

A Project Proposal for the Flood Affected Rural Population of Noakhali

Course Title: Health Service Management (PBH: 701.1)

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1 Proposal Summary

The August 2024 floods severely impacted Noakhali, displacing thousands, destroying livelihoods, and leaving many without safe water or sanitation. Women, especially those heading households, faced the greatest economic and psychosocial hardships. The Human Aid Foundation (HAF), a seasoned organization in disaster recovery and public health, proposes a 12-month integrated program for 500 flood-affected households across Subarnachar, Companiganj, and Begumganj, anticipated to start in January 2026. The project will: (1) establish 50 women's micro-enterprise groups with vocational training and market access, aiming for at least 50% household income increase; (2) install 20 deep tubewells and 50 reinforced latrines to ensure 100% safe water and sanitation coverage; and (3) deploy mobile mental health teams to deliver counseling and peer support to 450 individuals, targeting a 25% improvement in mental health scores. With a funding request of **USD 179,717**, this initiative will restore livelihoods, improve public health, and build long-term community resilience in one of Bangladesh's most climate-vulnerable districts.

2 Introduction of the Organization

The Human Aid Foundation (HAF), established in 2005, is a non-profit organization with a dedicated team of disaster management, public health, and community development professionals supported by a network of trained field staff and volunteers. HAF has extensive experience in climate risk management and resilience-building, having implemented emergency relief, livelihood rehabilitation, climate-resilient agriculture, WASH improvements, and disaster preparedness programs in flood- and cyclone-prone districts. The organization has successfully delivered projects funded by national and international donors, maintaining strict accountability and transparency. Through strong partnerships with local government agencies, community-based organizations, and development partners, HAF ensures coordinated, context-specific responses. Its proven capacity to mobilize resources quickly, engage communities, and deliver integrated, sustainable interventions positions HAF as a trusted leader in restoring livelihoods, strengthening infrastructure, and enhancing resilience in Bangladesh’s most climate-vulnerable areas.

3 Problem Statement/ Needs Assessment

The rural communities of Noakhali, located in Bangladesh’s coastal region, are among the most vulnerable to climate-induced flooding, which has become increasingly frequent and severe in recent years. Noakhali’s exposure to floods is part of a broader trend across the country, where rising sea levels, erratic rainfall, and extreme weather events are intensifying the risks for coastal populations.

The August 2024 floods in Bangladesh affected 5.8 million people across 11 districts, with 8 confirmed deaths in Noakhali alone, contributing to a national death toll of 59 from the flood disaster (Report, [2024](#)). Historically, Noakhali has experienced repeated flooding, particularly during the monsoon season, which has left communities vulnerable. The 1998 flood, one of the most devastating events in the region, affected more than 10 million people nationwide, including extensive damage in Noakhali (*The 1998 Floods in Bangladesh Disaster Impacts, Household Coping Strategies, and Response*, [2001](#)).

The August 2024 flood displaced over 1.24 million families across the affected districts, with approximately 470,000 people taking refuge in 3,500 shelters. However, despite relief efforts, many communities in Noakhali lacked access to sufficient shelter, with shelter centers often overcrowded and not equipped to meet the basic needs of flood-affected populations (“Bangladesh Floods Leave 23 Dead, 5.7 Million People Affected — Reuters”, [2024](#)).

Noakhali’s rural economy relies heavily on agriculture and aquaculture, sectors that have been repeatedly impacted by floods. The 2024 flood caused massive damage to 296,852 hectares of agricultural land, primarily affecting rice cultivation and vegetable farming. The aquaculture industry also faced heavy losses, with the destruction of 100 fishponds across the region, which directly impacted thousands of families who rely on fishing for income (Islam et al., 2024). The disruption of agricultural activities has contributed to food and water insecurity in Noakhali. According to the FAO (2023), 45% of rural households in the district reported experiencing chronic food insecurity. The floodwaters also contaminated drinking water sources, further exacerbating the food and water security crisis. As of the latest assessments, 60% of shallow tube wells in the region were

contaminated by saline water (DPHE & UNICEF, 2023). During the 2019 floods, a similar contamination issue was reported, with widespread diarrhea and cholera outbreaks affecting more than 10,000 people (UNICEF, 2019).

