



2018

Annual Report



CPI Founder and Board Chair Dr. Tom Lee checks a baby during a visit to the India-Myanmar border in 2006. Image: Dang Ngo for CPI

Celebrating 20 Years of Impact

Dear Friends,

Thank you for making 2018 yet another transformative year for Community Partners International (CPI). This year, we celebrated our 20th anniversary. In recognition of this milestone, we launched a rebranding process to reflect our evolution and position us for the future. Our new logo and visual identity are used in this report.

While we have grown and evolved over the years, we remain true to our founding principles. Simply put, we believe that communities are best placed to lead their own development, and we invest in empowering them to do so.

Over these twenty years, we have witnessed firsthand the power of partnership and community-led development. In the early years on Myanmar (Burma)'s eastern border, we supported communities to build a remarkable health service network that delivered lifesaving care to hundreds of thousands of people in conflict zones. Their medic teams

routinely crossed hundreds of miles of rugged and landmine-contaminated terrain on foot, carrying their supplies. Brave and ingenious, they were (and are) the pioneers.

We continue to partner with those communities today as well as with many others in Myanmar and Bangladesh affected by conflict, violence, and displacement, in remote and hard-to-reach contexts, and marginalized through poverty and exclusion.

In Myanmar during 2018, as malaria prevalence continued to decline, we placed increased emphasis on the prevention, treatment and elimination of HIV, hepatitis, tuberculosis, and non-communicable diseases.

We supported communities to develop integrated health services, aligned with national standards and guidelines, to meet their basic needs. We helped to build bridges between these communities and the Government of Myanmar around shared interests in health.

We continued to broaden our impact beyond health to help communities sustainably improve their living conditions. We invested in microfinance, clean energy and water initiatives, and improvements to community infrastructure.

We mobilized to save lives and bring relief in humanitarian emergencies. We assisted communities affected by conflict in Kachin State, and by flooding in Kayin State.

In Bangladesh, we expanded our support for the more than 900,000 Rohingya refugees from Myanmar sheltering in Cox's Bazar. We are leading initiatives to bring the first line of health care services, clean water, sanitation and hygiene, gender-based violence prevention, and clean energy solutions to refugees.

With a dedicated research team in place, we grew our research portfolio to lead innovation, build the evidence that guides our work, and evaluate impact.

As we look back over two decades of empowerment, we

are immensely thankful for the support of our staff, volunteers, communities, partners and donors who have traveled with us every step of the way. You inspire us. We welcome the next 20 years!



Dr. Tom Lee
Founder & Board Chair



Stan Sze
Board President



Dr. Si Thura
Executive Director



A health worker crosses a jungle suspension bridge in Kayin State, Myanmar, while traveling to provide health care in remote villages. Image: Htoo Tay Zar for CPI

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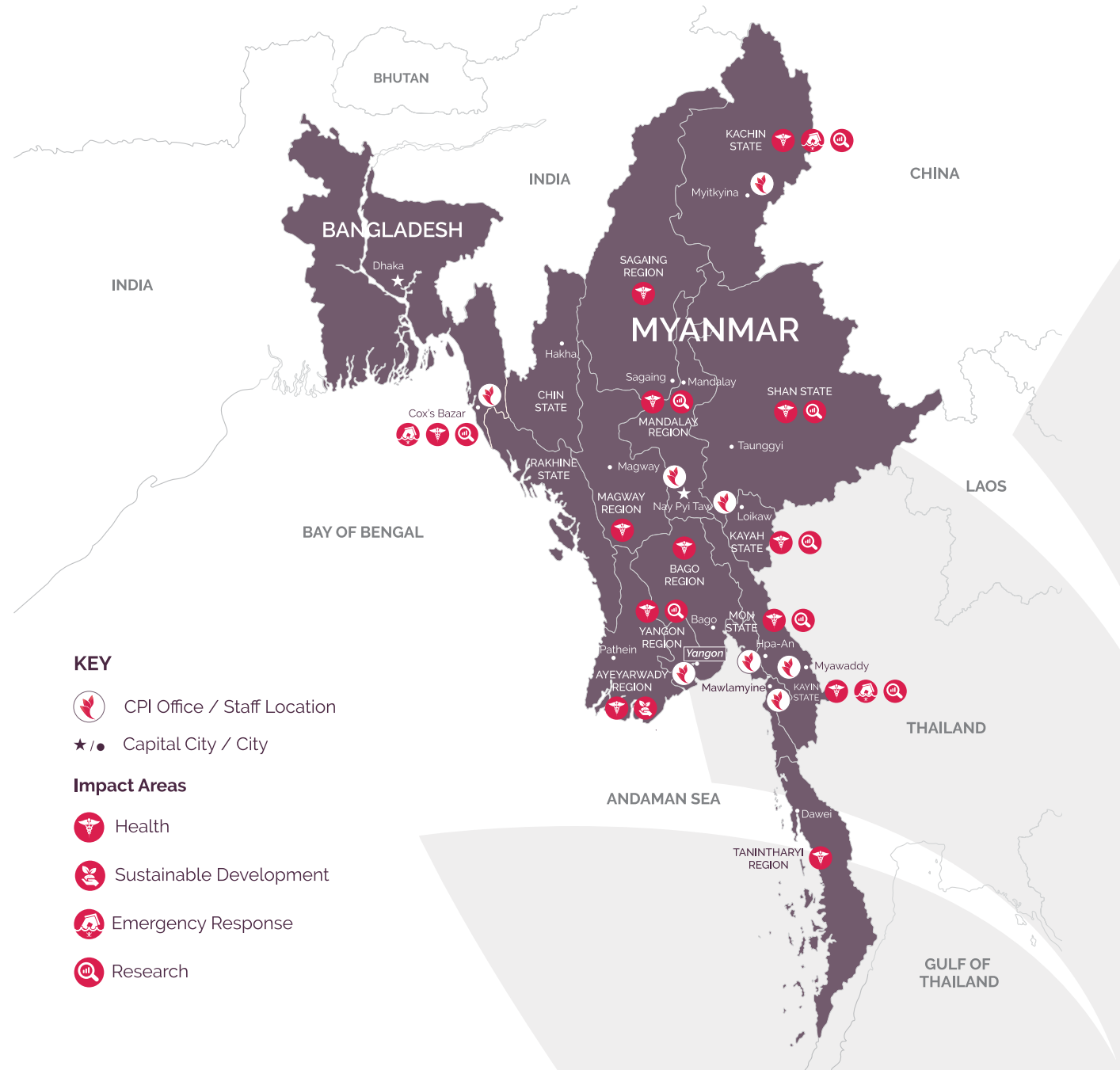
About CPI

Community Partners International (CPI) empowers communities in Asia to meet their essential health and development needs. Founded by U.S. doctors and philanthropists in 1998, we have grown to serve more than 500,000 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 on the right provides an overview of our services and geographic scope in 2018.





