



CARE Bangladesh Mid-Term Review of SHOUHARDO II Multi-Year Assistance Program



Volume I – Main Report

Review Team:

- René Verduijn, Team Leader
- Jennifer Rosenzweig
- Tom Spangler
- Golam Kabir
- Lisa Smith
- Tanzina Hoque

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Acronyms

| | |
|--------|--|
| ADPC | Asian Disaster Preparedness Center |
| ANC | Antenatal Care |
| ARR | Annual Results Report |
| BDT | Bangladesh Taka |
| BRRI | Bangladesh Rice Research Institute |
| CAP | Community Action Plan |
| CCA | Climate Change Adaptation |
| CVCA | Climate Vulnerability and Capacity Analysis |
| CHD | Comprehensive Homestead Development |
| CHV | Community Health Volunteer |
| C-IMCI | Community Based Integrated Management of Childhood Illnesses |
| CLTS | Community Led Total Sanitation |
| CMAM | Community Based Management of Acute Malnutrition |
| DCRM | Disaster and Climate Risk Management |
| DIP | Detailed Implementation Plan |
| DRR | Disaster Risk Reduction |
| DV | Disaster Volunteer |
| ECCD | Early Childhood Care and Development |
| EKATA | Empowerment Knowledge and Transformative Action |
| EPI | Expanded Program on Immunization |
| EVAW | Ending Violence Against Women |
| FDP | Food Distribution Point |
| FF | Field Facilitator |
| FFP | Food For Peace |
| FGD | Focus Group Discussion |
| FY | Fiscal Year |
| GMP | Growth Monitoring and Promotion |
| GOB | Government of Bangladesh |
| HFA | Height for Age |
| HHN | Health Hygiene and Nutrition |
| IFSP | Integrated Food Security Program |
| IGA | Income Generating Activity |
| IMCI | Integrated Management of Childhood Illnesses |
| INGO | International Non-Government Organization |
| IPTT | Indicator Performance Tracking Table |
| IR | Intermediate Result |
| IUCN | International Union for Conservation of Nature |

| | |
|----------|---|
| IYCF | Infant and Young Child Feeding |
| IYCN | Infant and Young Children Nutrition |
| LBW | Low Birth Weight |
| LEB | Local Elected Body |
| LGED | Local Government Engineering Department |
| LOA | Life of the Award |
| M&E | Monitoring and Evaluation |
| MCHN | Mother Child Health and Nutrition |
| MDG | Millennium Development Goal |
| MoF | Ministry of Food |
| MoDMR | Ministry of Disaster Management and Relief |
| MoH&FW | Ministry of Health and Family Welfare |
| MoLGRD&C | Ministry of Local Government Rural Development and Cooperatives |
| MoU | Memorandum of Understanding |
| NBD | Nation Building Department |
| NGO | Non-Governmental Organization |
| PACC | Program Advisory and Coordination Committee |
| PEP | Poor and Extreme Poor |
| PM2A | Prevention of Malnutrition in Children under 2 Approach |
| PNGO | Partner Non-Governmental Organization |
| RIMES | Regional Integrated Multi-Hazard Early Warning System |
| SO | Strategic Objective |
| UDCP | Union Disaster Contingency Plan |
| UDMC | Union Disaster Management Committee |
| UDMP | Union Disaster Management Plan |
| UP | Union Parishad |
| USAID | United States Agency for International Development |
| USD | United States Dollar |
| UzDMC | Upazila Disaster Management Committee |
| VDC | Village Development Committees |
| WB | World Bank |
| WFP | World Food Programme |

Executive Summary

Despite progress on combating poverty and improving a number of other human development indicators, Bangladesh remained ranked 146th out of 189 countries in the 2010 Human Development Index (HDI). Similarly, it ranked 69th out of 79 countries listed in the 2012 Global Hunger Index (GHI), placing the country in the category of “alarming” levels of food insecurity. According to government figures, approximately 40 percent of the population is food insecure, meaning that more than 60 million people consume less than the minimum daily-recommended amount of food. In addition to extreme poverty and food insecurity, vulnerable populations throughout the country cope with limited access to education and health services, widespread gender inequity, and repeated exposure to natural disasters and climate change. Despite improvement in economic indicators and progress toward the Millennium Development Goals (MDGs) over the previous decade, undernutrition (particularly among women and children) remains a major impediment to further development of the country.¹

It was within this context that CARE Bangladesh and Partner NGOs first designed and implemented the SHOUHARDO Multi-Year Assistance Program (MYAP) from 2005-2010.² The final evaluation of the first phase confirmed that it was largely effective in addressing not only the availability, access and utilization issues that lead to food insecurity, but also the underlying factors that contribute to vulnerability such as a lack of social participation and disempowerment that prevent people from realizing their full potential to lead healthy and productive lives.

CARE Bangladesh is currently working with 16 PNGOs and 4 Technical Partners to implement the second phase of the program (SHOUHARDO II, 2010-2015) in 11 districts of the country.³ SHOUHARDO II builds on the success of the first phase by maintaining a strong emphasis on improving livelihood security, food security, nutrition and PEP and women’s empowerment at the community level, while adding components aimed at strengthening local governance and improving adaptation to climate change.

Objectives of the Mid-Term Review (MTR)

The primary objectives of the MTR are to:

- Assess the effectiveness of program strategies and implementation of interventions;
- Assess the quality of partnerships with both implementing and technical partners;
- Determine the progress of the SHOUHARDO II Program to date (and extent to which the program will reach its performance targets by 2015); and
- Provide recommendations for improving the design and implementation of the program.

¹ FAO, WFP and IFAD. 2012. The State of Food Insecurity in the World 2012. Economic growth is necessary but not sufficient to accelerate reduction of hunger and malnutrition. Rome, FAO.

² SHOUHARDO is an acronym that stands for *Strengthening Household Ability to Respond to Development Opportunities*. SHOUHARDO is also a Bengali word for “amity.”

³ Kurigram, Nilphamari, Rangpur, Dinajpur, Bogra, Sirajganj, Pabna, Mymensingh, Jamalpur, Sunamganj, Cox’s Bazar.

Methodology

In order to meet these objectives, the MTR Team designed a research methodology that was as comprehensive and integrated as the SHOUHARDO II program itself. The MTR utilized both quantitative and qualitative data to measure the outputs, outcomes and impact of program. Analysis of findings also considers specific elements of program design including targeting, the contribution of specific activities towards program objectives, the efficiency with which program resources are being used, and the prospects for longer-term sustainability of program activities.

The quantitative methodology ensured the validity of findings and comparability with baseline measures by utilizing the same household survey instrument and sampling frame. The MTR Team also carried out qualitative research via interviews and focus group discussions with SHOUHARDO II staff at CARE Bangladesh headquarters and regional offices, key government stakeholders, implementing partners and program beneficiaries.

The findings and analysis contained in the full MTR report are intended to inform and improve implementation of SHOUHARDO II for the duration of the program. The discussion that follows is a brief summary of MTR results that directly corresponds to the objectives of the review as laid out in the Terms of Reference.

A. Effectiveness of strategies and implementation of interventions

The overall goal of the SHOUHARDO II program is to:

“Transform the lives of 370,000 Poor and Extreme Poor (PEP) households (HH) in 11 of the poorest and marginalized districts in Bangladesh by reducing their vulnerability to food insecurity.”

In order to achieve this goal, CARE-Bangladesh and PNGOs have established the following Strategic Objectives (SO) and Intermediate Results (IR):

SO1: "Availability of" and "access to" nutritious foods enhanced and protected for 370,000 PEP households.

IR1.1: Improved and diversified agriculture systems developed and linked with private and public services.

IR1.2: Increased household income among PEP in the target communities.

SO2: Improved health, hygiene and nutrition status of 281,000 children under 2 years of age.

IR2.1: "Access to" and "utilization of" health and nutrition services improved to care givers of children under 2 years of age.

IR2.2: Care givers of children under 2 adopt improved health, hygiene and nutrition behavior and caring practices.

SO3: PEP women and adolescent girls empowered in their families, communities and Union Parishad.

IR3.1: Influence of PEP women and adolescent girls in decision making increased.

IR3.2: Local support systems strengthened to reduce Violence Against Women (VAW).

SO4: Local elected bodies and government service providers responsiveness and accountability to the

PEP increased.

IR4.1: Nation Building Departments (NBD) and Union Parishads proactively work to address the needs of the PEP, especially women.

IR 4.2: PEP access to entitlements and services increased, including safety nets and natural resources.

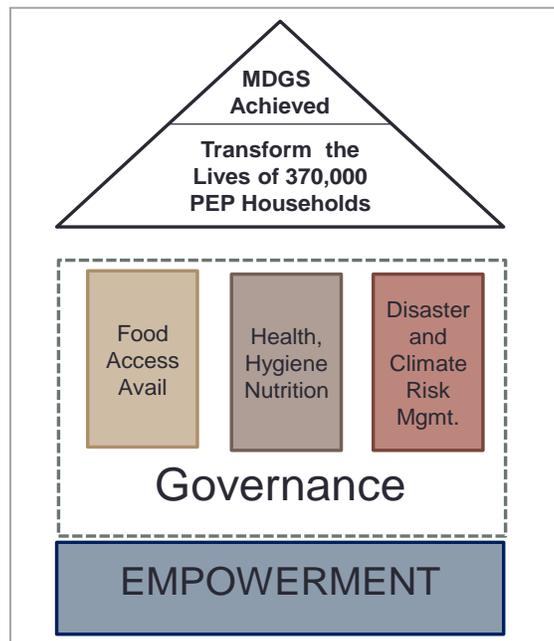
SO5: Targeted community members and government institutions are better prepared for, mitigate, and respond to disasters and adapt to climate change.

IR5.1: Disaster contingency systems in place and functioning.

IR5.2: Influence local and national humanitarian assistance initiatives.

In order to focus program staff on the full potential of the integrated program model, the MTR Team proposes the adoption of a revised conceptual model for SHOUHARDO II. To be clear, this model does not suggest the redesign of SHOUHARDO II. Rather it serves as a means to clearly communicate the complexities of the integrated approach, and to facilitate programmatic planning, review and documentation throughout the program cycle. The proposed model (shown below) begins by placing empowerment of the PEP at its foundation, with a special role for women’s empowerment. This is inherent in CARE Bangladesh’s programmatic approach, and the SHOUHARDO II design. Key areas of intervention food access/availability, health, hygiene, nutrition, and disaster risk management are represented as pillars placed on top of the foundation of women’s empowerment. SHOUHARDO II’s governance approaches (which include capacity building of government officials and support for Village Development Committees) is shown to support and hold together the three sector-specific pillars. By understanding how individual components work together, and by prioritizing implementation of the integrated model in all target communities, SHOUHARDO II will maximize its impact and the likelihood of achieving performance targets by 2015.

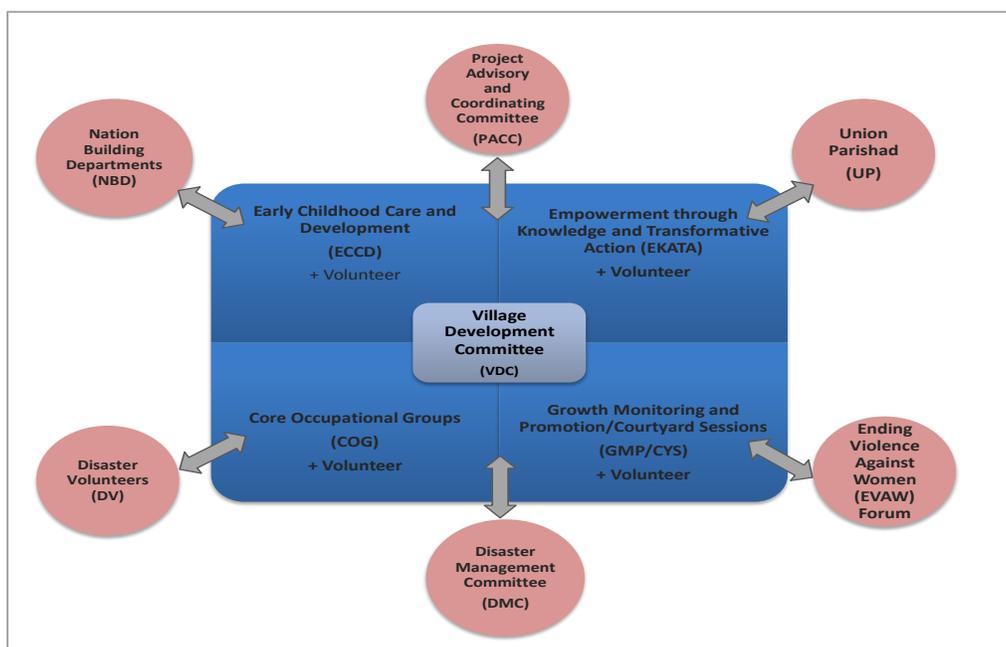
Revised Conceptual Model - The SHOUHARDO II House



As was the case in the first phase, SHOUHARDO II places a priority on community-based interventions and places considerable emphasis on the capacity of Village Development Committees (VDCs) to assess local factors constraining food security and oversee program efforts to address them. In particular VDC, with program staff, are charged with coordinating the efforts of four thematic groups in target communities. They include:

- *Core Occupational Groups* aimed at increases in food production, and/or income (targeting both men and women);
- *Growth Monitoring and Promotion (GMP) Groups* aimed at improved nutrition and health status of children under 5 years of age;
- *Early Childhood Community Development (ECCD) Groups* for mothers and children between 0 and 8 years of age); and
- *Empowerment, Knowledge and Transformative Action (EKATA) Groups*: women and girls (EKATA) on empowerment and protection.

Institutional Relationships under the SHOUHARDO II Model with core at community-level



A critical new element of SHOUHARDO II's efforts to improve child nutrition is the trial of the Prevention of Malnutrition in Children under 2 Approach – (PM2A). Under PM2A all pregnant women, mothers of children 0-23 months and children under 2, regardless of nutritional and economic status receive a monthly food ration, in addition to a package of health promotion and preventative and curative health services. Meanwhile, SHOUHARDO II continues to implement a more targeted approach to improving maternal and child health and nutrition (MCHN), under which food rations are only provided to pregnant women, mothers and children in the poor or extreme poor well-being categories. The

comparison of nutrition outcomes under these approaches is intended to provide insight into the relative costs and benefits of each in the context of Bangladesh.

Conclusions

- ✓ SHOUHARDO II continues to build on the success of first phase of the program by implementing activities that improve livelihood and health practices, empower girls and women, promote the engagement and support of government, and contribute to improved disaster risk management. Implementation is proceeding according to plan and individual sets of interventions under each SO are comprehensive and provide the understanding, skills and material support necessary to achieve intended outcomes.
- ✓ Much of the success achieved by SHOUHARDO II is due in part to effective program management provided by CARE Bangladesh and PNGO staff. Having learned valuable lessons through the design and implementation of the first phase, SHOUHARDO II has maintained adequate systems for partner communication and coordination, resource allocation, and oversight of frontline staff.
- ✓ The addition of a Strategic Objective dedicated to improved governance (SO4) and increasing focus on climate change adaptation (SO5) are relevant and appropriate, though more could be done to 'mainstream' CCA into other SOs.
- ✓ SHOUHARDO II has become especially reliant on volunteers, informal institutions, and government stakeholders for implementation and progress monitoring. While this has instilled a sense of community empowerment and ownership of interventions, its reliability on stakeholders over which it has no real influence makes the program vulnerable to underachievement and a possible problem with ensuring program quality. At the same time, the lack of formal program exit strategies compromises the sustainability and potential impact of the program.

B. Quality of partnership with both implementing and technical partners

Partner NGOs (PNGOs) are responsible for 90 per cent of the program implementation, while CARE Bangladesh conducts the other 10 per cent through direct delivery. While technical and operational capacity varies somewhat among PNGOs, each benefit from significant administrative and technical support from CARE.

SHOUHARDO also maintains close working relationships with a number of technical partners. These include the International Rice Research Institute's Cereal System Initiative for South Asia (IRRI CICSAs), Chittagong Veterinary & Animal Science University (CVASU), International Union for Conservation of Nature (IUCN), World Fish, and the Regional Integrated Multi-Hazard Early Warning System (RIMES). Each of the partners' primary focus is on SO1, with the exception of RIMES, which supports early warning activities under SO5.

Finally, the program regularly partners with the Government of Bangladesh (GoB) through Project Advisory and Coordinating Committees (PACC) at multiple levels as well as through government provision of technical training provided to field staff and beneficiaries on key topics related to agriculture, livestock, fisheries, health and disaster risk management.

Conclusions

- ✓ The SHOUHARDO II program enjoys widespread support from participating government representatives, particularly at the district, upazila and union levels.
- ✓ PNGOs are servicing their beneficiaries well and the MTR found no substantive difference in program quality in communities supported by PNGOs versus those supported by CARE Bangladesh.
- ✓ Communication between CARE Bangladesh and PNGOs on operational issues has been sufficient. However, it seems inadequate attention has thus far been paid maintaining and maximizing program quality, identifying and addressing technical training needs, and sharing of best practices.
- ✓ Some stakeholders noted that the current patterns of communication result in a sense that PNGOs are independent service providers recruited to deliver outputs within given deadlines, rather than equal members of a collaborative team. Meanwhile, PNGOs reported some problems regarding the submission of monthly budget requests and allocations from CARE HQ, resulting in the delay of some planned activities.

C. Progress of the SHOUHARDO II Program towards its objectives

At the midway point, SHOUHARDO II has made significant progress toward each of its Strategic Objectives and is well on its way to achieving the majority of its performance targets by the close of the program in 2015. The table below provides comparable quantitative information on key impact indicators collected during both the baseline and mid-term survey. It shows that SHOUHARDO II has had a substantial impact on household food security and child nutrition under SO1 and SO2. Less progress has been made on women's empowerment under SO3, though these findings warrant some qualification. Quantitative data reveal that while women's decision making within the household has not yet increased substantially, it *has* increased at the community level, particularly with respect to *salish* decision making (customary mediation).

Progress in program impact indicators (Baseline versus Midterm)⁴

| | Baseline | Midterm | Percent difference a/ |
|--|----------|---------|-----------------------|
| SO1. Availability of and access to nutritious foods enhanced and protected for 370,000 PEP households | | | |
| Food security | | | |
| Average household dietary diversity score | 4.8 | 5.9 | 22.9 |
| Number of months of adequate household food provisioning | 5.9 | 9.9 | 67.8 |
| SO2. Improved health, hygiene and nutrition status of 281,000 children under 2 years of age | | | |
| Malnutrition among children under five | | | |
| Percent of children 6-59 months moderately stunted | 61.7 | 52.7 | -14.6 |
| Percent of children 6-59 months severely stunted* | 30.8 | 22.6 | -26.6 |
| Percent of children 0-59 months moderately underweight | 42.2 | 34.2 | -19.0 |
| Percent of children 0-59 months severely underweight* | 13.5 | 9.8 | -3.7 |
| SO3. PEP women and adolescent girls empowered in their families, communities and Union Parishad | | | |
| Index of women's decision making power | 2.28 | 2.38 | 4.4 |

* Program impact indicators are expressed in the Results Framework in terms of moderate malnutrition

Note: Moderate malnutrition is defined as between -3 and -2 z-scores below the median of the WHO child growth standards. Severe malnutrition is defined less than -3 z scores.

While there are no impact indicators in the SHOUHARDO II Indicator Performance Tracking Table (IPTT) under SO4, the program has also made important progress towards improved governance. For instance, advocacy and technical support provided under SO4 have prompted more UPs to practice open budgeting and have contributed to increased government budget allocations in support of PEP. While the program has made substantial progress training individuals on disaster preparedness under SO5, it has thus far fallen short of performance targets for establishment of disaster early warning systems, construction of disaster mitigating infrastructure, and development of Union Disaster Management Plans (UDMP).

Conclusions

- Quantitative analysis clearly demonstrates that SHOUHARDO II is on track to achieve the majority of its performance targets by 2015. Important exceptions – and therefore areas of needed improvement – include exclusive breastfeeding, hand washing, prevalence of diarrhea, access to sanitation facilities, establishment of early warning systems and development of UDMPs.
- Among all the SOs, the most significant gains are those reported for nutrition of children under five years of age. In all likelihood, these improvements are the result of SHOUHARDO II's integrated approach to promotion of improved agricultural practices, improved child care and feeding practices, and women's empowerment at the community level.
- Despite ample evidence (from SHOUHARDO and SHOUHARDO II) of the influence of women's empowerment on household food security and nutrition, only 30 percent of program sites currently

⁴ More comprehensive information on other process, output and outcome indicators is presented in *Annex K: Additional Analysis of Quantitative Findings from Household Questionnaire*.

have EKATA groups. The MTR Team views the partial coverage of EKATA groups as a substantial impediment to program impact.

- While SO4 has enabled consistent engagement on the part of local government, the ultimate impact of SO4 interventions remains uncertain due to the lack of accountability among government stakeholders.

D. Recommendations for further improvement of SHOUHARDO II

The following recommendations are intended to improve the implementation of program activities and increase the likelihood that SHOUHARDO II will achieve its intended impacts and outcomes prior to its closure in 2015.

