

Honesty | Integrity | Service

# 2021

ANNUAL  
REPORT





# Message from **Our Founder**

Dear Friends,

Another year has passed in our organizational history; and once again, I could not be more proud of our team's perseverance and dedication to achieving our goals and ensuring health for all. During 2021, we were still combating COVID-19 and its unrelenting consequences. Fortunately, we have pivoted, remained flexible and provided many lifesaving services. We continued to train our staff in infection control, ensured all staff had adequate PPE, conducted outreach and educational activities in both the local communities and within the Rohingya refugee camps, and operated 3 HOPE COVID Isolation and Treatment Centers. Despite all the challenges, our team never stopped providing services to those in need. Due to all our efforts, we were designated by the Government as a COVID vaccination center and successfully rolled out vaccination campaigns for the Rohingya refugee population and the local host population against COVID-19 at the HOPE Field Hospital for Women and at HOPE Hospital.

Furthermore, our efforts in maternal and newborn care reached impressive levels in 2021, as we were able to attend to more mothers and newborns than ever before. The obstetric fistula program has gained momentum again after the severe lockdowns. We have expanded our efforts to 8 out of 11 districts of the Chattogram Division.

In 2021, we provided training to 2,161 health professionals, completed 70,606 antenatal care checkups, 106,931 lab services, graduated a new class of 29 midwives, and enrolled 40 more student midwives. Our team was happy to support a total of 469,113 patient encounters in 2021.

I am proud of how we, as an organization, banded together, shared resources, and overcame difficult challenges while never interrupting our routine services that so many women and children depend on. Our accomplishments in 2021 are owed to our donors, partners, and volunteers. This Annual Report is the result of your generosity in supporting our work. Thank you from the bottom of my heart.



Sincerely,

**Dr. Iftikher Mahmood**  
President and Founder

# Message from **Our Partners**

World Telehealth Initiative (WTI) is proud to partner with HOPE Foundation for Women and Children of Bangladesh. We share the mission of providing quality health services to the most vulnerable populations. WTI's innovative solution of enabling sustainable care via telehealth by medical experts anywhere in the world, has been embraced by HOPE Foundation. Not only are they leaders in humanitarian healthcare provision – but they do it with the upmost compassion and respect for those they serve. The entire staff at HOPE is commendable. By working together, we increase our collective impact and bring quality healthcare to even more people in need.

Together, we have developed programs at HOPE Hospital in Cox's Bazar and HOPE Field Hospital in the Rohingya refugee camp. Patients at either location can see a medical specialist that is otherwise

not available locally. Experts in Internal Medicine, Pediatric Surgery, Pulmonology, Critical Care and more have worked hand in hand with HOPE clinicians to facilitate vital medical care for many patients in need throughout our 4 years of partnership. The technology allows remote physicians, perhaps on the other side of the world, to interact with the patient and healthcare providers on-site, as if they were right there in the room with them.

We look forward to accomplishing even more between World Telehealth Initiative and HOPE Foundation in the years to come!



Sincerely,  
**Sharon Allen**  
Co-Founder & Executive Director



# Message from **Our Board**

It is with great pleasure I write this message! HOPE Foundation has become an important organization in Bangladesh supporting the country's efforts with regards to maternal health. We are doing so by expanding maternal health care to remote areas where access to care is limited. Many underprivileged women in Cox's Bazar district now have access to safe and reliable maternal care through our rural birth centers. The majority of these centers are being run by midwives who graduated from HOPE Midwifery Institute. Every year, over 30 committed women graduate from our institute with excellent clinical skills. These young midwives will dedicate their entire life to do what they have learned - caring for mothers. They really want to make a difference.

We will shortly complete the construction of the HOPE Maternity and Fistula Center, a 100-bed hospital that will allow HOPE to expand its reach

of care. The center will be a place for high quality emergency obstetric care and fistula surgery for the women who need it most. The center will also provide specialized training to aspiring surgeons and nurses who are committed to caring for women who are suffering from obstetric fistula. On behalf of the HOPE Foundation's Board, I am happy to say that this dream project for the entire HOPE team is coming alive.

My deepest gratitude to all partners, donors and volunteers, your dedication and support is touching the lives of many.



Sincerely,  
**Dr. Sirajul Islam**  
Board of Directors  
Florida, USA



**Our  
Work**

# Safe Motherhood Program

The maternal mortality rate in Bangladesh currently stands at 173 per 100,000 live births. While significant progress has been made, that statistic represents the fact that annually 7,660 women die from preventable causes related to pregnancy and childbirth. The five top causes of maternal mortality are hemorrhage, eclampsia, unsafe abortion, sepsis, and obstructed labor. The reason for so many unnecessary deaths is due to a lack of universal access to maternal and emergency obstetric care. The lack of access takes shape in the form of lack of financial means, lack of transportation, lack of doctors and qualified health care workers, a lack of respect from health care workers towards mothers (especially when impoverished), lack of the ability to move independently, and a lack of knowledge of the importance of pregnancy and delivery care. Moreover, many women are expected to deliver at home, at the hands of traditional birth attendants. Across Bangladesh over 50% of women give birth at home, with this rate being much higher in rural, under-resourced areas. The birth attendants that attend home deliveries are not qualified health care workers, and often engage in dangerous practices. In addition, mothers are not aware that they should never be in labor for more than 24 hours, and if they find themselves in that situation, they require emergency obstetric care immediately.

To address these needs, **HOPE's Safe Motherhood Program** provides access to comprehensive maternal health services including antenatal care, safe delivery, postnatal care, nutrition counseling and family planning. This critical program, made possible by **Every Mother Counts, USA**, ensures that all women have access to a safe and healthy pregnancy.

This program began in 2015 and to date, HOPE has successfully delivered comprehensive and



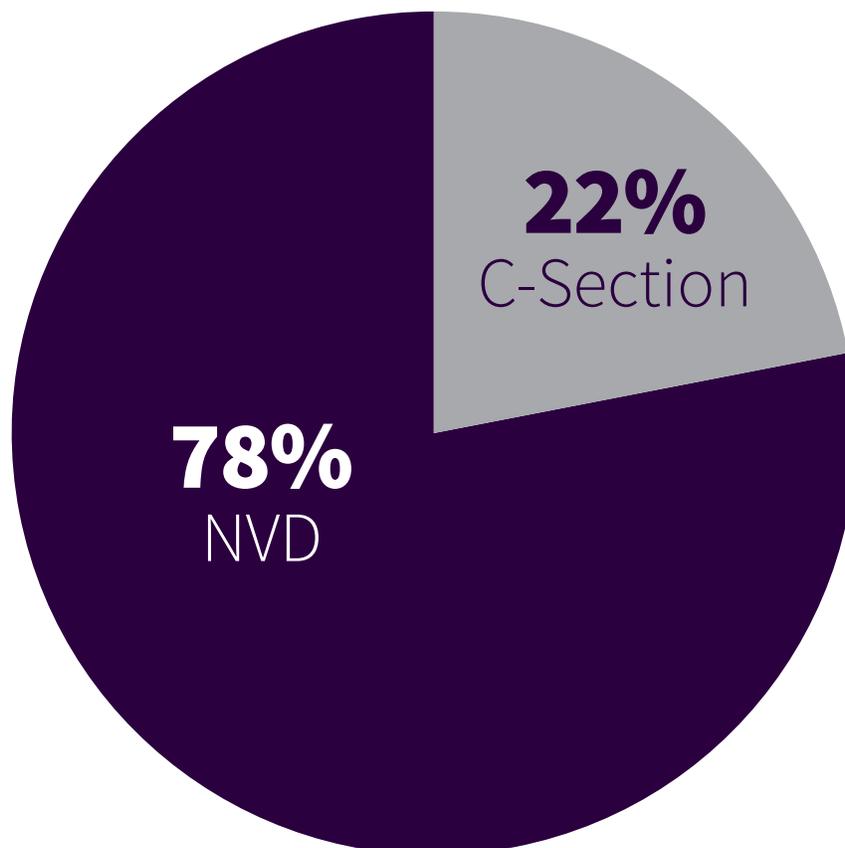
quality maternal healthcare to over 6,500 women who otherwise wouldn't have access to such care. The provision of this high-quality, critical care to marginalized and impoverished women within the community translates to HOPE having a direct impact on reducing the maternal and neonatal mortality/morbidity in Bangladesh.

