



**2023**

**ANNUAL  
REPORT**

# Green Hill

## Annual Report 2023

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- ✚ Women Business Centers and Innovative Financing for Upland Water Management in Chittagong Hill Tracts, Bangladesh”
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## 25 Success Story:

- ✚ Awarded the best NGO of Green Hill- Alikadam Surjer Hashi Clinic on the occasion of World Population Day-2023

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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.



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, appearing to read 'Mong Thowai Ching'. The signature is stylized and fluid.

Mong Thowai Ching  
Executive Director

# 1. ORGANIZATION PROFILE

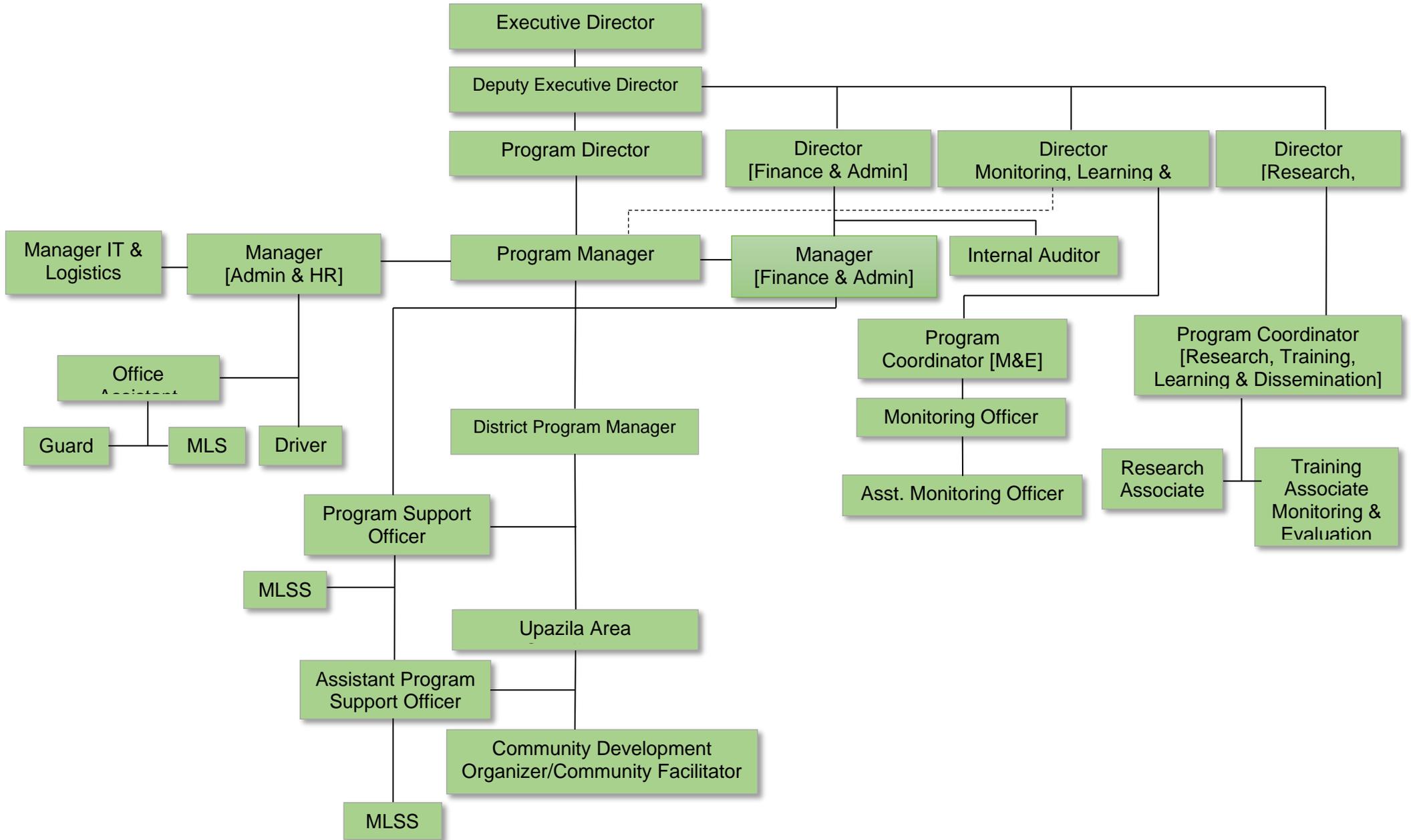
## 1.1. General information

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); Upazila Office: 18; Sub Office: 2 Total Office: 25
Total Employee	225

