

# **R** **Annual** **Report**

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# Green Hill

## Annual Report 2022

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## Messages from Executive Director

Combating new challenges to sustain the empowerment of the hilly people

Despite of many challenges and limitations, the hilly people have been significantly contributing to the growth of national economy since long. It is indeed a matter of national pride that the country for the first time has achieved the status of Lower Middle Income Country (LMIC). At the same time, it is also very unfortunate that it has contributed in recession of foreign fund at the national level. In consequence, NGOs of the Chittagong Hill Tracts who have been making important contribution for sustainable development and empowering the community suddenly started suffering from severe donors fund crisis. Now majority NGOs in the CHT who have been predominantly dependent on donors fund are now very much concerned about their survival and the grassroots community who have been gradually regaining their economic empowerment suddenly find themselves in a situation of utter hopelessness. Green Hill being a development organization of the CHT has also come cross of the unwanted bad experience that suddenly limited the scope to serve many extreme poor families living in the hard to reach areas. In fact, due to the concerted effort of GOB, INGOs, UN bodies and local development organizations, the overall process of community empowerment has significantly strengthened but the ground reality still strongly demands continuation of comprehensive sustainable development support in the CHT.



Very sadly, Due to the global covid-19 pandemic situation, People have died and about forty thousand people have also died in our country. And lacs of people get infected with covid-19. People are still getting infected and dying.

The bereaved families and survivors who untimely lost their family members are yet to recover from their mental trauma. Under this critical situation, immediately the organization implemented to awareness raising activities on the Corona virus at the community level. Such as distributing masks, leaflets and miking. Besides, Hand washing devices are also installed at mass gathering places in CHT.

We do acknowledge their generous and time befitting humanitarian support with due wholehearted thanks and gratitude. In this regard, we also highly appreciate the dynamic leadership of local administration of Rangamati, Bandarban and Khagrachari hill district for ensuring coordination among relevant stakeholders, mobilizing resources and proper distribution among the affected families. It was indeed a great working experience for the organization to work simultaneously with many organizations together, which made invaluable contribution to enhancing the confidence of the organization to respond future.

We do hope the central government and donors would pay special attention to the situation of the CHT and they would extend their generous support to continuing sustainable development process and empowering the poorer people of the CHT and thereby contribute in achieving the national vision and goal and above all global sustainable development goal.

Finally, we sincerely thank to the local administration, relevant stakeholders and our valued donors and development partners for their kind support and best cooperation. We look forward to having their continuous support in coming days as well.

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke.

Mong Thowai Ching  
Executive Director

# 1. ORGANIZATION PROFILE

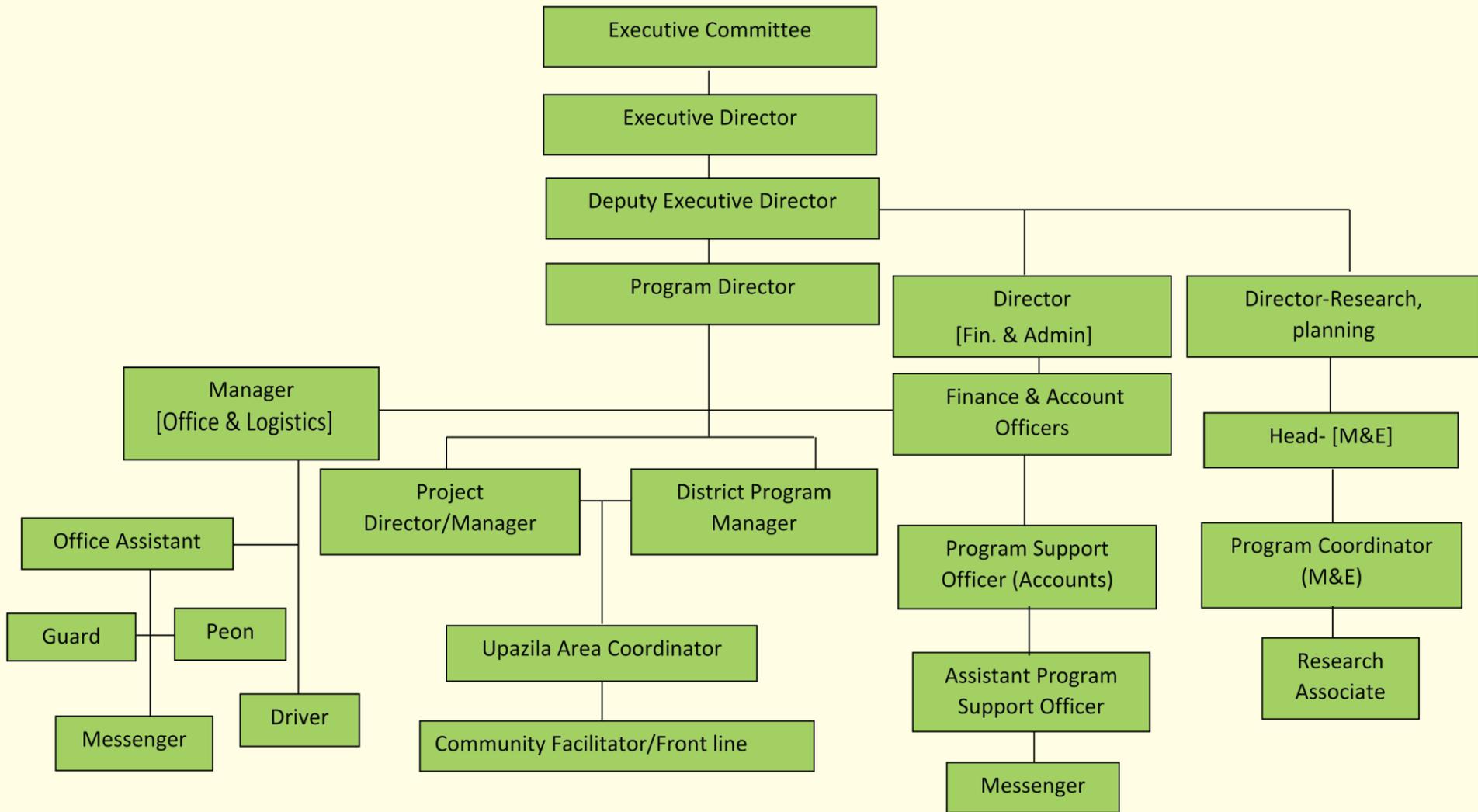
## 1.1. General information

Name of the Organization	Green Hill
Address of head office	Indrani House, Champak Nagar, Rangamati, 4500, Rangamati Hill District, Bangladesh Phone: +88 02 3333 71083, 71604 Email: info@greenhill-bd.org
Contact person's name, contact number & email address	Mr. Moug Thowai Ching, Cell: +88 017 131 00833, Email: moug@greenhill-bd.org
Designation of the contact person	Executive Director
Number of Field Offices/Branch	Head Office: 1; District Office: 4 (Rangamati, Khagrachari, Bandarban & Cox's Bazar); Upazila Office: 18; Sub Office: 2 Total Office: 25
Total Employee	294

## 1.2. Overview of the organization

Green Hill (GH) is a Chittagong Hill Tracts (CHT) region based NGO in Bangladesh, since its inception, March 02, 1994 has been actively engaged in empowering the poorer and hill people with special focus on women, children, socially excluded persons, differently able persons (DAP) extreme poor and indigenous communities living in the hard to reach and un-served areas of the CHT region. The organization was founded by a group people who belonged to some local philanthropists, leaders, human activists and youth. It is registered with the NGO Affairs Bureau (NGOAB), Government of the People's Republic of Bangladesh, vide Reg. No: 1318, with Social Welfare Rangamati, Registration No. Ranga 79/95, dated-18/01/1995 and also Directorate General of Family Planning, Dhaka, Registration No. 1420, Dated-23/03/2020. Besides, the organization is affiliated with some international donors and Himalayan region based development partners. Currently, the organization deals with health, education, livelihoods, extreme poverty, agriculture and market development, water and sanitation (WASH) and community legal service, community empowerment related interventions. The organization has extensive working experience on community mobilization, water and sanitation related engineering, and promotion, institution building, Human Index Development (HID), Market Extension strategies, value chain analysis, agriculture and market development, need-based skill transfer, participatory poverty mapping, conditional cash transfer, management of village savings loan system, policy advocacy and development of local context specific IEC and BCC materials.