A child is vaccinated against polio in a remote village in Kayin State, Myanmar. Image: Htoo Tay Zar for CPI

2018 Impact



2,781

women supported to access
clean, safe births



13,442

women provided with prenatal
& postnatal care



77,625

people tested and 1,756 treated
for malaria



34,609

people supported with family
planning services



17,525

people educated to prevent
violence against women & girls



8,606

people living with HIV supported
with health & wellbeing services



148,966

people supported with
humanitarian aid in emergencies



161,425

people provided with health
education



A health worker meets with a family in Kayah State, Myanmar, to conduct health monitoring. Image: Arkar Linn Naing for CPI



A patient receives medication from a community-based health worker in Mandalay Region, Myanmar. Image: Paing Soe for CPI



Impact Area:

Health

During 2018, CPI continued to support communities in Myanmar, and Rohingya refugees from Myanmar in Bangladesh, to meet their essential health care needs.

Through our community partners, we supported a network of more than 2,500 health workers, and more than 175 community-based health facilities.

Our health care services reached more than 600,000 people in over 1,250 villages.

Together we ensured that:

- Mothers have access to healthy pregnancies and clean, safe births.
- Newborns and young children receive the care and nutrition they need to thrive.
- Communities at risk of infectious diseases such as HIV, malaria, tuberculosis

and hepatitis have access to effective prevention and treatment, and that these diseases are eliminated.

- Individuals can access the information, services and safe, effective and affordable contraception they need to safeguard their sexual and reproductive health.
- Women and girls are empowered and supported to live free from violence and sexual assault, and survivors receive the care and support to aid their recovery.

We strengthened national and community-based health systems in Myanmar to support the attainment of universal health coverage - ensuring that all people have access to needed health services, of sufficient quality to be effective, without suffering financial hardship.

CPI was involved in the implementation of several major strategic health projects in Myanmar with support from a range of institutional donors during 2018. We combine deep community partnerships forged over two decades with technical sophistication to transfer complex, large-scale projects into resource-constrained settings.

CPI leads one of two consortia implementing the Swiss Agency for Development and Cooperation's **Primary Health Care (PHC) Project** in southeastern Myanmar. Launched in 2015, the PHC Project focuses on health systems strengthening and convergence through maternal, newborn and child health (MNCH) services delivered by the Ministry of Health and Sports (MoHS) and ethnic and community-based health organizations (ECBHOs) in Kayin State.

CPI is supporting three ECBHOs operating 79 community-based primary health care clinics in four townships, serving a target population of more than 280,000 people in conflict-

affected, under-served and hard-to-reach communities. The project is providing equal support to government and ethnic health systems, and supporting gradual convergence between the two. This is part of a strategy of conflict-sensitive and context-appropriate programming, and wider support for ongoing peace negotiations in this region.

CPI is also helping to implement the **USAID HIV/AIDS Flagship (UHF) Project** supported by USAID under the President's Emergency Plan for AIDS Relief through UNAIDS Myanmar.

Myanmar's HIV epidemic is concentrated among key populations (KP): people who inject drugs (PWID), female sex workers (FSW) and men who have sex with men (MSM) including transgender people (TG). The goal of the UHF Project is to increase the number of KP members getting tested for HIV, and to accelerate treatment uptake and retention in five high burden areas: Kachin and Shan States, Sagaing, Yangon and Mandalay Regions.

The UHF Project is also focused on increasing access to harm reduction services and methadone maintenance treatment (MMT) for PWID.

Since 2013, CPI has led the **Community Leaders Eliminating Artemisinin Resistance (CLEAR) Project** funded by the Three Millennium Development Goal (3MDG) Fund. The CLEAR Project initially focused on malaria prevention, treatment and elimination for over 325,000 people in conflict-affected and hard-to-reach communities in Kachin, Kayah, Kayin and Mon States and Tanintharyi Region.

In 2017 and 2018, as malaria prevalence fell close to zero in project areas, the CLEAR Project broadened its activities. CPI supported ECBHO partners to develop mobile screening services for migrant worker populations and the most remote communities. The network of malaria workers supported under the project were trained to provide a wider range of integrated health services, including screening for HIV and tuberculosis (TB).

The 3MDG Fund ended in December 2018 and will be replaced by the Access to Health Fund as of January 2019. CPI's CLEAR Project activities in Kayin and Mon States will be supported through the new fund.

With support from the United Nations Population Fund, CPI is implementing the **Women and Girls First (WGF) Program** in four townships in Kayin State. The WGF Program promotes gender equality and women's empowerment, including access to sexual and reproductive health and rights (SRHR) and ending violence against women and girls.

Under the WGF Program, CPI is supporting access to a comprehensive package of SRHR and gender-based violence (GBV) services for women and girls in 123 conflict-affected, hard-to-reach villages. CPI is helping to integrate awareness of GBV into SRHR outreach services, and provide the first line of health care and support to GBV survivors.



A mother and baby supported by CPI's project in Hkamti Township, Sagaing Region, Myanmar. Image: Ei Thida Htwe for CPI



Spotlight

Supporting Mothers and Newborns in Remote Communities in Sagaing Region

During 2018, CPI partnered with Hkamti Social Network, a grassroots community organization operating in Hkamti Township of Sagaing Region in northern Myanmar, to provide 1,271 households in 17 remote villages with access to reproductive, maternal, newborn and child health (RMNCH) services.

Hkamti Township is rural and mountainous. It is home to approximately 47,000 people, 75% of whom live in rural areas. The majority of these households survive through subsistence farming. More than 80% have no access to improved drinking water sources. They draw their water from rainfall, rivers, ponds, and unprotected wells and springs. Half of households have no access to communications and 80% do not have access to electricity for lighting.

