





Children in Kutupalong Refugee
Camp, Cox's Bazar, Bangladesh.
(Md. Dipu/CPI)

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A woman brings her child for a health check at a clinic in a camp for internally displaced people in Kachin State, Myanmar. (Khin Nyein Chan Oo/CPI)

2020 in Review: People vs. the Pandemic

Dear Friends,

For most if not all of us, 2020 will remain the year of COVID-19 during which we endured separation, uncertainty and loss.

It will also remain the year that Community Partners International's donors and partners came through in extraordinary ways to protect and save lives.

As COVID-19 ravaged Europe and the U.S., and health systems teetered on the brink of collapse, the sense of dread in low-resource countries was palpable. How could they cope when wealthy nations were being brought to their knees?

In our first emergency assessments with community partners in Myanmar and Bangladesh, we knew that prevention was essential. Without medical resources to

cope with a major outbreak, we had to do everything we could to slow the transmission.

Communication was key. Our partners mobilized to get the message out clearly and quickly to as many people as possible. Embedded in and trusted by their communities, they were able to reach the marginalized, the vulnerable and the isolated.

From displacement sites and remote villages in Myanmar's borderlands, to Rohingya refugee camps in Bangladesh and urban poor communities in both countries, our partners spread the word using any approach that worked: posters and fliers, megaphone announcements, text messages, social media and songs.

As many of the communities that we serve have limited

access to internet, telephone and television, and face literacy and language barriers, a localized approach was crucial.

Underpinning every aspect of our response was one crucial element: **you**. You stepped up to help others even though you were facing challenging circumstances yourselves. Simply put, your humanity and commitment saved lives.

You helped our partners to respond rapidly to the fast-changing situation on the ground, stay agile and deploy resources where they were most needed.

You helped to set up case surveillance systems, and quarantine and hygiene services. You helped to provide COVID-19 prevention supplies for health workers and communities. You helped to equip hundreds of remote

clinics with medicines so that they could continue to operate when supply chains were disrupted. You strengthened clinic cash reserves to refer suspected COVID-19 cases for care and meet other emergency needs.

At the time of writing in 2021, the people of Myanmar face a deeply uncertain future as the country descends into turmoil following the February coup. Community Partners International will remain steadfast in our mission to support vulnerable communities in Myanmar and elsewhere in Asia to meet their essential health, humanitarian and development needs.

Thank you for reaching out to help those in desperate need during this most difficult year.