In addition to providing services, there is a significant benefit in creating relationships with these mothers in the community. HOPE is able to communicate and educate mothers on the importance of receiving maternal health care. The



women who enrolled in the EMC program received a high level of quality care, and were able to realize the benefits of being attended to throughout their entire pregnancy. These women come to value learning about their baby’s development, how to best take care of themselves for their babies including what foods to eat, and the assurance of knowing that both them and their babies are healthy. The education and experiences are shared, and these women tell their friends, family and neighbors about our program and encourage them to visit HOPE health facilities to receive the same level of care. This is an important behavioral change for the community that will help achieve the **Sustainable Development Goal 2030** of reducing maternal and neonatal mortality rates in Bangladesh. The more women who learn about the program, or directly experience safe pregnancy care for themselves, means less women are pregnant and going without care, less women will give birth at home without the care of a trained birth attendant, and more women will receive postnatal care.

### Percentages of Normal and Cesarean Deliveries At HOPE



# Obstetric Fistula Program

HOPE Foundation is a leading provider of fistula surgery in Bangladesh and has *one of the highest* surgical success rates.

Obstetric fistula is a devastating childbirth injury whereby a hole is formed between the birth canal and bladder and/or rectum. It is caused by prolonged, obstructed labor leading to fetal death and necrosis of tissue in the birth canal. It happens to poor women in rural areas who have limited access to emergency obstetric care. Psychologically, the disease is unbearable. As a result of the smell and the suspicion that she is cursed, she is pushed away by all friends, family and community. The depression, anxiety and mental turmoil she experiences is horrible.

In Bangladesh there are an estimated 19,700 (BMMS, 2016) women currently suffering from obstetric fistula, with more new cases each year. This number is likely higher in reality, as obstetric fistula victims suffer and hide in silence. Locally, it is falsely believed that women who have developed this childbirth injury are cursed, which results in total societal isolation. This isolation compounds the physical pain and mental trauma. On a daily basis, these women suffer pain, incontinence of feces and/or urine, infections as a result of the incontinence, physical challenges of walking, poor nutrition, depression and shame. What these women do not realize is that they are victims.

Women who develop obstetric fistula are women of lower socioeconomic status, who lack access to emergency obstetric care, lack decision-making power, and are less educated on maternal health. In addition, they are often lacking in nutrition prior to pregnancy as a result of societal favoring of males, which often leads to physical underdevelopment of the birth canal. Similarly, Bangladesh has a high incidence of child marriage; it is positioned in the top ten countries, globally. These girls are often too young to carry a child, meaning they are physically under-developed; they are often also largely disadvantaged financially and lack decision-making power due to their age and circumstances. In total, as a result of all of the above circumstances, they become victims when experiencing obstructed labor and do not receive emergency obstetric care in time.

**HOPE Foundation, with the long-standing support of the Fistula Foundation, provides obstetric fistula repair surgery free of charge, to any woman suffering from this tragic childbirth injury.**

It is difficult to identify these women as they are hidden by society, as mentioned previously. To combat this, HOPE utilizes a strong grassroots approach through a community outreach team and HOPE's nationally renowned surgical team, to work with the community, these women, and their families, to provide them the support, information and care they deserve. Moreover, post-surgical repair, these women are eligible to participate in skills development and employment training, as well as HOPE's social reintegration program.

## 92 Total surgeries in 2021



# Rural Mother's Club



HOPE operates 238 Mother's Clubs in rural communities throughout Cox's Bazar District in Bangladesh. The main function of these clubs is to educate, provide awareness, dispel myths and promote health amongst vulnerable women. Each club is composed of 30-50 mothers who receive basic health information by HOPE midwives, enabling them to share sanitation and hygiene practices with their community, including Infection Control education that is a key activity during the COVID-19 pandemic. As a result, they are also able to support our outreach initiatives by spreading messages of health and making referrals of mothers who otherwise would not know about our services. These clubs have been especially successful because women trust their peers; once they come to HOPE they come to know that they can trust us with their health and their children's health, too.

**9,947** Women reached through community outreach/Mother's Club meetings

# Cleft Lip/Palate Program



Cleft occurs when certain body parts and structures do not fuse together during fetal development. Cleft lip and/or palate is a type of cleft affecting the baby's lips and/or mouth. The causes of cleft lip/palate are not always certain, but rather multifactorial including genetics, maternal drug and alcohol use, smoking, maternal illness, infections, or lack of a vitamin known as folic acid. Experts have identified that this condition is more prevalent amongst Asian babies, occurring in about 1 in every 500 births, compared to 1 in 700 amongst Caucasian births.

Women who are not receiving the WHO-recommended 8 antenatal care visits are not being advised of proper nutrition and supplementation. We know that to prevent cleft lip/palate, the mother needs to be consuming adequate folic acid, which is found in prenatal vitamins. This disability prevents the child from eating, drinking, breathing, hearing, or speaking properly, as well as causes mental stress as they are often socially isolated. A low-cost, reconstructive surgery can transform this childbirth defect immediately. HOPE partners with **SmileTrain**, who's surgeons conduct repair surgeries for those in need.

**43** total surgeries were conducted in 2021

## Babu's Story

Babu was born with a facial cleft, His parents and family were very sad and worried about his well-being. Fortunately, his family discovered this repair surgery available at HOPE and he received cleft surgery at HOPE when he was just 9 months old. Today, Babu is 6 years old and is attending school, thriving, and enjoying his childhood. "A true life transformative work indeed" says Dr. Mahmood, President and Founder of HOPE Foundation who had the opportunity to meet Babu once again, during one of his recent trips to Bangladesh. Babu is a healthy and happy boy.



# HOPE Birth Centers

In Bangladesh, there is a shortage of healthcare workers in rural areas. Due to economic conditions, trained health care workers often flock to urban cities for work, where pay and opportunities are greater. Bangladesh's number of healthcare providers are inadequate; it is just 17% of global requirements. Investing on training doctors and nurses take time and is financially more difficult; they are also harder to retain in rural areas as opportunities are greater and more lucrative in urban areas. One solution to the global health care worker shortage, in particular regards to maternal health, is to invest in midwifery care.

Midwives can meet about 90 percent of the need for essential sexual, reproductive, maternal, newborn and adolescent health interventions.

-State of the World's Midwifery Report, 2021

Globally, the world is lacking one-third of the midwives needed to provide maternal health services. If the need was met, a projected 4.3 million lives would be saved per year by 2035. In response to this, HOPE provides critical community-based maternal and child health care through HOPE Hospital and its growing network of rural midwife-led HOPE Birth Centers. These birth centers are strategically located in very remote, resource-poor areas where women have historically had very limited access to maternal care. HOPE established 15 such centers.

HOPE Birth Centers ensure every woman has access to a safe and healthy pregnancy and child birth by offering antenatal care, family planning, natural birth, and postnatal care to women who otherwise would not have access to these lifesaving services. In order to ensure acceptance by the local

communities, these services are delivered by midwives recruited mostly from HOPE's midwifery program. HOPE thrives seeing the midwifery program come full circle and observe as they save the lives of mothers and their babies, each day. This work is made possible by generous support from the **Islamic Development Bank**.



# HOPE Midwifery Training Program

**29** midwives graduated on December 21, 2021 from HOPE Midwifery Institute. We also welcomed **40 new student midwives** as the 7<sup>th</sup> batch of the HOPE Midwifery Institute diploma program. These 40 new students will spend 3 years with us for exceptional education. Currently over **100 students** are enrolled between the 3 cohorts.

