

Yearly Report 2012



ALOSHIKHA

Rajihar Social
Development Centre



Rajihar, Agailjhara, Barisal, Bangladesh.



License No : 7083

Government of the People's Republic of Bangladesh
Directorate General of Health Services
Mohakhali, Dhaka-1212

License for Private Hospital / Clinic / Diagnostic Centre.

This license is issued under the medical practice and private clinic and laboratories (Regulation) ordinance, 1982 (Section, 10 (4) of ordinance iv of 1982) to set up and run a Laboratory / Diagnostic Centre / Hospital / Clinic for test, investigation, examination and treatment.

1. Name and address of the institution: **MARIA MADER GENERAL HOSPITAL**
Rajihar, Agailjhara, Barisal.
2. Type of Institution: **PATHOLOGICAL LABORATORY**
3. Approved bed (For Hospital / Clinic) **N/A**
4. Date of issue: _____
5. The license valid up to: **30/06/2013**
6. Name of the owner (s): _____
- a. **Jems Mridul. Halder.**
- b. _____
- c. _____
- d. _____

7. Particular of services to be rendered at the private Hospital / Clinic / Diagnostic centre:

**All kinds of Pathological Examination
Except Blood Transfusion Activities.**

Date : 28/12/12


Licensing authority

(Seal)
পরিচালক (হাসপাতাল ও ক্লিনিক)
লাইন ডাইরেটর, হাসপাতাল সেবা ব্যবস্থাপনা
স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা।

- a) This license is not transferable without prior written permission from the licensing authority.
- b) Change of name / address / location of the premises without prior permission of the licensing authority will render this license invalid.
- c) Any violation of the Bangladesh Medical Dental Council Act 1980 (Act xvi of 1980), or of the Medical practice and private clinic and laboratories (Regulation) Ordinance, 1982 by the license shall render this license invalid.
- d) The license may be cancelled / suspended / revoked by the licensing authority at any time.
- e) Failure of renew the certificate for registration within one month from the date of expiry of its validity, will amount to its cancellation from the date of expiry as noted above.
- f) The license shall be displayed in a prominent place of the premises.

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MESSAGE FROM THE EXECUTIVE DIRECTOR

The Aloshikha RSD Center has already spent more than a decade as an NGO (non-governmental organization), and is running with multi dimensional programs. The Aloshikha RSD Center has established to work in the area of health intervention and child education, vocational training education, i.e. family planning, mother and child health care. But now are working on environmental health, sexual and reproductive health, child and adolescent development, governance and rights, training and communication, HIV/Aids prevention, economic development, climate change and bio-diversity conservation as well as disaster management.

The organization faced a number of challenges to establish as an NGO from a single focused to multi-dimensional. Despite its challenges the Aloshikha RSD Center became larger in terms of number of staff, multi-dimensional intervention, and geographical expansions in new areas, and extended its program under three districts as southern part in Bangladesh.

With the long terms aim to improve the health, safe water use and sanitation, social security and physical living conditions of the poor and specially disadvantaged. The Aloshikha has been moving forward with charity based approach and service delivery mode that realize the changing needs of the people,

The Aloshikha has continued to be an active participant in many development networks, initiating and supporting both collaboration between NGOs, Government and private enterprise, and has also expanded its partnership with SK Foundation, SAKO Foundation the Netherlands, Max Foundation, Coed-Aid, SIMAVI, Dent-aid UK and The Aloshikha Foundation.

To facilitate its smooth journey the Aloshikha rolls out its strategic plan every year to address the challenges encountered at different levels. During this reporting period strategic planning has been rolls out keeping conformity with the MDG target for a greater degree of achievement towards the sustainable development of people.

The achievement we made his year were only possible through the commitment of a dedicated and board members, motivated staff, the support of foreign donors-agencies and the co-operation with other NGO's working in our area and the Bangladesh Government, We like to thank all those who helped us to fulfill our dream.

A handwritten signature in black ink, appearing to read 'James Mridul Halder'. The signature is stylized and cursive.

James Mridul Halder
Executive director.

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The Aloshikha RSD Center Bangladesh is a professionally managed not for profit making charity based social development organization, registered with the social welfare ministry, NGO Affaires Bureau, micro credit regulatory and also affiliated by the ministry of health and family planning department in Bangladesh. The Aloshikha is committed to address various social and economic problems of the economically depressed and vulnerable groups in general. Women and children are particularly at risk and so are specifically targeted by Aloshikha programs. Empowerment of communities is a central focus issue of all Aloshikha's development initiatives. Over the years, the organization has extended its geographical, beneficiary and programmatic coverage quite significantly. The long term development program now includes education both non formal and vocational training education, micro finance, poultry and fishery and water supply and sanitation. All this work is aimed at supporting disadvantaged poor people. Over the year we have to face many difficulties and challenges with political unrest and natural disaster as well as financial constraints.