# Green Hill Organogram



## 1.4: At a glance of Ongoing Projects:

SL	Name of ongoing projects	Start date	Completion status
1	Advancing Universal Health Coverage (AUHC) project	1 <sup>st</sup> January 2018	31 <sup>st</sup> July 2023
2	MaMoni-Maternal Newborn Care Strengthening Project (MNCSP)	1 <sup>st</sup> June 2021	31 <sup>st</sup> March 2023

3	Strengthening Maternity and Child Health Services Delivery (SMCHSD) for the marginalized community in Rangamati, Khagrachari and Bandarban	1 <sup>st</sup> November 2017	31 <sup>st</sup> December 2023
4	Y-Moves Project	1 <sup>st</sup> September 2020	30 <sup>th</sup> June 2024
5	Community Health, WASH, Health Systems Support & Health Post for FDMN and Host Community Population” submitted by Green Hill organization. (FD-7)	July’ 2022	June’ 2023
6	Study on early marriage and fertility decision making among conflict - affected and displaced adolescents in Bangladesh	Oct’ 2022	March’ 2023
7	Improved Health Services and Clean Energy Support for Vulnerable individuals in the CHT area	Oct’ 2022	Sep’ 2023
8	Combating Early Marriage of Bangladesh (CEMB) project	9 <sup>th</sup> March 2022	31 <sup>st</sup> March 2023
9	Women Business Centers and Innovative Financing for Upland Water Management in Chittagong Hill Tracts, Bangladesh”	15 <sup>th</sup> February 2022	14 <sup>th</sup> February 2024

## Project Wise Annual Achievement:

### Project Title: Advancing Universal Health Coverage (AUHC) Project

<b>Project Period</b>	:	1 <sup>st</sup> January 2018- 31 <sup>st</sup> July 2023
<b>Funded By</b>	:	USAID through Chemonics International Inc.
<b>Project status</b>	:	Ongoing
<b>Reporting Period</b>	:	January to December 2022

#### Project Background:

This project was proposed to be managed, supervised and monitored by an experienced and skilled project team who has adequate working experience in the CHT region. By establishing 18 midway homes in 18 upazilas of 3 hill districts the organization will deliver some basic health services on safe delivery, ANC, PNC and ENC, Immunization (EPI), family planning (short term, PFP, LARC method), management of STI/RTI, limited curative care and NCD, health education and community mobilization. The health service will be mainly delivered by some 54 paramedics with the assistance of other support staffs. The project mainly focuses on women, children, extreme poor in delivering the services. At the same time, the organization with due importance to Hill district council, GOB departments, health, family planning etc. is also make active coordination and collaboration with the UN bodies, media, relevant stakeholders at District, Upazila and grassroots level.

#### Goal and Objectives of the Project:

“Improve accessibility of maternal and family health services especially for the un-served and resource poor ethnic minorities to expand selected services in CHT through a cohesive network of NGOs in collaboration with GOB, NGO, and Community stakeholders”.

In AUHC, there were 7 objectives which were in brief, running clinics/midway homes, providing emergency support to the pregnant mothers for Emergency Obstetric Care (EOC), strengthening SH clinics, leverage effective use of resources with other partners, enhancing service seeking behavior through establishment of locally appropriate BCC materials, establish quality monitoring system (QMS).

As part of grant objective, AUHC focuses on 30 related to ESP which are also significantly related to previous mod 13 of AUHC project. Therefore, the

*activities are very much pertinent to the objective and expected results of AUHC.*

#### Geographical coverage:

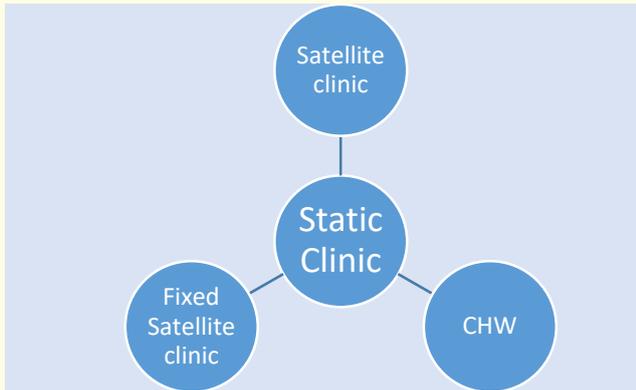
18 Upazilas under 3 Hill District

#### Major intervention:

Type of Service from Midway Homes and satellite clinic:

- Maternal Health (ANC, PNC & Safe Delivery)
- Child health
- Family planning
- Nutrition
- EPI
- Limited curative care
- Mini Lab Service (Pregnancy Test, Hemoglobin, HSBAG, Malaria & Diabetes)
- Meeting with Stakeholder and Community at MH & satellite level to inform about provision of services to the community people.
- Provide necessary health services to the seekers directly and through referral approach for applicable issues.
- Arrange Satellite clinic at different point in village level.
- Organize Health related day observation like World Health Day, World Hand Washing Day, World Population Day, World AIDS Day and World Breast Feeding Week etc. jointly with GoB in different places.
- Coordination with GoB Line department, LGIs, traditional leaders in different level (District, upazila & union).
- Organize need based health program or campaign at hard to reach areas.
- Revolving Drug Fund (RDF) to generate revenue for the project.
- Manage Referral system from Midway Homes to nearby Upazila Health Complex/District Hospital / MCWC etc. for emergency cases.

### Service Point:



### Major Results/Outcome:

- The project has been served total 69510 patients during reporting period.
- Total 1205 number of normal deliveries has been conducted by the skilled/trained midwives in 18 Midway Homes of three districts in 2022.
- The project intervention has able to save 153 lives birth that were in precarious conditions due to delivery complications.
- Approximately 9026 women received ANC and 1333 PNC services under the Project, as a result become safe normal delivery.
- Approximately 12000 children have been served through project intervention where 6114 were EPI program. In addition project also assists directly 5139 children through nationwide Vitamin A campaign program led by Health and Family Welfare Ministry (MOH&FW) under Government of Bangladesh.
- Approximately 29295 persons or eligible couples received/served short term family planning methods under the project.
- Approximately 8984 person received the lab services, including Blood grouping (Blood sugar 2 hr ABF, Fasting random), HBsAg and pregnancy tests etc.

- 162 clients including pregnant woman have received emergency service from the upazila health complex and district general hospital for accessing better services. In this regard, emergency obstetric care support and transportation cost totally supported by Surjer Hasi clinic. As a result, many pregnant mother and newborn babies live safe.

### Major Challenges:

- Lack of context specific transport to carry serious Patient to the proper referred place
- Due to the frequently departure of technical person i.e. Paramedics (Medical assistant/Midwife) there is a problem raise in MHs to provide services.
- Unavailability of unemployed Medical graduates (MBBS) and if found it is difficult to keep him/her in the job due to the less opportunities

### Lesson learnt

- Using IEC materials (flipchart, leaflet, and brochure) help Client/Customer have good understanding about the subject, which are also very effective tool for counseling and awareness session.
- Due to lack of availability of medicine, sometimes patients are not interested to visit the clinic.
- Availability of Professional Doctors' (MBBS) service increases Client's number at Clinic level.

## Project Title: Strengthening Maternity and Child Health Services Delivery (SMCHSD) for the marginalized community in Rangamati, Khagrachari and Bandarban

**Project Period** : 1<sup>st</sup> November 2017 to 31<sup>st</sup> December 2022  
**Funded By** : **United Nations Population Fund (UNFPA)**  
**Project status** : Ongoing  
**Reporting Period** : January to December 2022

### *Brief Project Introduction:*

The SMCHSD project is an additional intervention of Green Hill's health program. Green Hill started to intervene on basic health service project since 2009 through the financial support of Pathfinder International in some selected Upazila of Rangamati District in the name of Mayer Shasthyo project. In 2016, the project has been taken over by the financial support of US AID and UK AID through NGO Health Service Delivery Project (NHSDP) in 18 Upazila of three hill District namely Rangamati, Khagrachari and Bandarban. As consequence, US AID later took charge the project through Advancing Universal Health Coverage (AUHC) since 2018 with the same project locations under "Smiling Sun" coverage. The SMCHSD project started to intervene since November 2017 to foster the current interventions of existing health program.

The SMCHSD project got involved in a sense to ensure safe deliveries in the existing Midway Homes that are under the implementation of Green Hill through AUHC project. The AUHC project had no transportation services on ANC/PNC checkup and deliveries, no meal support at MHs and UHCs and no support for UHCs especially for the maternity waiting rooms. Based on those limitations, the SMCHSD project took those points into account and accordingly started to cover those gaps through SMCHSD project. After a successful completion of 2 months in 2017, the project extended for 2018. Hence, the project with the successive trend of following back years stimulated to keep continue in 2022 with some revised activities to get more appropriate issues.

### *Project Goal and Objective:*

The project is being implemented under the outcome of United Nations Development Assistance Framework (UNDAF) that refers;

**Outcome 1:** Sexual and Reproductive Health and Rights: Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access.

**Output 1.1:** Strengthened national policy and health sector capacity to deliver a midwife-led continuum of

care and Basic Emergency Obstetric and Newborn Care. Followed by the UNDAF's outcome, this project aims to improve accessibility of maternal and family health services especially for the un-served and resource poor ethnic minorities to expand selected services in Rangamati, Khagrachari and Bandarban through a cohesive network of NGOs in collaboration with GOB and community stakeholders.

