

2024



Annual Report

Green Hill

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Contract address

Green Hill Head Office

Indrani House Champak Nagar
Rangamati Hill District-4500
Bangladesh.

Tel: +88 02 3333 71083, 71604

Email: info@greenhill-bd.org

Website: www.greenhill-bd.org

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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.

After the start of this year's monsoon season, it started raining all over the country from June 29, 2024. Rain started again in three hill districts from last Tuesday on 30 July 2024. Three consecutive days of heavy rain caused flooding in some places. Therefore, it is important to prepare before such disasters occur, as well as to respond to affected communities after a flood occurs.

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

ORGANIZATION PROFILE

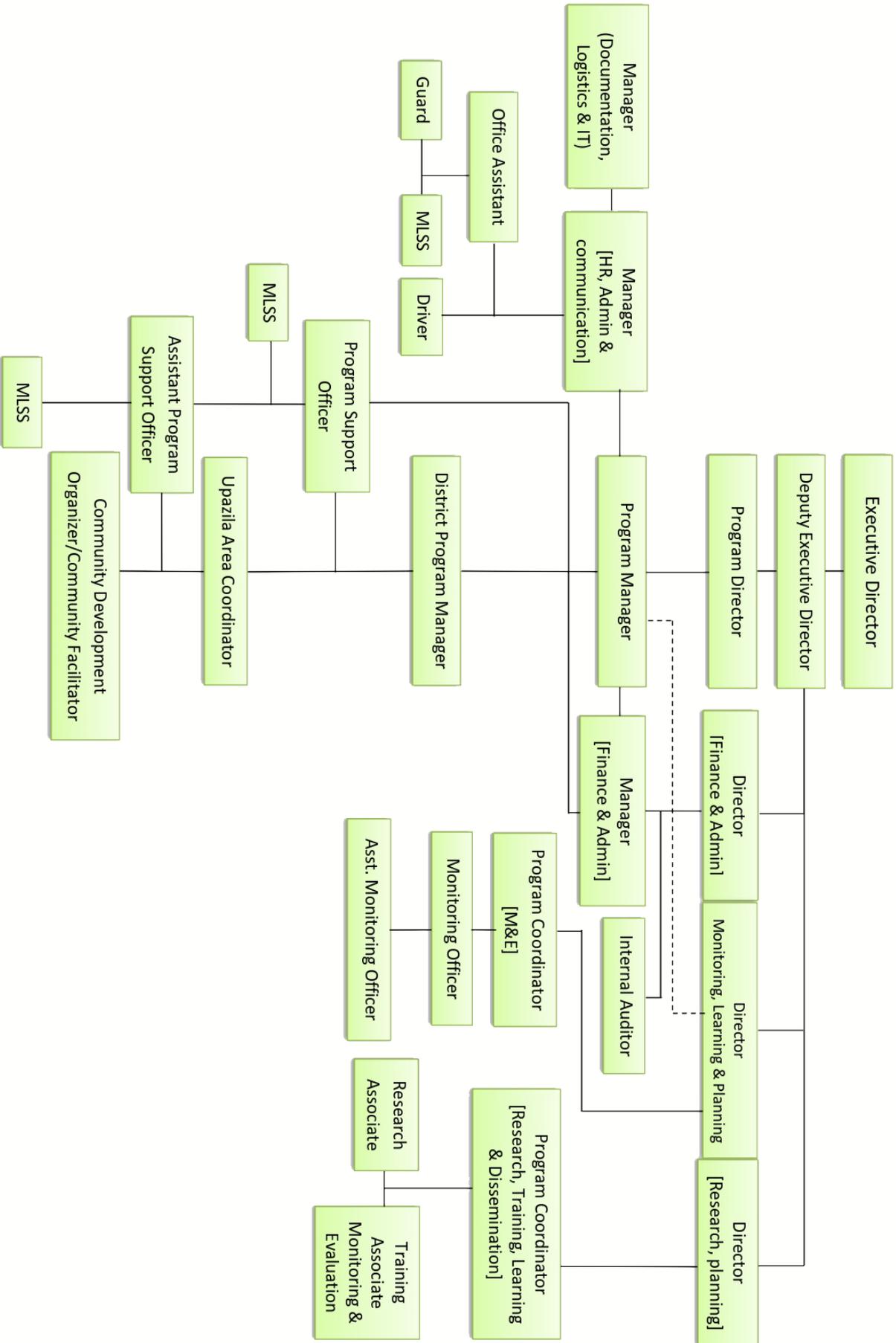
1.1. General information

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: 3 (Rangamati, Khagrachari & Bandarban); Upazila Office: 19; Sub Office: 1 Total Office: 24
Total Employee	202

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	USAID's Maternal and Child Health in CHT Activity	September 2024	September 2028
2	Strengthening Maternity and Child Health Services Delivery (SMCHSD) for the marginalized community in Rangamati, Khagrachari and Bandarban	1 st November 2017	31 st December 2024
3	Y-Moves Project	1 st September 2020	30 th June 2024
4	Women Business Centers and Innovative Financing for Upland Water Management in Chittagong Hill Tracts, Bangladesh"	15 th February 2022	June 2024
5	Flash Flood Response Program-2023-2024 in Bandarban	September'2023	March'2024
6	Eastern Response Program in-2024-2025 Khagrachari	October 2024	March 2025

Project Wise Annual Achievement:

Project Title: USAID's Maternal and Child Health in CHT Activity

Project Period	:	4 th September 2024- 3 th September 2028
Funded By	:	USAID
Project status	:	Ongoing
Reporting Period	:	January to December 2024

Project Background:

