COMPASSIONATE NARAYANGANJ

A COMMUNITY-BASED PALLIATIVE CARE PROJECT



Compassionate Narayanganj

Caring with Compassion
Empowering Lives

Bringing palliative care to the community-improving quality of life, restoring hope, and walking together with patients and families

- Symptom Management & Medical Care
- Emotional & Psychosocial Support
- Caregiver Support & Training
- Home-Based Palliative Care

Together, we bring comfort, dignity and hope.

wpca

ST CHRISTOPHER'S

AYAT EDUCATION

In Clint Eastwood's Oscar-winning famous film "Million Dollar Baby" (2004), the central character, a girl named Maggie, comes from a very poor background. Through immense hard work and determination, she eventually becomes a world-famous boxer. After achieving great fame, recognition, and success, she suffers a severe injury in the boxing ring that leaves her completely bedridden.

She endures the pain of paralysis, physical suffering, dependence on others, loneliness, and the intense psychological distress of a suddenly ended career. Unable to tolerate this condition, the girl ultimately requests euthanasia—a painless death—from her trainer, who was her only caregiver and guardian.

What if Maggie had access to palliative care? What if it helped her find hope, meaning, and the strength to keep living?

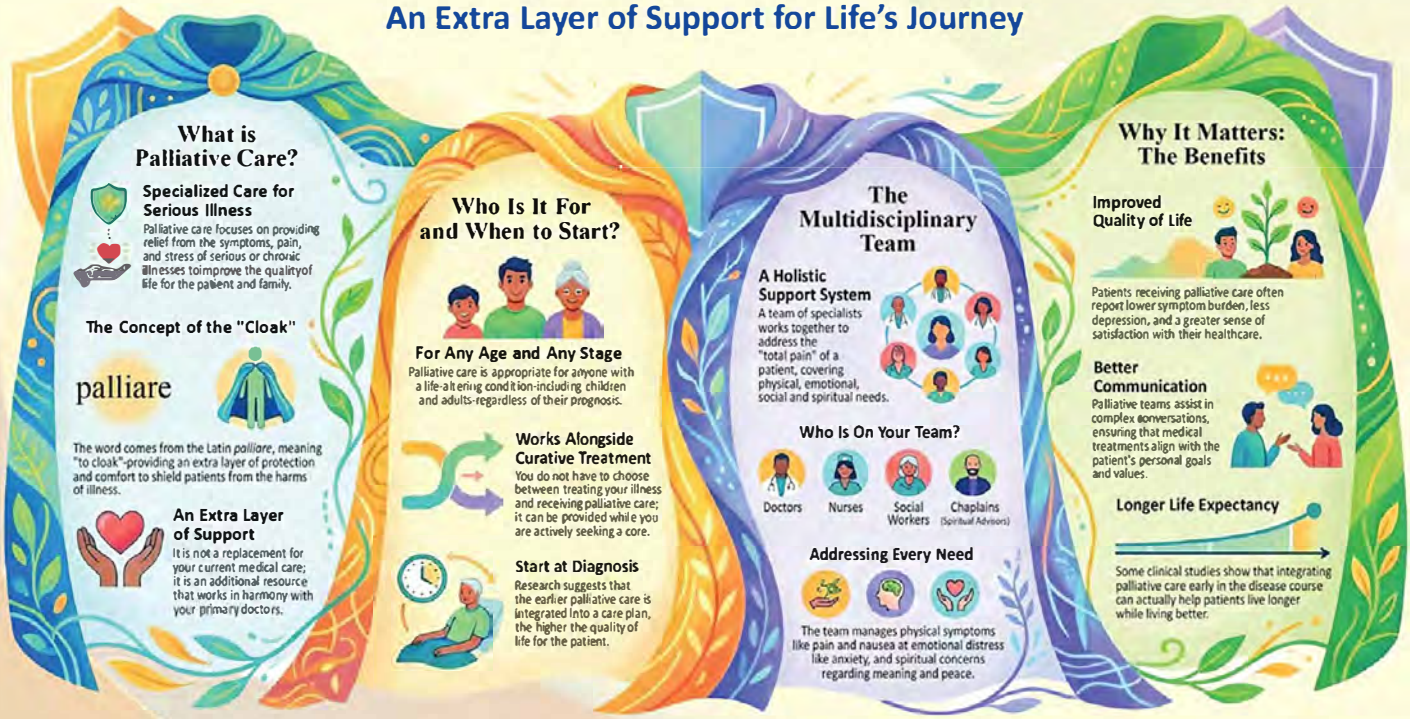
THE MANY FACES OF SUFFERING

When life changes in an instant,
suffering touches every part of a person.



Palliative Care

