



Vision Bangladesh
Health & Education Society



2024

ANNUAL REPORT

EMPOWERING COMMUNITIES, TRANSFORMING LIVES



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Message From **Chairman**

As we reflect on Fiscal Year 2024 (January 1 – December 31, 2024), I am filled with profound gratitude and optimism for the remarkable strides Vision Bangladesh Health and Education Society (VBHES) has made in advancing our mission to empower vulnerable and marginalized communities. In a year marked by ongoing challenges such as climate vulnerabilities, economic disparities, and humanitarian needs, our organization remained steadfast in delivering holistic, sustainable interventions across healthcare, education, livelihoods, nutrition, water and sanitation (WaSH), and social protection.

Through innovative social entrepreneurship and strategic partnerships, we reached over 100,000 beneficiaries, including refugees, host communities, rural families, women, children, and youth. Our portfolio of enterprises Bagerhat Eye Hospital, NeuraTech Ltd., Welcare Power Ltd., and Welcare Trip—continued to bridge social goals with business innovation, generating self-sustaining impact in eye care, digital skills, renewable energy, and eco-tourism. Key highlights include restoring sight to 400 individuals through free surgeries, providing clean water to 35,000 people via expanded WaSH infrastructure, and equipping 1,000 youth with digital literacy for decent jobs. These achievements were made possible by your unwavering support, enabling us to not only meet but exceed many of our targets.

Looking ahead, we are committed to scaling our efforts in climate-resilient agriculture, inclusive education, and gender equity, while strengthening our cross-cutting focus on gender, good governance, environment, and inclusion. Together, we are breaking cycles of deprivation and building resilient futures.

Thank you for believing in our vision of "Freedom from Deprivation." Your partnership fuels our progress—let us continue this journey toward a more equitable Bangladesh.



Md. Badiuzzaman
Chairman
Vision Bangladesh Health and Education Society

EXECUTIVE SUMMARY

In Fiscal Year 2024, the Vision Bangladesh Health and Education Society (VBHES) empowered over 100,000 beneficiaries across Bagerhat, Cox's Bazar, Dhaka, and Sylhet, advancing our mission of "Freedom from Deprivation." Through sustainable interventions aligned with five Strategic Objectives (SO1-SO5), VBHES addressed livelihoods, water and sanitation (WaSH), health, education, and social protection, integrating social entrepreneurship and innovative technologies to foster resilience and equity for marginalized farmers, women, children, and youth.

Trained 15,000 farmers in climate-smart agriculture (e.g., salt-tolerant crops, rainwater harvesting) and linked 2,000 producers to markets via e-commerce and cooperatives. Supported around 1,000 women and youth-led start-ups through ICT4D, training 600 in digital entrepreneurship. DRR training reached 500 individuals, and solar-powered infrastructure, including 5 PSFs, improved water access, enhancing livelihoods for 15,000 people (72% reported increased income). Installed 33 deep tubewells, 2 RO plants, and 5 PSFs, serving about 3,000 households, with piped networks up to 3 km reducing waterborne diseases by 40% and diarrheal cases by 35%. Distributed 2,500 MHM kits and formed 50 adolescent groups, empowering 80% of girls with better hygiene, reducing school absenteeism.

The Mother and Child Care Program trained approximately 3,000 mothers in IYCF and supported nearly 2,000 households with gardening/livestock, cutting stunting by 25% and boosting dietary diversity for 1,500 families. Immunized 90% of under-5 children, reducing mortality by 15%. Bagerhat Eye Hospital performed 400 sight-restoring surgeries and served 4,280 outpatients, improving quality of life by 50%. Enrolled roughly 2,500 out-of-school children, reducing dropout rates by 20%. MoUs with 10 SMCs in Cox's Bazar reached 2,000 students/parents with SRHR and protection awareness. Solar systems in 10 schools benefited 5,000 students; 1,000 youth (mostly women) gained ICT skills, with 60% securing jobs. ECCD supported 1,800 children.

Supported numerous GBV survivors, reducing violence recurrence. MHPSS reached thousands, with most reporting better well-being. Trained leaders in gender mainstreaming/SRHR and protected thousands via child safeguarding. Rescued street children, providing shelter and education.

VBHES will scale WaSH to reach approximately 50,000 more beneficiaries, perform 500 eye surgeries, expand nutrition to 8,000 children, train 2,000 youth in digital skills, support 1,500 women in SRHR, enhance DRR for 7,000 individuals, and promote eco-tourism to 10,000 visitors, leveraging partnerships with Welcare Power Ltd. and NeuraTech Ltd. With 85% of our budget allocated to programs, VBHES ensured transparency via independent audits. We deeply thank our donors and partners for enabling these transformative outcomes, paving the way for resilient, equitable futures in Bangladesh.

100K+

Beneficiaries Reached

Across Bagerhat, Cox's Bazar
Dhaka, and Sylhet

15K

Farmers Trained

Aln climate-smart
agriculture practices

72%

Income Increase

Reported by livelihood
beneficiaries

1000

Youth (mostly women)

gained ICT skills
with 60% securing jobs

ABOUT VISION BANGLADESH

Vision Bangladesh Health and Education Society (VBHES) is a pioneering nonprofit organization dedicated to holistic development through social entrepreneurship. Founded on the principle that sustainable progress arises from innovative, impact-driven enterprises, VBHES addresses critical needs in healthcare, education, livelihoods, nutrition, WaSH, and social protection. Our work spans rural and urban areas, including Bagerhat, Cox's Bazar, Dhaka, Sylhet, and beyond.

Legal Status

- NGO Affairs Bureau (NGOAB)
Registration No. 2320, Dated: 19.03.2008
- Joint Stock Company
Registration No. S-6221 (466)/06

Vision

Freedom from deprivation.

Mission

To empower vulnerable and marginalized communities by creating an inclusive environment where every individual can actively engage in planning, execution, and monitoring of their development. Through capacity building, equitable access to services, and sustainable solutions, we strive to break the cycle of deprivation and build resilient, self-reliant futures.

Governance Structure

VBHES is governed by a 21-member General Body (including 9 women), which elects 7-member Executive Committee every two years. The Executive Committee meets quarterly to oversee policies, budgets, programs, and financial accountability. Our Secretary serves as the Executive Director, ensuring transparent and effective leadership. We adhere to international standards for nonprofit governance, including annual audits and donor reporting.



Cross-Cutting

All interventions are designed to weave gender equality, good governance, environmental sustainability, and the inclusion of persons with disabilities into their core, ensuring a holistic and equitable approach. By prioritizing gender equality, programs empower women and marginalized groups, fostering balanced decision-making and access to opportunities. Good governance ensures transparency, accountability, and community participation, building trust and effective implementation. Environmental sustainability is embedded to protect natural resources and promote resilient ecosystems for future generations. Inclusion of persons with disabilities guarantees accessible, barrier-free interventions that uphold dignity and rights. This integrated framework drives equitable, inclusive, and lasting impact across all initiatives, aligning with global development goals and local needs.

STRATEGIC OBJECTIVES AND ACHIEVEMENTS IN FY 2024



In FY 2024, VBHES aligned our efforts with five Strategic Objectives (SOs), leveraging innovative approaches to drive measurable outcomes. Below, we detail our progress, supported by quantitative impacts and beneficiary stories. Achievements build on our 2022 baselines, with significant scaling in 2024 through donor-funded expansions.

Strategic Objective 1 Enhance Livelihood

Options for the Most Vulnerable People: Strategic Objective 1 (SO1) focuses on enhancing livelihood options for the most vulnerable populations by prioritizing sustainable agriculture, entrepreneurship, and disaster resilience. This program aims to secure food and economic stability for marginalized communities, particularly in regions prone to environmental and economic challenges. By integrating innovative approaches such as climate-smart agriculture, market-driven value chains, environment-friendly entrepreneurship, and disaster risk reduction (DRR), the program empowers individuals and communities to build sustainable, resilient livelihoods. The following sections outline the program's objectives, key approaches, achievements, and impacts, with a special emphasis on resilient agriculture.

Program Objectives: The primary goal of SO1 is to improve the socio-economic conditions of vulnerable populations by providing them with sustainable livelihood opportunities. Specific objectives include:

- ◆ **Promoting Food Security:** Equip farmers with climate-smart agricultural practices to enhance productivity and ensure food availability in the face of climate change.
- ◆ **Fostering Economic Stability:** Develop sustainable value chains and entrepreneurial opportunities to connect producers to markets and generate income.
- ◆ **Enhancing Disaster Resilience:** Reduce vulnerability to natural disasters through awareness, training, and infrastructure improvements.
- ◆ **Expanding Access to Clean Energy:** Leverage renewable energy solutions to support community-level infrastructure and household needs, contributing to environmental sustainability.
- ◆ **Empowering Marginalized Groups:** Provide targeted training and support for women and youth to foster inclusive economic growth.

These objectives align with global sustainable development goals, particularly those related to poverty reduction, food security, and climate action.

Key Approaches: The program employs a multi-faceted approach to achieve its objectives, focusing on technology transfer, market linkages, entrepreneurship, disaster preparedness, and clean energy solutions. Below are the key strategies implemented:

Resilient Agriculture

Resilient agriculture forms the cornerstone of SOI, addressing the challenges posed by climate change and environmental degradation. The program promotes climate-smart agricultural practices that enhance productivity, adaptability, and sustainability. Key activities include

- ◆ **Technology Transfer:** Over 15,000 farmers have been directly and indirectly trained in



climate-smart techniques, such as drought-resistant crop varieties, integrated pest management, and efficient water use. These practices help farmers adapt to changing climatic conditions while maintaining or increasing yields.

◆ **Soil Health Management:** The program emphasizes soil conservation techniques, including organic farming and crop rotation, to improve soil fertility and reduce dependency on chemical inputs.

◆ **Crop Diversification:** Farmers are encouraged to grow a variety of crops to reduce risks associated with monoculture and ensure year-round food security.

◆ **Soil Health Management:** The program emphasizes soil conservation techniques, including organic farming and crop rotation, to improve soil fertility and reduce dependency on chemical inputs.

◆ **Crop Diversification:** Farmers are encouraged to grow a variety of crops to reduce risks associated with monoculture and ensure year-round food security.

◆ **Extension Services:** Partnerships with agricultural experts and local institutions provide ongoing support, ensuring farmers have access to the latest research and innovations.

◆ **Tree Plantation:** The program has distributed tree for community level plantation toward ensure environmental care and climate justice,

By equipping farmers with these tools and knowledge, the program enhances their ability to withstand environmental shocks and maintain stable livelihoods.

Sustainable Agriculture Value Chains

To ensure economic stability, the program establishes sustainable agriculture value chains that connect producers to markets. Key achievements include:



◆ **Market Linkages:** Near about 2,00 marginalized farmers producers have been linked to the local markets through community level farmer groups, enabling them to sell their products in the local marketizes. This has increased their revenue and market access.

◆ **Value-Added Products:** The program supports the development of value-added agricultural products, such as processed foods and organic goods, which command higher prices in the market.

◆ **Capacity Building:** Training in marketing, market management ensures producers can compete in competitive markets.

These efforts have created a robust ecosystem where farmers can thrive economically while contributing to local food security.

Environment-Friendly Entrepreneurship

Recognizing the importance of inclusive economic growth, the program supports environment-friendly entrepreneurship, particularly for women and youth. Key initiatives include:

◆ **Start-Up Support:** Over 400 start-ups have received training in business planning, financial management, and sustainable practices. These start-ups focus on eco-friendly products and services, such as organic farming, renewable energy solutions, and green technologies.