Maternal Health in Bangladesh has come a long way in the past two decades, but still greatly lags behind the country's Sustainable Development Goals' (SDG) targets. The maternal mortality rate is 173 per 100,000 women and about 20-30 times more women develop morbidities. In Bangladesh nearly 50% women are giving birth at a facility, yet in rural areas less than 20% of women give birth in a medical facility and the remaining population gives birth at home at the hands of untrained birth attendants and family members. As a result, labor and delivery is a serious threat to every woman's life. In fact, the lifetime risk of dying from pregnancy or childbirth in Bangladesh is 1 in 21, compared to 1 in over 4,000 in developed countries.

One of the leading causes of death for mothers is obstructed labor. Obstructed labor, as defined by the World Health Organization is "when the presenting part of the fetus cannot progress into the birth canal, despite strong uterine contractions". Obstructed labor can cause: "intrauterine infections following prolonged rupture of membranes, trauma to the bladder and/or rectum due to pressure from the fetal head or damage during delivery, and ruptured uterus with consequent hemorrhage, shock or even death" (WHO). Their babies are most often stillborn. The stillbirth rate is 28 in 1,000 births (BDHS, 2017) although this is likely to be higher as many births in Bangladesh go unregistered. For a woman to avoid obstructed labor, for herself and her baby to survive, it is necessary that she receives antenatal care by a trained and skilled provider such as a midwife.

Each year there are 5,090,000 estimated pregnancies in Bangladesh and this number increases every year. Out of Bangladesh's population 72% live in rural areas where healthcare access to maternal and newborn health is limited. To achieve universal access to sexual, reproductive, maternal and newborn care, 4.3 million pregnancies per year need to be attended by a trained



In order to achieve greater maternal and neonatal outcomes, HOPE is training classes of midwives through its 3-Year Community Midwifery Program.

health professional. Skilled midwives are the most reliable option to fill the healthcare gap in maternal healthcare, as they can provide quality care in low resource areas like remote villages.

As HOPE has long served these communities, we knew that for the midwives to be accepted and utilized by these communities, they would have to be local women who understand the culture and values. Thus, HOPE recruits local women for its midwifery program. The program trains the women on how to provide antenatal care, postnatal care, family planning, natural delivery, lab testing, fetal assessment, signs of high risk pregnancies, birth complications and diagnoses. The Midwifery Training Program also equips midwives with the proper knowledge and sterilized tools to assist women with pregnancies and births in resource-poor situations such as in the refugee camps, where there is limited access to basic sanitation or clean water to sterilize tools and the birthing surface.

Once graduated, many of HOPE's midwives are recruited to serve in HOPE's Birthing Centers, and many serve on the frontline in the refugee camps. These midwives are dedicated to ensuring every woman has access to quality maternal and neonatal health care, and demonstrate their commitment daily, working in the refugee camps, in remote communities, and through COVID-19.

**6,358** babies delivered by HOPE's midwives in 2021

# Rohingya Refugee Response

When hundreds of thousands of desperate Rohingya refugees began arriving onto the coasts and paddy fields of Cox's Bazar district of Bangladesh in August 2017, it was the women and children who suffered the most. The refugee population – almost 60 percent of whom were women and children – poured across the border from Myanmar into Bangladesh. These victims brought with them accounts of the unspeakable violence and brutality that had forced them to flee. By the end of 2021, Bangladesh was hosting more than 890,000 documented Rohingya refugees in the Cox's Bazar District (UNICEF, 2021). While basic services have been provided, women and children still face disease outbreaks, malnutrition, inadequate educational and recreational opportunities and the risks related to neglect, exploitation and violence including gender-based violence risks, child marriage and child labour.

Approximately 25% of Rohingya refugee women are of reproductive age (15–49 years old) and it is further estimated that 2.4% of the refugee women's population are pregnant. The current maternal mortality rate in the camps is 179/100,000 (ReliefWeb, 2019). At the beginning of the crisis, just 22% of childbirth deliveries took place at a health facility. There was a clear, urgent need to ensure Rohingya women had access to sexual and reproductive health care to avert needless suffering and mortality.

HOPE Foundation responded to this crisis by building **HOPE Field Hospital for Women**, a fully operational field hospital inside the refugee camps. This 50-bed hospital is a safe haven for women and children that provides comprehensive healthcare services to Rohingya refugees 24 hours a day, 7 days a week, including mobile health clinics, emergency transportation, emergency obstetric care, mental health care and pediatric health care.

Furthermore, since the beginning of the crisis, HOPE has provided medical services and necessary supplies such as first aid kits, medications, water purifying packs, and vitamins to the Rohingya refugees. HOPE continues to work to address the unique healthcare needs of this population. To respond to the COVID-19 crisis, HOPE opened a 50-bed COVID Treatment Unit near the Field Hospital to help respond to the risks of the pandemic. We strive to ensure that women and children living in the refugee camps have access to compassionate, quality care.





King Abdullah bin Abdulaziz  
Program for Charity Work (KAAP)

# HOPE Field Hospital for Women

The HOPE Field Hospital for Women provides comprehensive healthcare services to Rohingya refugees around the clock, and includes mobile health clinics, emergency transportation, emergency obstetric and pediatric health care, and mental health services. Moreover, HOPE has provided medical services and necessary supplies such as first aid kits, medications, water purifying packs, and vitamins.

## HOPE Field Hospital provides the following services 24/7:

- Emergency Obstetric Care
- Normal Delivery
- Newborn Care
- Maternity Care
- Antenatal Care
- Emergency Services
- Fistula Screening
- Postnatal Care
- Family Planning Services
- Laboratory Investigation
- ECG
- Ultrasound
- Pharmacy
- Outpatient Care
- Mental Health Care
- Dermatology
- Physical Therapy and Rehab Counseling Services
- Cleft Surgery
- Dental Health Care
- Telemedicine Care

**In 2021, the HOPE Field Hospital for Women made the following impact:**

**112,011**  
services provided including:

**1,817**  
antenatal care services provided

**2,233**  
total births

**2,365**  
postnatal care services provided

**4,773**  
Family Planning Services provided

**30,686**  
patients received outpatient care

**2,097**  
patients received inpatient care

**930**  
patients received mental health services

**3,776**  
emergency transportation services

# Sexual and Reproductive Health Centers for the Rohingya Refugees

With support from the UNFPA, HOPE established 9 Sexual and Reproductive Health (SRH) Centers to provide care for the Rohingya refugee population. Many of the Rohingya women have experienced traumatic sexual assaults and torture, and HOPE met this critical need to ensure that the adequate amount of services needed were available, and that the services were provided in a safe and comforting setting for these women. Many of the women who were raped, attacked and tortured in Myanmar were unable to receive the post-rape care they needed such as emergency contraception or HIV prophylaxis; many witnessed their children killed during their attacks; and many never reported their rapes due to stigma. The actual number of assaults is unknown but it was reported that by December 2020, the **United Nations Population Fund (UNFPA)** assisted 3,500 sexual assault survivors since the influx of refugees in August 2017. However, it is estimated that likely over 58,700 women and girls have been subjected to sexual violence. These same women walked on foot through endless hardships to arrive to Bangladesh, despite all of the trauma they endured. For those who arrived pregnant or recently were victimized, they needed immediate care. As the years have passed, that trauma remains and can often deter women from seeking services, without assurance that the healthcare facility will offer respectful, compassionate care. Moreover, unfortunately the refugee camps themselves pose threat to women; threats of rape, sexual assault, abuse, domestic violence, trafficking, and more.

It was without any doubt that what women living in the Rohingya refugee camps needed was a safe space to receive the healthcare they had been denied. HOPE ensures its centers provide gentle, respectful care in the following areas: antenatal or postnatal care, delivery, family planning and cervical cancer screening. In 2021, HOPE's 9 SRH centers\* provided the following services:

## **153,653 Total services provided including:**

**23,590** Lab services

**22,748** Antenatal care services

**3,393** Postnatal care services

**1,179** Natural deliveries

**291** Immunizations

**470** VIA Test - Cervical Cancer screening

**6,017** Family planning services

**14,579** Fistula screening services

\*These SRH Centers are supported by the UNFPA.