An Extra Layer of Support for Life's Journey



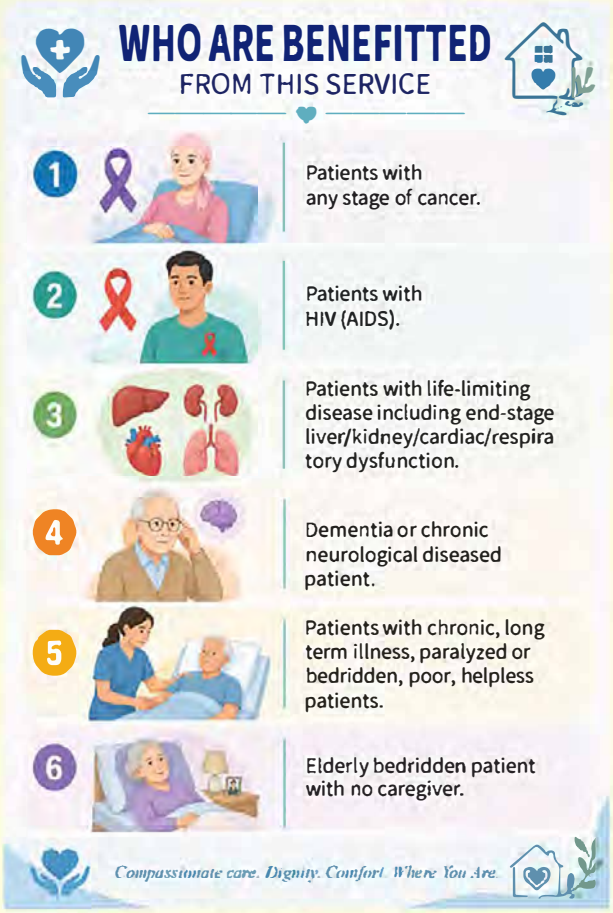
The primary goal of palliative care is not to cure disease; rather, it is to relieve pain and other forms of suffering, enabling patients and their families to live as comfortably, dignifiedly and meaningfully as possible.

Global need for Palliative care

- Access to palliative care is not a luxury — it is a basic human right.
- Over 73 million people need palliative care annually.
- Only about 14% of this need is met by available only 32000 PC services.
- >80% of unmet need is in low- and middle-income countries like ours.

Need of palliative care in Bangladesh

- A population-based survey is yet to be made.
- More recently, an extended analysis of Serious Health Related Suffering (SHS) published in The Lancet — covering the period from 1990 to 2021 — showed that this number has now risen to over 780,000.
- In Bangladesh only <1% have access to palliative care!



THE MANY BENEFITS OF PALLIATIVE CARE

BENEFITS FOR PATIENTS

REDUCE SUFFERINGS

- **Better symptom control** — Relief from pain and distressing symptoms.
- **Improved quality of life** — More comfort, function and ability to enjoy life more meaningful moments.
- **Better understanding of illness** — Clear information to help patients make informed decisions.
- **Greater dignity** — Care that respects values, choices and dignity.
- **Better satisfaction with care** — Care that is aligned with needs and goals.

Better care. Better life.