The psychological toll of recurrent floods in Noakhali is severe. Many residents, especially women and children, experience heightened vulnerability to mental health issues such as depression, anxiety, and post-traumatic stress disorder (PTSD). Following Cyclone Amphan (2020), a surge in mental health issues was reported, with local health centers overwhelmed by the demand for services. This trend has continued into the 2024 floods, as mental health remains an understudied aspect of disaster response in the region (“The MHPSS Network”, 2023). In 2019, research indicated that nearly 40% of women-headed households in flood-affected areas showed symptoms of PTSD and anxiety (“State of Gender Equality and Climate Change in Bangladesh”, 2022).

4 Project Objectives (SMART Approach)

The goal of this project is to restore and enhance the livelihoods and wellbeing of flood-affected rural communities in Noakhali. These objectives will provide measurable, time-bound goals to ensure progress and impact. The SMART objectives are as follows:

4.1 Empowerment of Women through Economic Opportunities

- **Specific:** Establish 50 women’s micro-enterprise groups, providing vocational training in small-scale business operations and access to micro-finance services.
- **Measurable:** Ensure that at least 90% (45) of the groups have achieved a 50% increase in household income by the end of the project.
- **Achievable:** Offer hands-on training on handicraft making and access to small business loans.
- **Relevant:** Focuses on empowering women economically, who face disproportionate impacts in post-flood recovery.
- **Time-bound:** Establish all 50 micro-enterprises and start business operations by Month 6, with income improvements expected by the final project month.

4.2 Improved Access to Water, Sanitation, and Hygiene (WASH)

- **Specific:** Install 20 deep tube wells for clean water access and build 50 reinforced latrines in flood-affected communities.
- **Measurable:** 100% (500) of households will have access to safe drinking water and improved sanitation by the end of the project.
- **Achievable:** Work with local contractors and engage communities in water quality testing and maintenance.
- **Relevant:** Prevents waterborne diseases and improves overall health conditions.
- **Time-bound:** Complete the installation of all WASH infrastructure by Month 10, with full community engagement and usage by Month 12.

4.3 Psycho-social Support for Mental Well-being

- **Specific:** Deploy mobile mental health teams to provide counseling and psychosocial support to 450 individuals.
- **Measurable:** Achieve a 25% improvement in mental health outcomes (GHQ-12 scores) among participants by the project's end.
- **Achievable:** Provide consistent counseling sessions, referrals to secondary care facilities, and establish peer support groups.
- **Relevant:** Focuses on the neglected area of mental health in disaster recovery.
- **Time-bound:** Provide at least 5 counseling sessions per individual, to be completed within the 12-month duration.

5 Methods

5.1 Target Population and Program Participants

After a situational analysis, we identified:

- 200 vulnerable rural households from Subarnachar,
- 200 vulnerable rural households from Companiganj,
- 100 vulnerable rural households from Begumganj.

From these households:

- 500 women will be enrolled in women's economic empowerment programs.
- 450 individuals (both male and female) will participate in the mental health program.

5.2 Program Components

The Wellbeing Program will enhance livelihoods and wellbeing of flood-affected rural communities. Components include:

- a) Establishing the team
- b) Workflow and roles

Establishing the Team

Economic Empowerment: For women's economic empowerment, we will hire 12 qualified personnel, consisting of 1 Women's Economic Empowerment Specialist, 4 Vocational Skills Trainers for handicraft making, 1 Business Development Officer, 5 Field Facilitators from the flood affected community, and 1 Market Specialist.