The Chattogram Hill Tract (CHT), with its population of over 1.84 million living in 26 upazilas of three districts (Rangamati, Bandarban, and Khagrachhari), represents one-tenth of Bangladesh's geographic area (13,184 km²). Being the home for twelve distinct ethnic groups, the region faces significant difficulties in healthcare access. Alarming, roughly 40% of community members lack basic maternal health services. Particularly, the mountainous areas to the east of the CHT bordering India have limited access to healthcare services. The challenges faced in this region are rooted in social determinants of health, including limited education, financial instability, and inadequate transportation. Limited government capacity to overcome these barriers has fueled adverse maternal and child health outcomes in the CHT. In 2017, the national maternal mortality rate (MMR) was 172 per 100,000, and the newborn mortality rate (NMR) stood at 18.4 per 1000 live births. While the government health facilities exist in significant number in the region (24 upazila health complexes, 74 union health and family welfare centers, 35 union sub-centers, 339 community clinics, three district hospitals, and five Maternity and Child Welfare Centers), access to health service is deterred by travel difficulty in the hilly terrains and government's inability to populate and retain staff in those facilities to deliver quality health services. The major driver to improve health outcomes for the CHT population is to improve access and availability of quality health services closing the equity gaps in accessing the services.

Goal and Objectives of the Project:

The activity's goal is to improved health outcomes of people living in the three hill districts in the Chittagong Hill Tracts (CHT). Green Hill will work to achieve the following intermediate results through a number of interconnected activities as stated under each USAID Objectives.

Objective 1: Improved utilization of high quality and equitable essential health services

Intermediate Result (IR)-1: Sustainable increase in access to equitable and quality health services.

Sub IR-1.1: Improved readiness for quality health service delivery

Sub IR-1.2: Reduced access barrier for equitable health services

Sub IR-1.3: Improved community awareness on MNCH health services

Intermediate Result (IR)-2: Improved resource mobilization and ensure sustainability

Sub IR-2.1: Mobilized local resources for local development priorities

Sub IR-2.2: Improved cost recovery (GH clinics and GH birthing centers) for sustainability

Intermediate Result (IR)-3: Ensure health resilient system

Sub IR-3.1: Emergency preparedness, adaptation and response plan in place for resilience health system

Sub IR-3.2: Functional system for social accountability

Geographical coverage:

22 Upazilas under 3 Hill District

Major intervention:

Type of Service from Green Hill Clinic, Birthing Center 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)

IR 1: Sustainable increase in access to equitable and quality health services**Sub-IR 1.1 Improved readiness for quality health service delivery**

- Establish quality management system for the GH Facilities
- a Develop quality management guideline for the GH clinics
- Develop quality plan
- Installation of 26 suggestion box in all GH facilities
- Upgrade readiness of the facilities
- Assess readiness status of the clinics
- Install new lab equipment 03 GH Clinic
- Onboard 05 motorcycle ambulance in 05 GH Clinic for referral strengthening
- Onboard 03 speedy boat in 03 GH Clinic for referral strengthening
- Installation of signboard in all GH facilities
- Strengthening of emergency referral system/ linkage nearest Secondary/ Tertiary Health Center
- Arrange 693 clinical sessions by Facility Managers and Technical Advisor
- Install MIS data base system in all GH facilities
- Enhance collaboration with GO Stakeholders
- Continue collaboration with EPI program
- Share progress update in monthly coordination meeting of CHTRC, DC, HDC, DGHS and DGFP

Sub IR-1.2: Reduced Access Barriers to Equitable Health Services

- Establish seven (07) birthing centers in the hard-to-reach areas
- Establish 01 floating clinic in Kaptai Lake
- Initiation of regular tele-medicine services from GH Head Office in 10 GH clinics

Sub IR-1.3: Improved Community Awareness on MNCH Health Services

- Development and distribution of Culturally sensitive IEC/BCC material for GH facilities
- Organize 75 community support group meeting in all GH facilities (Except Floating Clinic)
- Organize 93 Courtyard meeting in all GH facilities (Except Floating Clinic)
- Organize 75 mother and adolescent assembly in all GH facilities (Except Floating Clinic)
- Day celebration at district level and all GH facilities (Except Floating Clinic)

Intermediate Result (IR)-2: Improved Resource Mobilization for Sustainability**Sub IR-2.1: Local Development Priorities**

- 03 Advocacy Meeting with HDC on collaboration and funding support
- Advocacy Meeting with 01 CHTRC on collaboration and funding support
- Advocacy Meeting with Upazila Parishads on collaboration and funding support

Sub IR-2.2: Improved Cost Recovery for Sustainability

- Establish tiered pricing system for the GH clients in all GH facilities
- Carry out 06 health camps at the tourist spots

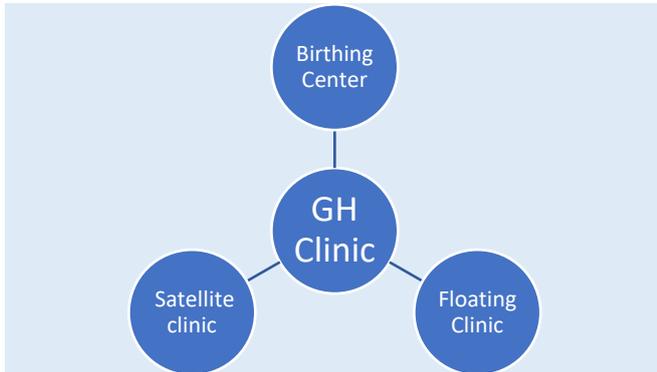
Intermediate Result (IR)-3: Ensure Health-Resilient System**Sub IR-3.1: Emergency Preparedness and Response**

- Develop an emergency response and preparedness plan
- Activate disaster committee
- Mobilize in-kind resources as per plan

Sub IR-3.2: Social Accountability Systems

- Conduct 50 Client feedback sharing meeting in all GH facilities (except Floating Clinic)

Service Point:



Innovations to Sustain the Health System:

- **Strengthen Referral System:** To address transportation barriers, motorbike ambulances and fiber boats will be deployed for emergency referrals in remote areas, and GH will carry out comprehensive assessment of the referral point’s capacity to handle emergencies.
- **Expansion of Laboratory Services:** Clinics will be equipped with diagnostic tools like USG machines and microscopes to improve service readiness.
- **Improved Quality of Services:** Develop a quality policy, equip the human and physical resources to provide services.
- **Telemedicine Services:** Remote counseling services via telemedicine (laptops and webcams) will extend the reach of specialized healthcare professionals to underserved areas.