## 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.

# 1.3 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> October 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	Combating Early Marriage of Bangladesh (CEMB) project	9 <sup>th</sup> March 2022	31 <sup>st</sup> March 2023
6	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
7	Flash Flood response program in Bandarban	September’2023	March’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> October 2023
<b>Funded By</b>	:	USAID through Chemonics International Inc.
<b>Project status</b>	:	Ongoing
<b>Reporting Period</b>	:	January to October 2023

### 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.*

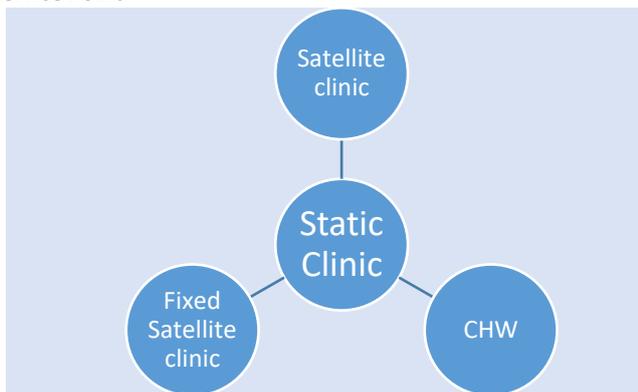
### Geographical coverage:

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 75880 patients during reporting period.
- Total 1296 number of normal deliveries has been conducted by the skilled/trained midwives in 18 Midway Homes of three districts in 2023.
- The project intervention has able to save 162 lives birth that were in precarious conditions due to delivery complications.
- Approximately 10045 women received ANC and 1504 PNC services under the Project, as a result become safe normal delivery.
- Approximately 13500 children have been served through project intervention where 7032 were EPI program. In addition project also assists directly 6139 children through nationwide Vitamin A campaign program led by Health and Family Welfare Ministry (MOH&FW) under Government of Bangladesh.
- Approximately 36295 persons or eligible couples received/served short term family planning methods under the project.
- Approximately 10543 person received the lab services, including Blood grouping (Blood sugar 2 hr ABF, Fasting random), HBsAg and pregnancy tests etc.

- 217 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 2023  
**Funded By** : **United Nations Population Fund (UNFPA)**  
**Project status** : Ongoing  
**Reporting Period** : January to December 2023

### *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 2023 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>Khagrachari</b>	6	7	<b>1</b>
<b>Bandarban</b>	4	6	<b>1</b>
3	10	13	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 13 Upazila Health Complexes in three Districts and 2 District Hospital (Bandarban, Khagrachari)
- Transportation support for pregnant women in 25 health centres to conduct their deliveries at institutions in three hill Districts. These centres are Midway Homes (18) in three Districts and 13 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 25 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 1049 safe deliveries conducted successfully at MH
- A total of 408 pregnant women provided food cost support from MH
- A total of 471 attendees of pregnant women were provided food cost support from UHC
- Contextual transport facilities provided to a total of 5080 pregnant women for ANC (3912) and PNC (1423) checkups.
- 34 critical delivery patients provided with emergency referral cost support to get better health services.

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.

**Major Challenges:**

Still a good number of pregnant women fail to come

## 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 March 2023

### 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

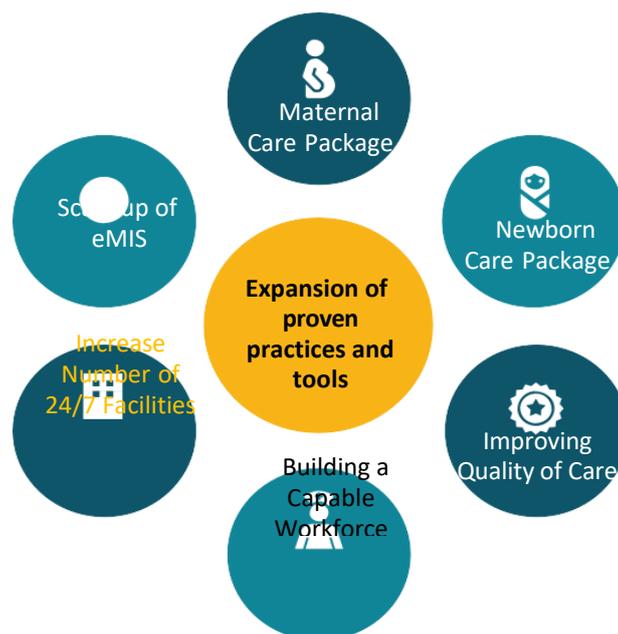
The MaMoni MNCSP project aims to archived 4 major result in MNC improvement;

- 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;

### Major intervention:

- 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 Achievement:**

Achievements relative to maternal, neonatal health and family planning coverage

- Monthly district and upazila review meetings of DGHS and DGFP-04
- Data quality assessment (DQA)-26
- District SPRM-1, District QPRM-1, Upazila SPRM-4
- One-day semiannual eMIS review meeting with eMIS users in MaMoni district-12
- Continue to support the development of functional QIC meetings at District Hospitals and Upazila Health Complexes -8
- CCs conducted monthly community micro planning meeting-3
- Special initiatives for resource mobilization: Special satellite clinic service in collaboration with BANI, HKI-1.
- Decentralized data driven planning workshop-1
- Under-served/hard-to-reach unions for MNH service provision-2
- 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-9
- 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.