### *Project Location:*

District	Smiling Sun Clinic/Midway Homes	Upazila Health Complex	District Hospital
<b>Rangamati</b>	8	9	<b>0</b>
<b>Khagrachari</b>	6	7	<b>1</b>
<b>Bandarban</b>	4	6	<b>1</b>
3	18	22	2

### **Approaches & Interventions:**

- Food supplementary support for pregnant mothers in Green Hill Midway Homes (18) and same support for the attendance of pregnant women in 22 Upazila Health Complexes in three Districts and 2 District Hospital (Bandarban, Khagrachari)
- Transportation support for pregnant women in 42 health centres to conduct their deliveries at institutions in three hill Districts. These centres are Midway Homes (18) in three Districts and 22 Upazila Health Complexes in three Districts and 2 District Hospital (Bandarban, Khagrachari).
- Transportation facilities for pregnant women and mothers for ANC/PNC check-up 18 Midway Homes and selected applicable Upazila Health Complexes.
- Emergency referral cost support for the pregnant mother and children in 42 health centres in three hill Districts.
- Conduct mother assemblies to aware people to access institutional services for the deliveries.

### **Implementation Strategy:**

Green Hill has been in the partnership with UNFPA since 2017 through Action Aid Bangladesh followed by a post disaster response project. Later on, UNFPA directly funding to Green Hill since 2019 to till date in maternal health care project in some mixed working areas and locations. However, to address maternal

health care issues in CHT, UNFPA is addressing two folds approaches. The first one is directly service delivery to maternity patients and second is building awareness among adolescent girls, pregnant women and male partners to value about maternity health check-ups for pregnant women. In regards to service delivery the project SMCHSD is providing transportation facilities for ANC/PNC check-ups, transportation cost support for conducting safe deliveries at health institutions both in midway homes of Green Hill and government hospital, emergency referral cost support for maternity patients, food supplements for pregnant women in Midway Homes and attendees of government hospitals. In regards to awareness building events, the project staff conduct mother assembly at community level and awareness meetings with stakeholders at Union level. Apart from these two folds, UNFPA project has also provided grant support to government hospitals to repair maternity waiting rooms at UHCs.

**Major result/Outcome:**

- Total 901 safe deliveries conducted successfully at MH
- A total of 394 pregnant women provided food cost support from MH
- A total of 433 attendees of pregnant women were provided food cost support from UHC
- Contextual transport facilities provided to a total of 4830 pregnant women for ANC (3607) and PNC (1223) checkups.
- 38 critical delivery patients provided with emergency referral cost support to get better health services.

**Major Challenges:**

Still a good number of pregnant women fail to come in the institute due to limited vehicle accessibility in the pocket areas while the project has a limitation to carry those women from the pocket to institute due to budget limitation. With the same limitation, those women also lack behind to access ANC and PNC checkup regularly.

**Lesson Learnt:**

- Conduction of mother assemblies has contributed in disseminating information about the facilities and services of Government and SMCHSD project in pocket areas.
- Communication in regards to meeting reporting and documentation from Naikhyongchari is very difficult to maintain due to long distanced location as well as having no direct project full time staff in the area.
- Frequent staff turnover is still disrupting in maintaining regular and flawless communication among delegated field staffs, health department and SMCHSD project point. Exchange of delegation for this project has also been experienced in this reporting period likewise the previous reporting periods.
- Some referral patients do not go to the prescribed Government health centers rather go to the private clinic or health centers. As reports by the staff, patient go to the centers which is familiar to them as well convenient for easy transportation.
- It has been observed that, number of visits to MHs by pregnant women has been increased due to transportation facilities provided by project intervention.
- Providing food support at MHs contributes to meet nutritional need for pregnant mothers.

## Project Title: MaMoni-Maternal Newborn Care Strengthening Project (MNCSP)

**Project Period** : June 2021 to March 2023  
**Funded By** : **USAID through Save the Children, Bangladesh**  
**Project status** : Ongoing  
**Reporting Period** : January to December 2022

### Project Objective and Vision:

“A Bangladesh where there is no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential” Increased Equitable Utilization of Quality Maternal and Newborn Care Services

- ✚ Reducing neonatal mortality rate below 18 (per 1,000 live births) by 2022
- ✚ Maternal mortality ratio below 121 (per 100,000 live births) by 2022

### Working area:

District	District Hospital I & MCWC	UHC	UH&F WC	CC
Bandarban	2	7	22	97
1	2	7	22	97

### Implementation Strategy

The MaMoni MNCSP project aims to archived 4 major result in MNC improvement;

- Improved responsiveness of district health systems to deliver patient-centered MNC services;
- Improved quality of MNC services and governance of quality of care;
- Sustain improvement in access and demand for MNC services and household practices;
- Improved national capacity to deliver quality MNC services at scale;

- Improve data quality and use of data for monitoring, planning and management decision:
- Decentralized data driven planning will be held at district, upazila and union levels. The plans will be jointly developed in collaboration with other stakeholders including local government and local NGOs.
- Supervision, Monitoring and Mentoring for facility readiness, capacity building of service providers and quality improvement;
- Improved readiness of health facilities: physical, skilled staffing, supplies, info systems, referral systems;
- Strengthening sick newborn care in existing SCANUs and functioning of newly established SCANUs in district hospital.
- Increased community MNC awareness and trust for public sector MNC services

### MaMoni-MNCSP Main Focus Areas:



### Major intervention:

**Major Achievement:**

Achievements relative to maternal, neonatal health and family planning coverage

- Monthly district and upazila review meetings of DGHS and DGFP-24
- Joint supervisory visits with GOB managers-111
- Data quality assessment (DQA)-26
- District SPRM-1, District QPRM-1, Upazila SPRM-11
- One-day semiannual eMIS review meeting with eMIS users in MaMoni district-14
- Continue to support the development of functional QIC meetings at District Hospitals and Upazila Health Complexes -13
- CCs conducted monthly community micro planning meeting-9
- Special initiatives for resource mobilization: Special satellite clinic service in collaboration with BANI, HKI-2.
- Decentralized data driven planning workshop-6
- Under-served/hard-to-reach unions for MNH service provision-7
- Orientation of Frontline Staff (HA, CHCP, FWA) in CHCP at 27 CCs
- Arrange video show at community level through IEM unit of FP for community awareness in 7 upazilas
- Organize ANC, PNC day at UHCs for increase service utilization 6 UHCs and 1 DH
- UH&FWC Management Committee (MC) on their roles and responsibilities-38
- This service was provided at Para Center, Aamtoli Marma Para, Sualok, Bandarban Sadar on 26<sup>th</sup> Sept 2022. Total 29 beneficiaries were served on the day. Among them 15 PW took
- ANC service, 1 PNC and 13 for general treatment.

- To mitigate access barrier initiated BCC material (safkotha flipchart and booklet) translation in 4 different local languages of Bandarban, Translated safkotha flipchart oriented to 7 Health Facilitators (HFs) of BANI, HKI
- Inaugurated Remakry SDP officially by support of LG and FP unit
- Zero Home Delivery initiation at Toin Union of Alikadam Upazila (Targeting only Toin Union)
- Initiated 28 special satellite services at 4 upazilas at different HTR areas (Rowangchori, Alikadam and Thanchi) where GO/NGO health or FP services are not available.

**Major Challenges:**

- Working jointly with GoB health and Family planning department is very challenging.
- Most of Health and Family Planning department staffs are not user friendly IT based reporting system.

**Lesson Learned:**

- Accountability and Feedback mechanism should be established.
- Learning visit can improve the staffs capacity and quality of work.
- Online training are not so helpful than physical training.
- Technical knowledge is essential to achieve the MaMoni activities.

## Project Title: Women Business Centre and Innovative Financing for Upland Water Management in CHT Project

**Project Period** : 15 February 2022 to 14 February 2024  
**Funded By** : Aqua for all  
**Supported by** : United Purpose Bangladesh  
**Project status** : Ongoing  
**Reporting Period** : February to December 2022

### Introduction:

The main objective of this project is to demonstrate appropriate service delivery models for communal water supply services, and market-based approaches for household filters, to ensure sustainable safe water access by remote and low-income residents in CHT.

The project will work with 7 established Women’s Business Centers (WBCs) (35 woman entrepreneurs) across Borkal Upazila reaching approximately 10,000 people across approximately 15 villages. The project will construct and/or rehabilitate seven public water supply schemes, serving around 5,000 people, and additionally will take a market-based approach to reach at least a further 5000 people with domestic water filters.

These schemes will be managed by the WBCs, using a community-based enterprise model ensuring the financial viability under the supervision and oversight of the local government.

### Project Goal and Objective:

Assessments undertaken to determine the approach and feasibility of the piped water supply and market-based approach activities

- ❖ 5,000 people have access to sustainable safe water through piped water supply schemes managed by WBCs
- ❖ 5,000 people own and use household water filters marketed and sold by the WBCs.
- ❖ Water security through effective management and protection of water supply catchments.
- ❖ Assessments undertaken, administrative requirements completed, and plans developed, to mobilize investments to upscale the project activities across target.

### Project Location:

District	Upazila	Union	Village	Beneficiaries
Rangamati	Borkal	3	16	6053

### Major Intervention:

- Undertake WASH systems diagnostics and set out vision for water supply investment.