Major Results/Outcome:

- The project has been served total 62620 patients during reporting period.
- Total 939 number of normal deliveries has been conducted by the skilled/trained midwives in 18 Green Hill Clinics of three districts in 2024.
- The project intervention has able to save 128 lives birth that were in precarious conditions due to delivery complications.
- Approximately 8864 women received ANC and 967 PNC services under the Project, as a result become safe normal delivery.
- Approximately 13500 children have been served through project intervention where 7032 were vaccination. 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 21671 persons or eligible couples received/served short term family planning methods under the project.
- Approximately 9450 person received the lab services, including Blood grouping (Blood sugar 2 hr ABF, Fasting random), HBsAg and pregnancy tests etc.
- 189 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 Green Hill 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.
- Local political unrest and inter-ethnic community conflicts may hamper in program implementation
- Strong mobile network and internet facility may not be available in the hard to reach areas

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 Khagrachari and Bandarban

Project Period	:	1 st November 2017 to 31 st December 2024
Funded By	:	United Nations Population Fund (UNFPA)
Project status	:	Ongoing
Reporting Period	:	January to December 2024

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, Khagrachaari 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
Khagrachari	6	7	1
Bandarban	4	6	1
3	10	13	2

Approaches & Interventions:

- Food supplementary support for pregnant mothers in Green Hill Clinic (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.

Facility base services:

- Skilled Midwives of MHs and UHCs have ensured total **2794** Normal Vaginal Delivery (**NVD**) in 2024. Supplementary meal support given to **312** pregnant mothers in MHs and attendance of pregnant mothers in UHCs. Additional transportation support given to **155** pregnant women in midway homes and upazila health complexes to conduct their deliveries.
- Transportation facilities for the pregnant mothers have ensured safe institutional delivery with safety measures to children and mother for the post delivery period. Total **1064** ANC and **339** PNC check-up have been confirmed by this transportation facilities.

- **55** lives have been saved by the emergency referral service. Transportation support given to **25** pregnant mothers who were in critical conditions. All referral cases were followed up by the respective clinic managers and accordingly, the respective GOB official of referral center is contacted when referred and cases were further followed by the district representative.

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: Emergency Response Program in Bandarban

Project Period : 1st August 2023 to 31st March 2024
Funded By : **Central Emergency Response Fund (CERF) through United Nations Population Fund (UNFPA) and Concern Women for Family Development (CWFD)**
Project status : Phase Out
Reporting Period : January to March 2024

Tent installation and SRHR services:

To serve the community two tents were installed at Kochaptoli Para of Alekyang Union under the Rowangchari Upazila in collaboration and consultation with Upazila Health Complex of Rowangchari upazila and Civil Surgeon Office of Bandarban as post disaster response of flash flood in Bandarban District. Total 398 patients received SRHR and general health services from these two tents with service provided by Upazila health complexes service provider and Green Hill's paramedic. Of these, one tent served SRHR services and the other GBV counseling/services. Total 10 patients received ANC, 20 PNC services under this intervention. However, 21 adolescents, 189 female, 157 male & boys-157 including GVB Counseling and Family Planning (FP) services received primary health care services from these two tents. The affected communities there have benefited a lot from the Tent health services after the flood flash and are very happy, so thanks and gratitude to Health department, UNFPA and Green Hill.

Organized Mobile Health Camp:

Total 15 (UHC/CS-10 & FP-5) mobile health camps were conducted in collaboration with UHC/CS & FP department of Bandarban district. These mobile camps were organized in 7 upazilas of Bandarban district (Bandarban sadar, Lama, Naikyangchari, Alikadam, Thanchi, Ruma and Rowangchari upazila). Total 1519 patients received services from the 15 mobile health camps. These services were categorized as ANC-187, PNC-119, Adolescents-195, Others (FP methods, Joint pains, common cough cool, Headache, SRHR, Fever, Allergy, Limited Curative Care(LCC), Hypertension, Counseling -643, Boys/Men-373, Disabled-2, GBV Counseling, Family Planning (FP). In addition, VIA



and Fistula screening test were also conducted. One Fistula Positive patient was found from Naikyangchari Upazila and refer to the better service facility for treatment.

Baby kits distribution:

Total 380 baby kits distributed to the respective mothers, Bandarban District Hospital (DH), Mother & Child Welfare Centre (MCWC), Upazila Health Complex (UHC), Union Health & Family Welfare Center (UH&FWC) for institutional deliveries from flash flood affected areas. Whole distribution process was done consultation and collaboration with relevant GoB health department and family planning department.

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. In these facilities a total of 104 institutional deliveries were conducted.

Organized mobile health camps:

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 these camps. Out of 3986 total 2199 women and adolescents received SRHR services, out of them 54 women were screened for VIA.

Women receiving cash support for referrals:

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. For the sake of transparency, all cash assistance support has been transferred through mobile banking (bkash, Nagad and Rocket). 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 during Oct '23 to Mar'24.

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.