The remote location and lack of development of rural

communities in this region has a corresponding impact on their health status. The mortality rate of children under five in Hkamti Township is 97 deaths per 1,000 live births, meaning that nearly 1 in 10 children do not survive to see their fifth birthday. This is almost double the national rate in Myanmar.

No maternal mortality data is available at township level in Sagaing Region. However, the 2014 Census identified 271 maternal deaths per 100,000 live births for the region as a whole. This is significantly higher than the Southeast Asia average of 150.

Health services are stretched thinly, particularly in rural townships like Hkamti. Sagaing Region has the lowest number of doctors per person and among the lowest number of health workers per person in Myanmar.

Through Hkamti Social Network, CPI is providing training and supplies to a network of 17 auxiliary midwives (AMWs) and community health workers (CHWs) who provide the first line of health care to pregnant mothers and newborns in these communities.

The need for community-based care is crucial for these villages. Many are only accessible by boat for much of the year. Those that have road access are often cut off by landslides due to the mountainous terrain and seasonal rains. It is not uncommon for community members to travel for several days to reach a health facility.

The AMWs and CHWs provide a package of basic RMNCH services that include prenatal and postnatal care, clean and safe births, and family planning support and supplies. Family planning is particularly important in these communities as couples tend to have high numbers of children and birth spacing between pregnancies is often short. This means that children are at increased

risk of preterm birth, low birth weight, stunting and being underweight. This has associated implications for their health as they grow up, and contributes to child mortality. Stunting can impair a child's brain function, organ development and immune system, and limit life opportunities.

During 2018, with CPI's support, Hkamti Social Network's 17 AMWs and CHWs visited 208 pregnant women to provide prenatal care services. Fifty of these women received the recommended four visits during pregnancy. To prevent unintended pregnancies, 478 women of reproductive age were supported with access to modern contraceptive methods, including 236 who received combined oral contraceptives, and 239 who received contraceptive injections. A total of 374 households were provided with condoms.

CPI's partnership with Hkamti Social Network embodies our approach of empowering sustainable, community-based health services.



A baby receives a checkup in Hkamti Township, Sagaing Region, Myanmar. Image: Ei Thida Htwe for CPI



Spotlight

Love Over Stigma - Using Social Media to Support Recovery from Drug Dependency

In Myanmar, injecting drug use is deeply intertwined with HIV infection. According to Global Aids Monitoring and UNAIDS data for Myanmar in 2018, HIV prevalence among people who inject drugs (PWID) is 34.9% - almost 50 times higher than the 0.7% HIV prevalence in the general population.

Myanmar's epidemics of HIV and injecting drug use are taking place in the shadows. Stigma and discrimination mean that many PWID have

little or no access to harm reduction or support networks to help them to minimize the risks associated with injecting drugs and start their journey to recovery.

They often face being ostracized from their families and communities due to fear and a lack of understanding of drugs, drug dependency and HIV. With nowhere to turn, their chances of recovery are significantly reduced.

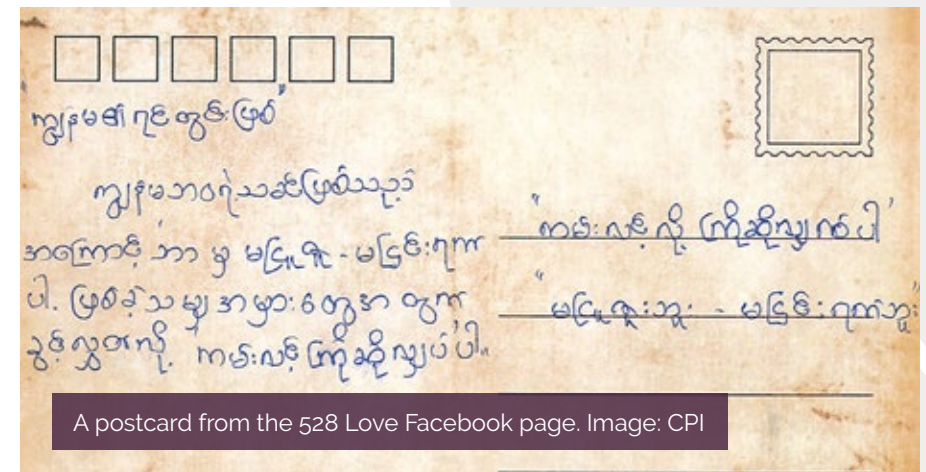
In September 2018, as part of the USAID HIV/AIDS (UHF) Flagship Project, CPI launched a Facebook page called "528 Love". In Myanmar culture, the phrase "528 Love" describes the kind of love shared between parents and their children, among siblings and among friends.

The 528 Love Page seeks to increase understanding of drug use and drug dependency for the families and friends of people who use drugs. By providing health-related information on these issues, 528 Love aims to sensitize families and friends to the health needs of people who use drugs. It encourages them to act with compassion

and love, and help their loved ones recover from drug dependency.

One of the first activities undertaken by 528 Love was an initiative in which people who use drugs and their loved ones were encouraged to write postcards to each other conveying important feelings that they found difficult to express face to face. The postcards were then selectively published with permission on the 528 Love page.

The postcards submitted were powerful and poignant. In a message (pictured below) to a loved one who used drugs, one person wrote simply:



"From my heart, you are my everything. I will never complain or reject you. I will forgive all your mistakes and welcome you."

In a message to his mother, a son wrote:

"Mom, you have given me your unconditional love since I was born. You withstood all my foolishness. You forgave me with your loving kindness. You fed me, took care of me and showed me the right path. When your foolish son lost his way, you shed light into his dark nights. You are the beautiful moon to me. I wish you eternal happiness."

In a message titled "I will always forgive you," the partner of a drug user wrote:

"When I found out that my boyfriend was a drug user, I didn't get angry but I felt very sad for him. When I asked him why he started to use drugs, he said it was because his parents got divorced. His mother remarried and there was no one to look after him. His relatives disowned him so he followed this path. I want to share my kindness towards him

and help him return to the right path."

The 528 Love page is one of few online spaces in Myanmar that addresses drug use, drug dependency and related issues in a creative, engaging, informative and non-judgmental way. Just one month after its launch, the page had more than 25,000 followers and had become a vibrant community. This growth underlines the need for such a resource and emphasizes the potential of social media to engage with populations that are hard to reach through traditional channels due to stigma and discrimination.