- Engineering feasibility studies (including revenue modeling).
- Engineering feasibility studies (including revenue modeling).
- Market assessment and KAP baseline survey.
- Based on findings and analysis of implementation phase strategy, develop approach for management, training, marketing, and financing models.
- Refinement of approach, and finalization of implementation strategy
- WBC Water distribution Business Plan development and mobilization
- Capacity development of WBCs and local authorities for scheme management and maintenance.
- Community awareness and promotion of piped water schemes.
- Installation of water collection and distribution equipment
- Water filter business plan development.
- Water filter supply chain development with relevant actors.
- Water filter enterprise promotion through community outreach programming.
- WBC meeting/training on water catchment protection and hydrology for disaster risk reduction.
- Establish bio-sand filter/ other filter demonstrations at Barkal Upazila (8 individual locations) (WBCs/WBC sub-centers catchment area)
- Community-level workshops and adolescent club-led community activity days on erosion control
- Upazila-level surveys on existing access, practices, and infrastructural needs for safe water access.
- Life cycle costs analysis with local authorities to divine capital and recurring costs for Upazila-level safe water access.
- Develop Upazila-wide strategic plan for water supply services and financing.
- Participatory review of findings and learnings with WBCs and local authorities.
- Production of learning materials, manuals, and initiation modules for scaling regionally and nationally.

### Major results/Outcome:

- Conducting engineering feasibility Studies in 21 villages
- Availability of water round the year according to the demand of current households living in the village and their future increased population in next 10-15 years.
- Identify the source of water
- Measure the distance between the water source of village
- Identify how many water points need to be constructed (mainly for GFS/pipe water technology) cost effectively to satisfy the need of safe water of user households and reduce the hardships of women to fetch water as much as possible.
- Identify threats (environmental and human, e.g. landslide affect, flash flood, deforestation and jhum cultivation etc.) to the identified technology and their mitigation strategies.
- Consultation meeting local leaders, UP Chairmen, member and headman and karbaris
- Consultation meeting Department of Public Health Engineering
- Consultation meeting with the local community at village level
- Identify potential water sources
- Physical visit to water sources and primarily check the technical and scope and feasibility to supply water
- Forming 03 WBC Sub-center
- Household filter demand creation
- Community meeting for scheme in-kind contribution
- Life cycle costs analysis with local authorities to divine capital and recurring costs for Upazila-level safe water access.
- Develop catchment area map and develop catchment area plan
- WBC and WBC sub-center meeting on water catchment protection and hydrology for disaster risk reduction

### Major Challenges:

- Being a remote area, communication with the community is not easy.
- Most of the families are poor and cannot attend important meetings because they are busy with their regular work.
- Implementation of the scheme under the management of WBC committee.

### Implementation Strategy:



### Lesson Learnings:

- Community life cycle accounting is new idea. They have to pay their monthly water bill according to the life cycle calculation.
- The concept of project implementation through WBC is new, projects with such concepts have not been implemented before in the CHT, Bangladesh.

## Project Title: Y-Moves Project

<b>Project Period</b>	:	<b>1<sup>st</sup> September</b> to 30 <sup>th</sup> June 2024
<b>Supported by</b>	:	Sweden SIDA through Plan International, Bangladesh
<b>Project status</b>	:	Ongoing
<b>Reporting Period</b>	:	January to December 2022

### Introduction:

Y-Moves Project contributes to build a dynamic and inclusive society working to make young people conscious, especially girls' about their rights and participation in different occasions, protection and sexual reproductive health in Bangladesh.

### Project Goal and Purpose/Objective:

- ❖ Increase agency of young people, particularly girls and young women to act as change agents on sexual and reproductive health and rights (SRHR) including prevention of SGBV.
- ❖ Civil society, including child and young led networks, have strengthened capacity and collaboration holding the state accountable on commitments made on SRHR and SGBV at national and district level.
- ❖ Increased responsiveness and positive social norms among government duty bearers and community gatekeepers to implement policies and programs on young people's rights to SRH and protection from SGBV at national, district and sub-district level.

### Project Location:

District	Upazila	Union	Direct Beneficiaries	Indirect Beneficiaries
Rangamati	Rangamati Sadar	Municipal Area & Sapchari	95	1799

### Major Intervention:

- ❖ Girls Takeover Program
- ❖ Organization of intergenerational dialogue at the community level.
- ❖ Orientation on SRHR and SGBV for Parents (Guardians) at Community Level
- ❖ Sharing meetings between parents (guardians).
- ❖ Community Score Card on Adolescent Friendly
- ❖ Health Services at Union Health and Family Centre.
- ❖ Monthly meetings with the National Children's Tax Force (NCTF) Adolescent Team.
- ❖ Quarterly FGDs with NCTF youth groups
- ❖ Quarterly data collection with the NCTF

Adolescent Team.

- ❖ Training on SRHR with NCTF youth team.
- ❖ District Level Dialogue Session on SRHR, SGBV and Child Rights of District Children.
- ❖ Celebrating different days.

### Implementation Strategy:

1. Various awareness meetings and trainings on child protection, prevention of child marriage and abuse of children and women with National Children Task Force (NCTF) members.
2. Various awareness training aimed at advancing sexual and reproductive health right.
3. Accountability meeting with district administration at district level on child rights.
4. Awareness meetings on sexual and reproductive health with parents at community level.

### Major results/outcome:

- ❖ This project empowers children and youth so that girls and youth can act as agents of change in society to realize sexual and reproductive health rights and to prevent gender-based sexual violence. Civics including child and youth-led networks
- ❖ It will increase the efficiency and capacity of the society. These coalitions focus on sexual and reproductive health and prevention of gender-based sexual violence
- ❖ To ensure state accountability at the local and national levels in implementing commitments/commitments made at the state level will cooperate.

### Major Challenges:

Adolescents feel hesitate to talk about sexual and reproductive health problems due to shame or embarrassment.

## Project Title: Empowering the ethnic communities of the Chittagong Hill Tracts, Bangladesh to have increased access to climate

**Project Period** : February 2022 to October 2022  
**Supported by** : UK-Cord  
**Project status** : Phased out  
**Reporting Period** : February to October 2022

### Major Learnings:

Parents and adolescents could not discuss sexual and reproductive health issues in the workplace due to shame or shyness. As a result of conducting various trainings and mentoring meetings, they can now openly discuss themselves.

### General Objective:

#### Impacts:

1. Indigenous / ethnic communities have improved livelihoods with enhanced resilience to climate change.
2. Indigenous/ethnic community has increased access ability to preserve and protect their community reserved forest, natural resources and bio diversity.

### Specific Objective:

#### Intermediate outcomes:

- 1.1. Community members and leaders effectively exploit existing laws and policies relating to land ownership.
- 2.1. Improved enabling environment for discussion and application of policies that affect Jumea farmers in the CHT.

### Project Location:

Sadar Upazila, Rangamati District

### Major Intervention:

- ✚ IEC and BCC materials developed:
- ✚ Organized skill development training for the traditional community leaders, elected representatives, VSL groups and farmers group
- ✚ Given technical and coaching support to the land less jhume farmers on the importance of land registration and the process of registration
- ✚ Given training on development of mouza based action plan for building climate change resilience
- ✚ Given coaching support to implement the action plan and review the progress
- ✚ Given training on land registration to the farmer's groups
- ✚ Organized motivational sessions for the families who have unregistered lands
- ✚ Provided partly financial support for the poor families to apply for the land registration
- ✚ Given orientation to the VSL groups on how to operate and manage the VSL system
- ✚ Provided community cash grant support to the VSL groups
- ✚ Organized quarterly meeting with the VSL groups

✚ Documented a good practice

✚ Organized an experience and learning sharing meeting

### Project Achievement:

- IEC and BCC materials development and printing
- Training in policies (their scope to give settlement to the landless jumeas and farmers as per 1900 CHT Regulation), laws, land rights and how to register land
- Technical support, through coaching and mentoring, to gradually give settlement to the landless jumeas and farmers in Mouza khas lands. Session on do no harm, conflict sensitivity etc, preserve natural watersheds and bio diversity and negative impacts of carbon emission.
- Training on formulation mouza based natural resource management and action plan for preservation
- Coaching to implement plans of action with monitoring visits and quarterly reviews
- Training of indigenous communities / jumea farmers in their human rights, importance and process of land registration, FPIC, CSR, etc.
- Organize motivational session at Mouza level for the families who have unregistered land.
- Provide financial support to the community self-help groups to extend support for extreme poor families to register their lands.
- Conditional community grants for use undertaking community land registration processes, managed by existing village savings and loans groups.
- meeting with VSL groups to review their progress on grant utilization, motivation on utilization of un-used lands, promote indigenous practice of Jhum cultivation, conservation, and herbal crops in high demand
- Documentation of good practice

### Cash Grant Operation status:

Name of VSL Group	No of members	No of loan recipients	Savings	Emergence	Profit
Samari Samiti	33	30	35580	3365	11820
Ujei Samiti	30	30	74000	1600	1900
Nakshaful Samiti	37	37	86,000	2500	12090
Gandharaj Samiti	32	32	87000	2,000	17000
<b>Total</b>	<b>132</b>	<b>129</b>	<b>282,580</b>	<b>9,465</b>	<b>42,810</b>