Policy Advocacy Workshop:

“A workshop titled **“Expanding Sexual and Reproductive Health (SRH) and Health Sector responses to Gender Based Violence (HGBV) services in hard to reach areas of Chittogram hill tracts”** were successfully conducted at the hotel Radisson Blue of Chittogram city on 31st March 2024. The workshop was organized by DGHS and supported by UNFPA Bangladesh. Green Hill provided organizing, administrative and logistical support. The secretary Md Mashiur Rahaman of the Ministry of Chittagong Hill Tracts Affairs was present in



the workshop as the chief guest. Daniel Novak, first secretary to Embassy of Sweden; Kristine Blokhuis, Country representative of UNFPA, Dr. Vibhavendra Raghuvanchi, chief of health of UNFPA-Bangladesh, Md Jahangir Hossain, Maqsurah Noor, and Mohammed Nizam Uddin of DGHS were also present at the program. Besides, relevant stakeholder from Chittagong Hill Tracts like, Chairman of Hill district, Circle Chief, Civil surgeon, Director General of Family Planning participated in the event. In this event total 55

participants attended by 43 male 12 female.

SRHR working group meeting:

On December 17, 2024, Green Hill-SMCHSD (CERF) organized a Sexual and Reproductive Health and Rights (SRHR) Working Group Meeting at the Conference Room of Khagrachari Sadar Hospital. The program aimed to strengthen maternity and child health service delivery for marginalized communities in Khagrachari, aligning with Green Hill’s mission to address healthcare challenges in the hill districts.

The meeting brought together a diverse group of key stakeholders and healthcare professionals, fostering a collaborative approach to enhancing maternal and child health services. Participants were included by the District Civil Surgeon, Deputy Civil Surgeon, Deputy Director of Family Planning (DDFP), Resident Medical Officer (RMO), Gynecology consultants, Doctors, the District SRHR Officer, Upazila Health and Family Planning Officers, senior staff nurses, nurse supervisors, members of the Green Hill team, and other health professionals. Discussions during the meeting focused on identifying barriers to quality healthcare access for marginalized populations and developing strategies to improve service delivery.

District level consultative workshop:

On December 19, 2024, Green Hill-SMCHSD (CERF) successfully completed a **District-Level Consultative Workshop on Strengthening Maternity and Child Health Services for Marginalized Communities in Khagrachari** at the District Civil Surgeon Office Conference Room. This workshop sought to address critical issues in maternal and child health service delivery, focusing on marginalized populations in the region. The event emphasized collaborative strategies to overcome challenges and optimize healthcare services for vulnerable communities. The workshop brought together an esteemed group of participants, representing a wide range of expertise and responsibilities in healthcare and community development. Key stakeholders and attendees included: Chairman, Khagrachari Hill District Council (KHDC), Civil Surgeon (CS), Deputy Director of Family Planning (DDFP), Additional Superintendent of Police (Additional SP), Assistant Commissioner (DC Office), Deputy Director, Women Affairs (DD Women Affairs), Deputy Civil Surgeon (DCS), Residential Medical Officer (RMO), Medical Officer, Gynecology (MO Gynae), Assistant Director of Family Planning (ADFP) and District Social Services (DSS) Representative.

Challenges

- External lobby request from the local stakeholder’s hampers staff recruitment process.
- Unavailability or no suitable transport for referral/Human Ambulance
- No direct paid technical staff at clinic level
- No power facilities and safe water as well as proper infrastructure
- Remoteness and inaccessibility during dry season
- Inaccessibility of mobile and internet connectivity
- Boat or vehicle rent is very high

Lesson Learnt:

- Joint ventures with GoB department makes quality output.

Project Title: Strengthening SRHR Services in Eastern Flood Response in Khagrachari District

Project Period	:	October 2024 to March 2025
Funded By	:	Central Emergency Response Fund (CERF) and Emergency Fund (EF) through United Nations Population Fund (UNFPA) and Concern Women for Family Development (CWFD)
Project status	:	Ongoing
Reporting Period	:	October to March 2025

Goal: To improve access to essential SRH and health services during crisis situations.

Activity:

- Midwife led care program (6 UHFWC)
- Organize Mobile SRH Health Camp at the Community Level
- Baby Kits Distribution
- Cash assistance support for pregnant women for institutional delivery and management of obstetric
- Orientation of volunteers on SRHR issues, community mobilization, community awareness building
- SRHR working group meeting at district level
- Maternity waiting for home management

Baby kits distribution:

Total 400 baby kits have been distributed to the respective mothers like Khagrachari District Hospital (DH), Mother & Child Welfare Centre (MCWC), Upazila Health Complex (UHC), Union Health & Family Welfare Center (UH&FWC) and Green Hill clinics for institutional deliveries from flash flood affected areas. Whole distribution process was done consultation and collaboration with relevant GoB health department and family planning department.

Organized mobile health camps:

A total of 10 mobile health camps were organized under CERF program (Khagrachari Sadar-5, Dighinala-2, Mohalchari-2, Panchari -2). Total 1424 patients received primary health care services through these health camps. Out of 1424 total 207 women, 183 ANC, 37 PNC, 203 FP counselling and 127 adolescents received SRHR services, out of them 21 women were screened for VIA.

Strengthening Midwifery led care service:

12 midwives and 24 volunteers were deployed in 6 Union Health & Family Welfare Center (UH&FWC) under the family planning department to strengthen the SRHR services in community level in the flood affected areas in Khagrachari district. 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. In these facilities total of 75 institutional deliveries 622 ANC services, 85 PNC services, 378 FP services and 17 complicated delivery mother referrals were conducted.

Pregnant Women receiving cash assistant support for institutional delivery and management of obstetric:

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. For the sake of transparency, all cash assistance support has been transferred through mobile banking (Bikash, Nagad and Rocket). This cash support has improved outcome of high-risk pregnancy followed by prevention of maternal and neonatal mortality. A total of 100 cash supports were provided during Oct '2024 to Dec'2024 period.

SRHR working group meeting at district level:

17th December, 2024, Venue: Conference room, District Sadar Hospital, Khagrachari Hill District, Green Hill organized an SRHR Working Group Meeting to strengthen maternity and child health services for marginalized communities in Khagrachari. Key stakeholders, including district health officials, gynecology consultants, doctors, nurses, and the Green Hill team, participated. Discussions focused on addressing barriers to healthcare access and developing strategies to enhance service delivery in alignment with Green Hill's mission to improve healthcare in the hill districts.