BENEFITS FOR FAMILIES

SUPPORTING THE WHOLE FAMILY

- **Emotional support** — Helps families cope with stress, fear and uncertainty.
- **Reduced caregiver burden** — Guidance, resources and support ease the burden of caregiving, respite care.
- **Better preparedness** — Helps families understand what to expect and plan ahead.
- **Improved bereavement outcomes** — Support before and after loss helps in healing.
- **Improved trust in healthcare** — Better communication and compassion build confidence.

Stronger families. Better journeys.

BENEFITS FOR HEALTH CARE PROFESSIONALS

SUPPORTING MULTIDISCIPLINARY TEAM

- **Better communication** — Tools and skills to have clearer conversations.
- **Shared decision-making** — Helps align care with patient values and goals.
- **Reduced burnout** — Greater support and satisfaction in caring for patients.
- **Reduced moral distress** — Helps clinicians feel they are providing appropriate care.
- **Improved teamwork** — Strengthens collaboration across multidisciplinary teams.

Supported Professionals. Stronger care.

BENEFITS FOR HOSPITALS

WHY HOSPITALS NEED PALLIATIVE CARE

- **Improved patient satisfaction** — Patients and families have better care experiences.
- **Better quality indicators** — Improves outcomes and quality of care measures.
- **Reduced unnecessary ICU admissions** — Appropriate care in the right setting.
- **Reduced futile interventions** — Avoids non-beneficial and burdensome treatments.
- **More patient-centered care** — Care that respects preferences and improves outcomes.
- **Improved institutional reputation** — Known as a compassionate, quality-focused hospital.

Better outcomes. Better reputation. Better healthcare.

COMPASSIONATE NARAYANGANJ (AT A GLANCE)

In a small corner of Narayanganj lives a mother carrying a lifetime of struggle on her shoulders. Her two sons were both born with muscular dystrophy—an incurable disease that gradually weakens the muscles and leaves them completely dependent on others for every aspect of daily life. Growing up in extreme poverty, the brothers never experienced the simple joys of childhood or living without fear and hardship. Their lives have been marked by suffering, social neglect, and the silent tears of a mother who continues to fight for them without support, security, or stability.

For families like theirs, **"Compassionate Narayanganj"** brings more than medical care—it brings dignity, comfort, human connection, and the reassurance that they are not alone in their journey.



Why Compassionate Narayanganj Matters

- Many people in Narayanganj are living with serious illness, disability, pain, and poverty without proper support or care.
- Families often suffer silently with emotional distress, financial hardship, and the burden of long-term caregiving.
- Bedridden patients and children with severe disabilities are frequently isolated, neglected and deprived of dignity and comfort.
- Compassionate Narayanganj provides home-based palliative care, emotional support and compassionate companionship to vulnerable families.
- We believe that every person deserves dignity, relief from suffering, and compassionate care—no matter their condition or background.

THE EVOLUTION OF COMPASSION: PALLIATIVE CARE IN NARAYANGANJ (2018–2029)

PHASE 1 (MARCH 2018 – JUNE 2021):

ESTABLISHING THE FOUNDATION

BUILDING A COMPASSIONATE COMMUNITY

The initial phase focused on reducing suffering for patients with incurable diseases and building a community-based homecare infrastructure in Narayanganj.

311 PATIENTS SERVED LOCALLY

The team reached 122 male and 189 female patients through home-based care and outpatient departments during the startup period.

120+ HEALTH PROFESSIONALS TRAINED

Training programs empowered doctors, nurses, and 200+ volunteers to support patients with complex palliative needs.

COMMUNITY-LED RESILIENCE

When UK Aid funding ended in June 2021, the project survived for 9 months solely through local community and organizational donations.

PHASE 2 (MARCH 2022 – MARCH 2025):

INTEGRATION AND EXPANSION

AN AGE-ATTUNED SUPPORT MODEL

This phase introduced partnerships with St. Christopher's and AYAT Education to integrate palliative care into primary health systems.

19,717 PALLIATIVE CARE ASSISTANT VISITS

The project shifted toward massive home-based outreach, with PCA visits outnumbering doctor and nurse visits.