WASH Infrastructure: For the establishment of 20 deep tubewells and 50 reinforced latrines, we will hire a total of 17 qualified personnel: 1 project manager, 10 skilled laborers, 2 community mobilizers, 2 water testing technicians, 2 health promotion officers, and 1 monitoring officer.

Mental Health Program: For providing mental health counseling, we will hire 2 mobile mental health team consisting 14 members overall. Each team will consist of 1 Clinical Psychologist, 2 Psychiatric Social Worker, and 4 Community Health Workers.

Workflow and Roles

Economic Empowerment Workflow: The economic empowerment specialist will lead the overall strategy, develop the required curriculum, and supervise the training. Our vocational trainers are skilled in “Naskhi Kahta” making and embroidery; they are also skilled in making various types of baskets, decorative items, and furniture from locally produced Bamboo. They will conduct 10 hands on training session and 2 product display session over the course of 1 year. The Business Development Officer will work on increasing the business skills – pricing, marketing, accessing microfinance – of the 500 trainees and connect them to 50 microenterprise groups. Field facilitators will facilitate the local community and the team interaction. They will mobilize women so that they can attend the training classes, support logistics and give feedback on community needs. Because they will be recruited from the local community, they will build trust and maintain cultural context. Market specialist will assess the condition of the market and will identify the demand for the products that are produced by the enrolled women of our project. They will help in establishing the linkage with the market and facilitate market access, both local and regional, for our programs women’s products.

WASH Infrastructure Workflow: As for deep tubewell and reinforced latrine installation, our project manager for this task will oversee the schedule and quality control; he will also build relations with local authorities to get the permission for work and also to get the appropriate place for installing the deep tubewell and reinforced latrine so that local people get the maximum benefits from these facilities. Our locally hired skilled laborers will carry out drilling of tube wells and construction of reinforced latrines. They will complete the installation of 20 deep tubewells and 50 reinforced latrines over the 1-year program time period. Our community mobilizers will explain the benefits of this installation and will regularly organize community participation program so that local people can test the water quality and maintain the reinforced latrines. Health promotion officer will provide effective hygiene education campaigns alongside infrastructure installation to ensure proper use and maintenance. Water Testing technicians will monitor water quality before, during, and after installation to ensure safety standards. And, Monitoring Officer will track the overall progress against targets and timelines, coordinate data collection from field, and write a report to the Project Manager.

Mental Health Program Workflow: As for providing mental health among the selected 450 members from 500 household, our hired Clinical Psychologist will assess and provide counselling for severe cases; they will refer the patients who need specialized care. Psychiatric Social Workers will facilitate 2 group counseling per months (total 24 counselling sessions) over 1 year program period, and ensure that per individual get at least 5 counselling sessions within 12-month duration; they will also coordinate required follow-ups. Our hired Community Health Workers will identify individuals/families who needs support, give basic psychosocial support, and monitor mental health status in the community.

6 Evaluation Plan

The program evaluation manager, Dr. Rafi Khan as the program's in-house evaluator with 6 years of project evaluation experience, will design evaluation plan, train field facilitators to collect accurate data, compile and analyze the findings and share results with project managers for decision-making. He will thoroughly conduct both process evaluation and outcome evaluation.

Process Evaluation

Process evaluation will use data collected through structured interviews with the members of 500 households. The participants will give their feedback on the following topics: (a) programs conformity with the timeline; (b) quantity and quality of service provided; (c) problems encountered during the training sessions; (d) solutions and successes. Dr. Rafi Khan will interview each individual three times: at the beginning and at the sixth and twelve months of the program. He will talk with each participant with about their: (a) self-assessment of the handicraft making skill learned; (b) challenges in meeting the programs requirements; (c) motivations for continuing participation; and (d) suggestions for program improvements. He will report quarterly about the assessment of program implementation and lessons learned. The program director will use this report to refine the process if necessary and informs the funders about the progress of the program.

Outcome Evaluation

Program counsellor will gather baseline, midline, and endline data so that he can track the progress of the program overtime.

