



2019

Annual Report



Daw Thet Thet (left) with her daughter Po Po (right) who is being treated for tuberculosis (see page 13). (Gregg Butensky/Kirana Productions/CPI)

A COVID-19 Response More Than 20 Years in the Making

Dear Friends,

We hope you and your loved ones are safe and well.

We look out on a world viscerally transformed by COVID-19. As countries and communities struggle to cope with loss and disruption, we must reflect on what we have learned and examine how different health systems have responded to protect populations, particularly the most vulnerable.

When COVID-19 arrived in Myanmar and Bangladesh in March 2020, we had profound concerns about the capacity of these fragile health systems to cope. Witnessing the devastating impact of the virus on well-resourced nations heightened our sense of foreboding.

From the outset, it was clear that community-based health capacity would be pivotal in the response effort. Before the first

cases were declared in Myanmar and Bangladesh, Community Partners International (CPI) was already engaged with our network of community partners in detailed emergency planning.

We knew that we needed to get in early and prepare as best we could for what lay ahead. The flexible support we receive from our private donors helped us to get ahead of the curve.

As the virus emerged, our partners had already begun to deploy their response strategy. In Myanmar, we helped stock their community clinics with medicines and supplies. We trained our partners' health workers in COVID-19 response and provided protective equipment to keep them safe.

We helped our partners to establish temperature screening points, quarantine centers, and referral systems to transfer people with symptoms for

testing and care. And we helped them develop messaging and materials to communicate COVID-19 risk and prevention information to their communities.

We have also helped mitigate the economic impacts of COVID-19 by setting up a mask-making initiative that enabled vulnerable households in Myanmar to earn income by sewing cloth face masks. Within a few weeks, they produced tens of thousands of masks for distribution at quarantine centers and through public health campaigns.

In Bangladesh, we mobilized our network of Rohingya Community Health Volunteers to provide the first line of health outreach and support contact tracing in the refugee camps.

We supported efforts to disseminate accurate and timely COVID-19 information to Rohingya refugees via text messages and social media.

And we mobilized our Water, Sanitation and Hygiene volunteer network to construct dozens of hand washing stations at camp entrances and other locations.

While this report focuses on our work in 2019, before COVID-19 became a global crisis, it reveals how the progress that we have made over two decades to empower and strengthen community health systems has underpinned our rapid and decisive response to the COVID-19 pandemic.

The immense generosity and flexibility of our donors around the world is instrumental. Your steadfast support helps CPI and our partners to mobilize rapidly in emergencies and save lives.

We are deeply grateful for your continued commitment.

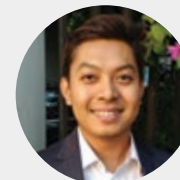
Thank you for being the difference.



Dr. Tom Lee
Founder & Board Chair



Stan Sze
Board President



Dr. Si Thura
Executive Director



Children in a village in Ayeyarwady Region, Myanmar, study their homework by the light of a solar lamp provided by CPI. (Gregg Butensky/Kirana Productions/CPI)