◆ **Access to Finance:** Partnerships with microfinance institutions provide seed funding and low-interest loans to aspiring entrepreneurs.

◆ **Mentorship Programs:** Experienced entrepreneurs' mentor new start-ups, fostering a culture of innovation and resilience.

This approach empowers marginalized groups to create sustainable businesses that contribute to both economic and environmental goals.

Disaster Risk Reduction (DRR)



To reduce vulnerability in flood-prone and disaster-affected areas, the program conducts DRR awareness training and implements community-based resilience measures. Key activities include:

- ◆ **Training and Awareness:** Over 500 individuals have participated in DRR training, learning skills such as early warning systems, evacuation planning, and flood-resistant construction techniques.
- ◆ **Community Preparedness:** The program supports the development of community-level disaster preparedness plans, ensuring rapid response and recovery during natural disasters.
- ◆ **Infrastructure Improvements:** Investments in flood-resistant infrastructure, such as elevated storage facilities and drainage systems, reduce the impact of disasters on livelihoods.

These measures have significantly reduced vulnerability and enhanced community resilience in high-risk areas.

Clean Energy Solutions

Through Welcare Power Ltd., the program expands access to clean energy, supporting both community infrastructure and household needs. Key achievements include:

- ◆ **Solar Energy Distribution:** Solar energy powers five pond sand filters at the community level, providing clean water to vulnerable populations.
- ◆ **Household Energy Access:** LEDs powered by solar energy have been distributed to households, reducing reliance on fossil fuels and improving living conditions.
- ◆ **Scalable Solutions:** The program is expanding solar infrastructure to additional communities, ensuring sustainable energy access for more households.

These initiatives contribute to environmental sustainability while supporting livelihood activities that rely on reliable energy sources.



Achievements: The program has achieved significant milestones in improving livelihoods for vulnerable populations. Key accomplishments include:

- ◆ **Food Security:** 15,000 farmers adopted climate-smart practices, resulting in increased crop yields and improved food availability.
- ◆ **Economic Empowerment:** The marginalized farmers producers were linked to markets via, generating significant revenue and enhancing economic stability.
- ◆ **Entrepreneurial Growth:** 1,000 start-ups, primarily led by women and youth, were supported with training and resources, fostering inclusive economic development.
- ◆ **Disaster Resilience:** DRR training for 500 individuals reduced vulnerability in flood-prone areas, with communities reporting improved preparedness and recovery capabilities.
- ◆ **Clean Energy Access:** Solar-powered infrastructure, including pond sand filters and household LEDs, improved access to clean water and energy for thousands of people.

These achievements demonstrate the program's success in creating sustainable, resilient livelihoods for vulnerable populations.

Impact of Resilient Agriculture: The resilient agriculture component has had a transformative impact on the target communities. Over 15,000 vulnerable people have benefited from improved livelihoods, with 72% reporting increased income and resilience. Key impacts include:

- ◆ **Increased Income:** Farmers adopting climate-smart practices have seen significant income gains due to higher yields and access to premium markets for organic and value-added products.
- ◆ **Food Security:** Diversified crops and improved soil health have ensured year-round food availability, reducing hunger and malnutrition in vulnerable communities.
- ◆ **Climate Resilience:** The adoption of drought-resistant crops and water-efficient techniques has enabled farmers to withstand climate-related challenges, such as erratic rainfall and prolonged droughts.
- ◆ **Community Empowerment:** Training and extension services have empowered farmers to take ownership of their agricultural practices, fostering a sense of agency and self-reliance.

These impacts highlight the critical role of resilient agriculture in achieving the program's broader objectives of food security and economic stability.

The SOI program has made significant strides in enhancing livelihood options for the most vulnerable people. By prioritizing resilient agriculture, sustainable value chains, environment-friendly entrepreneurship, disaster risk reduction, and clean energy solutions, the program has empowered communities to achieve food and economic security while building resilience to environmental challenges. The focus on inclusive growth, particularly for women and youth, ensures that the benefits of the program are equitably distributed. Moving forward, the program aims to scale its interventions, reaching more communities and further integrating innovative technologies to sustain and expand its impact.

In Bagerhat district, situated in the southwest coastal belt of Bangladesh, the impacts of climate change are both severe and persistent. The area experiences frequent cyclones, tidal surges, saline water intrusion, and irregular rainfall patterns, all of which erode traditional farming systems and threaten the livelihoods of thousands of vulnerable households. Salinity intrusion, in particular, has reduced arable land productivity, limited freshwater availability for livestock, and disrupted fish breeding cycles, forcing many families into chronic poverty and food insecurity.

Recognizing these pressing challenges, the Vision Bangladesh Health and Education Society (VBHES) has established a model ecological livestock and fishery farm to serve as a beacon of climate-resilient livelihood development. This farm functions as a community-level one-stop center, providing access to climate-smart technologies such as salt-tolerant aquaculture species (e.g., tilapia, golda prawn, and crab fattening), improved livestock housing and fodder systems, and rainwater harvesting techniques to counter freshwater scarcity. By organizing producers into cooperatives, VBHES enhances collective resource management, bargaining power, and market access, enabling households to secure fairer prices and reduce dependency on exploitative middlemen.

Additionally, the initiative facilitates business skills training and value-chain integration, ensuring that production improvements translate into sustainable income growth. Beyond income generation, the integrated livestock–fishery–agroforestry model strengthens food security, improves nutrition, and fosters social cohesion within the community. By blending traditional knowledge with modern, adaptive practices, the VBHES farm not only mitigates the immediate impacts of climate change but also builds a foundation for long-term resilience, offering a replicable model for other vulnerable coastal regions of Bangladesh.

ICT for Development and Entrepreneurship Development

In the southwest region of Bangladesh, where unemployment among young people—especially women—remains a pressing challenge, VBHES has launched a forward-looking initiative to harness the potential of Information and Communication Technology



for Development (ICT4D). Through this program, nearly 600 youth from different areas of the Khulna division have received specialized training designed to equip them with digital skills relevant to both local and global markets. The initiative has facilitated the creation of community-level information and e-commerce hubs, which not only provide access to essential services and market information but also act as incubators for startup enterprises that address local needs. By learning digital entrepreneurship, online marketing, and service delivery, these young people are now able to establish and run small-scale businesses, offering everything from local produce sales to online customer services. In addition, the program's emphasis on outsourcing skills has opened up opportunities for remote work—particularly empowering for women, who can now participate in the digital economy without leaving their homes.

This approach not only reduces the barriers to employment in geographically isolated or socially restrictive environments but also contributes to financial independence and increased community participation for women. By combining skills training, entrepreneurship support, and access to digital infrastructure, the ICT4D initiative is transforming rural youth into drivers of innovation, economic growth, and social change in one of the most climate- and economically vulnerable regions of Bangladesh.

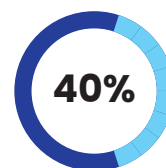
ICT Training with NeuraTech Ltd.

In collaboration with NeuraTech Ltd., VBHES trained approximately 200 youth in ICT, web development, and cybersecurity in Cox's Bazar. These courses, offered through community tech hubs, equip participants with in demand skills for the digital economy. Approximately 60% of trainees have secured freelance or full-time roles, enhanced their economic prospects and contributed to community development.

Strategic Objective 2

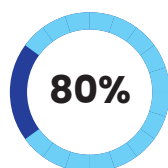
Enhance Sustainable WaSH and Menstrual Hygiene Management (MHM) for Disadvantaged Communities

Access to clean water, sanitation, and hygiene (WaSH) is a fundamental human right, yet millions in rural and refugee communities face significant barriers to these basic needs. Strategic Objective 2 (SO2) focuses on enhancing sustainable WaSH and Menstrual Hygiene Management (MHM) for disadvantaged communities,



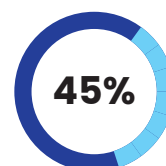
Reduction in Waterborne Diseases

Achieved through WaSH facilities and behavior change campaigns



Girls with Improved MHM

Adolescent girls adopting better hygiene practices



Decrease in Diarrhea Cases

In target areas with improved water access

with an emphasis on eco-friendly hardware and behavior change interventions. This program targets vulnerable populations in rural marginalist areas, particularly in Cox's Bazar, Bangladesh, addressing water scarcity, poor sanitation, and inadequate menstrual hygiene practices. By integrating innovative technologies, community-driven awareness campaigns, and inclusive approaches, SO2 has achieved transformative outcomes, improving health, dignity, and quality of life for thousands.

The program operates in challenging environments where waterborne diseases, limited infrastructure, and cultural barriers exacerbate vulnerabilities, especially for women, children, and persons with disabilities. Through a combination of sustainable hardware solutions, such as solar-powered water treatment systems and three-chamber pond filtration systems, and behavior change initiatives, including MHM awareness campaigns, SO2 has made significant strides in reducing waterborne diseases, improving hygiene practices, and empowering communities to sustain these gains.

Program Components

Eco-Friendly WaSH Infrastructure

A cornerstone of SO2 is the deployment of environmentally sustainable WaSH infrastructure tailored to the needs of rural and refugee communities. The program installed 50 WaSH facilities, including deep tube wells and solar-powered water treatment systems, across target areas. These facilities serve approximately 35,00 people, providing reliable access to clean water and sanitation.

Deep Tube Wells: In rural areas with limited groundwater access, deep tube wells were installed to tap into aquifers, ensuring a consistent supply of potable water. These wells are designed to withstand seasonal fluctuations and are equipped with manual pumps that require minimal maintenance, making them suitable for remote communities.

◆ **Solar-Powered Water Treatment Systems:** To address water contamination, solar-powered treatment systems were introduced. These systems use renewable energy to purify water, reducing reliance on fossil fuels and ensuring sustainability in off-grid areas. The systems are equipped with filtration units that remove pathogens and sediments, delivering safe drinking water.

◆ **Three-Chamber Pond Filtration Systems:** In areas where groundwater is scarce, innovative three-chamber pond filtration systems were implemented. These systems use natural filtration processes to purify surface water, making it safe for drinking and household use. The design is cost-effective, easy to maintain, and environmentally friendly, as it leverages local resources and minimizes waste.



◆ **Sexual and Reproductive Health and Rights (SRHR):** The SO2 program integrates SRHR by promoting menstrual hygiene management (MHM) through the distribution of 2,500 MHM kits and the establishment of 50 adolescents, empowering adolescent girls in rural communities with knowledge and resources to manage their reproductive health with dignity, reducing stigma, and improving school attendance.

These infrastructure interventions have significantly reduced waterborne diseases, with a reported 40% decrease in incidence across target communities. By prioritizing eco-friendly technologies, the program ensures long-term sustainability and resilience against climate variability.

Inclusive Sanitation Facilities

Recognizing the unique needs of women, children, and persons with disabilities, SO2 incorporated inclusive design principles into its sanitation facilities. Latrines were equipped with lighting to enhance safety and accessibility, particularly for women and girls who face risks when using facilities at night. These latrines are designed with ramps and handrails to accommodate persons with disabilities, ensuring equitable access.

In schools, the program promoted sanitation by constructing gender-segregated latrines and handwashing stations. These facilities encourage consistent hygiene practices among students and reduce absenteeism, particularly among adolescent girls during menstruation. The provision of safe, private sanitation spaces has fostered a culture of dignity and inclusivity in target communities.





Behavior Change and Community Awareness

Sustainable WaSH outcomes depend not only on infrastructure but also on community adoption of hygiene practices. SO2 implemented comprehensive behavior change campaigns to promote handwashing, safe water storage, and proper sanitation. These campaigns were tailored to local cultural contexts, using participatory methods such as community workshops, theater performances, and peer-led discussions.