With our deepest respect and gratitude,



Dr. Tom Lee
Founder & Board Chair



Stan Sze
Board President



Dr. Si Thura
Executive Director

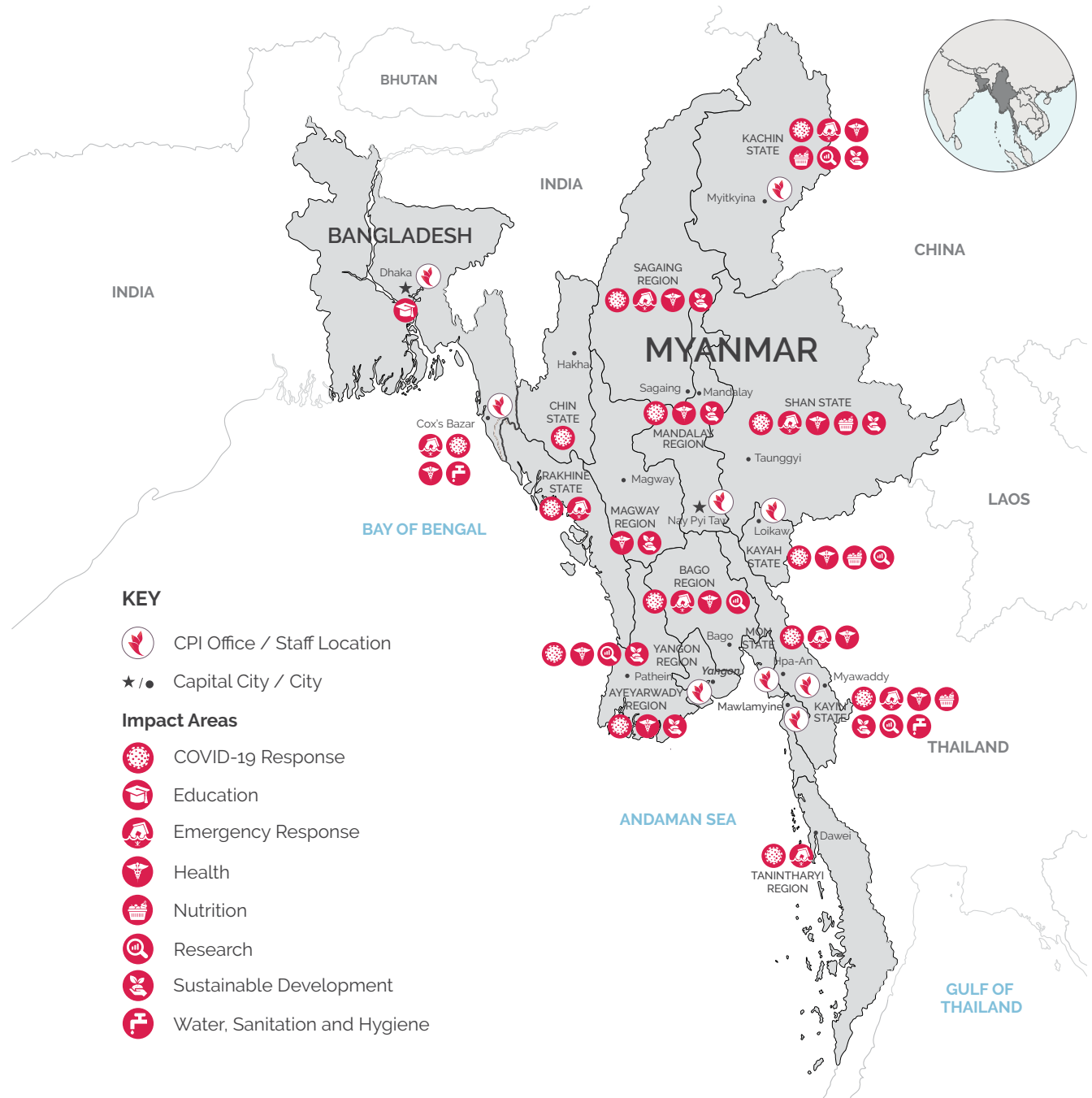
About CPI

Community Partners International (CPI) empowers communities in Asia to meet their essential health, humanitarian and development needs. Founded in 1998, we have grown to serve more than one million people each year.

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 2020.



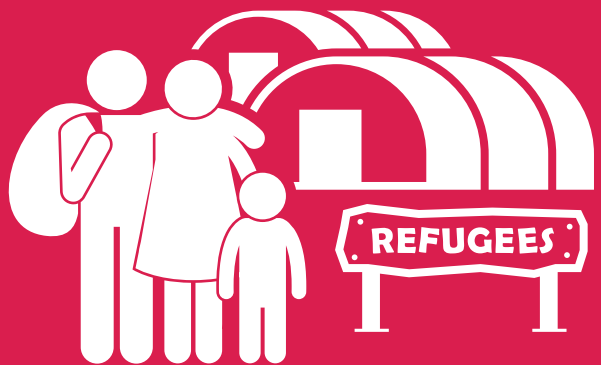
Impact Snapshot: 2020 in Numbers

1,000,000+



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

430,000+



refugees and internally-displaced persons.

700,000+ 

people reached with COVID-19 prevention and care services.



1,828

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

 **4,382**

women supported to access clean, safe births.

15,467



newborns and children under five provided with essential health services.



45,346

people living with HIV/AIDS provided with care and support.



48,480



malaria tests conducted and 1,388 people with confirmed malaria given treatment.



17,646

women and girls provided with access to gender-based violence care and support.



28,000

vulnerable women, children and men given nutrition support.



A mother and child in Kutupalong
Refugee Camp, Cox's Bazar,
Bangladesh. (Md. Dipu/CPI)



Country Report: Myanmar

COVID-19 Response

Working closely with community partners, COVID-19 prevention and response activities supported by CPI reached more than 585,000 people in vulnerable communities across Myanmar, including those affected by conflict and displacement, in hard-to-reach areas, and the urban poor.

Early in 2020, as COVID-19 began to spread around the world, CPI mobilized in anticipation of a Myanmar outbreak. CPI facilitated meetings between community health providers and the Myanmar Ministry of Health and Sports (MoHS) to support coordination of COVID-19 response activities and establish referral pathways for suspected COVID-19 cases.

CPI developed guidelines and protocols to support community partners to effectively implement COVID-19 response activities. We distributed personal protective equipment to health workers, and helped

partners to set up and operate temperature screening points and quarantine sites in their catchment areas.