2,216 COMMUNITY MEMBERS SENSITIZED

Engagement expanded to include school-based programs, teachers, journalists, and community leaders to destigmatize palliative care.

HOLISTIC SUPPORT SERVICES

Beyond medical care, the project delivered 2,607 food packs and 2,425 medicine/equipment packs to poor and isolated patients.

PHASE 3 (JANUARY 2026 – DECEMBER 2029):

NATIONAL INTEGRATION

NATIONAL HEALTH FRAMEWORK FOCUS

With inclusion of the Asia Pacific Hospice Palliative Care Network (APHN), the goal is now to integrate palliative care into the national healthcare system of Bangladesh.

THE "TRAIN THE TRAINER" MODEL

To scale education, a cadre of expert health professionals will be selected to undergo mentorship and become trainers for the next generation of providers.

ROBUST ADVOCACY APPROACH

The project is shifting toward a top-down and grassroots-up strategy to ensure the institutionalization of quality care for marginalized groups and the aging population.



1st Phase (2018-2021)

BUILDING A COMPASSIONATE COMMUNITY NARAYANGANJ CITY CORPORATION (BANGLADESH) WORKING TOWARDS UNIVERSAL HEALTH COVERAGE

For the 1st phase of the project, Compassionate Narayanganj was a partnership between the Department of Palliative Medicine of Bangladesh Medical University (BMU); Ex-Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, the Worldwide Hospice Palliative Care Alliance (WHPCA), UK with support from the Narayanganj City Corporation. Start-up funding came from UK Aid Direct.



GOALS & OBJECTIVES

- Reduce Suffering & Improve Quality of Life
- Build Community Homecare Services
- Train Health Professionals & Volunteers
- Work Locally with Palliative Care
- Improve Services Through Research
- Sensitise Hospital Providers
- Strengthen Care with Community Leaders

Compassionate Narayanganj Community-based Palliative Care

SERVICES & ACTIVITIES

- **OPD** - Every Saturday & Thursday
- **Home Care** for Bedridden Patients
- **Free Training** for Family Carers and health professionals
- **Essential Medicines** for Poor & Isolated Patients
- **Palliative Care Sensitisation Programs**

The project improved access to quality home-based palliative care for 311 people living with serious chronic and life-limiting illnesses in Narayanganj, while supporting 1,204 family caregivers. Through a multidisciplinary team of trained Palliative Care Assistants (PCA), doctors, nurses and physiotherapists, the project delivered holistic physical, psychosocial, spiritual, legal, and practical care in patients' homes. It also strengthened local capacity by training 121 healthcare professionals, reached 2,441 community members through awareness activities, established a strong volunteer network, and built referral linkages with 19 health facilities. The project laid the foundation for sustainable community-based palliative care, with services continuing through local partnerships and ongoing funding.

PALLIATIVE CARE IMPACT: EMPOWERING PATIENTS AND STRENGTHENING COMMUNITIES

DIRECT PATIENT SUPPORT & OUTREACH

Outpatient Department (OPD) Visits

632 Patients Reached

497 Female | 135 Male

Outnumber Male nearly **4 to 1**

Total Nearly **1,000** Supported Individuals

Gender-Inclusive Care: Female patients represent the majority of service recipients

Extensive Home Care Visits

311 Patients Reached

189 Female | 122 Male

BUILDING COMMUNITY CAPACITY

1,473 Students Sensitized (School-Based Sensitization)

206 Community Volunteers Empowered (Robust Volunteer Training Program)

106 Clinical Professionals Trained (34 Doctors, 72 Nurses in Intensive 3-Day Programs)

76 Family Carers (Support)

75 Legal Support Participants (Workshop)

57 Teachers (Education)

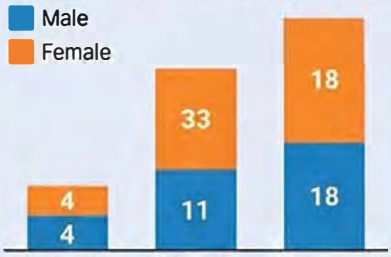
34 Community Leaders (Advocacy)