Program Design and Implementation

- 1) Prioritize maintenance of program quality over achievement of maximum scale*
- 2) Prioritize expansion of EKATA model and develop strategies for empowering women in non-EKATA communities*
- 3) Continue to strengthen the ability of VDCs to serve as catalysts for local development*
- 4) Adapt behavior change strategy to address key barrier for SO2*
- 5) Develop and begin to implement program exit strategies*

Program Management

- 6) Provide follow-up training in all technical areas and increase backstopping capacity in the field*
- 7) Make a substantial investment in knowledge management in order to capture lessons learned, address critical information gaps and develop an exit strategy*
- 8) Strengthen human resource capacity to ensure that CARE and PNGO field staff can adequately serve the needs of target communities*
- 9) Develop a comprehensive approach for targeting qualified women to work with the program*
- 10) Reassess roles and responsibilities regarding internal oversight within SHOUHARDO II and CARE Bangladesh*

1. Introduction

CARE Bangladesh began implementing SHOUHARDO II in June 2010. The five-year Multi-Year Assistance Program (MYAP) builds on the previous phase (SHOUHARDO) which established an effective, integrated model for reducing child malnutrition while contributing to greater livelihood security and women’s empowerment.

Funded by the United States Agency for International Development (USAID) and the Government of Bangladesh (GOB) for approximately USD 130 million SHOUHARDO II is one of the world’s largest non-emergency food security programs and plays an influential role in Bangladesh’s poverty alleviation efforts. The program is implemented in four regions (North Char, Mid-Char, Haor and Coastal), reaching 11 districts, 30 Upazilas and 172 Unions. The overall goal of SHOUHARDO II is to “transform the lives of 370,000 Poor and Extreme Poor (PEP) households in 11 of the poorest and most marginalized districts in Bangladesh by reducing their vulnerability to food insecurity.”

TANGO International, Inc., a consulting firm based in Tucson, Arizona, USA, has been contracted to conduct the Mid-Term Review (MTR) of the program. The primary purposes of the MTR is to assess progress toward the program’s strategic objectives (SOs) after the first two-and-a-half years of implementation and identify improvements in program design and implementations that will be necessary in order for SHOUHARDO II to meet its performance targets by 2015.

This report describes the MTR methodology and process, assesses progress made since the baseline assessment, examines key successes and challenges in program management, and provides recommendations for improved performance prior to the schedule close of the program in 2015. A compendium of Annexes is included as Volume II and should accompany this narrative report.

2. Description of the Program

2.1 Background

In the past 20 years Bangladesh has made significant progress towards a number of human development indicators. Out of a total population of 160 million people, about 40 percent of the population was living in poverty in 2005 and 35 million in extreme poverty. This is a marked improvement as the prevalence of poverty was 57 percent at the beginning of the 1990s, and 49 percent in 2000 (MDG report Bangladesh, 2011).

However, due to continued population growth,

the absolute number of people living in poverty has changed little and high levels of inequality persist.

Bangladesh is on course to meet the Millennium Development Goals (MDGs) for infant and child mortality and has already met the MDG for gender parity in primary and secondary education. Despite the success in the latter, problems remain in terms of school completion and dropout rates, particularly for girls from extreme poor families. General success factors on the improved human welfare indicators include: development of the national economy – with growing industries such as textile; large flow of remittances from nationals abroad; consistent foreign aid flows; a Green Revolution leading to improved food availability and reduced need for

Priorities for Title II programs set by the USAID FFP in Bangladesh:

- Increase the incomes of poor and extremely poor households;
- Reduce chronic malnutrition among children under 5; and
- Reduce the vulnerability of poor communities and households to natural disasters

Source: FFP Bangladesh Title II 2010-14 Strategy

imports; and a climate where a large number of CSOs are active at the grass roots level aiming at improving human welfare.

Despite important economic progress, the country remains highly food-insecure. Bangladesh is ranked 146th out of 189 countries in the 2010 Human Development Index (HDI), and 69th out of 79 countries in the 2012 Global Hunger Index (GHI) with a value of 24.0, which puts Bangladesh in the second highest category of “alarming.” According to government figures, around 40 percent of the population are food insecure, meaning that more than 60 million people consume less than the minimum daily-recommended amount of food. Malnutrition levels also remain high. For instance, 43 percent of children under the age of 5 suffered from chronic malnutrition (stunting) in 2007.

The country experiences spikes of acute humanitarian needs as it is particularly prone to rapid onset natural disasters, including floods, cyclones and storm surges that have major adverse effects on people’s lives. Bangladesh has also been classified as a country that is likely to be severely affected by climate change. Other risk factors include the dependence on the international agricultural markets for staple foods such as rice and wheat, which, as shown by the food price crisis of 2007-08, posed problems for a net food importing country like Bangladesh.

PL 480 Title II support to Bangladesh

CARE’s presence in Bangladesh (then East Pakistan) goes back to 1949. Over the years, CARE has promoted sustainable development models to empower and benefit the poorest and marginalized by addressing the underlying causes of poverty and food insecurity. CARE- Bangladesh has also built up a strong working relationship with USAID. CARE-Bangladesh has been facilitating PL 480 Title II support since 1974, i.e. shortly after the People’s Republic of Bangladesh emerged as a nation state (1971) and at the height of a global economic, energy and food crisis. Bangladesh is one of the largest Title II food aid recipient countries of the United States globally⁵. And despite some reservations raised on the monetization of in-kind food aid⁶, CARE has continued its collaboration with USAID Office of Food for Peace (FFP) to the support of such programs in Bangladesh. As recently as 2009⁷, a Bellmon Estimation Study for Title II (BEST) Project was conducted in Bangladesh, verifying through independent market analysis that: (1) adequate storage facilities are available in the recipient country at the time of exportation - to prevent the spoilage or waste of the food; and (2) the distribution of the commodities in the recipient country will not result in a substantial disincentive or interference with domestic production or marketing in that country (<http://transition.usaid.gov/>).

Government counterparts mentioned a number of advantages of Title II program support during interviews with the MTR Team. They included: (1) ability to purchase food imports in local currency; (2) monetized funds are made available for social protection schemes; (3) high content of protein of the wheat; and (4) physical access to food for the poor through social protection schemes from GoB and partners. During times of high volatility in the global agricultural commodity markets (such as in 2007/8-2010) food may be so scarce that no price incentive will satisfy demand. Given the expectations that such volatility of the market will continue for years to come (FAO, 2012), it is expected that some critics may take a more positive view on a guaranteed source of food commodities for developing countries in the near future.

⁵ See Annex N: History of Title II Food Aid in Bangladesh

⁶ For more details see CARE’s White Paper on Food Policy (2006)

⁷ http://transition.usaid.gov/our_work/humanitarian_assistance/ffp/bangladeshbest.pdf

Short description of the Program

CARE's SHOUHARDO II program is one of three MYAPs that were approved by USAID in 2010, began⁸ June 1, 2010 and will close on May 31, 2015. SHOUHARDO II stands for "Strengthening Household Ability to Respond to Development Opportunities II" and follows its predecessor - the SHOUHARDO Program (MYAP 2005-2009). SHOUHARDO piloted an integrated approach to empowering some of the poorest and most marginalized populations of Bangladesh. The design of the SHOUHARDO program can be seen as a culmination of CARE's longstanding presence, experience and commitment to Bangladesh and their mission to address both humanitarian and developmental needs, with a strong focus on the most marginalized groups in society.

The SHOUHARDO II Program has a total resource of 287,420 MT worth of commodities for both direct distribution and monetization (80 per cent); and a cash budget of over USD 130 million (including money generated from the monetization of commodities). The Government of Bangladesh has contributed USD 11.5 million and CARE USD 1 million. The commodities for direct distribution include 50,000 MT of wheat, 2,500 MT of yellow split peas, and 5,000 MT of vegetable oil. SHOUHARDO II is one of the largest non-emergency food security programs in the world.

The Program operates in four major regions of Bangladesh – the North Char, the Mid Char, the Haor area, and the Coastal belt of Cox's Bazaar. SHOUHARDO II aims to reach about 370,000 vulnerable households in 172 Union Parishad, 30 Upazila and the 11 districts of Rangpur, Kurigram, Nilphamari and Dinajpur in the North Char; Sirajganj, Bogra and Pabna in the Mid Char; Mymensingh, Jamalpur and Sunamganj in the Haor and Cox's Bazar in the Coastal region.

2.2 Program Rational and Main Components

CARE's program approach

The rational for the SHOUHARDO II program is firmly embedded in the overall programmatic approach of CARE Bangladesh. The organization works with a vision towards ending poverty by achieving its four long-term program goals as follows:

1. Empowerment of the most socially, economically and politically marginalized women;
2. Improve secure and viable livelihoods for the most marginalized groups in urban areas;
3. Overcome barriers of unequal power relations of the poor; and
4. Build resilient livelihoods for most vulnerable communities prone to disasters and environmental (climate) change.

Programming Principles of CARE Bangladesh:

- Promote empowerment
- Work with partners
- Ensure accountability & promote responsibility
- Address discrimination
- Promote non-violent resolution of conflict

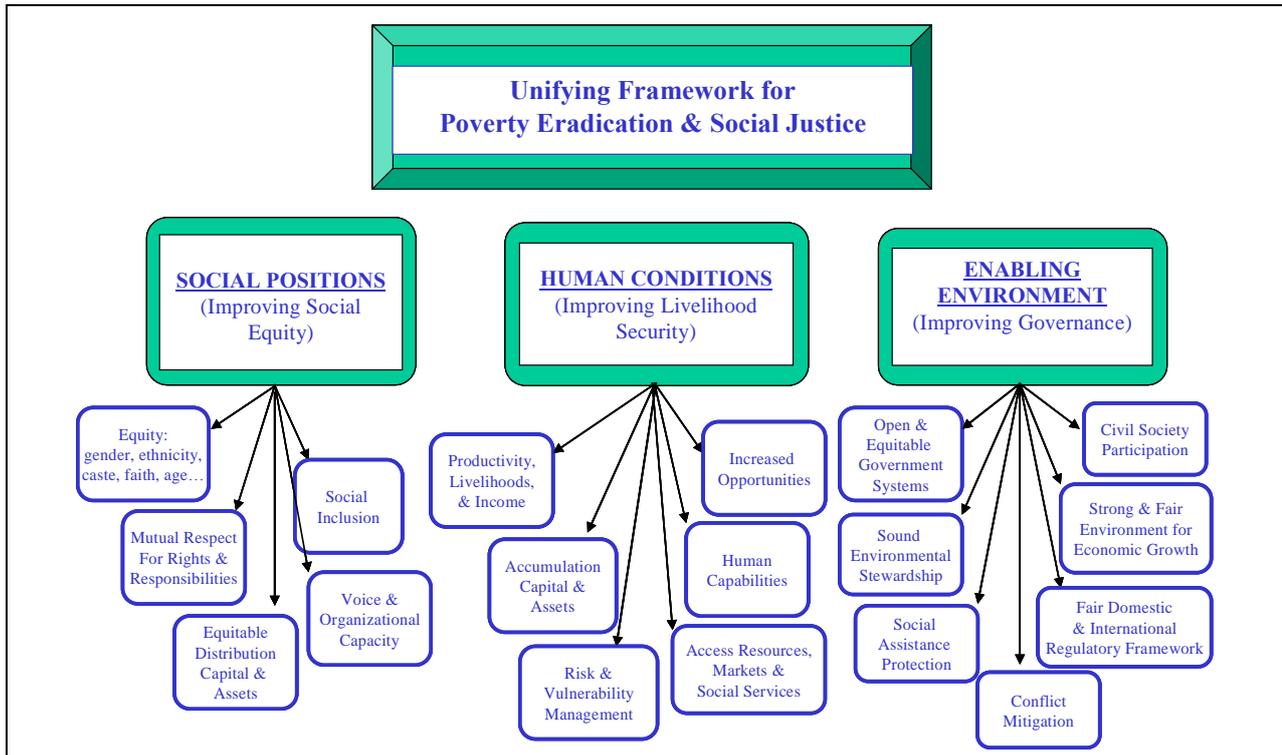
Source: CARE-Bangladesh 2009-14 Country Strategy

Furthermore, it is incorporated in CARE's unifying framework for Poverty Eradication and Social Justice (see figure below). CARE's unifying framework was developed around three outcome categories that together

⁸ The others USAID funded programs being: - "Nobo Jibon" implemented by Save the Children, targeting 191,000 beneficiaries in 9 districts in southern Bangladesh, and ACDI/VOCA's "PROSHAR" targeting 27,000 beneficiaries in Khulna Division.

ensure that the underlying causes of poverty are accurately analyzed and addressed from both needs- and rights-based perspectives. Together it embodies CARE’s theory of change in Bangladesh.

Figure 1: CARE’s Unifying Framework for Poverty Eradication and Social Justice



Source: TANGO International. 2009. SHOUHARDO Final Evaluation Report. December 2009.

History of SHOUHARDO Program (2004-10)

The SHOUHARDO II program builds on the success of its predecessor - the SHOUHARDO program (2004-10) - which piloted an integrated approach by:

“Assisting the poorest, most vulnerable and marginalized households to reduce chronic and transitory food insecurity through increasing and diversifying income opportunities and strengthening institutional linkages. SHOUHARDO incorporated risk reduction and implemented activities in a wide range of areas such as agriculture, health, nutrition, disaster preparedness, climate change adaptation, governance and women's empowerment.”⁹

SHOUHARDO built up the program around the core components of a Title II program in Bangladesh. These are generally:

- (1) food production and food access;
- (2) health, hygiene and nutrition – with nutritious foods for mother and child; and
- (3) disaster risk management.

CARE used these core components as part of a package by integrating a rights-based approach for poor communities, and women and adolescent girls in particular. The program educated the rights holders about

⁹ TANGO International. 2009. SHOUHARDO Final Evaluation Report. December 2009.

their rights, directed them towards existing social protection schemes and facilitated interaction with the duty bearers. The role of the GOB at all levels has been generally positive towards enhancing rights of the PEP.

The program implemented a wide range of activities in communities that together harnessed the poor and undernourished in the community to work towards greater socio-economic development and social change. The program recruited and trained community members for facilitation and training in agriculture, fisheries, livestock and other income-generating activities often focused on economic activities around the homestead. A host of around 45 Partner NGOs were responsible for the implementation with CARE in the supervisory role.

The evaluation of the SHOUHARDO program in 2009 was generally positive, especially citing improvements in nutritional status – with strong reductions in stunting and underweight measures in children over the life of the program. The evaluation stated that the changes were brought about by a host of interventions, ranging from promotion of breastfeeding, support for savings groups, and empowering women through the formation of EKATA groups. There was evidence of complementarity of interventions, with the quantitative analysis showing that, in general, the more household members had been involved in multiple SHOUHARDO interventions, the better off they were in terms of food security status, equality of power between female and male household members, and the nutritional status of young children.^{10,11}

2.3 Design of SHOUHARDO II

Based on programmatic lessons learned, and management and implementation experience gained during SHOUHARDO (2004 – 2010), SHOUHARDO II was designed. The design process was led by CARE staff (SHOUHARDO, CARE-Bangladesh country office with support from CARE HQ – Atlanta) in close consultation with the USAID FFP team in Bangladesh. CARE was assisted by the recommendations from the final evaluation, and took onboard new directions from USAID. The major differences in the design between the two phases are shown in the below:

Table 1: Main differences in design between SHOUHARDO and SHOUHARDO II

| SHOUHARDO 2004-10 | SHOUHARDO II 2010-2015 |
|---|---|
| Overall Budget: \$126,000,000 | Overall Budget: \$130,000,000 |
| Coverage: 2,205 villages and 137 urban slums | Coverage: 1,509 villages |
| Implementing organizations: CARE and approximately 45 PNGOs | Implementing organizations: CARE and 16 PNGOs – selected through open competitive process |
| Direct Delivery by CARE of 5 per cent of program | Direct Delivery by CARE of 10 per cent of program |
| Urban poor included in program | Urban poor as beneficiary group removed - recommended by USAID |
| 4 Strategic Objectives – Governance included in SO1 - livelihoods | 5 Strategic Objectives – Governance added as separate SO to emphasize importance |
| Implemented according to MCHN model | Implementing and testing both MCHN and PM2A models |

¹⁰ For a more detailed assessment on the impact of the SHOUHARDO program on child stunting see: IDS Working Paper Volume 2011, Number 376; and World Development 2012, Vol XX, No. X, (<http://dx.doi.org/10.1016/j.worlddev.2012.06.018>).

¹¹ TANGO International. 2009. SHOUHARDO Final Evaluation Report. December 2009.

2.4 SHOUHARDO II: Targeting of the Poorest Households

In keeping with the program's rational, CARE has taken a clear decision to focus on the poor and extreme poor, irrespective of their relative geographic inaccessibility. The selection of households and individual beneficiaries therefore was conducted in a thorough and transparent manner using the most recent data available. Undertaken during the first year of implementation, the process of beneficiary selection was a thorough and inclusive process with the interaction of key stakeholders including: the GOB (including the Bangladesh Bureau of Statistics), USAID, the WB and WFP to identify the right areas and prevent overlap with other similar initiatives. The steps included the following:

1. **Identification of potential program areas:** In consultation with a host of stakeholders (Union Parishad, local NGOs, Upazila Officials) and review of secondary data the Program identified regions that qualified based on set criteria including: high food insecurity and malnutrition rates; areas most affected by natural disaster; remoteness; low literacy rates and poverty rates.
2. **Identification of specific program areas:** 11 districts were selected. Overlap with the other MYAPs and similar type of programs such as the Char Livelihoods Programme (UKAID) was prevented. There is also no, or very little, overlap with the former SHOUHARDO program at the village level. Subsequently, 30 Upazila's and then 171 Unions were selected.
3. **Identification of beneficiary communities:** In consultation with local NGOs and based on local data, and additional vulnerability analysis eligibility rankings were developed. This led to the ultimate selection of 1,509 target communities. With assistance from other partners, 61 villages were excluded as they receive support from UKAID and WFP.
4. **Identification of individual direct beneficiary households:** In the vast majority of cases, once communities were selected to participate in the program, PRA tools were used to determine eligible households. This included social and resource mapping, well-being analysis and the final categorization of households in the PEP category that would most benefit from the Program. The one important exception is the communities that were selected (through random selection) for implementation of the PM2A model. In these communities the food ration is provided to all pregnant women and mothers with children under 2 irrespective of socio-economic strata.
5. **Development of beneficiary profiles and registration:** The Program conducted a household census survey in all selected communities. Once the census was analyzed and people's socio-economic status verified, direct beneficiary households were registered. This allowed for the kick-off of the selection.

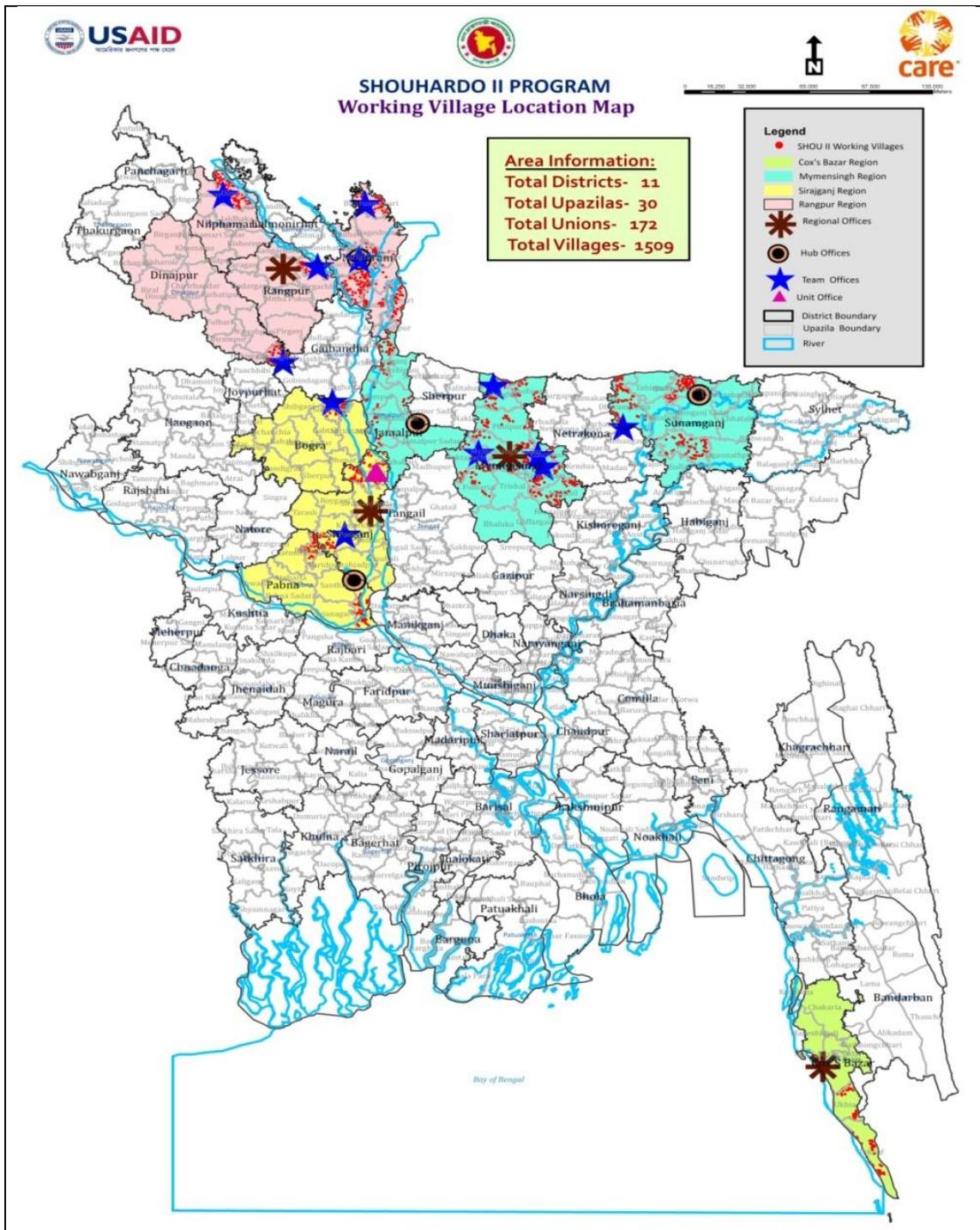
Short descriptions of the four program areas/ regions

The Program selected four regions of Bangladesh – the North Char, the Mid Char, the Haor area, and the Coastal belt of Cox's Bazaar – each with their own unique topography. Each of these areas is home to some of the most marginalized groups in Bangladesh due to their relative remoteness.