CPI also helped train and equip partner health workers, stock 196 clinics with essential medicines, equipment, supplies and emergency funds, and develop health information materials to educate communities about COVID-19 risks, prevention and treatment options. More than 70,000 community members attended secure COVID-19 awareness sessions organized with CPI's support.

CPI's partners installed 122 handwashing stations and distributed prevention supplies including face masks, soap and hand sanitizer.

As communities in Myanmar struggled with economic hardship, CPI launched an income-generation scheme, enrolling households in an initiative to produce cloth face masks and hand sanitizer. In a matter of months, these households produced more

COVID-19 Response



585,000+
people in communities across Myanmar reached with COVID-19 prevention and response services.



196
community clinics equipped with medicines, supplies, & equipment for COVID-19 response.



3,807
COVID-19 risk education sessions held in communities across Myanmar.



59
temperature screening points established at strategic locations.



57
community clinics equipped with oxygen cylinders/concentrators.



122
handwashing stations installed.



57,788
cloth face masks produced by families to support income during COVID-19 lockdowns.



2,885
liters of hand sanitizer produced and distributed.



21
quarantine sites set up and supported.

than 58,000 cloth face masks and more than 12,000 liters of hand sanitizer, earning the participating households much-needed income.

Health and Nutrition

Health remained CPI's most significant area of impact and investment in Myanmar in 2020. CPI continued to support Myanmar's efforts to attain universal health coverage by 2030 and ensure that all people have access to affordable, quality health services.

When COVID-19 emerged as the year's key health emergency, CPI integrated COVID-19 prevention and response into health projects and partnerships across Myanmar.

CPI worked closely with partners to sustain essential health services where possible while minimizing the risks of COVID-19 transmission for health workers and service users.

CPI helped partners to adapt service delivery, identifying essential services that could only be provided in person. Non-essential services were then shifted to distance

communication, such as by telephone, or postponed until they could be resumed safely.

CPI provided personal protective equipment to health workers, disinfection products to health facilities, and developed care and facility management protocols to ensure that services could be delivered safely.

Among the year's health highlights, in January 2020, CPI hosted more than 80 representatives from the Myanmar Ministry of Health and Sports (MoHS), international governments, non-governmental organizations (NGOs), and ethnic health organizations (EHOs) at an event in Yangon to showcase the key role of EHOs in supporting Myanmar's aspiration to attain universal health coverage.

In July 2020, CPI was involved in the opening of Myanmar's first HIV Pre-Exposure Prophylaxis (PrEP) clinics through the USAID HIV/AIDS Flagship Project. This marked a major milestone for Myanmar's strategic response to HIV.

In September 2020, CPI launched "Project Nourish", a



A health worker checks a child for malnutrition during a visit to a conflict-affected community in Kachin State, Myanmar. (CPI)



Women entrepreneurs supported by CPI display fabrics that they trade in Kachin State, Myanmar. (Quentin Hewitt/CPI)

three-year initiative supported by the Livelihoods and Food Security Trust (LIFT) Fund. Under Project Nourish, CPI will help pregnant mothers and young children in 600 villages in Kayin State access better nutrition, water, hygiene and sanitation through the extension of a system of cash payments.

Sustainable Development

In 2020, CPI continued to expand sustainable development projects in Myanmar with a particular focus on helping vulnerable women to break the cycle of poverty and strengthen food security.

CPI provided seed funds, microloans, business training, equipment and supplies and technical support to 100 mostly women-led small businesses focused on weaving and textile products, small-scale organic farming and food production.

Twenty small businesses were launched in 2020 with support from CPI, and 17 community organizations received CPI's assistance to operate income generation initiatives.

These activities benefited an estimated 20,000 people in remote rural and urban poor

communities in Kachin State, Shan State, and Ayeyarwady, Mandalay, Sagaing and Yangon regions.

Emergency Response

In 2020, more than 500,000 people in Myanmar remained internally-displaced, and more than one million were dependent on humanitarian aid for survival.

During 2020, CPI provided humanitarian relief to more than 300,000 people affected and displaced by conflict and natural disasters in Kachin, Kayin, Mon, Rakhine and Shan states and Bago, Sagaing and Tanintharyi regions.

The scope of humanitarian assistance supported by CPI included emergency health care, nutrition support, hygiene, protection and education in emergencies.

In line with CPI's core operating principles, the organization focused on supporting community-led relief efforts to promote resilience and sustainability.



Beneficiary Profile:

Hkon Sum

In Kachin State, northern Myanmar, nearly 100,000 people live in displacement camps, having been forced to flee their homes due to conflict. Some have been displaced for more than a decade.