COVID-19 RESPONSE & RESILIENCE



1,925 Hygiene Kits Distributed (Soap, Sanitizer, Leaflets/Posters Provided)

Specialized Pandemic Training



ICU Doctors & Nurses (12 Total: 4M, 8F)

General Doctors & Nurses (44 Total: 11M, 33F)

Volunteers & PC Assistants (53 Total: 18M, 35F)



June 2021 (UK Aid Funding Ended)

March 2022 (Project Sustained by Local Donations)

Sustainable Community Funding: Local donations sustained vital services through March 2022, proving importance

2nd Phase (2022-2025)

BUILDING AN INTEGRATED AGE-ATTUNED MODEL OF SUPPORTIVE PALLIATIVE CARE IN BANGLADESH

Notable Activities of the Project

1. **Out-Patient Service:** at Urban Health Center and Bandar Upazila Health Complex
2. **Home Care Service:** Providing services to bedridden patients at home
3. **Social Support:** Providing free listed medicines, food packs and social assistance to poor, vulnerable and lonely patients.
4. **Mental and Spiritual Care:** Providing support to alleviate emotional and spiritual pain and suffering. Besides providing emotional support to bereaved families.
5. **Empowering Caregivers:** Providing training to the family caregiver about care for the patients.
6. **Capacity Building:** 3-day palliative care training to doctors, nurses, community healthcare workers and interested volunteers.
7. Awareness raising and Participants engagement with activities
8. Integrating palliative care into primary health care (Bandar UHC)
9. Formation of Narayanganj Palliative Care Society (NPCS) – to lead in future
10. **Day Celebration:** World Hospice and Palliative Care Day every year, Celebration of International Volunteer Day 2023 by volunteers of Compassionate Narayanganj Project.

When funding ended again in 13th March 2025, the project continued until January 14, 2026, through no-cost extension of the project and donations from various organizations and the community.

Satisfaction Survey: Overall satisfaction with palliative care was exceptionally high, with more than 90% of respondents reporting either "Satisfied" or "Very Satisfied". Quality of death and dying experience survey: Quality-of-life outcomes were strongest in domains related to family connectedness, dignity, and emotional support.



"I had no idea that such a service could exist anywhere in the world. I am benifitted by your service very much."
— Patient's testimony

"Finding Strength Through Compassion"

After losing her husband to COVID-19, Mrs. H (58) was diagnosed with breast cancer. Following surgery and treatment, she developed painful lymphedema, making daily activities increasingly difficult.

Through Compassionate Narayanganj, she received regular home-based palliative care, including symptom management, lymphedema exercises, emotional support, and caregiver training for her son. With ongoing support from the multidisciplinary team, her physical comfort, confidence, and quality of life improved significantly.

This story illustrates the power of compassionate palliative care to help people live with dignity, comfort, and hope throughout serious illness.

COMPASSIONATE NARAYANGANJ

INTEGRATED HOME-BASED PALLIATIVE CARE PROJECT

PHASE 2 ACHIEVEMENTS

(14 MARCH 2022 – 13 MARCH 2025)

Delivering compassionate care,
building capacity and empowering communities



AT A GLANCE

- **345** HOME-BASED CARE PATIENTS
- **1,287** INDIRECT BENEFICIARIES
- **1,634** HOME VISITS
- **97%** OF PATIENT VISITS DELIVERED BY TRAINED PCAs

CAPACITY BUILDING & COMMUNITY ENGAGEMENT

- **8** PALLIATIVE CARE ASSISTANTS (PCAs)
- **23** DOCTORS TRAINED
- **26** NURSES TRAINED
- **75** COMMUNITY HEALTH WORKERS TRAINED
- **213** COMMUNITY VOLUNTEERS TRAINED
- **2,216** COMMUNITY MEMBERS SENSITIZED

OUR MODEL OF CARE



A continuous cycle of care that strengthens individuals, families and communities.

