

One Year Project Proposal for 2011

Submitted to
Benevolent Organisation for Development, Health and Insight (BODHI)

Moanoghar

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1.0 Project introduction:

The support by BODHI to Moanoghar started from mid-2009. This initial support was envisaged for 1 year and consisted of primarily support to running mobile clinics at 3 places located in the vicinity of Rangamati.

At the end of this initial 1 year, it was decided that support by BODHI will continue with minor modifications in the nature and scope of the interventions.

2.0 Project Title: Support to Mobile Health Clinic and Scholarship to the Moanoghar Children in Rangamati, CHT

Project Site: The project sites will remain unchanged i.e. 3 villages in Rangamati sadar upazilla in Rangamati district; Khipya para, Rangapani and Sapchari. They are all located near the Rangamati main town but yet remain quite inaccessible because of lack of road and communication network. The other distinct feature is that the locations are all disproportionately inhabited by the poorest of the poor, overwhelming majority of whom belong to the indigenous minorities.

3.0 Description of the Project and people involved:

3.1 Background:

The region of Chittagong Hill Tracts (CHT) is located to the South-Eastern corner of Bangladesh sharing common international border with both India and Myanmar. The region is distinct from the rest of Bangladesh; geographically, it is hilly and mountainous in contrast to the flat plains that characterize Bangladesh; demographically, in addition to the majority Bengalees its population consists of 15 different ethnic groups¹, each group with its own language, lifestyle and culture, and out of which 11 are considered indigenous.

The region was subject to violent conflicts from mid-1970s onward with the indigenous insurgents fighting against the government forces for regional autonomy. The conflicts formally ended with the signing of the CHT Peace Accord in December 1997 between the Government of Bangladesh and the Parbatya Chattagram Jana Samhati Samity (PCJSS or JSS) – indigenous insurgent outfit.

CHT remains one of the poorest and most marginalized regions of Bangladesh. Average income of its inhabitants is about 15% lower than the rest of the country, with the indigenous inhabitants faring even worse. Unemployment is acute, on average it is 30-35% and in some pockets, it reaches 50% (source: Socio-economic Baseline Survey in CHT, UNDP, 2007).

¹ These are (in alphabetical order): Bawm, Chak, Chakma, Khumi, Khyang, Lushai, Marma, Mro, Pankhua, Tanchangya, Tripura, *Santal, Rakhain, Assam and Gurkha. The last fours in italics are considered non-indigenous.*

3.2 Public Health Situation in CHT:

There is no reliable data in this regard. Available government information is highly unreliable and scanty. However, a recent UN-led survey found the region lagging in all aspects in comparison to the rest of the country, particularly with regard to primary health care. In successive surveys, UNICEF put the region at the bottom of the table in respect to some key indicators, such as child and maternal mortality rate, vaccination of most preventable infantile diseases (polio, diphtheria, ham, measles, tetanus, etc.), vitamin A, along with presence of health facilities (hospitals, community clinics, presence of health practitioners in the relevant establishments i.e. hospitals). The region's inaccessible terrain also acts as supplementary barriers, there are often no doctors/nurses even where there are clinics/hospitals, simply because no doctors want to live in such remote places.

3.3 Project description

The project will be implemented for a period of one year, from January–December 2011.

It will have 3 (three) sub-components:

1. Support to community clinics and sub-nodes (in total three such nodes)
2. Provision of a nurse/educator
3. Scholarship to 3 most deserving female students and accessory costs

3.3.1 Community clinics

It will run a community clinic, located at the premise of Moanoghar which in addition to the residents of the institution will also serve the villagers of the nearby villages. Furthermore, the project will also run a mobile health team who will visit 3 different places (as mentioned above), twice per week by rotation. The Team will be comprised of a doctor, a nurse cum health educator, a medical assistant and a community health mobilizer. They will provide free prescription to the patients and depending on availability, they will also provide free medicines. The treatment will include the most important common diseases, e.g. malaria, dysentery, diarrhoea, vitamin deficiency, viral fever/flu, respiratory tract infection, worms, etc. For the more complicated diseases, the cases will be referred to the district hospital and for which the Civil Surgeon office has already given consent verbally.

The medicines for the mobile clinic will be supplemented with additional provisions by the civil surgeon office. It should be noted here that the office of Civil Surgeon has been supporting the initiative from the very beginning. They have been providing free medicines already worth more than 1 million taka, the most recent provision being supplied in last week. These are, in addition, to the health education materials (see below).

In addition, the Team will also organize periodic **Health Education sessions**, at least one session every two months per location with the beneficiaries. They will be provided with the relevant information about how to deal with the basic health problems and hygiene. Also included will be education about drug use and cigarette smoking. The standard government materials and curriculum provided by the Civil Surgeon office will be used in these training sessions. These materials are, in general, taken as of good quality, most of which were prepared under supervision of WHO. But because of limited outreach capacity, the government rarely use them at community level.

The project will be a joint effort between Moanoghar, Government (through the Civil Surgeon's Office) and BODHI, with each of the partners making distinct contributions. Moanoghar will provide the logistics, be responsible for community mobilization and also provide the funding for running the community clinic within its campus. BODHI will provide funds for the mobile team personnel and the Civil Surgeon office will provide free drugs and as well as training curriculum materials.