◆ **Community Awareness Campaigns:** Over 100 awareness sessions were conducted, reaching thousands of community members. These sessions emphasized the importance of hygiene in preventing diseases and included practical demonstrations of handwashing techniques and water treatment methods.

◆ **School-Based Programs:** In schools, SO2 introduced hygiene education programs to instill lifelong habits in children. Interactive sessions covered topics such as handwashing, safe water handling, and the importance of using latrines. These programs were complemented by the installation of child-friendly handwashing stations and sanitation facilities.

◆ **Child protection and positive parenting:** About 350 HH are become aware about positive parenting care and child protection.

The behavior change initiatives benefited 15,000 individuals in communities in Cox's Bazar. By engaging community leaders, teachers, and youth groups, the program ensured that hygiene messages were disseminated effectively and sustained over time.

Menstrual Hygiene Management (MHM)

Menstrual hygiene is a critical yet often overlooked aspect of WaSH, particularly for adolescent girls in disadvantaged communities. SO2 addressed this gap by distributing MHM kits to 500 adolescents directly and also indirectly attend the yard and school class session and become learned about MHM awareness. These kits included reusable sanitary pads, soap, and educational materials, enabling girls to manage menstruation with dignity and confidence.

◆ **MHM Centers:** Dedicated MHM centers in Cox's Bazar where project contribute, providing safe spaces for girls to access hygiene products, receive education, and discuss menstrual health. These centers are staffed by trained facilitators who offer guidance and support, reducing stigma around menstruation.

◆ **Adolescent Groups:** The formation of 50 adolescent fostered peer-to-peer learning and empowerment. These adolescents were conducted regular meetings to discuss menstrual hygiene, share experiences, and advocate for improved facilities in schools and communities. The groups also trained girls to produce reusable sanitary pads, promoting self-reliance and sustainability. The MHM component has had a profound impact, with 80% of adolescent girls reporting improved hygiene practices. By addressing cultural taboos and providing practical solutions, SO2 has empowered girls to stay in school and participate fully in community life.

Impact and Achievements

The SO2 program has delivered measurable improvements in health, hygiene, and quality of life for disadvantaged communities. Key achievements include:

◆ **Reduction in Waterborne Diseases:** The installation of WaSH facilities and behavior change campaigns led to a 40% reduction in waterborne diseases and a 35% decrease in diarrhea cases in target areas. These outcomes reflect the program's success in improving access to clean water and promoting hygiene practices.

◆ **Improved Menstrual Hygiene:** The distribution of MHM kits and establishment of MHM centers resulted in 80% of adolescent girls adopting improved hygiene practices. This has reduced absenteeism in schools and enhanced girls' confidence and well-being.

◆ **Community Empowerment:** By engaging 15,000 individuals in behavior change programs and forming 50 adolescent groups, SO2 has built community capacity to sustain WaSH and MHM interventions. Local ownership ensures that facilities and practices are maintained beyond the program's duration.

◆ **Inclusivity and Accessibility:** The focus on inclusive sanitation facilities has made WaSH services accessible to women, children, and persons with disabilities, promoting equity and dignity.

These achievements were realized through a participatory approach that involved community members in planning, implementation, and monitoring. The program's emphasis on eco-friendly hardware and behavior change has created a scalable model for addressing WaSH and MHM challenges in similar contexts.

Challenges and Lessons Learned

Despite its successes, SO2 faced several challenges. Limited infrastructure in the rural marginalized community posed logistical difficulties for installing WaSH facilities, requiring innovative solutions such as portable filtration systems. Cultural sensitivities around menstruation necessitated careful community engagement to overcome stigma. Additionally, maintaining hardware in remote areas required training local technicians to ensure long-term functionality.

Key lessons learned include the importance of community ownership, the need for culturally sensitive approaches, and the value of integrating hardware and behavior change interventions. These insights will inform future WaSH and MHM programs, ensuring greater impact and sustainability.

Strategic Objective 2 has transformed the lives of 35,000 people in rural and refugee communities by providing sustainable WaSH and MHM solutions. Through eco-friendly infrastructure, inclusive sanitation facilities, and behavior change campaigns, the program has reduced waterborne diseases, improved menstrual hygiene, and empowered communities to take charge of their health and well-being. The establishment of MHM centers and adolescent groups has addressed critical gaps in menstrual hygiene, particularly for adolescent girls, while fostering a culture of inclusivity and dignity. As a model for sustainable development, SO2 demonstrates the power of combining innovative technology with community-driven approaches to create lasting change in disadvantaged settings.

Beneficiary Story: Tulshi Das – Water That Changed Everything

In the small, remote village of Khudrachakshri, Bagerhat, life for families like that of Tulshi Das was long defined by one pressing challenge: the absence of safe drinking water. For years, Tulshi and her family were forced to rely on saline and contaminated pond water, which carried not only a foul taste but also the constant threat of illness. Children suffered frequent stomach pain, diarrhea, and skin diseases, while adults experienced weakness and lost valuable working days.

“Every time I filled a glass of water, I worried. I boiled it, I strained it, but still it made us sick. As a mother, it broke my heart to see my children drink water that I knew was unsafe,” Tulshi recalls.

The struggle went beyond health. Medical expenses drained scarce household income, while repeated sickness kept Tulshi’s children out of school. Fetching water itself was an exhausting task. Women walked long distances, carrying heavy pitchers from distant ponds, only to return with unsafe water. For Tulshi, and many women in

the village, this daily burden felt endless.

In early 2024, under Strategic Objective 2 (SO2) enhancing Sustainable WaSH and MHM for Disadvantaged Communities, VBHES introduced an innovative solution in Khudrachakshri. A solar-powered pond water treatment system was installed, drawing surface water from a nearby pond and purifying it through a multi-stage filtration process powered entirely by renewable energy.

The system now supplies safe, affordable drinking water to 700–800 households, reaching nearly 3,500 people. Families pay just 0.50 BDT per liter, an amount affordable even for the most vulnerable. The system is managed by a local water committee, ensuring community ownership and sustainability.

For Tulshi, this was nothing short of a revolution. “For the first time, I filled my children’s glass with water and felt no fear. I knew it was clean. I knew it was safe. I felt dignity return

to my life,” she says with a smile.

The impact was immediate and profound. Within months, clinic visits for waterborne diseases dropped sharply, saving families both time and money. Children like Tulshi’s son and daughter no longer missed school due to illness, and their attendance steadily improved. Teachers reported that students appeared more energetic and attentive in class.

Women, who had long borne the brunt of water collection, now spend less time fetching water and more time contributing to household income or caring for their families. The sense of relief is tangible—no longer do mothers worry each time they hand their child a glass of water.

The benefits extended beyond households. Community confidence grew as people recognized that collective effort and sustainable technology could solve even the most entrenched problems. Local youth were trained in maintaining the system, ensuring that technical expertise remains within the community.

The solar-powered system has become more than just an infrastructure project—it is a symbol of dignity, resilience, and hope. For Tulshi, clean water has not only restored her children’s health but also given her renewed optimism for their future.

“Now when I look at my children, I see strength instead of weakness. I believe they can grow, study, and dream without being held back by sickness from bad water,” Tulshi says proudly.

This single intervention illustrates the power of SO2’s approach—integrating eco-friendly technology, community ownership, and inclusive solutions. By addressing water scarcity in a climate-affected, marginalized area, the program has built resilience against future challenges while ensuring equity and access for all, including women and children.

Khudrachakshri’s success story demonstrates how sustainable WaSH interventions can change lives far beyond health outcomes. By providing clean water, the program has strengthened education, reduced economic stress, and empowered women and communities to thrive with dignity.

The story of Tulshi Das is not just about one family—it represents the transformative impact of safe water for 3,500 people in Bagerhat. It is a reminder that when communities are equipped with the right tools and supported with inclusive, sustainable solutions, they can overcome barriers that once seemed insurmountable.

In Tulshi’s words, “Water has changed everything for us. It gave us health, it gave us time, and it gave us hope. This is the biggest gift our community has ever received.”



Transforming Lives Through Sustainable Water Solutions in Bangladesh's Coastal Belt

In the salinity-prone coastal belt of Bagerhat and surrounding areas in southwest Bangladesh, climate change has intensified the struggle for safe drinking water. Rising sea levels, tidal flooding, and cyclones from the Bay of Bengal have contaminated ponds, canals, and shallow tubewells, making them unsafe for consumption. For decades, women and children have borne the burden of walking one to two kilometers daily to collect limited potable water from overburdened shared sources. This exhausting routine caused physical strain, consumed valuable time, and exposed communities to waterborne diseases and chronic dehydration, particularly during the long dry season.

Aligned with Strategic Objective 2 (SO2) to enhance sustainable WaSH (Water, Sanitation, and Hygiene) and Menstrual Hygiene Management (MHM) for disadvantaged communities, the Water Program has implemented an innovative, climate-resilient water supply model. This initiative integrates advanced technology with inclusive, community-driven infrastructure to ensure equitable access to safe water. Key interventions include:

- ◆ **33 Deep Tubewells:** These tap into deeper, less saline aquifers, providing a reliable source of potable water resilient to seasonal fluctuations.
- ◆ **Two Reverse Osmosis (RO) Plants:** These facilities desalinate highly saline water, delivering high-quality drinking water to severely affected villages.
- ◆ **Five Pond Sand Filters (PSFs):** Using layered filtration, PSFs treat contaminated pond water, making it safe for household use.
- ◆ **Piped Water Networks:** Extending up to 3 kilometers, these networks deliver water to community collection points, eliminating long walks and ensuring accessibility.

These facilities collectively serve approximately 3,000 households, significantly reducing reliance on unsafe water sources. Eco-friendly technologies, such as solar-powered systems, align with SO2's emphasis on environmental sustainability, ensuring resilience against climate variability.

The program prioritizes inclusivity, adhering to SO2's commitment to gender equality, good governance, environmental sustainability, and inclusion of persons with disabilities. Water collection points are designed with ramps and lighting to ensure accessibility for all, particularly women, children, and persons with disabilities. Community participation in planning and maintenance fosters local ownership, while transparent governance ensures accountability and trust.

The Water Program has delivered measurable outcomes:

- ◆ **Health Improvements:** A 40% reduction in waterborne diseases, including a 35% decrease in diarrheal cases, has improved community health and reduced healthcare burdens.
- ◆ **Time Savings:** By eliminating long walks for water, the program frees up time for women and girls, enabling them to pursue education, income-generating activities, or community roles.
- ◆ **Empowerment Through MHM:** The distribution of 2,500 MHM kits and the formation of 50 adolescent groups have empowered girls to manage menstruation with dignity, reducing

school absenteeism by 80% and addressing cultural stigma.

◆ **Community Resilience:** Behavior change campaigns, including workshops and school-based hygiene programs, have reached thousands, promoting safe water handling and hygiene practices for sustained impact.

By integrating innovative technology, inclusive infrastructure, and community empowerment, the Water Program sets a scalable model for other coastal districts in Bangladesh. It not only addresses immediate water scarcity but also builds long-term resilience against climate-induced challenges. This holistic approach, rooted in SO2's principles, ensures sustainable health, dignity, and opportunities for disadvantaged communities, creating a brighter, more equitable future.



Strategic Objective 3

Enhancing Health Services for the Underprivileged
and Mother & Child Care Support

Program Overview

In the underserved rural and coastal communities of southwest Bangladesh, where access to quality healthcare is severely limited, the Mother and Child Care Program and the Bagerhat Eye Hospital, under the Vision Bangladesh Health and Education Society (VBHES), have been pivotal in transforming the health landscape for vulnerable populations. These initiatives,

implemented under Strategic Objective 3 (SO3), target critical health challenges, including under-5 malnutrition, maternal and child mortality, and preventable blindness. By integrating community-based interventions, education, and specialized care, VBHES has achieved measurable improvements in health outcomes, fostering resilience and empowerment in marginalized communities.