The 528 Love page can be accessed at: www.facebook.com/druginfocforfamilies

The USAID HIV/AIDS Flagship Project is funded by USAID under the U.S. President's Emergency Plan for AIDS Relief through UNAIDS Myanmar. Community Partners International is providing implementation support and management for the project.



A PWID volunteer in Kachin State safely collects discarded syringes to help prevent needle-stick injuries as part of an activity to change community perceptions of harm reduction. Image: Shin Daewe for CPI



A client receives a checkup during a patient registration session at a clinic in Kayin State, Myanmar.
Image: KDHW



Spotlight

An Innovative Approach to Financing Health Care in Myanmar

As Myanmar's health system evolves and health providers work towards the attainment of universal health coverage, securing adequate financing for health services remains an enduring challenge. This is particularly true for ethnic health organizations that, despite providing the first line of health services to hundreds of thousands of people in conflict-affected, hard-to-reach areas of Myanmar, have not received any direct financing to date from the Government of Myanmar.

In January 2018, CPI launched a three-year pilot project in partnership with the Karen Ethnic Health Organizations Consortium (KEHOC) to model a new approach to health financing in Myanmar: **strategic purchasing of health services**. Under this pilot, CPI is investing in a package of primary and public health services delivered by four KEHOC health facilities

that serve approximately 10,000 people living in 31 villages in Bago Region and Kayin State, southeastern Myanmar. The health service package includes maternal and child health, infectious disease prevention and treatment, sexual and reproductive health, non-communicable disease prevention and treatment, general health, school health, nutritional health and basic dental care.

CPI and KEHOC formed a steering committee to act as a purchaser of health services for the pilot. The steering committee purchases the package of health services from the health facilities. CPI has agreed to pay a flat fee of 16,000 Myanmar kyat (around US\$10.5) to each health facility per registered patient per year.

The facilities then guarantee to provide the agreed package of services to every

The four health facilities participating in the project registered over 9,500 patients in the first few months. They recorded patient names, photographs and locations to be able to track treatment and health outcomes.

It also generates evidence of the return on investment for both ethnic health

The project will help provide a blueprint for future financing agreements between ethnic and community-based health providers and the Government

of Myanmar. In the National Health Plan, 2017-2021, the government signaled their intention to purchase services from ethnic health organizations. Understanding how this purchasing relationship can work, including the challenges and opportunities it presents, will help inform the development of new financing models and national health policy that support the attainment of universal health coverage in Myanmar.

The flowchart illustrates the Health Fund Model, showing the flow of funds and services between different entities:

- DONORS** (Access to Health Fund, Swiss Agency for Development & Cooperation, Community Partners International) provide funds to the **POOLED FUND**.
- The **POOLED FUND** (Managed by Community Partners International) provides funds to the **STEERING COMMITTEE**.
- The **STEERING COMMITTEE** (Purchases health services from ethnic health providers) provides funds to the **KAREN EHOs CONSORTIUM**.
- The **KAREN EHOs CONSORTIUM** (Community-based health facilities) provides funds to the **POPULATION**.
- The **POPULATION** (Registered at health facilities) receives **HEALTH CARE SERVICES** from the **KAREN EHOs CONSORTIUM**.
- The **POPULATION** provides **CAPITATION PAYMENTS** to the **KAREN EHOs CONSORTIUM**.
- The **POOLED FUND** also provides **VERIFICATION & EVALUATION** services to the **STEERING COMMITTEE**.





A fisherman weaves fish traps in Mawlamyinegyun Township, Ayeyarwady Region, Myanmar.
Image: Chit Su Wai Aung for CPI



Impact Area:

Sustainable Development

As part of CPI's commitment to empower communities to thrive, we are expanding our activities to address broader development needs beyond health.

Utilizing the extensive network of community partnerships that we have developed over 20 years, we are consulting with communities to identify their priorities.

We are helping them to develop small-scale, sustainable and community-led initiatives to improve their living conditions and strengthen community resilience.

In 2018, we supported a range of initiatives to:

- Provide access to clean water, good hygiene and sanitation.
- Promote uptake of renewable energy and cleaner cooking solutions.

- Create livelihood opportunities.
- Improve community services and infrastructure.

In line with our core values and guiding principles, the communities themselves own and lead these initiatives with CPI's support.

To promote gender equity, we are supporting women to take a prominent role in decision-making, project leadership and implementation.

We are using microfinance and cost-sharing models to encourage community members to have an active stake in these initiatives and their outcomes.

We plan to build our portfolio of sustainable development initiatives in the coming years as part of an integrated and holistic approach to community wellbeing.



A community member tests her new solar lamp in Mawlamyinegyun Township, Ayeyarwady Region, Myanmar. Image: Chit Su Wai Aung for CPI



Spotlight

Better Homes, Better Lives - Helping Communities to Thrive in the Ayeyarwady Delta

In 2018, CPI launched the Better Homes, Better Lives Project to help 568 households in five villages in Mawlamyinegyun Township, Ayeyarwady Region, southern Myanmar, address the challenges they face and improve their living conditions.

The project, supported by a private donor, was carried out in partnership with Baythitsadarna, a community-based organization that CPI has worked with closely for several years on reproductive, maternal and child health projects.

CPI and Baythitsadarna consulted with communities to identify and prioritize needs, and propose simple and sustainable solutions to improve living conditions. The communities identified a range of priorities including water, sanitation and hygiene, lighting, cooking practices and community infrastructure.

During the consultation process, community members proposed to create women-led teams in each of the five project villages to act as the focal point and lead for community improvements.

One key concern raised by the community was the lack of access to safe drinking water. Communities draw water from nearby creeks and ponds. The water is not filtered and children frequently suffer from diarrhea. To address this concern, CPI partnered with Thirst-Aid, a Myanmar-based organization that focuses on clean water and hygiene, to supply water filtration units.

Thirst-Aid's water filters are locally produced and easy to use and maintain. They consist of a ceramic filtration bowl that sits inside the rim of a plastic container with a tap at its base. Users pour unfiltered water into the ceramic bowl at the top which filters the water

as it slowly passes through it. The filtered water drops into the plastic container, ready to drink. In April 2018, with CPI's support, Thirst-Aid distributed 176 filters to participating households in Mawlamyinegyun, and trained them on correct use and maintenance.

