



OPCA

ANNUAL  
REPORT  
**2023**

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Organization for the Poor community Advancement (OPCA)

# Annual Report- 2023

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## **President's message:**

The year 2023 brought a new set of challenges for the non-profit sector around the world. COVID-19 pandemic and the resulting chaos has meant that the non-profits have had to adapt to the ever-changing dynamics of the world. Increased emphasis on reaching the last mile, while being in the middle of a worldwide lockdown has necessitated increased use of technology and innovation in tandem with the traditional development models.

Out of Poverty (EP) has, in continuation with our effort for the past one decade, been committed to reaching out to the poorest sections of the society even during one of the worst phases of mankind. We have now touched over 90000 beneficiaries and have had a positive impact on their lives. We have strengthened our existing programs in the areas of livelihood generation, and have focused on putting enormous effort in improving the life of the farmers in the country. Farmer development programs, have been extended to new geographies this year, with Chemonics International & Liliane Fonds.

OPCA has also shifted the focus on re-skilling and up-skilling of our personnel to keep up with the ever changing and technology friendly world. We have initiated several new program received from our benevolent donors and made commendable progress date with the latest developments in the field of technology. We have strengthened our MIS, which would ensure a fair and transparent monitoring of our projects. This will, in turn, help us design more effective programs in the upcoming time, along with measuring accurate impact of the various ongoing interventions.

We have also added some valuable members to our team to tread us on this journey and take forward our goals in the upcoming decade. These new members, I am sure, will bring in fresh ideas to take us forward on our journey.

This year has also seen our old partners renew their faith and trust in our mission and values. Their unwavering support has served us as a tonic which has kept us motivated to excel above and beyond our expectations.

In the end, I would want to thank everyone associated with OPCA directly or indirectly, for their support, faith, and belief in what OPCA stands for. Wishing everyone good health and well-being.

**Mr. Alauddin Chowdhury**  
**President, OPCA**

**Message from Executive Director**

This Annual Report 2023 provides a vivid description of the programs of OPCA along with the financial status of the organization. The report describes distinctively each and every program how much they achieved during the last one year. I do feel happy to writing this excerpt that OPCA has got commendable progress in terms to program dimension and diversity and above all achieving our objectives. So I am indebted to my colleagues who have made this change through their toil and moil, dedication and hard work.



During these unprecedented times, many of our participants are facing new and complicated challenges that require innovative solutions. In order to prepare you, we have adapted swiftly to a post COVID-19 world by pivoting our traditional in-person learning to virtual and online meeting and discussions. As such, we have worked diligently and tirelessly throughout this past year to support the beneficiaries and ensure amazing program delivery all accessible remotely and virtually.

We are incredibly proud of the accomplishments of our staff and by leveraging our vast expertise and anchoring that to online learning, we are providing the future of sustainable livelihood development, today.

We hope this report will undoubtedly help us serve the purpose of a learning tool through which the Field Managers and Senior Management of OPCA use it in designing future programs. It is also hope that OPCA's endeavor and efforts will not go in vain and people living in rural areas might have the scope to change their fortune by dint of their toil and moil and constant support from OPCA.

My best wishes to you as you embark on this journey.

**Md. Alamgir**  
Executive Director  
OPCA



**OPCA's Philosophy /OPCA's Guiding Principles:**

The Organization for People's Capacity Advancement (OPCA) is founded upon a steadfast belief in the inherent strength and potential of individuals within a nation. We firmly assert that people are the architects of their own destinies, and their empowerment is paramount for the progress of a society. OPCA is dedicated to the conviction that, through education, training, community organization, and capacity building, these individuals can emerge as pivotal contributors to national development.

In stark reality, marginalized and underserved segments of society are often relegated to the periphery of development efforts, burdened by societal neglect. Nevertheless, OPCA remains resolute in its commitment to not waver in these endeavors. Our aspiration is to support, unearth their innate talents, enhance their capabilities, identify opportunities, and harness their potential. We firmly believe that, with our assistance, these individuals can transform from being perceived as liabilities into invaluable assets, reshaping their own destinies for the betterment of our nation.

**Vision:**

Poverty free Bangladesh where people live with dignity and enjoy their rights.

**Mission:**

Strengthen capacity of the neglected community particularly of ethnic minority, Coastal people and Tea Garden labors so that they could organize, have their rights and improve their livelihood.

**Core Values:**

**Stewardship**

We are responsible for the organization's physical and behavioral environment.

**Accountability**

We are accountable to our community, development partners and to each other.

**Innovation**

We are innovative in creating a better future.

**Integrity**

We are fair, ethical, transparent and professional.

**Aims and Objectives of the Organization:**

1. To establish rights of marginalized and disadvantaged people especially of Children, Disabled, Adibashi, Adolescent Girls and Women towards reducing all sorts discrimination in society.
2. To improve livelihood of the Poor and Hard-Core Poor people including Adibashi (Tribal Community) through income generating activities (IGA) and skills development training utilizing their creativity.
3. To ensure people's participation for their own development, so that they could continue community- led process for their sustainable development through resource mobilization, linking with service providers including the government agencies.
4. To facilitate and transfer appropriate technical know-how for sustainable community development.

## **Advancing the Rights of Marginalized and Disadvantaged Communities:**

Our primary mission is to champion the rights of marginalized and disadvantaged populations, with a particular focus on children, the Rohingya community, people with disabilities, Adibashi (Tribal) groups, adolescent girls, and women. We are committed to reducing all forms of discrimination within society and ensuring equal opportunities for all.

**Enhancing Livelihoods for the Underprivileged:** We strive to improve the livelihoods of economically disadvantaged individuals, including the hardcore poor and Adibashi (Tribal) communities, through income-generating activities (IGAs) and skills development training. Our aim is to empower individuals to become self-reliant and economically independent.

**Fostering Community Empowerment:** We believe in the power of community participation and leadership in driving sustainable development. Our organization is dedicated to facilitating people's active involvement in their own development. We promote community-led processes and work towards forging partnerships with government agencies and other service providers to ensure the holistic development of communities.

**Transferring Technical Expertise for Sustainable Development:** Our organization is committed to sharing relevant technical expertise to enable sustainable community development. We aim to empower communities with the knowledge and skills they need to address their unique challenges and build a brighter future.

### **Strategic Objectives:**

Innovative programming, Strengthening funding base, Organizational excellence. Promote visibility of the organization, Community participation in program planning and implementation.

### **Strategic View:**

A five-year strategic plan for OPCA provides organizational direction and priorities for long-term investment, annual planning and project selection decisions. The organization's strategic efforts are categorized into the following theme:

1. Oriented to people we do serve and our development partners
2. Focus on results
3. Committed to partnership
4. National in scope yet local approach.

### **For whom OPCA works:**

OPCA is dedicated to serving individuals regardless of their caste, creed, or gender. However, the primary mission of OPCA is to uplift marginalized communities, with a particular emphasis on Adibashi (Tribal) groups, fishermen, people with disabilities, beggars, tea garden laborers, transport and garment workers, and the Rohingya Community.

### **Management of OPCA**

OPCA has a General Body (GB) consisting of 30 members which is the supreme authority of the organization. In addition, there is an Executive Body (EB) of 7 members and they all are elected by the members of the General Body. This body is responsible for execution of all programs along with transparency and accountability. All programs of the organization are implemented by a group of dedicated, skilled and experienced staff steered by the Executive Director. The Executive Body is accountable to the Governing Body for failure of any program or any unwanted happening occurred during implementation of the program.



## **Major Focus**

Our major focus encompasses a diverse range of critical areas which is reflecting commitment to fostering holistic community development and social transformation. We prioritize Micro-Finance and Micro-Enterprise, GBV, SRHR, Equality, Wash, Livelihood, Climate Change and Disaster response, Health and Nutrition, Education, Rights and good Governance, Agriculture and Disability.

## **Target Groups**

Our organization is dedicated to serving a diverse and essential target group, including Adibashi (ethnic minority) communities, fishermen, Rohingya community People, people with disabilities, coastal community, marginal farmers, women, children, and adolescents, beggars, tea garden laborers, as well as transport and garment workers.

## **Geographical Coverage**

OPCA has been working in various districts within the Chattogram region, encompassing Chattogram, Cox's Bazaar, Noakhali, Laxmipur, Chandpur, Brahmanbaria district, as well as the Chittagong Hill Tracts (CHT).