The North and Mid Chars areas constitute about 2 percent of Bangladesh's total land area and are home to about five percent of the population – with some of the poorest and most vulnerable households in Bangladesh. *Chars* are composed of unstable and temporary land, which appears and disappears with accretion and erosion of sandy soils in the riverbeds. Periodic flooding and consequent river/wave erosion disrupts food production in these marginal lands. The North Chars are situated around the confluence of the Brahmaputra and Teesta rivers, extending from the northernmost part of Rangpur District, near the border

with India, to the southern limits of Gaibandha District. The Mid-Chars districts expand from the Jumuna river drainage system to the banks of the Padma River.

Figure 2: SHOUHARDO II Program Area Map



Source: GIS, M&E Unit, SHOUHARDO II Program, CARE Bangladesh. October 2012.

The *haor* are large expanses of depressed land with elevated mounds scattered in the area. During the wet season, the depressions are water logged, with the mounds being transformed into small but inhabitable islands. The waterlogged area becomes rich in fish but the poor often lack access to this rich source of income

and/or protein. The only means of transport during these times is by boat. In the dry season, the water subsides creating an even harsher terrain to cross, as the only means of movement is by foot. Some of the program participants in these regions reside on *khas* land, which by law gives first priority to the poor to access, utilize, and live on but often sources of conflict with elites and organized groups exist. Cox's Bazaar is the coastal area of Bangladesh at the extreme southeast of the country. The poor living in this area are prone to regular cyclones that can go hand-in-hand with flooding and slow-onset disasters such as salinization of their crop and homestead land.

2.5 Program Goal, Objectives and Results

The overall goal of the SHOUHARDO II program is to:

“Transform the lives of 370,000 Poor and Extreme Poor (PEP) households (HH) in 11 of the poorest and marginalized districts in Bangladesh by reducing their vulnerability to food insecurity”.

In order to achieve the SHOUHARDO II's program goal, CARE partners with 16 NGOs and in close collaboration with 13 government ministries aims at achieving the following Strategic Objectives and Immediate Results:¹²

SO1: "Availability of" and "access to" nutritious foods enhanced and protected for 370,000 PEP households.

IR1.1: Improved and diversified agriculture systems developed and linked with private and public services.

IR1.2: Increased household income among PEP in the target communities.

SO2: Improved health, hygiene and nutrition status of 281,000 children under 2 years of age.

IR2.1: "Access to" and "utilization of" health and nutrition services improved to care givers of children under 2 years of age.

IR2.2: Care givers of children under 2 adopt improved health, hygiene and nutrition behavior and caring practices.

SO3: PEP women and adolescent girls empowered in their families, communities and Union Parishad.

IR3.1: Influence of PEP women and adolescent girls in decision making increased.

IR3.2: Local support systems strengthened to reduce Violence Against Women (VAW).

SO4: Local elected bodies and government service providers responsiveness and accountability to the PEP increased.

IR4.1: Nation Building Departments (NBD) and Union Parishads proactively work to address the needs of the PEP, especially women.

IR 4.2: PEP access to entitlements and services increased, including safety nets and natural resources.

SO5: Targeted community members and government institutions are better prepared for, mitigate, and respond to disasters and adapt to climate change.

IR5.1: Disaster contingency systems in place and functioning.

IR5.2: Influence local and national humanitarian assistance initiatives.

¹² A full overview of the program's inputs, outputs, immediate results, outcomes and impact can be viewed in the Annexes. The internal logic will be described in more detail in each of the SO-specific sections of Chapter 4.

Review of Logical model

The Team understands the general logic of the program and its contributing components and approves of the various input/ output flows determined under the various components or SOs. The Team has the following observations regarding the design of SHOUHARDO II:

- **Comprehensive approach**, that includes support to community structures, households and individuals, and a strong integration of a rights based approach linking rights holders to duty bearers;
- **Strong commitment and transparent methodology** for identifying the most vulnerable communities, households and beneficiaries;
- **Need for greater emphasis on intended overall outcome of the SHOUHARDO II model:** The MTR team found that for an integrated approach at the community level there is a lot of emphasis on progress under each of the SOs and less so on the overall benefits of social change in the community and benefits from complimentary actions under various SO. In order to maximize the sustainable impact of the program, more emphasis should be given to integration of the various components and the importance of implementing the comprehensive SHOUHARDO II model (including EKATA and DCRM).
- **Greater emphasis needed on role of VDC both within project life and beyond:** The MTR team found that VDCs are missing as an important intermediate result under SO4, or in a separate category that oversees all other SOs. The program has given emphasis to establishing VDCs, building a central meeting place, developing a community action plan as the start for interaction with the community, and then facilitating the formation of thematic groups for training, counseling and exchanges of experiences. The VDC does not appear as an intermediate result by itself, giving the impression that the VDC is just a temporary means to guide program implementation. Based on interviews with program staff, beneficiaries and local government representatives, the team has the impression that the aim of the program is higher than that, with opportunities for the VDC filling a gap in the institutional structure between citizen and the lowest level of local government representation, i.e. the Ward. Finally, the role of the VDC during the program implementation and their evolution as a structure beyond the project life cycle, must be part of the programmatic approach to sustainability.

SHOUHARDO II Conceptual Model

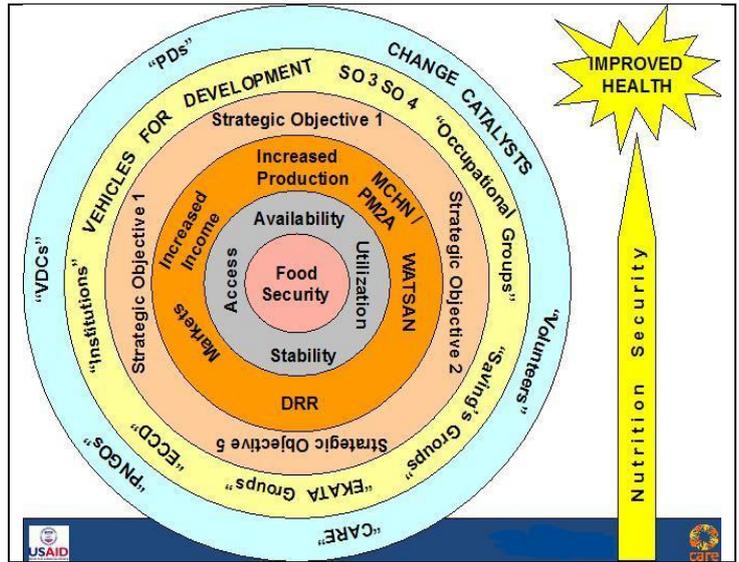
SHOUHARDO II is a global flagship program for both USAID and CARE International. It is also a second phase program which builds upon the successes of its predecessor. As such CARE, USAID and partners have learned a great deal in how to implement an integrated program aiming at significant health and nutrition outcomes. There is great interest from various stakeholders, including the GOB, for possible scaling up inside Bangladesh and possible replication elsewhere. This requires that the programmatic approach, methodology, interventions, and means of integration are well documented.

The current conceptual model in use by SHOUHARDO II (shown above in Figure 3) presents an integrated model, and attempts to illustrate the interaction of individual components. The use of concentric circles demonstrates the complexity of the program. However, it does not provide a user-friendly means of explaining the fundamentals of the design, nor can it be easily used as a framework for program

documentation.

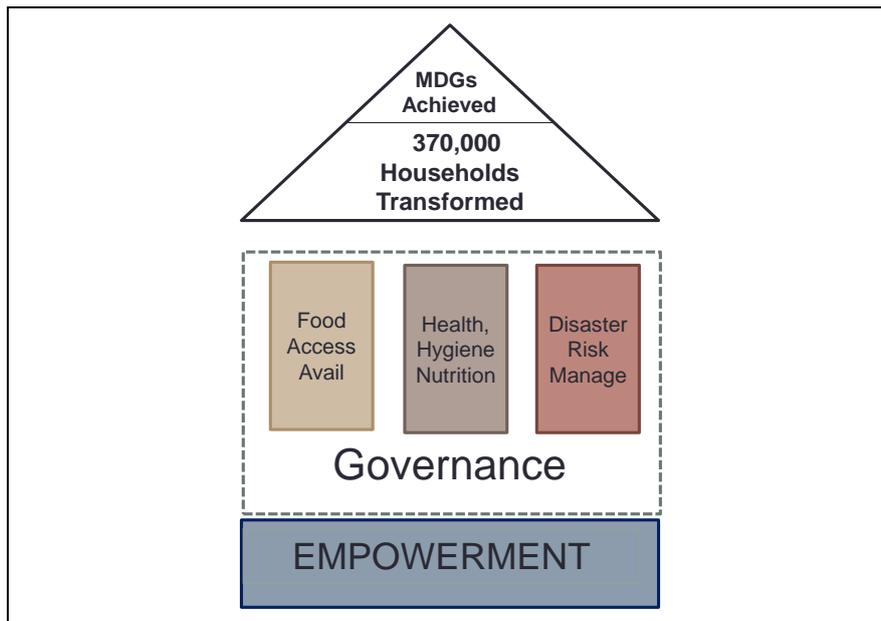
Therefore the MTR Team proposes the adoption of a revised conceptual model to present the integrated design of SHOUHARDO. To be clear, this model does not suggest the redesign of SHOUHARDO II. Rather it serves as a means to clearly communicate the complexities of the integrated approach, and to facilitate programmatic planning, review and documentation throughout the project cycle. The proposed model (shown below in Figure 4) begins by placing empowerment of the PEP at its foundation, with a special role for women’s empowerment. This is inherent in CARE Bangladesh’s programmatic approach, and the SHOUHARDO II design. Key areas of intervention food access/availability, health, hygiene, nutrition, and disaster risk management, are represented as pillars placed on top of the foundation of women’s empowerment. SHOUHARDO II’s governance approaches, which include capacity building, VDCs, EAW, is then shown as supporting and holding together the three pillars. The SHOUHARDO II “House” is then completed by its roof, representing the transformation of 370,000 households and the achievement of various MDGs.

Figure 3: Conceptual model of SHOUHARDO II



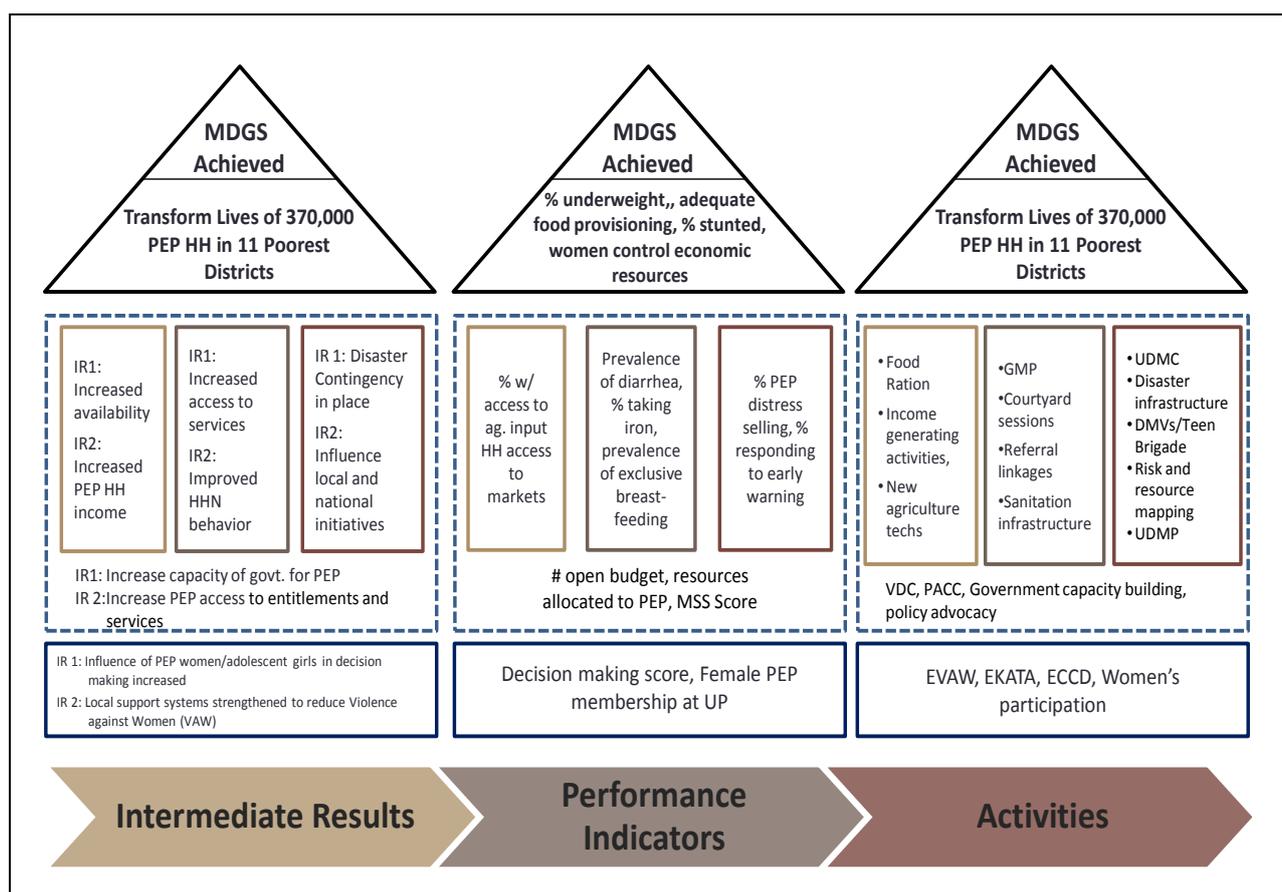
Source: SHOUHARDO II Program Documentation

Figure 4: Revised Conceptual Model - The SHOUHARDO II House



The conceptual model is designed to be used as a program planning and documentation tool. As shown below in Figure 5, the foundation, pillars, and roof can be adapted as needed. For example, when analyzing indicators the house can be used as a means of reviewing interaction of different components.

Figure 5: SHOUHARDO II House as a Programming and Monitoring Tool



2.6 SHOUHARDO II Implementation Mechanism

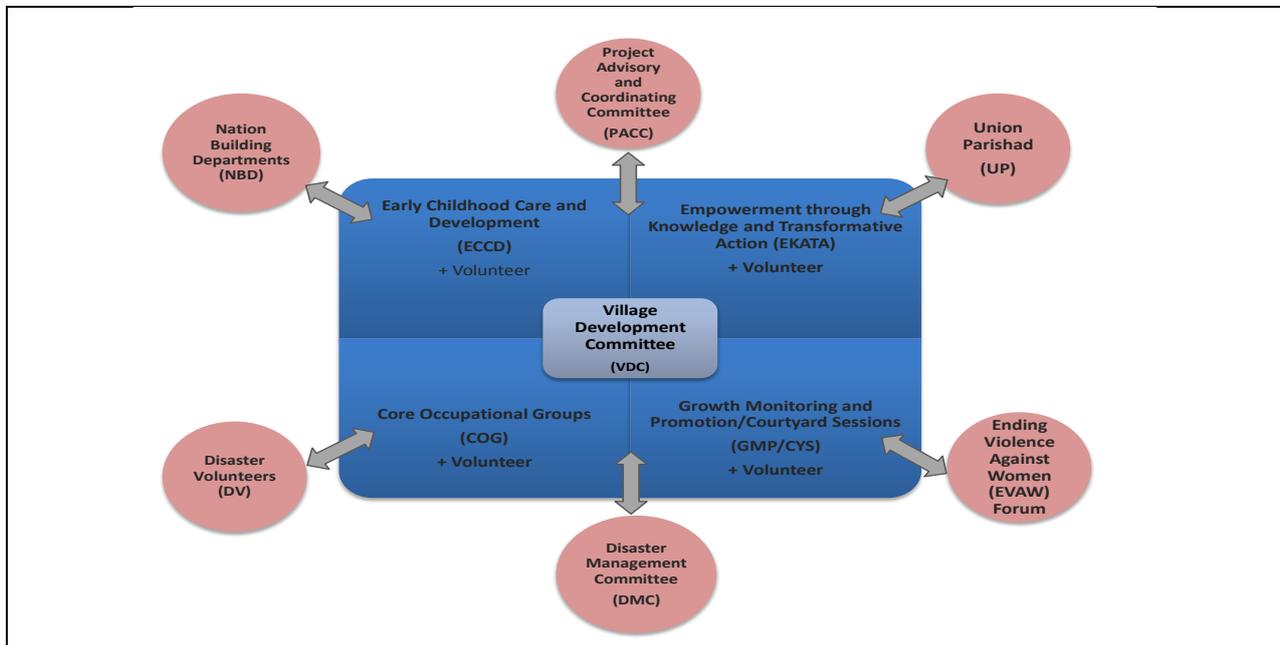
The program follows a standard set of procedures and guidelines to interact with the communities and identify ways and means of transferring services and resources to beneficiaries. As with any program of this scale, the implementation mechanism is fairly consistent.

The targeted governance structure at the community level (and entry point) is the establishment of a Village Development Committee (VDC) – with elected members, including both men and women – that jointly develop a Community Action Plan (CAP) through a participatory process. Prior to developing the action plan the VDC helps facilitate the process of identifying community problems, conducting Climate Vulnerability and Capacity Analysis (CVCA) and gender analysis, and prioritization of community needs. An action plan is then drafted to address identified needs that fall within the scope of the program (shortage of food, ending violence against women, ending dowry, water, sanitation, and DRR/CCA – with construction of infrastructure such as embankments, bridges, etc.) Field facilitators work then with VDCs and other specific groups in the community to develop strategies for addressing individual items on the CAP. The VDC then reviews its progress on annual basis using results from the CVCA, gender analysis and action planning process to hold itself accountable. Once established, the VDC also helps monitor progress made by four thematic groups in the communities. They are:

- *Core Occupational Groups* aimed at increases in food production, and/or income (targeting both men and women);

- *Growth Monitoring and Promotion (GMP) Groups* aimed at improved nutrition and health status of children under 5 years of age;
- *Early Childhood Care and Development (ECCD) Groups* for mothers and children between 0 and 6 years of age); and
- *Empowerment, Knowledge and Transformative Action (EKATA) Groups*: women and adolescent girls (EKATA) on empowerment.

Figure 6: Institutional Relationships under the SHOUHARDO II Model with core at community - level



Each group is facilitated by a paid volunteer recruited from within the community.¹³ As such there are a total of around 4200 paid volunteers across the 1,509 SHOUHARDO II target villages, divided into four categories; 1) CHV, 2) EKATA volunteer, 3) ECCD volunteer, 4) Community Agriculture volunteer. There are also around 6200 non paid disaster volunteers working with DMC. Following training provided by SHOUHARDO II, volunteers are tasked with facilitating group sessions, counseling during courtyard sessions and home visits and referral to specific government services such as health clinics, hospitals, etc. Each volunteer is responsible for servicing a large number of households (>250 households). Full-time employed “field facilitators” oversee a specific geographic area and provide technical support and oversight to volunteers from the four different groups. Field facilitators are employed by PNGOs, and in areas of direct delivery by CARE, and receive support from technical staff within these organizations.

Comparison of PM2A and MCHN

The program prioritizes the poor and extreme poor, selected at the start through a participatory and transparent process in cooperation with community and local government. Given the thoroughness of the process and its participatory nature, targeting of only the PEP is generally not perceived as a problem. In fact, all input support (e.g. SO1) is dedicated to the PEP households whereas non-PEP households are invited to participate in growth monitoring and promotion sessions and join health courtyard sessions or specific trainings – often provided by a government extension officer.

¹³ As an incentive volunteers receive 2,000 TK per month.