Without regular access to electricity, many households depend on battery-powered lamps for light, which they have to pay to recharge. With limited income, they minimize usage to save on recharging costs. To help solve this problem, CPI distributed 300 solar-powered lamps to households that requested them. These lamps provide a free source of light.

Community members also identified cooking practices as a priority. Most households use traditional hearths for cooking that emit large quantities of smoke and soot. They are a major cause of respiratory diseases and children under five are particularly vulnerable.

CPI introduced a locally manufactured improved

cookstove model that is cleaner, safer and more efficient than the traditional hearth stove. Two hundred households agreed to make the switch, and CPI distributed the new stoves in July 2018.

To empower community ownership, engagement and greater sustainability, CPI agreed a cost-share model in which CPI and the community would split the costs for the water filters, solar lights and cookstoves.

CPI also helped build a footbridge across a river at Kyaw Nu village. This bridge is strategically located to better connect four villages in the surrounding area to each other and nearby towns. During the monsoon season, the river swells and becomes dangerous to cross. This makes it difficult and costly to travel, particularly for schoolchildren who need to regularly cross the river to attend school.

The bridge was completed in early May, 2018, and now people can safely cross the river all year round.



Community members cross the new bridge built with CPI's support in Mawlamyinegyun Township, Ayeyarwady Region, Myanmar.
Image: Chit Su Wai Aung for CPI



A community member receives a UNFPA Dignity Kit distributed by CPI as she shelters with her two children during flooding in Kayin State, Myanmar. Image: Aung Soe Htwe for CPI



Impact Area:

Emergency Response

Since our founding, CPI has supported communities coping with chronic emergencies caused by protracted armed conflict. However, CPI also provides emergency relief to communities caught up in acute humanitarian emergencies.

In Myanmar during 2018, we responded to emergencies in Kachin and Kayin States. In May 2018, we mobilized to help communities in Kachin State affected by an escalation of armed conflict that displaced more than 5,000 people from their homes and trapped many others in conflict zones. We provided emergency food packages to 200 displaced families sheltering in Tanai Township to ensure that they received adequate nutrition during this emergency period.

In July and August, 2018, large areas of Kayin State were hit by severe flooding.

We organized deliveries of emergency food supplies to 6,000 people displaced by flooding in Hlaingbwe Township. This included 600 bags of rice, 1,440 lbs of meal substitutes, 190 gallons of cooking oil, 4,320 lbs of potatoes and 20 bags of salt.

In August, with support from the United Nations Population Fund (UNFPA), we distributed Dignity Kits to 500 women of reproductive age affected by flooding. The kits contained a range of items, including clothing, sanitary pads, a blanket, soap, laundry detergent, a toothbrush and toothpaste to support female hygiene and protect the health and safety of women affected by the flooding.

In Bangladesh, we rapidly scaled up our assistance to Rohingya refugees from Myanmar sheltering in refugee camps in Cox's Bazar (see next page).



A child in a refugee camp in Cox's Bazar, Bangladesh. Image: CPI



Spotlight

Rohingya Refugee Response

On August 25, 2017, violence in northern Rakhine State, Myanmar, forced more than 700,000 Rohingya refugees to seek refuge in Cox's Bazar, Bangladesh. They joined more than 200,000 Rohingya refugees who fled Myanmar during previous waves of violence, creating a humanitarian crisis on an almost unprecedented scale.

Thanks to an outpouring of support from our donors, CPI rapidly scaled up operations to support Rohingya refugee communities to build resilience and meet their health and wellbeing needs.

During 2018, CPI reached approximately 120,000 Rohingya refugees sheltering in camps in Cox's Bazar, Bangladesh, with essential services. Working with local partners, our activities focused on the following key priorities:

1. Health

CPI is training and equipping a network of up to 80 Rohingya Community Health Volunteers (CHVs) in six camps. The CHVs travel from house to house, educating households on how to stay healthy, distributing health and hygiene supplies, monitoring health and referring those in need of further care. They also act as first responders in medical emergencies, landslides and floods.

2. Gender-Based Violence Prevention

CPI is supporting a network of 23 Rohingya gender-based violence (GBV) volunteers in six camps to address the risk and impact of GBV and human trafficking through awareness-raising activities, and support income generation initiatives for vulnerable women and adolescents.