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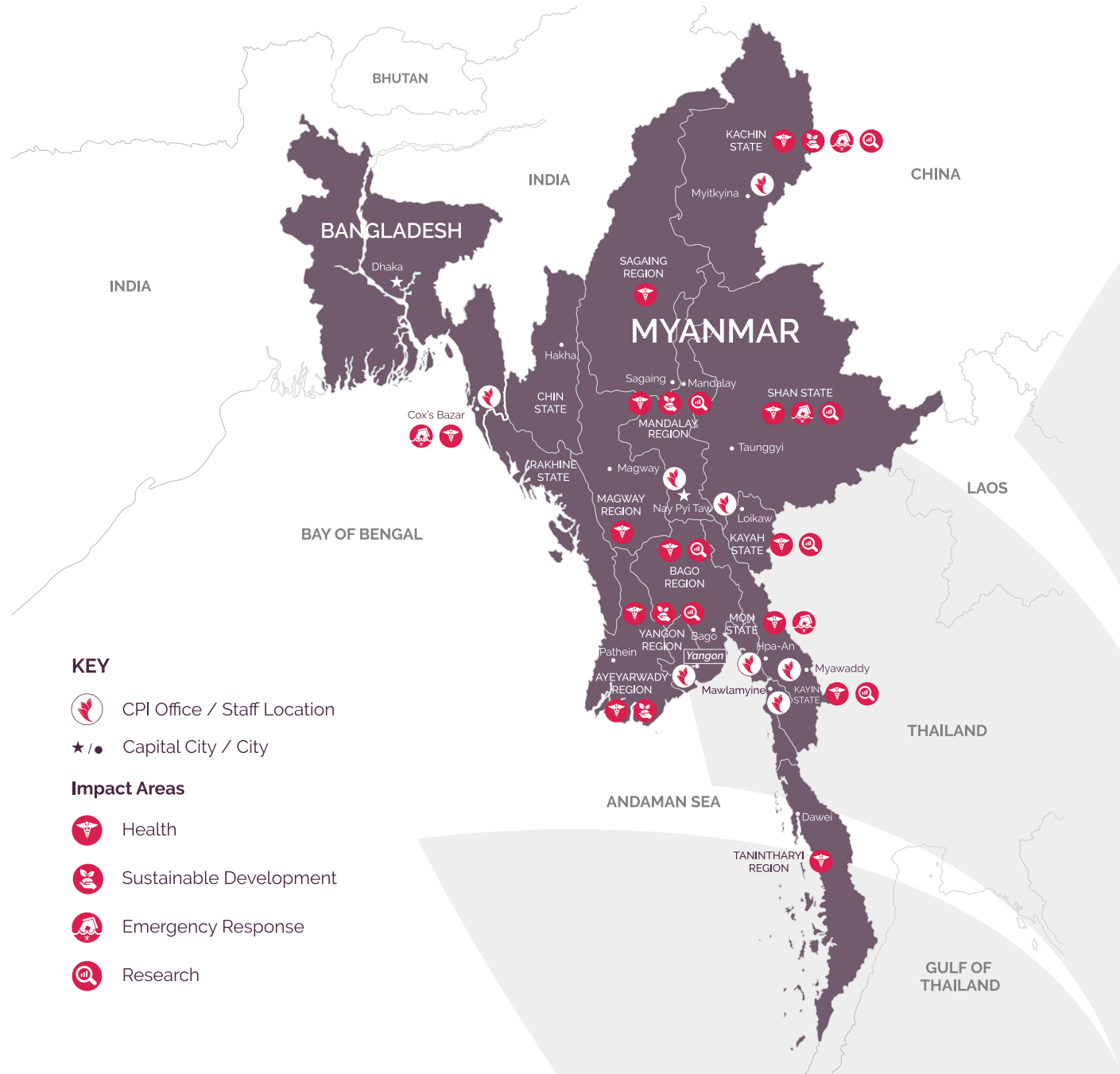
About CPI

Community Partners International (CPI) empowers communities in Asia to meet their essential health, humanitarian and development needs. Founded by U.S. doctors and philanthropists in 1998, we have grown to serve more than 750,000 people each year in Myanmar and Bangladesh.

We focus on communities affected by conflict, violence, and displacement, in remote and hard-to-reach contexts, and marginalized through poverty and exclusion.

Partnership with local communities lies at the heart of our work. We empower communities to develop, own and lead the solutions to their challenges - solutions that are driven by local needs and priorities, designed for the context, and sustainable.

The map to the right summarizes our geographic service coverage in 2019.





Snapshot: 2019 in Numbers

750,000+



women, children and men supported to meet their essential health, humanitarian and development needs including...

316   

community clinics supported to provide essential health services



1,333

community-based health workers supported with training, supplies and equipment



13,976

people living with HIV/AIDS provided with care and support

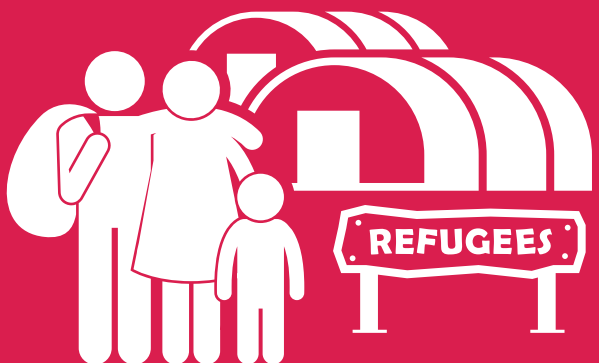


48,144



malaria tests conducted and 1,007 people with confirmed malaria given treatment

150,000+



refugees and internally-displaced persons

 **3,108**

pregnant women supported to access clean, safe births

20,756



newborns and children under five provided with essential health services



2,262

suspected TB cases identified and referred for testing and treatment



21,881

nutrition packages provided to pregnant women and new mothers



CPI COMMUNITY
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INTERNATIONAL

Empower communities.
Transform lives.