## **OPCA's Programs/Donors/Partners**

### **Current Donors/Partners of OPCA:**

Palli Karma-Sahayak Foundation (PKSF), Anukul Foundation-MDF, Premier Bank Ltd. The City Bank Ltd., Brac International, Chemonics International/USAID, CDD/LF, Dhaka Ahsania Mission, Bureau of Non-Formal Education (BNFE), ActionAid/UNICEF.

### **Programs List:**

- ❖ Micro Finance Program (MFP)
- ❖ ENRICH (Enhancing Resources and Increasing Capacities of the Poor Households towards Elimination of their Poverty) Program
- ❖ Skill Development Program for Social Cohesion fund for Cox's Bazar District (PRISE)
- ❖ Primary Healthcare Project (PHCP)
- ❖ Out of School Children Education Program sub- component 2.5 PEDP4 project
- ❖ Bangladesh Rural Water Sanitation and Hygiene for Human Capital Development
- ❖ Promoting Agricultural and commercialization for Entrepreneurship (PACE)
- ❖ Value Chain Project, Title: Extension and Marketing of High Value Fruit Crops
- ❖ Cultural and sports program
- ❖ Strengthening Production and Marketing of Vegetables through Cluster Contract Farming with 2500 Vegetables Farmers at Cox's Bazar and Bandarban
- ❖ Child Empowerment Program
- ❖ Mirsarai Autism Center
- ❖ Vocational School.



## **MICRO FINANCE PROGRAM (MFP):**

It is the main program of the organization. OPCA has started the Micro Finance Program initially in Sonapahar (adjacent to Dhaka-Chattogram Highway), a village under Marwari Upazila of Chattogram district targeting the poor, landless, ethnic minority and underprivileged people in 1992. Now OPCA has completed 31 years of its Micro Finance Program operation in 2023. Most of the beneficiaries of OPCA who have started Micro Credit activities; have been graduated to Micro-Enterprise which is the great achievement of OPCA's Micro Finance Program. The beneficiaries under this program are involved in various income generating activities (IGA) in the rural area such as Agriculture, Fishery, Small Trade, Handicrafts, Pottery, Cobblery, Black Smithy, Poultry, Dairy etc. OPCA manages its Micro Finance Program in two ways. Firstly, it organizes groups from the poor community, collects their weekly savings, creates funds and arranges to return their money back with profit.

### **The status of OPCA's Micro-Credit Program: At a glance (As at June 30, 2023)**

|           |                          |            |
|-----------|--------------------------|------------|
| <b>a.</b> | Number of Branch         | 14         |
| <b>b.</b> | Number of Employee       | 105        |
| <b>c.</b> | Number of Samity (Group) | 953        |
| <b>d.</b> | Number of Beneficiary    | 13276      |
| <b>e.</b> | Number of Borrower       | 9163       |
| <b>f.</b> | Savings Balance          | 124721174  |
| <b>g.</b> | Cumulative Disbursement  | 3709469081 |
| <b>h.</b> | Cumulative Realization   | 3382395555 |
| <b>i.</b> | Loan Outstanding         | 327073526  |
| <b>j.</b> | Cumulative Surplus       | 27486983   |

The loans provided to the clients are classified into 03 categories i.e. Rural Micro Credit (**Jagaran**), Micro Credit (**Agrashar**) and Seasonal Loan (**Sufalan**). OPCA disburses the loan to the beneficiaries on the following activities:

- Handicrafts
- Cow Rearing
- Cow Fattening
- Poultry and Duck rearing
- Sewing and Embroidery
- Rickshaw Van
- Pottery
- Agriculture
- Micro Enterprise

### **Achievement:**

- Vast populace is becoming solvent using the credit support of micro finance program. This is applicable for the ethnic minority and coastal community
- Through micro finance program the beneficiaries are getting support on Health, Sanitation, Nutrition, Education and rights based issues. They are also getting medicines at subsidized rates
- The beneficiaries are getting optimum price of their products adding additional value of their products
- The beneficiaries are getting aware on climate changes and its adaptations techniques

### Major Challenges:

- Loan repayment from the beneficiaries is really a hard work as they receive loans from different organizations. Consequently, they get indebtedness and hence it becomes a problem for them to repay the loan on time.
- Loans are hardly used purposively and as per plan. This is usually happened because of the technical expertise or skill and lack of planning
- Skills manpower for the organization and frequent drop out is the hindrance to organizational development.
- COVID19 situation still hampering during loan collection.

## Case Study

### Ramu Biswas: who became winner through struggle

In this story we are talking about Ramu Biswas who is a person with disability. No one cannot imagine unless he/she physically observe the type of his impairment. He has been fighting for his survival since his birth. Ramu lost his father at the age of 3 and as a result, his mother fell at her wits end to survive with Ramu. However, she was determined to survive and sustained in spite of all adversities. She remembers that one who gave life, he will save life. During the demise of her husband, she did not get land property or savings in the bank.



Ramu is the inhabitant of Mirsarai Upazila of Chottagram district. He cannot walk as like as a normal person. His hands and legs attached altogether and turned to web-footed. As a result, he cannot walk. He walks crawling. When someone see him, one can easily imagine the inner feelings of Ramu what he wants to express to others about his plight and anxiety. Ramu had a great hope to go to formal school but he could not fulfill his desire because of his impairment. In addition, he had a desire to work in office sitting on the Chair and talking and discussing with his colleagues.

With the end in view, he got admitted himself in Mithanola Primary school. He goes to school everyday enduring hardship and peril. The teachers used to love him because of his physical condition. They always supported him so that his education did not stop. At last Ramu promised to Class V. However, though he had a strong zeal and enthusiasm for education, he could not continue his studies because of his physical problems.

Ramu thinks about his mother how she maintains her family alone with a disabled son. So realizing the problem and impairment of Ramu once his class-mates suggested him to stand in front of the school gate for alms. But Ramu was dead against the proposal. He was rather indisposed to be a mendicant. He did not want to treat his mother through bagging and spending for his family. He wanted to stand on his own foot. He wanted to to treat his mother through his own income and maintain his family.

At last he opened a small shop in cooperation with his fellow students of his class. The students of the school were the customers of his shop. He made a small trolley with 3 bearings of an old Rickshaw which help him move from one spot to another. He sells goods the whole day and after that he returns to his house in the afternoon with the same trolley.

The sale proceeds he spends for purchasing medicines for his mother and he also spends money for purchasing bare necessities of life for his family.

Now Ramu is happy with his present avocation and his mother.

## 9. B PRIMARY HEALTH CARE PROJECT (PHCP):

### 1. Background of the Project :

The primary Health Care Project (PHCP) promoted and introduce by Anukul Foundation for each partner organization to implement in different remote area for the benefit of poor people The Primary Health Care Project in continuing as a separate entity (project) along with the micro finance activities with the generous financial support by Anukul Foundation –MDF, OPCA and Anukul Foundation MDF have felt necessity of the project in order to support the Anukul Foundation-MDF supported micro finance beneficiaries who are living in far hurred areas under Mayani

branch of Mirsarai Upazila of Chittagong District.

In view to serve Primary health Care support among Micro Finance program beneficiaries (especially the expectant mothers, children and women) and to mitigate their suffering, the Primary Health Care project started its intervention from October 2011 and this project is still working successfully in different Union of Mirsarai Upazila of Chittagong District.

Realizing the consequence and miseries of the beneficiaries, OPCA has brought the Union under Primary Health Care Program supported by Anukul Foundation-MDF along with Micro-Finance Program activities. This is a unique program as the beneficiaries are getting medicines at purchase rate and even subsidized and Health Care Services and facilities staying in the community. Now the beneficiaries are happy as they are somehow getting adequate support from this project.

## **2. Objectives of the Project :**

The main objectives of the project is to provide health care support and services to the beneficiaries of OPCA's Microfinance beneficiaries so that they could lead a healthy way of life. The area is completely inaccessible and cannot move easily during the wet season. However the major objectives of the project are appended below.

1. To ensure Primary Health Care support to the poor beneficiaries of Anukul Foundation (MDF) funded Micro Finance Branch selected Unions.
2. Supply medicines to the poor clients at purchased rate and sometimes at subsidized rate.
3. To establish effective and easy networking and linkage with health service providers both GO/NGO with the poor and hardcore beneficiaries so that they could easily get the services in their locality.
4. To ensure sound healthy life of the beneficiaries free from health hazard.
5. MOU between OPCA and Private Hospital ensuring low-cost treatment for the poor people.

