

poor and drop/left out children through 10 schools. Of them about 80% children are female. The program is being supported by ESP program of BRAC. Total 10 teachers and one supervisor are working for school program.

b) Health and Nutrition Programs: CDHC with the financial support from C a n a d i a n International Development Agencies (CIDA) has been implementing a Community Managed



Health Care (CMHC) model through constructing Primary Health Care center and Water Ambulance. The pilot project consistently provides quality essential health and nutrition services and round the clock referral supports to the 10,000 populations from remote isolated island villages.

c) Micro-credit Program: CDHC has been implementing Income Generating Activities (IGA) through its micro-credit program since 1999. Through a long selection process, in 2003, it has been qualified as the first partner of Polly Karma Syahak Foundation (PKSF) in Patuakhali district. Since then it has been receiving both financial and

technical supports from PKSF to expand the micro credit program in Patuakhali district. So far, it successfully engages about 3157 poor w o m e n / m e n members for income generating activities



through three branches. Most of them are engaged in different income generating activities that include fishing, dairy business, goat rearing, chicken/dug firms, rice husking, small shops at village market etc.

d) Water and Sanitation program: To address the huge needs of the local community, CDHC has been implementing sanitation program since 2000 by its own resources. The activities primarily focused on hygiene education to promote desired hygiene practices and production and distribution of low cost ring slabs among the target population.

e) Relief & Rehabilitation projects for the SIDR and Aila affected populations:

CDHC had been successfully implemented 05 emergency response & rehabilitation projects in the cyclone affected peoples of Patuakhali districts on relief distribution, housing supports, medical supports, fish fry distribution, post cyclone school repair and constructions. These projects were reached to approximately 150,000 cyclone victims in three Upazilas (Galachipa, Kalapara, Dashmina) of Patukahli and supported by different donors that include CO-OPERAID/Swiss Solidarities, ScF, PKSF, World fish Center etc.

f) Promote rights of the poor peoples of the char island in establishing their rights to water body and khas land:

CDHC has been working in char Montaz since 2007 to organize poor peoples, assess impact of Gher, build their capacity and mobilize supports from Government and other development partners through linking these poor



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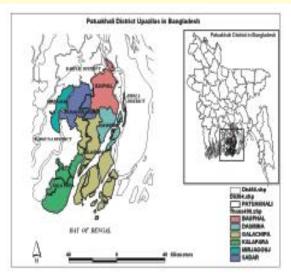
Brochure of Community Development and Health Care Centre (CDHC)

Who we are?

Community Development and Health Care Centre (CDHC), a local NGO, was established in 1997, which is duly registered with Social Welfare department, NGO bureau and Micro Credit Regulatory authority of Government of Bangladesh.. CDHC is governed by a dynamic executive committee that consists of 07 dedicated social workers from different professions, who closely guides and provides oversight to the organization and its future growth.

Why we were born & exist?

Patuakhali, contiguous to the Bay of Bengal, is one of the underdeveloped districts of Bangladesh. People of this region could not be integrated with the main stream of development as modern infrastructure for rapid communication yet to develop. They, specially living in the



offshore char islands of the of costal belts, are very often inflicted by various natural calamities like cyclones, flash flood, and river erosion which make them homeless and landless, making easily vulnerable to the vicious cycle of the poverty. As a result, they rush to the city centers and urban areas where they face innumerable problems, engage them to sub-humane and health hazardous jobs. Realizing the grim situation of pervading poverty, vulnerability of climate changes and evil effect of migration from rural to urban areas; a group of development professionals, social workers, medical doctors, academicians and NGO activists came forward to establish Community Development and Health Care **Center (CDHC)** in 1997 to enable peoples in realizing their rights to education, health and social services through organizing them in groups, creating income generating activities, facilitate access to basic services devising innovative ideas/methods and also raise their voices together for fighting against poverty and social injustice.



Our vision: We seek a society of peace, happiness and prosperity, where poverty and illiteracy have been overcome and peoples especially women and children live in dignity and security.

Our mission: CDHC provides its best efforts in bringing the poor and vulnerable's life/living conditions at a dignified level in the family and society through their capacity building, optimum use of their own and available resources, participation in development activities, making them aware about natural disaster preparedness and rehabilitation, and fulfilments of their legitimate rights.



Goal: Contribute to poverty reduction in the costal areas of Bangladesh through diversified the income opportunities, facilitate access to basic health and nutrition services & adopting better health practices, promoting quality education, promoting safe water and environmental sanitation, and mobilizing resources from Government and donor communities

Our Core values & Principles:

- Commitment to the poor, especially marginalized & vulnerable women
- Integrity
- Gender & Diversity
- Excellence
- Mutual respect & Trust
- Sustainability



Our Program Focus:

- Poverty Alleviation
- Women Empowerment
- · Health and Nutrition
- Climate Change and Disaster preparedness, mitigation & response
- Education and child development
- Water & Sanitation



Our current key program activities:

a) Non Formal Primary Education (NFPE) program: CDHC runs 10 number of NFPE schools in five different unions of Galachipa Upazila. It provides high quality education and early childhood stimulation to about 300

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