There is one exception to this. The program uses two different food-assisted approaches to reduce the prevalence of child malnutrition. In SHOUHARDO's first phase all implementation was done according to the MCHN model in which only PEP were targeted for both food ration and other health, hygiene and nutrition interventions. The final evaluation of SHOUHARDO found that the integrated programmatic approach and MCHN model led to significant gains in nutritional outcomes, especially stunting.

CARE designed SHOUHARDO II to test whether the MCHN model (shown successful in the first phase) would deliver similar or different results in comparison with an alternate delivery mechanism known as the Preventing Malnutrition In Children Under 2 Approach (PM2A). CARE also wanted to test whether the successes achieved in SHOUHARDO's first phase could be replicated. Therefore, SHOUHARDO II was designed as follows:

- 85 percent of participating villages would follow the MCHN model, providing food rations and SO2-related courtyard sessions and GMP to PEP only.
- 15 percent of participating villages would follow the PM2A model, providing both PEP and non-PEP with food rations and SO2 related courtyard sessions and GMP.
- The baseline, midterm and final survey were then designed with input from FANTA and USAID, to ensure that the sampling methodology allowed for valid comparisons between PM2A and MCHN villages. As such, although PM2A villages make up 15 percent of villages participating in the program, they make up 50 percent of the villages sampled for the baseline, midterm and eventual endline survey.

The program will provide a monthly food ration equating to 1,463 kilocalories per day to a total of 176,700 PEP and non-PEP pregnant women and lactating mothers over the life of the program. In light of the differing approaches to addressing malnutrition, CARE and USAID determined that further testing of the MCHN approach compared with PM2A would provide insight into the benefits of each approach in the context of Bangladesh. To understand outcomes and impact of these two models the baseline, midline and end line evaluation are applying a population based survey in line with FANTA sampling guidelines.

Subsequent changes to the design and implementation of activities under SO2 have created substantial challenges for comparing the impact of the alternative models. For the first year of the Program was implemented as designed. However, in March 2012 following a request from USAID, the implementation design was changed. As of August 2012, in MCHN villages non-PEP are being mobilized to participate in GMP, courtyard sessions, and other SO2 related activities. They do not however receive a food ration.

This is a significant deviation from the initial design, and from the model that was implemented and shown to be successful in SHOUHARDO's first phase. The key difference being the investment in resources to mobilize non-PEP to participate in health promotion activities in MCHN villages. This has significantly increased the workload of CHVs, and required CARE and PNGO staff to invest significant time and effort in revising strategies and plans. In addition, this change has meant that the comparison between MCHN and PM2A is no longer easily defined, given that the MCHN model is designed to achieve significant gains in health and nutrition status by focusing resources on the poor and extreme poor.

2.7 Program Implementation to Date

Overall, the program implementation is proceeding according to plan. With the start-up activities in year 1 current budget utilization rates of around 35 per cent are to be expected. Food distribution is conducted efficiently and no complaints have been heard from beneficiaries during the MTR field visits. The team was pleased to notice that program implementation in all visited communities was fully ongoing. A few constraints have been noted and include the following:

- Noted delays in spending under SO5 (among others), mainly related to large infrastructural works. It is said to have been caused by long (and repeated) tender processes, consultation process with government departments (e.g. LGED) and difficulties in accessing the areas to commence work due to flooding.
- An introduction of PAMODZI – CARE’s new financial management system - has resulted in problems to approve budget requests. As PNGOs make these requests on a monthly basis, the impact in the past year has been severe. Fine-tuning and adjustments are still being made to get it fully operational.

More details will be provided under each of the SOs in chapter 3 and under the chapter of Program Management.

3. Evaluation Purpose and Methodology

3.1 Purpose and Objectives

CARE/USAID recruited an independent team of TANGO International to conduct the mid-term review of SHOUHARDO II. The activities took place between October 2012 and February 2013. The Team was tasked to answer four primary objectives¹⁴. They were to:

- 1) Assess the progress of the SHOUHARDO II Program towards its objectives;
- 2) Assess the effectiveness of strategies and implementation of interventions and provide recommendations to further improve the program;
- 3) Project, given current momentum, the extent to which SHOUHARDO II will reach its performance targets and objectives by the end of the Program; and
- 4) Assess the quality of the partnership with both “implementing” and “technical” partners.

In order to meet each of the objectives listed above, the Team was guided by the following review questions:

- What is the overall progress and achievements of the SHOUHARDO II Program components to date against the expected results? What are the major constraints to accomplishing the expected Program results?
- What components of SHOUHARDO II have been the most/least effective and what can be done to improve Program performance?
- How effective are SHOUHARDO II’s approaches in the achievement of the Program’s objective and results? Which components of the current strategy require modification to enhance effectiveness in addressing “availability” and “access to” nutritious food?

¹⁴ For more details see Terms of Reference in Annex A.

- How successful has the Program been in improving health, hygiene and nutrition for the targeted beneficiaries?
- To what extent is SHOUHARDO II strengthening the empowerment of women and adolescent girls within their families, communities and Union Parishad?
- How has the project contributed to strengthening local elected bodies and government service providers' responsiveness to the PEP?
- How effective has Program management been and in which areas might it be improved?

The Evaluation Matrix (Annex C) presents a more elaborate set of questions by Strategic Area and Objectives and includes information about potential indicators, OECD/DAC criteria and primary sources of information. The methodology was designed to find answers to most of these questions.

3.2 Methodology and Approach¹⁵

The MTR team, fielded by TANGO, designed the MTR methodology to be as comprehensive and integrated as SHOUHARDO II itself. In doing so, the MTR team drew on its complementary technical strengths and TANGO's substantial experience in Bangladesh. To ensure valid and reliable comparisons with baseline findings, and eventual endline survey results, the MTR quantitative survey instrument was based on the baseline survey instrument, methodology and sampling frame. Likewise, the design and implementation of the MTR ensured that subsequent program monitoring and evaluation activities – in particular the required end-line evaluation – will adhere to the requirements of the USAID office of Food for Peace and the Food and Nutrition Technical Assistance (FANTA III) Project.

The team carefully considered specific elements of program design, including targeting, the contribution of specific activities towards program objectives, the efficiency with which program resources are being used, and the prospects for longer-term sustainability of project activities. In so doing, the MTR generated findings and recommendations to inform implementation of the second half of SHOUHARDO II through its phase out (currently scheduled for May 2015). Perhaps most importantly, the MTR methodology prioritizes the identification of programmatic weaknesses that must be overcome in order to maximize the likelihood of achieving planned program objectives, outcomes and impact by the end of SHOUHARDO II.

The team has used a mixed-methods approach (using quantitative and qualitative research/survey instruments) to obtain insight into the progress made thus far in program implementation and potential areas of improvement. The following steps were taken:

1. **Desk review:** The first phase of the MTR consisted of a desk review of existing project documentation, including close reading of the baseline evaluation report and other relevant program documents. Analysis carried out during the desk review directly informed the methodology and research tools utilized in the MTR. CARE Bangladesh and its implementing partners shared relevant program documentation with the MTR team.
2. **Stakeholder analysis:** The stakeholders considered for this review include program staff and implementing partners (16 PNGOs), GOB (national and local government officials- covering relevant sectors), technical partners such as IUCN and IRRI, USAID and other concerned (inter-) national partners

¹⁵ A more detailed description of the methodological approach guiding analysis for the MTR is included in Annex B. Quantitative and qualitative research instruments are included as Annexes E and F.

active in the arena of food and nutrition security, health and disaster risk management (UN agencies, INGOs, etc...) in Bangladesh.

3. **Quantitative and qualitative data collection:** In close cooperation with CARE Bangladesh, survey instruments were designed, reviewed, translated and used in the field. As noted above, to ensure comparability, the methodology of the baseline quantitative survey was followed closely for the midterm survey. The qualitative instruments – containing guides for focus groups discussions (FGDs) and individual interviews – were designed to provide in-depth qualitative information regarding results achieved thus far, quality of the interventions falling under each SO, and an understanding of the modus operandi used by CARE Bangladesh, partner organizations and volunteers in program implementation.
4. **Data analysis:** As for the baseline, analysis of the quantitative survey data was conducted using the statistical software packages SPSS and STATA. Summaries of interviews and FGDs were recorded and translated into English. Analysis was conducted by MTR team members.
5. **Report writing:** Analysis, findings and recommendations were consolidated into a report structured according to USAID’s TIPS guidelines. The final report, completed by the end of February 2013, will incorporate comments made by key stakeholders.

Data were collected via a variety of methods including:

- Email communication;
- Group and individual interviews – live (in Bangladesh) and via telephone and Skype calls;
- Observations in Bangladesh – both HQ and the field
- Field visits – covering Dhaka (CARE, USAID, GOB, UN, SCF, ACDI/VOCA, etc.) and the four regions. The team visited regional offices, hub offices and a number of communities where SHOUHARDO II is implemented;
- Presentation to and discussions with key stakeholders on preliminary findings at key intervals including at the conclusion of field work and after submission of the draft final report.

As a MTR, this review is primarily a formative process in helping the program to achieve its full potential by the end of the program in 2015. The quantitative baseline-repeat will show an indication of early progress made by the program. When reviewing the early results, one should consider the fact that much of the first year was dedicated to preparatory activities such as: recruitment of staff, selection of PNGOs (through open tender), identification of beneficiaries, renting of offices, warehouses, identification of beneficiary communities and households, setting of PACCs, etc. The actual support has reached the beneficiaries for less than 2 years.

Sample design

The same sample design and size as that used for the baseline survey was used for the midterm in order to ensure both comparability and statistical validity. Two-stage stratified random sampling was employed for both. The targeted samples are composed of 9,000 households drawn from eight strata: the four project regions and, within each, households located in villages where the MCHN/PEP and PM2A approaches are being applied. In the first stage of sampling, 25 villages (clusters) were selected within each strata using Probability Proportional to Size sampling, giving a total number of villages of 200. A complete description of the sampling conducted by TANGO is included in Annex B. In the second sampling stage, 45 households were

randomly selected within each village based on project household listings. For the mid-term sample the actual number of households for which complete data collection took place is 8,275 (92 percent of the targeted number). All calculated statistics are weighted to reflect the disproportionate distribution of the sample across the strata, with weights based on population size data provided by CARE. Note that both the baseline and midterm surveys were conducted in the month of December, which helps to ensure that seasonality is not affecting the estimates of changes in indicators over time.

When viewing the quantitative results regarding changes in indicators since the baseline, it is also important to note that MTR analysis focuses exclusively on program participants. The baseline analysis, by contrast, included data on non-PEP households residing in communities participating in the MCHN model for SO2. According to the approved program design, non-PEP households residing in MCHN communities receive limited or no benefits from SHOUHARDO II.¹⁶ As a result, these households were excluded from the midterm analysis as in order to investigate differences between the results from universal targeting (PM2A) versus more targeted approach of PEP only (MCHN) (see Section 3.4 Limitations to the Methodology and Review). Including the entire community population under the MCHN sample would, in effect, dilute the results substantially for many project indicators. Above all, it would negate the ability to test whether the approach used during the first phase (SHOUHARDO) would be more effective than the universal targeting model (PM2A) also piloted under SHOUHARDO II. Valid quantitative findings from such a test would be important for informing the scale up of the most effective nutrition interventions to the national level.

3.3 MTR Team Composition

TANGO International fielded a team with complementary technical expertise and experience in and outside Bangladesh. Individual team members and their respective positions and responsibilities have been identified in Table 2.

Table 2: Composition of SHOUHARDO II MTR Team

| Name | Position/Expertise |
|---------------------|--|
| René Verduijn | Team Leader, Quantitative supervisor (SO1 and Program Management) |
| Tom Spangler | Livelihood analysis, Qualitative Supervisor (SO4 and SO5) |
| Jennifer Rosenzweig | Health and Nutrition Specialist (SO2 and SO3) |
| Golam Kabir | Title II Commodities management, Monetization and Food Distribution Management |

In addition, Mitra Associates, a research/ survey firm in Bangladesh, was responsible for the fieldwork related to the baseline-repeat, including recruitment/training of enumerators, data collection, quality control, data entry and data cleaning. Fuad Pasha (Director of Operations) led the Mitra team. Mitra also recruited local staff for the FGDs in selected communities. Lisa Smith (Senior Economist), Tim Frankenberger (President and livelihood specialist) and Towfique Aziz (Statistician and M&E) - all TANGO staff – provided additional technical assistance during the design of the quantitative survey instrument and data analysis. The SHOUHARDO management team provided overall guidance to the team with Abdul Wadud (M&E) keeping a keen eye on the design of the quantitative survey instrument ensuring compatibility with the program’s M&E framework.

¹⁶ The non-PEP households in MCHN communities make up 15 percent of sample households.

3.4 Limitations to the Methodology and Review

The following limitations of the study were identified:

Methodology:

- **Quantitative survey design:** The sample size was chosen to ensure a sufficient number of sample households with children under five years old but not under two. Thus, while it is possible to calculate indicators of malnutrition and caring practices relevant to under twos for the sample as a whole, it is often not for population subgroups, such as regions, well-being categories, and female versus male headed households;
- **Data on participation in interventions:** The data collected on participation in interventions as part of the quantitative survey could not be used because the questions were not clear enough to respondents to elicit accurate responses.¹⁷ It is very important that this issue be resolved for the endline survey so that project impact can be analyzed;
- **Generalizability** of the study findings due to the variation in program package of activities implemented in various communities. Important activities such as the EKATA groups for instance – designed to empower women - are only implemented in 30 per cent of the communities. Moreover, by mid-2012 USAID recommended that the Program also include non-PEP households under SO2 in all MCHN communities. This change to the original program design effectively eliminates the opportunity to test the alternative models for addressing child malnutrition (MCHN, PM2A) and compromises the ability of evaluation findings to inform scaled-up nutrition interventions.
- **Adjustment of quantitative baseline figures**
Sampling methods for the MTR deliberately mirrored those used in the baseline assessment to ensure valid and comparable quantitative data on program indicators. It was subsequently discovered that original analysis of baseline data was based on a sample that included all households in communities participating in the MCHN approach under SO2 (including non-PEP households). In order to correct for this error, the MTR team recalculated original baseline figures based on a sample from MCHN communities that includes only PEP households. It is important to note that where activities have been effective (e.g. SO2), this adjustment will reveal greater impact of SHOUHARDO II activities (by not including information on non-PEP households that haven't really participated in SHOUHARDO II activities). Adjusted baseline data are included in the updated IPTT (Annex O).

Other limitations:

- **Lack of program documentation** available in English/ most was in Bangla – covering progress and training material, etc.
- **Language:** As the majority of the MTR team members could not speak Bangla, some information will have been lost in translation in interviews and the FGD - despite the thorough preparation and training of local FGD facilitators and translators;
- **Time constraints:** The MTR faced unusual challenges due to comprehensiveness of the program approach and the number of stakeholders (PNGOs, PACCs, etc.). Time was therefore limited for

¹⁷ A key limitation is that only 54 percent of respondents from participating households answered “yes” to the first question asked: “Did anyone in your household receive support and goods... from the SHOUHARDO II Program.. ?” If a respondent answered “no”, then the following questions about participation in particular interventions were not asked.

engaging in in-depth analysis of all program components and fieldwork was further compressed by the reduced access of the roads due to so-called road blocks or “hartal.”

4. Program Effectiveness

4.1 SO1 – Availability of and Access to Nutritious Food

4.1.1 Description of the program activities and linkages to other SOs

Raising income and expanding agricultural production are important means for the Program to transform the lives of 370,000 PEP households in the four regions. SO1 plays a key role in achieving enhanced resilience for the communities concerned. This component has two intermediate results:

IR1.1: Improved and diversified agriculture systems developed and linked with private and public services; and

IR1.2: Increased household income among PEP in the target communities

SO1 is a principal program component that delivers packages of input support and training. The support packages vary in size between COG and target household. Extreme poor households receive higher value input packages than poor households while receiving the same training. Non-PEP community members are also invited to participate in the training activities, but do not receive input (cash/in-kind) packages.

The VDC facilitates the selection process for the various COGs based on people’s assets (availability of land, access to water bodies and labor). An overview of the program support to beneficiary households has been provided in Table 3. . Following receipt of initial input packages, participants receive follow-up support (training/cash and/or kind) throughout a second year.

Table 3: Overview of support provided under Core Occupational Groups

| Core Occupational Group | Training | Input package + training topics | Grant Poor (Tk) | Grant Extreme Poor (Tk) |
|-------------------------------------|--|---|-----------------|-------------------------|
| Agriculture | Year 1= 2 days Year 2= 1 day + bimonthly courtyard sessions | Seed/seedling, Organic Fertilizer, Irrigation, Field preparation, Crop management. | 1,000 | 2,000 |
| Fisheries | Year 1= 2 days Year 2= 1 day + bimonthly courtyard sessions | Fingerling, Lime, Fish meal, Fertilizer for culture fish and Fish net/Boat, Aluminum Patil/Pot for capture fish | 1,000 | 2,000 |
| Comprehensive Homestead Development | Year 1= 3 days Year 2= 1.5 day + bimonthly courtyard sessions | Sapling, Seed/seedling, Organic Fertilizer, Chicken/duck/goat, Fencing. | 1,500 | 3,000 |
| Income Generating Activities | Year 1= 2 days Year 2= 1 day + bimonthly courtyard sessions | Entrepreneur Development & Business Management training and skill training based on the selected trade | 1,500 | 3,000 |

Other activities promoted under this SO include Self-Help Savings Groups. By the end of 2012, it was reported that 380 groups have been formed, with a majority of female membership. This is about 40 per cent of the targeted number of groups to be established. There are also efforts to use the positive deviant farmer model, but little of this could be observed or was recorded in the field through FGDs.

SHOUHARDO II Self-Help Savings Group in Moheshpur village, Mymensingh

Thirty female members of this village have started a savings groups based on a suggestion by, and with assistance from the Program. One member said: “If any member of the savings groups becomes sick, we help her together. For example, if any pregnant mother is required to go to hospital, she is financially helped. We do these with no interest and without any benefit. As a result, we need not take any loans from money lenders or other sources.

Overall, the Program spends more than 35 percent of the activity budget on strengthening livelihoods. Monthly courtyard sessions of about 20-30 beneficiaries at a time are used for training and information exchange. These sessions are facilitated by Community Agriculture Volunteers (CAV). They support 250-300 or more households in a particular village. The program beneficiaries received technical assistance from: (1) CAV and FF; (2) NBDs such as Ministry of Agriculture, Livestock and Fisheries, Department of Women Affairs and Youth Development, etc.; and (3) from technical partners of the Program such as the Cereal System Initiative for South Asia (IRRI-CSISA), International Union for Conservation of Nature (IUCN), and Chittagong Veterinary and Animal Sciences University (CVASU).

All beneficiary households receive support during a 2-year cycle. Thus far, the Program has almost completed a first cycle of support to about half of the beneficiaries. In fact, the program has been successful in reaching out to almost 200,000 beneficiaries, many more than the 110,000 initially targeted for FY2012.¹⁸ The Program targeted both men and women from the beneficiary households. Table 4 presents information on the number of beneficiaries participating in each COG as well as the ratio of female to participants. More women than men are currently targeted for livelihood support.

Table 4: Beneficiaries of Core Occupational Groups (in numbers) and by sex (broad estimates) by end of FY2012

| Core Occupational Group | No. of beneficiaries reached by end FY2012 | Ratio female/male | |
|---|--|----------------------|--------------------|
| | | female beneficiaries | male beneficiaries |
| Agriculture: field crops - such as rice, wheat, maize, etc. | 35,700 | + | +++ |
| Fisheries | 9,600 | + | +++ |
| Comprehensive Homestead Development: vegetables, goats and poultry | 73,800 | +++ | + |
| Income Generating Groups: alternative occupations in and around the village | 76,000 | ++ | + |

Source: SHOUHARDO II FY2012 Annual Results Report and interviews with Program staff

4.1.2 Main Findings

Design and Implementation

True to the SHOUHARDO II design, the Team has found that COGs make significant contributions to food availability and accessibility through households’ own production and increased income. The COGs also seem to be well integrated with other SOs of the program. Examples include:

¹⁸ For the MTR, FY refers to the USAID Fiscal Year.

- SO1-SO2: vegetables grown have positively contributed to household nutrition, particularly among women and children;
- SO1-SO3: Empowerment of women and adolescent girls should lead to increased mobility, decision making power, and a reduction in patriarchal beliefs about women’s work outside of the home, which is essential for women to participate in socio-economic activities; With EKATA groups only covering 30 per cent of all communities women participation could still be improved upon;
- SO1-SO4: Effective governance is central to the approach – with VDC facilitating much of the linkages with service providers in government (NBDs and LG) and private entities (markets/ wholesalers);
- SO1-SO5: Some adaptation to DRM is applied, new technologies and new varieties, and infrastructural works like roads should keep out water from land, gardens and homesteads.

It is evident that the VDC plays a critical role in linking the various SOs together. It is also central to identifying the main challenges to the community, prioritizing them and then helping the Program to operationalize and implement the activities (see Section 4.5 – Effective Governance).