## **3. Activities of the Primary Health Care Project :**

Apart from the Micro Finance Program activities, OPCA has been providing the following services and facilities to its beneficiaries through Primary Health Care Project. The services and facilities include the following.

### **1). Introduce Community led process involving community people for lasting Development of the Program.**

OPCA conduct regular weekly meeting with community people (group member/ School and college student) and discussed regarding awareness of primary health, SRHR, Personal hygiene, ANC/ PNC and hand wash practicing. We also conduct courtyard session with pregnant and lactating mother regarding child care, vaccination. As a result community people are aware about health care. They and their child taking regular vaccine, pregnant women are practice regular checkup (ANC &PNC), Adolescent are use safe sanitary napkin. Over all result of the activity is health hazard (diarrhea, malnutrition of child) reduced.



### **2). Neonatal and Child Health Care:**

Paramedic and TBA visit neonatal and child house they counseling their caregiver about inclusive breast feeding, taking schedule vaccination, after six month aged child extra feeding regular checkup. As result Pneumonia, child diseases are reduced.

### **3). Health counseling and motivational support to the beneficiaries and their family members.**

Support to the beneficiaries and their family members by group meeting, courtyard session, one to one session, treatment time. Paramedic motivational support to the pregnant mother for taken rest, receiving extra food, taken regular vaccination, taken iron, calcium, and delivery with trained TBA or hospital.

### **4). Supply of common medicines**

OPCA provide common medicines (ORS, Napa Syrup, Napa tablet, De-worming tablet, and tablet etc.) to the patients (beneficiaries) at actual purchase price and sometimes at subsidized rate. We also provide free Iron, calcium tablet to the pregnant mother.

### **5). Refer linkage:**

OPCA develop a referral linkage Upazila Health Complex and other Private Hospitals (Upazila Health Complex (Mostannagor) and other Private Hospital/Clinic (like Matrika hospital, Bariyarhat General Hospital, Comport

hospital, Bariyarhat Medical Center and Sefa-Insaaf hospital) and ensure appointment with the specialist physicians or consultants. OPCA also conduct with Bariyarhat General Hospital for 30% discount on surgical and medical support for our referral patient.

#### **6). Organize Health Camp:**

OPCA Organize Health Camp and create health awareness among the communities particularly the family members of Micro Finance beneficiaries.

7). Health counseling on pre and post-delivery for the expectant mothers.

8). Awareness on Sanitation and Hygiene practice including hand washing with soap before and after eating; and after defecation.

9). Awareness on the benefit of vaccination for the expectant mothers, baby vaccines for children which needed to complete before 12 years of age and vaccine for other family members etc. 10).Regular household visit by Paramedics and TBA and provide counseling.

#### **4. Project Achievement :**

The poor family people with Disabilities, Children have the opportunity to get primary health care support at the grass root level. People also get effective networking and proper information by PHCP Project.

In addition, one specialist physician (MBBS Doctor) who has specialist in medicine, child, pain, out and paralysis consult with the patients in every week and prescribe medicines and suggestion. In case of critical patients, he referred the patients to Upazila Health Complex (Mostannagor) and other Private Hospital/Clinic (like Matrika hospital, Bariyarhat General Hospital, Comport hospital, Bariyarhat Medical Center and Sefa-Insaaf hospital). On the other hand, the Paramedics, TBA and Staffs of OPCA's Micro Finance program inform the Samity (Group) members to receive the services from the Health Clinic.

We have completed MOU with the private hospital and Clinic, so they take special care to the patients and with their assistance we can easily refer or transfer our patients to other hospital or clinic.

#### **5. Problems faced During the Implementation Period :**

The following are the problems that we faced during operating the program in the field:

1. Difficult to get services of MBBS Doctor for Whole day with the limited remuneration.
2. Some patients are very poor, as a result they are unable to purchase prescribed medicines.
3. Paramedic, Doctors and TBA can't Visit the field lack of transportation cost.
4. Poor Salary of TBA

#### **6. Results Achieved :**

1. Beneficiaries are getting medicines at their own village with market rate as their save the money. So it's a time savings transportation cost and saving doctors' consultation fee.
2. Pregnant and Lactating Mother are getting antenatal and postnatal check-up and aware them about balanced diet.
3. 7500 female patients have got free treatment from our program in the locality (13 No Mayani and 11 No. Moghadia Union).
4. 3000 Male patients have got free treatment from our program.
- 5.6500 patients mothers and (children age 1-12 years) received health care service
6. Beneficiaries are getting low cost quality treatment from private hospital.
7. Union sub center take care of OPCA beneficiaries.

#### **7. Action Taken with Service Providing Agencies and Result :**

1. OPCA provided free treatment, counseling and supply medicine in subsidies rate.
2. We have every good relationship with Upazila Health Complex, as well Union Sub-Centers. As a result we are getting special benefits from the government institutes.
3. Concession provided to the patients of our project by private clinic and Hospitals i.e. in Baroiarhat general hospital, Mattraka general hospital, Sepa in insufe at Mirsarai
4. Public Hospital doctors and staff give special attention to our patients due to linkage established with the hospital authorities.
5. Our patients are getting concession for pathological tests in different clinics/hospitals of Mirsarai.
6. The pharmaceutical companies (lbn Sina, Somatec, Globe, Acme, Square, Beximco, etc.) are giving medicines to our project at lower than market rate. We are selling those to the participants at the same rate of purchase. So we do not make any profit for the patients.

### **8. What are the Significant Role in Microfinance Program :**

1. The program of PHC of Anukul Foundation-MDF has created much access to micro credit program which was not possible to intervene solely with the micro finance program as through this program. The participants of micro finance are getting free health care services from OPCA.
2. Safe Delivery ensured by TBA and Paramedics and sometimes they refer to Upazila health Complex and others private hospital.
3. The numbers of beneficiaries of Micro finance program are increasing because of the PHC program.
4. The beneficiaries of Anukul Foundation's PHC program are getting free health care service conducted by paramedics; TBA and qualified MBBS doctors. They provide their service for 6 days in a week and sometimes holidays.

### **9. Impact of Health Camp.**

1. By organizing health Camp people aware about primary health care program. Getting information on antenatal and postnatal activities.
2. The local people who are not the beneficiary of OPCA are also getting support from this program. The females are provided health checked up, health service and they are given free prescription for their medication.
3. The non-beneficiaries of the project area get medicine at actual rate (purchase rate) from PHC program.
4. The expectant women are checked up along with our participants and prescription at free of cost.
5. The poor people are getting free and promote health care services through the PHC program.
6. The reputation and popularity of OPCA spread far and wide because of the PHC program

**10. What Services Provided to the Beggars, Poor, Destitute and Disabled Families:** The people of all walks of life especially the people with disability, extreme poor and beggars are getting free health care service in the locality at ease without moving to distant places especially in Upazila Health Complex or Chittagong. They also get medicine at actual rate (purchase rate) from PHC program. We always priority the person with disabilities, old age, beggars, children and adolescent community at our outdoor health camp.

### **11. Over all Observation and Findings :**

The beneficiaries were found very positive on the activities undertaken through Primary Health Care project. The people from all walks of life have much talk about the activities of the project because of the increased health care services and facilities to the people. The beneficiaries were found very pleased and positive on the activities of the project. They approached to our field staff to increase services and facilities both beneficiaries' and non-beneficiaries with wider coverage so that all people of the Unions could avail the services and facilities of the project. It was also observed that the people are asking for more medicines beyond the limited ones. It was also observed that the beneficiaries are interested to see the consultant physicians.

It is also mentionable that due to OPCA's intensive support through PHC, the people of all walks of life are getting support from PHC at free of cost. This is usually done after giving service to our beneficiaries. So the people who are living around are happy on OPCA because of the services.

### **In addition, the following were observed:**

1. Effective information system have been established for critical disease.
2. Children have rarely attacked with normal diseases or ailments.
3. Fever, cold, cough, asthma, diarrhea, dysentery have considerably been reduced because of the frequent counseling and consultant with the Specialist Physicians, Paramedics and TBA.
4. Women with antenatal, postnatal and neonatal complications have been reduced.
5. No serious complication was observed among the expectant mothers even in post-delivery which is the positive impacts of project intervention.

### **12. Constraints Faced During the Year :**

- A. It is really a problem for the paramedics and TBA to visit remote area and provide services and facilities during the rainy season.
- B. It is a bit problem for Paramedics and TBA to arrange and manage the Health Camp and Satellite Clinic and cover all the beneficiaries.
- C. It is hard for the specialist physician to cover all the patients during the Satellite day.
- D. TBA is not satisfied on his duty due to lower salary and transportation. So it is very hard for her to maintain her family in these hard days.