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.

- To mitigate access barrier initiated BCC material (safkotha flipchart and booklet) translation in 4

## 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** : January to December 2023

### 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

- 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.

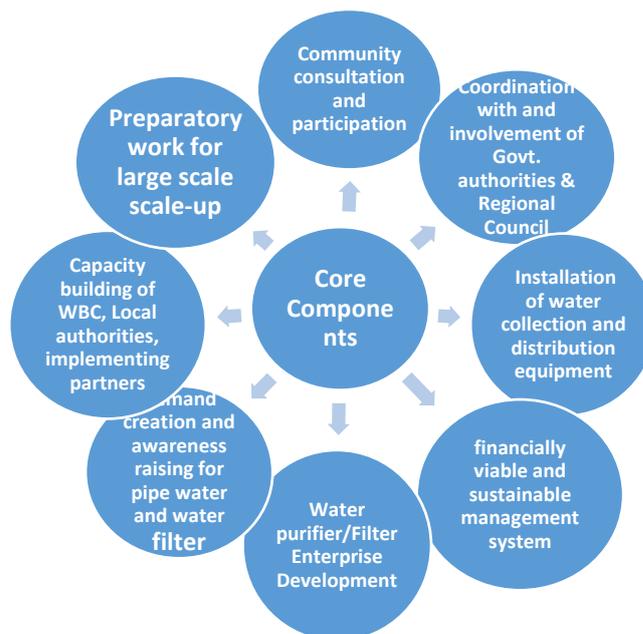
### Major results/Outcome:

- 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

**Project Period** : 1<sup>st</sup> September to 30<sup>th</sup> June 2024  
**Supported by** : Sweden SIDA through Plan International, Bangladesh  
**Project status** : Ongoing  
**Reporting Period** : January to December 2023

### 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.

- 🚧 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)

**Project Period** : February 2022 to September 2023  
**Supported by** : Plan International Bangladesh  
**Project status** : Phaseout  
**Reporting Period** : January to September 2023

### Background:

The Combatting 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.

**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: Flood Flash Response Program in Bandarban

<b>Project Period</b>	:	August 2023 to March 2024
<b>Supported by</b>	:	Central Emergency Response Fund (CERF) through UNFPA
<b>Project status</b>	:	Ongoing
<b>Reporting Period</b>	:	August to December 2023

### **Executive Summary:**

Green Hill with the support of UNFPA implemented CERF (Central Emergency Response Fund) program under the project of SMCHSD. This program was highlighted on strengthening the SRHR service specifically focused on women and child health including the primary health care services in the directly flood affected and remote areas of Bandarban. Under this program, midwifery led care services were strengthened in 10 union level facilities through deploying 10 midwives and 20 volunteers. Total 104 safe institutional delivery were done in midwife deployed union facilities from mid of November to Mid of March. A total of 200 high risk pregnant mothers were provided cash support for transportation from the community to facility and for further higher center referral. Total 1500 baby kits have been distributed in whole District including the municipality area. A total of 27 mobile camps were organized for primary health

care services where a total of 3986 patients received treatment through these camps. Besides, VIA screening were done along with these camps and 54 women were screened for Cervical cancer. 10 union level health facilities were provided MISP through this program.

### **Introduction:**

Green Hill has successfully completed the CERF (Central Emergency Response Fund) for the duration of 20<sup>th</sup> October 2023 to 15<sup>th</sup> March 2024. The program intervention covered 7 Upazilas of Bandarban including municipality.

### **Inception workshop and orientation of midwives and volunteers:**

An inception workshop was organized before starting the program in the field level where all the GoB stakeholders (Health, Family planning, BHDC) were present and provided their opinion.

An orientation program was also organized before implementation where all the deployed midwives and volunteers were oriented on their activities with lead facilitation of UNFPA and with the co assistance of Green Hill's senior management team. A coordination and reporting mechanism with GoB was briefed. Reporting

tools and SOP were shared with GoB and CERF staffs.