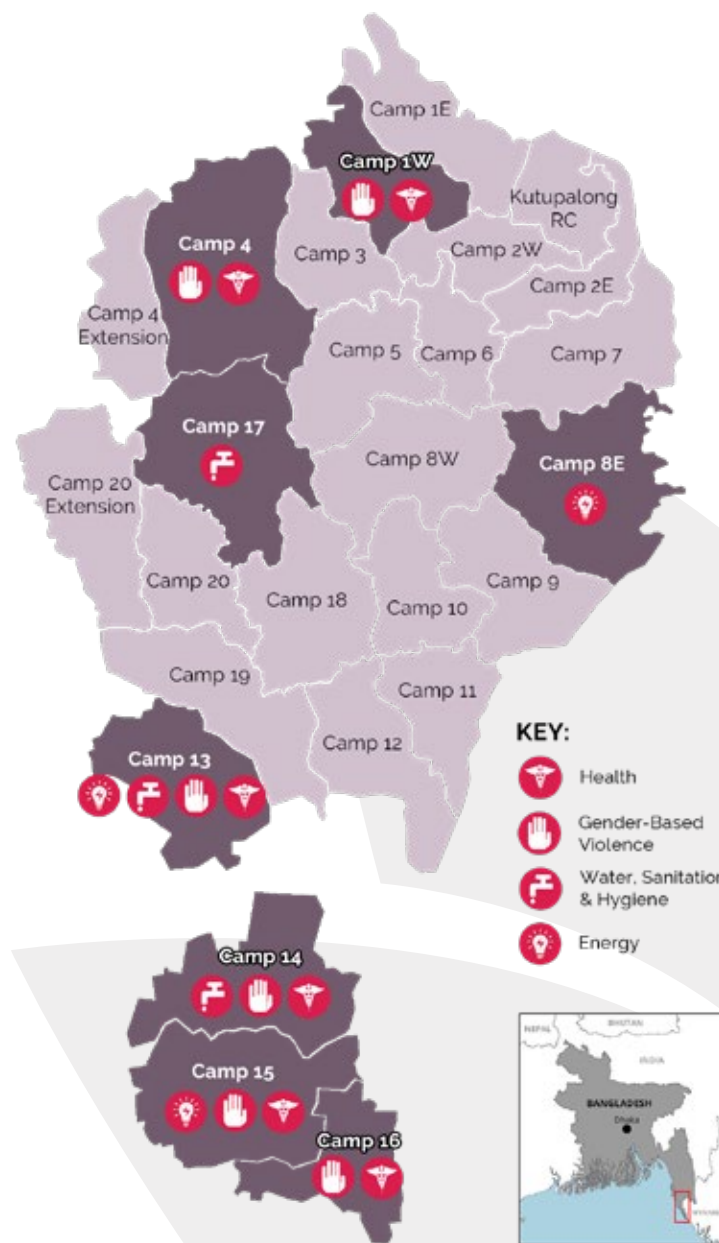
3. Water, Sanitation and Hygiene

CPI is supporting a network of 10 community-based water, sanitation and hygiene (WASH) volunteers in three camps to work with communities to monitor, maintain and upgrade WASH facilities, including latrines, tube wells and hygiene facilities. CPI also supports adolescent girls to access education and support for personal hygiene and menstrual hygiene management.

4. Clean Energy Solutions

CPI is working with community-based volunteer networks in three camps to provide improved, fuel-efficient and low-emission cookstoves to refugee households. CPI also provides solar lights to households, particularly for new mothers, and installs them in latrines and other hygiene facilities so that women and girls can visit them safely at night.

Geographical Distribution of CPI-Supported Activities in Refugee Camps in Cox's Bazar, Bangladesh



2018 Impact Snapshot



59,217

household health visits performed by 80 CHVs



4,351

adolescents and adults educated to prevent GBV



900

refugees given access to clean water, hygiene & sanitation



271

medical emergencies responded to by CHVs



1,000

improved cookstoves distributed to promote cleaner, greener cooking



187

pregnant women given Clean Delivery Kits to ensure clean, safe births



Shomshida with her First Aid Kit in a refugee camp in Cox's Bazar, Bangladesh. Image: Hima Abdulla for CPI



Spotlight

Shomshida - A Rohingya Health Volunteer's Voice

Shomshida lives in the world's largest and most densely populated refugee camp, the Kutupalong Expansion Site in Cox's Bazar, Bangladesh. It is currently home to more than 600,000 Rohingya refugees from Rakhine State, Myanmar.

She shares her small shelter, a rickety structure of bamboo covered with tarpaulins, with her husband and two-year old son. In late August 2017, she fled the violence in Rakhine State with her extended family. They walked for 15 days through jungle and across rivers, eventually reaching the border and crossing into Bangladesh. Her elderly father was unable to walk so they carried him throughout the arduous journey.

Back in her hometown in Rakhine State, Shomshida was an active member of her community. She had worked for a period as a school teacher, and then joined an

international aid organization for several years to assist with a therapeutic feeding program to address childhood malnutrition in her region. On her arrival in the refugee camp, Shomshida began to look for ways that she could contribute usefully to her community. "I wanted to help our community in this time of crisis. To help prevent disease, improve hygiene and manage stress," she says.

In April 2018, Shomshida became one of 80 Community Health Volunteers (CHVs) in Cox's Bazar trained, equipped and supported by CPI. This network of CHVs are a crucial link in the chain of health in Cox's Bazar.

In her CHV role, Shomshida heads out each day to visit households in her neighborhood. In total, she covers 100 households and around 5,000 people. "At first, it was difficult to gain people's

trust," she says, "But my supervisor helped me and it became easier over time."

All CHVs supported by CPI receive pre-service and in-service training to help them carry out their roles. "One of the most useful parts of our training has been prenatal care," Shomshida says. "A lot of the pregnant women here do not fully understand the need for care during pregnancy. We encourage and support them to get prenatal care. We are also trained to spot warning signs in pregnancy and to refer pregnant women for emergency care if needed."

Shomshida encounters a wide variety of health needs in the camps. "Diarrhea is the most common health problem that we see, and also women in the late stages of pregnancy. We help to refer them to an appropriate health facility where they can get care." For cases of diarrhea, CHVs also distribute water filters, oral rehydration salts and zinc tablets to help with prevention and treatment.

Shomshida attributes the number of cases of diarrhea

to water, hygiene and sanitation issues. "Some tube wells are located too close to latrine pits and that can spread disease." During her household visits, Shomshida trains families in good hygiene practices, gives hand-washing demonstrations, and distributes soap.

At times, she finds that cultural practices can be barriers to good health. "When we visit to discuss family planning, we can only meet with women, not their husbands. Ideally, we need to meet with both," Shomshida says.

Shomshida is unequivocal about the value of the CPI-supported CHVs. "The community is vulnerable and the CHVs are very important because we are available at night and every day of the week. If there is a health emergency at night when other health facilities are closed, we can respond and help people in need. I feel very good to be able to help my own community. The best thing is to be able to reach out to anyone who needs us."



Shomshida practices wound care techniques on a volunteer in Cox's Bazar, Bangladesh. Image: Hima Abdulla for CPI



Impact Area:

Research

CPI supports research partnerships that bring together community-based and civil society organizations, academic institutions and governments. These research partnerships generate evidence to guide, assess and inform service planning, prioritization and program implementation, support advocacy and influence wider policy making.

We empower communities to set their own research agenda and lead participatory

research initiatives that meet international standards and ethical principles.

In 2018, we expanded our research team to increase our research capacity and the scope and scale of research projects that CPI undertakes.

In April 2018, CPI co-hosted the first public health research forum focused on eastern Myanmar. Held on the Thailand-Myanmar border, the forum brought together ethnic and community-

based health organizations and international experts in public health research. Together they explored public health research approaches and methodologies, and strategized priority areas for future research.

The forum was the first step in the development of collaborative public health research for eastern Myanmar focused on community priorities and needs. By connecting local and international resources and expertise, this initiative seeks to empower community-based health providers in eastern Myanmar to use best practice research methodologies to generate

the data required for evidence-based public health programming and advocacy.

In October 2018, CPI supported the second Myanmar Liver Symposium, hosted by the B. K. Kee Foundation in Yangon, Myanmar. The Symposium gathered more than 200 local and international experts and other health professionals to exchange best practices, treatment protocols and data on chronic hepatitis B, C, cirrhosis, late-stage liver disease and liver cancer.