## Cash Grant Utilization:

Name of VSL Group	No of loan recipients	Areas of investment							
		Vegetable	Fruits	Agriculture	Boating	Fishing	Handicrafts	Education	Health
Samari samite	30	20	10	5	10	29	15	2	
Ujei Samiti	30	25	15	2	15	25	20		1
Nakshaful Samiti	37	25	30	3	20	29	30		2
Gandharaj Samiti	32	23	28	2	17	20	28	2	
Total	129	93	83	12	62	103	93	4	3

### Challenges:

- ✚ Get the project approval from the NGOAB<sup>1</sup> timely. Get approval to receive 80% of total fund
- ✚ Get the all-expected beneficiary families in the session due to their livelihood business
- ✚ Inadequate land mainly for the headman para
- ✚ Inadequate amount of community cash grants

### Learning:

- ✚ Awareness on accessing 30 decimals land from the headman as per 1 of 1900 CHT regulations has generated tremendous motivation among the local families. This is the turning point of the project
- ✚ Apart from the agriculture focus, climate resilient fishing option for headman para could be also considered because most of them do not have adequate access to cultivable land. Almost all families are pre-dominantly dependent on fishing for their livelihoods
- ✚ Cash grants support for per VSL group should be minimum taka 100,000 or as higher as possible is better. After all due to ongoing inflation and drastic price hike of daily commodities, poor families suffer the economic crisis much more
- ✚ VSL groups need further advanced training on different techniques on cultivation, marketing, building linkage with input suppliers, vermi-compost training and irrigational support
- ✚ Before designing the project, the organization should have learnt the local context more deeply that it had. For instance, regarding the protection of the land rights of the indigenous communities,

preservation of community reserved forest was focused (which is actually very important in the general context of the CHT) but in reality during implementation it was learnt that there was no existence of such community reserved forest in the mouza. However, the organization having consulted with the headman and relevant stakeholders had to quickly shift the focus to climate smart agriculture

- ✚ To build sustainable climate resilience and deal with the land rights for the indigenous people of the CHT, project duration should be minimum 3-5 years having sufficient budgetary provision. Unlike the plain districts of the country, operational and logistical costs in the CHT are substantially higher
- ✚ Strategically, the organization gained a very successful and promising experience dealing with the climate change resilience with the government and land rights with the donor. So far, regarding land rights no major issues have been faced. So this model could be scaled up and replicated in other suitable areas of the CHT
- ✚ Land rights issue united all. Before implementing the project, many families even among the indigenous community of different professions and background had different perception, interest and mind-set. But when the land rights issue and threats for the future generation were critically shared and the easiest scope of getting the land entitlement of at least with the 30 decimals of land from the headman, all those suddenly awakened them from their generations' long sleep of darkness, unawareness and uncertainties. Beyond of any individual interests, like a magic, it quickly unified all families in one umbrella and one platform to fight and protect their land rights and build climate change resilience for the future generations

## Project Title: Combating Early Marriage in Bangladesh (CEMB)

<b>Project Period</b>	:	February 2022 to September 2023
<b>Supported by</b>	:	Plan International Bangladesh
<b>Project status</b>	:	Ongoing
<b>Reporting Period</b>	:	January to December 2022

### Background:

The Combating Early Marriage in Bangladesh (CEMB) Project is a 5-year initiative that is being carried out by Plan International Bangladesh (PIB) and Plan International Canada (PIC) in partnership with Global Affairs Canada (GAC). The project is closely aligned with Global Affairs Canada's Feminist International Assistance Policy (FIAP), grounded in a gender transformative approach, with the explicit intention to combat Child Early and Forced Marriage (CEFM) and reduce the vulnerability of adolescents, particularly girls, to CEFM in CHT's 3 districts in the Chittagong Division through Green Hill a local renowned NGO in CHT. Green Hill is assigned to implementation under the project outcome no 3 and the output No is 1300

### Project Outcomes:

The organization will contribute in achieving the following three outcomes followed by the section # 5 and 6 in the three hill districts as were preset in the CEMB project by Plan International Bangladesh.

1. Increased agency of adolescents, especially girls to protect themselves from harmful gender norms and practices, including CEFM, and to access economic empowerment opportunities
2. Increased community acceptance of norms that value the girl child and actions that support girls and boys to delay marriage
3. Increased responsiveness of duty bearers at national, District, and sub-District levels to prevent and respond to child rights violations, particularly CEFM, among vulnerable girls

### Project Operational Areas:

Three Hill district (Rangamati, Bandarban & Khagrachari)

### Project Outcome, output and activities:

Intermediate outcomes:

- ✚ Increased responsiveness of duty bearers at national, district, and sub-district levels to prevent and respond to child rights violations, particularly CEFM, among vulnerable girls
- ✚ Enhanced capacity of government officials and CP actors on CMRA 2017 and evidence-based planning

Activity: Orientation of members of adult and adolescent networking groups on CMRA 2017 and Rules 2018 in 3 districts

### Sub Activity:

- Develop an orientation guideline/module based on the module developed on CMRA 2017, GE, child rights and protection and their roles and responsibilities as per relevant laws and policies
- Developing a check list to implement the orientation
- Preparation task to organizer meeting folder /materials bunch (such as-project brochure, meeting banner, notebook and pen including Covid-19 awareness materials)

Activity: Organize events in occasion of observing relevant national and international days for facilitating opportunities to share evidences and experiences related to CEFM issues.

### Sub Activity

- Organize events in occasion of observing National Child Marriage Prevention Day at 3 districts (NSU)
- Organize events in occasion of observing National Girl Child Day at 39 districts (NSU)
- Organize events in occasion of observing International Women's' Day at 39 districts (NSU)
- Prepare a list of network member who is going to attend and perform in the observation day
- Coordinate and follow-up with govt. officials to ensure their participation in the event.

### Project Output:

Members of District level CMPCs in 7 Divisions trained on CMRA 2017, GE, child rights and protection, roles and responsibilities as per relevant laws and policies and its replication.

**Project Output:** Members of District level CMPCs in 7 Divisions trained on CMRA 2017, GE, child rights and protection, roles and responsibilities as per relevant laws and policies and its replication

### Activity:

Project Introductory/Inception meeting with Deputy Commissioner Officials (district level)

**Sub Activity:**

- ✚ Coordinate and follow-up with Deputy commissioner office for the availability of DC
- ✚ Prepare all documentation and presentation for the introductory meeting

**Activity:**

ToT of Master Trainer's (consisting with govt. officials) on CMRA 2017, GE, child rights and protection, roles and responsibilities training package at district level

**Sub Activity:**

- ✚ Meeting between partners and govt. officials (DC office) for sharing the module and briefing the process of district training for MTs
- ✚ Develop training plan (2 days ToT) jointly with partners
- ✚ Prepare a list of Master Trainer pool (Govt. rep from district/DWA/partner staff) and a list of facilitators/resource person who will conduct the ToT
- ✚ Conduct training sessions for the Master Trainer pool at district level

**Activity:** Hold meetings with District administrations to obtain endorsement for holding orientation sessions for CMPC members

**Sub Activity:**

- ✚ Coordinate with Deputy Commissioners office to confirm the date, time and finalize the participants list
- ✚ Prepare orientation session plan for district-level CMPC members and share with participants
- ✚ Drafting the letter (from Deputy Commissioner to participants) to conduct orientation at the district level

- ✚ Preparation task to organizer meeting folder /materials bunch (such as-project brochure, meeting banner, notebook and pen

**Activity:** Conduct orientation sessions of district-level CMPC members at the district level

**Sub Activity:**

- ✚ Coordinate with Deputy commissioner office to confirm the date, time and finalize the participants list of CMPC representatives
- ✚ Preparation task to organizer meeting folder /materials bunch (such as-project brochure, meeting banner, notebook and pen including Covid-19 awareness materials)
- ✚ Send the invitation letter to the CMPC members and follow-up them to ensure their attendance
- ✚ Conduct orientation sessions with district-level CMPC members
- ✚ Prepare orientation session plan for district-level NPA
- ✚ Develop a shorter version/handout of NPA and print to disseminate with participants

**Challenges:**

Field based motivation activities need to incorporate in the program is suggested by the most of the duty bearers

**Lesson Learned:**

Involving the government official is pretty tough to smooth implementation of the program. Sometime program implementation depend on the official own intention to operation smoothly.

**Project Title: Community Health Outreach, Water Sanitation & Hygiene, Health Systems Support & Health Post for FDMN and Host Community Population - Phase 3 & 4.**

<b>Project Period</b>	:	<b>Phase 3 &amp; 4:</b> January 2022 to December 2022
<b>Funded by</b>	:	Community Partnership International (CPI), USA
<b>Project status</b>	:	Ongoing
<b>Reporting Period</b>	:	January to December 2022

In late 2017, forcibly displaced Myanmar nationals (FDMN) fled from their homeland with no hopes, no dignity, and no future to take shelter in Bangladesh. The influx of refugee arrivals in Cox's Bazar District over the last 4 years has been unprecedented in the region in terms of scale and the rapid nature of the movement into the area. Since August 2017, the number of Rohingya refugees in Bangladesh has reached nearly 900,000.