ON THE GROUND



Reaching people at home. Supporting families.
Building stronger communities.

OUR IMPACT

- Improved quality of life for patients and families
- Strengthened community capacity and ownership
- Empowered local workforce delivering compassionate care
- Building sustainable palliative care within the community health system



COMPASSIONATE COMMUNITIES | INTEGRATED HOME-BASED PALLIATIVE CARE
COMMUNITY EMPOWERMENT | UNIVERSAL HEALTH COVERAGE

"Together, we are bringing care, compassion and dignity to every home in Narayanganj."

TOGETHER FOR A COMPASSIONATE FUTURE

Thank you to everyone who supports this life-changing journey.

3rd Phase (2026-2029)

INTEGRATING A PALLIATIVE CARE MODEL INTO A NATIONAL HEALTH FRAMEWORK, WITH A FOCUS ON THE AGING POPULATION AND MARGINALIZED GROUPS IN BANGLADESH

On 15th January 2026, the third phase began with the inclusion of Asia Pacific Hospice Palliative Care Network (APHN), a regional partner with the capacity to further expand learning opportunities. For the last three years, Previous achievements included home-based care, workforce training, volunteer mobilization, policy development, and research. Lessons learned highlighted the importance of multi-sector partnerships, integrated service models, community participation, and diverse educational approaches.

This project aims to integrate high-quality palliative care into Bangladesh's healthcare system to reduce preventable suffering while building local sustainability. Through partnerships between BMU, AYAT, St. Christopher's, and APHN, the project will strengthen palliative care services in Narayanganj, expand education and training through a mentorship-based training-of-trainers model, and implement robust advocacy involving volunteers, families, communities, and policymakers. The initiative will develop local leadership and capacity, creating a sustainable model for expanding compassionate, person- centered care across Bangladesh.



PALLIATIVE CARE ASSISTANT (PCA) SKILL DEVELOPMENT & EMPOWERMENT PROGRAM

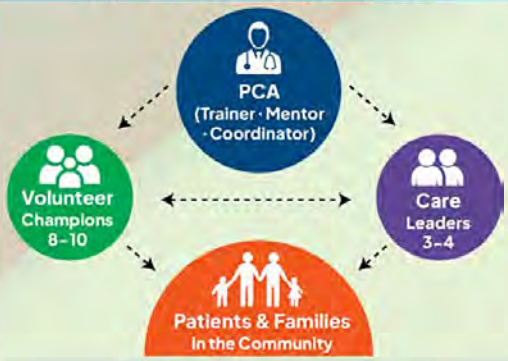
Building Compassionate Community Care

2-YEAR CAPACITY BUILDING PROGRAM
July 2026 - June 2028

GOAL

Develop community leaders who can deliver sustainable, compassionate home-based palliative care.

1. PCA-LED CARE NETWORK MODEL



One PCA leads a multidisciplinary community support network (care unit)

2. CARE NETWORK ROLES

PCA

- Coordinates care
- Engagement in capacity building
- Supervises volunteers
- Mentors caregivers
- Quality assurance & escalation

VOLUNTEER CHAMPIONS

- Identify patients & families
- Community awareness
- Non-clinical home visits
- Referral support
- Community reporting

CARE LEADERS

- Experienced caregivers
- Peer mentoring
- Practical day-to-day care guidance
- Emotional support
- Build caregiver confidence

3. MONTHLY LEARNING CYCLE

1. **PLAN** — PCA reviews patients, sets priorities and assigns volunteers and tasks.
2. **COMMUNITY VISITS** — Volunteer Champions & Care Leaders visit and support patients and families.
3. **TRAINING & CASE DISCUSSION** — Combined training session with case discussion and skills practice.
4. **REPORT & IMPROVE** — Simple reporting, review and follow-up planning for better care.