অপারেশনস থিয়েটার  
OPERATIONS THEATER  
HOPE  
HOPE Field Hospital For Women



# A Heart-Felt Story of **HOPE** Midwifery Student

## **Sadia Jannat** *Daughter of a fistula survivor who will soon become a midwife.*

I was only 18 months old and my mother was four months pregnant when our lives were turned upside down, my mother was divorced. Soon, due to complications during her labor, my mother lost her baby due to obstructed labor and ended up developing injury in her private area which was later diagnosed as obstetric fistula. My mother, Hamida Begum, and I had become all alone in this world.

Because of her fistula, my mother had started struggling to maintain our livelihood. She tried every kind of job. Yet, there were so many people who tried to make our life difficult. Village people used to gossip and whisper about her and eventually, my mother developed a serious psychological problem. After several years, a local hospital in Cox's Bazar, Bangladesh, referred my mother to a Fistula Center in Dhaka. I was the only companion my mother had. When I was only seven years old, I had to quit my studies and go with my mother. In 2007, my mother underwent her first repair surgery. I started dreaming of a healthy, happy life with my mother. But, I was wrong. Even after multiple surgeries, her problem did not get solved.

It was challenging to see her struggle with her mental health after so many doctors appointments and hospital admissions. I was worried especially because I was little. We had no one to help us during these difficult times.

My mother developed severe mental health problems. The health condition of my mother became worse day by day. The doctors tied her hands and legs with lots of bandages. Sometimes my mother used to scream and hit her legs and hands due to excessive pain. Instantly, the bandage would turn red and blood would come out from infected areas.



**Mom, Ms. Hamida**  
*Fistula Survivor*



**Daughter, Sadia Jannat**  
*Student Midwife*

Fortunately, after a couple of months, my mother's health improved gradually.

The Fistula Center rehabilitated my mother by giving her training on sewing and tailoring. Then, they gave my mother a sewing machine to generate income, built a small house for us, and bought us a cow. We became so happy!



My mother struggled a lot to raise and educate me, as education costs are high. We needed to pay examination fees, admission fees, and so much more. Sometimes we were forced to sacrifice our daily food to ensure the fees. Although my mother was a hardworking woman, she was often rejected by the people and our community due to her fistula. Our many close relatives refused to help us when we requested for help. In all, we faced a difficult life due to the financial crisis.

In 2015, a fistula worker from HOPE Foundation knocked on our door and informed my mother about the treatment HOPE was offering. My mother gave her consent positively and HOPE Foundation conducted the surgery free of cost on December 30, 2015. The surgery went successfully and that was a life-changing day for us. My mother got cured from fistula permanently. Luck struck again when my mother had been offered a job at HOPE Foundation as a fistula ambassador. Finally, my mother was earning enough money for us. I completed my secondary and higher secondary level with a major in science successfully.

HOPE Foundation has been running a midwifery program since 2012. I started dreaming of becoming a professional midwife. I believe that if a professional midwife had conducted my mother's delivery then she never would have lost her baby and never had developed fistula. She would not have to face such cruelty in the society. My father might not have left us as well. I really wished to become a professional midwife so that I would be able to stand by a mother like my own.

I talked with my mother and expressed my dream of being a professional midwife. She was very happy about that. In 2021, HOPE Foundation gave me the opportunity to become one of the students of the midwifery program with a full scholarship at no cost of my own. HOPE arranged this scholarship with generous support from the Lois Marie Foundation, USA. My heartfelt gratitude towards the HOPE Foundation and Lois Marie Foundation. I am so happy to be a student midwife. I have a big dream of becoming a professional midwife and serve women of our community who really need support for a safe pregnancy and safe birth. I want to dedicate myself to providing respectful and quality maternal care. I want to be of service to humanity!

**HOPE Foundation offers *FREE* Midwifery Education to underprivileged girls through collaborations with donor agencies.**

# HOPE Telemedicine Program

When patients are in need of specialized care, they often must travel to larger cities where specialized doctors practice, which is often too costly for the patient. The care by the specialist and the logistics of traveling to the doctor are often far out of reach of those who need it most; not to mention follow-up appointments needed, testing, and medication. Disease therefore continues to go untreated for those who are impoverished, and they continue to suffer.



What is unique in today's society is the abundance of technology; even in rural areas in Bangladesh, an estimated four-fifths of households have at least one cell phone. The role of telemedicine is not novel, but presents unprecedented opportunities for healthcare facilities and providers in resource-poor settings. To ensure that patients who require a specialist for their conditions are able to, they can take advantage of telemedicine so that the patient can still be seen, virtually, by the specialist alongside their doctor. This supports the public

health systems, patients without the ability to travel or pay, and cuts down on even the physician's time. The specialist is brought to the patient. Telemedicine played an even more pivotal role during the COVID-19 pandemic, as clinics shut down, patients were unable to travel either due to lockdowns or a lack of financial ability, and patients were furthermore frightened to go to a healthcare facility for treatment in fear of the COVID-19 spread.

HOPE runs a telemedicine program so that its patients can be consulted by specialists from all over the world, without having to leave HOPE's facilities. HOPE has two **InTouch Operating System (OS)** based telehealth devices in two of its hospitals. These advanced devices were donated by the **World Telehealth Initiative (WTI)** in collaboration with **Direct Relief**. In HOPE's telemedicine roster there are physicians from many specialties such as Internal Medicine, Dermatology, Neurology, Pulmonology, and Pediatric Surgery. These physicians dedicate their time so that our patients receive free consultations, and whereby the capacity is enhanced without the need for travel. We are so grateful for our volunteer physicians who make this possible!

**208** Telemedicine visits in 2021



# Mental Health Program

Mental health is an often overlooked need in resource-poor areas; however, one can not achieve good health without strong mental health. In Bangladesh, the mental health services landscape is weak with an insufficient number of public mental health facilities, scarcity of skilled mental health professionals, and cultural stigma. Mental health services are an absolute necessity as part of any health system; professionals are needed to address disorders, trauma, loss, hardship, postpartum depression, and so much more. These needs that always exist are coupled with COVID-19 which has brought unmeasurable loss, hardships and fear, a large population of obstetric fistula patients who have experienced social isolation similar to that of the cleft lip/palate patients, and a refugee population that experienced sexual assaults and rape, the murders of their loved ones, leaving their lives behind with an uncertain future, and unimaginable pain.

**The pandemic alone has increased mental health challenges amongst the population; in Bangladesh, one study found the prevalence of depression (57.9%), stress (59.7%) and anxiety (33.7%) in the adult population is now much higher than pre-pandemic rates.**

HOPE Foundation, with the support of **Kulczyk Foundation**, runs a Mental Health Program aimed at providing mental health and psychosocial supports for both host and Rohingya communities living in the district of Cox's Bazar. HOPE Foundation's mental health team has been providing direct mental health and psychosocial supports to beneficiaries through individual counseling, support groups and community mobilization and awareness-raising activities. The team offers services at the HOPE Hospital, HOPE Field Hospital for Women, as well as in the Rural Birthing Centers.

The mental health team has received mhGAP training and is supported by a local psychiatrist who visits the HOPE Field Hospital for Women twice monthly; the team further receives support from international experts, including four psychiatrists, for clinical advice via telemedicine.



**2,055** patients have received mental health care services in 2021



# HOPE Emergency Response Team (HERT)

HOPE Emergency Response Team (HERT) was established to address emergencies in Cox's Bazar district and to ensure that the communities in the area have access to the rapid emergency services. The deployed teams are trained to offer emergency treatment and essential items such as water purification tablets, food, umbrellas, and LED lights.

HERT responds within 24 hours or less, to areas where a well-trained emergency team is needed to quickly and effectively respond to a disaster situation.