Considering the identified needs, GH-CPI project's health component supported to improve the general health status, health-seeking behavior, and linking community members to health facilities, reproductive health, family planning services through promotive and preventive outreach health activities and increased access to immunization for children (0<2 years) and pregnant women.

Besides this, to reach the goal of satisfactory conditions of water, sanitation and hygiene for Rohingya refugees and host community, GH-CPI supported to improve the WASH facilities and interventions in Rohingya Camps as well as in host communities under Cox's Bazar District to ensure quality water supply, improved sanitation facilities and hygiene practices, improving waste & fecal sludge management in respect with Sphere WASH Standards and WASH Sector collaboration. GH-CPI prioritized quality implementation, durable solutions and building resilience through community engagement.

Moreover, emergency responses like AWD, COVID-19, fire, flood, monsoon and cyclone are also prioritized as needed. The activities of the project addressed the key issues by enhancing community engagement resulting in increased access to WASH services for sustainability of system operations and maintenance.

Under the Health System Support (HSS) initiative of the project, GH-CPI supported District Sadar Hospital with needed human resources within its capacity to run emergency services in the emergency department. Also provided reagents for pathological tests on a

monthly basis as well as logistics and consumables to the Red and Yellow Zones to improve the Infection Prevention and Control (IPC) measures. GH-CPI also supported the health facilities with emergency medicines operating in the Rohingya Camps in Cox's Bazar to enhance accessibility to the emergency medicines by the beneficiaries.

Through the health post established by GH-CPI, implemented community health activities in camp 1W provided continuum of care from community to facility. Comprehensive and specialized health services provided to the community, including but not limited to maternal & child health/sexual & reproductive health (SRH) with a focus on availability of long-acting reversible contraception, communicable and non-communicable diseases, emergency care, immunization, laboratory, pharmacy and GBV/MHPSS/disabilities services & referrals.

**WASH:**

- Targeted people have access to community sanitary facilities and hygiene services
- Targeted People have access to adequate and safe water Health System Support (HSS):
- Improve equitable access to and utilization of essential primary and secondary health services.
- Improve infection prevention and control in health facility through supplies and waste management straightening

**Health Post:**

- Improve maternal, child and adolescent health among FDMN through improved access to SRH & CMR services and nutritional care for pregnant & lactating women, Reduce morbidity, mortality and disease burden of communicable and non-communicable diseases through early detection, Immunization, primary and secondary prevention and clinical management.
- Improve general health status among the FDMN population by health education, diagnostic laboratory testing and provision of free of cost medication.

### Project Location and beneficiaries:

Program	Location	Union	Upazila	District	Beneficiaries
WASH Program	Camp 1W, 4 & 17	Rajapaloning	Ukhia	Cox's Bazar	21,295
	Dorianogor & Khorushkul	Jhilonjja & Khorushkul	Cox's Bazar Sadar	Cox's Bazar	4,910
Health Outreach Program	Camp 1W & 4	Rajapaloning	Ukhia	Cox's Bazar	30,000
Health Post	Camp 1W	Rajapaloning	Ukhia	Cox's Bazar	11,320
	Adjacent Host Community	Rajapaloning	Ukhia	Cox's Bazar	2,545
HSS Program	Cox's Bazar Sadar Hospital	N/A	Cox's Bazar Sadar	Cox's Bazar	40,000
	<b>Total</b>				<b>110070</b>

### Major intervention (not details activities) with brief description:

#### Health Outreach:

- Training to volunteers, TBAs
- Meeting with community leader
- Coordination meeting with vaccinators
- PPE distribution to volunteer, vaccinator
- First aid kit supply/refill to volunteer
- IEC, BCC materials for distribution
- Hygiene kit distribution to FBD women
- Family care package distribution
- Condom distribution to the male beneficiary
- Oral contraceptive pill distribution to female
- Sanitary napkin distribution to the adolescent girl

#### WASH:

- New Construction of WASH Facilities
- Upgradation/Rehabilitation, access road preparation of existing latrine, bathing house and AGD friendly
- Repair & Maintenance of WASH Facilities
- Training for WASH volunteer
- Meeting with community leader/Imam/Youth
- IEC materials distribution
- Hygiene Promotion session with community session group
- Water Quality Testing
  - Aqua Tabs distribution
  - Hygiene Kits Distribution

- Soap Distribution
- Installation of Hand Washing Device
- Installation of Street Solar light
- Construction of Household Biogas
- Emergency Preparedness

#### Health System Support:

- Deployment of Medical doctors
- Deployment of Nurses
- Medications/ medical supplies/ equipment support to Govt and Partners
- Reagent support for pathological tests at District Sadar Hospital
- District Sadar Hospital Waste Management - logistic & consumables supply
- Infection Prevention and Control Measures
- Emergency medicine support for health facilities operating for Rohingya refugees

#### Health Post:

- Identification and management of general morbid conditions.
- Health Education ensuring
- Triage & Screening
- Health Facilities Utilization
- Consultation per cleanician per day
- Identification and reporting of communicable disease.
- Identification & management of acute emergency cases
- Initial management and stabilization of severely ill patients before referral.
- Improving the preventive, diagnostic, and treatment measures of non-communicable diseases.
- Regular follow up and counselling for lifestyle modification.
- Ensure implementation of the expanded program of immunization among the under 2 children.
- Ensure immunization of pregnant mothers
- Vaccines need analysis and consolidation of information facilities.
- Psychotherapeutic treatment of post-traumatic stress disorders & other mental health conditions.
- Pharmacological treatment of major mental health illness.
- Antenatal and postnatal consultation and education with birth planning to ensure facility-based deliveries.
- Family Planning Consultation
- Ensuring minimum laboratory diagnostic tests like RDTs, Urine R/E and other screening tests for diagnosis.

- Ensuring pharmaceutical facilities with education about dose duration and administration of drugs.

### Implementation strategy

Considering the JRP strategy, sector, working groups and govt. rules, regulation and guidelines, Green Hill-Community Partners International's goal is to meaningfully improve the health status of the people in need by providing health, WASH and clean energy related services in collaboration with all stakeholders. GH-CPI also aimed to link volunteers across sectors from the FDMN community and host community to share information, identify common needs, and standardize the response. We planned to advocate for training that builds knowledge and skills among volunteers to promote health education, hygiene awareness, and lifestyle modification for healthy living. GH-CPI focused to maintain necessary coordination to ensure required service deliver, avoid overlap as well as best utilization of the resources. Timely reporting to the sector and govt. is a high priority for GH-CPI to ensure required information is being shared as needed for further decision making

### Major results/outcome:

- Achieved 95% rate of Facility Based Delivery.
- Achieved 99% rate of on time vaccination cycle completion.

- Significant increase in use of family planning methods in FDMN communities.
- Reduced water borne diseases 90% in the catchment areas.
- Open defecation decreased at 96% in the catchment areas.
- Ensure essential primary health care services for the FDMN and host community people through health post.
- Enhanced capacity of Cox's Bazar District Sadar Hospital.
- Strengthen the capacity of health partners with essential medicine packages in order to provide required services for the beneficiaries.

### Major challenges:

- Delay in obtaining govt. approval.
- Unfavorable weather conditions (monsoon and heavy rainfall).
- Materials price hiking or irregularity of materials price.

### Lesson learned:

- Timely program approval can reflect result-oriented program implementation.
- Leading the way is way more effective than showing the way.
- Project procurement plan to be developed at the beginning of the phase to ensure product quality and smooth transition

### Objectives of the project:

#### Health Outreach Program:

- Improved general health status of targeted beneficiaries through enriching health-seeking behavior, access to health facilities, and information.
- Decreased maternal and neonatal mortality and improved outcomes of individuals suffering from childhood illnesses through comprehensive MCH care services and Facility-Based Delivery.
- Increased community acceptance, demand for modern family planning method accessibility through reduced social stigma, barriers, myths- misperceptions, and community-based family planning strategy.
- Eliminating EPI left out status through enhanced access to immunization service and ensured timely vaccination.