Results/Achievements

IR1.1: Improved and diversified agriculture systems developed and linked with private and public services;

OP 1.1a: Pro-poor agriculture value chain analyses carried out

OP 1.1b: PEP households adept to improved and diversified food production technologies

The COGs are very much appreciated by the beneficiary households as they provide immediate benefits through training and input packages. Activities in field crops, fisheries, livestock, IGA and CHD are also highly visible in the communities. Beneficiaries are vocal that they appreciate the learning - new techniques and practices – on offer. This helps to empower them as a community and helps them to become more resilient in the face of possible natural disasters or other setbacks.

During field visits clear evidence was found of the introduction and adoption of new techniques and management practices. Examples include:

- Introduction of new cropping patterns that allows for year round production
- Intercropping - maize with coriander; papaya and bananas with other vegetables
- Testing of flood tolerant (BRRI *dhan* 51 &52), short duration (BRRI *dhan* 56 & BINA 7) and cold tolerant rice (BRRI *dhan* 55)
- Increased production through multi-terracing and more efficient use of sparse land (embankments) for vegetable cultivation
- Fruit fly control in vegetable production by using sex pheromone traps
- Introduction of compost preparation

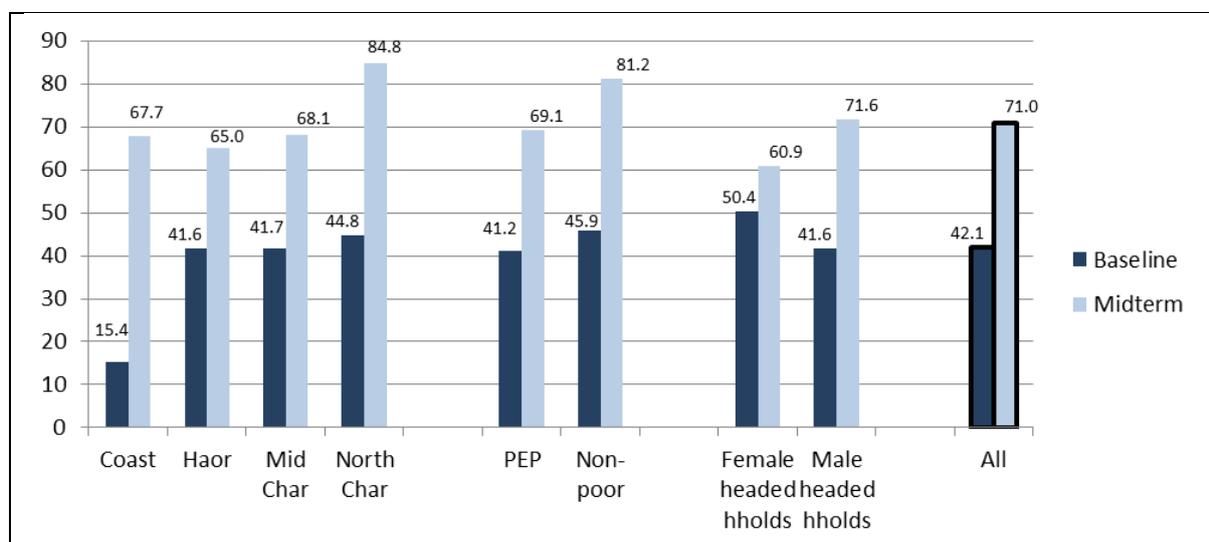
COG Crop production in Bonoshjani West village, Kurigram

The agriculture group received BR-11 paddy and Tk 6,000 (in total) for irrigation. The harvest has doubled in each Bigha of land for cultivating in the modern way after receiving training from the Program. Their production cost has been also decreased for cultivating lands by using modern technology. So they are making much profit.

Source: Bonoshjani West, Vurungamari, Kurigram

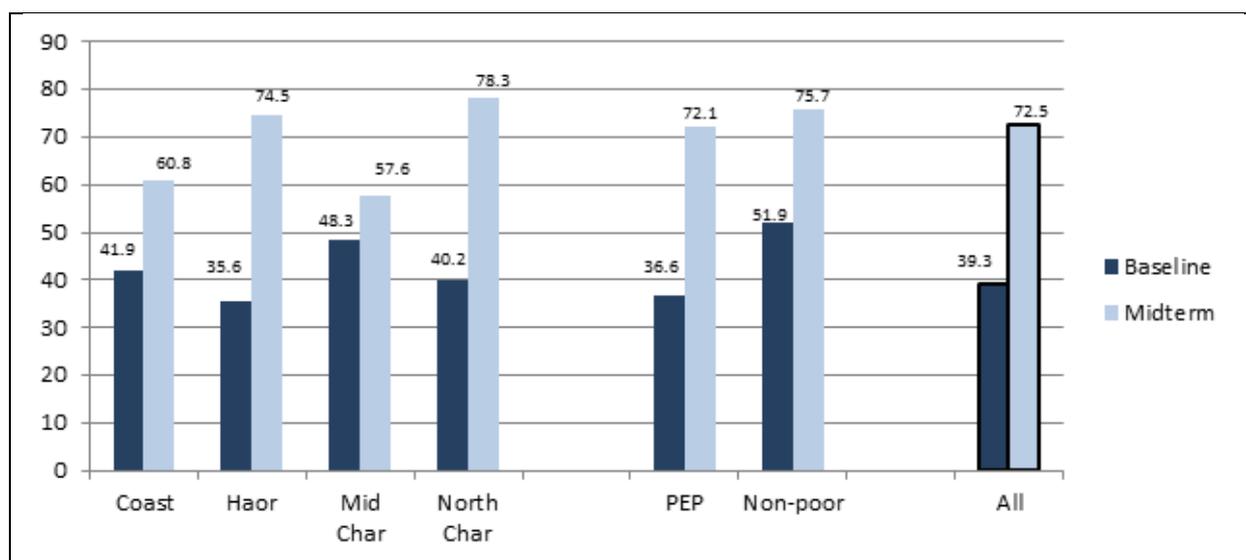
This is supported by quantitative findings from the MTR survey that shows a majority of field crop producers have adopted at least three technologies (IPTT indicator 3). The baseline figure of 41 was raised to 71 per cent overall. The successes in the Coastal area stands out – increased from a low base – as well as the North Char region where now more than 80 per cent of households use the minimum of technologies in crop production (see Figure 7 for more information). The same survey found that the most popular improved practices adopted by farmers included: (1) maintain proper spacing (29 per cent); (2) use 2-3 seedlings per hill (28 per cent); use organic fertilizers (21 per cent); and (4) use high quality seed (20 per cent).

Figure 7: Percent of field crop producers adopting the minimum number of technologies (three), by region, well-being category and gender of household head



Similar good results have been achieved by vegetable producers (see Figure 8) where the percentage of vegetable producers adopting at least three technologies went up from 39 to 73 per cent. In this case, the largest increases can be observed in the Haor and North Char regions. More details can be found in *Annex K: Additional Analysis of Quantitative Findings from Household Questionnaire*.

Figure 8: Percent of vegetable producers adopting the minimum number of technologies (three), by region, well-being category and gender of household head



Note: There are an insufficient number of observations for breaking down by gender of household head.

Regarding progress indicators of the other COGs, the percentage of households raising livestock or poultry increased – perhaps not surprisingly as poultry is popular among CHD beneficiaries - for all households from 61 per cent (baseline) to 79 per cent (MTR baseline repeat). The largest increase took place in the Haor region, while among well-being categories the largest increase was seen in the extreme poor and poor households. The percentage of households raising fish in ponds and open water bodies has increased since the baseline from 2 to 7 per cent, a statistically significant increase ($p=0.000$). The involvement of households in fishing was highest in the Haor region with over 10 per cent of total households, followed by the North Char region with 5 per cent. Similarly to the crop and vegetable production, livestock and fisheries had seen marked improvements to adoption of improved practices.¹⁹ Another progress indicator (IPTT indicator 4) is provided by number and percentage of PEP households that access agri-inputs or financial services. Overall, this has seen an increase from 93 (baseline value) percent to 96 per cent (mid-term) (see Table 5).

Table 5: Percent of farmers accessing agricultural inputs or financial services

| | Percent | | | | Number of observations | |
|----------------------------|----------|----------|------------|------------------------|------------------------|----------|
| | Baseline | Mid-term | difference | p-value for difference | Baseline | Mid-term |
| All households | 93.1 | 96.5 | 3.4 | 0.000 *** | 2,411 | 2,051 |
| Region | | | | | | |
| Coast | 82.7 | 91.9 | 9.2 | 0.134 | 296 | 334 |
| Haor | 89.7 | 97.3 | 7.6 | 0.000 *** | 724 | 610 |
| Mid Char | 94.1 | 95.6 | 1.5 | 0.310 | 714 | 689 |
| North Char | 98.4 | 96.2 | -2.2 | 0.016 ** | 677 | 418 |
| Well-being category | | | | | | |
| Extreme poor | 94.6 | 98.0 | 3.4 | 0.064 * | 182 | 181 |
| Poor | 92.4 | 95.9 | 3.5 | 0.000 *** | 1,286 | 1,212 |

¹⁹ More detailed information around the COGs can be found in *Annex K: Additional Analysis of Quantitative Findings from Household Questionnaire*

Table 5: Percent of farmers accessing agricultural inputs or financial services

| | | | | | | | |
|---------------------------|------|------|------|-------|-----|-------|-------|
| Lower middle | 95.7 | 98.3 | 2.7 | 0.203 | | 411 | 273 |
| Middle | 94.5 | 98.0 | 3.5 | 0.176 | | 325 | 231 |
| Rich | 94.9 | 98.6 | 3.7 | 0.195 | | 206 | 153 |
| Program approach | | | | | | | |
| MCHN/PEP (PEP only) | 92.7 | 96.0 | 3.3 | 0.000 | *** | 751 | 700 |
| PM2A | 94.1 | 97.6 | 3.5 | 0.002 | *** | 1,660 | 1,351 |
| Gender of headship | | | | | | | |
| Female | 97.5 | 95.5 | -2.0 | 0.405 | | 120 | 119 |
| Male | 92.9 | 96.5 | 3.7 | 0.000 | *** | 2,291 | 1,932 |

Note: Stars indicate difference is statistically significant at the 10% (*), 5%(**) or 1%(***) levels.

IR 1.2: PEP in the program communities increase household income

OP 1.2a: PEP have established linkages with private and non-private sector buyers of agricultural production and other pro poor value chain

OP 1.2b: PEP brought into the value chain in terms of collecting, distributing and marketing agricultural products and other pro poor value chain

OP 1.2c: Increase in the number of income generating opportunities created by PEP and employing other PEP

Under the second IR, good progress has been made under the main outcome indicator of income (IPTT indicator 6). The mid-term mean per capita household monthly income was calculated at Tk 951, an increase of 47 per cent from the baseline value.^{20,21} The Coastal region performed best (76 per cent increase) while all other regions saw an increase of 45 per cent. Not all progress can be attributed to the success of the Program though as GNI per capita has grown considerably countrywide. The World Bank reported an increase in the average Bangladesh household income from USD700 in 2010 to USD780 in 2011, an increase of more than 10 per cent in one year.²² This might explain already about 20-25 percent of the total increase in income. The observed increase of income from remittances was significant but cannot explain too much variation. The MTR survey found that monthly remittances have increased by Tk 35 to Tk 60 per capita with the most significant change for the extreme poor well-being category (93 per cent from Tk 30 in the baseline to Tk 58 at mid-term). So, despite Bangladesh's remarkable socio-economic progress in the past years the observed increase in mean monthly household income by almost 50 per cent is significant.²³ More rigorous analysis may be required at the end of the program calculating the real impact and isolating attribution factors from within the program.

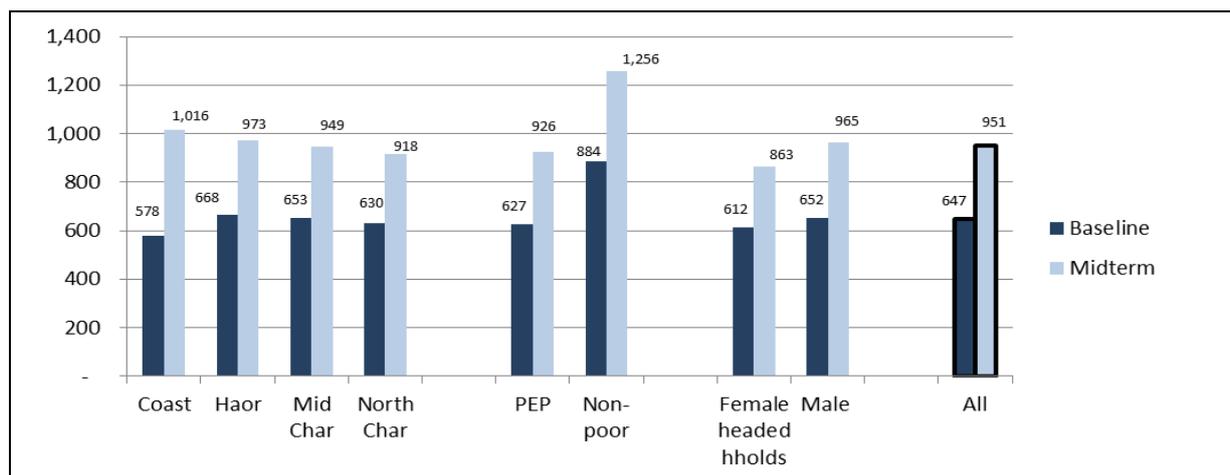
²⁰ All comparisons of income data taken at baseline and mid-term adjust for inflation by calculating differences based on the equivalent in 2010 taka.

²¹ This is also more than the Tk 888 reported in the Program's Annual Results Report FY 2012 (p.2)

²² WB 2013 - website: <http://data.worldbank.org/country/bangladesh>

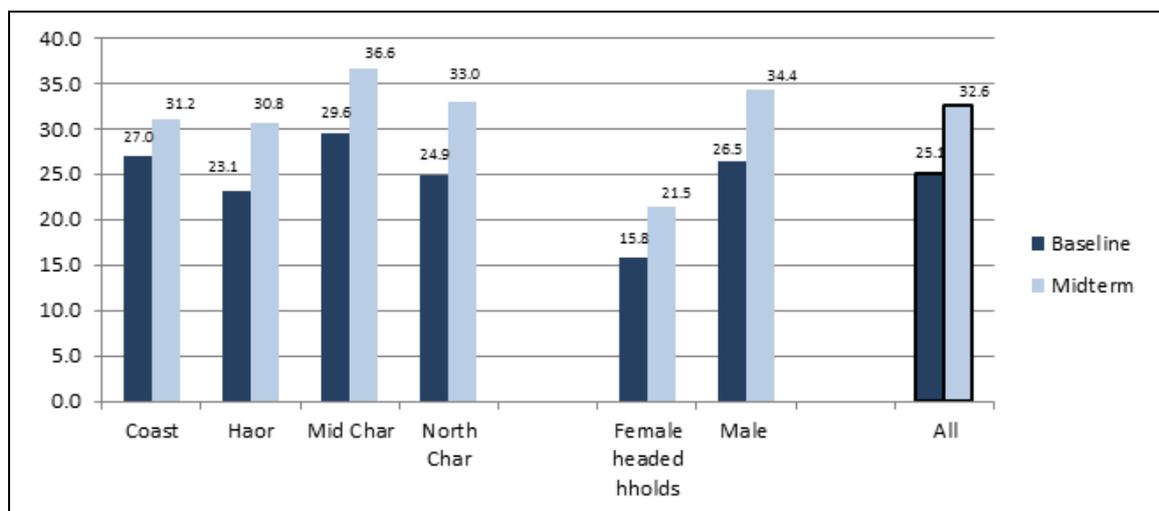
²³ The Economist. 2012. The path through the fields. November 3, 2012. <http://www.economist.com/news/briefing/21565617-bangladesh-has-dysfunctional-politics-and-stunted-private-sector-yet-it-has-been-surprisingly>

Figure 9: Mean household monthly income per capita (in Taka), by region, well-being category and gender of household head



We see this general trend confirmed by the increased index of domestic assets, for all regions and both female and male –headed households. (see Figure 10 below). It may also be recognized that in the past 2 years no large natural disaster has taken place that has had a devastating effect on assets and people’s access to resources.

Figure 10: Index of domestic assets, by region and gender of household head

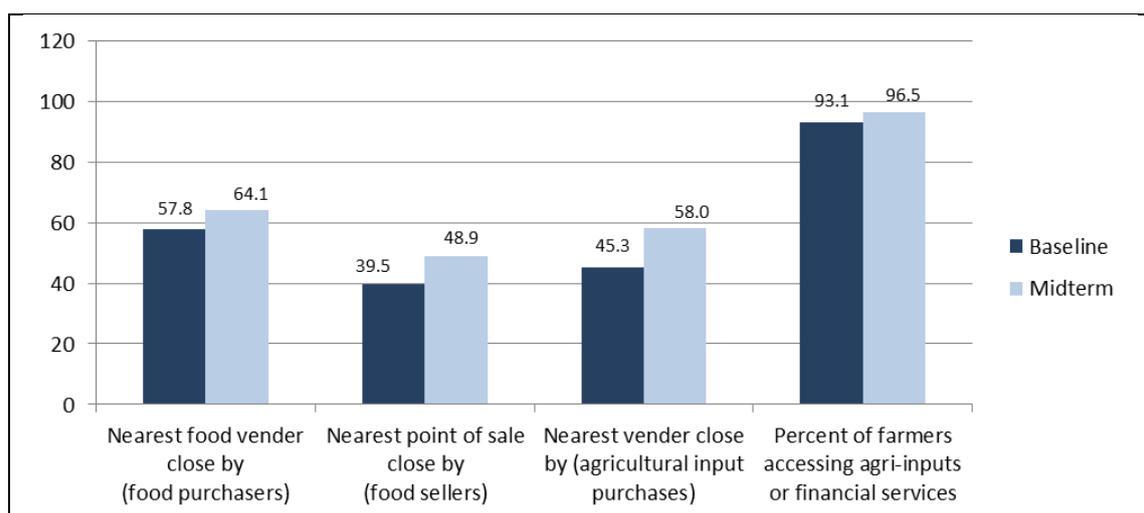


Another important indicator (IPTT indicator 8) of increased household income is the number of PEP IGAs established or improved. The number of PEP enrolled in the COG of IGA was reported to be almost 75,000, significantly more than the 46,000 target for 2012.²⁴

In Figure 11 improvements in accessibility to markets and services are shown. The results show marked, statistically significant differences between baseline mid-term ($p= 0.000$). The last indicator shown in Figure 11 (percent of farmers accessing agricultural inputs and financial services) is listed as an important outcome indicator under IR2.1.

²⁴ CARE Bangladesh. 2012. Fiscal Year 2012 Annual Result Report. November 5, 2012.

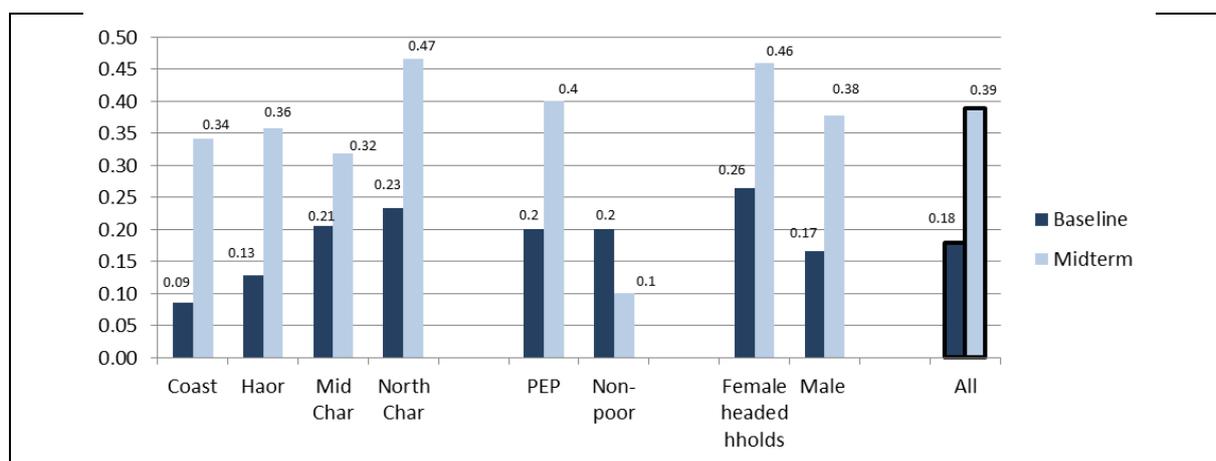
Figure 11: Indicators of access to markets and services



The midterm survey also found that the average number of safety nets people engaged in has shown significant improvements (see Figure 12). The overall increase was more than 100 per cent. As the Program has worked hard to facilitate the communication between the PEP and GOB this seems quite a success. The highest increase was achieved in the Coastal region of about 300 percent. This may be explained by the fact that we are comparing a non-disaster year (2011) with a disaster year (2012) during which many received emergency assistance from government and the Program after the mid-year floods. The next highest increase is for the Haor region, 99 per cent for the North Char region and 55 per cent for the Mid-Char region. When reviewing the performance of female versus male households it is interesting that both made significant strides.