But we never thinking this planet can be fragments by the narrow feelings of communalism or political conflicts. We live in one of the poorest country in south Asia where a limited scope of access our basic needs. We have to face various critical problems due to geographical point of view and over populated situation in the country where poverty is perpetual. The Aloshikha RSD Center Bangladesh is a well reputed professionally managed social development NGO working to empower the rural poor in the southern part of Bangladesh since 28 years. The Aloshikha come into being after liberation war of Bangladesh. In 1985 a social development program was set out to assist the poorest in community development mainly to improving health and sanitation, child education and women economic activities. During the year the Aloshikha was the leading non-government agency in the southern part of Bangladesh. It is also created with introducing many major innovations like deep tube well installation and latrine production and distribution was remarkable services among the poor community and promoting child education are most famous innovation. By the late 1995 an integrated comprehensive program superseded its sectoral work, focused on concentrated group organization of the poor, emphasizing social, education and economic elements. Since the Aloshikha successes have included the community based health and sanitation program to improving life on the out reach and remote villages are raising awareness of women rights and women empowerment, promoting savings, credit and skill training to improve the livelihoods of the poor section of the community. The Aloshikha program continues to evolve and innovate; current realities mean the program now comprises a range of various projects and financing large and small, which all contribute to a common objective. However, we are always encouraging to the local communities to developing all form of education in general or vocational education that could be make them smart and expertise to engaged any job or self supportive or self-employments (MVTC) program.

This report is a testimony to the fact that with a synergetic approach towards development with support from the donor community and the local people a lot can be done to improve livelihoods.

Aloshikha Mission statement:

Aloshikha is a Bangladeshi non-profitable humanitarian non-government organization supporting the holistic development of poor and landless people in the rural marshlands between Gopalganj, Madaripur and Barisal. Aloshikha will support the development in the following ways:

- To create awareness on the importance of child and blow education among local people.
- To create awareness on health, sanitation, women development issues and community problems among local people and to encourage them to change the present situation.
- To organize targeted poor people in small groups and make them skilled through education, training's workshops and meetings etc.
- To encourage and motivate poor people to take steps to reduce their problems, improve their health conditions and their income.
To encourage and support the poor people to start their own activities in order to create their own income, so that they will become self-sustained.
- To provide among children and their development through nutrition coverage, child health education, nutritious food, creativity materials etc.
- To provide the safe water supply for hygienic health through the DTWs and distribution sanitary latrine to the community people as sanitation coverage.
- To encourage and convinced to the community people to provide renewable energy as solar system technology for alternative electricity.
- To create employment opportunity and job replacement among the local unemployed youth both the girls and boys and to export skill work force to the international labor market a vocational training center has launched in the Aloshikha complex.

Special events for 2012.

SAKO Foundation Chairman and his wife, The Netherlands, and our medical staffs.



It was an optimum time for the organization, and had an excellent opportunity to receive SAKO Foundation Chairman and his wife, and they exclusively visited our all programs, and also visited to our newly constructed hospital building, and increased their eager observation to the nurse and doctors room. We are very pleased to know that high level commitment on their part with generous support from the different development partners. It was an emotional cultural evening held on

Aloshikha hall room where MCC group and together with Joost and Annet Pilgrims were performed song and music with Dutch language that able to captivate all of audiences on the event. It is also remarkable that particularly 30 participants were also trained up with TBA and upgraded our education program especially by the close touch of Annet Pilgrims.



Netherlands group performing Dutch song & music during valediction period

Dental Health Care and Education Program.



Dental Care Service in the Hospital

The Aloshikha has started its journey on Community Based Dental Health Care service delivery early October 2012. Over the time the effort play a significant role to promote dental problem and to address dental health care and education among the poor rural communities, and especially vulnerable women and children also. Dental Surgery and service delivery room, and facilities are available in the Maria Child care Hospital located within the Aloshikha Complex. Dr. Nazim Shakib and trained nurses are always active to giving deliver service with very effectively and efficiently. Until very recently local poor section of people were being motivated and better informed on the issue of such door step service delivery.



Mr. Simon Crewe from Dent aid UK exclusively celebrating 21st February International Mother language Day as a special guest.

The main focus on our dental care and education is decentralized and sustainable community level dental health care and education service delivery, particularly for poor, women, adolescent and children and disadvantaged group also. The effort is supported by Dr. Simon Crew from Dent aid UK, and under his leadership 500kg sophisticated dental equipments, tools and supplies donated us for which eventually the program becoming reinforced and reinvigorated. Dr. Simon Crew was exclusively celebrated 21 February International Language Day during his visiting period of Aloshikha. In honor of Dr. Simon Crew a grandeur cultural evening was celebrated on at Aloshikha hall room, and Dr. Crew was the chief guest on the event on 21 February.



Mr. Masayuki Taga Consular Embassy of Japan, Dhaka, Bangladesh has visited New Hospital Building.

Until very recently Mr. Masayuki Taga Consular Embassy of Japan in Bangladesh has visited our newly constructed hospital building that is initially financed by the Japanese Government. After close observation of new hospital building by Mr. Masayuki Taga, and he was very much pleased to see our new building and committed to all sorts of assistance and all out cooperation. Hope so the program will enable to enhance primary health care service delivery among the poor rural disadvantage communities.



Dr. C.A. Spronk, a group of Doctor of the World, The Netherlands has visited Alohikha RSD Center Bangladesh for a assessment of plastic surgery.