First Outcome: At least 90% (45) of the groups have achieved a 50% increase in household income by the end of the project. For evaluation of first outcome, program manager will collect data from the 500 participants of 50 groups on (a) their baseline household income; (b) their income amounts; (c) their ability to sustain their businesses beyond the program support. He will evaluate first outcome based on the following indicators: (a) % of micro-enterprise groups operational at Month 12; (b) % of groups achieving at least a 50% increase in household income (baseline vs. endline).

Second Outcome: 100% (500) of households will have access to safe drinking water and improved sanitation by the end of the project. For the evaluation of second outcome, the program manager will collect data from the 500 household on: (a) whether access to clean water and sanitation improved for targeted household; (b) whether there been a reduction in waterborne illnesses; (c) whether the household members uses and maintain WASH facilities properly. He will evaluate second outcome based on the following indicators: (a) % of households with functioning deep tube wells and latrines; (b) % of households reporting daily access to safe drinking water; (c) % reduction in reported diarrheal or waterborne disease cases; (d) % of households showing proper hygiene practices.

Third Outcome: Achieve a 25% improvement in mental health outcomes (GHQ-12 scores) among 450 participants by the project's end. For the evaluation of third outcome, the program manager will collect data from the 450 participants on: (a) whether mental health outcomes improved for targeted individuals; (b) whether participants are more aware of mental health support options; (c) whether peer support groups are functional and active. He will evaluate third outcome based on the following indicators: (a) %

improvement in GHQ-12 mental health scores (baseline vs. endline); (b) % of targeted individuals completing at least 5 counseling sessions; (c) % of peer support groups meeting regularly at project close. Program counsellor will complete quarterly assessment and hand it over to Dr. Rafi Khan; he will combine both process evaluation and outcome evaluation data to identify effective materials and services for the program.

Final Evaluation

30 days after the completion of the project, Dr. Rafi Khan will submit a final evaluation report addressing the following questions:

- Was the program implemented as planned?
- To what degree is the program achieving its proposed outcomes?
- What services and materials are most effective in producing the outcome?
- Were there deviations from the original program design? If so, why?
- What is the potential long-term impact of the program outcomes?

7 The Project Budget

Table 1 shows the overall estimated cost of the program which is **179717 USD**. And the subsequent tables show the estimated breakdown of cost for each section of table 1.

Table 1: Overall Budget (USD) for the Program

Name of Items	Total
Economic Empowerment Personnel	34,500
WASH Program Personnel	46,500
Mental Health Program Personnel	28,680
Materials and Logistics	70,037
Total Requested Sum (USD)	179,717

Table 2: Women's Economic Empowerment Personnel Budget (12 Months)

Role	No.	Monthly Wage	Yearly Total
Economic Empowerment Specialist	1	500	6,000
Vocational Skill Trainers	4	200	9,600
Business Officer	1	375	4,500
Field Facilitator	5	150	9,000
Market Specialist	1	450	5,400
Total (USD)			34,500

Table 3: WASH Program Personnel Budget (12 Months)

Role	No.	Monthly Wage	Yearly Total
Manager	1	600	7,200
Skilled Laborers	10	150	18,000
Community Mobilizers	2	300	7,200
Water Testing Technicians	2	200	4,800
Health Promotion Officers	2	250	6,000
Monitoring Officer	1	275	3,300
Total (USD)			46,500

Table 4: Mental Health Support Team Personnel Budget (12 Months)

Role	No.	Monthly Wage	Yearly Total
Clinical Psychologist	2	475	11,400
Psychiatric Social Worker	4	160	7,680
Community Health Worker	8	100	9,600
Total (USD)			28,680

Table 5: Materials, Infrastructure, and Logistics Budget

Line Item	Units	Total Cost
Deep Tubewells	20	26,250
Reinforced Latrines	50	19,000
Drilling rig	—	4,500
Pump & piping	20	7,250
Water testing equipment	5	400
Transportation & logistics	—	2,720
Construction tools, PPE	—	1,800
Monitoring & supervision	—	1,750
Contingency (10%)	—	6,367
Total (USD)		70,037

8 Future Funding and Sustainability

Community-Based Financial Systems: Establish savings and loan funds managed by local groups, enabling financial resilience and self-sufficiency for women-led enterprises and other community initiatives.