The single largest increase can be found in the GOB's Vulnerable Group Feeding program, with an increase from 4 to 13 percent ($p=0.000$) between the baseline and midterm surveys, followed by the "forty days work" scheme with an increase from 0 to 5 per cent. This scheme was mentioned several times during the FGDs supporting the MTR process. The community-based savings groups went only up from 0 to 1 per cent of households engaged in this self-help safety net.

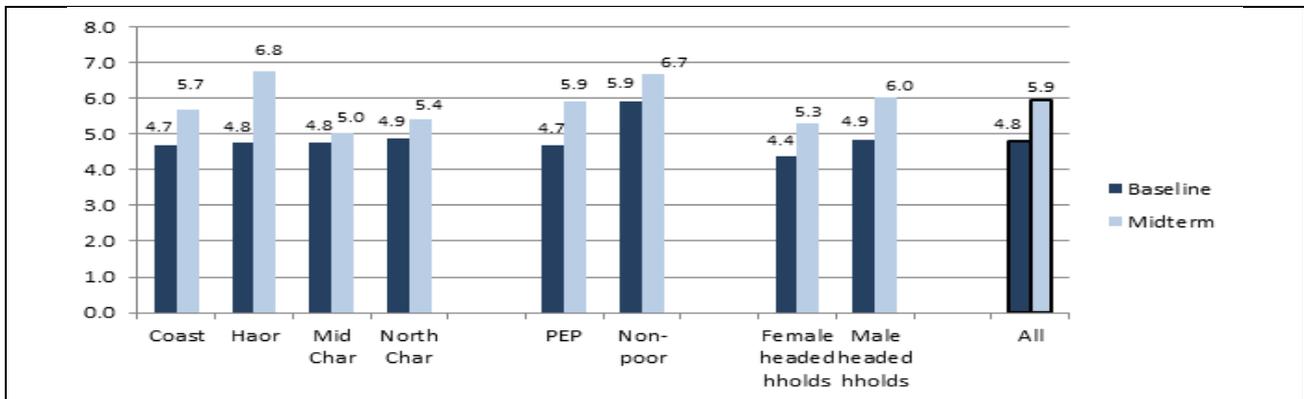
Figure 12: Average number of safety nets engaged in, by region, well-being category and gender of household head



Progress of Food Security Impact Indicators

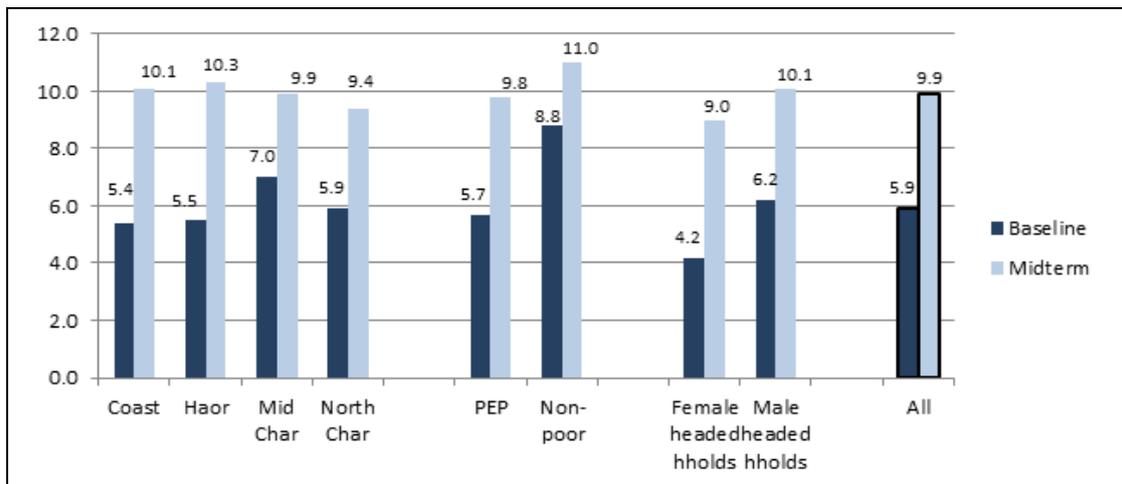
The program seems to have made significant progress in areas of food availability and access, which is reflected in the various indicators shown. This progress is also reflected in the two program impact indicators as the following figures show. Figure 13 shows that the dietary diversity score has increased from 4.8 till 5.9, a 23 per cent increase overall. The highest increase was seen for the Haor region and lowest for the Mid Char region.

Figure 13: Dietary diversity score, by region, well-being category, and gender of household head



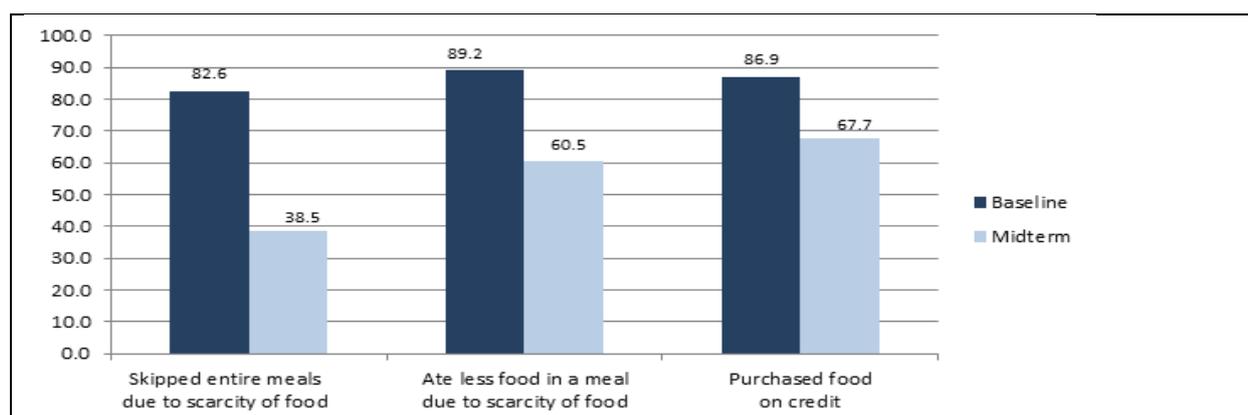
The second indicator for the program to measure impact showed an increase from 5.9 months of adequate household food provisioning to 9.9 months or 68 per cent increase (see Figure 14), This observed increase is already more than the target set for the entire program, not by MTR. The results are even more significant if one considers that just over half of the beneficiary households have received their support package under SO1.

Figure 14: Number of months of adequate household food provisioning, by region, well-being category and gender of household head



Findings from the FGDs and interviews in the field with beneficiaries confirmed these findings. They felt food availability and access were less of a worry than before. A few experiential indicators are listed below (Figure 15). These seem in line with the earlier seen improvements. It may be necessary to also state that these communities (perhaps except from the Coastal region) did not feel the impact of a major natural disaster.

Figure 15: Experiential indicators of food security: Coping strategies employed in last 12 months



Market linkages and PSE

SHOUHARDO II has made considerable effort to increase market opportunities for beneficiary households participating in agricultural activities. Based on interviews in the field, households still sell most of their produce at local markets. The high population density, even in semi-remote and remote areas, often helps to find local markets available within a radius of a few kilometers. FGDs have highlighted the facilitation role of VDCs in finding market opportunities with higher prices, organizing transport, and inviting wholesalers to buy up produce directly. That is remarkable and further tribute to the key position of the VDC in the SHOUHARDO approach. Other improvements include the introduction of high value crops such as jute, turmeric, pumpkin and ginger.

The Private Sector Engagement (PSE) unit has worked on the creation of new working opportunities in handicrafts and bamboo products but more may be expected.²⁵ In this respect it is not certain that inclusion of a PSE unit within the SHOUHARDO team has had the desired effects on promoting PSE. Given the importance of PSE and improved market linkages within the SHOUHARDO II Results Framework, renewed efforts may be needed to see real impact by the end of the Program.

Technical Partners

The Program has worked closely with 3 technical partners – IRRI-CSISA, CVASU, and IUCN and a new collaboration will start in 2013 with World Fish. For more information on the type of support and regions benefiting see Table 6.

Table 6: Technical Partners Supporting the Program under SO1

| Partner | Type of support | Regions |
|---|--|------------------------|
| Cereal System Initiative for South Asia (IRRI-CSISA) | Capacity building of the PEP mainly through cereals demonstration plots Train SHOUHARDO staff on selected technologies Strengthen SHOUHARDO guidelines for good agricultural practices | Haor, North Char |
| Chittagong Veterinary & Animal Science University (CVASU) | Graduate students work for one month/year at village level. Capacity building of CAV, animal vaccination and de-worming campaigns at village level. | ALL |
| International Union for Conservation of Nature (IUCN) | Trained project staff, capacity building and input support for establishment of floating gardens | Haor,, Mid Char |
| World Fish (new!) | Capacity building in fish farming, establish demo ponds, fisher group formation and capacity building through courtyard sessions | ALL |

²⁵ CARE Bangladesh. 2012. Fiscal Year 2012 Annual Results Report. CARE – SHOUHARDO II/Bangladesh. 5 November, 2012.

IRRI-Cereal System Initiative for South Asia (CSISA)

The collaboration with CSISA has been beneficial. The Team has observed a number of new techniques and management practices that were implemented with assistance from CICSA staff. This includes introducing flood/drought tolerant crop varieties and water saving technology for Boro rice cultivation. Efforts are focused on a small number of villages, but good practices are likely to spread quite quickly. The participation of CICSA is highly appreciated by staff and beneficiaries alike. Innovations leading to income increases are esteemed above all. Despite the small number of villages with demonstration plots, the replication of new practices was already observed in some villages with also non-PEP farmers taking up the new practices.

Chittagong Veterinary & Animal Science University (CVASU)

During the program it was agreed that CVASU will provide more than 100 5th year students to the Program as interns who will work for a month at the union/ UP level. They are responsible for providing technical advice for livestock development and help treatment of livestock population under the Program. The support is still in the start-up phase – covering 15 Upazillas in 2012, but with the aim to cover all 30 Upazillas in 2013. This addresses a shortage in skilled government extension staff in the area of livestock.

International Union for Conservation of Nature (IUCN)

From 2012 onwards, IUCN is working closely with the Program to establish floating gardens to support villages in the Haor region and promoting year round eco-friendly household based vegetable gardening practices.

While the impact of these partnerships is limited to the few villages where the new technologies and/or practices have been introduced, the technical support is very relevant and is likely to spread if successful. The innovation is much appreciated by staff, PEP beneficiaries and non-PEP community members as well as the GOB alike. It shows real adaptation to the local environment and the threat of the climate change such as rising sea levels.

Challenges

The following challenges were identified by the Team:

- The way in which the Program transfers knowledge and experience is relatively weak as a consequence of the high number of households serviced by CAVs and FF; the short duration of initial training per CAV (5 days); and even shorter training for new joining staff; and high staff turn-over. As a result, CAVs often lack the capacity to provide technical support to COG on crop production, as well as to provide support to non-PEP. Many CAVs are merely facilitating the work of government extension staff, rather than directly providing technical support - especially in the area of crop development.
- The Program is dependent on NBDs for conducting specialized training. However there are a limited number of extension officers available to provide such training. This is especially true in the technical areas of livestock, fisheries and SME development.
- Reaching out to remote communities is problematic given time pressure limited funds to access hard to reach areas. In addition, government officials less likely to travel to remote areas given the time and cost of travel.
- The input packages provided by the Program are relatively small (smaller than under SHOUHARDO phase I). As a stand-alone livelihood intervention the support package is marginal, particularly under the agriculture and fisheries COGs. It is only sufficient when viewed in relation to the whole SHOUHARDO II

approach of governance and empowerment of communities and individuals. Inflation has reduced the purchasing power of beneficiaries even more (about 10 per cent a year).

- Documentation on results under SO1 is limited. No comprehensive case studies are available.

4.1.3 Conclusions

- The sheer scale and variety of the program activities under SO1 – with 4 COGs – strengthening livelihoods of all 370,000 households by end of Program is impressive;
- The mix of training and input support (hard and software) seems to be successful. The Program is likely to achieve its targets, and in fact has the luxury of already achieving some of its targets.
- Despite the limited technical capacity and considerable workload of CAVs, the use of the volunteer system as the main interface with the beneficiary households (with backstopping by staff) has been a success.
- The adoption of new techniques and practices under crop, fruit and vegetables fish and livestock production by beneficiary households has been promising.
- The positive deviant farmer model has not been fully utilized by the Program.
- The contribution from technical partners such as CSISA, CVASU, and IUCN is much appreciated by all. They add significantly to the philosophy of a comprehensive livelihoods program and also show in practical terms how communities can protect themselves against some of the effects of climate change.
- Technical training provided to COGs by government counterparts is successful. The Program has been able to engage with various NBDs and worked together with Ministry of LG to improve services to PEP communities.
- Good gender balance is achieved in supporting livelihood activities with large numbers of women involved in household income generating activities (CHD and IGA), but EKATA groups are only established in 30 percent of villages, stopping short of a potentially even higher positive impact.
- While the program has undertaken limited efforts in the areas of PSE involvement, VDCs play a central role in accessing new market linkages for agricultural produce from beneficiary households

4.1.4. Recommendations

The following recommendations are intended to improve the implementation of activities under SO1 and increase the likelihood that the program will achieve its intended outcomes related to agriculture and livelihoods before it ceases in 2015.

- Increase technical backstopping capacity in the field and provide refresher training in all areas starting with a Foundation course of 5 days going back to the basics of approach, share lessons learned, etc.
- Increase investment in training of CAV and FF so that they have capacity to continue to transfer knowledge after the project ends;
- Enhance the use of the positive deviant farmer model, where experienced and skilled farmers – that are more respected than the CAVs - demonstrate new techniques and practices through their

demonstration plots.

- Improve documentation of lessons learned and project successes through SO1 implementation. Good practices need to be documented and shared between partners and shared with all beneficiaries. This requires clear directions on knowledge management, research, communication and advocacy. Examples: Role of VDC in increasing market linkages;
- Focus on quality, impact and sustainability of the selected 370,000 households. The Program can add new beneficiary households if others have moved out of area but should refrain from adding households over and above the target set at the start of the Program. The MTR team believes, Program resources would be too thinly spread. The main focus should be on implementing the full SHOUHARDO model – maximizing the complementarity between SO’s and sustainability of interventions. As it is not sure that any of these communities will be further serviced once the program comes to an end, strengthening of livelihoods and increased resilience should have top priority.

4.2 SO2 – Health, Hygiene and Nutrition

4.2.1 Description of the program activities and linkages to other SOs

The final evaluation of SHOUHARDO found that “the inclusion of more traditional interventions of health and hygiene promotion, water and sanitation, growth promotion and increased food production, along with distribution of food rations has created a synergy which has resulted in significant and sustainable impact.”²⁶

Based on the success of SHOUHARDO, SHOUHARDO II has been designed to likewise achieve significant and sustainable impact through a comprehensive set of health, hygiene, nutrition and sanitation interventions. This package of interventions forms one of the primary pillars of the program framework presented in Chapter 1. The SHOUHARDO II health, hygiene and nutrition package is evidenced-based and in line with Government of Bangladesh priorities, national/regional initiatives, and UN (UNICEF, WHO) and donor priorities. The package prioritizes children under age 2 and pregnant and lactating women, in line with global best practices of targeting the first 1,000 days of life to achieve sustained impact on nutrition indicators. The program’s health, hygiene and nutrition package includes²⁷:

- Provision of a monthly food ration to pregnant and lactating women to both fill gaps in nutritional intake, and function as an incentive to participate in other behavior change initiatives.
- Promotion of appropriate infant and young child feeding practices inclusive of timely initiation of breastfeeding, exclusive breastfeeding for six months, continued breastfeeding for two years, adequate and appropriate complementary feeding
- Establishing linkages with preventive and curative health and nutrition services
- Building capacity for community based integrated management of childhood illnesses (C-IMCI) to improve partnerships and linkages between communities and health facilities, raise awareness and increase uptake of improved health and hygiene practices

²⁶ TANGO. 2009. Final Evaluation Report – SHOUHARDO. December 2009.

²⁷ CARE Bangladesh. 2010. Multi-Year Assistance Program (MYAP) Proposal. P.L. 480 Title II Bangladesh. SHOUHARDO II – Strengthening Household Ability to Respond to Development Opportunities II.

- Facilitating linkages with the Ministry of Health and Family Welfare program to provide micro-nutrient supplementation for pregnant and lactating mothers
- Screening and referral for community based management of acute malnutrition
- Promotion and provision of water and sanitation infrastructure

Community health volunteers (CHVs) trained and recruited by SHOUHARDO II deliver most of the above interventions through community based growth monitoring and promotion (GMP) sessions and court yard sessions, home visits, and making referrals. Identification of location and type of sanitation infrastructure is facilitated by SHOUHARDO II implementing partners and is prioritized through the VDC's CAP. PNGOs are also responsible for facilitating referral linkages and linkages with MoH&FW programs for EPI, and vitamin A and iron foliate supplementation.

Through delivery of the comprehensive package described above, SHOUHARDO II aims to achieve the following intermediate results:²⁸

- ***IR 2.1: Increased access of communities to and utilization of health and nutrition services, with special emphasis on prevention in line with MoH&FW protocols***
- ***IR 2.2: Improved adoption of health hygiene and nutrition behavior and caring practices by PEP in target communities.***

Linkages to other SOs: According to the SHOUHARDO II design achieving sustained improved health, nutrition and sanitation outcomes and impact requires that SO2 related activities are closely linked to other program components. This has been achieved in the following ways:

SO2 connection to SO1: Pregnant and lactating women receive additional food produced at the household level as a result of new/improved agricultural techniques

SO2 connection to SO3: CHVs attend EKATA meetings and ECCD parenting sessions to reinforce key health messages. In addition, CHVs work with EKATA volunteers to encourage women to participate in GMP and courtyard sessions.

SO2 connection to SO4: CHVs regularly meet with and work with VDC members to report on progress and address barriers, such as women's participation in GMP and courtyard sessions. VDC members are also engaged in mobilizing the non-PEP to participate in behavior change initiatives (GMP and courtyard sessions.)

SO2 connection to SO5: Efforts to improve hygiene and sanitation behaviors under SO2 have been aided by installation of latrines and tube wells and arsenic testing carried out under SO5.

4.2.2 Main Findings

Design and Implementation

As noted above, the design of the package delivered under SO2 is evidenced-based and in line with global best practices. The challenge that SHOUHARDO II is grappling with is whether the selected implementation methodology is effective and will lead to sustained improvement of health and nutrition status among the target beneficiaries.

²⁸ Ibid

Comprehensive health messages: SHOUHARDO II is ambitious in what it hopes to achieve. As such the project has developed a long list of health messages ranging from antenatal care practices, maternal health and nutrition, skilled care at birth, infant and young child feeding, postnatal care, family planning, and sexual and reproductive health. For both CHVs and beneficiaries this is a significant amount of information to communicate, remember and incorporate into changed behavior. Although, each topic is important, prioritization may serve to both reduce this burden and increase project impact.

In the first half of the Program, CHVs have gained an established base of knowledge, and basic awareness has been raised²⁹. During the second half of the program, messages will need to be fine-tuned in order to address practices and behaviors that are lagging behind.

Community Health Volunteers as the primary means to achieve SO2 outcomes: The use of paid CHVs identified and recruited from their own community is an appropriate and effective model for implementing community based interventions. As found in FGDs, CHVs are well informed and respected by the communities they serve³⁰. However, ensuring they are equipped with sufficient knowledge and skills to support families to make sustained behavior change is a challenge.

GMP / Courtyard Sessions Design: As designed GMP and courtyard sessions are a culturally appropriate means of communicating key health messages and promoting behavior change. Participants have a high level of awareness of key health messages, and are motivated to participate³¹. The linkage to MoH&FW EPI centers has the potential to significantly contribute to the sustainability of GMP. The use of health cards to be held by mothers is also seen as an effective means of promoting access to information. During the fieldwork associated with the MTR, pregnant and lactating mothers frequently discussed their reliance on the growth chart and birth planning sections of their health card.

Referral Linkages: The inclusion of strengthening referral linkages into SHOUHARDO II's design demonstrates the project's commitment to a comprehensive approach to addressing underlying causes of poor health and nutrition. The implementation of referral linkage workshops, which brings together multiple stakeholders to address access and utilization of referral services, is an important first step in ensuring that women and children are able to receive important clinical care. However, as designed the program does not address the issue of the poor quality of services that mothers are being referred to, including shortages of health personnel and equipment and supplies. Although, these issues are most likely beyond the scope of SHOUHARDO II, they are challenges that will need to be addressed if the referral pathway is to become functional. As designed the project may achieve an increased demand by individuals for services and an increased awareness of health authorities and providers of the need to link to communities, achieving sustained change will be hampered by not addressing these health service quality issues.

As a result of referral linkage workshops, CHVs have been able to facilitate doctor and midwife home visits to respond to care for sick and malnourished children.