Resy Arts and Johanna de vries visited at Alohikha for a assessment of plastic surgery

A group of Doctors of the world team from the Netherlands has visited our Maria Mother Child Health Care Clinic very recently. Dr. C.A. Spronk, Resy Arts and Johana are jointly studied on feasibility to arrange a medical camp for cleft palate and cleft lip and post burn contracture patients who are not getting access to plastic surgery, partly because of their acute poverty and geographical context. After a close interview with the government hospital authority as such Civil Surgeon, medical officer and Director of the hospital eventually the team agreed with us to set out a medical camp for plastic surgery an ebullient future.



Farewell session for MCC team

The Medical Checks for Children (MCC team) the Netherlands continuously supported us to promote pre school students health care in the remote villages by providing their free medication and primary health care education. The main focus of the program is to reduce child mortality and morbidity rate and cover malnutrition for poor disadvantaged children and dental care and education. It was long term program where more than 5000 students were benefited form this effort through free treatment and medication. The program was started from 2008 and ended 2012 as to their strategic plan. The team was leaded by Maaikie who is remarkable for her dynamic and holistic service to the Alohikha which able to program more luminous and enliven in target areas in Bangladesh.

Deer conservation program

The Bangladesh is recognized as a country most vulnerable to climate change. Natural hazards such as floods, increasing rainfall, rising sea levels, and tropical cyclones are expected to increase which may seriously affect agriculture, water and food security, human health and shelter. As a result many of animals and plants are now in threat on the verge.

In view of Aloshikha feel much more interest to conserve the countries biological diversity. It is crucial that over the years Bangladesh has lost both land and water ecosystems along with the different forms of they contain. It is needless to say that day after day and year after years many spices of plants and animals are on the verge. It is the appropriate time for urgent need of saving the biodiversity. In view of the organization has started Spotted Deer conservation program since 2011 with two Deer as one male and one female. It had a very small program and trial basis conservation program. So far, after one year the deer couple gives us one young calf, and now increasing number of 6 deer. However, actually deer are a unique group of mammals recognized for their grace of beauty. They are mostly the inhabitants of forest and grass land.



Deer conservation center at Aloshikha premises

A. Community based health & sanitation program

The Community Based Health and Sanitation Program one of the important activities of Aloshikha RSD Center. The project was supported by the Simavi the Netherlands since 2007. In the late 2007 the project was started to promote safe water use and sanitation and hygiene promotion among the rural community. Most importantly the project has the provisioned in the part of soft ware activities to ensuring child and women rights advocacy program through cultural show by organizing cultural team, form of village Mother Club and to organizing adolescent groups. According to the project there are 200 Mother club were formed per year (one mother club consists of 30 rural active women) and subsequently as of total 1000 Mother club were formed in the last 5 years. It is estimated that as of total 30000 thirty thousand rural women are much aware and better informed about their rights and related other important issues and key message were strongly disseminated by the heath facilitator among the rural women community.

In the last five years there has been 180 adolescent groups were formed (one group 20 adolescent girls) and as of total 900 nine hundred adolescent groups formed in last five years. It means approximately 18000 eighteen thousand adolescent girls were better informed their reproductive health and sexual rights including other relating issues and key messages which disseminated by health facilitator as to their working schedule.

Soft ware program/sanitation rally:



The organization always gives more emphasized to women empowerment and to ensure women rights and to raised mass awareness on combating women trafficking and women violence among the community people in the area. National and International day observation are crucial and integral of the organization. In the light of, we celebrated the World Women Days 8th March 2012 along with poster, banner, leaflet and a colorful rally was organized and moved away the rally in main road and important places of Agailjhara Upazila.

It was the provision of Community Based Health and Sanitation Project there are 200 Mother club were formed per year (one mother club consists of 30 rural active women) and as of total 1000 Mother club were formed in the last 5 years. It is estimated that as of total 30000 thirty thousand rural women are much aware and better informed their rights and related other important issues and key message were strongly disseminated by the heath facilitator among the rural women community.



Village Health club groups leaders Training for Health and Sanitation

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HIV/AIDS Training

Though the Bangladesh is a country for low prevalence of HIV/ AIDS, and need to raise more awareness on the issue the organization conducted as of total 20 batches of HIV& AIDS orientation organized from the project running the working period that including 1st year, a total of 10 batches of orientation completed so far from the project whereby a total of 400 people were informed the basic information on HIV AIDS. People from different groups including male and female, community leaders, school teachers, religious leaders, social workers, cultural workers, etc. were participated in the orientation on HIV &AIDS. It was one-day orientation course by the FC.



Adolescent group workshop

It was aimed to aware adolescent girls about reproductive health; reproductive health education sessions conducted among adolescent girls by forming adolescent groups in intervention areas. An adolescent group is consisted of 15 adolescent girls. Paramedics Volunteer recruited for satellite clinics to conduct education sessions among adolescent groups. Community Health Facilitators also assist them to conduct these sessions. One Paramedics Volunteer conducts 2 sessions in every day and works on it for 5 days along with one day work in satellite clinic in every week. As a result one Paramedic conducts 40 sessions with 40 adolescent groups in every month. A total of 220 adolescent groups are formed in working areas by 12 Paramedics Volunteers where a total of 3300 adolescent girls are enrolled in education sessions during the reporting period. There is a target to arrange 2640 education sessions with adolescent girls which are achieved properly during this reporting period.