A CPI staff member (left) talks with a microloan recipient about her farming project in Ayeyarwady Region, Myanmar. (Gregg Butensky/Kirana Productions/CPI)



Country Report: Myanmar

In 2019, CPI's activities covered 12 of Myanmar's 14 states and regions. With support from private and institutional donors, CPI expanded and deepened impact within the following core areas:

Health

Health remained the most significant area of impact and investment, reflecting CPI's 20-year history helping vulnerable populations to meet their essential health needs.

CPI continued to strengthen and scale up ethnic and community-based health organizations' (ECBHOs) capacity to deliver health services to remote and conflict-affected communities.

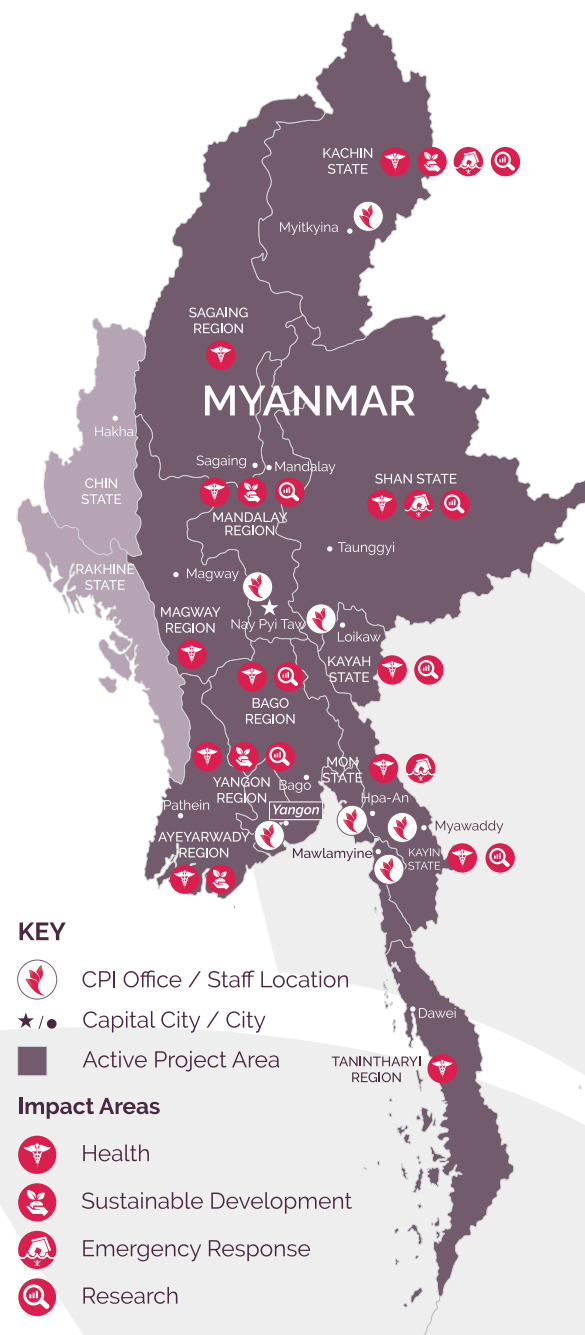
These services include maternal, newborn and child health; sexual and reproductive health; infectious disease prevention and treatment; nutrition; non-

communicable disease prevention and treatment; mental health and immunization.

CPI is working closely with ECBHO counterparts to improve health information, management and data collection systems including patient registration and records, logistics and pharmacy management, and database development.

These inputs will help ECBHOs to develop a deeper, evidence-based understanding of the health needs of the populations that they serve, and better plan, deliver and evaluate services to meet those evolving needs.

CPI is implementing several strategic health projects in Myanmar in partnership with ECBHOs, the Myanmar Ministry of Health and Sports, and international donors. These include the USAID HIV/AIDS Flagship Project, the Primary Health



Care Project of the Swiss Agency for Development and Cooperation, the Better Health Together Project supported by the Access to Health Fund and the UN Population Fund's Women and Girls First Program. In 2019, these projects served almost 500,000 people.

CPI continued to support Myanmar's efforts to attain universal health coverage (UHC) by 2030 and ensure that all people have access to affordable, quality health services. CPI engaged with Myanmar parliamentarians to build understanding of and advocacy for UHC. CPI continued to strengthen and support a national network of civil society organizations (CSOs) in the health sector to become a unified grassroots movement to advance UHC.

As part of this initiative, CPI helped to organize and host the 4th National Forum of Myanmar Health Civil Society in November 2019. More than 350 health CSO delegates and representatives from international and national non-government organizations, donor agencies, and the

Myanmar Ministry of Health and Sports gathered to explore the role and impact of health CSOs in national efforts to attain UHC.

Emergency Response

During 2019, CPI responded to emergencies in several areas of Myanmar to help communities affected by conflict and natural disasters.