These teams lessen the hardships brought on by complex disasters such as monsoon floods and cyclones and reduces the rate of unnecessary morbidities faced by such disasters by:

- Answering to immediate health needs in an efficient and safe manner
- Deploying teams equipped with sufficient training, flexibility and mobility to areas where the disaster has struck.
- Working in close coordination with government entities, and other local agencies in order to respond to an emergency the most effectively.
- Training volunteers as the correct training is key for the success of an emergency response.
- The HERT will utilize a learner mindset to adapt and evolve quickly in unforeseen scenarios.

Direct Relief has been supporting HOPE Hospital's maternal and child health programs for over a decade. It's been inspiring to see the positive impact Hope's staff has had in improving health outcomes for mothers and newborns. Even more impressive is how much the organization is still growing - I love picking up the phone when Dr. Mahmood calls, he always has an idea on how to reach more women, save more lives, and keep improving. It's been a privilege for Direct Relief to be a part of the journey!



**Paulina Ospina, M.H.S., M.A.**  
Associate Director | Maternal & Child Health Programs  
Direct Relief USA

## Other HERT services include:

- Triage, including mass casualty triage.
- Emergency resuscitation, stabilization and referral.
- First aid including treatment of injuries, wound care, splinting and tetanus prophylaxis.
- Treatment for priority communicable diseases including diarrhea, acute respiratory infections and malaria.
- Emergency deliveries for pregnant women.
- Psychological first aid (with onward MHPSS team referral).
- Critical protection services
  - » Identification of unaccompanied children/separated families and referral to emergency protection teams
  - » Referral of survivors of GBV to emergency protection teams for psychosocial and case management support
- Referral Services

# Spotlight on Climate

Flooding is not new to Bangladesh, where 75% of the country sits below sea level. The monsoon seasons in the last few years have been significantly difficult, and complicates the refugee camps which are set on hilly terrain. The terrain, when impacted by monsoon floods, can quickly turn into mudslides and flood waters can carry away makeshift tents. In 2021 during the monsoon season nearly 100,000 refugees were affected, thousands of shelters destroyed and roughly 10 refugees lost their lives. Furthermore, the flooding makes it nearly impossible to access needed healthcare services and creates an environment that fosters the spread of communicable disease.

HOPE's HERT team was deployed during the fire that broke out in the Rohingya refugee camp in March 2021. Refugees escaping the fire were injured, burned, traumatized, and lost everything. Arefa Begum and her son lost both their shelter in the camp and a small shop which they had set up using all of their savings. While escaping the fire, Arefa fell and injured her knee and back; her son Raziz sustained a burn injury. Arefa said, "I was watching helplessly as all of our possessions and investments burnt in flames and it felt like, just within 3.5 years, we became refugees all over again. But with everybody's support, we started rebuilding our own shelter."



**Arefa Begum, after losing her shelter and shop during the March 2021 refugee camp fire.**

# COVID-19 Response

COVID-19 was one of the greatest challenges the world has ever faced. In Bangladesh there have been over 1.9 million confirmed cases and 29,000 deaths. We feared for our communities that already faced challenges accessing basic health care. Our concerns were coupled with the one million Rohingya refugees living in makeshift tents, in close proximity to each other, and who already had poor health and a lack of access to proper hygiene, sanitation, food and supplies. We knew we had to act quickly. We established **three COVID Units**, each with a 50-bed capacity. One was located inside the Rohingya refugee camps to support the refugee population and two in Cox's Bazar town. These COVID Units also provided respiratory care with oxygen and High Flow Nasal Cannula (HFNC). Throughout the pandemic, HOPE provided the following:

- **Inpatient and outpatient treatment for COVID-19 positive cases**
- **Ongoing essential/lifesaving maternal and pediatric services in all HOPE health facilities**
- **Diagnostic support for COVID-19 response and general medical care**
- **Built awareness and preventive programs to further minimize the spread of the virus**
- **Emergency transportation for COVID-19 patients needing higher care**
- **PPE for its healthcare workers and the health facility staff**
- **Masks and other infection control items to its patients**
- **Medical service to the increased number of patients**
- **Vaccinations for the refugee community and host community**

We want to take this time to thank our staff, volunteers, partners and donors, who supported us as we faced one of our greatest challenges. HOPE's staff demonstrated tenacity, strength, and resilience, as they continued to show up to serve every day, while the threat to their own health lingered. We could not be more proud of our continued response to this pandemic.

**13,294** patients screened for COVID-19

**865** patients received inpatient and/or isolation care

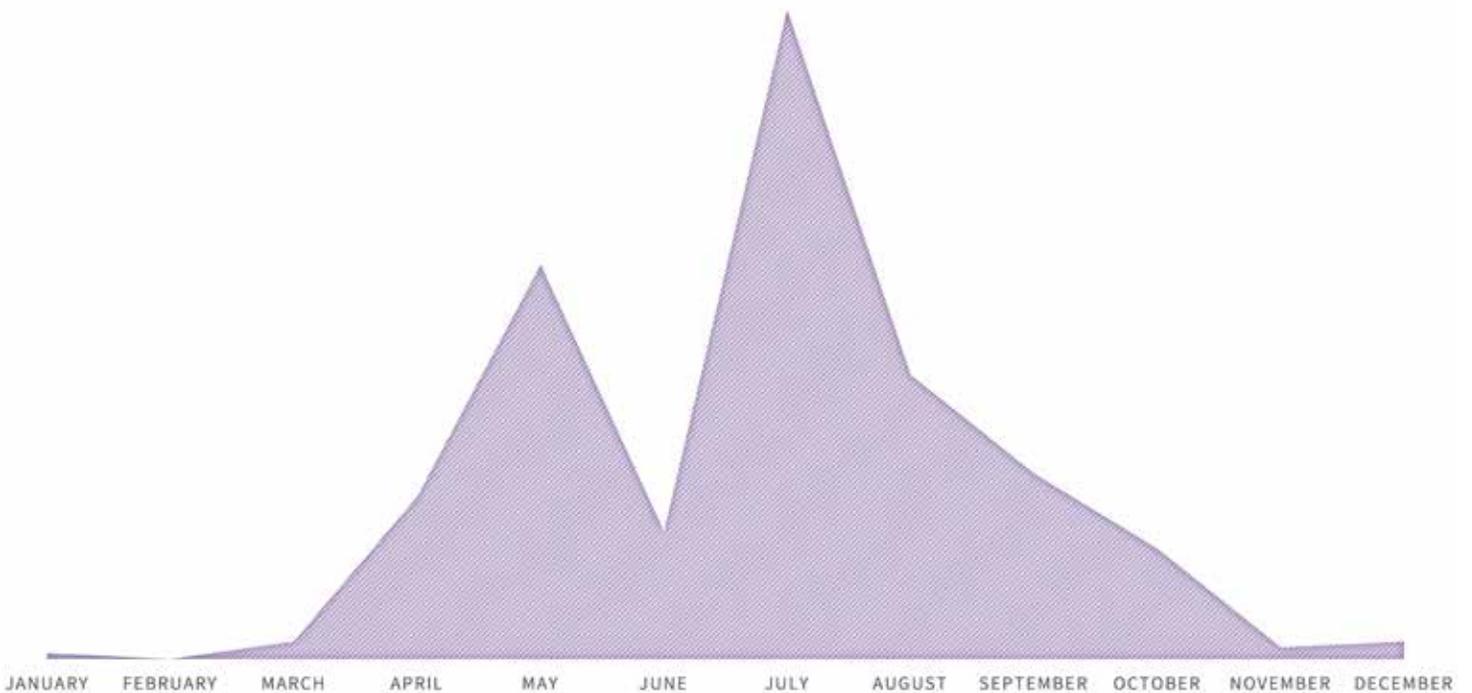
**401** patients received oxygen support

**24** deliveries conducted for mothers suspected of being COVID-19 positive

**771** received vaccinations



## COVID-19 Positive Patients Served by Month in 2021



# New Programs in 2021

## Dental Health Program

Dental care access is highly needed for the one million refugees living in the Rohingya Camps located in Cox's Bazar, Bangladesh. While issues such as lack of food, water, shelter and communicable diseases are the first to be addressed in emergencies, oral health conditions, especially when left untreated, can lead to significant health problems. Oral health disease remains a major issue for refugees; an estimated 65% of Rohingya refugees have some form of oral health disease (Union of Medical Care and Relief Organizations-USA, 2018).