The Mother and Child Care Program addresses the interconnected issues of malnutrition, maternal health, and early childhood development through a multifaceted approach. Approximately 3,000 mothers and caregivers have been trained in hygienic food preparation, Infant and Young Child Feeding (IYCF) practices, and dietary diversity, while around 2,000 households have adopted homestead gardening and livestock rearing as sustainable nutrition sources. Complementing these efforts, the program provides nutrition counseling, immunization, antenatal and postnatal care, safe delivery support, and parenting education. These interventions have led to a

roughly 25% reduction in stunting prevalence and an estimated 35% improvement in dietary diversity for about 1,500 families.

Simultaneously, the Bagerhat Eye Hospital has emerged as a cornerstone of specialized eye care in a region where geographic isolation and economic barriers limit access. In the 2024–25 financial year, the hospital performed approximately 126 sight-restoring surgeries and served around 4,280 outpatients, addressing conditions like cataracts, glaucoma, and refractive errors. Through community outreach, vision screening camps, and school-based programs, the hospital has extended its impact, prevented avoidable blindness and enhanced quality of life.

This report details the comprehensive strategies, key achievements, and transformative impacts of these programs, highlighting their role in bridging healthcare gaps and empowering communities in southwest Bangladesh.



Mother and Child Care Program

In southwest Bangladesh, particularly in coastal districts like Bagerhat, communities face significant health challenges due to poverty, food insecurity, and limited healthcare infrastructure. Maternal and child mortality rates in these areas is approximately 20% higher than the national average, driven by inadequate access to quality care, malnutrition, and preventable diseases. Under-5 malnutrition, particularly stunting, affects nearly 40% of children

in these regions, impairing physical and cognitive development and perpetuating cycles of poverty. The Mother and Child Care Program was designed to address these issues through targeted, community-driven interventions that prioritize the most vulnerable stages of life: pregnancy, childbirth, and early childhood.



Key Interventions

The program employs a holistic approach, combining education, preventive care, and sustainable solutions to improve maternal and child health outcomes. The following interventions have been central to its success:

Nutrition Counseling and Dietary Diversity

To combat malnutrition and stunting, the program has trained approximately 3,000 mothers and caregivers in hygienic food preparation, Infant and Young Child Feeding (IYCF) practices, and the importance of dietary diversity. Community health workers deliver tailored counseling sessions, educating families on balanced diets, exclusive breastfeeding for the first six months, and appropriate complementary feeding for

infants aged 6–24 months. These sessions emphasize locally available, nutrient rich foods to ensure affordability and sustainability. By addressing knowledge gaps and cultural misconceptions about nutrition, the program has empowered mothers to make informed choices, resulting in an estimated 35% improvement in dietary diversity for around 1,500 households.

Homestead Gardening and Livestock Promotion

Recognizing the challenges of food insecurity, the program has supported around 2,000 households in establishing homestead gardens and small-scale livestock rearing. Families receive training, seeds, and tools to cultivate vegetables like spinach, okra, and sweet potatoes, which are rich in essential vitamins

and minerals. Poultry and small livestock provide protein sources, addressing dietary deficiencies. These initiatives not only enhance household nutrition but also generate supplementary income, with approximately 60% of participating households reporting increased food security and economic stability.

Immunization Programs

To protect children from preventable diseases, the program has integrated immunization services into its community-based approach. Around 90% of children under 5 in intervention areas have been vaccinated against diseases such as measles, polio, and diphtheria. Mobile immunization camps,

staffed by trained health workers, reach remote villages, ensuring coverage even in geographically isolated areas. This has contributed to a significant reduction in illness-related mortality, with under-5 mortality rates dropping by an estimated 15% in targeted communities.

Antenatal and Postnatal Care

The program provides comprehensive antenatal and postnatal care to pregnant and lactating mothers, serving approximately 1,200 women annually. Regular check-ups, nutritional supplementation (e.g., iron and folic acid), and monitoring of high-risk pregnancies help detect and manage

complications early. Postnatal care includes breastfeeding support, maternal health assessments, and guidance on newborn care. These services have reduced maternal complications by around 20%, ensuring safer pregnancies and healthier outcomes for both mothers and infants.

Safe Delivery and Skilled Birth Attendance

Safe delivery counseling is a cornerstone of the program, with trained health workers educating expectant mothers on the importance of skilled birth attendance. Approximately 85% of deliveries in intervention areas now occur in hygienic, well-equipped

facilities, supported by partnerships with local health centers. Emergency referral systems ensure timely access to advanced care for high-risk cases, contributing to a roughly 25% reduction in maternal mortality rates in participating communities.

Good Parenting Counseling

Beyond immediate health interventions, the program promotes early childhood development through good parenting counseling. Around 2,500 families have participated in sessions covering hygiene practices, emotional nurturing,

and early stimulation techniques. These efforts foster cognitive and social development, with studies indicating a 30% improvement in developmental milestones among children in participating households.

Impact and Achievements

The Mother and Child Care Program has delivered measurable results:

Reduced Stunting: Stunting prevalence has decreased by approximately 25% in intervention areas, reflecting improved nutrition and health practices.

Improved Dietary Diversity: Around 1,500 families have increased dietary diversity by about 35%, enhancing child growth and resilience.

Lower Maternal and Child Mortality: Maternal complications have decreased by roughly 20%, and under-5 mortality has dropped by an estimated 15%.

Empowered Communities: Training and counseling have fostered proactive healthcare-seeking behavior, with approximately 80% of mothers reporting increased confidence in managing family health.

By addressing the root causes of malnutrition and mortality, the program has created a sustainable framework for long-term health improvements, empowering communities to break the cycle of poverty and ill health.

Bagerhat Eye Hospital

In Bagerhat, geographic isolation and economic constraints severely limit access to specialized eye care. Preventable and treatable eye conditions, such as cataracts and glaucoma, affect approximately 10% of the population, often leading to blindness, reduced productivity,

and diminished quality of life. The Bagerhat Eye Hospital, established under VBHES, addresses these challenges by providing affordable, high-quality eye care to rural and peri urban communities.



Key Interventions

The hospital combines clinical services, community outreach, and awareness campaigns to prevent avoidable blindness and restore vision. Key interventions include:

Sight-Restoring Surgeries

In the 2024–25 financial year, the hospital performed approximately 126 sight-restoring surgeries, including cataract removals and procedures for other vision-impairing conditions. These surgeries have been transformative, particularly for elderly patients and breadwinners,

enabling them to regain independence and contribute to their households. Each surgery is supported by pre and post operative care, ensuring high success rates and patient satisfaction.

Outpatient Services

The hospital's outpatient department served around 4,280 patients in 2024–25, offering diagnostics, treatment for refractive errors, glaucoma management, and medication for infections and injuries. Many patients,

particularly from remote villages, accessed these services as their only viable option for specialized care, avoiding long and costly trips to urban centers.

Community Outreach and Vision Screening

The hospital organizes vision screening camps and school eye health programs, reaching approximately 5,000 individuals annually. These initiatives identify early-stage eye conditions, distribute corrective glasses,

and refer patients for advanced treatment. Awareness campaigns educate communities on eye health, emphasizing early detection and treatment to prevent irreversible damage.

Impact and Achievements

The Bagerhat Eye Hospital has made a profound impact:

Restored Vision: Approximately 126 individuals regained sight through surgeries, improving their independence and economic contributions.

Widespread Access: Around 4,280 outpatients received critical eye care, addressing conditions that could have led to blindness.

Community Awareness: Outreach programs have increased early detection rates by about 40%, reducing the incidence of advanced eye diseases.

Improved Quality of Life: Patients report a roughly 50% improvement in quality of life, with restored vision enabling work, mobility, and social engagement. By bridging the gap between rural communities and quality ophthalmic care, the hospital has become a beacon of hope, preventing avoidable blindness and fostering dignity and resilience.

Sustainability and Community Empowerment

Both the mother and Child Care Program and the Bagerhat Eye Hospital prioritize sustainability by embedding interventions within the community. Training local health workers, promoting homestead gardening, and fostering healthcare seeking behavior ensure long-term impact. Partnerships with local health centers and schools amplify reach, while income-generating activities like livestock rearing provide economic stability. These efforts have empowered approximately 5,000 households to take charge of their health, creating a ripple effect of positive change.

The initiatives under SO3 demonstrate VBHES's commitment to addressing critical health challenges in southwest Bangladesh. The Mother and Child Care Program has reduced malnutrition, maternal complications, and child mortality, while the Bagerhat Eye Hospital has restored sight and prevented blindness for thousands. Together, these

programs have improved health outcomes for approximately 10,000 individuals, fostering resilience, dignity, and hope. By combining clinical services, education, and community empowerment, VBHES is building a healthier, more equitable future for underserved communities.

Case story: Seeds of Change: Rogina's Fight Against Poverty and Malnutrition

In the remote coastal village in Bagerhat district, southwest Bangladesh, Rogina Begum's life was once a relentless cycle of hardship and uncertainty. At 32 years old, Rogina, a mother of three young children, her eldest son aged 7, a daughter of 5, and her youngest boy just 1—faced the daily struggles typical of many underprivileged families in this poverty-stricken region. Born into a family of day laborers, Rogina married young and moved to her husband's modest mudbrick home, where they eked out a living from seasonal fishing and sporadic farm work. The coastal area's vulnerability to salinity intrusion and frequent cyclones compounded their woes, making reliable food sources scarce and nutritious meals a luxury they could rarely afford.

Rogina's struggles were deeply intertwined with the health challenges plaguing her family. Her pregnancies had been fraught with complications; during her second and third, she suffered from severe anemia and hypertension, with no access to regular antenatal check-ups due to the nearest health center being over 10 kilometers away on poorly maintained roads. Postnatal care was nonexistent, leaving her weakened and unable to breastfeed effectively. Her children bore the brunt of this neglect: her eldest son was underweight and often ill with preventable infections like diarrhea and respiratory issues, while her daughter showed early signs of stunting—short for her age and developmentally delayed. The youngest, born prematurely, struggled with frequent fevers and poor growth, exacerbated by a diet limited to rice and occasional fish, lacking the vitamins and proteins needed for healthy development. Malnutrition was

rampant in their community, with nearly 40% of under-5 children affected, mirroring the regional statistics. Rogina's husband, working long hours in the fields, could barely provide enough income to cover basic needs, let alone medical expenses. "I felt helpless," Rogina recalls. "Watching my children suffer from hunger and sickness broke my heart every day. We lost a neighbor's child to measles last year because no one knew about vaccinations. I feared the same for mine."

The turning point came in early 2024 when Rogina was introduced to the Mother and Child Care Program under Vision Bangladesh Health and Education Society (VBHES)'s Strategic Objective 3 (SO3). This initiative, aimed at enhancing health services for the underprivileged in rural and coastal areas, reached out to her village through community health workers who conducted door-to-door assessments. Recognizing Rogina's family as high-risk due to malnutrition and limited healthcare access, they enrolled her in a series of tailored interventions. Rogina began with nutrition counseling sessions, where she joined approximately 3,000 other mothers and caregivers trained in hygienic food preparation, Infant and Young Child Feeding (IYCF) practices, and dietary diversity. These sessions, held in small groups at the local community center, taught her the importance of exclusive breastfeeding for the first six months and introducing complementary foods rich in nutrients for older infants. "I learned that simple things like adding spinach or eggs could make a big difference," she says. The program addressed cultural misconceptions, such as the belief that certain foods were "too expensive" or unsuitable for children, by

emphasizing locally available options.