## Success of Nuranahara Bagum

Ms. Nuranahara Bagum wife of Md. Abdur Rahim, they have two sons and a daughter. She is the 35 number member of the Munsipara Mahila Samity (Female Association) facilitated by Organization for the Poor Community Advancement (OPCA) at 11 No. Magharadiya Union under Mirsarai Sub-district and Chittagong district. Nuranahara Begam's family lives in a timber, bamboo and tin shed made house.

Before the membership of OPCA's Samity it was difficult to run her family with her husband, two sons and a daughter. More than her husband's income was not good, because he was a day laborer. Their day was not so good and later she became a member of OPCA's Micro Credit Program and receive loan. She used the loan money for bamboo, cane and plastic products to sell in the market. As a result their family income increases and her husband was involved in the best way by serving in a bakery. It continues the family well. Her son is currently studying graduate degrees, daughter will appear in the SSC Examination and younger son is now in the seventh grade. She took several loans (10 times) amounting Taka 10,000 to 30,000 and used the money to increase its business development. She is involved in OPCA's Primary Health Care Program and receiving all kind of supports. She received free medical care service from OPCA and consult with MBBS doctor. She also encouraged other members of the association to participate in the health service.

Nuranahara Begum, herself or her husband, son, daughter, family members and her neighbors when they suffer from health problems they came directly to OPCA's facilitating Mohila Samity and receive health care services and take medicine in purchase price. She repay loan installment in a timely manner and running her family with the comprehensive income from selling care, bamboo and plastic products. At present they are living harmony, peaceful and productive life, so they are grateful to Primary Health Care Program of OPCA's Mayani Branch.

### **ENRICH (ENHANCING RESOURCES AND INCREASING CAPACITIES OF THE POOR HOUSEHOLDS TOWARDS ELIMINATION OF THEIR POVERTY):**

This project is financed along with indirect technical support by PKSf. The objective of the project is to initiate multifaceted approach of development strategy to help the beneficiaries within the periphery of micro finance component as it has been proven that the single prescription is not appropriate and farmers do not have holistic development. With the end in view, PKSf has started this integrated intervention in order to ensure increased benefit to the farmers for having holistic development.

#### **The Specific Objectives of the ENRICH Program:**

- Attain total development of each household as well as the whole community participating in ENRICH.
- Ensure freedom of 'un-freedom' and human dignity for all members of all households under ENRICH.
- Empower the poor households so that they can pursue a pathway that would lead them towards the goal of human freedom and dignity.
- Ensure access of all participants in ENRICH to all capacity enhancing activities such as education, skill training, and health services; essential educational facilities, appropriate financing for their chosen economic undertakings, necessary market and other information; appropriate technologies; and so on.

#### **The activities of ENRICH program include the following;**

1. Static Clinic
2. Satellite Clinic
3. Medical Camp (Eye, Medicine and Dental)
4. Education
5. Credit Support
6. Sanitation
7. Beggar Rehabilitation
8. Youth's Group Development

This program is implemented in Karerhat Union (No.1) of Mirsarai Upazila. The total beneficiary is 8111 HHs. This project is started in July 2014 and continuing to till date.

#### **Major Events:**

- Health camp in the community
- Eye Camps in the community
- Education
- Sanitation

**Notable Achievement:**

- The beneficiaries are getting almost free health treatment from the project in exchange of only Tk. 100 against each health card per family administered by specialist [physician]
- Free eye treatment including cataract operation for ENRICH beneficiaries
- Children of ENRICH program are having high performance in schools because of the ENRICH facility towards the students through school program. And the dropout rate has been reduced tremendously

**Major Challenges:**

- Children found indifferent to school as most of the children were found involved in different activities along with their parents
- Qualitative teacher is not available in the ethnic minority dominated area

**D Child Empowerment Project**

**Project Title:** Promoting Inclusive Education and Health for Empowerment of Children with Disabilities

**Project Period:** January to June 2023

Ramu is the remotest Upazila of Cox's Bazaar district. There are 11 Unions in Ramu Upazila. OPCA implementing Promoting Inclusive Education and Empowerment for Child with Disabilities (PIEECDWD) Project at Fathekherkul, Chakmarkul (06), Joarianala (38), Kauarkhop (66) Union under PRIDE Program in Ramu upazila. OPCA introduces the program of 11 primary schools and SMC in other stakeholders. Union population and literacy rate are given below:

| Name of union and GO code | Area (acre) | Population |        | LITER Person with Disabilities |        | Total | Literacy rate (%) |
|---------------------------|-------------|------------|--------|--------------------------------|--------|-------|-------------------|
|                           |             | Male       | Female | Male                           | Female |       |                   |
| Kauarkhop 66              | 6144        | 10218      | 10135  | 17                             | 14     | 31    | 21.87             |
| Chakmarkul 06             | 874         | 6187       | 5658   | 19                             | 14     | 33    | 35.73             |
| Joarianala 38             | 1294        | 8934       | 8641   | 22                             | 23     | 45    | 25.7              |
| Fatekharkul 09            | 2435        | 13595      | 11965  | 45                             | 36     | 81    | 42.03             |
| Total                     | 2237        | 38934      | 36399  | 102                            | 87     | 190   |                   |

No NGO or civil society organization working Person with Disabilities, Children/Youth with Disabilities Ramu Upazila at Cox's bazar district. OPCA Started with DRRA to promote Children/Youth with Disabilities insuring their Education, Health, Rights and Livelihood, Social Empowerment. The community people and relevant stakeholders were not aware on Disability issue. Local Govt. institutions (LGI) and private sector not engaging (involving) Person with Disabilities, Children/Youth with Disabilities for their lasting development. Person with Disabilities, Children/Youth with Disabilities community also not aware about resources/safety net program facilitated by Local Govt. institutions (LGI) and NGOs.

-Target Childs/families, School Teacher, SMC, Community people, Local Elites and Local Union Parishad administration are very much positive about this program and they are providing their supports when needed.



**Health:**

Most of the people live under poverty. Families who have children with disabilities they have not enough ability to provide Health & Rehabilitation services. In our area we have lack of accessibility in health centers. In Govt. Hospital have no specialist for Children with disabilities who can provide services. There are no available ram facilities in Govt. Hospital which will help to entire children with disabilities smoothly. Medicines for children with disabilities are not available in Govt. Hospital. Every year we have seen in the development budget; there is no specific allocation for health care services to PWDs.

**Education:**

Most of the school-aged children with disabilities are unable to access formal and non-formal education. The ongoing Primary Education Development Program (PEDP-II) envisions inclusive education but lacks implementation infrastructure. Health services are not linked with schools. For NDD, VI and H&S disabled children school activities and campus aren't appropriate. For physical disabled transportation accessible are not suitable & schools are distance for students with disabilities.

**Livelihood:**

The policies, legal and institutional frameworks while being supportive of disabled people, have not been operationalized to be of practical benefit. Majority of our communities are ignorant about them and this informs their practice (including Persons with disabilities and cannot therefore demand for their Livelihood activities rights). Job providers' institutions are not recruiting in proper way. Persons with disabilities are well trained for entire in job market. Job accesses are not enough for persons with disabilities. Disability training centers for livelihoods are also remote. People with disabilities are deprived of their livelihood opportunities.

**Social:**

People with disabilities especially Women with disabilities continued to face serious obstacles in accessing justice in cases of violence, with courts rarely taking any specific measures to enable them to give their evidence before the courts. In many cases, the inadequacy of the investigation and prosecution as well as of expert witnesses results in the failure of such prosecutions. There are few Disable committees where DPOs are not strong and Capacity building process & leadership are not in proper way.

**Empowerment:**

Rendering to a recent study, the mean employment rate of persons with disabilities is less than a quarter of those without a disability, and 85 % of disabled persons leave full-time employment within the first year of becoming disabled (Chowdhury, J. 2005). These findings illustrate the limited employment opportunities and inadequate work environment for PWDs in Bangladesh.