### **Strengthening Midwifery led care service:**

10 midwives and 20 volunteers were deployed in 10 union level health facilities to strengthen the SRHR services in community level in the flood affected area. Deployed midwife in coordination of GoB staff provided 24\*7 midwifery led care service in the union level and support in promotion of institutional deliveries and other SRHR service. In collaboration with GoB community health care provider deployed midwife provided primary health care service in the facilities.

A total of 104 institutional deliveries were performed in these facilities from 16<sup>th</sup> November 2023 to December 2023.

### **Cash Support:**

To ensure safe institutional delivery and maintain referral linkage Green Hill provided cash support to the high risk mothers. High risk pregnant mothers were enlisted by midwife and volunteers and followed up till delivery. Cash was transferred through mobile banking. This cash support has improved outcome of high risk pregnancy followed by prevention of maternal and neonatal mortality. A total of 200 cash supports were provided throughout the program period.

### **Baby Kit Distribution:**

In objective of improved neonatal health under CERF program, Green Hill distributed total 1500 baby kits throughout the Bandarban District including municipality. Another 200 baby kits are in the stock, ready to be delivered at any time.

### **Mobile Camp:**

Mobile camp was designed to provide primary health care service in the flood affected and remote areas where people were deprived of health services.

A total of 27 mobile camps were organized under CERF program (Bandarban Sadar-9, Rowangchari-6, Ruma-4, Alikadam -3, Thanchi-2, Lama-1 and Nakyangchari-2).

Total 3986 patients received primary health care services through this camp. Out of 3986 total 2199 women and adolescents received SRHR services, out of them 54 women were screened for VIA.

**Providing MISP in union level facilities:**

10 union level facilities were provided MISP for strengthening of midwifery led care services.

**Collaboration with GoB and local stakeholders**

All activities were implemented in collaboration with GoB and local stakeholders.

**Achievements:**

- Increased institutional deliveries.
- Improved maternal and neonatal health services.
- Improved SRHR services in the union level facilities.
- Strengthened primary health service deliveries and SRHR services in the hard to reach areas.

**Program Limitation:**

- The response was a bit late against the real time of flood affects.
- Due to flood, and geographical context most of the infrastructures were compromised to provide the midwifery services.
- Collection of proper data and documentation was challenging due to difficult access and unavailability and unavailable mobile network issue

**Recommendation:**

- Extension of facility based midwifery led care service.
- Continuation of baby kit distribution and cash distribution and extension of cash support to more extended beneficiaries.
- Medicine support for mobile camp, because required medicine are not available in govt. facility.
- MISP support in more extended facilities.

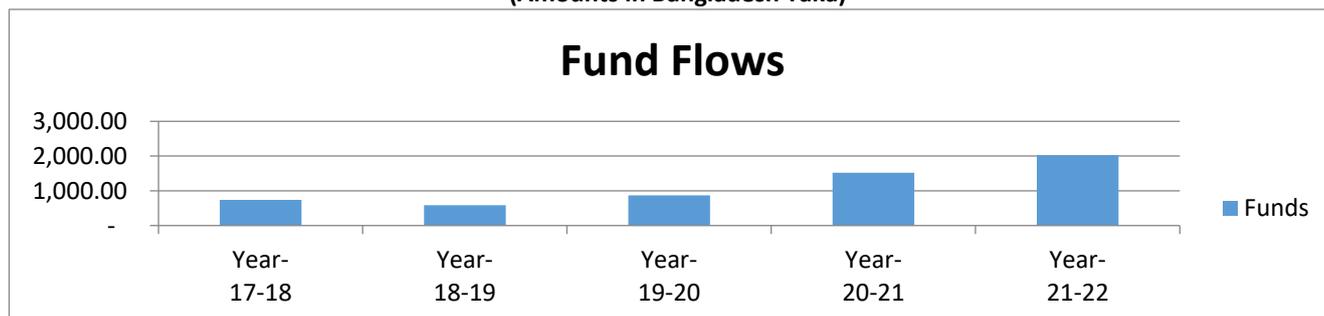
# Financial Overview

## Last 5 years Donors Contribution (2018 - 2023) (Amounts in Bangladesh Taka)

(All figures in Lacs)