Government and Local Partnerships: Collaborate with local governments to integrate project activities into local development plans and ensure continued support for infrastructure, such as WASH facilities and disaster management systems.

External Funding: Pursue funding from international donors, climate adaptation funds, and corporate partnerships to extend the project's reach and support future activities.

Market Linkages: Facilitate access to broader markets for women's enterprises, promoting sustainable livelihoods and long-term income generation through market expansion and e-commerce.

Monitoring and Evaluation Framework: Establish a robust M&E system to track project progress and demonstrate its effectiveness, helping attract future funding and support.

Local Capacity Building: Train local leaders and organizations to ensure that knowledge and skills remain within the community after project completion, fostering self-reliance.

9 Logical Framework for the Project

Hierarchy of Objectives	Indicators (Objectively Verifiable)	Means of Verification	Assumptions
Goals			
To restore and enhance the livelihoods and well-being of flood-affected rural communities in Noakhali.	Improvement in livelihoods and quality of life in the post-flood period.	Final project evaluation report; data from government and local authorities.	Political stability and cooperation from local government; recurrence of natural disasters will not occur.
Outcomes			
Outcome 1: Empowerment of Women through Economic Opportunities.	At least 90% (45) of the micro-enterprise groups will achieve a 50% increase in household income by the project's end.	Income increase survey reports; economic records of micro-enterprise groups.	There will be market demand for products and market access will be easy.
Outcome 2: Improved Access to Water, Sanitation, and Hygiene (WASH).	100% (500) of households will have access to safe drinking water and improved sanitation by the end of the project.	Household surveys; records of WASH facility usage; water quality test reports.	Community members will assist in the maintenance of WASH facilities.
Outcome 3: Psycho-social Support for Mental Well-being.	A 25% improvement in mental health outcomes (GHQ-12 scores) will be achieved among 450 participants by the project's end.	Comparison of GHQ-12 scores pre-project and post-project; counseling session records.	There will be no social stigma associated with seeking mental health services.
Outputs			

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Hierarchy of Objectives	Indicators	Means of Verification	Assumptions
Economic Empowerment:	50 women's micro-enterprise groups will be established; 500 women will be enrolled in the women's economic empowerment program.	Group formation documents; list of participants in the training program.	Women will be interested in participating in the program and will receive family support.
WASH Program:	20 deep tube wells and 50 reinforced latrines will be installed.	Construction reports and photos; list and geographical location of the installations.	Construction materials will be readily available and local authorities will grant necessary permissions.
Mental Health Program:	Two mobile mental health teams will provide counseling and psychosocial support to 450 individuals.	Number of counseling sessions and participant records.	Trained personnel will be available and able to work effectively.
Activities			
Economic Empowerment Activities:	12 qualified personnel will be hired; 10 hands-on training sessions and 2 product display sessions will be held.	Personnel hiring documents; attendance lists and reports of training sessions.	Sufficient funds will be provided in a timely manner.
WASH Program Activities:	17 qualified personnel will be hired; community participation programs will be organized.	Personnel hiring documents; reports of community meetings and activities.	The post-flood situation will be favorable for construction work.

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Hierarchy of Objectives	Indicators	Means of Verification	Assumptions
Mental Health Program Activities:	14 personnel will be hired for two mobile mental health teams; at least 5 counseling sessions will be provided per individual.	Personnel hiring documents; counseling session schedules and records.	Affected individuals will come forward to receive services.

References

- The 1998 Floods in Bangladesh Disaster Impacts, Household Coping Strategies, and Response.* (2001). International Food Policy Research Institute. <https://doi.org/10.2499/0896291278rr122>
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