In 2020, CPI supported community-based partners to operate clinics and health worker teams that provide essential health services to communities living in these camps. Their cramped conditions and limited access to essential services make these communities especially vulnerable to COVID-19 and other infectious diseases.

Hkon Sum, a displacement camp resident, is 23 years old and has two children, a one-year-old daughter and six-month-old son. She fled conflict in her hometown in 2017 and sought shelter at the camp. Three years later, the family remain displaced.

"I had to move here because of the war. I was married here and gave birth to both of my children in the camp."

Hkon Sum receives maternal and child health care services through the camp clinic supported by CPI. The clinic's services include pre and postnatal care, provision of essential supplements and multivitamins during pregnancy, support for clean, safe births, and testing for hepatitis B and HIV.

"Though I live in the camp, I'm happy to have such a reliable clinic available. All health services here are free. The staff give me advice on nutrition, reproductive health and personal hygiene. If I can't come to the clinic due to illness, the nurses provide an outreach service and come to my home."

The camp health workers also supported COVID-19 prevention and response. They helped educate camp residents on how to safeguard themselves, and distributed masks and hygiene supplies. Embedded in the communities they serve, they continued to provide services when access to the camps was disrupted by conflict or COVID-19 restrictions.



Hkon Sum (right) brings her daughter for a health check at a clinic in a camp for internally displaced persons in Kachin State, Myanmar. (Khin Nyein Chan Oo/CPI)



Khin Aye (right) attends a prenatal check-up at the B. K. Kee Clinic in South Dagon, Myanmar. (CPI)



Beneficiary Profile:

Khin Aye

In 2013, Khin Aye* went for a routine prenatal check-up while pregnant with her first child. The hospital staff conducted a blood test.

"When the test came back, they told me I had hepatitis B."

While the diagnosis was a shock, with health implications for the rest of Khin Aye's life, it meant that her newborn daughter received the birth-dose hepatitis B (HBV) vaccine within the crucial 24-hour window after delivery and is HBV negative.

In Myanmar, HBV is most commonly transmitted from mothers to children during childbirth. Many mothers in Myanmar still choose to give birth at home and often miss out on HBV screening because it is not routinely offered as part of community-based prenatal care.

This service gap has contributed to an invisible epidemic of HBV, with national prevalence estimated to be 6.5% in Myanmar, and 12% in

Yangon Region where Khin Aye lives. Those who remain untested and untreated face a significantly higher risk of contracting liver disease, including cirrhosis and cancer.

In 2019, when she became pregnant with her second child, Khin Aye joined more than 100 women on the "Stop Hep B at Birth" Project led by CPI, the B. K. Kee Foundation and the Myanmar Liver Foundation. This five-year project, launched in 2018, is seeking to transform the national approach to HBV prevention by developing and demonstrating an effective, community-based testing and treatment model to prevent mother-to-child transmission of HBV during childbirth.

The project is focusing on two township suburbs of Yangon - South Dagon and Dagon Seikkan - that have high inward migration and large areas of densely populated slums.

The B. K. Kee Clinic in South Dagon became the focal point for Khin Aye's prenatal and postnatal care. She

also received support from a project outreach worker. Before COVID-19 emerged, the outreach worker was also able to conduct a home visit during which she screened Khin Aye's family members for HBV, checked Khin Aye's health, and provided health counseling.

As the first wave of COVID-19 reached Myanmar, project activities switched to remote support to minimize the risk of infection for the pregnant women and health workers.

Khin Aye emphasized the importance of the counseling she received. "I heard a lot of false information from people in the community about hepatitis B, for example, that it can be passed on through sweat. This made me anxious. So, it helped me to get accurate information and understand how I can prevent transmission and protect my baby and family."

As Khin Aye's delivery date approached, she faced a dilemma. "I was very nervous about giving birth in a hospital because of COVID-19. I didn't know which option was best."

In June, Khin Aye gave birth to a baby boy in hospital. As soon as the child was delivered, the

project outreach worker headed to the hospital to ensure that the newborn received the birth dose HBV vaccine within the crucial 24-hour window. While the vaccine is provided free by hospitals in Myanmar, they don't always have available stock, in which case the project provides it. The outreach worker also drew blood from Khin Aye to conduct a blood test to determine her HBV viral load at the time of delivery.

Six months later, Khin Aye's baby son tested negative for HBV. "I am very happy that my baby doesn't have hepatitis B," she said. "I will encourage other pregnant women to seek care as early as possible so they can also protect their babies."

The proof of concept provided by the Stop Hep B at Birth Project has laid the groundwork for the nationwide scale-up of a community-based model of HBV mother-to-child transmission prevention.