SL	Donors Organization	Year-18-19	Year-19-20	Year-20-21	Year-21-22	Year-22-23	Total :
1	Water Aid Bangladesh-DDLG (GOB)	-	-	0.91	-	67.52	<b>68.43</b>
2	Manusher Jonno Foundation	-	-	-	-	-	-
3	Grants from UKAID-EEP-SHIREE (Harewelle International Ltd.)	-	-	-	-	-	-
4	CHTRDP-II-ADB	52.59	10.53	-	-	-	<b>63.11</b>
5	DANIDA-GOB- CHT- HYSAWA Fund	-	-	-	-	-	-
6	Plan International Bangladesh-Unicef -SIDA	-	3.27	-	-	54.21	<b>57.48</b>
7	NHSDP-Path Finder International (PFI)-USAID	-	-	-	-	-	-
7	AUHCP-Chemonics International - USAID	410.93	507.39	226.57	223.87	259.82	<b>1,628.58</b>
8	Helvetas Swiss IC Bangladesh	46.33	15.45	-	-	-	<b>61.78</b>
9	Grants from UKAID-CLS( Maxwell Stamp plc.)	-	-	-	-	-	-
10	Other Emergency Response	-	-	-	-	-	-
11	Save the Children -USAID	-	60.90	122.69	146.44	123.37	<b>453.39</b>
12	ActionAid Bangladesh-START Fund	-	-	-	-	-	-
13	ActionAid Bangladesh-UNFPA Fund	-	-	-	-	-	-
14	UNFPA Bangladesh	41.32	48.98	118.10	108.43	70.19	<b>387.01</b>
15	UNWOMEN Bangladesh	-	-	-	-	-	-
16	UNICEF Bangladesh	37.59	142.88	147.55	90.87	-	<b>418.90</b>
17	Community Partners International (CPI)	-	30.74	854.17	1,440.05	1,547.75	<b>3,872.70</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>588.76</b>	<b>865.97</b>	<b>1,520.70</b>	<b>2,022.70</b>	<b>2,122.85</b>	<b>7,120.98</b>

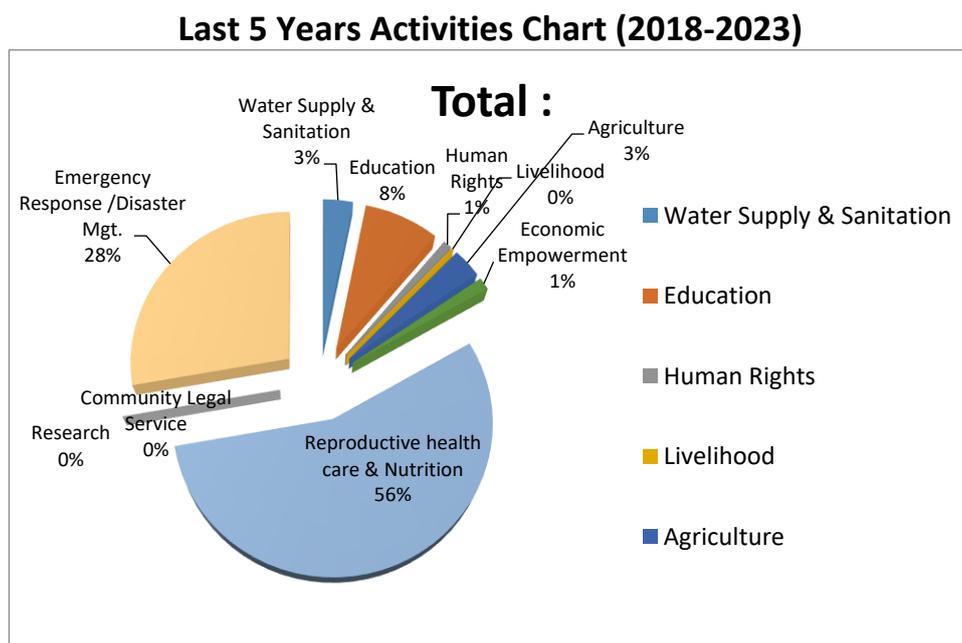
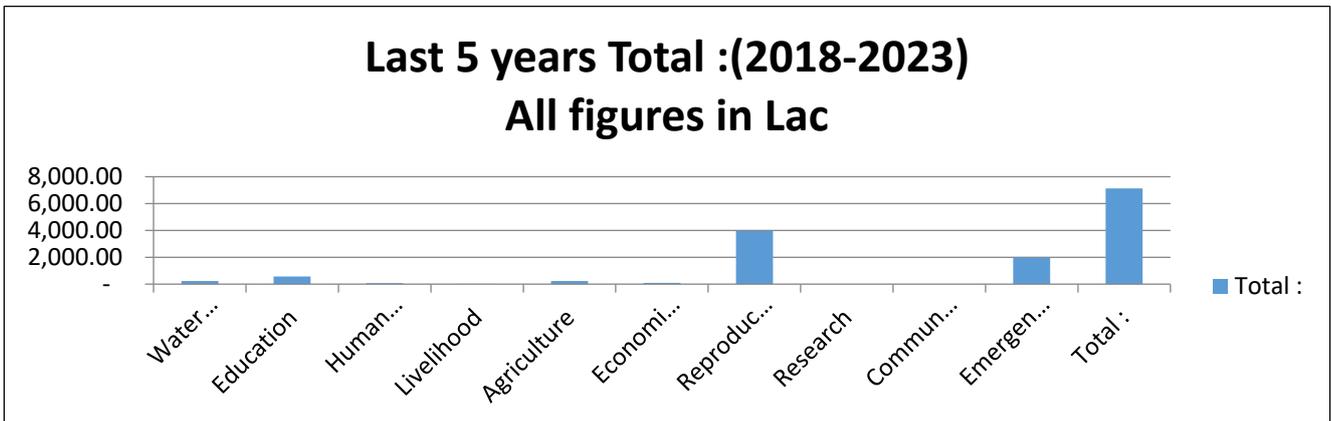
Last 5 Years Fund Flows (2018-2023)  
(Amounts in Bangladesh Taka)