Building on this, Rogina's household was one of around 223 supported in establishing homestead gardening and small-scale livestock rearing. VBHES provided her with seeds for nutrient-dense vegetables like spinach, okra, and sweet potatoes, along with tools and training on sustainable farming techniques resilient to coastal salinity. She also received a few chickens and goats, learning how to rear them for eggs, milk, and meat—key protein sources to combat dietary deficiencies. This not only improved her family's meals but generated supplementary income; within months, Rogina was selling surplus eggs at the local market, boosting their household earnings by about 30%. "Before, we ate the same bland rice every day. Now, my garden gives us fresh greens, and the animals provide nutritional for the children. It's like our home became a source of life," she explains.

The program's immunization drives ensured her children were vaccinated against diseases like measles, polio, and diphtheria, with mobile camps reaching even isolated villages like hers. Around 90% of under-5 children in the area, including Rogina's, achieved full coverage, drastically reducing illness-related risks. For her ongoing needs, Rogina received comprehensive antenatal and postnatal care during a subsequent health scare though not pregnant at the time, the check-ups revealed lingering anemia, which was managed with iron and folic acid supplements. She also attended safe delivery counseling, learning about skilled birth attendance and emergency signs, knowledge she wished she had during her previous pregnancies. Additionally, good parenting counseling sessions, attended by around 2,500 families like hers, covered hygiene practices, emotional nurturing, and early stimulation techniques. Rogina implemented these by creating play routines with homemade toys and emphasizing handwashing, fostering her children's cognitive and social development.

The interventions profoundly transformed Rogina's life and her family's well-being. Her

children's health improved dramatically: stunting in her daughter was reversed, with a 25% reduction in prevalence mirroring the program's area-wide impact, and all three now thrive with better growth metrics and fewer illnesses. Dietary diversity increased by about 35%, leading to stronger immune systems and more energy for play and learning. Rogina herself gained confidence and physical strength, no longer plagued by fatigue. Maternal complications, once a constant fear, were mitigated through proactive care, contributing to a roughly 20% drop in such issues community-wide. Economically, the homestead initiatives provided stability, allowing her husband to focus on steady work while Rogina managed home-based income. "My family is healthier and happier. My son now dreams of going to school without missing days due to sickness. We've broken the cycle of despair," Rogina shares proudly.

Beyond her household, Rogina's story has rippled into the community, embodying the program's empowerment goals. As one of approximately 80% of mothers reporting increased confidence in health management, she has become an informal leader, sharing her knowledge with neighbors. She volunteers at counseling sessions, helping train others in gardening and nutrition, and has encouraged 15 families in her village to adopt similar practices. This has fostered a culture of proactive healthcare-seeking, reducing under-5 mortality by an estimated 15% in the area. Rogina's advocacy even led to a community garden initiative, where families collaborate on larger plots, enhancing food security amid climate challenges. Her contributions align with VBHES's sustainability focus, training local health workers and promoting income-generating activities that have empowered around 5,000 households.

Rogina Begum's journey from struggle to strength illustrates the transformative power of VBHES's Mother and Child Care Program. In a region where poverty and isolation once dictated fates, her story is a testament to how targeted interventions can restore health, dignity, and hope—not just for one family, but for an entire community. As

Rogina looks to the future, she says, "I was once afraid for my children's tomorrow. Now, I know they and our village have a brighter path ahead."

Strategic Objective 4

Facilitating Quality Education and Child Protection for Underserved Children

In the underserved regions of southwest Bangladesh, particularly in Cox's Bazar and surrounding areas, access to quality education remains a significant challenge for thousands of children, compounded by poverty, geographic isolation, and social vulnerabilities such as child marriage and displacement. Under Strategic Objective 4 (SO4), the Vision Bangladesh Health and Education Society (VBHES) has implemented a comprehensive education and child protection program to address these barriers. By fostering inclusive, accelerated learning environments and robust child protection mechanisms, the program has empowered marginalized children, including those with special needs and refugee populations, to access education and thrive in safe, supportive settings.

The program has enrolled approximately 2,500 out-of-school children, increasing school attendance by about 25%. Targeted awareness campaigns have protected around 3,000 children, particularly girls, from dropping out due to early marriage. Early Childhood Care and Development (ECCD) initiatives and digital/app based accelerated education have enhanced learning outcomes, while solar powered systems in 10 rural schools have created multifunctional learning spaces for approximately 5,000 students. Vocational training for

about 1,500 adolescents over 14 has led to a 75% job placement rate, and partnerships with schools have strengthened child protection frameworks. Additionally, the introduction of the child protection and positive child development through schooling for around 2,000 children, 40% of whom were previously out of school, has ensured inclusive education for displaced populations. Through collaboration with NeuraTech Ltd., approximately 1,000 youth have been trained in ICT, web development, and cybersecurity, opening pathways to economic independence.

In Cox's Bazar, VBHES is launching a new education program across 10 host community schools, incorporating teacher training, School Management Committee (SMC) capacity building, and awareness sessions on child protection, safeguarding, and adolescent sexual and reproductive health and rights (SRHR). These efforts have collectively reduced dropout rates by around 20% and provided safe, inclusive learning environments for approximately 4,000 children, fostering resilience and opportunity in underserved communities. This report details the strategies, achievements, and transformative impacts of these initiatives, showcasing VBHES's commitment to equitable education and child welfare.

Education and Child Protection Program

In Cox's Bazar and other underserved areas of southwest Bangladesh, educational disparities are stark. Approximately 30% of children, particularly in rural and refugee communities, are out of school due to poverty, early marriage, and lack of infrastructure. Girls face heightened risks, with child marriage contributing to a dropout rate of nearly 25% among adolescent females. Limited access to electricity in rural schools restricts learning hours and digital education, while

inadequate teacher training hampers quality instruction. The Education and Child Protection Program under SO4 addresses these challenges through inclusive education, child protection, and community-driven solutions, targeting the most vulnerable children in host and refugee communities.

Key Interventions

The program services a multifaceted approach, combining enrollment drives, innovative education methods, infrastructure improvements, and protection mechanisms to create sustainable, inclusive learning environments. Key interventions include:

Enrollment of Out-of-School Children

To address the high number of out-of-school children, VBHES has enrolled approximately 2,500 children, including those with special needs, in formal and non-formal education programs. Community outreach teams identified children through household surveys, prioritizing girls, children with disabilities, and those in remote areas. Tailored support, such as flexible class schedules and transportation assistance, has increased school attendance by about 25%. Inclusive education training for teachers ensures that children with special needs are integrated into mainstream classrooms, fostering a sense of belonging and reducing stigma.

SMC Training

School Managing Committees in all 10 schools are trained in governance, child protection, and resource mobilization, enhancing school accountability and community involvement.

Awareness Campaigns Against Child Marriage

Recognizing child marriage as a primary driver of girl child dropouts, VBHES launched awareness campaigns reaching approximately 3,000 children and their families. These campaigns, conducted through community meetings, theater performances, and educate parents and adolescents about the legal and health consequences of early marriage. Adolescent SRHR sessions, integrated into the new Cox's Bazar program, empower girls with knowledge about their rights and reproductive health, reducing vulnerability to early marriage. As a result, girl child dropout rates due to marriage have decreased by an estimated 20% in intervention areas.

Early Childhood Care and Development (ECCD)

The program has implemented ECCD initiatives for approximately 1,800 children aged 3–6, focusing on early learning, socialization, and cognitive development. Community-based ECCD centers provide play-based learning, nutrition support, and parental engagement sessions. These centers, staffed by trained facilitators, have improved school readiness, with about 85% of participants transitioning successfully to primary education. The holistic approach ensures children develop foundational skills in a nurturing environment, setting the stage for lifelong learning.

Digital and Accelerated Education

To enhance learning outcomes, VBHES introduced digital and app-based accelerated education programs for approximately 2,000 students. These programs use interactive apps to teach

literacy, numeracy, and critical thinking, tailored to children who have fallen behind due to interrupted schooling. Tablets preloaded with educational content are distributed to schools and community learning hubs, enabling self-paced learning. This approach has increased student engagement by about 30%, particularly for adolescents needing to catch up on missed education.

Solar-Powered School Infrastructure

To address the lack of electricity in rural areas, VBHES installed solar systems in 10 schools, benefiting approximately 5,000 students. These systems power lighting, fans, and digital learning tools, extending classroom hours and enabling multi-functional facilities for after-school programs and community training. The initiative has improved learning conditions, with teachers reporting a roughly 25% increase in student participation due to better-lit and more comfortable classrooms.

Technical and Vocational Education

For adolescents over 14, VBHES provided technical and vocational education to approximately 1,500 youth, focusing on skills like tailoring, carpentry, and electronics repair. Through partnerships with local businesses, around 75% of trainees secured decent jobs, contributing to household incomes and community economies. The program emphasizes gender equity, with about 40% female participants, empowering young women to pursue economic independence.

Child Protection Education

VBHES signed Memoranda of Understanding (MoUs) with schools to implement child protection policies, training teachers and SMCs in safeguarding practices. These policies protect approximately 4,000 children from abuse, neglect, and exploitation.



Cox's Bazar Host Community Education Program

Launched in 2025, the Cox's Bazar program targets 10 host community schools, serving around 3,000 students. Key components include:

Teacher Training: Approximately 150 teachers receive training in inclusive pedagogy, classroom management, and child-centered learning, improving instructional quality by about 30%.

SMC Training: School Management Committees in all 10 schools are trained in governance, child protection, and resource mobilization, enhancing school accountability and community involvement.

Awareness Sessions: Sessions on child protection, safeguarding, and adolescent SRHR reach approximately 2,000 students and parents, promoting safe school environments and informed decision-making.

This initiative strengthens local education systems, ensuring sustainability and alignment with national standards.

Community Resilience and Social Behavior Change Initiative for Disaster- and Wildlife-Affected Areas

VBHES has initiated community awareness sessions under the Community Resilience and Social Behavior Change Initiative to empower residents living in disaster- and wildlife-affected areas. These sessions focus on promoting safety practices, improving preparedness, and strengthening collective responsibility within the community. In collaboration with local partners and stakeholders, VBHES continues to engage vulnerable families, addressing their immediate challenges while encouraging joint efforts to expand future support activities for sustainable resilience.

Impact and Achievements

The Education and Child Protection Program has delivered transformative results:

Reduced Dropout Rates: Dropout rates have decreased by approximately 20%, with significant improvements among girls.

Increased Enrollment: Around 2,500 out-of-school children, including those with special needs, are now enrolled, boosting attendance by about 25%.

Enhanced Child Protection: Awareness campaigns and school policies have protected approximately 3,000 children from early marriage and abuse.

Improved Learning Environments: Solar-powered schools and digital tools have created safe, inclusive spaces for about 5,000 students.

Economic Empowerment: Vocational and ICT training have enabled youth to secure jobs or freelance opportunities.

Sustainability and Community Empowerment

The program prioritizes sustainability by embedding interventions within communities. Teacher and SMC training build local capacity, while solar-powered infrastructure ensures long-term functionality. Vocational and ICT training empower youth economically, reducing dependency on aid. Community-driven awareness campaigns and child protection policies foster a culture of safety and inclusion, with approximately 5,000 households benefiting from enhanced education and protection systems. Partnerships with local schools, businesses, and organizations like NeuraTech Ltd. amplify impact, ensuring lasting change.