With support from the Myanmar Humanitarian Fund, CPI mobilized to provide health care and nutrition to 43,000 people in four townships in Kachin State displaced by conflict.

CPI trained and equipped local partners to deliver an integrated package of health services, distributed essential medicines and equipment, distributed micronutrients to pregnant women and children under five, monitored children for malnutrition and referred those suffering from moderate acute malnutrition for care.

In August 2019, heavy monsoon rains flooded communities in several states and regions of Myanmar and



A schoolchild is tested for malaria during mass screening by CPI-supported mobile health teams in Kayin State, Myanmar. (CPI)



A CPI-supported emergency response team hands out essential supplies to flooded households in Mon State, Myanmar. (Nay Zar Win/CPI)

displaced at least 80,000 people. CPI joined response efforts, providing food and water purification tablets to 625 households in Mon State affected by the flooding.

Sustainable Development

During 2019, CPI partnered with community organizations in Ayeyarwady, Yangon and Mandalay Regions to establish and operate revolving microloan funds. These funds helped women and people living with HIV to start small-scale farming projects to improve their food security and generate income.

In late 2019, CPI launched an artisan business and microfinance initiative in Kachin State to help women in conflict-affected communities to launch and expand small businesses.

Research

CPI's portfolio of research projects in Myanmar continued to grow in partnership with communities, civil society organizations, academic institutions and governments.

CPI led a survey of 2,648 households in 14 townships in Kayah and Kayin States to support the national Maternal and Child Cash Transfer program. The survey collected data on nutrition, infant and young child feeding, and health-seeking behaviors of households to improve nutritional outcomes for children and families.

In March 2019, CPI launched a research study in partnership with the Myanmar Ministry of Social Welfare, Relief and Resettlement to evaluate the feasibility of delivering mental health services through trained voluntary community social workers in Waingmaw Township, Kachin State.

In April 2019, CPI and the Johns Hopkins Bloomberg School of Public Health launched an initiative to establish a Knowledge Broker Group in Myanmar to help fill gaps in health policy research. This initiative will help generate and draw together evidence and promote dialogue between policy makers, researchers and other stakeholders for better health policy development.



Partner Profile:

U Pe Soe Maung

In 2005, U Pe Soe Maung fell seriously ill. He was admitted to hospital and diagnosed as HIV positive. He spent two years in hospital gradually regaining his health. During this period, he saw many of his close friends die from AIDS.

At that time in Myanmar, most people living with HIV (PLHIV) had little or no access to affordable antiretroviral therapy (ART). There was little awareness or understanding of HIV/AIDS.

"When I left hospital, I vowed to help others like me. I started the New Life Self-Help Group (New Life) with five friends in 2008. Our goal was to provide funds for PLHIV who were getting sick so that they could get treatment. We started with 25 patients and gave them 10,000 Myanmar Kyat (around US\$7) each for ART."

New Life works in Pyin Oo Lwin, a rural township nestled in the Shan Hills in Mandalay

Region, central Myanmar. In the years that followed, U Pe Soe Maung watched the HIV epidemic grow, fueled by a lack of awareness, stigma, and a lack of access to treatment.

"In 2012, we started working with CPI. With your help, we now support more than 1,200 PLHIV in 100 villages. Many are facing financial hardship and stigma which can threaten their education and livelihood. We give special attention to children with HIV who have lost parents. We support their medical expenses and living costs."

New Life has expanded its services and now supports treatment and hospitalization expenses, counseling, medical supplies and nutrition support.

"With CPI's support, we have helped 1,200 PLHIV stay healthy. We have prevented new HIV infections and given encouragement to those who are suffering. This is my inspiration."



U Pe Soe Maung. (Maung Nyan/CPI)



Daw Nwet Yin Win. (Jeanne Hallacy/
Kirana Productions/CPI)



Partner Profile:

Daw Nwet Yin Win

In 2008, Daw Nwet Yin Win was working as a teacher trainer in the Ayeyarwady Delta region of Myanmar when Cyclone Nargis made landfall. She witnessed the devastation as storm surges and high winds swept away communities, killing at least 146,000 people.

In the aftermath, Daw Nwet Yin Win joined relief efforts through a local monastic organization called Baythitsadarna, helping to coordinate mobile health teams and rehabilitation initiatives. For the next four years, she volunteered in support of Baythitsadarna's health activities.

In 2012, she joined Baythitsadarna full time to lead their health program. She saw an urgent need to help pregnant women and newborns. She reached out to CPI and, with CPI's encouragement and support, launched Baythitsadarna's Maternal and Child Health

(MCH) Project.