**Name changed.*

The Stop Hep B at Birth Project is made possible thanks to generous support from the B. K. Kee Foundation and Tides Foundation.



Khin Aye (left) attends a prenatal check-up at the B. K. Kee Clinic in South Dagon, Myanmar. (CPI)



Country Report: Bangladesh

When COVID-19 reached Bangladesh in March 2020, CPI had already initiated emergency prevention and response activities.

As a densely-populated country with a fragile health system, Bangladesh is highly vulnerable to COVID-19. Rohingya refugees from Myanmar living in crowded refugee camps in Bangladesh are especially at risk.

Extended families inhabit tiny shelters, making physical distancing impossible. Many refugees have compromised health status. Acute respiratory infections were already a leading cause of illness in the camps before COVID-19.

Refugees also have limited access to water, sanitation and hygiene (WASH) and health services, and Internet restrictions hinder refugees' access to timely and accurate information about COVID-19.

This gathering of factors placed Rohingya refugees at a high level of risk from COVID-19.

Rohingya Community Volunteer Networks

As many international organizations withdrew personnel and reduced services due to COVID-19 restrictions, CPI's network of Rohingya community volunteers stepped up to provide essential health and WASH services to fellow refugees.

Equipped with personal protective equipment supplied by CPI, the volunteers helped educate fellow refugees on how to prevent the spread of COVID-19 and explained the procedures to follow if a person developed suspected COVID-19.

They also distributed hygiene supplies and conducted COVID-19 surveillance, and supported contact tracing, home-based care for mild cases, and referral to further care for more severe cases.

The volunteers installed 140 handwashing stations at camp entrances and other strategic locations. They also repaired,

COVID-19 Response



129,000+
people in Rohingya refugee and Bangladesh host communities reached with COVID-19 prevention and response services.



235
Rohingya volunteers mobilized to support COVID-19 response.



125,000+
Rohingya refugees reached with COVID-19 health education.



1,296
refugees and Bangladesh community members with COVID-19 provided with facility-based care.



9,724
N95 face masks distributed to health workers and vulnerable households.



140
handwashing stations installed in refugee camps and other locations.



562
Rohingya refugees with suspected COVID-19 provided with home care.



12,482
soap bars and 1,850 hygiene kits distributed to vulnerable households.



871
pregnant Rohingya women provided with maternal and child health services during COVID-19.

maintained and disinfected more than 800 other community WASH facilities including toilets, tube wells and bathing stations to reduce COVID-19 transmission risks.

To overcome information barriers, volunteers created and disseminated COVID-19 information in Rohingya language through pamphlets, radio messages, community announcements and social media channels.

Health System Support

CPI mobilized to build capacity and bridge gaps in health systems serving Bangladesh host communities and Rohingya refugees.

As case numbers rose, CPI helped Sadar District Hospital in Cox's Bazar to set up a COVID-19 Isolation and Treatment Center (ITC) to meet the rapidly increasing care needs. CPI trained and deployed 48 members of staff at the facility, including 14 doctors and 12 nurses.

During 2020, the ITC provided 1,296 patients with suspected or confirmed COVID-19 with testing and treatment, more than 1,000 of whom were at

high risk due to underlying health conditions.

CPI also distributed 9,724 face masks and more than 5,700 units of medicine to refugee and host community health providers to support COVID-19 response.

Sustaining Other Health Services

While COVID-19 prevention and response became the priority for much of 2020, Rohingya volunteers supported by CPI continued to support refugee households to access other essential health services.

The volunteers helped more than 2,000 pregnant women and children access routine immunization against deadly diseases, achieving 99% vaccine adherence for their target group.

They provided 871 pregnant women with counseling and referred 688 of them for prenatal care and delivery at health facilities.

They also distributed more than 6,000 condoms and referred more than 1,200 people for family planning support.



A CPI-supported volunteer conducts a COVID-19 education session with a household in Kutupalong Refugee Camp in Cox's Bazar, Bangladesh. (Md. Dipu/CPI)



Partner Profile:

Dr. Rony

Dr. Rony completed his medical training in Bangladesh in 2019. Shortly after, he started work in the COVID-19 Isolation and Treatment Center (ITC) supported by CPI at Sadar District Hospital in Cox's Bazar.

Opening in March, the ITC served almost 1,300 patients in 2020 with an average bed occupancy rate of 80%. Many of these patients were considered at high risk due to underlying health conditions. Working three shifts each day, Dr. Rony helped the ITC hold the line and provide lifesaving care as COVID-19 cases increased.