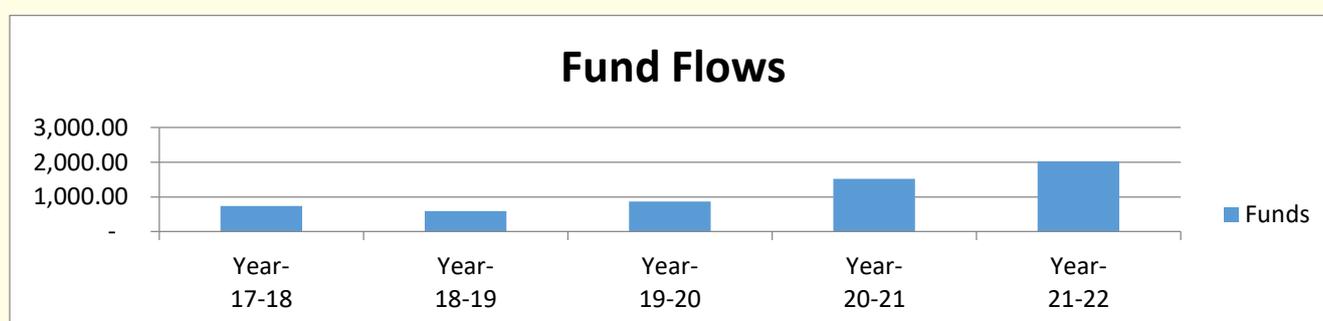
**Last 5 years Donors Contribution (2017 - 2022)**  
**(Amounts in Bangladesh Taka)**

(All figures in Lacs)

100000

SL	Donors Organization	Year-17-18	Year-18-19	Year-19-20	Year-20-21	Year-21-22	Total :
1	Water Aid Bangladesh-DDLG (GOB)	-	-	-	0.91	-	<b>0.91</b>
2	Manusher Jonno Foundation	-	-	-	-	-	-
3	Grants from UKAID-EEP-SHIREE (Harewelle International Ltd.)	-	-	-	-	-	-
4	CHTRDP-II-ADB	59.18	52.59	10.53	-	-	<b>122.29</b>
5	DANIDA-GOB- CHT- HYSAWA Fund	-	-	-	-	-	-
6	Plan International Bangladesh-Unicef	-	-	3.27	-	-	<b>3.27</b>
7	NHSDP-Path Finder International (PFI)-USAID	203.98	-	-	-	-	<b>203.98</b>
7	AUHCP-Chemonics International - USAID	195.90	410.93	507.39	226.57	223.87	<b>1,564.66</b>
8	Helvetas Swiss IC Bangladesh	41.42	46.33	15.45	-	-	<b>103.20</b>
9	Grants from UKAID-CLS ( Maxwell Stamp plc.)	-	-	-	-	-	-
10	Other Emergency Response	12.04	-	-	-	-	<b>12.04</b>
11	Save the Children -USAID	-	-	60.90	122.69	146.44	<b>330.02</b>
12	ActionAid Bangladesh-START Fund	54.12	-	-	-	-	<b>54.12</b>
13	ActionAid Bangladesh-UNFPA Fund	65.69	-	-	-	-	<b>65.69</b>
14	UNFPA Bangladesh	29.09	41.32	48.98	118.10	108.43	<b>345.91</b>
15	UNWOMEN Bangladesh	55.92	-	-	-	-	<b>55.92</b>
16	UNICEF Bangladesh	21.27	37.59	142.88	147.55	90.87	<b>440.17</b>
17	Community Partners International (CPI)	-	-	30.74	854.17	1,440.05	<b>2,324.95</b>
18	Give2Asia	-	-	45.83	39.90	-	<b>85.74</b>
19	Plan International Bangladesh-GAC	-	-	-	10.80	13.05	<b>23.85</b>
<b>Total Yearly Fund:</b>		<b>738.61</b>	<b>588.76</b>	<b>865.97</b>	<b>1,520.70</b>	<b>2,022.70</b>	<b>5,736.73</b>

**Last 5 Years Fund Flows (2017-2022)**  
**(Amounts in Bangladesh Taka)**

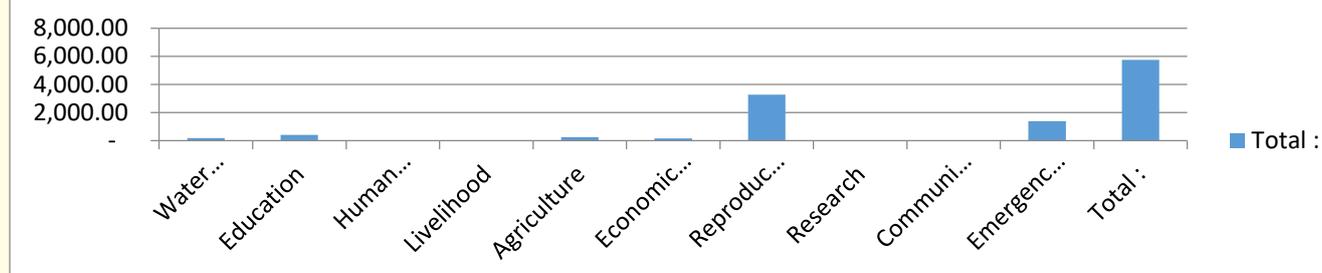


### Activities Component(Amounts in Bangladesh Tk)

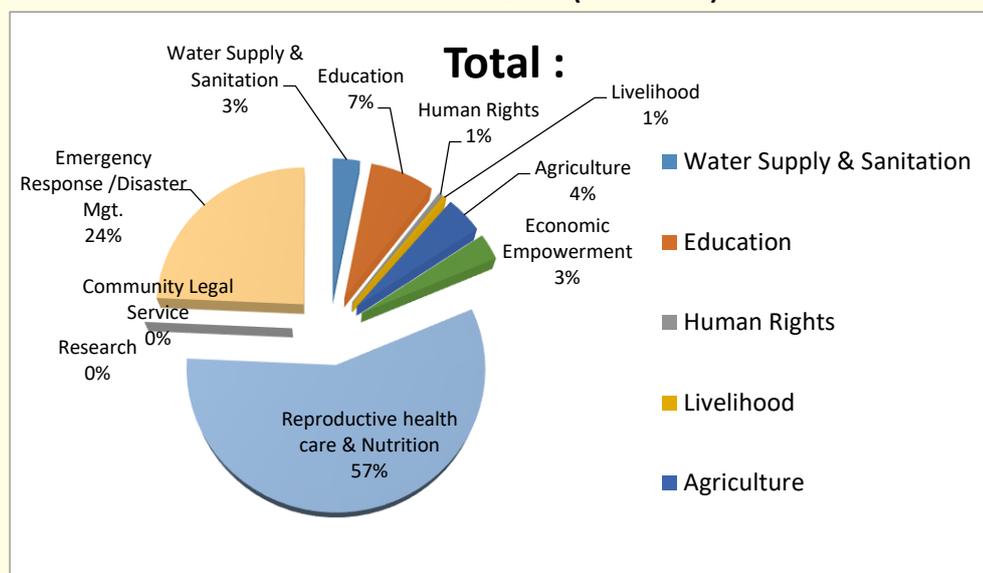
(All figures in Lacs)

SI	Activities Component	Year-17-18	Year-18-19	Year-19-20	Year-20-21	Year-21-22	Total :
1	Water Supply & Sanitation	6.38	11.28	65.78	64.95	27.26	175.65
2	Education	4.25	7.52	91.11	152.20	164.61	419.69
3	Human Rights	-	-	1.64	10.98	13.05	25.67
4	Livelihood	0.36	11.58	3.86	-	-	25.80
5	Agriculture	20.99	30.38	75.30	73.77	45.44	245.88
6	Economic Empowerment	79.89	75.75	18.25	-	-	173.89
7	Reproductive health care & Nutrition	428.96	452.25	571.74	771.76	1,052.32	3,277.03
8	Research	-	-	-	-	-	-
9	Community Legal Service	-	-	-	-	-	-
9	Emergency Response /Disaster Mgt.	187.78	-	38.29	447.04	720.02	1,393.12
	<b>Total :</b>	<b>738.61</b>	<b>588.76</b>	<b>865.97</b>	<b>1,520.70</b>	<b>2,022.70</b>	<b>5,736.73</b>

### Last 5 years Total :(2017-2022) All figures in Lac



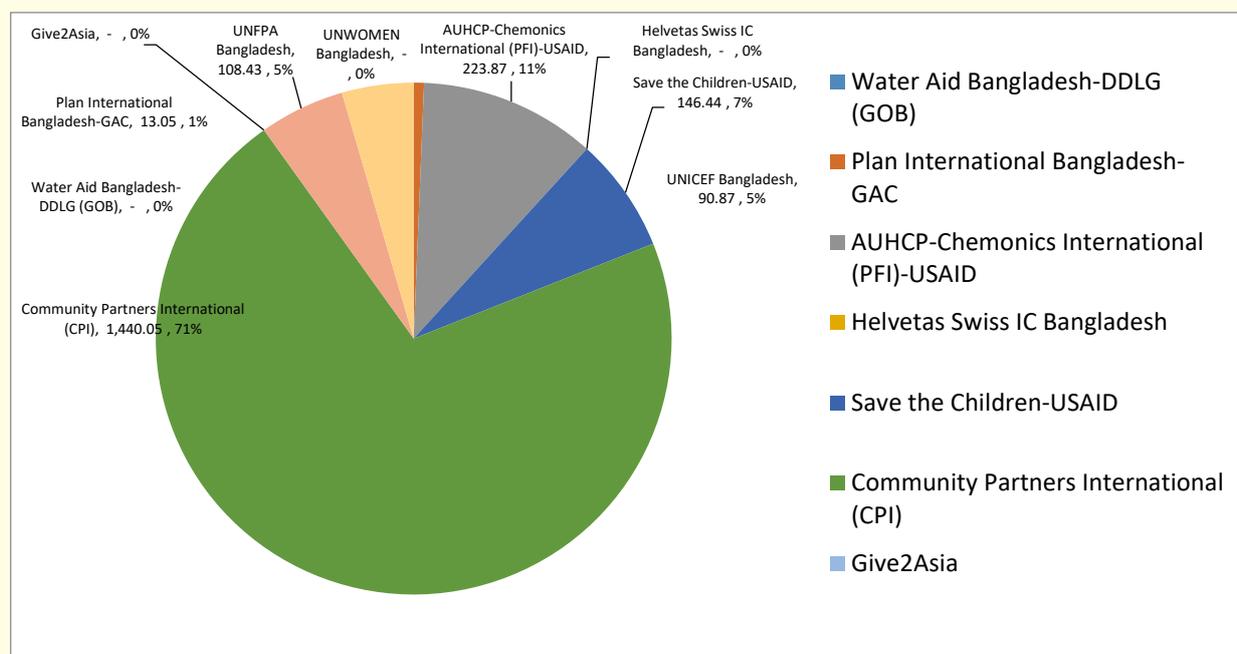
### Last 5 Years Activities Chart (2017-2022)