"When we started, our goal was to reduce the risk of death in pregnant women and newborns, and to provide reproductive health and family planning services to 15 villages in this area."

In late 2017, with CPI's help, Daw Nwet Yin Win expanded Baythitsadarna's activities:

"We realized that we needed to support other community needs. So, starting from 2018, we are providing fuel-efficient stoves, solar lanterns and clay water filters. We have established revolving loan funds managed by women's unions in five villages to support livelihoods projects. In 2021, we are hoping to expand to five more villages."

"We appreciate CPI's warm and transparent support for our work. We have learned and developed so much from this partnership."



Beneficiary Profile:

Daw Thet Thet

Daw Thet Thet lives in Hlaingtharya, a low-income suburb of Yangon in Myanmar. In early 2019, Daw Thet Thet's husband, a motorbike taxi driver, started coughing and developed a fever. Concerned about costs, they delayed seeking health care until the situation became serious. "We decided to go and see the doctor when he couldn't work. He was diagnosed with tuberculosis."

Daw Thet Thet worried that her children, a daughter aged three and a son of six months, might have tuberculosis (TB). She reached out to a Lin Yaung Chi, a community-based organization supported by CPI that works to prevent and treat TB. "My daughter, Po Po, was tested and diagnosed as TB positive."

With her husband struggling to work, the family was pushed into financial hardship. "We survive on my husband's income. He earns between 5,000 and 8,000 Myanmar

Kyat (around US\$3-5) per day but now he often has to miss working days. We can't treat our daughter without Lin Yaung Chi's help. They pay for transportation costs to hospital, for testing and medicine collection, and also support us with eggs, rice and cooking oil each month."

The family's home measures just eight feet by eight. Living in such a small space increases the risk of TB infection. "Lin Yaung Chi staff suggested that we use separate items like plates and spoons, and I am following their advice."

Daw Thet Thet's daughter began TB treatment in July 2019. "I was worried about her when she started treatment but so far so good. The biggest challenge is to persuade her to take her pills. She always refuses at first so I have to mix them with candy. The doctor said that she needs to continue treatment for a full six months."



Daw Thet Thet (center) and Po Po (left).
(Chit Su Wai Aung/CPI)



Country Report: Bangladesh

With your help, CPI reached tens of thousands of Rohingya refugees from Myanmar sheltering in Bangladesh with lifesaving services during 2019.

Health

CPI's network of Rohingya Community Health Volunteers (CHVs) regularly visit refugee households to provide health education, explain health care options, distribute health and hygiene supplies, and refer those in need of care to health facilities. They are trained to act as first responders in emergencies. In 2019, the CHVs carried out more than 127,000 household visits in six camps.

Gender-Based Violence

CPI's network of Rohingya Gender-Based Violence (GBV) volunteers work to address the risk and impact of gender-based violence through awareness-raising activities and income generation

initiatives for vulnerable women and adolescents. In 2019, these volunteers educated more than 10,000 fellow refugees in six camps to help prevent GBV.