Why did you decide to serve at the ITC?

"As a physician, I must be a part of the fight against this pandemic. I can share my knowledge and gather new experience to be better prepared for a future pandemic."

Did you have any concerns when you first started work at the ITC?

"I was a little nervous at first, but

I'm getting more confident each day. I was also worried that the ward might be overwhelmed with patients. We do face challenges, such as a shortage of oxygen and not enough personnel but so far we've been able to cope."

Has it been difficult to juggle your home life with your work at the ITC?

"Sometimes, yes. My wife went back to our home town to be safer. I couldn't join my family to celebrate Eid in July because of the risk of infection."

What are the biggest challenges that you face day-to-day working at the ITC?

"Sometimes the center gets really busy and it's hard to cope. As this is a new disease, we have to make decisions without having as much information and guidance as we'd like."

What are the most satisfying aspects of your work at the ITC?

"The mortality rate on the ward



Dr. Rony outside Sadar District Hospital, Cox's Bazar, Bangladesh.
(Md. Dipu/CPI)

is low, which is an encouraging sign because many patients have underlying conditions that make them especially vulnerable to COVID-19. We've been able to juggle our resources so far to make sure that we can treat everyone who needs our help. So I feel a sense of achievement for what we are doing here."

What important lessons have you learned during your time working at the ITC?

"For me, I think patient counseling is so important. When people come to the ITC they are often afraid. We need to spend time to reassure them and make them feel comfortable."

Has this experience changed you?

"Yes. I am more confident now in some aspects of epidemiology. I'd like to write a paper about the experience of dealing with the pandemic here in Bangladesh in collaboration with my friends who are working at other COVID-19 isolation and treatment centers around the country."

What are your plans once the COVID-19 pandemic is over?

"This experience has made me more interested in microbiology and virology. I'm considering taking up postgraduate studies focused on these subjects."

What lessons do you think that Bangladesh and the world can learn from the response to the pandemic?

"I think that we need to focus more on infection prevention and control measures here in Bangladesh, and to stabilize the health system through investment in more human resources, better equipment, improved training, and operational support. Globally, I think all countries need to cooperate closely with the WHO and the UN to make sure we are better prepared for the next pandemic. We need to carry out more research to inform future pandemic response."



Dr. Rony (left) checks the vital signs of a patient at the ITC, Sadar District Hospital, Cox's Bazar, Bangladesh. (Md. Dipu/CPI)



Partner Profile:

The Sludgebusters

CPI's intrepid Fecal Sludge Management team, aka the "Sludgebusters", play a vital if unglamorous role keeping toilets safe and hygienic in the world's largest refugee camp in Cox's Bazar, Bangladesh.

Each month, these Rohingya volunteers empty thousands of liters of waste from toilet tanks and transport it to waste management facilities for treatment.

"I think we play an important role in making the environment safer for families," says volunteer Amanullah. "Life here can be hard but we can make it better in small ways."

Without their efforts, toilets would quickly become unusable and dangerous to health, especially in the monsoon season when they can overflow and become a source of deadly waterborne diseases like cholera.

The volunteers also cleared more than 18,000 feet of community drains in 2020, reducing the risk of flooding

and landslides.

With the arrival of COVID-19, WASH volunteers supported by CPI mobilized to assist with infection control and prevention.

"People living here are at high risk because the conditions are so cramped," says volunteer Kurshida. "We disinfect WASH facilities and educate households about good hygiene practices."

During 2020, the volunteers serviced, repaired and regularly cleaned and disinfected more than 800 tube wells, toilets and bathing stations, and installed 140 handwashing stations.

"When community members thank us for our work, it is a good feeling," adds Kurshida. "We face many challenges here but we are trying to make the best of the situation. This is what we must do."



A Rohingya volunteer uses a pump to empty a toilet waste tank in Kutupalong Refugee Camp, Cox's Bazar, Bangladesh. (Md. Dipu/CPI)