DDFP stated: "Khagrachari faced a brief flood, and Green Hill's CERF project is delivering SRHR services via mobile camps. While we provide limited government medicines like iron and folic acid, resource constraints prevent full patient support. The Civil Surgeon's department has sufficient supplies, but I suggest Green Hill secure its own medicine channel through UNFPA or donors. Green Hill's midwives and volunteers have excelled in safe deliveries, and extending this short-term project is crucial. If Green Hill withdraws, it will significantly challenge us, so I urge them to continue."

Honorable Civil Surgeon of Khagrachari stated: "Green Hill's mobile health camps and midwife deployment, supported by UNFPA, have been commendable for Khagrachari. Deploying midwives at Upazila Health Complexes, addressing misconceptions about delivery costs, training volunteers, ensuring free ambulances, and a sustainable medicine supply are key priorities. These efforts are crucial for achieving SDG goals and reducing maternal and child mortality. I thank Green Hill for their impactful work and hope they continue supporting our communities."

District Level Consultative Workshop:

19th December, 2024, Venue: Conference room, Civil Surgeon Office, Khagrachari Hill District, Green Hill organized a District-Level Consultative Workshop on Strengthening Maternity and Child Health Services for Marginalized Communities at the Khagrachari Civil Surgeon Office. The workshop focused on addressing challenges in healthcare delivery for vulnerable populations and fostering collaborative solutions.

Key participants included representatives from KHDC, the Civil Surgeon's office, Family Planning, law enforcement, women's affairs, social services, health education, local NGOs, and healthcare professionals such as gynecology and community service medical officers, nurses, and supervisors. The event highlighted strategic efforts to optimize maternal and child health services in the region.

Statements: "By the support of UNFPA, Green Hill is running this project to ensure maternity services, including antenatal care (ANC), postnatal care (PNC), delivery, and referral services, in collaboration with the Health Department and Family Planning Department in Khagrachari. It is a significant challenge for us to increase institutional deliveries across the country to reduce maternal deaths.

To ensure these maternity services, government sectors are working, and Green Hill, with the support of UNFPA, is helping us through their projects. We are thankful for their assistance. However, we are facing a shortage of staff and manpower, particularly in rural areas. I request them to continue their support and consider extending the project's duration.

Additionally, I appeal to our honorable chairman regarding the challenges we face in Khagrachari due to a lack of doctors. We have local doctors from Khagrachari who are currently working outside the district. If we can facilitate their transfer back to Khagrachari, it would significantly enhance our health services. We also have operating theaters in three Upazila's—Ramghar, Manikchari, and Panchari—that require additional manpower to provide cesarean services to rural ANC patients. Addressing this need is crucial to improving maternal health outcomes in our region." **By CS**

Dr. Beauty: "I think the major problem we are facing in Sadar and Upazilas is the lack of manpower. To ensure services, we need support, and it's a team effort. We need more doctors and supportive staff. Nurse staffing is very limited in our Sadar hospital. Previously, with UNFPA's support, we had midwives at the

Sadar hospital and provided excellent services, but now, the midwife positions in the district hospital remain vacant. Regarding emergency referrals from Upazilas, I suggest that those working in the field—our Upazila health team and the Green Hill team—inform us earlier so we can prepare, including arranging emergency blood support. I would also propose that Green Hill provide a midwife for our Sadar hospital to enhance delivery services."

Social Welfare "Today's workshop is crucial. After completing my master's at Dhaka University, I worked with a reproductive health research organization, gaining insights into health services. Green Hill's project in the CHT is vital. During a visit to 'Debota Pukur,' I met a mother who delivered her first baby at home, highlighting the challenges of living in remote areas with no proper roads or transport for emergencies. I strongly recommend upgrading roads for pregnant mothers. Our Social Welfare Department runs Rural Mother Centers to improve maternal and child health, and I believe Green Hill could collaborate with us to make a greater impact."

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

Project Period : 15 February 2022 to 30 June 2024
Funded By : Aqua for all
Supported by : United Purpose Bangladesh
Project status : Ongoing
Reporting Period : January to June 2024

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 : 1st September to 30th September 2024
Supported by : Sweden SIDA through Plan International, Bangladesh
Project status : Phase Out

Reporting Period : January to September 2024

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

Financial Overview

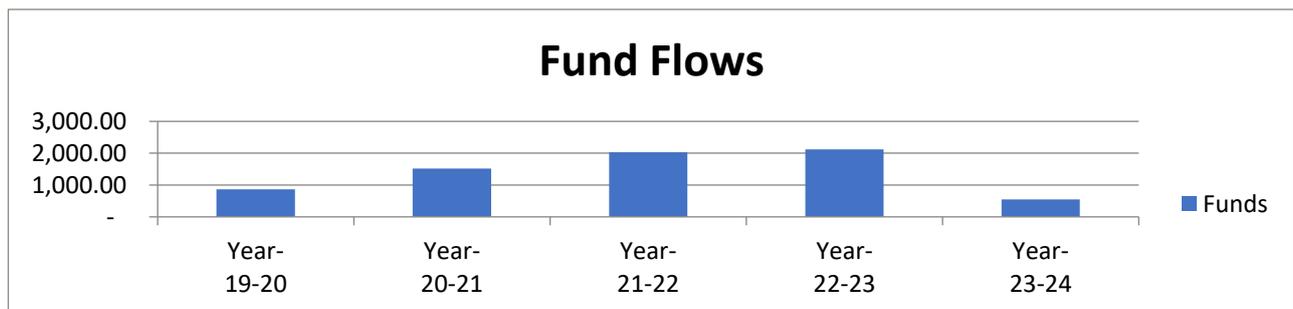
Last 5 years Donors Contribution (2019 - 2024) (Amounts in Bangladesh Taka)