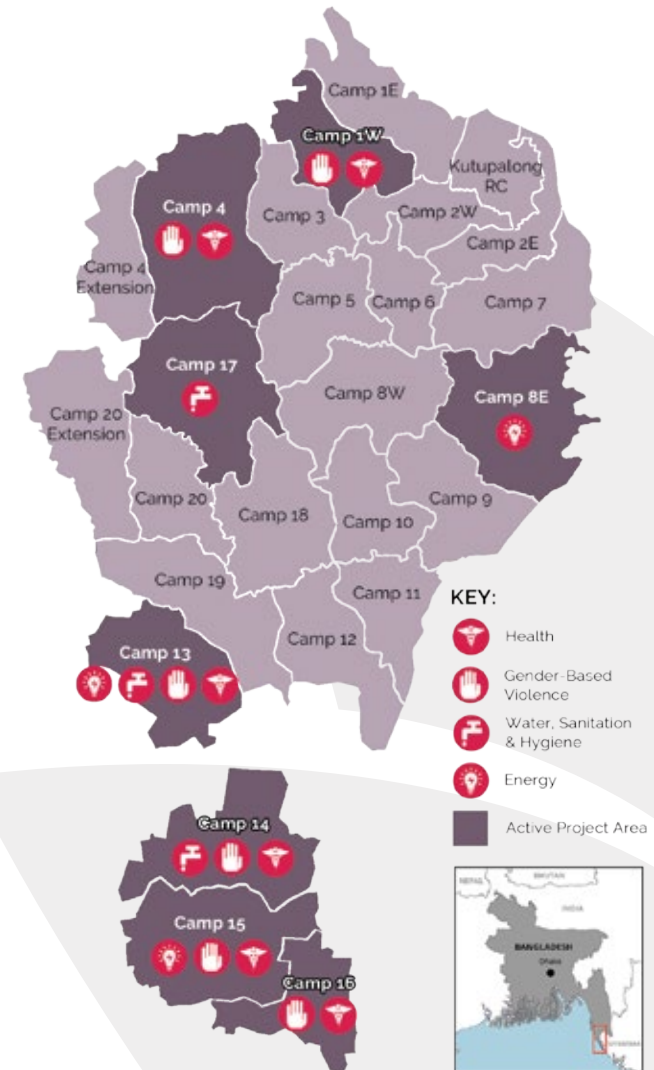
Water, Sanitation & Hygiene

CPI trains and supports a network of community-based water, sanitation and hygiene (WASH) volunteers to monitor, maintain and upgrade WASH facilities in three camps. In 2019, these volunteers maintained and repaired 386 tube wells, latrines, and bathing stations. They emptied thousands of liters of waste from latrines to keep them safe and hygienic.

Energy

CPI supports communities with renewable energy solutions. In 2019, 2,700 refugee households benefited from the use of improved cookstoves and solar lamps provided by CPI.

2019 Service Coverage in Rohingya Refugee Camps, Cox's Bazar, Bangladesh





CPI-supported CHVs Rihana (left) and Rohima (right) practice rescue techniques during training in Cox's Bazar, Bangladesh. (CPI)



Partner Profile:

Rihana and Rohima

The refugee camps in Cox's Bazar, Bangladesh, that shelter more than 850,000 Rohingya refugees from Myanmar are situated in one of the world's most climate-vulnerable places. Cyclones are a constant threat and can bring flooding and storm surges. High population density and deforestation have created a high risk of landslides.

CPI's network of Rohingya Community Health Volunteers (CHVs) provide the first line of health services and act as first responders during emergencies. They are equipped with rescue kits containing first aid supplies, life vests and stretchers.

In 2019, we spoke to two CPI-supported CHVs, Rihana and Rohima, about their health and first response activities.

What are the biggest dangers that the weather brings for refugees?

Rihana: "The monsoon season here is very dangerous. The shelters in the camps are mostly made of bamboo, tin and plastic sheets. They are not strong enough to withstand storms, heavy rainfall and flooding. Landslides happen often."

What do you worry about most during the monsoon?

Rihana: "Every night, we fear that our homes will collapse and we can't sleep properly. Floodwaters pollute the wells and we can't drink the water."

Rohima: "Diseases like diphtheria and diarrhea spread during the monsoon. We came here for safety but we are facing many difficulties. It is hard to live like this."

What kinds of support are you able to provide to your communities in an emergency?

Rohima: "We are trained about flood levels, so when

we know what the expected flood levels will be, we help community members whose shelters are at risk to move to safer areas. We also know how to use life vests, stretchers and other rescue and first aid equipment.

If people aren't able to go to health facilities on their own, we help them. We have the contact numbers of ambulance services and mobile medical teams so we can call them in an emergency."

What kinds of challenges do you face in your work?

Rohima: "Sometimes we face difficulties due to the lack of health knowledge here. There was an incident when a man fell out of a tree and needed CPR. But people thought that pressing hard on his chest would injure him and stopped us from helping him.

People also face difficulties when they visit clinics. There are often no interpreters available and they can't explain their problem clearly."

Rihana: "Sometimes we feel helpless because of the scale of the challenges we face. We hope it's just a matter of time before we can live in healthier and more dignified conditions."

How do you feel about your CHV role? How important is this role for the community?

Rihana: "I am thrilled to be a part of this team. We are gaining experience and getting empowered. Our training has shown us that we can help the community. Now we know that every person can bring change."

Rohima: "It is important to have volunteers like us who are from the community. We receive respect because people know that we are here to help them. They know that we have first aid kits and they approach us if they need help.

We accompany them to health facilities and make sure that they are getting good treatment. They don't hesitate to call us at any time, night or day."



A Rohingya refugee camp in Cox's Bazar, Bangladesh. (CPI)



Hamida. (CPI)



Beneficiary Profile:

Hamida

In late March 2019, after giving birth to her third child at home in a refugee camp in Cox's Bazar, Bangladesh, Hamida experienced severe bleeding.

Hamida's mother-in-law rushed to summon Kismot, a CPI-supported Community Health Volunteer (CHV) who lived nearby. Kismot came immediately to the house and saw that Hamida was too weak to walk. She helped transport Hamida to a nearby clinic where a doctor examined her and provided her with medication.