The table below outlines the research projects led or supported by CPI during 2018.

Project	Duration	Geographic Focus	Donor(s)
Demonstration Project on Assessment of Simplified Antiviral Treatment Strategy for Hepatitis C in Myanmar	June 2017 - September 2018	Yangon, Mandalay and Kachin States/Regions	The U. S. President's Emergency Plan for AIDS Relief, USAID, EQUIP
Health Systems Situation Analysis for Six Ethnic Health Organizations and Community-Based Organizations	October 2017 - June 2018	Kachin, Kayah, Kayin, Mon and Shan States	Three Millennium Development Goal Fund (3MDG)
Stop Hepatitis B at Birth in Peri-Urban Yangon	July 2018 - June 2023	Yangon	B. K. Kee Foundation, Tides Foundation
Time Use of Village-Based Health Workers of Ethnic Health Organizations: Qualitative Research and a Time-Motion Study Protocol	July 2018 - Ongoing	Kayin State	Access to Health Fund, Tides Foundation



Ma Hnin's son attends a checkup at the B. K. Kee Clinic in South Dagon, Yangon, Myanmar.
Image: Eindra Htoo for CPI



Spotlight

Preventing Mother-to-Child Transmission of Hepatitis B in Low-Income Communities in Myanmar

Ma Hnin, 26, lives in South Dagon township, a suburb northeast of Myanmar's commercial capital, Yangon. Ma Hnin's family moved to South Dagon six years ago from a village further east. "It is easier to earn money in Yangon. That's why we moved here," she says. Ma Hnin lives together with her parents, husband and two children - a three-year-old daughter and three-month-old son. Just over three years ago, when she was pregnant with her first child, Ma Hnin found out that she was hepatitis B (HBV) positive.

In 2018, CPI launched a five-year research project in South Dagon and Dagon Seikkan Townships, in partnership with the B. K. Kee Foundation and the Myanmar Liver Foundation, to develop a model for the prevention of mother-to-child transmission (MTCT) of HBV in low-income, peri-urban communities. An

estimated 3.5 million people in Myanmar are living with HBV. Those who remain untested and untreated face an increased risk of contracting liver disease, including cirrhosis and liver cancer.

In Myanmar, HBV is most commonly transmitted from mothers to children during childbirth. In up to 95% of cases, MTCT can be prevented by testing mothers for HBV during pregnancy, treating those who test positive with antiviral medication, and ensuring that newborns receive the birth dose HBV vaccine within 24 hours of birth. However, for low-income communities, the lack of access to health education and services places them at greater risk of MTCT.

As part of this research project, CPI is recruiting 110 HBV positive women in early pregnancy. These women are enrolled on an antiviral

treatment program, and the study will develop an outreach strategy to ensure that at least 90% of newborns born to this HBV positive group receive the HBV vaccine within 24 hours of birth.

Ma Hnin found out that she was HBV positive when she came for a prenatal checkup at the B. K. Kee Foundation Clinic in South Dagon. The clinic staff tested her blood for HBV as part of a routine examination. The diagnosis meant that Ma Hnin's daughter was vaccinated against HBV at birth, and is HBV negative.

Ma Hnin was downcast when she found out she was HBV positive but her family encouraged her. "After knowing the result, I tried to find out how to cure it. Some people suggested that I should go to a clinic. Some said I could get a vaccination. But I didn't get exact information so I consulted with a traditional healer. He said that someone had been cured by drinking an infusion of boiled leaves. So I followed this method after weaning my baby." Ma Hnin continued to take this traditional medicine

until she became pregnant with her son in early 2018.

She was enrolled on CPI's research project in 2018 when she was in the early stages of pregnancy with her second child, and received prenatal care through the B. K. Kee Foundation Clinic. "I am happy because I know both me and my baby are going to be healthier. [The clinic staff] are helpful in many ways. They explained a lot about HBV."

Ma Hnin gave birth at home, like the majority of women in Myanmar, supported by a midwife. Within 24 hours after the birth of her son, staff from the B. K. Kee Foundation Clinic delivered the HBV birth dose vaccine to a local physician who vaccinated the baby. Ma Hnin's son has since received follow-up doses of the HBV vaccination. It will be a few months before Ma Hnin will know for sure whether her son is HBV negative, but she is confident. "My daughter had the vaccinations and she tested negative, so I think my son will too."

Names have been changed to protect client confidentiality.



Ma Hnin attends a checkup at the B. K. Kee Clinic in South Dagon, Yangon, Myanmar. Image: Eindra Htoo for CPI

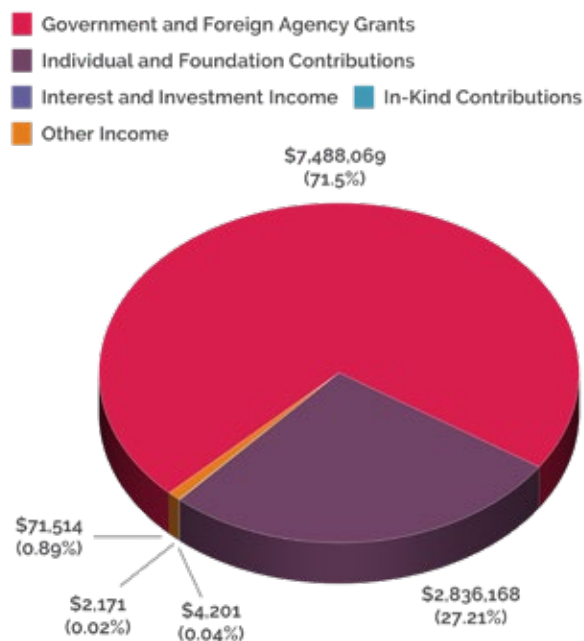
\$ 2018 Financials (Pre-Audit)

CPI's 2018 Financials indicate steady growth, stability, and a continued commitment to investing in community-led services.

2018 Revenue: US\$10,422,916

Total annual revenue increased from US\$8,793,401 in 2017 to US\$10,422,916 in 2018. Government and Foreign Agency Grants represented the majority of this increase, while Individual and Foundation Contributions remained stable year over year. Funds received in 2018 included multi-year grants which, while reported as 2018 revenue, will be expended in 2018 and beyond as per the grant conditions agreed with donors.