(All figures in Lac)

100000

SL	Donors Organization	Year-19-20	Year-20-21	Year-21-22	Year-22-23	Year-23-24	Total :
1	Water Aid Bangladesh-DDLG (GOB)	-	0.91	-	-	-	0.91
2	Manusher Jonno Foundation	-	-	-	-	-	-
3	Grants from CORD-UK for EEP	-	-	12.90	3.20	-	16.10
4	CHTRDP-II-ADB	10.53	-	-	-	-	10.53
5	Fund from A4A - United Purpose for WATSAN	-	-	4.50	67.52	46.01	118.03
6	Plan International Bangladesh-Unicef -SIDA	3.27	-	-	54.21	-	57.48
7	NHSDP-Path Finder International (PFI)-USAID	-	-	-	-	-	-
7	AUHCP-Chemonics International -USAID	507.39	226.57	223.87	259.82	137.68	1,355.33
8	Helvetas Swiss IC Bangladesh	15.45	-	-	-	-	15.45
9	Grants from UKAID-CLS(Maxwell Stamp plc.)	-	-	-	-	-	-
10	Other Emergency Response	-	-	-	-	-	-
11	Save the Children -USAID	60.90	122.69	133.53	120.17	-	437.29
12	ActionAid Bangladesh-START Fund	-	-	-	-	-	-
13	ActionAid Bangladesh-UNFPA Fund	-	-	-	-	-	-
14	UNFPA Bangladesh	48.98	118.10	108.43	70.19	227.26	572.95
15	UNWOMEN Bangladesh	-	-	-	-	-	-
16	UNICEF Bangladesh	142.88	147.55	90.87	-	109.46	490.76
17	Community Partners International (CPI)	30.74	854.17	1,440.05	1,547.75	-	3,872.70
18	Give2Asia	45.83	39.90	-	-	-	85.74
19	Plan International Bangladesh-GAC	-	10.80	13.05	-	25.61	49.46
Total Yearly Fund:		865.97	1,520.70	2,027.20	2,122.85	546.01	7,082.73

Last 5 Years Fund Flows (2019-2024)
(Amounts in Bangladesh Taka)



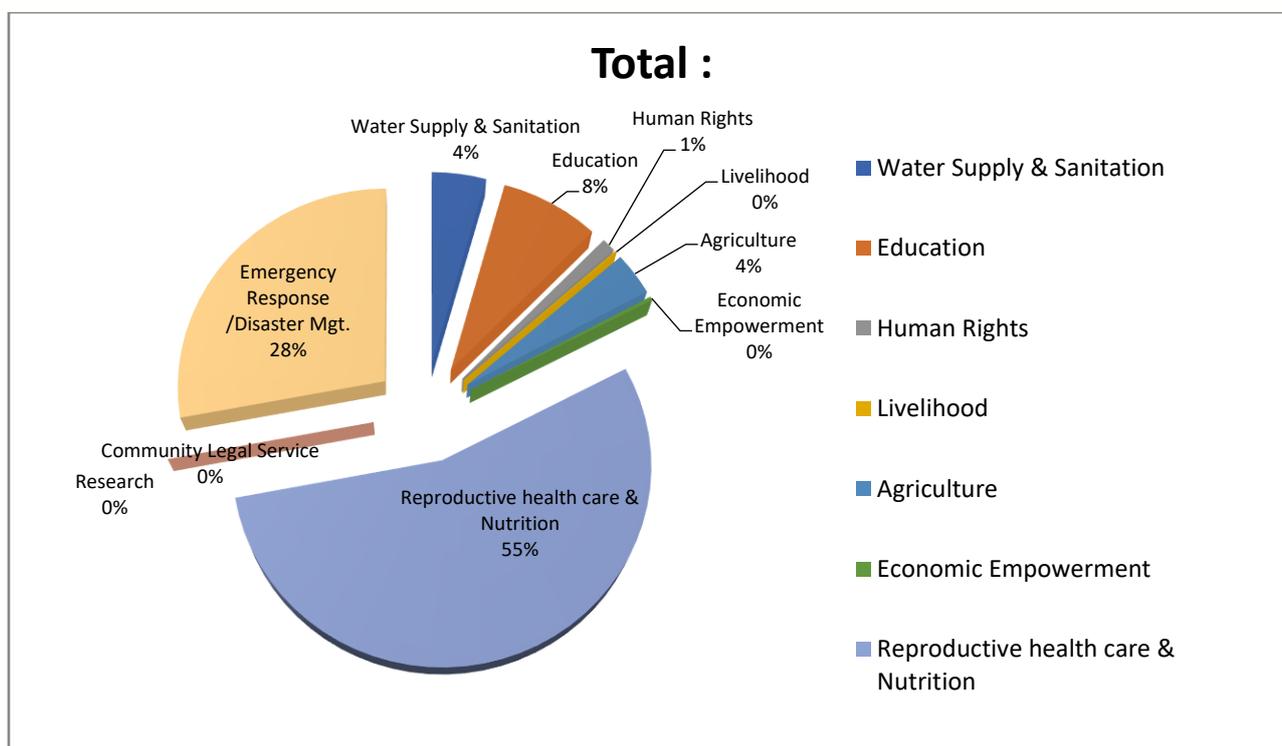
Activities Component(Amounts in Bangladesh Tk)

(All figures in Lacs)