Observation in Mymensingh and Kurigram

CIMCI: As of the mid-term SHOUHARDO II has begun the process of training community based health providers in the principles of community-based integrated management of childhood illnesses (CIMCI). This fits well with other initiatives in Bangladesh. However, if the project fails to follow up this training with more

²⁹ Consistent finding across all FGD with pregnant and lactating women (Mymensing, Sirajgonj and Kurigram)

³⁰ Kurigram, Mymensing, Sirajgonj FGD and in-depth interviews

³¹ Kurigram and Mymensing FGD Pregnant and Lactating mothers and GMP session observations

in-depth engagement of providers and communities to ensure linkages are in place, and services are available, the approach will not be effective.

Facilitating Micronutrient supplementation: SHOUHARDO II is designed to link pregnant and lactating mothers and children less than two with MoH&FW and NGO programs for providing micronutrient supplementation. As designed the project effectively fills a gap for mobilizing women to participate in these programs as well as to adhere to recommendations for supplements. However, the design fails to consider how this will be sustained in the absence of the current donor resources and constrained MoH&FW resources. Answering this question must become part of the program's exit strategy.

Food Ration: The provision of the monthly food ration to pregnant and lactating mothers to both fill nutrition gaps and function as an incentive to participate in other health interventions is well designed in the context of a Title II program. Based on field observations, the selected commodity is culturally acceptable and well stored and consumed at the household level³². The provided wheat, oil and split peas are easily integrated into the local diet for both women and children. The distribution plan is well designed, and from observation quite efficient and effective.

Program Approach (MCHN/PEP and PM2A): As discussed in Chapter 2, SHOUHARDO II is testing and comparing the impacts on child malnutrition of two different program approaches, namely PM2A and MCHN. However, as described above in Chapter 2, changes to the design during the second year of implementation have made this comparison somewhat challenging.

In the PM2A model all pregnant and lactating women with children under two years receive a monthly food ration irrespective of economic status. In the MCHN model only pregnant and lactating women defined as either poor or extreme poor receive the monthly food ration. As initially designed the MCHN model did not include health promotion activities for non-poor. However, the non-poor have now been included in both the PM2A and MCHN models for behavior change interventions (GMP sessions, courtyard sessions, CIMCI, referrals).

The rationale for targeting all community members for health interventions (IYCF, CIMIC, maternal micronutrients, hygiene, birth planning, ANC, PNC, etc.) has is to ensure that desired behaviors are reinforced amongst all in the community (poor and non-poor). This removes any social stigma and re-enforces good health behavior at household and community level. On the other hand, the MCHN/PEP model may be more effective at reducing malnutrition since it is targeted at households that are in greater need and among whom malnutrition is generally higher.

In practice, engaging the non-poor in MCHN villages (i.e. where they are not receiving a food ration) has proven to be challenging, and has absorbed a significant amount of staff time and resources. . According to interviews with key informants, non-poor have a perception that since they are not receiving a food ration that there is no need for them to participate in courtyard or GMP sessions.³³ It is for this reason that numerous program staff (CARE and PNGOs) expressed a preference for the PM2A approach, which makes it easier to gain the participation of the non-poor in GMP and courtyard sessions.³⁴

That said, program staff have effectively managed MCHN program implementation by explaining why only the PEP are targeted for food rations, and by engaging community leaders and VDC members to assist with improving participation among non-PEP in GMP and courtyard sessions. There were also some staff who

³² Based on field observations in Mymensing, and Kurigram

³³ Based on, 1) discussions with field staff in Mymensing, Rangpur and Kurigram, and 2) SO2 presentation at November QTTM Dhaka.

³⁴ Based on discussions with field staff Kurigram and Rangpur

expressed the importance of focusing on PEP for food rations and described the means by which they were able to effectively implement the MCHN approach. In summary, CARE and PNGOs recognize that both approaches have distinct advantages.

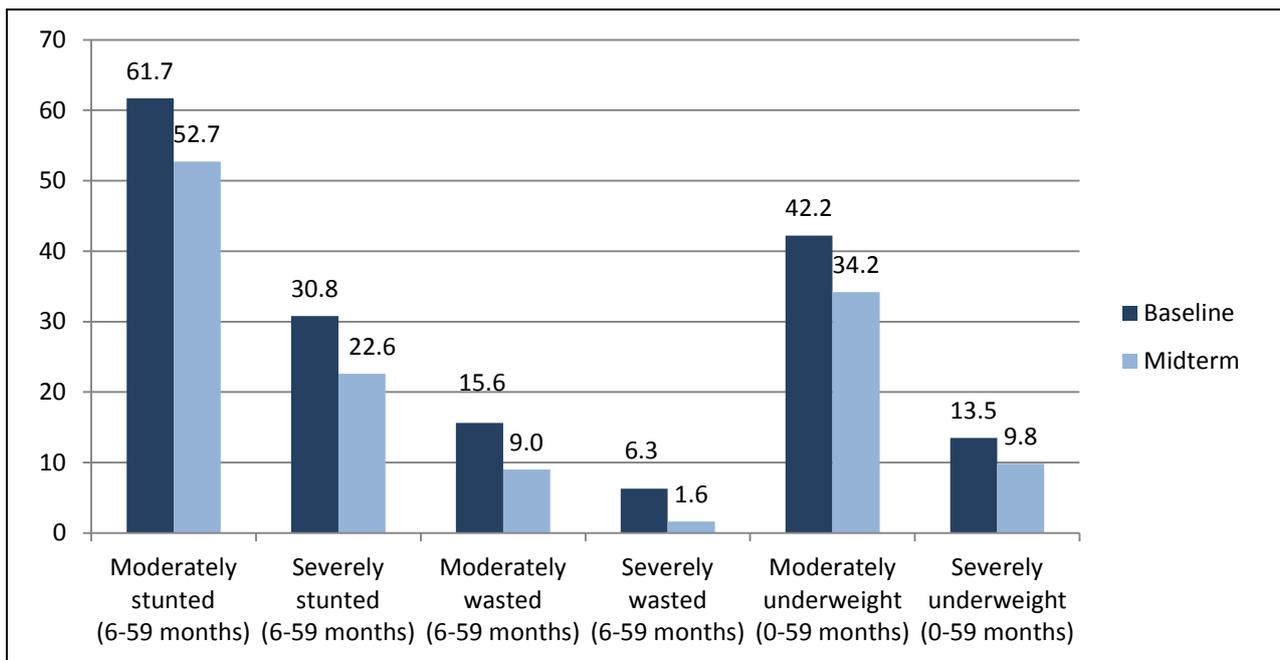
Results/Achievements

Quantitative findings from the mid-term survey indicate that SHOUHARDO II is on track to achieve its impact and outcome targets with regards to child health and nutrition indicators. Between the baseline and midterm surveys there have been reductions in all measures of malnutrition among children. Significant gains have also been observed in key behavioral indicators. While an enhanced research design (e.g. inclusion of control villages) is needed for affirming whether these changes can be attributed to project interventions, they are suggestive that the project has already made some progress in achieving its goals.

Progress towards achieving SO2 Outcome and Impact Targets

Malnutrition among under-fives: As shown in Figure 16 below, children under age five have experienced significant reductions in all measures of malnutrition—stunting, wasting and underweight. The reduction of 9 percentage points in moderate stunting (chronic malnutrition), 4.5 points per year, is impressive, especially given that BDHS data suggest that the national trend has been a reduction of only 0.5 percentage points per year between 2007 and 2011.³⁵ Even more impressive is the reduction in moderate wasting (acute malnutrition), almost a 45 percent reduction in the rate. It should be noted that the annual percentage-point reduction is 3.3 versus about 0.5 for the country as a whole between 2007 and 2011.³⁶

Figure 16: Percent of children under-five stunted, wasted and underweight



Malnutrition among under-twos: As shown in Figure 17 children under two have experienced reductions in stunting and wasting. However, the change in stunting in comparison to that experienced in the under-five

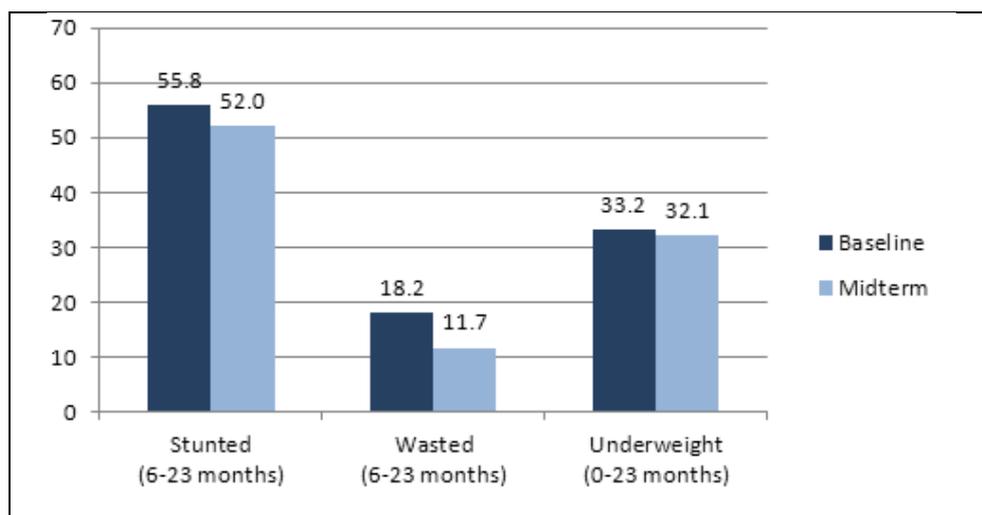
³⁵ National Institute of Population Research and Training, Mitra and Associates & MEASURE DHS. 2012. *Bangladesh demographic and health survey 2011. Preliminary Report*. Dhaka, Bangladesh, and Calverton, MD, USA: National Institute of Population Research and Training, Mitra and Associates, and Macro International.

³⁶ Ibid.

age group is not as strong (and indeed not statistically significant). Yearly progress in reducing stunting is also less than what was experienced over the life of SHOUHARDO.³⁷ However, the strong reductions in wasting from the baseline to the midline of 18.2 to 11.7 percent amongst all children under two is a significant achievement of SHOUHARDO II thus far.

The reductions in malnutrition among under twos may be partially attributable to improvements in the food consumption and nutritional status of mothers, which can affect children’s birth weights and breast milk quality. Since the baseline, the prevalence of underweight among mothers of children under five has declined from 36.8 to 32.2 percent. Further, the quality of mothers’ diets has improved as well. Specifically, there have been substantial increases in the percent of mothers eating foods from the following food groups: pulses and legumes, “meat, fish/seafood & eggs”, dark green leafy vegetables, and fruits.³⁸

Figure 17: Percent of children under-two stunted, wasted and underweight



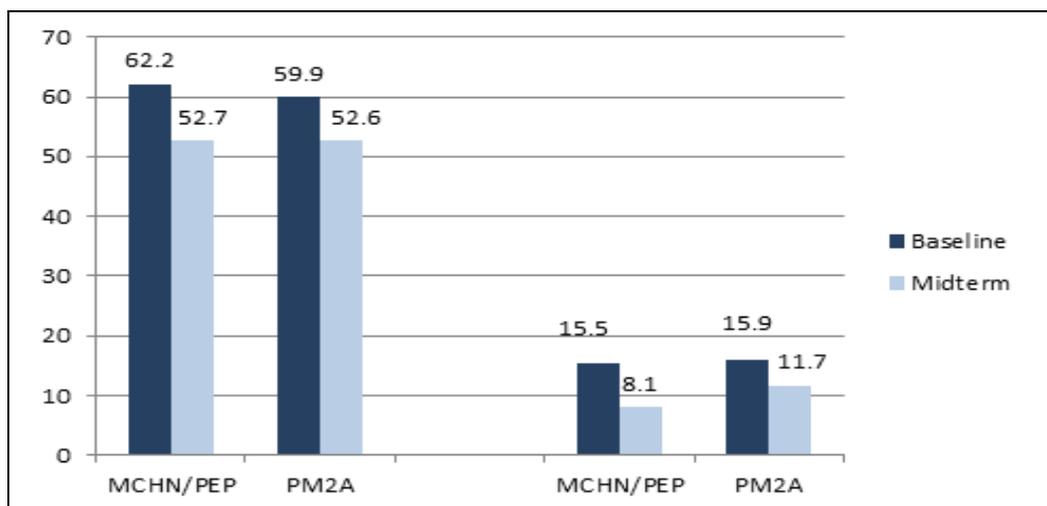
Stunting and wasting by program approach: As shown below in Figure 18, there have been declines in malnutrition among children under five in project villages following both the MCHN/PEP and PM2A approaches. However, there have been comparatively stronger declines where the MCHN/PEP approach is being followed. MCHN/PEP stunting declines are 2.2 percentage points more than for PM2A households. Wasting shows an even greater differential, at 3.2 percentage points more among MCHN/PEP households.

As mentioned in Chapter 2, a final determination must await analysis of the endline survey data, which will help understand whether non-PEP households in the PM2A villages are participating in the interventions falling under the other project SOs (e.g., agriculture), which is a deviation from the PM2A approach. The evaluation should also take into account the cost implications of the fact that when project resources are extended to non-PEP households they are obviously not then available for the PEP households who are in most need. Doing so can thus be expected to reduce overall project impacts given available resources.

³⁷ Smith, Lisa C., Faheem Khan, Timothy R. Frankenberger and AKM Abdul Wadud. 2013. Admissible evidence in the court of development evaluation? The impact of CARE’s SHOUHARDO project on child stunting in Bangladesh. *World Development* (41): 196-216.

³⁸ See Annex K: *Additional Analysis of Quantitative Findings from Household Questionnaire* for more detail.

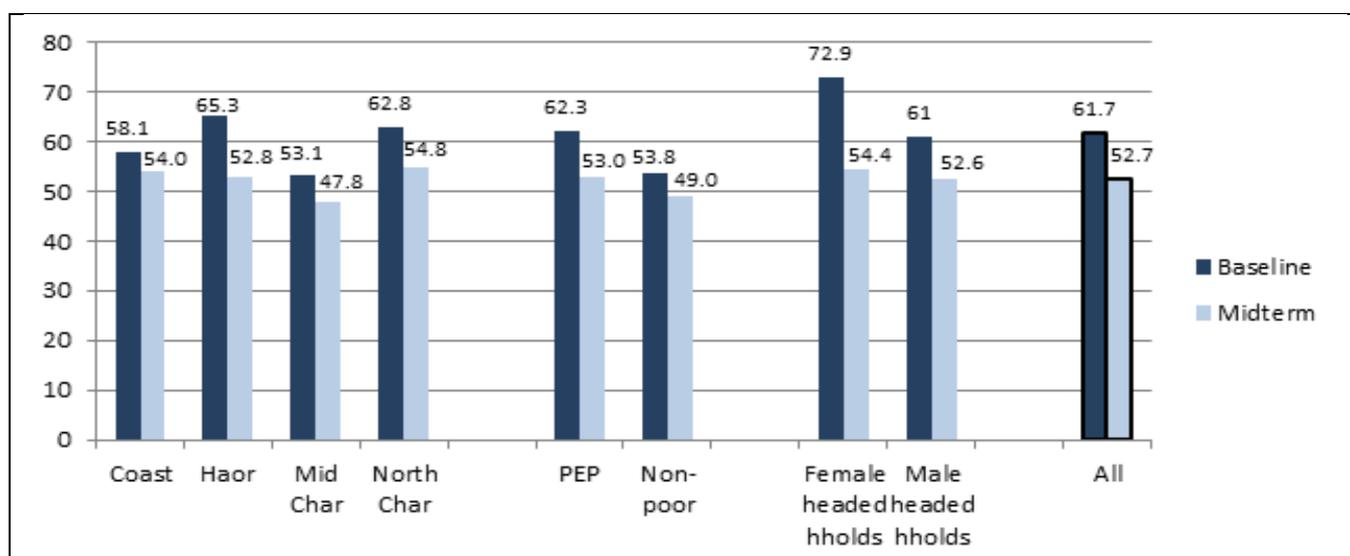
Figure 18: Percent of children under five stunted and wasted, by program approach



Stunting by region, well-being category and gender of head of household: As shown in Figure 19 reductions in stunting have been achieved in all four target regions, with the greatest changes experienced in Haor and North Char. As would be expected, stunting has been reduced more for the PEP than the non-poor.

The baseline survey showed that female-headed households had an extremely high prevalence of child malnutrition of near 75 percent. By the midterm this was reduced to 54 percent, a very large 21 percentage-point decline. The prevalence for female and male headed households are now roughly equal.

Figure 19: Percent of children under five stunted, by region, well-being category and gender of household head



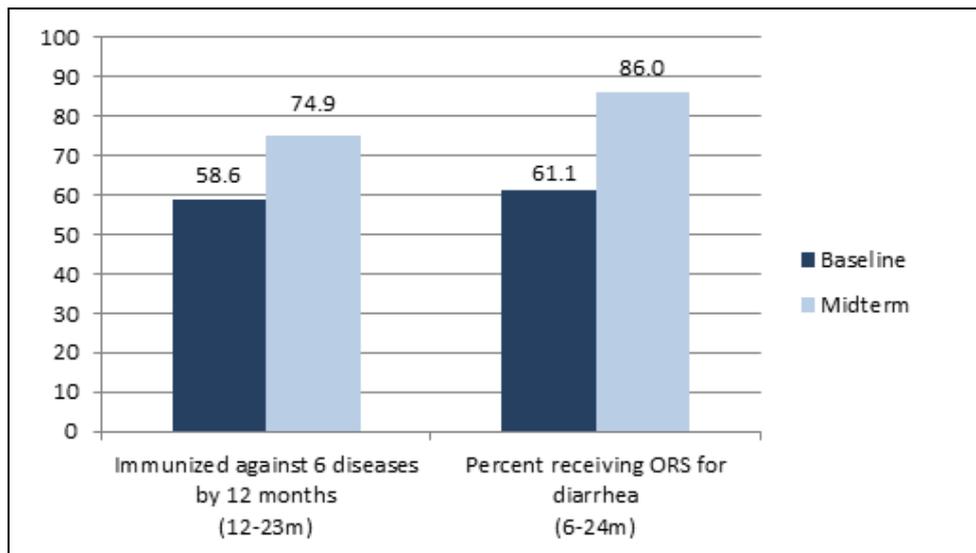
Prevalence of Diarrhea: The percentage of children age 6 – 23 months with diarrhea has declined from 13.8 to 11.6, a difference that is not statistically significant. The project is thus behind target for this important indicator of children’s health, which may be one reason why stunting has been declining so slowly among

children under two.³⁹ More attention will need to be given to preventing diarrhea if the target for reducing it (and possibly that for reducing stunting among under twos) is going to be achieved.

Progress towards achieving targets for IR 2.1: Increased access of communities to and utilization of health and nutrition services, with special emphasis on prevention in line with MoH&FW protocols

Immunization and ORS: Figure 20 shows the significant gains achieved in the percentage of children immunized against eight diseases (58.6 to 74.9). This exceeds the target set by SHOUHARDO II of 65% by September 2012. Gains have also been made in the percentage of children age 6 – 23 months receiving ORS for diarrhea (61.1 to 86) since the baseline. This indicates that SHOUHARDO II has been successful at linking children to MoH&FW EPI program and basic health services.

Figure 20: Immunization and ORS for diarrhea among children under two

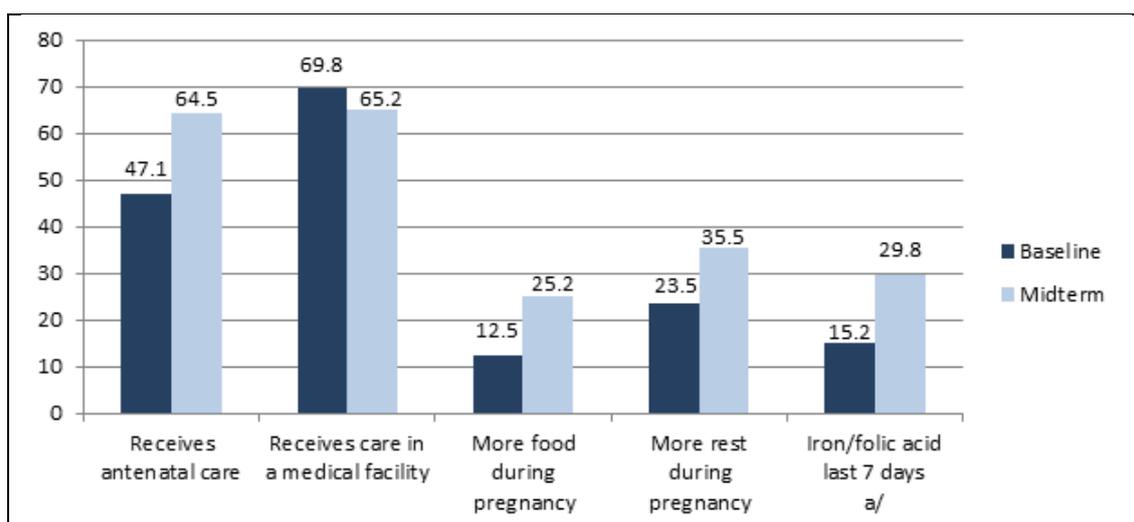


Caring Practices for mothers: Significant improvement has been achieved in caring practices for mothers. As shown in Figure 21, more women are receiving antenatal care, more women are receiving additional food and rest during pregnancy, and a larger percentage of women are receiving iron/folic acid. This shows that key messages communicated by CHVs during GMP and courtyard sessions are leading to behavior change. Importantly, it also shows that mothers are accessing iron and folic acid provided through service providers outside of SHOUHARDO II.