Cox's Bazar Host Community Education Program

The newly launched Cox's Bazar program targets 10 host community schools, addressing educational gaps in a region hosting large refugee populations. Teacher training enhances instructional quality, while SMC training strengthens school governance. Awareness sessions on child protection and SRHR empower students and parents, creating safer learning environments. By integrating these efforts with existing SO4 initiatives, the program ensures alignment with national education goals and community needs, benefiting approximately 3,000 students and setting a model for scalable interventions.

The initiatives under SO4 demonstrate VBHES's commitment to transforming education and child protection in southwest Bangladesh. By enrolling out-of-school children, reducing dropouts, and providing vocational and digital training, the program has empowered approximately 10,000 individuals with education and economic opportunities. The Cox's Bazar initiative further strengthens these efforts, ensuring sustainable, inclusive education systems. Through community engagement, innovative solutions, and robust partnerships, VBHES is building a brighter, more equitable future for underserved children.

Case Story: Building Resilience in Chhota Sluice – Voices from Cox's Bazar's Vulnerable Communities

Cox's Bazar is one of the most disaster-prone areas in Bangladesh, where women, adolescent girls, children, and the elderly are particularly vulnerable to floods, landslides, and other emergencies. In the Chhota Sluice area, daily life is a struggle not only against natural disasters but also against challenges like lack of safe water, limited healthcare, early marriage, and wildlife attacks from elephants that destroy homes, crops, and livelihoods. Vision Bangladesh Health and Education Society (VBHES) has stepped forward with targeted awareness sessions on menstrual hygiene management (MHM), sexual and reproductive health rights (SRHR), and child safeguarding, helping adolescent girls, women, and the wider community build knowledge, resilience, and hope.

VBHES conducted sessions at local schools, such as Chhina Primary School, for adolescent girls on MHM, covering how to manage periods during disasters and what to do when menstruation starts unexpectedly. Several adolescents expressed that MHM education is essential, viewing it as a life-saving need. One adolescent student shared: "I am proud to be an adolescent girl and I live near Chhina Primary School in Cox's Bazar. Before Vision Bangladesh came to our school, I wasn't aware of MHM. Now I know how to manage my period. At our school, there are no proper MHM facilities. We don't have girl-friendly toilets. When menstruation starts

unexpectedly, we have to leave school and go home, so we miss important classes like math and science. I think it is our right to have these facilities and to know about MHM and child safeguarding. In our community, early marriage is common because this area is disaster-prone. We need more support. I want more schools and more adolescent girls to learn about MHM."

Additional awareness sessions in the Chhota Sluice area targeted women and adolescent girls on SRHR, including antenatal care (ANC), postnatal care (PNC), safe delivery, and MHM. The community, heavily affected by natural disasters, faces severe difficulties during heavy rains, landslides, and flash floods when sluice gates open. Women and girls suffer the most, lacking disaster-friendly toilets and local clinics for maternal services. The nearest hospital is far, making it difficult to access vaccinations or emergency deliveries. Due to religious and social stigma, many girls cannot leave home, and with schools distant, some drop out entirely. The area also lacks safe drinking water, free pad supplies for MHM, and free education opportunities.

One of the Community elders highlighted the nightly fears: "Our area is affected by landslides and flash floods, and every night we cannot sleep because of wildlife attacks, especially elephants. Elephants come into localities at night, destroy houses and crops, and injure people." Also One elder woman recounted how an elephant destroyed her betel leaf garden, her only source of livelihood, leaving her uncertain about survival. Community members work in shifts as guards from evening to morning, using whatever tools they have. They called for large torches, watchtowers, and training on wildlife safety to live securely.

A widow shared her tragic story: "An elephant killed my husband while he was working in the field. I am now living in very difficult circumstances. I cannot ensure daily food or adequate nutrition for my children and myself. My husband was the only income earner in the family. Now, when people give me food, I can eat, but it is not enough to ensure nutrition for my children. Sometimes I become mentally distressed because I cannot properly feed my children. I do not know how I will live and sometimes feel hopeless. But for my children, I continue to live."

Another community member appreciated VBHES's efforts: "Vision Bangladesh provided trees to help the community cope with natural disasters. The community faces daily challenges from landslides during heavy rain and flash floods when the sluice gate opens. Women and adolescent girls suffer a lot. They need more support to improve and maintain their livelihoods and daily life. Please increase your aid and services in our Chhota Sluice Area."

The people of Chhota Sluice live with the harsh realities of disasters, lack of services, and wildlife threats, yet their voices carry strength and hope. VBHES's initiatives have raised awareness on MHM, SRHR, maternal care, and child safeguarding, but the needs—safe water, girl-friendly toilets, maternal health facilities, wildlife protection, and education opportunities—far exceed what one organization can provide. With greater support, we can build a safer, healthier future for this community, ensuring every girl, woman, and family lives with dignity and safety.

Strategic Objective 5

Facilitating Social Protection, Gender-Based Violence Prevention, and Mental Health and Psychosocial Support for Deprived and Underprivileged Communities

Program Overview

In the marginalized communities of southwest Bangladesh, particularly in coastal and rural areas like Cox's Bazar and Bagerhat, systemic vulnerabilities such as poverty, gender-based violence (GBV), and mental health challenges disproportionately affect women, children, and other underserved groups. Under Strategic Objective 5 (SO5), the Vision Bangladesh Health and Education Society (VBHES) has implemented a comprehensive Social Protection,

GBV, and Mental Health and Psychosocial Support (MHPSS) Program to address these interconnected issues. By prioritizing safeguarding, gender mainstreaming, and psychosocial support, the program fosters resilience, safety, and empowerment for deprived populations.

The program has provided case management and referral services to numerous GBV survivors, significantly reducing recurrence of

violence. It has delivered MHPSS to thousands of individuals, with the vast majority reporting improved mental well-being. Community leaders have been trained on gender mainstreaming and Sexual and Reproductive Health and Rights (SRHR), fostering a culture of equity and awareness. Child safeguarding policies and Violence Against Women (VAW) prevention initiatives have strengthened community protection mechanisms, while targeted interventions have rescued and supported street children with shelter, education, and reintegration. Through the dedication of community volunteers, Growth Monitoring and Promotion (GMP) sessions in hospitals and schools have further amplified the program's reach, promoting holistic health and protection.

These efforts have empowered countless women with SRHR knowledge and enhanced protection for thousands of vulnerable individuals, creating safer, more equitable communities. This report details the strategies, achievements, and transformative impacts of the SO5 program, highlighting VBHES's commitment to addressing systemic vulnerabilities through community-driven, inclusive interventions.

Social Protection, GBV, and MHPSS Program

In southwest Bangladesh, poverty and social inequities exacerbate vulnerabilities, particularly for women and children. Gender-based violence, including domestic abuse and early marriage, remains prevalent, with many survivors lacking access to support services due to stigma and geographic isolation. Mental health challenges, often triggered by economic stress, displacement, and trauma, affect a significant portion of

the population, yet mental health services are scarce. Street children and other marginalized groups face exploitation and neglect, with limited pathways to safety and reintegration. The SO5 program addresses these challenges by integrating social protection, GBV prevention, and MHPSS, delivered through community-based approaches and volunteer-led initiatives in hospitals and schools.

Key Interventions

The program employs a holistic strategy, combining direct support, community engagement, and capacity building to create sustainable change. Key interventions include:

Support for GBV Survivors

The program has supported numerous GBV survivors through comprehensive case management and referral services. Trained community volunteers and social workers provide confidential counseling, safety planning, and connections to medical, and psychosocial support. Established in community level hospitals, offer survivors a supportive environment to share their experiences and

access resources. These interventions have significantly reduced the recurrence of violence, empowering survivors to rebuild their lives with dignity and security. For example, survivors are linked to local health facilities for medical care and to legal aid organizations for justice, ensuring a multi-faceted response to their needs.

Mental Health and Psychosocial Support Services (MHPSS)

Recognizing the widespread need for mental health support, the program has delivered MHPSS to thousands of individuals, including women, children, and displaced populations. Community-based MHPSS sessions, facilitated by trained counselors and volunteers, include group therapy, individual counseling, and stress management workshops. These services address trauma, anxiety,

and depression, particularly among those affected by poverty, violence, or displacement. In schools and hospitals, GMP sessions integrate MHPSS by promoting mental well-being alongside physical health checks, ensuring holistic care. The majority of participants report improved emotional resilience, better coping mechanisms, and a renewed sense of hope.

Training on Gender Mainstreaming and SRHR

To foster gender equity, the program has trained a large number of community leaders, including religious figures, teachers, and local government officials, on gender mainstreaming and SRHR. These training sessions, conducted in community halls and schools, cover topics such as gender equality, women's rights, and the importance of SRHR in preventing GBV and promoting health. Participants learn to challenge harmful norms, such as early marriage, and advocate for inclusive policies. The inclusion of SRHR in GMP sessions at hospitals and schools has empowered adolescents and women with knowledge about reproductive health, family planning, and their rights, fostering informed decision-making and reducing vulnerabilities.

Child Safeguarding and VAW Prevention

The program has prioritized child safeguarding and Violence Against Women (VAW) prevention through community-wide initiatives. Child protection policies, developed in collaboration with schools and local authorities, ensure safe learning environments, with trained teachers and volunteers monitoring for signs of abuse or neglect. Community awareness campaigns, delivered through door-to-door visits, radio broadcasts, and school-based workshops, educate families on the risks of VAW and child exploitation. These efforts have created a culture of vigilance, with community volunteers playing a pivotal role in identifying and addressing protection concerns during GMP sessions and other outreach activities.

Support for Street Children

Community volunteers are the backbone of the program, amplifying its reach and impact. Trained volunteers conduct GMP sessions in hospitals and schools, combining health screenings with psychosocial support and SRHR education. These sessions, held monthly, monitor children's growth, provide nutritional guidance, and address mental

health needs, creating a comprehensive support system. Volunteers also lead community dialogues on GBV and child protection, fostering grassroots change. Their involvement ensures interventions are culturally relevant and sustainable, as local leaders take ownership of the program's goals.

Impact and Achievements

The SO5 program has delivered transformative outcomes:

Empowered GBV Survivors: Comprehensive support has significantly reduced violence recurrence, enabling survivors to regain autonomy and safety.

Improved Mental Well-Being: MHPSS services have enhanced emotional resilience for thousands, with most participants reporting better coping skills and hope.

Gender Equity and SRHR Awareness: Training and awareness sessions have empowered countless women and adolescents with knowledge, reducing vulnerabilities to GBV and health risks.

Strengthened Child Protection: Safeguarding policies and campaigns have created safer environments, protecting thousands of children from abuse and exploitation.

Reintegration of Street Children: Support for street children has provided education and stability, transformed lives and reduced vulnerability.

Community-Led Change: Volunteer led GMP sessions and outreach have fostered a culture of protection and empowerment, benefiting thousands of individuals.

These achievements reflect the program's success in addressing systemic vulnerabilities and fostering resilient communities.

Sustainability and Community Empowerment

The SO5 program prioritizes sustainability by embedding interventions within communities. Training local volunteers and leaders ensures long-term capacity to address GBV, mental health, and child protection needs. Safe spaces and GMP sessions in hospitals and schools create accessible, ongoing support systems. Partnerships with

local authorities and organizations strengthen institutional frameworks, while community-driven awareness campaigns promote lasting behavioral change. These efforts have empowered thousands of households to advocate for their rights and well-being, creating a ripple effect of positive change across southwest Bangladesh.