In the mobilization of the communities and in the community health education activities, community leaders/elders and, most importantly, the women, particularly the mothers, will be closely involved. This is particularly emphasized for ensuring sustainable impacts of the projects' activities. Throughout, government will be closely involved; this will include besides the Civil Surgeon office, the local Rangamati Hill District Council² which is vested with responsibility of administering and managing the Department of Public Health for the district. Besides drawing attention of the government and relevant public authority on the problems of public health, this is also an effort of ensuring sustainability of the intervention.

3.3.2 Provision of nurse/educator

In its first year of operation, the mobile medical team found that women in the villages were reluctant to confide in a male doctor. Whilst the clinic is meeting many of the community's needs, we feel that a female nurse would mean that women were more comfortable in discussing health related problems. Therefore, Moanoghar approached BODHI for funding for a nurse. BODHI Adviser Kabita Chakma suggested that part of her role be education, particularly about cigarette smoking due to the increasing number of tobacco plantations in the CHT. Education about illicit drug use was added. BODHI has agreed to fund this position and related expenses.

3.3.3 Scholarships to three most deserving female students

Three scholarships to two most deserving female students will be provided under this sub-component. A scholarship for Academic Excellence worth 30,000 taka per year (or A\$500) will be awarded to the female student in Year 5 whose academic performance is the best in her class. The awardee will be chosen based on academic performance. The second scholarship for Academic Improvement is open to all the girls in the school. It will be awarded to the female student who has shown marked improvement in her academic performance from the previous year and whose grades are among the top three in her class. The scholarship is worth 15,000 taka per year or A\$250. In addition, some sundry expenses worth 2,000 taka will also be provided. The third scholarship is for special circumstances and is called Academic Inspiration. It is worth 5000 taka per year.

While selecting the candidates, necessary care will be taken so that the recipients are the most deserving. In no case can they be related to any of the staff or governing body members of Moanoghar.

Both scholarships will be named in memory of Dr Denis Wright and will be called 'Denis Wright Memorial Scholarship for Academic Excellence' and 'Denis Wright Memorial Scholarship for Academic Improvement'.

² This is a Peace Accord institution; the erstwhile local government councils were re-named as Hill District Councils and through an Act of the Parliament were given expanded mandate and responsibility which include Department of Public Health and Hygiene.

4.0 Objectives of the Project: The project is conceived with the following objectives;

- To provide basic health care services to the most deprived and poorest of the region's indigenous minorities
- 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 public health situation in the CHT
- To provide scholarship to two poor but meritorious female students.

5.0 Number of people the project will help: Through the community clinic based in Moanoghar and the mobile clinics and also from the health awareness raising activities, a total of at least 10,000 persons are expected to be directly benefited from the project.

6.0 Duration of project: The project will be implemented for a period of one year, from January–December 2011.

7.0 Any other information you consider to be relevant: Monitoring and Reporting

Detailed financial and narrative reports (with photos) on the progress of the activities will be sent to the donors on quarterly basis. The narrative report will include details of all the activities, including case studies of the beneficiaries. A final report which will include the accounts report also, will be prepared and shared with the donor upon completion of the project.

8.0 How will the project be evaluated (We will send a Project Evaluation Form at the appropriate time)?

The project will be evaluated, when completed, based on an agreed format as desired by BODHI. The evaluation will include, among other points, a thorough scrutiny of the monitoring reports, field data (register of the patients, distribution of drugs, list of participants in the training sessions), interviews of the beneficiaries and as well as elders/leaders and concerned government officials.

9.0 Budget (Please be very specific, and use an extra page if necessary):

The detailed breakdown is given below;

DESCRIPTION	BDT (Bangladeshi taka)
New items for funding:	
Additional medicine costs for this year (This will cover the shortfall from the medicines donated from the Civil Surgeon's Office. Previously, this came from Moanoghar's budget)	30,000
Nurse/educator's salary (This is a new post and will improve Moanoghar's capacity to deliver medical services and to educate community members in basic healthcare)	130,000
Nurse/educator related costs, eg fuel (This will cover extra expenses related to the nurse/educator's role)	18,000
Communications materials (This will help Moanoghar to develop relevant and accessible health educational materials for community members)	15,000
Site maintenance of existing mobile medical clinics This will improve the maintenance of clinic sites, pay some basic rent and ensure that facilities are appropriate for the project)	36,000
Contingencies (This will cover additional costs that are unforeseen at the start of phase two of the project and have not been factored in at the review process that took part this year)	20,000
Funded last year, to be continued in Year 2:	
Salary: Medical officer (this is partial funding) (Moanoghar match this funding to cover the whole salary)	60,000
Salary: Community mobiliser (These roles will continue into Year 2. It will much more helpful even in the health educator's role in the project)	60,000
Salary: Medical assistant (This full-time role will also continue into Year 2 of the project.)	84,000
Scholarship	
a. Scholarship to a Year 5 female student for Academic Excellence	30,000
b. Scholarship for a female student for Academic Improvement	15,000
c. Scholarship for a female student for Academic Inspiration	5,000
d. Sundry expenses (Award-giving ceremony, etc)	2,000
TOTAL	500,000