeted in approximately half of the locations where VMFs were established in the intervention. Groups of Ultra-poor were formed with ten members each. Unlike the HFP groups, the ultra-poor groups were organized primarily to facilitate training in how to care for goats, one of their most valuable household assets. The program did a good job identifying the ultra-poor households for goat distribution. The household selected by the program included both chronically food-insecure, destitute household eligible for a safety net and ultra-poor households affected by disaster.

Key Behaviors of HFPP Beneficiaries:

- ▶ Use Quality Seed
- ▶ Increase the diversity of vegetables and fruits in homestead gardens
- ▶ Prepare higher quality organic fertilizer/compost and use it effectively
- ▶ Improved practice of organic pest and disease management
- ▶ Improved poultry shed (space, ventilation, hygienic practice)
- ▶ Improve feeding practices
- ▶ Completely vaccinate poultry bird
- ▶ Practice improved hatching system
- ▶ Increase animal food consumption for children and women
- ▶ Increase regular consumption of vegetable and fruits



Ms. Emily, Program Manager, HKI is visiting SDA 1day chicken rearing unit of beneficiaries.

The MCHN

The J-O-J project's component Maternal, Child Health and Nutrition (MCHN) component activities have contributed significantly to prevent malnutrition in children under the age of two. The Goal of project is ensuring to food security at household level, Health and Nutrition for Pregnant Mother and under 2 years children. MCHN Program is implementing technical supported by Save the Children and financial supported by HKI. MCHN impacts are measured by the changes in the percentage of underweight children under the age of two and the percentage of cases of diarrhea.



The Program team organized its MCHN activities around the Community-Integrated Management of Childhood Illnesses (C-IMCI) framework. Theoretically, C-IMCI is the optimization of a multi-sectoral platform for child health and nutrition that includes three linked requisite elements:

- Element-1: Partnership between health facilities or services and the communities they serve.
- Elements-2: Appropriate and accessible care and information from community based providers
- Elements-3: Integrated promotion of key family practices critical for child health and nutrition.

The principal channel of communication is through the 126 Community Health Volunteers (CHVs). The CHVs provide information and educate pregnant women on appropriate reproductive health practices such as ANC, and danger signs during pregnancy. Pregnant women and mothers also received education on preventative practices such as optimal breastfeeding, immunization, complementary feeding, growth monitoring, and promotion, feeding timely care and treatment, and normal feeding during illness. The CHVs are extremely motivated, have become well respected members of the community and play a vital role in the MCHN program.

The J-O-J project has been very successful in developing a strong partnership with the MoHFW of Bangladesh. As a result of J-O-J's partnership effort, satellite clinics and EPI centers now offer their services on the same day and at the same place in the majority of the respective Unions. This is where ANC check-up are performed and immunization administered. Pregnant women also received iron and vitamin C tablets during these check-ups.

During the combined services health days, CHV organized Growth Monitoring and Promotion (GMP) sessions and courtyard meeting with pregnant women and mothers. SAD implemented this component in the four Unions of Sadar Upazila under Patuakhali District.

Child Protection Emergency Program-CFS

After the hit of "AILA" in the Southern part of Bangladesh, SDA immediately did a rapid assessment and started 5 Child Friendly Spaces (CFS) with their own resources and mobilizes volunteers to conduct recreational and psychosocial activities with children. Otherwise SDA is also in cooperation with Save the Children Alliance in the distributed non-food items in the affected areas and coordinated the distribution of safe drinking water at AILA affected area in Patuakhali District. The relationship and contacts with the local administration is sound and well established. The Deputy Commissioner of Patuakhali District was present at their distributing water point. For this state of affairs, unicef-BCO provided funding support for two months to continue this initiative for Child Friendly Spaces (CFS) Program.



Funding Support from UNICEF for Emergency Responses of CFS

The Child Project Emergency Program implemented through Child Friendly Spaces (CFS) for AILA affected children supported by UNICEF. Total 2000 children covered through 10 Child Friendly Spaces (CFS) at 10 Unions under 4 Upazillas of Patuakhali district. Adolescent volunteers conducted psychosocial activities to run sessions among the CFS children by utilizing the age specific recreational items, music and cultural tools. The children involved in psychosocial and recreational activities to cope with the post cyclone situation.

Regarding Selection of children to implement the program, we have given consideration and importance to much affected, poorest, ultra poor, orphanage and disabled, indigenous child. CFS center started at 9:00 am and ended after lunch every day for the project duration. We have kept a register book and saved information for Children of each CFS center.

Every day distributed hot meal for the children by helping volunteers. They maintained fooding and cooking materials rules and hygiene of food access. SDA established water point for safe water and sanitation facilities at every center for needed of children. The children accommodated by dividing them in groups of 40.