Oral health remains a significant issue in the rural communities of Cox's Bazar. The status of oral health is affected by a lack of basic hygiene and sanitation practices. Many things contribute to poor oral health including underdeveloped healthcare systems, lack of available, affordable dental healthcare, long distances to a dental facility, and substandard oral health behaviors and practices.



Poor oral health has a negative effect on quality of life and can increase the risk for chronic diseases. For example, protracted pain from a diseased tooth can restrict food intake and thus compromise nutrition; bacteria from periodontal disease are associated with diabetes and cardiovascular disease. The impact of poor oral health on quality of life is of urgent importance for populations who lack access to comprehensive healthcare systems, have limited financial resources, are living with reduced access to nutritious food and clean water, and have lost their social support network.

The pandemic interrupted oral health patterns and behaviors, as many only sought care once their oral health issue advanced and was of emergency in nature. Therefore, many preventable cases went without treatment.

**HOPE offers basic first level curative and preventive oral health services with adequate staff and supplies with working referral patterns for advanced cases. The dental program is located inside the HOPE Field Hospital for Women in the Rohingya refugee camps.**



# New Programs in 2021



## Safer Services for Women & Newborns



HOPE is collaborating with **Maternity Foundation** to expand the use of the **Safe Delivery App**, an App developed to be used by health professionals dedicated to labor and delivery, such as midwives. Maternity Foundation (MF) is a Danish development NGO, that works to ensure safer births for women and newborns everywhere. Every other minute, a woman dies during pregnancy or birth; every sixth second, a newborn suffers the same fate. This is why MF developed this app that provides instant, evidence based clinical guidelines directly to skilled birth attendants.

40 HOPE midwives were trained to use this app. The topics of the training were: Active management of the third stage of labor (AMTSL), Postpartum hemorrhage (PPH), and Management of Retained Placenta (MRP). All of these are lifesaving skills. The gained skills approximately impacted the quality of care of about 9,000 pregnant women and 7,500 newborns during 2021.

It's been a pleasure to collaborate with the HOPE Foundation team on a Novo Nordisk Foundation funded project. The HOPE team worked with us at Maternity Foundation to rapidly design and implement an important and impactful project that sought to train midwives working in HOPE's facilities to use the Bangla version of Maternity Foundation's digital job aid and learning tool, the Safe Delivery App. Our initial findings suggest that the midwives who participated in the project feel more confident and better able to manage emergencies, which is a fantastic outcome and we look forward to exploring more opportunities to partner again with the HOPE team in the future to reach even more midwives with training and access to digital tools to contribute to safer deliveries for women and newborns in Cox's Bazar.



**Kate Williams**  
Senior Program Manager  
Maternity Foundation, Denmark

# New Programs in 2021

## HOPE First Sports Ground for Rohingya Refugee Children

Sport play is one of the most important pathways to learning and development. Children experiencing loss, trauma, and displacement need the space and time to be children and play, which fosters growth, development, learning, empathy, and social skills. They need play experiences to replace the traumatic memories they carry inside of them. HOPE recognized that the Rohingya children would benefit from a well-equipped ground for playing sports and carrying out physical activities to boost their mental and physical health/growth. The project aims to help refugee children improve their quality of life through sports and joyful outdoor activities. A sports ground was established to develop the potential of the children and youth to enable them to improve their lives through participation in outdoor sports, teams and physical activity. The sports ground is situated in camp 4, one of the biggest camps surrounded by many adjacent camps.

The project boasts a well-designed sports field with outdoor sports facilities. Outdoor sports include football, volleyball, handball and more. The project further physically trains children and youth through exercise. An instructor and two assistant instructors facilitate engagement and training on sports and physical activities and two staff members are dedicated to carrying sports items and necessary logistics to the Sports Ground.



# New Programs in 2021

Children and youth's social skills and mental health are intrinsically associated with idleness and engaging them in sports, including team sports, is a way to meaningfully engage and support youth in coping with the situation they are in. Moreover, given the number of camp inhabitants and the closeness of tents, there is very little safe space for kids to engage in recreation and just be kids. They are further at-risk of engaging in risky behaviors and patterns with a lack of activity and idea of what their futures hold, in combination with mental health challenges associated with their displacement.

By providing this safe space for kids to exercise, engage in team sports, learn and develop, we aim to deter children from engaging in risky behavior, we aim to build their confidence, social skills and friendships, and support healthy bodies and minds. This project provides them an opportunity to build character and learn important life skills, such as; integrity, self-respect, courtesy, sportsmanship, confidence, perseverance, patience, social skills, responsibility, judgment, punctuality and honesty.



# New Programs in 2021

## Food Distribution Program for Children

The COVID-19 pandemic caused worldwide financial and food supply problems. Due to interrupted employment, many low income families suffered from lack of food. Many children have to help support their family and work in the range from 5 to over 12 hours a day, it is a difficult reality that the society is putting much effort to overcome.

Many of these children have never attended school, lack bathroom facilities, a bed or clothing. This leads to a lack of proper health care or medical attention and sickness including fever, waterborne illnesses and headaches.

COVID-19 infections as well as lockdowns made it impossible for families to earn money, particularly for families of lower socioeconomic class; with nowhere to turn for resources. In addition, the Rohingya refugee crisis and conditions of the camps continue to add challenges. In 2021 a devastating fire broke out in the camp that led to 45,000 Rohingya refugees without shelters; the number of temporary shelters was not enough and women and children were forced to sleep on the streets, side by side. These women and children were made increasingly vulnerable living on the streets as they were exposed to harassment, assault, violence, and even more trauma.

As a result of this worsening situation, HOPE began a **meal distribution program** to provide meals to hundreds of street children. The meals are nutritious in an aim to combat malnourishment that these street children have been suffering from, and to provide a safe space for them to take their meal. The thought of knowing that they have a place to access healthy food takes a significant burden off of them; they know they will not go without food, will not be harassed, and have someone looking after them. This support has a dramatic impact on these children.



# New Programs in 2021



## Maternal and Newborn Health Project covering 41 Union Health & Family Welfare Centers/Rural Dispensaries



HOPE Foundation for Women and Children of Bangladesh has initiated a three year project in Cox's Bazar district in partnership with the Government of Bangladesh with the support of **UNFPA** and **The World Bank**. The overall objective of the project is to strengthen the sexual and reproductive health services available for women and work on Gender Based Violence (GBV) prevention and response services for the host community. The specific objective of the project is to reduce maternal and neonatal mortality and morbidity in Cox's Bazar district, and the identification of women living with obstetric fistula to provide operative treatment through HOPE Hospital.

In these facilities, HOPE is providing midwife-led maternity care and services jointly with the government providers. These 41 government health facilities

are commonly known as Union Health & Family Welfare Center (UH&FWC), and they are run by the Directorate General of Family Planning and Rural Dispensary-RD, under the Directorate General of Health Services (under the Ministry of Health and Family Welfare). The centers are mostly located in remote and under-served rural and coastal areas in Cox's Bazar district.



# HOPE Maternity and Fistula Center

Given the state of maternal health care and the number of women currently suffering from and who will develop obstetric fistula, the country is in great need for a medical facility completely dedicated to maternity care and obstetric fistula repair.

HOPE Foundation for Women and Children of Bangladesh is set to complete construction of a unique facility; the 100 bed, **HOPE Maternity and Fistula Center**. With generous support from donors and partners, the structure of this new hospital is nearly complete.

We still need your help: All major donors of the HOPE Maternity and Fistula Center will be recognized on the Wall of Honor at the entrance of the hospital. Each building section that is sponsored will have an identifying plaque with the respective donor's name. Anyone who donates over \$5,000 will be recognized as a Life Member of the HOPE Maternity and Fistula Center. Please join us on this incredible endeavor to save the lives of mothers.