Three days later, Kismot visited Hamida again and saw that she was still weak. She helped Hamida visit the clinic a second time. The doctor examined her and gave her more medication.

A week later, Kismot visited Hamida a third time and accompanied her to the clinic. Hamida's condition had improved significantly and the doctor confirmed that she was recovering well.

Kismot continued to visit Hamida regularly over the next few months to monitor her recovery and make sure that she and her newborn baby remained healthy.

Kismot used these visits to provide health education to Hamida and her family, including sessions on hygiene, newborn care and communicable diseases.

Kismot's intervention highlights the importance of CPI's CHV network in providing the first line of health care to refugees.

As Kismot says, "These services are very important here because many people are not so aware of good health practices. They don't prioritize health in their lives. I have received training on many health topics from CPI so I can share this information with my community."

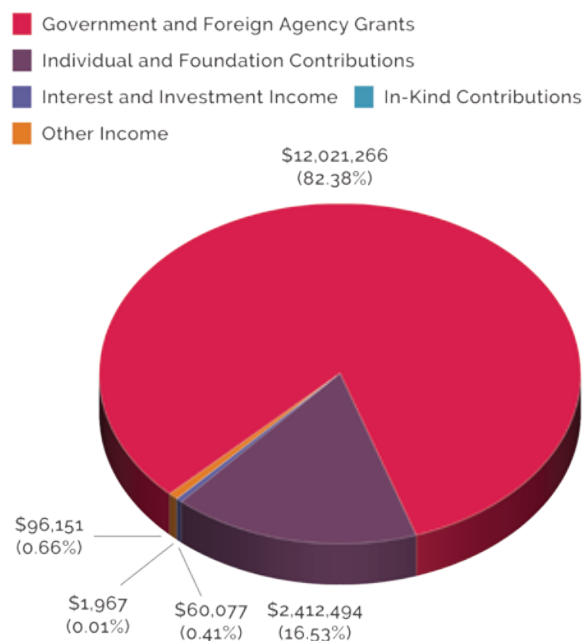
\$ 2019 Financials (Pre-Audit)

CPI's 2019 financials indicate steady growth, stability, and a continued commitment to investing in community-led services.

2019 Revenue: US\$14,591,954

Total annual revenue increased from US\$10,422,916 in 2018 to US\$14,591,954 in 2019. Government and foreign agency grants represented the majority of this increase, while individual and foundation contributions remained relatively stable. Funds received in 2019 included multi-year grants which, while reported as 2019 revenue, will be expended in 2019 and beyond as per the grant conditions agreed with donors.

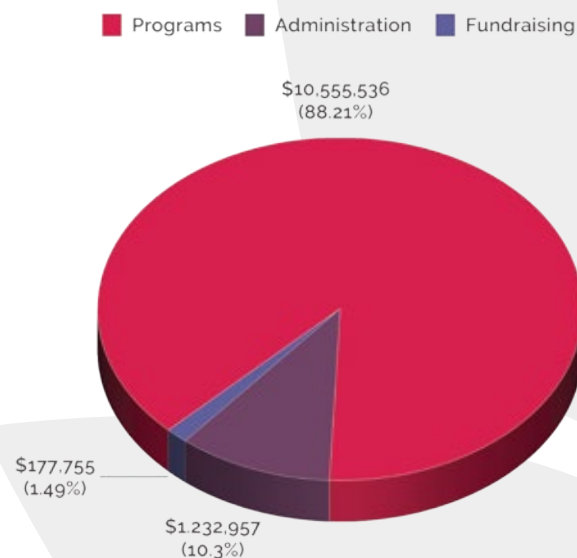
2019 Revenue by Donor Category (USD)



2019 Expenses: US\$11,966,048

CPI's expenses totaled US\$11,966,048 in 2019. Of these expenses, 88.2% were invested in program activities in the field, with 11.8% used for overheads (administration and fundraising). This reflects CPI's focus on efficient, disciplined and mission-focused stewardship of our financial resources.

