

## **Sixth Monthly Report**

**On**

**Support to Mobile Health Clinic and Scholarship to the Moanoghar Children in Rangamati, CHT.**

**Project Duration: (1<sup>st</sup> January, 2011 – 31<sup>st</sup> December, 2011)**

**Reporting Period (1<sup>st</sup> January-30<sup>th</sup> July 2011)**

**Submitted to**

**Benevolent Organization for Development, Health and Insight (BODHI)**

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### **Moanoghar**

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**Introduction:**

Moanoghar is a non-profit, non-political socio-economic development organization which mainly focuses on imparting quality education. Basically, it has been working for the marginalized, destitute and underprivileged Indigenous children of Chittagong hill tracts by providing shelter and education at free of cost or a nominal cost since the very beginning of its establishment. Of late, it is undertaking some development efforts to enhance awareness among the grassroots people on hygienic practices of their daily life and providing primary health care services ( both medicines & Prescription) to the beneficiaries of three nodes which are adjacent to the district town of Rangamati. Furthermore, Moanoghar is solely trying to work on some thematic areas such as health, promotion of indigenous culture and music, livelihood security (handloom training, sewing training, technical training, fish culture, vegetable gardening, cow rearing, bee keeping etc.) and a forestation program besides the quality education.

**Project Background:**

The said project has been undertaken keeping the deplorable situation of public health care of Chittagong hill tracts in mind and that this region is very much different from the rest of the country with regard to geographically & demographically. And as it is hilly and mountainous the inhabitants of this region also are very poor and backward in term of health, education and communication facilities etc. That's why it is still lagging behind in all respects. To address this problem supports from civil surgeon office was sought and they also agreed to extend their helping hand in this regard. Basically, they have been providing some kinds of medicines and training materials (hand out, curriculum) to conduct health education sessions to the selected nodes. The situation of public health care would be clear if you look at the survey report titled ``**Socio-economic Baseline Survey in CHT, UNDP, 2007**``. With this project intervention the primary level of diseases like malaria, dysentery, cough, diarrhea, vitamin deficiency, worms, viral fever and provocation of seasonal diseases are being treated.

**Objectives of the Project:**

The following objectives were chosen for the improvement of basic health care system by providing basic health care services among the poorer, destitute and underprivileged community people as well as the residential students of Moanoghar. Above all, it was also significantly given emphasis on the backup supports by offering scholarships to those residential female students who are able to demonstrate better performance in their respective academic ground and could make a considerable progress. The targeted objectives are given below-

- To provide basic health care services to the most deprived and poorest of the region's population
- To raise awareness on the basic health care and hygiene among the communities
- To link the communities with government health care system
- To draw the attention of the government on the health situation in the CHT.
- To provide scholarship to two poor but meritorious female students.

**Selected working Areas/ Nodes:**

The project is implemented in 3 select nodes; all adjacent to Rangamati yet remains inaccessible due to absence of communication infrastructure. So, all of these villages still lagged behind in all respect like the others part of CHT. The three nodes are as follows-

1. Tangchangya para
2. Sapchari kamar para,
3. Moanoghar (Centre Site).

At each nodes a ``village health committee`` was formed consisting of 5-8 members from their own locality. The members are taken from traditional leader (Karbari), Union Parisad member, educated youth, educated female, school teacher and salaried professionals etc. Their roles and function are to facilitate community people and inform them to avail the services from pre-determined clinic site that are provided by the mobile medical team twice time at each node in a week. The medical team initially informs the villagers through the assigned community mobiliser prior to pay visit to their clinic site.

**Accomplishment /Achievement:**

- Previously formed medical team and community health committee are working well in joint collaboration,
- At least 19 health sessions already has been given to the beneficiaries.
- After recruiting the female health educator female patients are freely coming to take health services without feeling any kinds of shyness and hesitation.
- 45% beneficiaries from targeted beneficiaries became aware on hygienic health practices, nutritional diet intake and reproductive health issues.
- Provided health service has got wider publicity among the respective locality and nearby areas.
- 740 patients (including male, female, child and aged) were given free medicines till today.
- Necessary materials (Plastic chair, tools etc) for each clinic site were provided.
- Scholarships to two girls have been awarded. These have been created a competitive aspiration to the children and result may get improve in ending of the year.

**Problems Faced:**

During the implementation of this project intervention there were found some problems or constraints. If these problems could be solved with priority basis then it would be very much helpful and more effective in carrying out the targeted activities smoothly. They are as follows-

- The delay in getting the NGO Bureau registration greatly hampered the activities. At the same time, we faced irregular supply of medicines from the Civil Surgeon Office in May-July although this has been regularized now.

- Lack of motorbike for smooth communication as and when needed. This was particularly a handicap; the areas of the mobile clinics are outside Rangamati, the most economic and practical means to reach is motorbike.
- Manage Community mobilizer. It is notable that we did not manage a fixed community mobiliser as shortage of salary and in that instead we took three volunteers from three sites providing 3000 Tk. of salary per month. BODHI pays 5000 per month as one mobiliser. We are subsidizing the rest amount of money TK. 4000 per month.

**Conclusion:**

Since Moanoghar has the good grass roots network in the region for a long before, there were found no difficulties to approach to the beneficiaries. Almost all targeted activities have been possible to perform in due course of time within this reporting period (January, 2011- July, 2011). One of the major targeted activities is to award the female students for their excellent academic performance and progress as well after bringing out their final examination results. Their result would be evaluated properly by the evaluation team then award to be distributed to the potential awardees in a consecutive way.

Finally, the need for motorbike is urgently felt. If this cannot be solved in the long run, maintain regular service to the mobile clinics will be very difficult.

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