Result of CFS Program

- » Children engaged psychosocial with and recreational activities, bringing normalcy into their lives.
- » Children are protected from violence, abuse and exploitation
- » Children have accessed to basic services such as safe water, food, education and health care
- » Relieved stress from parents to continue their day-to-day work (rebuilding houses, collecting relief etc.) by involving the children in the safe spaces.
- » Drop out children encouraged to come to primary school regularly.
- » They have grown-up the self confidence that how to overcome the crisis stage by receiving learning sessions.
- » Increased nutritional grade of children by providing hot meal in that period



The ESP

Non-Formal Primary Education (NFPE) Program

The numbers of primary schools in rural areas are insufficient to accommodate all children of school going age. One school within a two-mile radius for a densely populated country like Bangladesh is not enough. Also, distance of school and communication problems make it difficult for the children to attend schools, especially the young girls. Parents often feel insecure to send their children to schools. Also, as the children contribute to the family as family labor, they often cannot attend school. The children of poor families cannot attend school due to school timing as it hinders their participation in economic activities.



Realizing these above situations, SDA felt that Bangladesh cannot develop without human development and sustainable human development depends on education. Economics are built not merely through the accumulation of physical capital and human skill but on a foundation of information learning and adoption. To educate the rural dropped and who cannot enroll in the Govt. school, SDA started the Non-Formal Primary Education program in 1994 by the initiative of its committed social organizer, implemented up to date, funded by BRAC.

Non-Formal Primary Education (NFPE)-Education Support Program (ESP) has been implemented at Sadar Upazila of Patuakhali. This education program is implemented between five NFPE schools and distributed all education supporting materials among students. The Non-Formal Primary Education (NFPE) is for poor children between the ages of 8 and 10 years. Eligible children were those who had never enrolled in any school or who had dropped out of the formal schools. Total 30 number students (female-22 & male-8) in each class of SNFPE School. One to three class students had given education support from this school.

The GFATM Project

HIV prevention among High-Risk Population and vulnerable Young People in Bangladesh

Through Strategic Partners:

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

Bangladesh has received funds from the second and six round of GFATM for the prevention of HIV/AIDS among young. The goal of this project is to contribute of the prevention of HIV infections in young people, ages 15-24, and thereby help avert a generalized HIV epidemic in Bangladesh.



The Objective of the 902 package

- » Increasing awareness on STI/HIV
- » Increasing correct knowledge about transmission of STI/HIV
- » Raising the level of perceived self-risk of STI/HIV transmission through unprotected sex
- » Increasing accurate self-risk assessment
- » Increasing symptom recognition of condom STI
- » Increasing treatment and counseling seeking activities
- » Increasing peer education on safer sexual practices among peer group members
- » Increasing correct knowledge of condom use
- » Increasing consistent condom use in all sexual relationship
- » Increasing routine check-up visits by providing referral contacts

From the inception of HIV/AIDS programming in Bangladesh, SDA played a critical role in advocacy, implantation and mobilization. SDA have to continue the vital role of field implementation supported GOB and donors. SDA Peer Educators Volunteers applied to reach people with information about HIV/AIDS and to influence their behavior world be through peers; they are friends, colleagues and neighbors. Identification with peer educators enables individuals to discuss sexual issues with little or no embarrassment. Peer Educators are usually volunteers or low paid staff and may be from a variety of target groups. The ideal peer educator would be respected, charismatic, with good communication skills and interest in self-enhancement. Leadership ability is a particularly important characteristic. Peer Educator should be role models in their communities and he/she is working on peer health education program in the community.



SDA has been working HIV/AIDS prevention program among High-Risk Population and vulnerable Young People in Bangladesh via Life Skill Education (LSE) peer approach with HASAB Consortium (902 package) under the GFATM Project funded by Global Fund. SDA is implementing Life Education Program (Know Yourself-Communication peer approach) among adolescents/young people in Patuakhali District. The focused communication Program and dissemination message and aware of HIV/AIDS and STI to reduce prevalence rate. SDA developed two master trainers and 25 Peer Educators who are implementing this program among young people and distribution of IEC/BCC Materials in the intervention area. Organized gatekeeper meeting with parents and community groups and total 4000 participants awarded about HIV/AIDS in gatekeepers meeting. SDA established a Youth/Adolescent Friendly Corner at SDA office. Youth/Adolescent is giving counseling services visited young people has been gathering every day and receiving knowledge of HIV/AIDS.

Child Protection in Emergency (CPIE) Patuakhali District Cluster Workshop

As part of this process, as initiated by Child Protection Section, UNICEF Bangladesh, a Workshop was held in Dhaka TARC, Savar with selected key actors from National to local level to come up with specific modalities which in turn enabled UNICEF to facilitate another Workshop with key Stakeholders to form a National Cluster on Child Protection in Emergency Cluster. While those processes were executed, a decision was taken to pilot a District level Sub Cluster for which Patuakhali was selected as Pilot District.