Doctor checking the children into the satellite clinic.

Satellite Clinic. To facilitating and focused the Satellite Clinic has established to ensure women and children health care as remote areas by providing health and family planning services among the poor population. Specific aims of these clinics are to provide health and family planning services to rural residence that live far away from medical facilities, to make people aware of services available at the Satellite clinic centers, and to provide liaison services to village level field workers. The average clinic have seen at the 12 satellite facilities is 24 days in a month, many of whom referred by family welfare assistants active in the community.

Satellite Clinic are an effective way to provide basic primary health care services to people living in out reach areas particularly women and children. A satellite clinic is a small boat that carries a team of one paramedic one health educator and nurse including one medical doctor to remote areas. These group set scheduled weekly clinic in a designated area in most of the remote areas which is communicated to the remote area dwellers ahead of time, through community health workers.

The organization family planning program has a special focus on long term methods and offers motivation and counseling contraceptives distribution (oral pill and condom) NSV, tubectomy, injectables and inserting Norplant and IUD to ensure uninterrupted availability. It is very common to found that the areas majority of populations are malnourished.



Dr. Sishir is checking-up children

A Case Study of VTC students about last 2012 1st batch.



A success story of Rinku Halder.

I am Rinku Halder and my age is only 18 years and still I am unmarried an ebullient young girl and by religion Santana Hindu. We are living at Bakal village under Agailjara sub-district and in the district of Barisal, Bangladesh. My father is a cultivator and my mother is a household wife. I the first daughter of my family including another one younger sister and two bother. We are not rich enough or had no any suitable scope of income. That is why I don't have able to continue my education after class-X, and partly because of poverty as well as adverse surroundings. In that sequence I came to know that one year long dress making training course will be held on Aloshikha Vocational Training Center. I think that this training is very important for alternative income generation and self employment. In the light of I was took admission to the dress making course, and the training center had not been far from my home, so easily I went there walking on 20 minutes only. However I was engrossed my mind with full of indomitable sprit to learn how to be make dress. Eventually I was successfully passed the one year long dress making training course with well cooperation and an active assistance by the all of instructors of the center. I was really grateful to all of them who are helps me to fulfill my dream. Afterwards I was able to buy a singer machine from local market and start as professionally home based dress making business, and as a result near about four to five thousand taka I earned per month through utilize this technology. Some of my friends and neighbors are now feel much more interest to seek such training for way of alternative income generation.

Rinku Halder.

B. Computer Training Program



Computer training is going on....

The Bangladesh is now digitalized country and most of the more young students are depended on computer due to their studies and employment. We can not think that without computer any government or non government office could be activated their program. So computer is necessary for all to learn it. In the light of the Aloshikha has been provided skill training in computer course by providing two

Computer Trainers as such Mr. Idrish khan and Mr. Samson who were trained up on computer technology from Techno Touch System Ltd. Dhaka. Presently the Aloshikha has been completed 3 batches including 15 participants with skill in computer literacy.

C. Integrated Rural Health Support Programme



A motivation session of pregnant mother by Health Motivator



Hotchpotch arranged in Nutrition Camp for malnourished children

The Aloshikha RSD Center always gives more emphasis towards the child health care and nutrition's deficiency. In order to the Organization had an opportunity to receive continue support from SAKO Foundation that has obviously strengthening the capacity of outreach works among our Health Motivators. In the light of their visits to take the feedback of the community based health activities through field visits with health motivators and organizing the nutrition camp in the village. Last years Aloshikha was organized 12 nutrition camps at different villages among malnourished babies where 382 malnourished mothers were present during nutrition camps. We motivated to the mothers about the cause of malnutrition and its consequences.



Receiving money from resistance fund for the treatment

The resistance fund one kind of emergency support for medical treatment who are financially stagnant and economically disabled.

Aloshikha has received a resistance fund from the SAKO Foundation (The Netherlands) for which vulnerable local people can overcome the emergency situation easily. In the last year we able to provided medicine for treatment and cash money among at least 419 vulnerable people in the community.

D. Education program (Kindergarten school):

We felt that education is important for all and without education none can take part to the Nation building process. It is crucial that quality children education means the Kindergarten education. The Kindergarten education system is costly rather than government primary education in rural context. The Aloshikha has started initially one kindergarten school within its campus, eventually it came in to three kindergarten school in different places. The main focus of the program is to ensure quality education and include creative activities on regular basis for their cognitive development.



Salla Kindergarten school

A parents meeting was held on school premises yearly 3 times with a view to how they achieved quality education. In Bangladesh all the Kindergarten schools are mainly academic oriented and we put little emphasis on extra curriculam activities among the students. In addition the organization has able raise voice against the child abuse and child trafficking and their rights, road safety and to promote their cultural heritage.