REPEAT EVERY MONTH

Continuous learning through mentorship and practice

4. TWO-YEAR DEVELOPMENT JOURNEY

YEAR 1: FOUNDATION (JULY 2026 - JUNE 2027)

- Orientation & Program Induction
- Basic Palliative Care Skills
- Communication Skills
- Family Support & Psychosocial Care
- Team Building & Confidence

Guided Learning • Practice • Mentorship

PROMOTION — Palliative Care Assistant (PCA)

YEAR 2: LEADERSHIP & EXPANSION (JULY 2027 - JUNE 2028)

- Advanced Communication & Counselling
- Training & Teaching Skills
- Community Awareness & Mobilisation
- Mentorship & Leadership Development
- Lead & Expand Community Network

Leadership • Mentorship • Empowerment • Expansion

5. MONITORING & EVALUATION

REVIEW EVERY 6 MONTHS (3 LEVELS)

PCA PERFORMANCE

- √ Clinical skills
- √ Communication
- √ Leadership
- √ Training ability

VOLUNTEER CHAMPIONS

- √ Activity level
- √ Understanding
- √ Community engagement
- √ Retention

CARE LEADERS

- √ Peer support
- √ Family satisfaction
- √ Caregiving confidence
- √ Mentorship

LOG BOOK TRACKING

Home visits, ward work, presentations, community engagement, workshops & facilitation

7. PATHWAY TO RECOGNITION

PCA (Palliative Care Assistant) → Successful Completion → PCAssoc (Palliative Care Associate)

6. IMPACT

- Better connected community care network
- Improved support for patients & families
- Earlier identification of needs & more timely care
- Reduced suffering & improved quality of life
- Empowered caregivers & communities
- Sustainable, scalable model for long-term impact

8. CONTRIBUTION TO THE FUTURE SUSTAINABILITY OF COMPASSIONATE NARAYANGANJ

- **TRAIN** — One PCA is trained with skills and knowledge.
- **MENTOR** — PCA mentors Volunteer Champions & Care Leaders.
- **LEAD** — Care Leaders lead and support families in the community.
- **TRAIN OTHERS** — Experienced Care Leaders mentor new caregivers and volunteers.
- **EXPAND COMMUNITY CARE** — Replicable model that can extend to new areas and communities.

This self-renewing model builds local capacity, creates a succession pathway, ensures quality monitoring, and enables continuous, compassionate, dignified home-based care-well beyond any single project cycle.

One trained PCA empowers an entire community to deliver compassionate, dignified and sustainable palliative care.

TOGETHER FOR COMPASSIONATE COMMUNITY CARE

PHOTO GALLERY



Teachers Inspired for Compassionate Care



Young Minds, Caring Hearts: Learning Compassion at School



Empowering Community Clinic Service Providers to Care



Empowering Nurses in Palliative Care



Keeping Families Warm with Love



Care Continued Through Crisis (COVID-19)



Healing Hands at Your Doorstep: Compassionate Care, Home Delivered



Nurses Bringing Comfort at Home



Home Visits with Care and Kindness



A Caring Hand Beside Every Patient



Helping Patients Move with Hope (Physiotherapy)



Compassionate Support from the Volunteers Caring for Neighbors



Care and Comfort Beyond Hospital Walls (OPD at Urban Health Complex 3)



Coordinating Care, Bringing Comfort Home



Caring for Those Who Care: Supporting Families with Compassion



Neighbors Caring for Neighbors: Community Hearts Bringing Care Home



Doctors United for Compassionate Care



Sharing Food, Sharing Hope: Bringing Relief to Family



Bringing Palliative Care to Bandar Upazila Health Complex: A New Door to Compassionate Care



Integrated Comfort Care at Bandar Health Complex OPD



Training Volunteers to Serve with Heart



Journalists Sharing the Voice of Compassion



Community Volunteers, Community Pride: A Day to Celebrate Caring Hands



A Ride for Compassion and Support: World hospice & Palliative care day celebration



(Kimmery, 2014)

Compassionate Narayanganj Linkedin

You matter because of who you are. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die
-Cicely Saunders

Compassionate Narayanganj Facebook