SI	Activities Component	Year-19-20	Year-20-21	Year-21-22	Year-22-23	Year-23-24	Total :
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1	Water Supply & Sanitation	65.78	64.95	31.76	67.52	78.85	308.85
2	Education	91.11	152.20	151.71	147.28	21.89	564.18
3	Human Rights	1.64	10.98	13.05	27.11	25.61	78.39
4	Livelihood	3.86	-	6.45	1.60	-	11.91
5	Agriculture	75.30	73.77	45.44	-	54.73	249.24
6	Economic Empowerment	18.25	-	2.58	0.64	-	21.47
7	Reproductive health care & Nutrition	571.74	771.76	1,054.90	1,104.52	364.94	3,867.85
8	Research	-	-	1.29	0.32	-	1.61
9	Community Legal Service	-	-	-	-	-	-
9	Emergency Response /Disaster Mgt.	38.29	447.04	720.02	773.88	-	1,979.22
Total :		865.97	1,520.70	2,027.20	2,122.85	546.01	7,082.73

Last 5 Years Activities Chart (2019-2024)

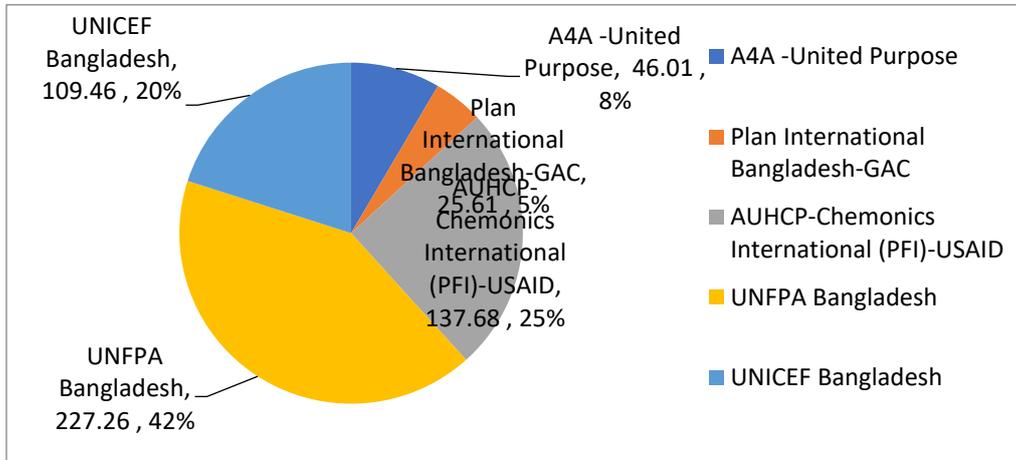


Donors Contribution (Year - 2023-2024)
(Amounts in Bangladesh Tk)

(All figures in Lacs)

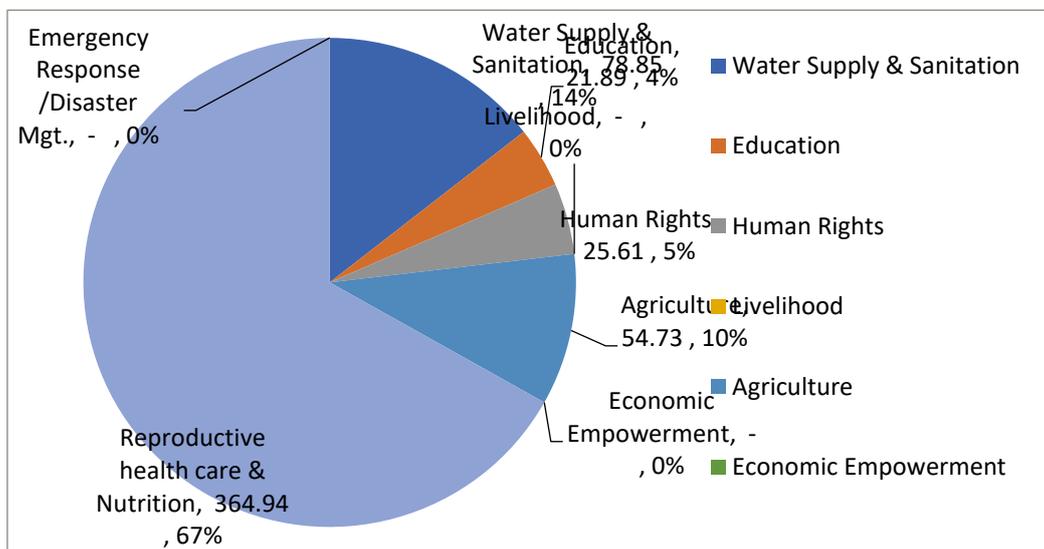
SL	Donors Organization	Year-2023-2024
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1	A4A -United Purpose	46.01
2	Plan International Bangladesh-GAC	25.61
3	AUHCP-Chemonics International (PFI)-USAID	137.68
4	UNFPA Bangladesh	227.26
5	UNICEF Bangladesh	109.46
Total Yearly Fund:		546.01



**Activities Component (Year -2023-2024)
(Amounts in Bangladesh Tk)**

		(All figures in Lacs)
SI	Activities Component	Year-2023-2024
1	Water Supply & Sanitation	78.85
2	Education	21.89
3	Human Rights	25.61
4	Livelihood	-
5	Agriculture	54.73
6	Economic Empowerment	-
7	Reproductive health care & Nutrition	364.94
8	Emergency Response /Disaster Mgt.	-
Total :		546.01



Waking up from the Sleep of Ignorance

Dighinala is the biggest Upazila of Khagrachari District in respect of area, came into existence in 1916 as a Thana & was upgraded to Upazila in 1984. It is also one of the most populated areas of the Khagrachari district. It is a hilly area. It is bounded by Tripura state of India in the North, Langadu Upazila in the South, Baghaichari Upazila in the East, Panchari and Sadar Upazila Khagrachari & Tripura state in the West. Dighinala Upazila is divided into five Union Parishads, namely Babuchara, Boalkhali, Dighinala, and Kabakhali & Merung. The Union parishads are subdivided into 20 Mauzas & 245 villages. Total number of population is 107363.