**Activities Component(Amounts in Bangladesh Tk)**

**(All figures in Lacs)**

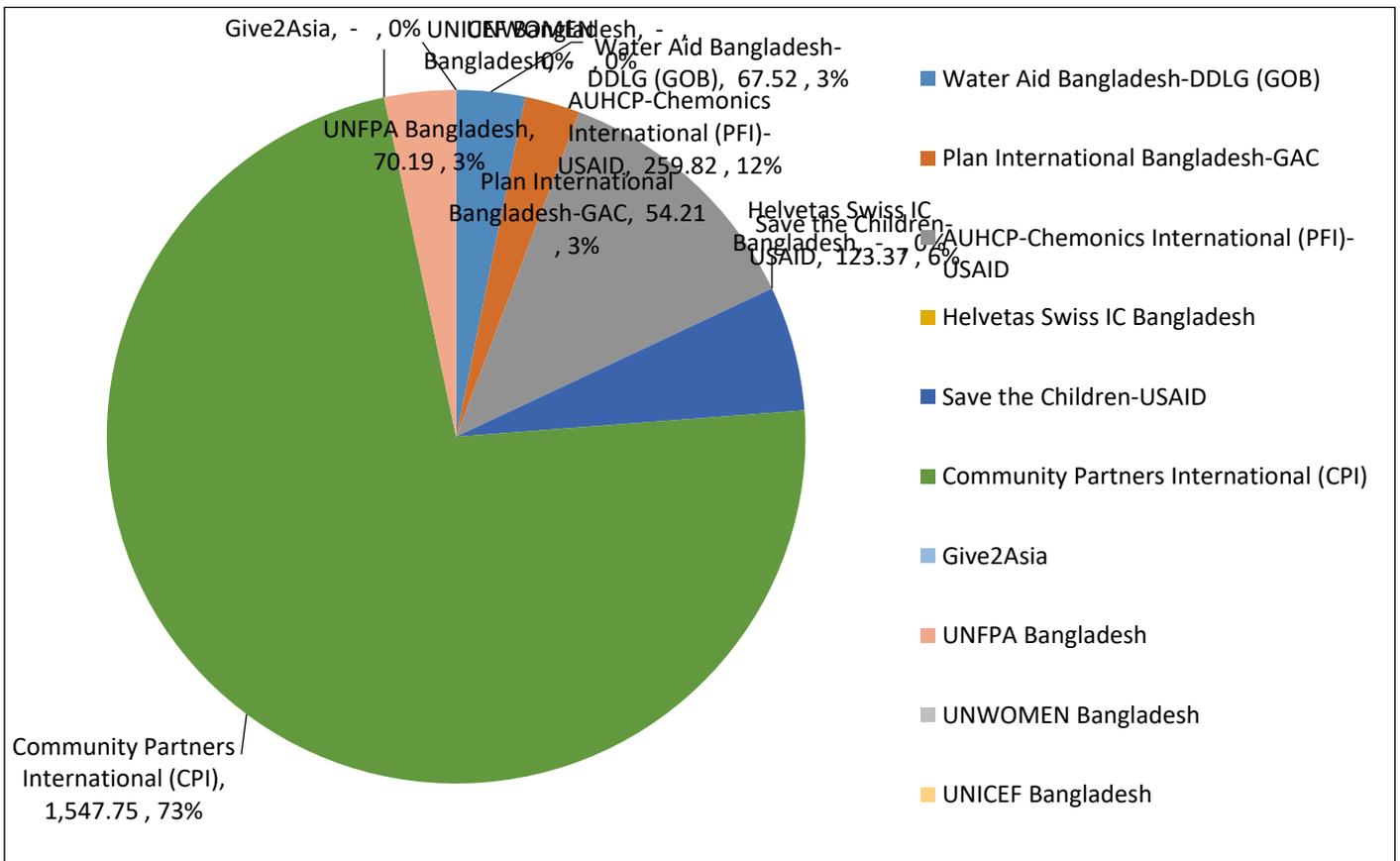
SI	Activities Component	Year-18-19	Year-19-20	Year-20-21	Year-21-22	Year-22-23	Total :
1	Water Supply & Sanitation	11.28	65.78	64.95	27.26	54.02	<b>223.28</b>
2	Education	7.52	91.11	152.20	164.61	150.48	<b>565.91</b>
3	Human Rights	-	1.64	10.98	13.05	40.61	<b>66.28</b>
4	Livelihood	11.58	3.86	-	-	-	<b>15.45</b>
5	Agriculture	30.38	75.30	73.77	45.44	-	<b>224.89</b>
6	Economic Empowerment	75.75	18.25	-	-	-	<b>94.00</b>
7	Reproductive health care & Nutrition	452.25	571.74	771.76	1,052.32	1,103.88	<b>3,951.94</b>
8	Research	-	-	-	-	-	-
9	Community Legal Service	-	-	-	-	-	-
9	Emergency Response /Disaster Mgt.	-	38.29	447.04	720.02	773.88	<b>1,979.22</b>
<b>Total :</b>		<b>588.76</b>	<b>865.97</b>	<b>1,520.70</b>	<b>2,022.70</b>	<b>2,122.85</b>	<b>7,120.98</b>