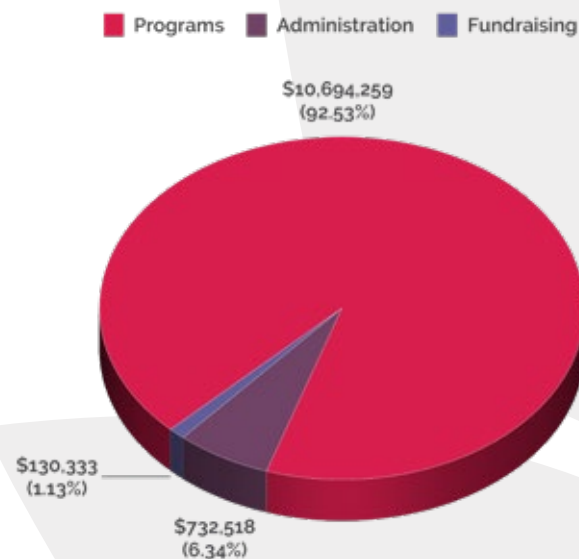
2018 Revenue by Donor Category (USD)



2018 Expenses: US\$11,557,110

CPI's expenses totaled US\$11,557,110 in 2018. Of these expenses, 92.5% were invested in program activities in the field, with 7.5% used for overheads (Administration and Fundraising). This reflects CPI's focus on efficient, disciplined and mission-focused stewardship of our financial resources.

2018 Expenses by Category (USD)

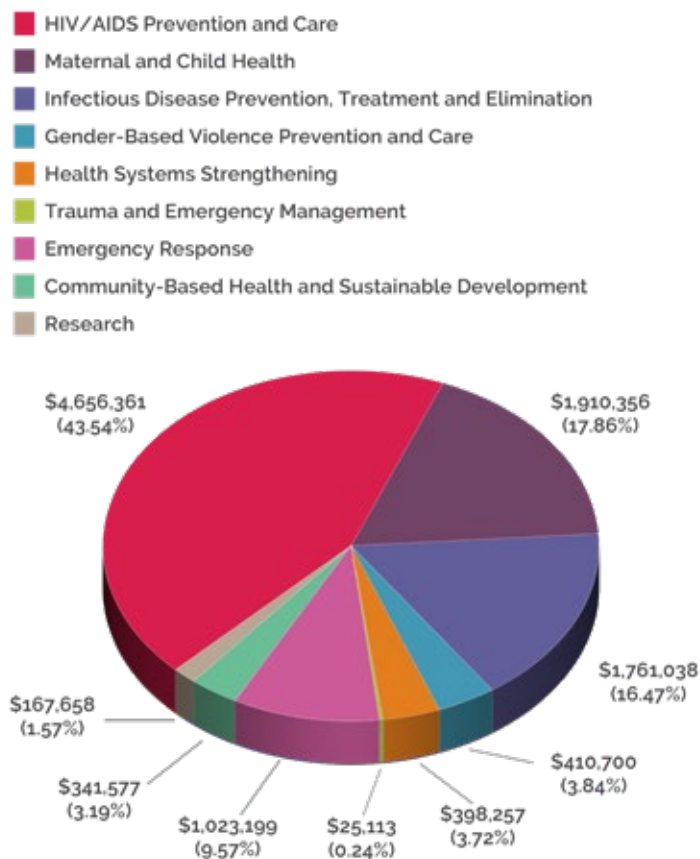


Health remained CPI's largest program impact area in terms of investment in 2018, representing approximately 80% of the

US\$10,694,259 spent on program activities. HIV/AIDS Prevention and Care services accounted for 43.54% of total program expenses, followed by Maternal and Child Health at 17.86% and Infectious Disease Prevention, Treatment and Elimination at 16.47%

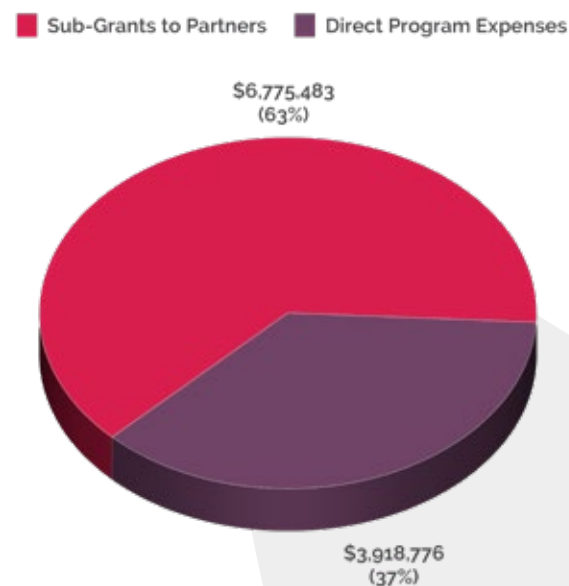
Emergency Response activities represented over 9.5% of total program expenses in 2018 as CPI mobilized to support Rohingya refugees from Myanmar sheltering in Bangladesh.

2018 Program Expenses Breakdown (USD)



In line with CPI's commitment to invest in communities, 63% of our total program expenses in 2018 were directed as sub-grants to our community-based partners. The remaining 37% were directed to support CPI's activities in partner communities.

2018 Sub-Grants vs. Direct Program Expenses (USD)



Net Assets at Beginning of 2018	US\$5,260,787
Change in Net Assets in 2018	(US\$1,134,194)

Total Net Assets at End of 2018 **US\$4,126,593**

Total net assets at the end of 2018 have been restricted or provisionally allocated in 2019 and beyond as follows:

Net Assets with Donor Restrictions	US\$625,795
Rohingya Refugee Response	US\$1,300,000
Operating Reserve Fund	US\$1,200,000
Program Support Fund	US\$1,000,798

Thank You

We would like to express our heartfelt thanks to all who supported us in 2018. In particular, we would like to acknowledge:

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Farzana Ahmad
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A client enrolled on a CPI-supported TB treatment program in Hlaingtharya Township, Myanmar. Image: Chit Su Wai Aung for CPI



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Empower communities.
Transform lives.



Cover page: A health worker conducts a prenatal checkup at a community clinic in Kayin State, Myanmar. Image: Okkar Aung for CPI

This page: A health worker meets with a family in Kayah State, Myanmar, to conduct health monitoring. Image: Arkar Linn Naing for CPI

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