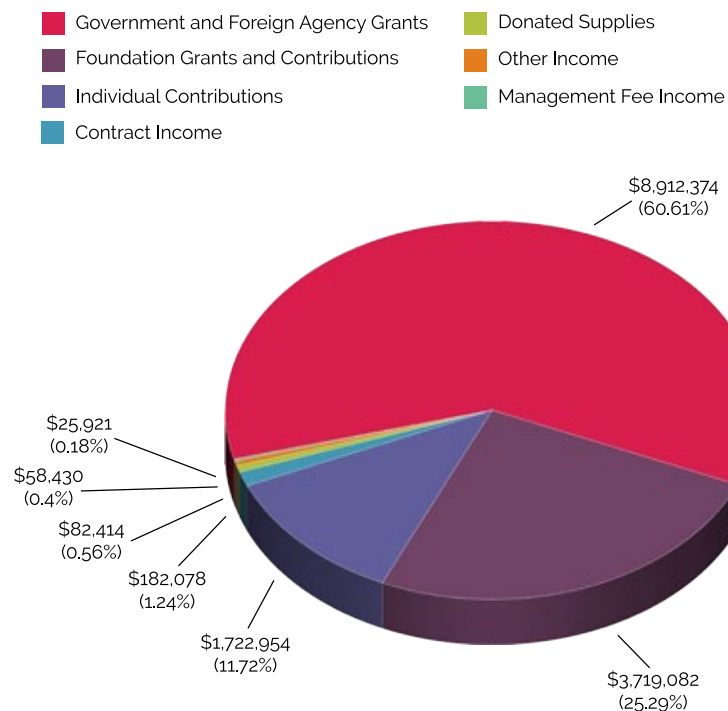
\$ 2020 Financials (Pre-Audit)

CPI's 2020 financials indicate steady growth, stability, and a continued commitment to investing in community-led services.

2020 Revenue (USD): 14,704,618

Total annual operating support and revenue increased from US\$11,711,400 in 2019 to US\$14,704,618 in 2020. Funds received in 2020 included multi-year grants which, while reported as 2020 revenue, will be expended in 2020 and beyond as per the grant conditions agreed with donors.

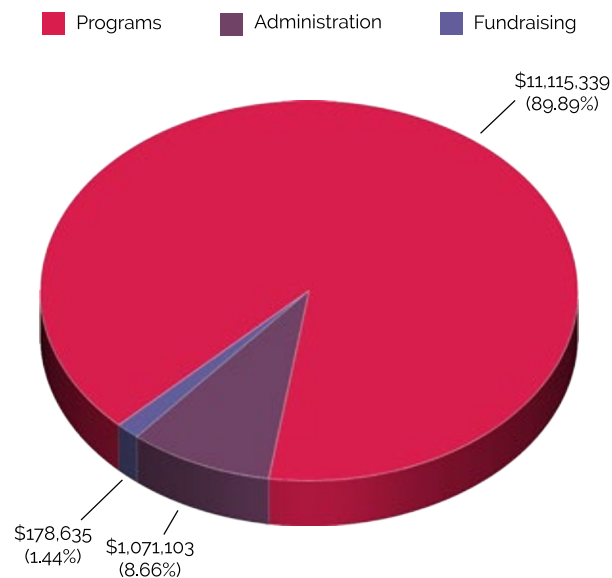
2020 Revenue by Donor Category (USD)



2020 Expenses (USD): 12,365,077

CPI's expenses increased from US\$11,966,048 in 2019 to US\$12,365,077 in 2020. Just under 90% of 2020 expenses were invested in programs and just over 10% invested in administration and fundraising. This reflects CPI's commitment to efficient, disciplined and mission-focused stewardship of resources.