## Donors Contribution (Year - 2022-2023) (Amounts in Bangladesh Tk)

(All figures in Lacs)

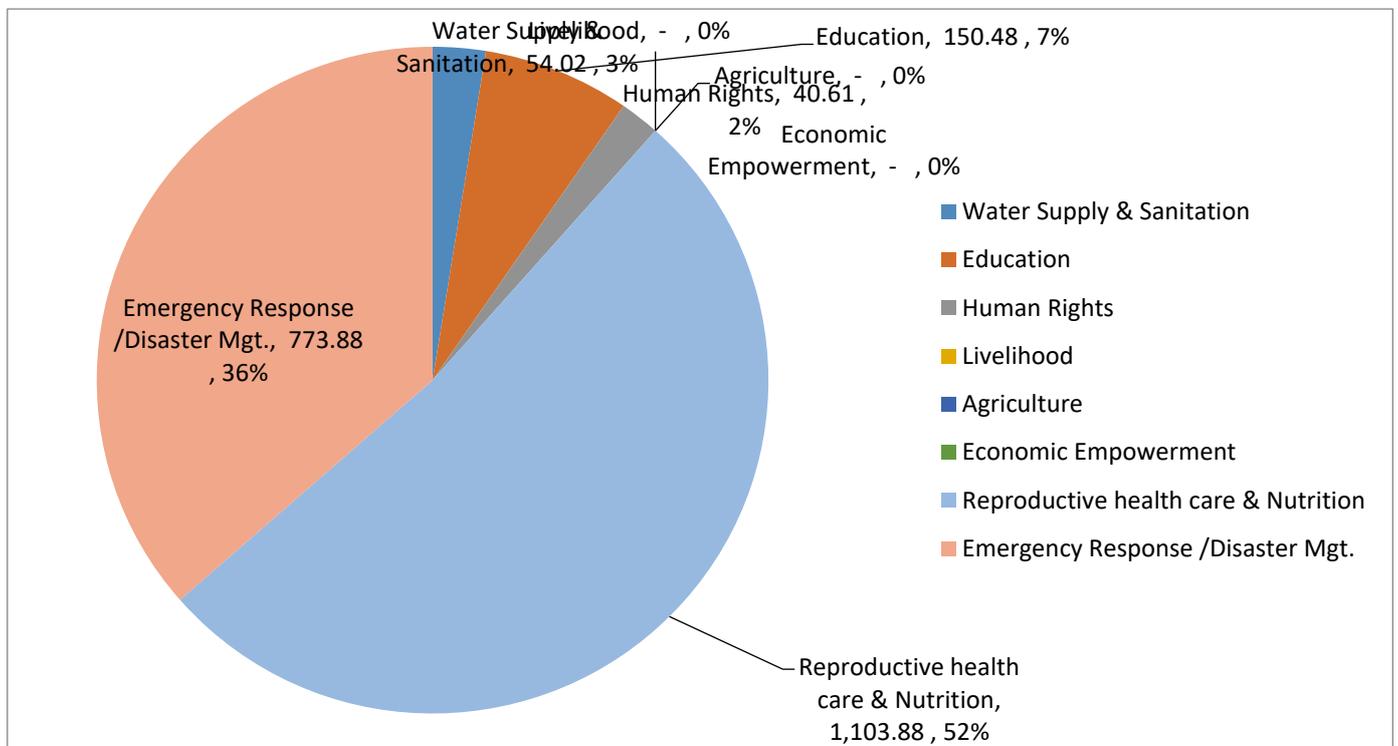
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1	Water Aid Bangladesh-DDLG (GOB)	67.52
2	Plan International Bangladesh-GAC	54.21
3	AUHCP-Chemonics International (PFI)-USAID	259.82
4	Helvetas Swiss IC Bangladesh	-
5	Save the Children-USAID	123.37
6	Community Partners International (CPI)	1,547.75
7	Give2Asia	-
8	UNFPA Bangladesh	70.19
9	UNWOMEN Bangladesh	-
10	UNICEF Bangladesh	-
<b>Total Yearly Fund:</b>		<b>2,122.85</b>