**C.1 Activities, results and objectives**

| OPCA Activities for result 1 (Children with disabilities have access to Inclusive education at mainstreaming education (January – June 2023)) |  | Domain              | On track /achieved            |
|---|--|---------------------|-------------------------------|
|   |  | 1.1.1               | Write your planned activities |
| 1.1   | Develop Individual Education (IEP) Plan of 75 children with disabilities   | Inclusive Education | Achieved                      |
| 1.2   | Support for Extra coaching/Teaching support to 15 student with disabilities for 6 months (who will attend public exam) | Inclusive Education | On track                      |
| 1.3   | Provide need based educational support (education & learning   | Inclusive           | Achieved                      |

| OPCA Activities for result 1 (Children with disabilities have access to Inclusive education at mainstreaming education (January – June 2023) |  | Domain              | On track /achieved |
|--|--|---------------------|--------------------|
|  | materials) to 10 children with disabilities  | Education           |                    |
| 1.4  | organize voice raising campaign through We Ring the Bell campaign and signature campaign (Online based) with 8 school SMC/PTA/student including students, teachers, SMC members, education officers, media and with community people | Inclusive Education |                    |
| 1.5  | Advocacy workshop with Upazila Education Officer (UEO) along with local administration, representatives of SMCs, SHGs for accessibility audit and plan for make accessibility to create disabled friendly school environment.        | Inclusive Education | Achieved           |
| 1.6  | Meeting with SMC & PTA of 4 schools  | Inclusive Education |                    |

### Name of Activities: 1.1 Develop Individual Education (IEP) Plan of 75 children with disabilities

#### Descriptions of event-

OPCA developed 75 **Individual Education (IEP) Plan for 75 student with disabilities** Total 75 participants reviewed their old IEP through workshop. To help decide what special education and related services the student needs, generally the IEP team will begin by looking at the child's evaluation results, such as classroom tests, individual tests given to establish the student's eligibility, and observations by teachers, parents, paraprofessionals, related service providers, administrators, and others.

#### Result:

75 children with disabilities received Individual Education (IEP) Plan training. IEP helping students identify and leverage their strengths, interests and preferences can lead to more self-awareness and self-advocacy.

### Name of Activities: 1.3 Provide need based educational support (education & learning materials) to 10 children with disabilities

#### Number of participants-10

#### Number of events conducted-2

#### Descriptions of event-

To improved quality education and continue inclusive education in mainstreaming school of student with disabilities OPCA provide for **education & learning materials** to the 10 student with disabilities who will attend in public school. The **education & learning materials** support the student with disabilities to continuing their education.



The student list given below:

| SI  | Name of Student      | Name of materials | ID No          | Class | Remarks |
|-----|----------------------|-------------------|----------------|-------|---------|
| 1.  | Sifa Moni            | Audio Recoder     | 22669966230066 | 5     |         |
| 2.  | SaifulIslam          | Hering Aids       | 22669966230065 | 2     |         |
| 3.  | Muslima Hossin Anika | Hearing Aids      | 22669938230112 | 3     |         |
| 4.  | Md. Sajjad           | Audio Recoder     | 22669966230013 | 3     |         |
| 5.  | Keya Barua           | Hearing Aids      | 22669909230005 | 2     |         |
| 6.  | Mahinur Akter        | Hering Aids       | 22669909232254 | 5     |         |
| 7.  | Kafiet Ullah         | Magnifine Glass   | 22669906230094 | 9     |         |
| 8.  | Muntadin Jaman Joy   | Hearing Aids      | 22669909230022 | 3     |         |
| 9.  | Md.Israf             | Hering Aids       | 22669909230021 | 3     |         |
| 10. | Esha                 | Magnifine Glass   | 22669909230179 | 2     |         |

### Progress/achievement:

- 10 of Children with disabilities/Young with disabilities receive inclusive educational materials.
- Children with disabilities getting inclusive education support services.
- Teacher and other students always helping them.

**Name of Activities: 1.5** Advocacy workshop with Upazila Education Officer (UEO) along with local administration, representatives of SMCs, SHGs for accessibility audit and plan for make accessibility to create disabled friendly school environment.

Number of participants-15

Number of events conducted-1

**Descriptions of event-** OPCA organize and conducted Advocacy workshop on 5<sup>th</sup> March, 2023 with Upazila Education Officer (UEO) along with local administration, SMCs representatives, SHGs for accessibility audit and plan for make accessibility to create disabled friendly school environment. Schools are sometimes far from the home and there is a lack of transportation and lack of accessibility of travelling especially in slum areas in big cities, villages and remote areas. There should be all options of education, such as, open schools, regular schools, special schools, nonformal and alternative education systems, available to all children with disabilities but unfortunately appropriate services rare or unavailable. Children with disabilities are going to school and feeling comfort.

**Result-** Increased the workshops and SHGs for accessibility audit and plan for marked accessibility to create disabled friendly environment in every school. Children with disabilities are going to school accessibility and friendly environment.



are

| <b>OPCA Activities for result 2 (Children and Disabled young people are sensitized on sexual and reproductive health and rights) planned in the reporting period (January – June 2023)</b> |  |  |                           |
|--|--|--|---------------------------|
|  |  | <b>Domain</b>                                    | <b>On track /achieved</b> |
| 2.1.1  | Write your planned activities  |  |                           |
| 2.1  | Orientation session on inclusive SRHR & related service for adolescent with disabilities and their family members.   | <b>Sexual and Reproductive Health and Rights</b> | <i>Achieved</i>           |
| 2.2  | School based orientation with children to improve knowledge on sexual and reproductive health and rights   | <b>Sexual and Reproductive Health and Rights</b> | On track                  |
| 2.3  | Necessary kits/ Dignity kit for adult girl (Soap, panty, washing powder, Nail cutter, tooth brush, tooth pest, Sanitary napkin/ reuse able cloth, Bucket/ Kit bag) | <b>Sexual and Reproductive Health and Rights</b> | On track                  |

**Name of Activities: 2.1 Orientation session on inclusive SRHR & related service for adolescent with disabilities and their family members. (20 person/event)**

Number of participants-20

Number of events conducted-1

**Descriptions of event-** OPCA organized Orientation on inclusive SRHR & related service for adolescent with



disabilities and their family members. 20 Participants become well known about the SRHR. Knowledge increase of participants SRHR and identification of disability and basic care children as well as referral and linkage.

**Result-** Increase awareness on SRHR, Participants know about personal hygiene, MHM, family planning, and to get Adolescent and youth with disabilities getting services.

C.1.3. In your project annual plan you describe the results and activities you expect to achieve in relation to lobby and advocacy interventions. Are the activities you planned still on track, delayed or cancelled?

| <b>OPCA Activities for result 3 (OPCA effectively lobby and advocate to reduce barriers to participation) planned in the reporting period (July – December 2022)</b> |  |                        |                           |
|--|--|------------------------|---------------------------|
|  |  | <b>Domain</b>          | <b>On track /achieved</b> |
| 1.1.1  | Write your planned activities  |                        |                           |
| 3.1  | Referral of 10 youth with disabilities including Down syndrome for skill training (ICT, Tailoring, Fisheries, Vegetable, Shop) from different institutions like, youth development/other NGOs) | <b>Inclusive Labor</b> | On track                  |
| 3.2  | <b>Skill development training ( domestic animal and poultry rearing ) to youth with disabilities and Caregiver/Parents (Total 20 participants 1 batch)</b>                                     | <b>Inclusive Labor</b> | <b>On track</b>           |
| 3.3  | <b>Meeting with the authorities of vocational training institutions,</b>   | <b>Inclusive</b>       | Delayed                   |



|            |  |                        |         |
|------------|--|------------------------|---------|
|            | <b>financial institutions, NGOs and private institutions for creating Job Opportunities/ training/ capital linkage (15 participants)</b> | <b>Labor</b>           |         |
| <b>3.4</b> | <b>Meeting / workshop with different Vocational training institutes and Micro finance organizations, local company for IGA /ICT</b>      | <b>Inclusive Labor</b> | Delayed |

| <b>OPCA Activities for the result (OPCA effectively increased the performance of C&amp;YWDs in family, community, education and labor market and increased participation of caregivers in IGA) of reporting period (July – December 2022)</b> |  | <b>Domain</b>           | <b>On track /achieved</b> |
|---|--|-------------------------|---------------------------|
| 1.1.1   | <i>Write your planned activities</i>   | <b>Inclusive health</b> |                           |
| 4.1   | Identification and diagnosis of children at Upazila level for obtaining ID card and inclusion in mainstreaming services.   | <b>Inclusive health</b> | <b>On track</b>           |
| 4.2   | Hands on training on child care management to 100 caregiver/family members   | <b>Inclusive health</b> | <b>Achieved</b>           |
| 4.3   | Support to 30 most vulnerable children with disabilities and families for their basic needs and emergency care (e.g. food, medicine, basic safety hygiene materials etc.)  | <b>Inclusive health</b> | <b>Achieved</b>           |
| 4.4   | Follow up meeting with Upazila health complex, CHCP, CC, JPUF, to strengthen referral mechanism for necessary health services of children and youngsters with disabilities. Refer through CHCP, CC, JPUF 20 persons with disabilities. | <b>Inclusive health</b> | <b>On track</b>           |

**Name of Activities: 4.2 Hands on training on child care management to 100 caregiver/family members**

Number of participants-30

Number of events conducted-1



**Descriptions of event-** OPCA organized Hands on training on child care management to 30 caregiver/family member. They are received the training and knowledge of child care. Knowledge increase of participant’s child care management of disability and basic care children as well as referral and linkage management.