3 Kindergarten school and 21 teachers

E. Pre-school program



New Uniform for the pre-school children

It goes back 15 years the Aloshikha is operating 40 pre schools in the different part of the Barisal district. According to provision of the project every pre school have 30 children age about 5 to 6 and course duration of two years only. It is estimated that after two years of learning about 600 children able to admitted to the government primary school. During the learning period children were better informed about their

rights and abuse and child labor and trafficking and related issues. In our 40 pre school a total of 1200 children were enrolled every day during school period. They are getting free medical check up and quality sanitation and hygiene facilities and nutritious feeding facilities.



Feeding program for pre-school students

Aloshikha at a glance of pre-schools & Kindergarden information 2007-2008-2009-2010-2011-2012:

Year	2007	2008	2009	2010	2011	2012
Pre-schools	40	40	40	40	40	40
Pre-school students	1200	1200	1200	1200	1200	1200
Kindergarden (School)	2	3	3	3	3	3
Kindergarden students	270	460	380	410	450	415
Kindergarden teachers	13	17	17	21	21	21
Pre-school teachers	40	40	40	40	40	40

F. Micro-credit program

The Micro-credit program is growing annually. Aloshikha working area are the remote villages in Agailjhara, Wazirpur, Kalkini, Kotalipara, Rajoyer and sadar Gopalgonj. In this low land area Aloshikha is reaching the poor communities and families. However Aloshikha could not fulfill all the demands of the beneficiaries.

The training program for beneficiaries and supervising, office staff and management were continued in 2012.



Loan disburse

The integrated approach of Aloshikha makes it possible to give abroad support to micro-credit beneficiaries. Not only practical training on small business activities, technical training and support are given by Aloshikha, but also preventive, primary and curative healthcare are offered by Aloshikha. Many children of micro-credit group members are attending Aloshikha pre-schools.

Micro-credit program:

Year	2007	2008	2009	2010	2011	2012
Groups	332	395	444	373	390	382
Group-members	3,500	3754	3405	2954	3054	3016
Loan disburse	-	-	56,04,000	1,27,46,000	1,85,15,000	16316000
Loan out standing	-	-	72,43,700	82,16,480	1,12,92,490	10972000
Savings collection	-	-	9,81,966	16,55,003	24,61,600	1963500
Saving balance	-	-	43,84,481	45,42,886	56,79,891	5333500

G. Fishing program.



Some activities of the fishing program

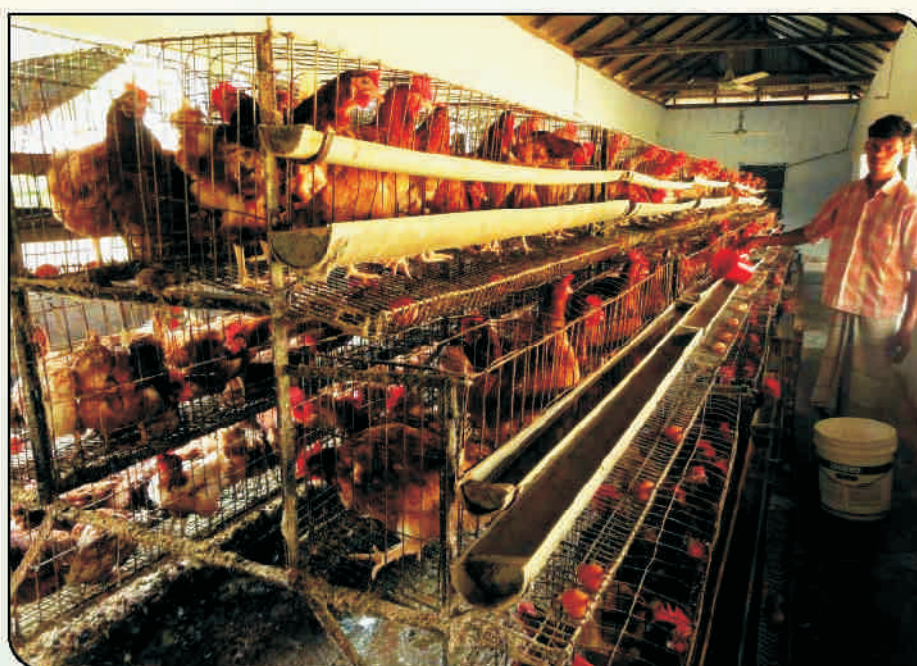
The fish play an important role in the Bangladeshi diet constituting the main and often irreplaceable animal protein source in poor rural households. The study addressed the dietary contribution of fish to vitamin A, calcium and iron intakes and the potential of integrating small indigenous fishes. In the light of the Aloschikha has undertaken fish cultivation program in its own water bodies both the high varieties and local indigenous species.

Rice and fish dominate the diet of Bangladeshis to such an extent that the old common proverb "machee bhatee Bengali" which can be translated as "Fish and rice make a Bengali" continues to hold true. Fish is an essential and irreplaceable food in the rural Bangladeshi diet. Together with boils rice, this is eaten at least twice per day with small amount of vegetables and fish make up the typical meal.