DAANA is proud to assist the HOPE Foundation in their continued mission and vision with accomplishing the establishment of the HOPE Maternity and Fistula Center.



**Dr. Mohammed Sajed**

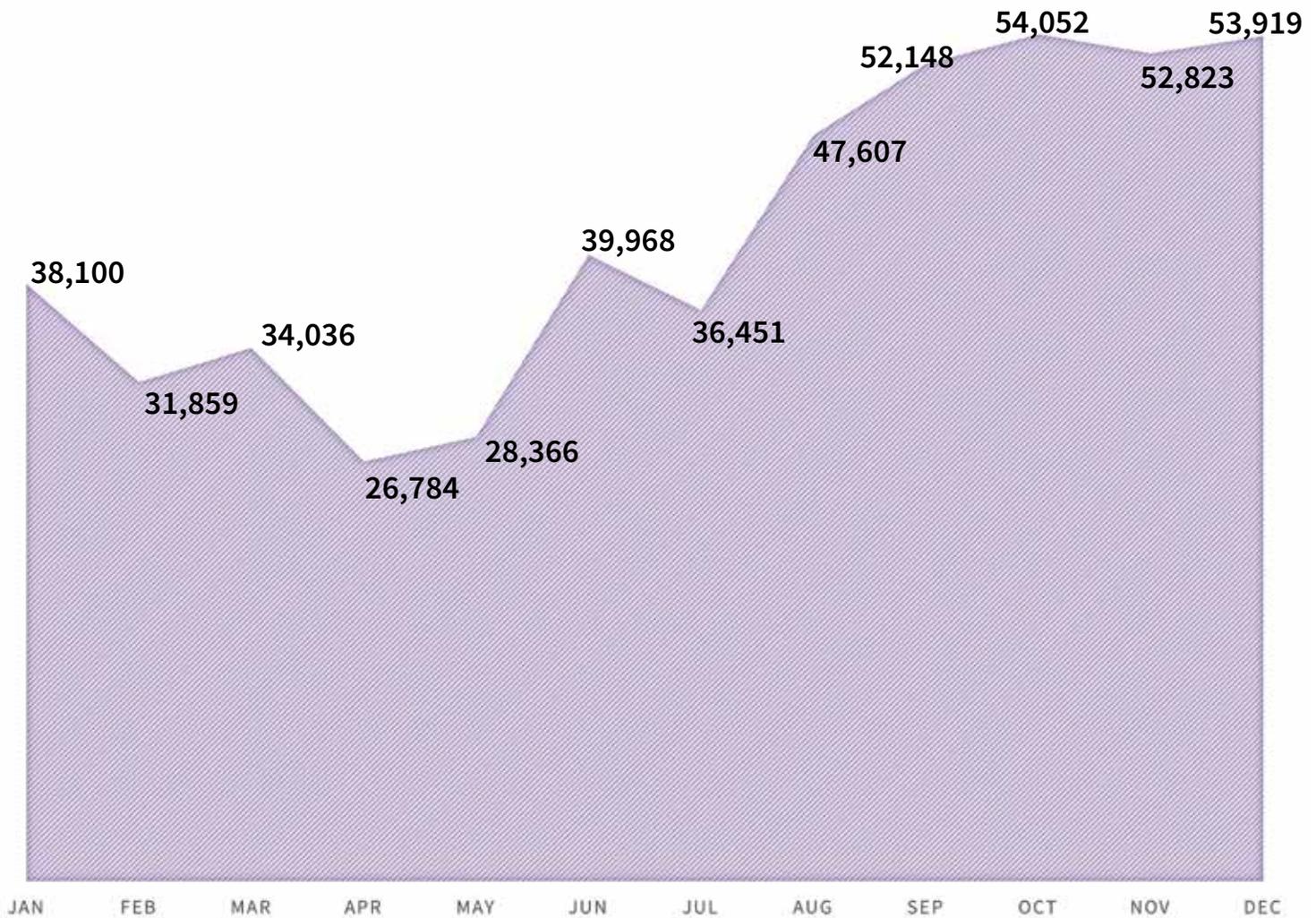
Board of Directors

Deccan Alumni Association North America (DAANA)

Board Certified Neurologist and Stroke specialist, Chicago

# 2021 By the Numbers

## Total Services by Month in 2021



With much effort and passionate work from the entire HOPE team, HOPE Foundation services reach more and more vulnerable people every year. These lifesaving services are directly impacting the life of many every day. It is an honor to be part of this team and to witness all the miraculous achievements that are detailed in this Annual Report.

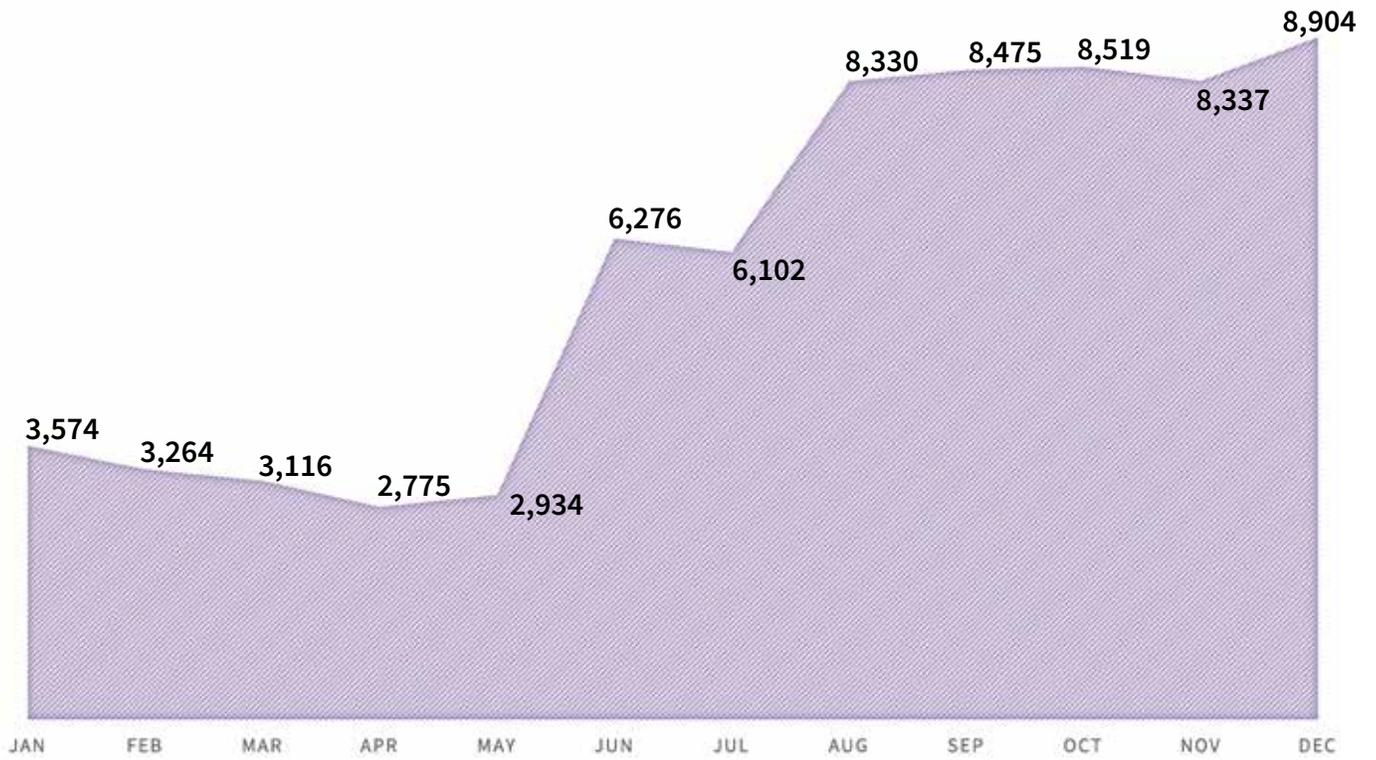
Thank you to every person supporting HOPE's mission and vision.