**Result-** increased knowledge after training and they are skilled child care management at home.

**Name of Activities: 4.3 Support to 30 most vulnerable children with disabilities and families for their basic needs and emergency care (e.g. food, medicine, basic safety hygiene materials etc.)**

Number of participants-30

Number of events conducted-1

**Descriptions of event-** OPCA provide Support to 30 most vulnerable children with disabilities and families for their basic needs and emergency care 04<sup>th</sup> December 2022. Total 15 participants receive food support.



**Result:** 30 participants receive food support. Distributed basic needs and emergency care support among the 30 most venerable children

**C.1.5.**

| OPCA Activities for the result (children and youngsters are claiming their rights for resilience and can create evidences) of reporting period (July – December 2022) |   | Domain         | On track /achieved |
|---|---|----------------|--------------------|
| 1.1.1   | Write your planned activities   |                |                    |
| 5.1   | <b>Provide center based therapy support to 90 children with disabilities through 1 CRCDC centers and home based by therapy assistance support</b>   | Rehabilitation | Achieved           |
| 5.2   | <b>Therapy center equipped/establishment for better service to the children with disabilities (Traction Machine with bed, UST-Ultra sound Therapy, TENS Machine, Wax bath machine, shortwave, static cycle, gym ball, balance disc, exercise mat)</b> | Rehabilitation | <b>Achieved</b>    |
| 5.3   | <b>Provide need-based medicine (epilepsy) support for Neuro - Developmental Disabled children</b>   | Rehabilitation | Achieved           |
| 5.4   | <b>Conduct orientation on child care, Management at home and caregiver mental health.</b>   | Rehabilitation | Achieved           |

**Name of Activities: 5.1 Provide center based therapy support to 100 children with disabilities through 1 CRCDC centers and home based by 2- therapy assistance support**

Number of participants- 90

Number of event conduct- Weekly

**Descriptions of event-** Provide therapy services among the Children with disabilities by Assistant Physiotherapist. He provide therapy one time in a week each physical, CP and others children with disabilities. During providing therapy caregiver were present there. The APT trained them how to provide the therapy. Another time caregiver provide therapy them.

Result- Children with disabilities receive regular therapy services and improve their physical & functional activity.

Outcome- Children with disabilities receive regular therapy services.



**Name of Activities: 5.2 Therapy center equipped/establishment for better service to the children with disabilities (Traction Machine with bed, UST-Ultra sound Therapy, TENS Machine, Wax bath machine, shortwave, static cycle, gym ball, balance disc, exercise mat)**

**Descriptions of event –OPCA established a well equipment Therapy Centre at Ramu Upazila under Cox’s bazaar District for better service to the Child with Disabilities. Therapy Centre has IRR, UST-Ultra sound Therapy, TENS Machine.**

**Result- 90 of Child with Disabilities received Therapy service from Therapy Centre and Practices at home. Ensure proper electro- Therapy at physiotherapy centre Child with Disabilities ( Physical, CP, Multiple others) getting regular rehabilitation service.**

**C.5. Results of activities achieved in the reporting period**

|   |
|---|
| <p><b>Inclusive Education</b></p> <ul style="list-style-type: none"> <li>- 75 IEP developed</li> <li>- 15 Children with disabilities are continuing education in 2023.</li> <li>- 30 children with disabilities will get appropriate education and ADL practice during the reporting period</li> <li>- 10 children with disabilities received education materials and communication materials to continue inclusive education</li> <li>- 2 event organized with 20 participant’s attendance</li> <li>- teacher’s/SMC members of 20 schools participated</li> <li>- 2 event are organized with 20 participants</li> <li>- 2 primary school have disability focused initiatives by SMC and school teachers</li> </ul> |
| <p><b>Inclusive Labour</b></p> <ul style="list-style-type: none"> <li>- youth with disabilities are receiving Training on different trade for their IGA</li> <li>- 30 children with disabilities identified for ID</li> <li>- 5 training event organized with 100 participants</li> <li>- At least 30% caregivers/parents are capacitated on child care and management</li> <li>- 30 children are received food, medicine, basic safety hygie materials</li> <li>- 02 events are organized with 20 of participants and established network for the services.</li> </ul>   |
| <p><b>Rehabilitation</b></p> <ul style="list-style-type: none"> <li>- 50 of Children with disabilities parents are capable to therapy practice at home.</li> <li>- 100 children with disabilities getting therapy service regularly maintaining COVID-19 govt. health instruction.</li> <li>- 30 children with disabilities applied to govt for ID card.</li> <li>- 2 training event arranged for caregivers</li> <li>- 40 parents improved knowledge for their children management</li> </ul>  |
| <p><b>Other themes/Empowerment</b></p> <ul style="list-style-type: none"> <li>- 2 events are organized SHGs members</li> <li>- SHGs members are prepared plan and moved for actions</li> <li>- SHGs member are united buildup,</li> <li>- And advocated with local stakeholder on rights based issues</li> <li>- 1 events are organized with 20 participant’s attendance</li> <li>- at least 5 disability focused initiatives are taken by the Union parshiod</li> <li>- 1 event are organized with 30 participant’s attendance</li> </ul>  |



- at least 10 religious leaders are aware and work for the betterment of children and youth with disabilities

### Obstacles, solutions and lessons learned

- It is very difficult survive the raised commodity price.
- 
- Project beneficiaries knowledge was very poor to use modern technology (Mobile, Internet etc.) so it was difficult to provide online services (Setup Online Platform for professional advice by involving Medical & Rehab professional for General health, Counselling on Mental health and disability specific Rehabilitation and advice to Children with disabilities).
- In the COVID-19 Epidemic it was difficult to provide rehabilitation services to children with disabilities. Project staff gave services to the children with disabilities after ensuring personal protection and maintaining physical distance.
- Due to poor staff salary dropout rate is so high, potential and experienced leave.
- It is very difficult to implement all activities within due time by one staff as a result he needs to work beyond office hour, even holidays

### Project Name: Feed the Future Bangladesh Horticulture, Fruits, and Non-Food Crops Activity

#### Activities:

- Workplan development and SAM Registration
- Staff Recruitment and Onboarding
- Hire Consultants for Module Development
- Staff Orientation on Production Technology and Post-harvest management
- Farmers selection and group formation
- Farmers meeting on group formation, production planning and post-harvest management
- Farmers profile preparation and data entry
- Vegetables farmers training on production technology and post-harvest management
- Disbursement of seasonal loan to 1250 farmers
- Establishment of community-based collection points
- Establishment of wholesale outlets
- Purchase and Marketing of Vegetables



**Geographic Location:** 03 Upazilas like Lama, Naikhyangchari and Bandarban Sadar in Bandarban and 05 Upazilas in Cox's Bazaar Teknaf, Ukhia, Ramu, Chakaria and Cox's Bazaar Sadar.