Bangladesh is dominated by floodplains and rivers, which are rice ecosystems for fresh water fish. The floodplains which comprise over half of the country, are inundated annually during the monsoon season, and agriculture and natural fisheries complement one another. In the monsoon to post monsoon season (June to November) the floodplains provide an ideal habitat for the wide diversity of wild fish species, whereas in the dry season, the land is cultivated with rice. However, the importance of fish as a rich source of animal protein is well established and this is frequently used to justify fish as a valuable food, whereas very little attention has been given to the role of fish in supplying vitamin A and minerals in the diet.

H. Poultry and Dairy Program:

Poultry Farm: Since 19 years ago Aloschikha inspired to the community people for poultry farm business and it was much neglected business to the community people due to manifold problems such as bad smell from poultry faces, soft meat and only water inside an egg. So, Aloschikha has been achieved stupendous success through motivation and represented to the community people as model that it is a one kind of profitable business. Today there are many small poultry farms are being established surroundings areas behold with attention as model of Aloschikha poultry farm. It is really indeed, that community people have recognized Aloschikha as a pioneer on poultry business. Presently it seems to be a profit making program since-2000 by reared up high breed layer hen that were both the purposes table and eggs.



Poultry Farm

Dairy farm: The Alosikhha has started its cow rearing program through Dairy Farm concept since 2012 and initially grassing for 12 cows, in view of to ensure pure milk production and sustainable supply to the local community as low cost. Unfortunately the program had not been profit making due to some adverse environment such lack of cow feed and inadequate grass land, low-lying flood prone area and have not seen abundantly high land where cows are grassing freely. In the following reason behind the program will be gradually going to be closedown.



Poultry Agriculture:

Poultry increasing rate:

Year	2007	2008	2009	2010	2011	2012
Total eggs	2,00,000	2,51,240	150178	227841	163105	175150
Total broiler	2000	1000	427	-	-	-
Total Layer	1800	1400	1056	751	1690	1200

Dairy and milk production:

Year	2007	2008	2009	2010	2011	2012
Milk kg.	4,170	3254	1872	3814	1742	820
Cows	18	12	9	6	9	12
Artificial insemination center	800	1199	1260	1563	1762	2130

I. Maria Mother & Child Health Care Clinic program

Introduction: One of the most important and auspicious program for the areas concerned whose are living under poverty levels, which is run by Aloshikha RSD center and apart other health related programs of Aloshikha is implemented and monitored by this hospital.

Background : The working area of Aloshikha is geographically low-lying and ill communicated areas. The nearest health service provider is Government Upazila Health Complex with limited medical service inadequate trained staffs who are not meet all kinds of medical emergency. The poor people of the surroundings mostly dependent on the quack doctors who are not trained as well as registered doctors. The above circumstances were the main reason to start a small hospital with advanced medical equipments and special attention was given to the improvement of health condition of mother and child.

Existing health program: The hospital grants was obtained from the Government of Japan in 1997 for building and purchase and no administrative costs where included in this grant. A semi-pacca hospital, with 10 bedded indoor facilities, named Maria Mother & Child Health Care Clinic, was constructed near the Aloshikha head office in 1997. With the view to serve the poor people, some advanced medical equipment were installed. In the mean time, a new two-stored building, post operative management, operation theatre, and general cabin, was constructed near the eastern corner of main hospital building, with the help of Aloshikha foundation.

With the financial support of embassy of Japan, a new two-stored building has constructed near the northern side of main hospital building, waiting for the inauguration. After inauguration of the this new building to be used as per plan as well as Dental, Ultrasound, X-ray, Postoperative, General bed, O.T and so on. We are grateful to the Embassy of Japan for a great contribution for the new building construction, which will be used as health related issues for further future toward the mass and poor people. We hope this newly constructed building will be used according to the plan.

We are grateful to the Embassy of Japan and Aloshikha Foundation of their continuous support that we acknowledge with high respect for the welfare of the poor communities and the Aloshikha RSD Center.

About the present situation of the existing hospital :

This hospital started its services in January 1997 and although it was expected that eventually the hospital will be self-sustaining in the long run but it is impossible to be self-sustaining right from the start. Aloshikha hopes to reach this start of self-sustainability in shortest possible times.

Maria Mother& Child Health Care Clinic services through the trained health providers are as follows:

- a) 24 hours along emergency management
- b) Major/minor operation facilities
- c) Ante-natal, neo-natal and post-natal along incubation facilities
- d) Diagnostics facilities such as Ultrasound, Pathology, ECG, X-ray, etc with limited cost.
- e) Resistance fund facility for the poor
- f) Patients referral (Ambulance) and out call facilities
- g) Family planning, safe motherhood, breastfeeding, HIV and hygiene counseling program.
- h) Audio/ Video health conciseness program for out/in door patients
- i) Especial session on collaboration with the Bangladesh government such as EPT, NID, sterilization etc.
- j) For the up-to date information and record keeping an information officer is ready 24 hours, 7 days a week, to supply the relevant information as needed.
- k) Operation theater: One of the modern operation theater according to Bangladesh standart has been installed in the new building-1 and the facilities are adequate with trained and competent health providers.