2019 Expenses by Category (USD)

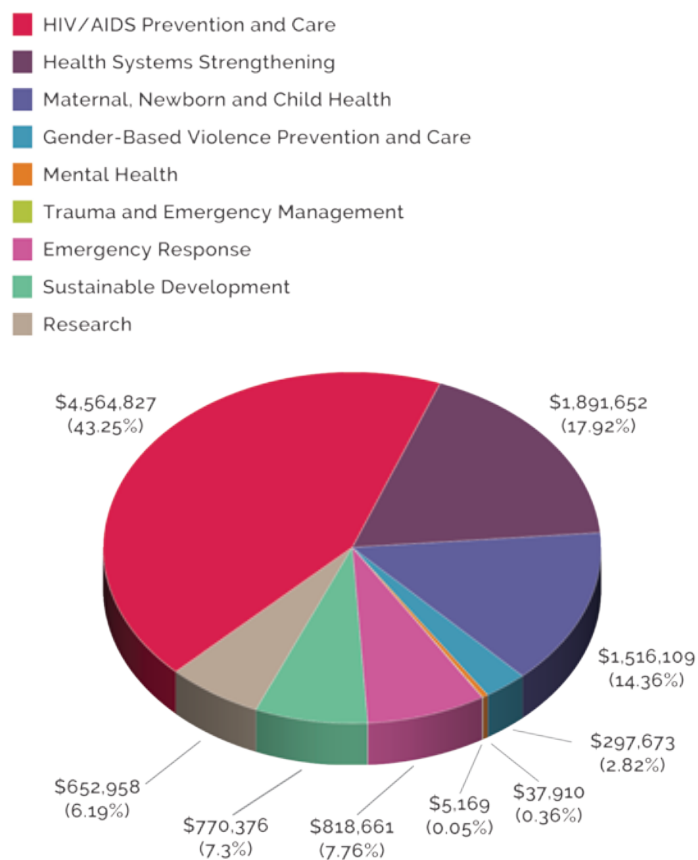


Health remained CPI's largest program impact area in terms of investment in 2019, representing 79% of the US\$10,555,536 spent

on program activities. HIV/AIDS Prevention and Care services accounted for 43% of total program expenses, followed by Health Systems Strengthening at 18% and Maternal, Newborn and Child Health at 14%.

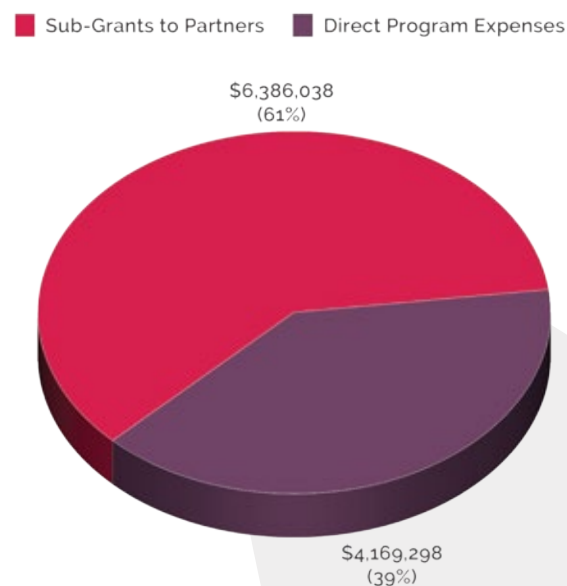
Emergency Response activities represented just under 8% of total program expenses in 2019 reflecting CPI's continued support for Rohingya refugees from Myanmar sheltering in Bangladesh, and displaced and conflict-affected communities across Myanmar.

2019 Program Expenses Breakdown (USD)



In line with CPI's commitment to invest in communities, 61% of total program expenses in 2018 were directed as sub-grants to community-based partners. The remaining 39% were directed to support CPI's activities in partner communities.

2019 Sub-Grants vs. Direct Program Expenses (USD)



Net assets at beginning of 2019	US\$4,126,592
Change in net assets in 2019	US\$2,625,906
Total net assets at end of 2019	US\$6,752,498

Total net assets of US\$6,752,498 at the end of 2019 have been restricted or provisionally allocated in 2020 and beyond as follows:

Net assets with donor restrictions	US\$3,504,152
Rohingya Refugee Response	US\$1,400,000
Operating Reserve Fund	US\$1,200,000
Program Support Fund	US\$648,346



We would like to express our heartfelt thanks to all who supported us in 2019:

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Head of the Karen Department of
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Children in Mawlamyinegyun Township,
Ayeyarwady Region, Myanmar. (Jeanne
Hallacy/Kirana Productions/CPI)



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A young boy is running away from the camera on a path made of large sacks. He is shirtless and wearing light-colored shorts. In the background, there are several traditional houses with thatched roofs. Other children are visible further down the path. The scene is set in a rural village environment.

Empower communities.
Transform lives.

Cover page: Villagers in Ayeyarwady Region, Myanmar. (Gregg Butensky/Kirana Productions/CPI)

This page: A boy runs to join his friends in a village in Ayeyarwady Region, Myanmar. (Jeanne Hallacy/Kirana Productions/CPI)