**Timeline:** June 2022 to May 2023 (12 Months)

| SL No. | Activities                                | June 2022 to May 2023 |           |           |           |           |           |           |           |           |           |           |           |
|--------|---|-----------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|        |   | Jun, 2022             | Jul, 2022 | Aug, 2022 | Sep, 2022 | Oct, 2022 | Nov, 2022 | Dec, 2022 | Jan, 2023 | Feb, 2023 | Mar, 2023 | Apr, 2023 | May, 2023 |
| 1      | Workplan development and SAM Registration |                       |           |           |           |           |           |           |           |           |           |           |           |
| 2      | Staff Recruitment and Onboarding          |                       |           |           |           |           |           |           |           |           |           |           |           |
| 3      | Hire Consultants for Module Development   |                       |           |           |           |           |           |           |           |           |           |           |           |

|    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 4  | Staff Orientation on Production Technology and Post-harvest management              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5  | Farmers selection and group formation   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6  | Farmers meeting on group formation, production planning and post-harvest management |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7  | Farmers profile preparation and data entry  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8  | Vegetables farmers training on production technology and post-harvest management    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9  | Disbursement of seasonal loan to 1250 farmers                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | Establishment of community-based collection points                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | Establishment of wholesale outlets  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | Purchase and Marketing of Vegetables  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Results

| No | Indicator Name  | Number and Rationale  |
|----|---|---|
| 2  | Number of individuals participating in US government food security programs <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Cultural practices</li> <li><input type="checkbox"/> Agriculture water management-non-irrigation based</li> <li><input checked="" type="checkbox"/> Irrigation</li> <li><input checked="" type="checkbox"/> Climate adaptation-climate risk management</li> <li><input checked="" type="checkbox"/> Climate mitigation</li> <li><input checked="" type="checkbox"/> Crop genetics</li> <li><input checked="" type="checkbox"/> Soil-related fertility and conservation</li> <li><input checked="" type="checkbox"/> Natural Resource or ecosystem management</li> <li><input checked="" type="checkbox"/> Pest and disease management</li> <li><input checked="" type="checkbox"/> Post-harvest handling and storage</li> <li><input checked="" type="checkbox"/> Marketing and distribution</li> <li><input type="checkbox"/> Value-added processing</li> <li><input type="checkbox"/> Other</li> </ul> | <b>Total 2013</b> <ul style="list-style-type: none"> <li>• 2500 farmers with 20% women and 10% youth.</li> <li>• 16 Staffs of the Or</li> <li>• 1 proprietor</li> </ul> |
| 3  | Number of microenterprises supported by US government assistance  | 2500 vegetables farmers with 20% women and 15% youth.   |
| 4  | Value of new US government commitments and private sector investment leveraged by the US government to support food security and nutrition  | <b>Total: USD 469,465</b><br>US Govt: USD 143,951<br>Grantee: USD 325,514<br><br>Note: OPCA also facilitated to invest USD 514,403 as Seasonal Loan.                    |

|     |  |  |
|-----|--|--|
| 6   | Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources                      | 20% (Targeted)   |
| 12  | Number of firms receiving US government-funded technical assistance for improving business performance                                       | 01   |
| 15  | Percentage of participants in USG-assisted programs designed to increase access to productive economic resources who are youth               | 10%  |
| 7   | Yield of targeted agricultural commodities among program participants with US government assistance.   | <b>Vegetables:</b><br>Total 152 hectares of land and average Vegetables 8.5 MT per hectare.  |
| 8   | Number of individuals in the agriculture system who have applied improved management practices or technologies with US government assistance | 2125 with 20% women and 15% youth (80% of total farmers).  |
| 10  | Number of private sector firms that have improved management practices or technologies as a result of US government assistance               | 01   |
| 11  | Full-time equivalent employment of firms assisted under US government programs   | Total 28 (12 labors and 16 staffs)   |
| 9   | USD sales of firms receiving US government-funded assistance   | Total USD in FY 2022: 330,416  |
| 1   | Value of annual sales of producers and firms receiving US government assistance  | <b>Grand Total USD 602,924</b><br><b>Farmer: Total USD 272,508</b> <ul style="list-style-type: none"> <li>• 1160 MT vegetables @ 1\$ = 85.05 BDT</li> </ul> <b>Firm: USD 330,416</b> <ul style="list-style-type: none"> <li>• 200 MT vegetables @ 1\$ = 85.05 BDT</li> </ul> |
| 5   | Percentage change in income of target groups as a result of US government assistance   | 10%  |
| New | Number of hectares under improved management practices or technologies with USG assistance   | 152 Hectare  |

## Gender and Youth Integration

The activity ensured participation of youth, women, or other underserved groups through discussion with the group member of vegetables and flower. OPCA will ensure 20% female and 10% youth during farmer selection and contract farming scheme. The company will also pay more attention to engage female and youth during harvesting, processing, and marketing of flowers and vegetables. In case financial access the company will disburse loan to female farmers in priority basis and organize and facilitate the training considering the female knowledge gap and participants.



## Project Name: Extension and Marketing of High Value Fruit Crops of Value Chain Project

Project Working Area: Fatikchari, Ramgarh Upazila

Beneficiaries: 5000

### Objectives

- ❖ Encourage entrepreneurs on ecological farming in the story of ensuring safe products
- ❖ Increase income through growth of high value fruits spices, granular national product-based and technology-based farms and small entrepreneurs
- ❖ Increased entrepreneurship in the production and marketing of high value processed products
- ❖ Production of new security products and creation of employment in this sector
- ❖ Increase participation of business women and youths

### Result

- ❖ Cultivation of fruit crops on fallow land and new technologies have been introduced
- ❖ They are able to collect seedlings from the nursery of their favorite peppers. It was not found in locality earlier.
- ❖ A high ranking team and entrepreneurs visited the pepper exhibition only from Nepal to see the pepper exhibition under RMTP. They are willing to implement black pepper technology in Nepal
- ❖ RMTP new technology is to plant vines directly from the pillar system.
- ❖ The participation of women in the family and as equals has now increased.
- ❖ Being able to understand the nutrient contend of expensive and less expensive fruit crops.
- ❖ Entrepreneurs are happy with the latest technology and multidimensional traders are connected
- ❖ Tribal women are very happy with the integrated farming of crops
- ❖ 60% RMTP beneficiaries are covered in ME loan system.
- ❖ The establishment of spices processing enter has made it easier to process various spices including pepper. Specially the suffering of women is reduced

### Spot no 1. Black Pepper Nursery for Mother Stock Development Entrepreneur Profile:

Md. Amran Uddin owner of Black Pepper nursery located in the Narayanhat Bazar, Fotikchari, Chattagram. He used to trade and develop different seedling and sapling of fruits and flower. Md. Amran Uddin had previously registered his name in a horticulture survey and subsequently reached out to officials from the RMTP project in 2022. His Black Pepper nursery was selected as a demonstration site for the RMTP project's mother stock development program.

**Support from Project:** Md. Amran Uddin is actively participating in the OPCA-Value Chain sub-project under RMTP. As part of this program, he has received advanced training on Horticulture and nutrition, receive hands on training on mother stock development. Project also support by giving him 07 different type of high value fruits mother stock that he hi raising at hill area for further mother stock development. In addition to training, Md. Amran Uddin has also received technical backstopping support and grant assistance, farmers connectivity. Project formed a





nursery owner association at Fotikchariupazilla which was new in this area and Md. Amran Uddin is the member of this association.

### Spot No 2. Hilly Processing Center History

#### Entrepreneur Profile:

Md. Iqbal Hossain , Md. Abdul Kader, Nojrul Islam are both ownership of **Hilly Spice processing center** located in Datmara, Fatickchari, Chattagram. They are ideal farmer and become RMTP project participant in 2022 and received training on processing and come up with idea of processing business by his own packaging and branding. They wants to be involved in the spice processing business, Along with they come to know the possibilities of they are branded product sales with its profitability.

#### RMTP initiative:

- Training on spice processing
- Technical support
- Machineries support
- Market linkage for supply chain development
- BSTI certification
- Hygiene issues



### Spot No 3. Sprinkler Irrigation History

#### Entrepreneur Profile:

Md. Absar Uddin is a farmer who is producing different fruits and vegetables at his farm located at Fulchari, Dantmara, Fatickchari, Chattagram. He used to irrigate his land manually by labor which was costly and time consuming. Project personnel registered his name and subsequently reached out to officials from the RMTP project in 2022. His Red lady papaya fruit garden was selected as a demonstration site for the RMTP project's Sprinkler Irrigation technology with rain water harvest program.

Support from Project: Md. Absar Uddin is actively participating in the OPCA-Value Chain sub-project under RMTP. As part of this program, he has received training on Horticulture, nutrition and financial training. He has watched various documentary videos on our , media the sprinkler irrigation sytem.He became interested to established a sprinkler irrigation technology where project also support by giving him irrigation technology, technical support etc. In addition to training, Md. Absar Uddin has also received technical backstopping support and grant assistance, farmers connectivity etc.



**Project Name:** Skill Development Program for Social Cohesion fund for Cox's Bazar District (PRISE)

## Background of the Project:

An initiative by BRAC has taken for the skill development of the adolescents living in the host community of Ukhiya and Taknaf, Cox's Bazar. The targeted beneficiaries are the dropped out adolescents from regular education, who will be provided with vocational training. This project will be implemented by OPCA as a sub-grantee, BRAC will support as a technical partner and financial assistance from Swiss Agency for Development Cooperation (SDC). The project agreement was signed on 27 April 2022 in the presence of higher officials of BRAC and OPCA. The duration of the project is 28th April 2022 to 31st March 2023. Under this project, the targeted adolescents will receive training for 6 months on various trades such as computer operation, sewing, mobile servicing, carpentry etc. to enhance their capacity and to engage them in employment opportunities.