**Activities Component (Year -2018-2023)**  
**(Amounts in Bangladesh Tk)**

**(All figures in Lacs)**

SI	Activities Component	Year-2022-2023
1	Water Supply & Sanitation	54.02
2	Education	150.48
3	Human Rights	40.61
4	Livelihood	-
5	Agriculture	-
6	Economic Empowerment	-
7	Reproductive health care & Nutrition	1,103.88
8	Emergency Response /Disaster Mgt.	773.88
<b>Total :</b>		<b>2,122.85</b>



## SUCCESS STORY

### Awarded the best NGO of Green Hill- Alikadam Surjer Hashi Clinic on the occasion of World Population Day-2023

#### **Background:**

Green Hill, a non-governmental development organization, running with 18 clinics in CHT, technical assistance by Chemonics International Inc. aims to ensure the health services for the poor and deprived people in remote areas in CHT. In this regard, the activities of GH Clinics started on October 2016 for ensuring primary health services in the Alikadam upazila of Bandarban district.

Despite facing various challenges and adversities from the very beginning of program implementation of GH clinics, it has been working relentlessly to ensure health services to the deprived people in the remote areas. As a result, we have got various success stories in our hand. The Alikadam Clinic has received the best award for this year (2023) of course, it has received the best award before.

**Type of Service:** The clinic has been providing basically maternal and child health services to the poor people in remote areas of Alikadam Upazila. The clinic is ensuring the health services in remote areas through satellite clinics by CHW at the community level by maintaining coordination with the GoB officials of health and family planning departments at upazila level. The clinic has been providing ESP service packages such as safe delivery, ANC service, PNC service, adolescent health and limited curative care etc. At the same time, community people are receiving these services with discount price of medicine and low service charges particularly.



#### **Collaboration and linkages with GoB and reasons for selecting as the best award:**

The staff of Alikadam Clinic are used to maintain good collaboration and linkages with the Upazila Health and Family Planning Officers(UH&FPO) and Upazila Family Planning Officer (UFPO) strongly and also participate in various national and international events like Vitamin A Campaign, Worm Control Program, and many other government events including counseling to the eligible couples on short and long term methods of family planning services from Static and Satellite Clinics, such as pills (Shukhi & Apon), condoms and injectable distributed to the eligible couple with referrals to concerned UFPO office if necessary.

Respective clinic manager also discusses on the progress of program activities and various issues at the monthly coordination meeting at UH&FPO and UFPO Office regularly.

It is to be noted that all these initiatives help to have the result of remarkable achievement on family planning and safe motherhood. GH clinic has been awarded as the best NGO in the upazila level three times in 2018, 2019, 2020, 2021 and 2022 respectively, on the occasion of World Population Day.



During the delivery of the crest award giving ceremony on the occasion of World population Day-2023, **Md. Didarul Alam**, Upazila Family Planning Officer (UFPO) said that, "This Green Hill Clinic has achieved this award due to the joint efforts and sincerity of all project staff and other stakeholders and also for maintaining good coordination with all related government line departments. We hope Green Hill Clinic will try to continue this success and provide better services in future."

# Activities in Photographs



*Patient serve by Medical Officer at Mohalchari clinic*



*Conducting awareness session on Mother assemble*



*Transport support for ANC mother*



*EPI program at community level*



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



*A delivery mother admitted at Mohalchari clinic for normal delivery*



**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)**



**Inception workshop of CERF program**



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



**Baby Kit distribution in the Union level facility**



**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**



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



**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)**



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