Dr. Rafiqul Islam (Novel) and the O.T team were prepared for caesarian operation.



In collaboration with Government and Aloshikha organized by permanent family planning system.

The Bangladesh is one of the largest densely populated countries as to its geographical area. In that sense over population is another social issue that we faced everyday. In the view of point the organization has started family planning program including reproductive health and sexual rights of young adults in their target respective area. The main objective of the project was to controlled population by providing family planning method and raising mass awareness on the issue among the community. The organization has affiliated from the Ministry of Health and Family Planning Bangladesh Government on August 3-2009. The program has possible to achieve a stupendous success on the field levels family planning activities in collaboration with Bangladesh government family planning departments. Over the year it had possible to provided permanent birth control system through tubectomy for 65 women and vasectomy for male 2 and IUD for women-12 and implant provided to the 21 women that was merely praiseworthy task for the organization.

Health:

Maria Mother & Child Health Care Clinic patients statistic:

Year	2007	2008	2009	2010	2011	2012
Female	3231	2981	2384	2373	2660	2550
Male	2066	1576	1014	869	936	920
Child	1383	979	739	954	765	650
Total =	7058	5536	4137	4196	4361	4120
Deliveries	188	206	229	217	288	350
In-door patients	378	490	582	957	1055	385
Out-door Patients	-	-	-	3439	3306	1160
Appendices	-	66	131	177	318	311
Caesarian	-	83	152	243	337	362
Minor OT	-	17	25	33	55	370
Ultrasound through the pregnant mother	-	356	374	353	47	375

J. VTC Program

The Alohikha RSD Center is operating one vocational training center with in its complex. The main focus of the program to creates job replacement among the rural unemployed youth both the girls and boys. Until very recently the Center has affiliated from the Bangladesh Technical Education Board (BTEB) as SSC Vocational Course. In respect of only four trade courses are activating such as Mechanical, Welding Fabrication, Tailoring and dress making and Electrical out of welding trade other tree trade has been approved by the Bangladesh Technical Board. According to the requirement and curricula of the technical Board every trade course has the 30 students as both the girls and boys. The center has able to convinced the local un employed youth that vocational education is only the resource for income generating process and job facilities at national and international labor market.



School Final Examination is going on at VTC class room



School final Examination is going on at Agailjhara Government examination centre



Golam Kibria and Mr. Joost Verwilghen and VTC all staffs are set out a strategy plan for future action.



A parents group meeting were held on in hall room of VTC.

The Aloshikha Vocational Training Center is duly affiliated by the Bangladesh Technical Education Board. The Board has the responsibility to support to the center as to their provision as logistic and others support. In view of book distribution has completed among students of the vocational training center recently.



Book distribution 2012 for the VTC students.

Aloshikha Solar home system Program

The Aloshikha has promoted renewable energy program as such as solar home panel system due to constant load shedding from the government electric supply sectors. In terms of some off grid areas we also provided solar home system where electric supply chain is inadequate and difficult to connect electricity from the government or non government electric supply authorities, partly because of their insufficient materials and man power and limited power generation. After a study of feasibility the organization intend to establish some solar irrigation pump to ensure food security in the rural field level with joint discussion on farmers group. It is estimated that under the solar irrigation program cultivatable all land should be come in to three cropping system in a year.



List of Solar Distribution - 2012

Solar Home System Distribution List

Sl. No	Name of Branch	Total house hole	Word
01.	Rajihar	34	25-100
02	Vhurghata	16	
03	Kadambari	12	
04	Kaligonj	10	
05	Pirarbari	31	
06.	Sikerpur	24	
07.	Panbari	18	
	Total	145 Family	

Financial Report 2012

(No program activities)

Financial report:

	Subject	Income	Subect	Expenditure
1	Micro-credit Service charge	1962300/-	Staff Salaries	7850000/-
2	Agriculture	0/-	Electricity Bill	283000/-
	(a) Poultry	103000/-		
	(b) Fishery	192000/-		
	(c) Dairy	7300/-		
3	Donation	6050000/-	Diesel Bills	213000/-
4	Patients	322000/-	Telephone	113500/-
5	Students	35000/-	Maintenance & logistic	212100/-
	Total	8671600/-	Total	8671600/-

Aloshikha R.S.D Center Board and staff

Aloshikha Board
• General board, 17 members
• Executive board, 7 members
• Mrs. Martha Halder (Chairman)
• Mr. James Mridul Halder (Secretary)
Advisory Board
• 2 members:
• Mr. Joost Verwilghen
• Mr. Ben Ernst/ Annette Pelgrim
Donors body
• SK Foundation, The Netherlands
• SAKO Foundation, The Netherlands
• Japan Embassy, Dhaka, Bangladesh
• SIMAVI, The Netherlands
• Aloshikha Foundation

Staff:

General:	
Executive Director	1
Chief Accountant/Micro credit program	1
Assistant accountant	3
Computer Operator	2
Office assistant	3
Night guard	2
Total	12

Micro-credit program:	
Micro credit director	1
Area Manager	7
Field Manager	14
Caretaker	3
Total	25