## Major Activities of the project

- Bazar Survey
- Bazar committee meeting
- MCP Survey & selection
- MCP training
- Learner's survey and selection
- Learners Training
- Peer leader & TT selection
- Peer leader & TT training
- Jobs placement
- Parents & committee meeting
- Soft skill
- TT class
- Learning and sharing workshop

## Result:

| S L | Activities                    | Project target | Project Achievement | Remarks   |
|-----|-------------------------------|----------------|---------------------|---|
| 1   | Program Organizer recruitment | 6              | 6                   |   |
| 2   | Project Orientation ( 5 days) | 1              | 1                   | 6 PO & Program Focal attended the Project Orientation                             |
| 3   | Branch Office rented          | 6              | 6                   | Cox's bazar Sadar- 5, Court Bazar, Moricha-1, Ramu-1, Khutakhali and Chokoriya-2. |
| 4   | Branch based meeting          | 10             | 9                   |   |
| 5   | Bazar Survey                  | 18             | 18                  |   |
| 6   | Bazar committee meeting       | 12             | 12                  |   |
| 7   | MCP survey                    | 150            | 190                 |   |
| 8   | MCP selection                 | 150            | 170                 |   |
| 9   | Learners survey               | 300            | 425                 |   |

|    |  |         |        |  |
|----|--|---------|--------|--|
| 10 | Training received on Social Inclusion , safeguarding and Climate | 1       | 1      | 6 PO& Program Focalattend the training   |
| 13 | Revised the Project Implementation Plan                          | 2       | 2      | The implementation has been revised on31/07/2022   |
| 14 | MCP trained  | 150     | 148    | Cox'sbazar Sadar5<br>23,CourtBazar-25, Moricha-251,<br>Ramu-1-25,Khutakhali -25andChokoriya-2-25 |
| 15 | Learning Selection   | 300     | 340    |  |
| 16 | Basic Orientation for Learners                                   | 300     | 300    |  |
| 16 | Payment of Peer leader allowance                                 | 86400   | 42900  |  |
| 17 | Payment of MCP allowance   | 1800000 | 886450 |  |
| 18 | Payment of Learners allowance                                    | 1440000 | 690761 |  |
| 19 | Peer leader class  | 144     | 102    |  |
| 20 | TT class   | 120     | 78     |  |
| 21 | Learning and Sharing workshop at Cox's Bazar                     | 1       | 1      | 6 PO and FC attendedthe workshop for two days  |
| 22 | Wheel Chair provided to disable learners                         | N/A     | -      |  |
| 23 | Soft skill learners exam conducted                               | 2       | 1      | Soft skill exam conducted in All branch  |

### Some relevant Picture of the project:





**9. E THE HUMAN RESOURCE OF OPCA:**

The total manpower of OPCA in various projects and programs as of June 30, 2023 is shown below mentioning gender and number of employees employed in respective project/program:

| Sl. No. | Name of the Program   | Number of the Staff |      |       |
|---------|---|---------------------|------|-------|
|         |   | Female              | Male | Total |
| 1.      | Micro Finance Program (MFP)   | 55                  | 45   | 105   |
| 3.      | ENRICH (Enhancing Resources & Increasing Capacities of the Poor Households towards Elimination of their Poverty) Program                        | 41                  | 06   | 47    |
| 4.      | Primary Health Care Project (PHCP)  | 01                  | 01   | 03    |
| 5.      | Sport and Cultural Program  | 01                  | 01   | 02    |
| 6.      | Skill Development Program for Social Cohesion fund for Cox's Bazar District (PRISE)   | 02                  | 03   | 05    |
| 7.      | Out of School Children Education Program sub- component 2.5 PEDP4 project   | 40                  | 35   | 75    |
| 9.      | Value Chain Project, Title: Extension and Marketing of High Value Fruit Crops   | 01                  | 04   | 05    |
| 10      | Strengthening Production and Marketing of Vegetables through Cluster Contract Farming with 2500 Vegetables Farmers at Cox's Bazar and Bandarban | 01                  | 10   | 11    |
| 11      | Child Empowerment Program   | 0 1                 | 03   | 04    |
|         | <b>Total</b>  | 143                 | 108  | 251   |

## POLICY FORMULATION STRUCTURE:

The policy decision of OPCA is made by a 7 members Executive Committee (EC) which is elected from and by General Committee. The General Committee meets every year regularly while the Executive Committee meets once every two years.

## EXECUTIVE COMMITTEE OF OPCA

| SL. | Name                   | Designation       | Profession/Address  |
|-----|------------------------|-------------------|---|
| 01. | Mr. Alauddin Chowdhury | President         | Former member NBR (National Board of Revenue) Business, Chief Executive Officer, Centre for Tax Training<br>House #13, Flat # C, Road # 34, Gulshan, Dhaka-1212, Cell Phone No.: 01713-006474 |
| 02. | Mrs. Nasima Banu       | Vice-President    | Principal<br>Imperial School and College<br>822/A, Mehedibagh, Dist.: Chattogram.<br>Cell Phone No.: 01914-384107   |
| 03. | Md. Alamgir            | Secretary-General | Executive Director<br>Organization for the Poor Community Advancement (OPCA) Vill. North Hazissharai, P.O.: Zorargonj.<br>Upazila: Mirsarai, Dist.: Chattogram. Cell Phone No. : 01819617560  |
| 04. | Mereline Keka Adhikari | Joint-Secretary   | Home-32/5, Flat(3-A), Moholla: West Senpara Porbota, P.O: Mirpur-1216, Dhaka North City Corporation<br>Contact: 01770-161140  |
| 05. | Md. Alauddin           | Treasurer         | Lecturer<br>M. Shah Alam Chowdhury Degree College Upazila: Rangunia, Dist.: Chattogram.<br>Cell Phone No. : 01817713251   |
| 06. | Mrs. Shamsun Nahar     | Executive Member  | Lecturer<br>Prof. Kamal Uddin Chowdhury College Abutorab, Upazila: Mirsarai, Dist.: Chattogram. Cell Phone No.: 01714310959   |
| 07. | Dr. Mahfuzul Islam     | Executive Member  | 10/A Sheba Nir, Road: CMH Area, P.O: Dhaka Cantonment-1206, Dhaka Cantonment, Dhaka   |

## Members of Advisory Board

| SL.# | Name                        | Designation   | Profession/Address   | Cell phone.                                |
|------|-----------------------------|---------------|--|--|
| 01.  | Prof. Dr. Md. Ismail Khan   | Chief Advisor | Vice-Chancellor, Chattogram Medical University, BITID Building, Fouzderhat Chattogram, Bangladesh  | 031-2780430<br>031-2780428,<br>01720964306 |
| 02.  | Prof. Dr. ASM Lutful Ahasan | Advisor       | DVM, M.Sc. (Belgium), PhD (Italy)<br>Vice-Chancellor, Chattogram Veterinary and Animal Sciences University (CVASU)   | 01819821760                                |
| 03.  | Mohammad Mizanur Rahman     | Advisor       | Additional Secretary, Refugee Relief and Repatriation Commissioner (RRRC), Cox's Bazar   | 01819173108                                |
| 04.  | Muhammad Anwar Pasha        | Advisor       | Joint Secretary, Additional Divisional Commissioner (Development), Chattogram Division.  | 01733399188<br>01711480320                 |
| 05.  | Md. Shamsud Douza           | Advisor       | Deputy Secretary (Addl. Refugee Repartition Commissioner) Ministry of Disaster Management & Relief RRRC's Office, Motel Road, Cox's Bazaar   | 01740585562                                |
| 06.  | Dr. Alim Akter Bhuiyan      | Advisor       | Senior Consultant, Neurologist & Epilepsy Specialist, United Hospital. MBBS, DTM&H (UK), MD (USA) American Board Certified in Neurology Post-Doctoral Fellowship in Epilepsy (USA) | 01713-042793                               |
| 07.  | Md. M. Mohiuddin Chowdhury  | Advisor       | Director & CEO, Clifton Group, 4 Jubilee Road (2nd Floor) Chattogram- 4000.  | 01819-311224                               |