Please keep supporting us, we still have many dreams.

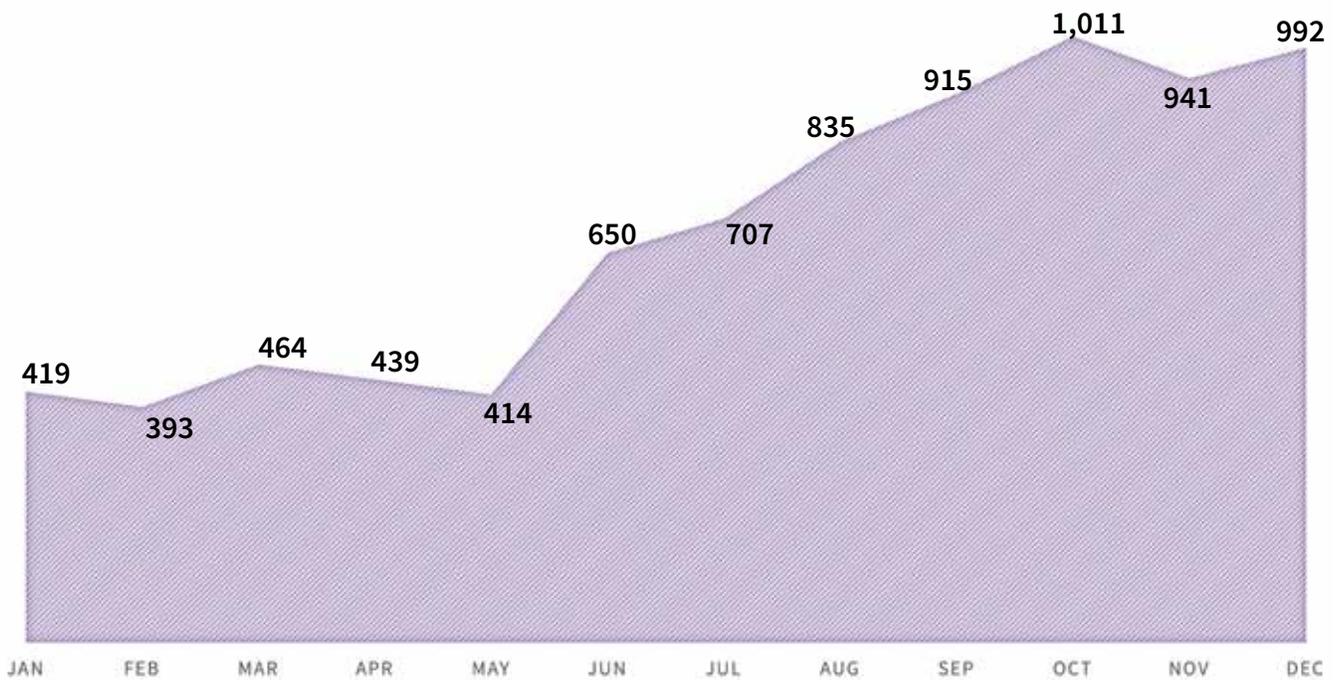


**Mohamed Masud Hasan**  
Board of Directors  
Florida, USA

## Total Antenatal Care by Month in 2021



## Total Deliveries by Month in 2021



# 2021 Impact of HOPE Foundation

# 496,113

## Total Services Provided

### HIGHLIGHTS OF THIS YEAR'S ACHIEVEMENTS

**38,326** Family Planning Services

**92** Fistula Surgeries

**70,606** Antenatal Care Visits

**8,188** Total Births

**6,358** Normal Deliveries

**1,830** Emergency C-section

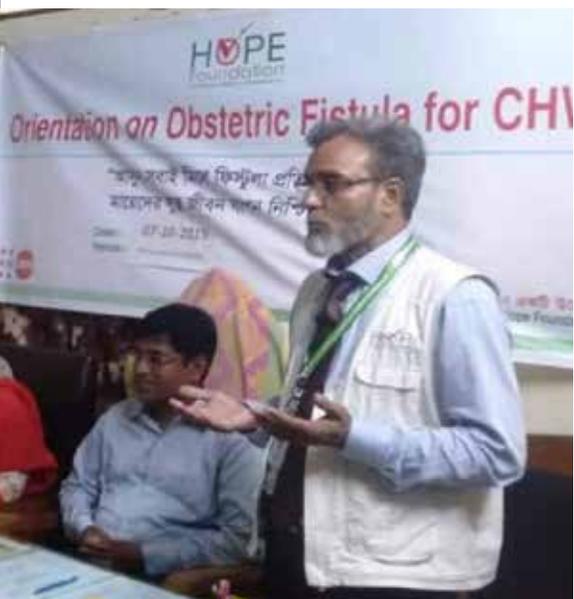
**3,197** Total Immunizations

**43** Cleft Surgeries

**29** Midwives Graduated

**2,161** Health Professionals Trained

**2,055** Mental Health Consultations





# Leadership

## Board of Directors:

Ali Munju  
Azam Chowdhury  
Iftikher Mahmood, MD, FAAP  
Iqbal Ghani Chowdhury  
James Howell, MD, MPH  
MD Ismat Taher  
Mohamed Masud Hasan  
Mohammed Saifullah Chowdhury  
Mohammed Akbar Hossain

Mohammed Ilias Khan  
Murad Thakur, DDS, BDS  
Rashmi Murthy, MD  
Rose Joseph, MD  
Shameem G. Khan  
Sirajul Islam, MD  
Sultan S. Ahmed, MD  
Syed Hasan

## International Advisors:

Abhijit Barua, MBA, PhD  
Amin Islam, MBA  
Faridul Alam, PhD  
Javed A. Joy, MD

Khaled R. Khuda  
Kristina Deeter, MD, MBA  
Lori M. Walton, DPT, PhD

## Bangladesh Advisors:

Dr. Anjumanara Islam  
Dr. Bimal Kanti Chowdhury  
Rtn Mahmudul Hasan

Mohammad Ali Jinnat  
Mohammed Al Jubair Manik  
Rtn Mohammad Shafiqul Islam

## Technical Advisors:

Dr. Vidya Sharma, MD, MPH,  
Advisor, Maternal Health Programs  
Dr. Bijoy K Das, MBBS, MCPS, MS  
Medical Advisor

Dr. Halida Akhter, MD, Dr. Ph  
Advisor, Health and Education  
Dr. Wael ElRayes, MBCh, PhD, MS, FACHE  
Advisor, Education and Research

## International Brand Ambassadors:

Mark Clydon, MD, OB/GYN (Maternal Health) Australia  
Stephanie Richard, MPH (Mental Health) Canada

Whitney Abbott, CNM, APRN (Midwifery) USA

## US Office:

Matthew Malin, MPH, Advisor, International Programs  
Johanna Hansing, MA, Program Manager  
Jessica Love, Communications Specialist  
David White, Graphic Design Specialist  
Ashley Pugh, MA, Maternal Health Specialist

## Bangladesh Office:

K M Zahiduzzaman, Country Director  
Dr. Nrinmoy Biswas, Senior Consultant, OB/GYN  
Dr. Ismail Idris, Chief Medical Officer  
Showkat Ali, Senior Manager, Humanitarian Response  
Dr. Fayzul Islam, Senior Manager, Maternal Health Programs

# Thank You to Our Partners



King Abdullah bin Abdulaziz  
Program for Charity Work (KAAP)



GlobalGiving has been privileged to be a close partner with the HOPE Foundation for Women & Children of Bangladesh for nearly 13 years. In its history with GlobalGiving, the organization has raised and received US\$225,000 to support its critical work serving communities in need across Bangladesh. The foundation has been a particularly important partner over the last five years in connection with our Rohingya Refugee Relief Fund in serving Rohingya refugee communities being hosted in Bangladesh. Thank you for your incredible work!



**Chase Williams**  
Senior Program Manager of Disaster Response  
GlobalGiving.org, USA