As of 20th August, 2024 eleven Districts in Northeastern and Southeastern Bangladesh were severely affected by flash flooding due to prolonged and heavy monsoon rains. As a result, the low lying areas & crop lands were submerged under water. Tarabunia, of Kabakhali Union, which is 4km far from Dighinala Upazilla of the Khagrachari Hill District, recently experienced one of the worst floods. Rural roads, agricultural fields and fish ponds have been submerged, cutting off essential access to health services and other needs and severely impacting on livelihoods.

Nalina Chakma, wife of Alomoi Chakma, is 27 years old, lives in Tarabunia village which is 4km far from Kabakhali Union badly affected by the devastating flood. Her husband is a poor farmer so sometimes they don't have two meals a day. Her family condition was so bad that she didn't do any ANC checkup before. Apart from that she did not have any idea about ANC checkup as her educational qualification was not good. Basically the usual sexual and reproductive healthcare facility of this village is not good at all. Devastating flood have made the situation more difficult.

“I was so scared, I did not feel safe anywhere. A flash flood suddenly swept through our village, destroying everything in its path. As flood water rises exponentially, so does my concern also increasing. I have never seen anything like it before. As our house was damaged in the flood, we had to live in a nearby mountain. I felt that something bad would happen to my upcoming child. My condition continued to deteriorate. I developed severe back pain that time,” recalled Nalina Chakma.

When flood water receded on 29th August 2024, an emergency medical health camp was held in Tarabunia

primary school, Kabakhali Union, Dighinala which was funded by **UNFPA** & organized by **Green Hill**. Nalina Chakma came to that camp along with her husband. When she comes to us for ANC checkup, she was near about full term of her pregnancy.

“As I was pregnant for the first time & had no idea about my pregnancy, so did not count my last menstrual period date & did not do any medical investigation for pregnancy. So I did all the checkups in the camp. At the camp, I received intensive care, including blood pressure checks, fetal heart monitoring, diabetic screenings, and more. This medical attention eased my fears and gave me a renewed sense of hope. The doctors explained me about the importance of institutional delivery and helped me wake up from the sleep of my previous ignorance. I felt I came from the darkness to the light.”

Her husband, who came with her, said, *“We are very much thankful for the care of my wife received. The camp’s services have given her immense strength and hope. I believe people who have no idea about health service been benefited a lot from this camp”*.

As Nalina received proper treatment from the camp supported by UNFPA, her current health condition is much better. She assures that she will deliver her first baby at the hospital and she believes that in future UNFPA will give them that kind of strong support during their crisis moments.

Blessing for the patient of Panchari Upazilla health Complex after flood



Krisnasuva Received Baby kits from nursing in charge of Panchari Health complex.

From 20th August, 2024 eleven Districts in Northeastern and Southeastern Bangladesh were severely affected by flash flooding due to prolonged and heavy monsoon rains. As a result, the low lying areas & crop lands were submerged under water. Logang Union of Panchari Upazilla of the Khagrachari Hill District, recently experienced one of the worst floods. Rural roads, agricultural fields and fish ponds have been submerged, cutting off essential access to health service and other needs and severely impacting the livelihoods.

Krisnashuva Chakma, a 32year old mother lives in Modhumongal para of Logang Union which is 5 km far from Panchari Upazilla. It is one of the hard to reach areas of the district which is very close to the border of India where the network connection is very poor. The people of this village are not well educated and struggled much. The sexual and reproductive healthcare facility is also very poor at there. Krisnasuva's husband is a day laborer, struggles much to run his family and their modest income is not enough to sustain the family. Access to healthcare, especially maternal services, was already limited in their area, and the floods further compounded these challenges. As the floodwaters rose, Krisnasuva's anxiety grew. Their home which was made of mud severely damaged, making life even more difficult.

She shares her experience "As our house damaged, we took shelter nearby a mountain. When the water finally went down, it left behind dirty water, ruined possessions, and growing fear and uncertainty for the future. The devastating flood made my life more difficult. I became exhausted of my severe back pain and mild lower abdominal pain and I was very worried about my baby at that flooding time. It still feels like a bad dream. I have never seen anything like it before and now I feel scared every time I think about it."

When flood water receded on 1st October 2024, an emergency medical health camp was held at Logang union parishod of Panchari upazila which was funded by **UNFPA** & organized by **Green Hill**. Krisnasuva came to that camp along with her husband. When she comes to us for ANC checkup, she was near about her full term of pregnancy.

"I told to the doctors in the camp about my last menstrual period and that was 20th December 2023. Then I received comprehensive care, including blood pressure checks, fetal heart monitoring, diabetic screenings, and more. The doctor told me that my expected dates of delivery at 27th September, 2024 and advised to do ultrasound. This medical attention eased me fears and gave me a renewed sense of hope. After a thorough examination, I was referred to Panchari Upazilla Health Complex for ensuring institutional delivery."



The newly delivered women Received baby kits and expressed their gratitude

Krisnasuva Said, “I started feeling severe lower abdominal pain on 24th September 2024. My husband took me to Panchari Upazilla Health Complex and there I delivered a baby boy. As we are so poor and helpless, we could not take any other clothes except Thami while coming to the health complex. There were no clothes left behind for the newborn baby after the delivery. That day I was given the baby kits in the afternoon which contained pampers, soap, baby pillow, clothes etc. Other delivered women of this hospital were also provided with baby kits. It was so blessing and time befittingly helpful for us that I could not express!!! We were really benefited a lot from that baby kits.”

Krisnasuva and her husband both expressed their sincere gratitude to UNFPA and Green Hill.

Activities in Photographs



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 honorable 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



Organize mobile health camp at Bandarban



Organize mobile health camp at Matiranga Upazila, Khagrachari



MHM Kit distribution to adolescent girls



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)



Baby Kit distributions to delivery mother (support by CERF through UNFPA)