## Donors Contribution (Year - 2021-2022) (Amounts in Bangladesh Tk)

(All figures in  
Lacs)

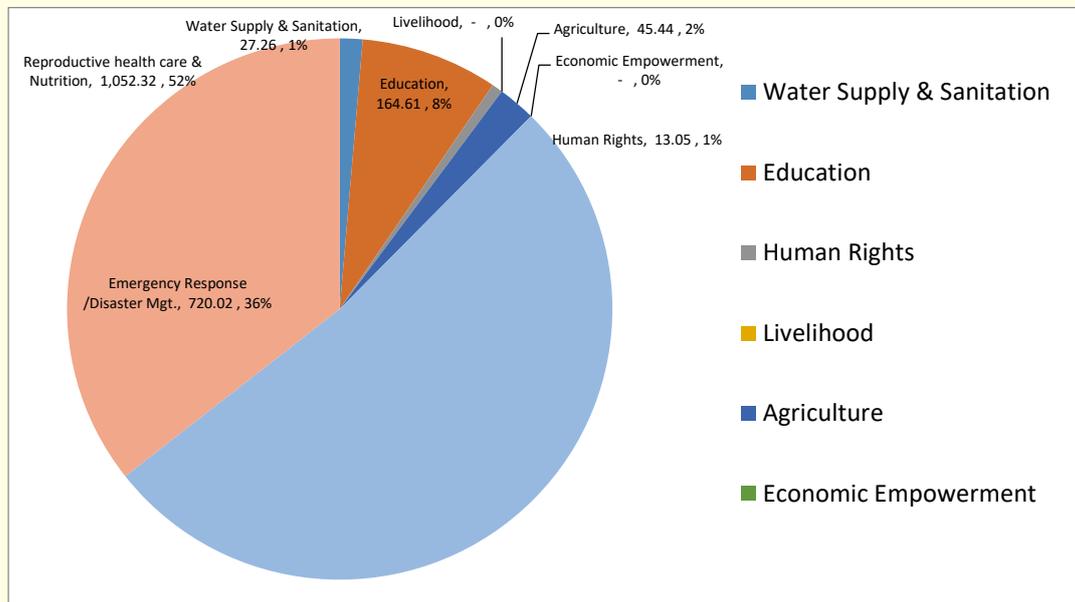
SL	Donors Organization	Year-2021-2022
1	Water Aid Bangladesh-DDLG (GOB)	-
2	Plan International Bangladesh-GAC	13.05
3	AUHCP-Chemonics International (PFI)-USAID	223.87
4	Helvetas Swiss IC Bangladesh	-
5	Save the Children-USAID	146.44
6	Community Partners International (CPI)	1,440.05
7	Give2Asia	-
8	UNFPA Bangladesh	108.43
9	UNWOMEN Bangladesh	-
10	UNICEF Bangladesh	90.87
<b>Total Yearly Fund:</b>		<b>2,022.70</b>



**Activities Component (Year -2018-2019)**  
**(Amounts in Bangladesh Tk)**

**(All figures in Lacs)**

SI	Activities Component	Year-2021-2022
1	Water Supply & Sanitation	27.26
2	Education	164.61
3	Human Rights	13.05
4	Livelihood	-
5	Agriculture	45.44
6	Economic Empowerment	-
7	Reproductive health care & Nutrition	1,052.32
8	Emergency Response /Disaster Mgt.	720.02
	<b>Total :</b>	<b>2,022.70</b>



## SUCCESS STORY

### Established of Remakry Temporary 24/7 UH&FWC

#### Background:

USAID's MaMoni Maternal and Newborn Care Strengthening Project (MaMoni MNCSP) is closely working with DGHS and DGFP at Bandarban and implementing a comprehensive package of maternal and newborn care strengthening activities through existing GOB health systems through implementing partner of Green Hill with technical assistance from Save the Children International, since June 2021.

MaMoni MNCSP started initiation on Remakry temporary 24/7 UH&FWC from February 2022 by collaborating with the Local Government (Union Parishad), department of Family Planning and Department of Health. After a successful meeting with the LGI, the UP Chairman agreed to support with MaMoni by establishing a new health



facility on the land behind the Remakry union parishad office. MaMoni Bandarban District team along with DD-PI visited the Remakry for several times. Considering this, UP chairman Mr. Mong Swe Thui Marma also support to have access to the union parishad office rooms to start the MNH services until the new infrastructure developed. Based on his commitment, MaMoni started to effort there from March'22 for community engagement, facility readiness, Midwife recruitment and other things. On the other hand, DDFP Bandarban fully supported to MaMoni to collect required medicines, medical instruments and other

supports.

Later, in the end of April 2022, a new structure was build. In the meantime MNH services were started from end of March 2022 at the Old Union Parishad office rooms where 1<sup>st</sup> delivery was conducted on 22<sup>nd</sup> April 2022. Total Eight deliveries conducted at the facility till date.

#### Inauguration of Remakry SDP:

Finally, USAID's MaMoni MNCSP team succeeded to inaugurate the facility by the Honorable Minister, Ministry of Hill Tracts Affairs, Mr. Bir Bahadur Ushwe Sing on 21<sup>st</sup> September 2022.

On the inauguration day, Superintendent of Police (SP), Upazila Nirbahi Officer (UNO) Thanchi,, Upazila Chairman, Thanchi, DDFP Bandarban, UH&FPO Thanchi, UFPO Thanchi, Union Parishad Chairman and Member of Remakry Union and other stakeholders were embellished the programme.



Mr. Bir Bahadur Ushwe Sing, Honorable Minister, Ministry of Hill Tracts affairs reached at Remakry at 9:45am. Just after reaching at Remakry he inaugurated the facility. After visiting the facility he distributed Birth Registration cards and token gift to the mom who successful delivered their baby at Remakry Temporary 24/7 UH&FWC.



***"All the NGOs come in Bandarban and work from the district level. No such NGO like USAID's MaMoni Save the Children work before in this kind of remote areas. This brings a huge change in hill tracts"*** said Mr. Bir Bahadur Ushwe Sing, Honorable Minister, Ministry of Hill Tracts Affairs.

## Event Photos



**Successfully delivery of twins baby at Alikadam clinic**



**Conducting awareness session on Mother assemble**



**Transport support for ANC mother**



**Emergency referral support for delivery mother**



**Organized a health camp at Nunchari Para, Mohalchari Upazila, Khagrachari**



**UNFPA team is visiting Rowangchari Clinic**



**Receiving Best NGO award from honourable Chairmen of Khagrachari Hill District Council**



**Receiving blankets from Boli Para union parishad for Smiling Sun Clinic**



**Organized a satellite clinic (Supported by USAID)**



**Organized a courtyard meeting (Supported by USAID)**



**Rally on Zero Home Delivery declaration of Choikhyong Union, Alikadam Upazila, Bandarban**



**Semi Annual Review Meeting with DGHS and DGFP of MaMoni-MNCSP project (Supported by USAID)**



**Md. Habibur Rahman, Joint Secretary(Divisional Director, FP, Chottagram) is visiting Thanchi clinic**



**UNRC mission is visiting Mohalchari clinic and dialogue with local community**



**Participating in service and promotion week-2022**



**Participated on IMCI training at OGSB Hospital, Dhaka**



**Ms. Dipa Chakma, a small businesswomen received loan from the GH project**



**7 Families received land entitlement**



**Awareness campaign on Covid-19  
(Support by Johns Hopkins University)**



**Water source visit by technical team (Support by United Purpose)**



**Training of NCTF members on reproductive health and safety (Support by Plan International)**



**Scorecard meeting with Deputy Commissioner (DC), Rangamati (Support by Plan International)**



**Organized community meeting (Support by United Purpose)**



**WASH volunteer educating Rohingya kids through hygiene promotion sessions (Support by CPI)**



**Installed Water Network at Cox's Bazar Sadar (Support by CPI)**



**WASH volunteer handing over Hygiene Kits to a beneficiary (Support by CPI)**



**DC of Khagrachari is facilitating on prevention of child marriage (Supported by Plan International)**



**Organized celebration ceremony of Joyita (Supported by Plan International)**



**Project inception meeting with honourable DC of Rangamati District (Supported by Plan International)**



**Courtesy meeting with honourable chairmen of Rangamati Hill District Council**



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