2020 Expenses by Category (USD)

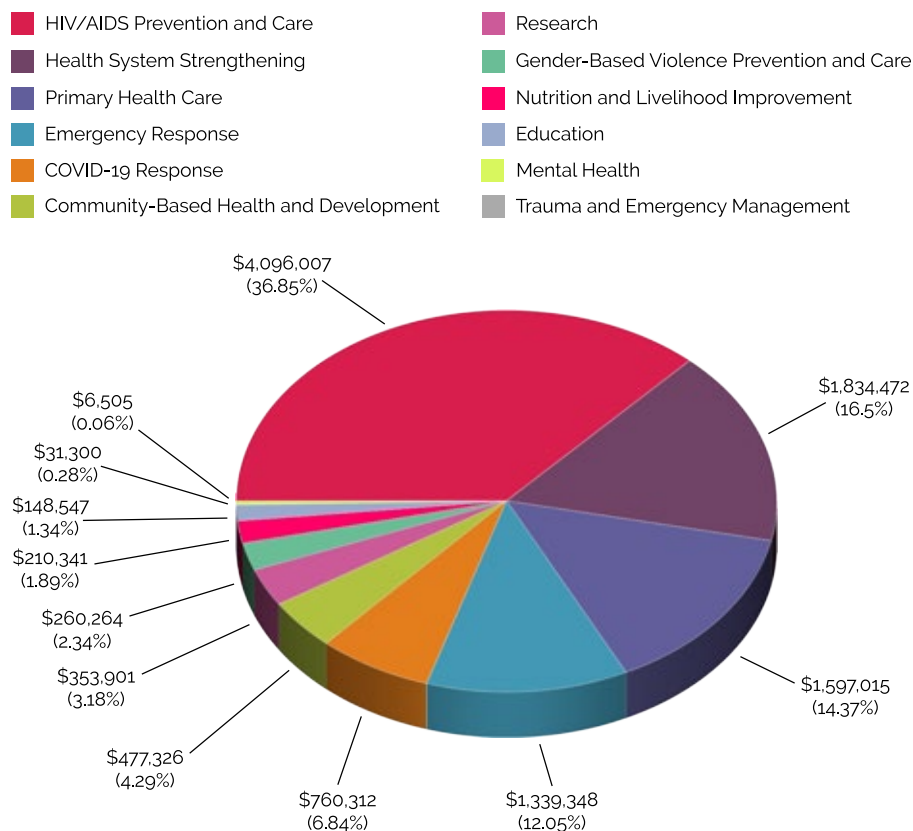


Health and health-related activities remained CPI's largest program impact area in terms of investment in 2020, representing more than 77% of the US\$11,115,339 spent on program activities.

HIV/AIDS prevention and care services accounted for nearly 37% of total program expenses, followed by health systems strengthening at 16.5% and primary health care at just over 14%. In addition to the integration of COVID-19 response measures across all programming, CPI invested nearly 7% of additional program expenditure to support COVID-19 prevention and care.

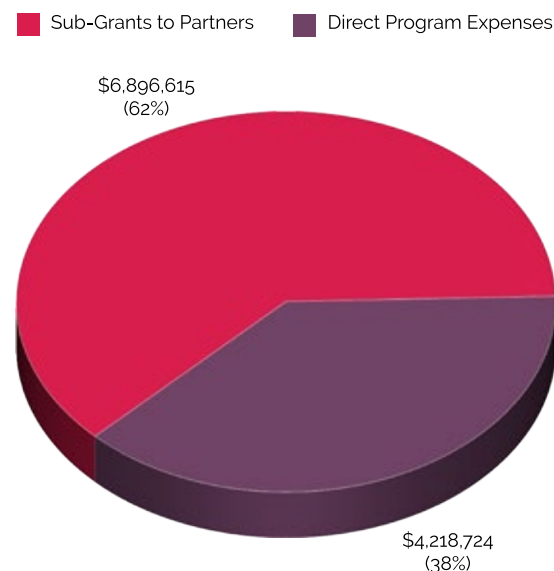
Emergency response activities represented just over 12% of total program expenses reflecting CPI's expanded support for Rohingya refugees in Bangladesh and displaced and conflict-affected communities across Myanmar.

2020 Program Expenses Breakdown (USD)



In line with CPI's commitment to invest in communities, 62% of total program expenses in 2020 were directed as sub-grants to community-based partners. The remaining 38% were directed to support CPI's activities in partner communities.

2020 Sub-Grants vs. Direct Program Expenses (USD)



Net assets at beginning of 2020 (USD)	3,601,908
Change in net assets in 2020 (USD)	2,339,541
Total net assets at end of 2020 (USD)	5,941,449

Total net assets of US\$5,941,449 at the end of 2020 have been restricted or provisionally allocated in 2021 and beyond as follows:

Net assets with donor restrictions (USD)	1,453,662
COVID-19 Response, 2021 (USD)	1,000,000
Rohingya Refugee Response, 2021 (USD)	1,100,000
Operating Reserve Fund (USD)	1,349,222
Program Support Reserve Fund (USD)	1,038,565



We would like to express our heartfelt thanks to all who supported us in 2020:

VISIONARIES

Access to Health Fund
Farzana Ahmad
Asia Philanthropy Circle
B. K. Kee Foundation
Jim and Karen Baker
Child's Dream
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A photograph of two young children standing in front of a brick wall. The child on the left is a boy with short dark hair, wearing a green shirt with a colorful floral pattern. The child on the right is a girl with short brown hair, wearing a yellow and black patterned shirt and a yellow face mask. In the background, there are multi-story buildings and some greenery.

Empower communities.
Transform lives.

Cover page: A doctor supported by CPI provides treatment at the COVID-19 Isolation and Treatment Center at Sadar District Hospital, Cox's Bazar, Bangladesh. (Md. Dipu/CPI)

This page: Children from a slum community in Dhaka, Bangladesh, that attend a school supported by CPI. (Md. Dipu/CPI)