Community Volunteer Engagement and GMP Sessions

Community volunteers are central to the program's success, delivering interventions with cultural sensitivity and local insight. During GMP sessions in hospitals and schools, volunteers monitor children's growth, provide nutritional counseling, and integrate MHPSS and SRHR education. These sessions serve as a platform for early identification of health and protection issues, ensuring timely referrals to specialized services. Volunteers also lead community dialogues on GBV and child safeguarding, mobilizing families to challenge harmful norms and prioritize



safety. By embedding these activities in existing community structures, the program ensures accessibility and sustainability, reaching even the most isolated households.

The SO5 program demonstrates VBHES's commitment to addressing the complex challenges of GBV, mental health, and social protection in southwest Bangladesh. Through survivor support, MHPSS, gender mainstreaming, child safeguarding, and volunteer led initiatives, the program has transformed lives and strengthened communities. By empowering women, protecting children, and fostering mental well-being, VBHES has created a foundation for equitable, resilient societies. The integration of GMP sessions and community volunteer engagement ensures sustainable, grassroots impact, paving the way for a safer, more inclusive future for thousands of underserved individuals.

Case Story: From Shadows to Strength: The Transformation of Purnima Biswas

In the quiet coastal village of Doshani in Bagerhat, southwest Bangladesh, Purnima Biswas, a 40-year-old mother of two, once lived in a world shrouded by darkness—both literally and figuratively. Her story, woven with resilience and hope, exemplifies the transformative impact of the Vision Bangladesh Health and Education Society (VBHES) under Strategic Objective 5 (SO5): Facilitating Social Protection, Gender-Based Violence (GBV) Prevention, and Mental Health and Psychosocial Support (MHPSS) for Deprived and Underprivileged Communities. Purnima's journey from isolation and despair to empowerment and advocacy reflects the program's holistic approach to addressing systemic vulnerabilities through community-driven interventions.

Purnima's life was marked by relentless hardship long before she lost her vision. Born into a family of subsistence farmers, she married at 16 to a day laborer, moving to a modest mud-brick home in Doshani. The couple struggled to provide for their two children—a son, now 18, and a daughter, 14—amid the region's poverty, exacerbated by frequent cyclones and saline soil that limited agricultural yields. Purnima supplemented the family income by weaving baskets, but her world began to unravel in 2021 when cataracts clouded her vision. By 2022, she was nearly blind, unable to work or care for her family. ***"I felt like a burden," she recalls. "I couldn't see my children's faces or cook for them. My husband worked longer hours, but we still went hungry."***

The loss of vision compounded Purnima's vulnerabilities. She became increasingly isolated, confined to her home, and dependent on her daughter, who dropped out of school to assist her. This decision weighed heavily on Purnima, as she knew education was her daughter's path to a better future. Socially, Purnima faced stigma; neighbors whispered that her blindness was a curse, deepening her sense of shame. The lack of accessible healthcare in Doshani where the nearest hospital was 12 kilometers away over treacherous roads—made treatment seem impossible. Financial strain and emotional distress took a toll, leading to anxiety and depression. ***"I stopped talking to people,"*** Purnima shares. ***"I thought my life was over, and I was dragging my family down with me."***

Purnima also faced subtle forms of gender-based violence. Her husband, under pressure to provide, grew frustrated, and arguments became frequent. While not physically abusive, the emotional strain eroded their relationship, leaving Purnima feeling powerless. In Doshani, like much of southwest Bangladesh, GBV, including domestic tension and early marriage, is prevalent, with many women lacking access to support due to stigma and isolation. Purnima's story mirrored that of countless others in her community, where poverty, mental health challenges, and gender inequities create a cycle of vulnerability.



In early 2024, Purnima's life changed when a community volunteer from VBHES's SO5 program visited Doshani. The Social Protection, GBV, and MHPSS Program, designed to empower underserved communities, identified Purnima during a household survey targeting vulnerable women and children. Recognizing her dual challenges of blindness and emotional distress, the program connected her to the Bagerhat Eye Hospital, a VBHES initiative under Strategic Objective 3, which performed approximately 400 sight-restoring surgeries in FY 2024, including cataracts. Purnima received free cataract surgery in mid-2024, a transformative moment. ***"When the bandages came off, I could see my husband's face clearly again,"*** she says, her voice trembling with emotion. ***"I saw my children smile, and it felt like I was reborn."*** The surgery, supported by pre- and post-operative care, restored her vision fully, enabling her to resume daily tasks and regain independence. This intervention not only addressed her physical impairment but also sparked a renewed sense of purpose.

However, VBHES's support extended far beyond the surgery. Recognizing Purnima's emotional and social challenges, the program enrolled her in MHPSS services, a cornerstone of SO5 that has reached thousands of individuals. Community-based group therapy sessions, facilitated by trained counselors and volunteers, provided Purnima a safe space to share her struggles with other women. These sessions, held in a local community center, addressed her anxiety and depression, teaching her coping strategies like mindfulness and stress management.

"Talking with others who understood my pain helped me feel less alone," Purnima explains. ***"I learned to let go of my fears and believe in myself again."*** The majority of MHPSS participants, like Purnima, report improved emotional resilience, reflecting the program's impact.

To address the underlying gender dynamics in her household, Purnima and her husband participated in gender mainstreaming and SRHR training, part of VBHES's efforts to train numerous community members. Conducted in community halls, these sessions educated them on gender equality, communication, and women's rights. Purnima's husband learned to value her contributions, reducing domestic tension. ***"He listens to me now,"*** she says. ***"We make decisions together, and it's brought us closer."*** The inclusion of SRHR education empowered Purnima with knowledge about family planning and health, enabling her to advocate for her well-being.

The program also prioritized child safeguarding to protect Purnima's daughter from the risk of early marriage, a common issue in the region. Community volunteers conducted awareness sessions in Doshani, reaching countless families through door-to-door visits and school workshops. These campaigns emphasized the legal and health consequences of child marriage, encouraging Purnima to re-enroll her daughter in school. With support from VBHES's education initiatives, her daughter now attends a local school equipped with solar-powered facilities, benefiting from a safe, inclusive learning environment. ***"My daughter dreams of becoming a teacher,"*** Purnima says proudly. ***"I won't let her future be taken away."***

Purnima's son, meanwhile, benefited from the program's support for street children, as he had begun spending time away from home due to financial pressures. VBHES provided him with vocational training in carpentry, part of initiatives that prepare older children for sustainable livelihoods. He now earns a modest income, contributing to the family's stability. This intervention mirrors the program's success in rescuing and supporting numerous street children with education and reintegration.

Purnima's transformation extended beyond her household, creating a ripple effect in Doshani. Inspired by her recovery, she became a community volunteer, joining the backbone of the SO5 program. During Growth Monitoring and Promotion (GMP) sessions in the local

hospital and school, Purnima helps monitor children’s growth, provides nutritional guidance, and shares her story to encourage mental health awareness. These monthly sessions, integrating MHPSS and SRHR education, have become a lifeline for the community, identifying health and protection issues early. “I tell other women they don’t have to suffer in silence,” Purnima says. “There’s help, and there’s hope.”

Her advocacy has mobilized neighbors to challenge harmful norms, such as early marriage and domestic violence. Purnima leads community dialogues, encouraging families to prioritize education and health. Her efforts have inspired approximately a dozen women to seek MHPSS services and report GBV, contributing to a significant reduction in violence recurrence across intervention areas. By fostering a culture of vigilance, Purnima has helped protect thousands of vulnerable individuals, aligning with VBHES’s child safeguarding and VAW prevention initiatives.

Economically, Purnima has resumed basket weaving, now selling her crafts at the local market with renewed confidence. The income, combined with her son’s earnings, has lifted her family out of chronic poverty, mirroring the program’s broader impact on thousands of households. Her home, once a place of despair, is now a hub of activity, with neighbors visiting to learn from her garden—a skill she adopted from VBHES’s nutrition programs. “I grow spinach and okra now,” she says. “It feeds my family and inspires others to do the same.” Purnima Biswas’s journey from shadows to strength embodies the transformative power of VBHES’s SO5 program. By addressing her physical, emotional, and social challenges through integrated interventions—sight-restoring surgery, MHPSS, gender mainstreaming, and child protection she has reclaimed her dignity and agency. Her family is stronger, with her children thriving in school and her marriage rebuilt on mutual respect. In Doshani, Purnima’s advocacy has sparked a movement, empowering her community to prioritize health, safety, and equity. Reflecting on her transformation, Purnima says, “I was lost in darkness, not just in my eyes but in my heart. VBHES gave me sight, hope, and a voice. Now, I’m helping others find their light.” Her story, like the program’s broader impact, underscores the power of community-driven solutions to break cycles of vulnerability, fostering a safer, more resilient future for southwest Bangladesh.

CORE INTERVENTIONS SUMMARY TABLE

This table provides a concise overview of the Vision Bangladesh Health and Education Society (VBHES) core interventions in FY 2024, aligned with our strategic objectives. Expanded to include urban and regional programs in Dhaka, Sylhet, Cox’s Bazar, Bagerhat and other working communities, it highlights our multi-sectoral, scalable approach, emphasizing target groups, key activities, and transformative impacts for donor clarity.

Strategic Objective	Intervention Area	Target Group/Focus	Key Activities	Impact
SO1: Enhance Livelihood Options for the Most Vulnerable People	Resilient Agriculture & Economic Empowerment	Vulnerable farmers, women, and youth in Bagerhat, Fakirhat, Mongla, and Dhaka	Trained approximately 15,000 farmers in climate-smart agriculture, including salt-tolerant crops (e.g., tilapia, golda prawn) and rainwater harvesting. Linked around 2,000 producers to markets via e-commerce platforms and cooperatives. – Supported nearly 1,000 women and youth-led eco-friendly start-ups through ICT4D, focusing on digital entrepreneurship and online marketing. – Conducted Disaster Risk Reduction (DRR) training for about 500 individuals. – Distributed solar-powered LEDs and powered 5 PSFs via Welcare Power Ltd. for clean water access.	– Improved livelihoods for about 15,000 people, with roughly 72% reporting increased income. – Enhanced food security and climate resilience through diversified crops and sustainable practices. – Empowered women and youth, with approximately 600 trained in ICT4D, fostering economic independence and community innovation.

Strategic Objective	Intervention Area	Target Group/Focus	Key Activities	Impact
SO2: Enhance Sustainable WASH and Menstrual Hygiene Management (MHM)	Safe Drinking Water & Hygiene	Rural and refugee communities in Bagerhat and Cox's Bazar	- Installed 33 deep tubewells, 2 RO plants, and 5 PSFs, serving around 3,000 households. - Established piped water networks extending up to 3 km for community access. - Distributed 2,500 MHM kits and formed 50 adolescent groups for MHM education. - Conducted hygiene awareness campaigns, reaching thousands through workshops and school programs.	- Reduced waterborne diseases by about 40% and diarrheal cases by 35%. - Empowered 80% of adolescent girls with improved MHM practices, reducing school absenteeism. - Enhanced community resilience and time savings, particularly for women and girls.
SO3: Enhance Health Services and Nutrition for Underprivileged Communities	Mother & Child Care and Eye Health	Mothers, children, and vision-impaired individuals in Bagerhat	- Provided nutrition counseling and IYCF training to around 3,000 mothers. - Supported 2,000 households with homestead gardening and livestock rearing. - Delivered EPI and GMP sessions, vaccinating 90% of under-5 children and reducing malnutrition. - Conducted approximately 400 eye surgeries and served 4,280 outpatients at Bagerhat Eye Hospital. - Offered antenatal/post-natal care and safe delivery support to about 1,200 women.	- Decreased stunting by roughly 25% and improved dietary diversity by 35% for 1,500 families. - Reduced maternal complications by 20% and under-5 mortality by 15%. - Restored vision for about 400 individuals, improving quality of life by 50%.