Education program:	
Education coordinator	1
Pre-school teacher	40
Pre-school Supervisor	5
Kindergarden Headmaster	3
Kindergarden teacher	21
Total	70

Agriculture:	
Asst. Account	1
Poultry-staff	2
Dairy staff	1
Total	4

Clinic program:	
Clinic Director	1
Doctor	3
Senior Nurse	4
Junior Nurse	3
Medicine salesman	1
X-ray Technician	1
Pathology Technician	1
Sweeper	4
Total	18

Integrated rural health support program:	
Health supervisor	1
Health Motivator	8
Total	9

Community Based Health & Sanitation program:	
Program Director	1
Monitoring officer	1
Project officer	1
Health facilitator	6
Paramedics	12
Total	21

MVTC Program	
Vice principal	1
Instructor	4
Ass. Instructor	6
Caretaker/Night guard	4
Part time teacher	6
Total	21
(Permanent Staff)	Total
	180

(as at December 31, 2012)

Colophon

This annual report is a summary of the activities of Aloshikha R.S.D Center in the year 2012.

Head Office

- Aloshikha Rajihar Social Development Centre
- Attn: Mr. James Mridul Halder
- Executive Director
- Village & Post: Rajihar
- Agailjhara
- Barisal district
- Bangladesh.
- Telephone: (88) 04323 - 56190
- Mobile: (ISD) 88 - 01711-548339, 01715-227525, 01715013099
- Fax: 88 - 04323 - 56190
- E-mail: aloshikhabd@yahoo.com/aloshikha@gmail.com
- Web side: www.aloshikhabd.org.

Communication Office

- Mrs. Martha Halder
- Chairman
- 8/Gha Sadhanpara East Rajabazer (1st floor)
- Tejgoan, Dhaka - 1215
- Bangladesh.
- Mobile: 88-01745734843/01711548339
- E-mail: aloshikhabd@yahoo.com/aloshikha@gmail.com
- Web side: www.aloshikhabd.org

Government Registration

Aloshikha R.S.D Centre is registered with the Department of social service of The People's Republic of Bangladesh

Social Welfare

- Registration Number 426/1985

Foreign Donation (NGO Bureau affairs)

- Registration number DDS/FDO/R-324

Bangladesh Bank (MRA)

- Micro credit regulatory authority registration number 04982-01293-00242

Ministry of health and family planning

- Family planning sector (Health ministry) Number - 251/2011
- Director of general health service, Hospital: Licenses - 3318, Dated: 28/11/2012
- Director of general health service Diagnostic centre : Licenses - 7083, Dated: 28/11/2012

Bangladesh technical education board (BTEB)

(BACKBO (VUK/2011/4076 Dated: 19/12/2011)

Pador:

Europe aid ID: BD-2011-CYC-2001775404



License No : 3318

**Government of the People's Republic of Bangladesh
Directorate General of Health Services
Mohakhali, Dhaka-1212**

License for Private Hospital / Clinic / Diagnostic Centre.

This license is issued under the medical practice and private clinic and laboratories (Regulation) ordinance, 1982 (Section, 10 (4) of ordinance iv of 1982) to set up and run a Laboratory / Diagnostic Centre / Hospital / Clinic for test, investigation, examination and treatment.

1. Name and address of the institution: MARIA MADER GENERAL HOSPITAL
Rajihar, Agailjhara, Barisal.
2. Type of Institution: Hospital
3. Approved bed (For Hospital / Clinic) 10 (Ten) Bedded.
4. Date of issue: _____
5. The license valid up to: 30/06/2013
6. Name of the owner (s): _____
 - a. Jems Mridul Halder.
 - b. _____
 - c. _____
 - d. _____
7. Particular of services to be rendered at the private Hospital / Clinic / Diagnostic centre:

MEDICINE, SURGERY, GYNAE & OBS

Date : 28/06/13

Licensing authority
(Seal)

পরিচালক (হাসপাতাল ও ক্লিনিক)
লাইন ডাইরেক্টর, হাসপাতাল সেবা ব্যবস্থাপনা
স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা।

- a) This license is not transarable without prior written permission from the licensing authority.
- b) Change of name / address / location of the premises without prior permission of the licensing authority will render this license invalid.
- c) Any violation of the Bangladesh Medical Dental Council Act 1980 (Act xvi of 1980), or of the Medical practice and private clinic and laboratories (Regulation) Ordinance, 1982 by the license shall render this licence invalid.
- d) The license may be cancelled / suspended / revoked by the licensing authority at any time.
- e) Failure of renew the certificate for registration within one month from the date of expiry of its validity, will amount to its cancellation from the date of expiry as noted above.
- f) The license shall be displayed in a prominent place of the premises.



Yearly staff's conference for 2012

The Alosikhha RSD Center is active to organized yearly conference in every year to its complex. All of board members, staffs and out side distinguished guests were celebrated exclusively the event such as, Rita Sen, join secretary Ministry of establishment Bangladesh Government was the chief guest of the event. Special guest Police officer, Agailjhara, Barisal, Mr. Kanchi Lal Das Chartered Accountant,. Sarder Harun Rana, President Press Club Agailjhara, and others.