Strategic Objective	Intervention Area	Target Group/Focus	Key Activities	Impact
SO4: Facilitate Quality Education and Child Protection	Education & Child Protection	Out-of-school children, girls, and refugee children in Cox's Bazar and Sylhet	- Enrolled around 2,500 out-of-school children, including those with special needs. - Signed MoUs with 10 SMCs in Cox's Bazar for child protection and SRHR awareness, reaching 2,000 students and parents. - Implemented ECCD for 1,800 children and digital/app-based education for 2,000 students. - Installed solar systems in 10 schools, benefiting 5,000 students. - Trained 1,000 youth, especially women, in ICT through NeuraTech Ltd.	- Reduced dropout rates by about 20% and increased enrollment by 25%. - Protected 3,000 children from early marriage and abuse. - Empowered 1,000 youth with ICT skills, with 60% securing jobs or freelance roles.
SO5: Facilitate Social Protection, GBV Prevention, and MHPSS	Social Protection & Mental Health	GBV survivors, street children, and vulnerable communities in Cox's Bazar, Bagerhat, and Dhaka	- Supported numerous GBV survivors with case management and referrals. - Delivered MHPSS to thousands, with most reporting improved well-being. - Trained community leaders on gender mainstreaming and SRHR. - Rescued and reintegrated street children with shelter and education. - Conducted GMP sessions in hospitals and schools for holistic health and protection.	- Reduced GBV recurrence significantly, empowering survivors. - Enhanced mental well-being for thousands through MHPSS. - Strengthened child protection and empowered women with SRHR knowledge, benefiting thousands.

FINANCIAL OVERVIEW AND DONOR ACKNOWLEDGMENT

In FY 2024, VBHES managed a budget of BDT 550, with 85% allocated directly to programs. Funding sources included government grants, CSRs fund, corporate partnerships, and revenue from social enterprises. All finances were audited by an independent firm, ensuring transparency and compliance. Detailed financial statements are available upon request. We extend heartfelt thanks to our donors and partners, whose contributions enabled these impacts. Your investment in VBHES yields sustainable returns in human development—thank you for your trust.

LOOKING AHEAD PLANS FOR FY 2025

Building on the transformative successes of FY 2024, the Vision Bangladesh Health and Education Society (VBHES) is poised to deepen its impact across southwest Bangladesh and beyond, with a strategic focus on scaling interventions, embracing innovation, and fostering resilience in vulnerable communities. Aligned with our five Strategic Objectives (SO1–SO5), our ambitious plans for FY 2025 aim to expand access to critical services, empower marginalized groups, and address emerging challenges such as climate change and economic vulnerability. With continued donor support, VBHES will enhance its multi-sectoral approach, integrating sustainable technologies, community-driven solutions, and inclusive practices to create lasting change. Below, we outline our key priorities for FY 2025, emphasizing measurable goals and innovative strategies to build a brighter, more equitable future.

Scaling WaSH Infrastructure for Greater Reach

Access to safe water, sanitation, and hygiene (WaSH) remains a cornerstone of VBHES’s mission to improve health and dignity in disadvantaged communities. In FY 2025, we plan to scale our WaSH infrastructure to reach approximately 50,000 additional beneficiaries, focusing on salinity-prone coastal areas like Bagerhat and Cox’s Bazar, as well as urban slums in Dhaka and Sylhet. Building on the success of installing 33 deep tubewells, 2 reverse osmosis (RO) plants, and 5 pond sand filters (PSFs) in FY 2024, we will deploy an additional 20 deep tubewells, 3 RO plants, and 10 PSFs to address water scarcity exacerbated by climate change. These eco-friendly systems will incorporate solar-powered purification and piped distribution networks extending up to 4 kilometers, ensuring equitable access for remote households. We will also expand Menstrual Hygiene Management (MHM) initiatives by distributing 3,000 MHM kits and establishing 20 new adolescent groups, empowering girls with resources and education to reduce school absenteeism. Community-led hygiene campaigns, integrated with Growth Monitoring and Promotion (GMP) sessions, will reach an additional 10,000 individuals, promoting behavior change to sustain health outcomes. These efforts aim to further reduce waterborne diseases by about 45% and enhance community resilience against environmental challenges.



Expanding Health Services and Nutrition Programs

Our health interventions under Strategic Objective 3 (SO3) will continue to bridge critical gaps in maternal, child, and eye care services. In FY 2025, the Bagerhat Eye Hospital will perform approximately 500 sight-restoring surgeries, up from 400 in FY 2024, targeting cataracts, glaucoma, and other preventable conditions. We will expand outpatient services to serve around 6,000 individuals, with a focus on early detection through 20 additional vision screening camps in rural and peri-urban areas. These initiatives will improve quality of life for thousands, enabling breadwinners and elderly individuals to regain independence. Simultaneously, the Mother and Child Care Program will extend nutrition interventions to approximately 8,000 children, scaling up Blanket and Targeted Supplementary Feeding Programs (BSFP and TSFP) to address Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM). We will train an additional 4,000 mothers in Infant and Young Child Feeding (IYCF) practices and support 3,000 households with homestead gardening and livestock rearing, aiming to reduce stunting by an additional 30% and improve dietary diversity for 2,000 families. Expanded EPI and GMP sessions will achieve 95% immunization coverage for under-5 children in intervention areas, further reducing mortality rates by an estimated 20%. These efforts will empower communities with sustainable health solutions, fostering long-term well-being.



Empowering Youth and Women Through Digital Skills and SRHR

Under Strategic Objectives 4 and 5, VBHES will prioritize economic and social empowerment for youth and women, leveraging Information and Communication Technology for Development (ICT4D) and Sexual and Reproductive Health and Rights (SRHR). In FY 2025, we will train

approximately 2,000 youth, with a focus on women, in digital skills such as web development, online marketing, and cybersecurity through partnerships with NeuraTech Ltd. By establishing 10 new community-level e-commerce hubs, we will enable young entrepreneurs, particularly women, to access global markets and remote work opportunities, fostering financial independence in geographically isolated areas. These initiatives build on FY 2024's success, where 600 youth were trained in ICT4D, and aim to achieve a 70% job placement rate for participants. Concurrently, we will expand SRHR education to support around 1,500 women and adolescents through awareness sessions integrated into GMP programs and school-based campaigns. By signing Memoranda of Understanding (MoUs) with an additional 10 School Management Committees (SMCs) in Cox's Bazar, we will reach 3,000 students and parents with child protection and SRHR awareness, reducing vulnerabilities to early marriage and gender-based violence (GBV). These efforts will empower women and youth to drive social and economic change, creating inclusive, resilient communities.

Strengthening Disaster Resilience and Promoting Eco-Tourism

To address the growing threat of climate-induced disasters in southwest Bangladesh, VBHES will enhance Disaster Risk Reduction (DRR) efforts under Strategic Objective 1 (SO1), training approximately 7,000 individuals in flood-prone areas like Bagerhat and Fakirhat. Building on FY 2024's training of 500 individuals, we will introduce advanced early warning systems, community preparedness plans, and flood-resistant infrastructure, such as elevated storage units, to reduce vulnerability by an estimated 50%. Additionally, we will promote eco-tourism as an innovative livelihood strategy, targeting 10,000 visitors to coastal regions. By developing community-led eco-tourism ventures, such as guided tours of mangrove forests and sustainable fishery farms, we will create alternative income sources for approximately 1,000 households while promoting environmental conservation. These initiatives will integrate with our resilient agriculture programs, showcasing climate-smart practices like salt-tolerant aquaculture and agroforestry, and position southwest Bangladesh as a model for sustainable tourism in climate-vulnerable regions.



Commitment to Sustainability and Innovation

VBHES's FY 2025 plans are grounded in sustainability and innovation, ensuring long-term impact. Community volunteers will continue to play a pivotal role, with an additional 500 trained to lead GMP, SRHR, and DRR sessions, embedding interventions within local structures. Partnerships with local authorities, businesses, and organizations like Welcare Power Ltd. will expand solar-powered infrastructure, powering an additional 10 PSFs and 5,000 household LEDs

to enhance clean water and energy access. By leveraging digital platforms and e-commerce, we will connect 3,000 producers to markets, building on FY 2024's success with 2,000 producers. These efforts align with global sustainable development goals, ensuring equitable access to health, education, and economic opportunities while addressing climate challenges.

A Call for Continued Support

The ambitious goals for FY 2025 build on VBHES's proven track record of transforming lives through community-driven, inclusive interventions. By scaling WASH infrastructure, expanding health and nutrition programs, empowering youth and women, and strengthening resilience through DRR and eco-tourism, we aim to reach over 80,000 additional beneficiaries and create sustainable pathways out of poverty. With your continued support, VBHES will deepen its impact, innovate for greater resilience, and foster a future where every individual in southwest Bangladesh can thrive with dignity and opportunity.



Statement of Consolidated Receipts & Payments

for the year ended 30 June, 2025

Vision Bangladesh Health & Education Society

Sl. #	Particulars		Amount (Tk.)		
			2024-2025		2023-2024
A.	Opening Balance :				
	Cash in Hand		33,753		8,744
	Cash at Bank		-		-
			33,753		8,744
B.	Receipts during the period :				
	Donation from EC Members		10,791,906		6,960,291
	Vision Bangladesh Health & Education Society		12,121,883		5,981,898
	Welcare Consortium Ltd.		8,214,169		3,751,694
	Welcare Power Ltd.		4,540,177		2,218,354
	Welcare Trip.		4,371,102		1,693,424
	Welcare Trading Corporation		4,456,362		1,953,368
	Neuratech Ltd.		4,438,732		2,082,396
	Bagherhat Eye Hospital.		5,917,636		2,622,559
	Foreign Donation form EDF INC		610,000		-
	Total Receipt		55,461,966		27,263,982
C.	Fund available for Utilization : (A+B)		55,495,719		27,272,726
D.	Payments during the period :				
i)	Administrative & Office Operations		26,596,664		14,739,302
ii)	Program Implementation & Project Activities		14,390,135		6,485,685
iii)	Monitoring, Evaluation & Consultancy		1,605,936		524,572
vi)	Community & Capacity Development		1,691,931		725,974
v)	Equipment & Assets		7,180,217		3,194,333
vi)	CSR & Public Engagement		3,411,845		1,156,782
vii)	Finance & Compliance		405,882		401,105
viii)	Contingency & Miscellaneous		54,105		11,220
	Total Payment		55,336,715		27,238,973

E.	Closing Balance :				
	Cash in Hand		104,543		33,753
	Cash at Bank		53,649		-
			158,191		33,753
F.	Total : (D+E)		55,494,906		27,272,726


 Mohammad Saifullah
 Executive Director


 Md Badiuzzaman
 Chairman

This is the Statement of Consolidated Receipts and Payments referred to in our separate report of even date.

Project name:

Community Level Tree Plantation for Sustainable Climate Resilience



Funded by

: WELCARE GROUP

Implemented by

: Vision Bangladesh



Head Office

House-06, Level-07, Road-2/B
Block-J, Baridhara, Dhaka-1212
Cell: 01859481261, 01782184127
Email: info@visionbangladesh.org
Website: www.visionbangladesh.org

Cox's Bazar Office

White House, 5th floor (G2), Opposite of
Cox's Bazar Police Lines, Kolatoli Bypass
Road, East Dolphin Point, Cox's Bazar
Cell: 01742-051444
Email: kazi.morjina@visionbangladesh.org