Despite the increases in ANC and PNC, the percent of women receiving care in a medical facility has declined. This indicates that there is a need to further improve the referral system. This validates the qualitative finding that awareness of providers and beneficiaries of the need for clinical care is increasing. However, significant barriers to care still exist and will need to be addressed before further improving the percentage of women receiving care in a facility.

³⁹ A 2008 meta-study of data collected from nine countries, including Bangladesh, confirms that a higher cumulative burden (i.e., a greater number of episodes) of diarrhea increases the risk of stunting in this age group (see [Checkley et. al. 2008 Int J Epidemiol 37\(4\): 816–830](#)).

Figure 21: Caring practices for mothers



a/ Pregnant and lactating women.

Progress towards achieving targets for IR 2.2: Improved adoption of health hygiene and nutrition behavior and caring practices by PEP in target communities.

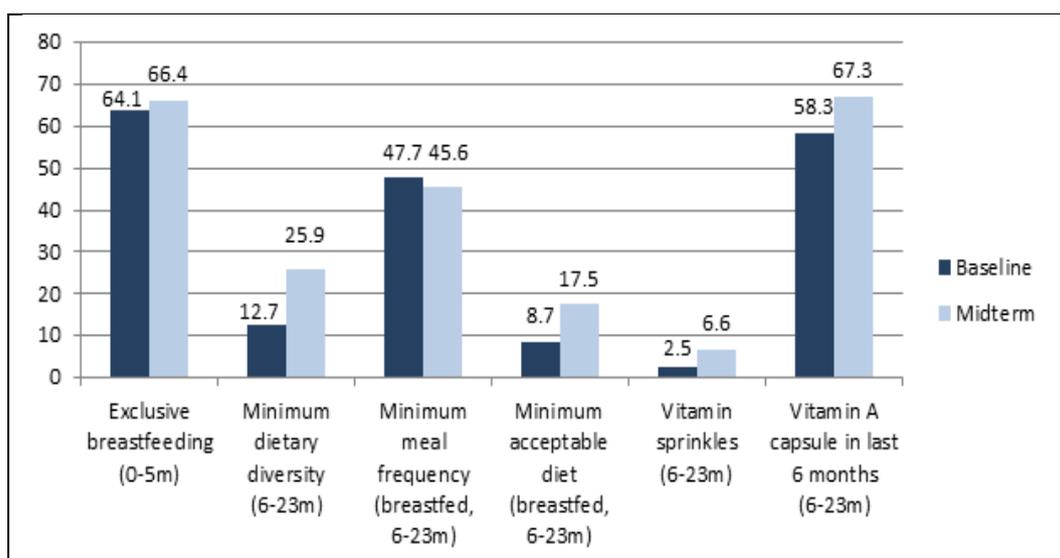
Caring Practices for Children under age two: As shown in Figure 22 the quality of caring practices for children under age two has generally improved since the baseline. The strongest improvement is found in the area of diet and food consumption. The percent of children with minimum dietary diversity⁴⁰ increased from 12.7 at baseline to 25.9 at the midterm. This coincides with an increase from 8.7 to 17.5 in the percent of breastfed children with a minimum acceptable diet.⁴¹ However, there is no evidence of an increase in exclusive breastfeeding for children under six months (the small gain reported in the figure is not statistically significant) (See Annex K: *Additional Analysis of Quantitative Findings from Household Questionnaire* for more detail, Caring practices for children under two). Additional information is needed to understand why exclusive breastfeeding rates have not seen an increase. Therefore, the project may want to examine what barriers exist to increasing rates of exclusive breastfeeding that have not yet been overcome as of the mid-term survey. Note that in some situations women who experience an increase in empowerment begin to breastfeed less and bottle feed more.⁴²

⁴⁰ The minimum dietary diversity indicator identifies whether a child has consumed at least four foods from the following seven food groups in the last 24 hours: grains, roots and tubers, legumes and nuts dairy products (milk, yogurt and cheese), flesh foods (meat, fish, poultry and liver/organ meats), eggs, vitamin-A rich fruits and vegetables, other fruits and vegetables.

⁴¹ Proportion of children 6–23 months of age who receive a minimum acceptable diet (apart from breast milk). http://www.unicef.org/nutrition/files/IYCF_Indicators_part_III_country_profiles.pdf.

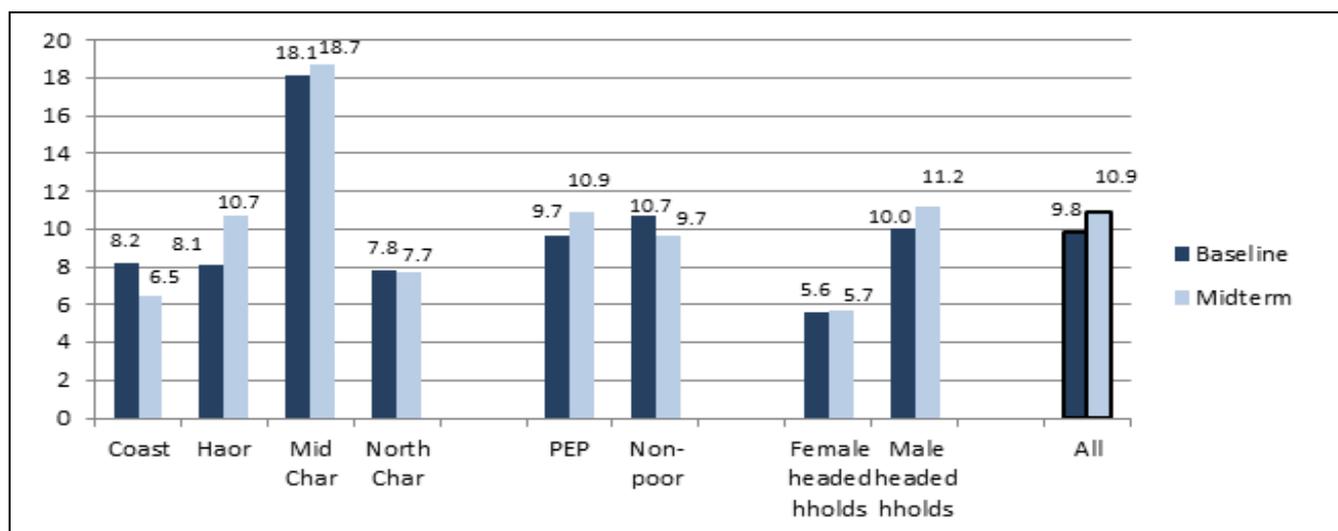
⁴² See Smith, Lisa C., Usha Ramakrishnan, Aida Ndiaye, Lawrence Haddad, and Reynaldo Martorell. 2003. *The importance of women's status for child nutrition in developing countries*. IFPRI Research Report #131. International Food Policy Research Institute, Washington, D.C.

Figure 22: Nutrition-related caring practices for children under two



Hygiene practices of mothers: Among project participants as a whole there has been no statistically significant increase in the percent of mothers who feel it is important to wash their hands at the five critical times.⁴³ SHOUHARDO II has thus not achieved its midterm target of 25% of mothers. As improved hand washing is correlated with lower rates of diarrhea, it is important to note that there has also not been a decline of diarrhea among children age 6 – 23 months (see above). Technical staff should assess barriers to hand washing and develop appropriate strategies to increase hand washing among mothers of children under two.

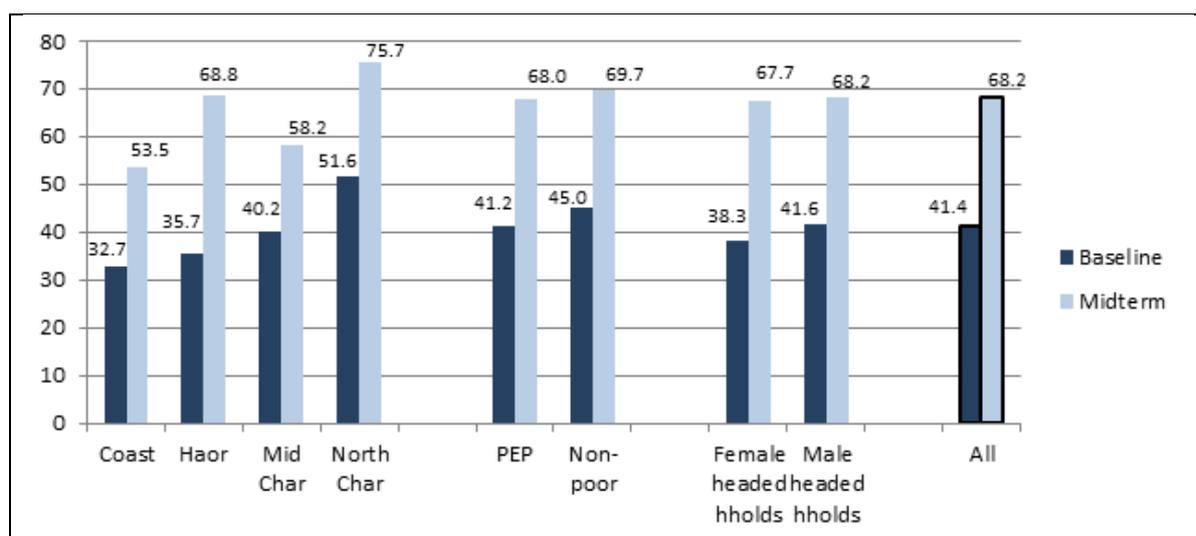
Figure 23: Percent of mothers who feel it is important to wash their hands at all five critical times



In contrast with hand washing, Figure 24 shows strong gains among project households as a group and in all regions in the percent of children under three whose feces are disposed of safely, which should help prevent diarrhea.

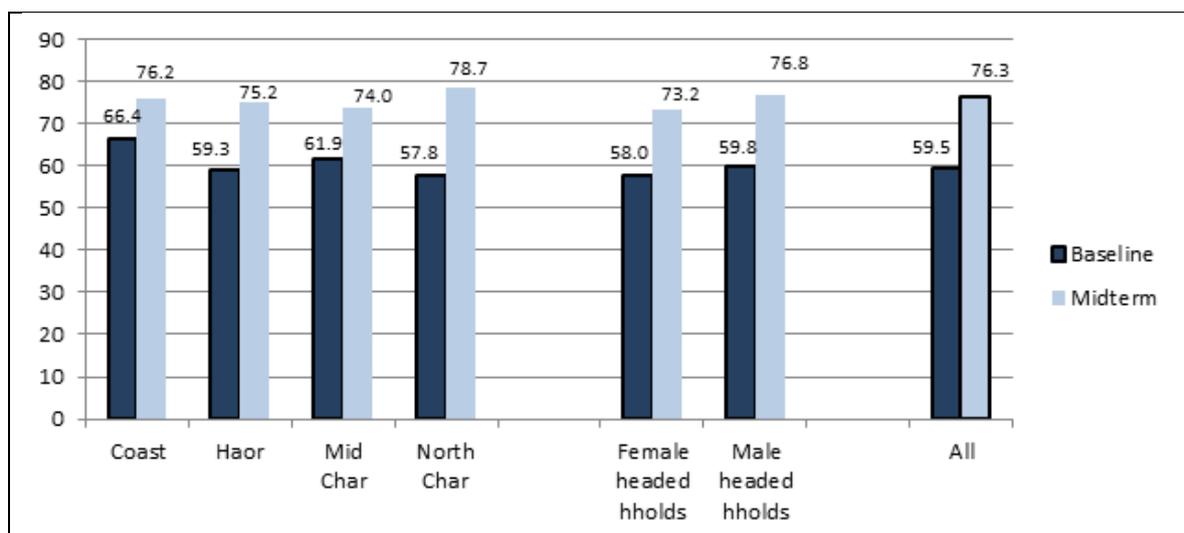
⁴³ The five critical times are: before eating, before breastfeeding or feeding a child, before cooking or preparing food, after defecation/urination, and after cleaning a child that has defecated/changing a child's diaper.

Figure 24: Percent of children under three whose feces are disposed of safely



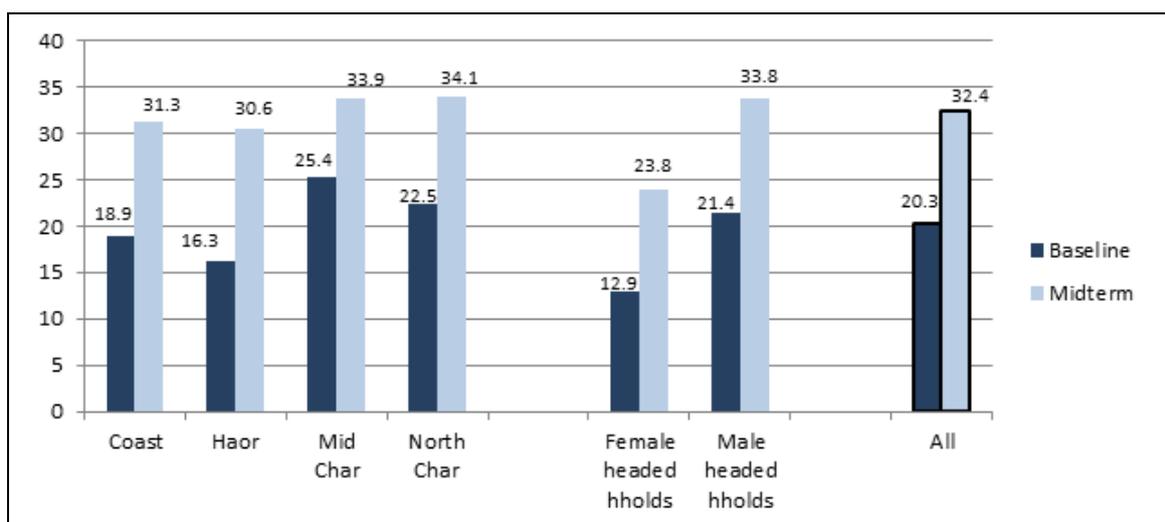
Access to water and sanitation: Significant gains have also been achieved in access to safe water and sanitation facilities. Access to an improved drinking water source has increased from 60 to over 75 percent since the baseline (see Figure 25).

Figure 25: Percent of families with access to an improved drinking source by region and gender of household head



Access to an improved sanitation facility remains low but increased from 20 to 32 percent of households, with the increase being strong in all regions (Figure 26).

Figure 26: Percent of households with access to improved sanitation facility by region, and gender of household head



Challenges

- **CHV Capacity:** In recruiting CHVs SHOUHARDO II seeks out married women with children who are at least 20 years old with secondary education, previous experience in health related work, and socially accepted by their community. CHVs then receive a four day training program covering a very broad range of topics, as well as counseling and facilitation skills. In addition, they gather for a one – day meeting once per quarter for reporting and technical updates. All other technical support is provided on an ad hoc basis by field facilitators and PNGO technical staff.

Given the significant amount of technical information that CHVs are responsible for and the complexities of providing effective counseling and facilitation of community based sessions, the training package offered by the program is insufficient. The reliance on ad hoc training, the lack of refresher training, and lack of supportive supervision for CHVs will need to be addressed in order to ensure quality of program implementation.

- **Technical support:** To ensure program quality, technical support for implementation of strategic objective 2 is provided by CARE and PNGOs. At the national level the CARE Senior Technical Manager is responsible for guiding the overall approach and development of technical guidelines. He is supported by regional technical managers based within each of the four regional offices. The CARE regional technical managers provide technical support for implementation of guidelines to technical staff based within each of the 16 PNGO's and CARE's DD areas. Technical officers within the PNGOs then support field facilitators who are responsible for overseeing community health volunteers. It is the PNGO technical staff who are most closely involved in ensuring technical quality and problem solving for CHV activities.

The schedule of mandated technical meetings for dissemination of guidelines, exchange of information, technical updates and problem solving is prescribed by SHOUHARDO II national management. At the national, regional and PNGO level the structure allows for significant time for technical assistance. However, much of the time is devoted to progress reporting and clarifying reporting requirements. This leaves insufficient time for technical updates and discussions of implementation challenges. Therefore, what is lacking is a formal means of providing technical updates and refresher training to front line staff including PNGO technical staff, field facilitators and volunteers.

- **Sustainability:** The underlying assumption that CHVs will remain a resource within their communities after the project ends may be realistic. However, it is not realistic to assume that they will continue to work at the same level of intensity as they do now, covering over 200 households each and conducting numerous activities each month. Although their stipend is small, the monthly payment does provide a significant incentive. Without this, it is unknown how much of their “work” will continue beyond the life of SHOUHARDO II.
- **Implementation and design of GMP/Courtyard sessions:** The design of the GMP sessions and courtyard sessions does not allow for identification of practices or behaviors, which may be lagging behind. If progress is not made for specific behaviors, for example exclusive breastfeeding, it requires a review of the barriers that are preventing improvement, and potential adaptation of messages. As designed the sessions also lack innovative approaches to promoting behavior change. For example, small group discussions on barriers to behavior change that would allow participants to seek local solutions for making desired behavior changes.
- **Poor quality of clinical services is a significant barrier to increasing utilization.** It is most likely beyond the scope of SHOUHARDO II to address quality of clinical based care including lack of qualified staff, equipment and supplies. Although demand for services may be increasing, the supply side is not sufficient. The program will need to carefully consider how it can work with other organizations to address this challenge.

4.2.3 Conclusions

Generally the design of S02 interventions are comprehensive and in line with global practice. Implementation is progressing as intended and is mostly on target. Food distribution is running efficiently and smoothly. There is a need to focus on indicators that are lagging behind including hand washing, prevalence of diarrhea, and exclusive breastfeeding. Improving behavior change in these areas has potential to further increase the initial gains made on decreasing stunting among children under age two.

As for the difference between the two program approaches (PM2A and MCHN/PEP), additional implementation time is required to determine which has the greatest impact on child malnutrition and to elucidate the strengths and weaknesses of each within the context of the SHOUHARDO II project.

4.2.4 Recommendations

The following recommendations are intended to improve the implementation of activities under S02 and increase the likelihood that the program will achieve its intended outcomes related to health, hygiene and nutrition before it ceases in 2015.

Adapt behavior change strategy to address barriers to key indicators that are lagging behind (exclusive breastfeeding, hand washing, and diarrhea and stunting among under twos.) Although SHOUHARDO II has achieved significant changes in health, hygiene, and nutrition, there are notably some indicators that are lagging behind including two key behaviors--hand washing and exclusive breastfeeding—and two outcomes--diarrhea and stunting among children under age two. Therefore, it is recommended to refine the behavior change strategy with the aim of identifying and addressing continuing barriers to behavior change with regards to exclusive breastfeeding and hand washing in addition to other factors that may be limiting progress in reducing diarrhea and stunting among under twos. This should begin with formative research to identify

such barriers. The findings from the research can then form the basis for refining project activities designed to promote behavior change⁴⁴. Refining the behavior change strategy may include, but is not limited to;

- Adapting messages during GMP/Courtyard sessions to directly address identified barrier
- Conducting smaller group sessions to reinforce key messages to separate groups of pregnant and lactating mothers so that women receive the information, which is most relevant to them.
- Engaging men and/or mother-in-laws in courtyard sessions to enhance support at the household level for behavior change.
- Enhancing cooperation with religious/community leaders to promote improved health and hygiene practices
- Conducting refresher trainings for CHVs to further enhance counseling skills.

Enhance technical support available to CHVs: CHVs are expected to become quickly knowledgeable on a vast range of health, hygiene and nutrition topics. They are expected to be strong facilitators in group sessions and provide individual counseling and support to women and families. To equip CHVs to complete these activities, SHOUHRDO II provides four days of training, and basic IEC materials to be used in GMP and courtyard sessions. There is no refresher training and on job training is ad hoc. To ensure quality the program must find a way to assess CHV skills, and develop a formal on-job training methodology that will give CHVs the skills they need to accomplish all they have been tasked with.

Collaborate and partner with organizations working towards improving the quality of clinical services in target areas to improve referral linkages: Given available resources and time remaining, it is not feasible for SHOUHRDO II to significantly invest in improving quality of clinic based care. However, poor quality of services is a significant constraint to achieving targets in improving referral linkages. Therefore it is recommended that the program invest in identifying other organizations who are targeting quality of clinical services.

4.3 SO3 – Women’s Empowerment

4.3.1 Description of the program activities and linkages to other SOs

CARE International’s commitment to women’s empowerment as a means of addressing underlying causes of poverty and food insecurity is a distinguishing feature of the SHOUHRDO II design. It is for this reason that women’s empowerment provides the foundation of the program framework included in Chapter 1. It is upon this foundation that the program is built.

The SHOUHRDO II approach is based on the assumption that food insecurity and child malnutrition are strongly correlated with women’s empowerment. Therefore, in addition to incorporating approaches to empower women throughout SHOUHRDO II’s program, activities within SO3 have been specifically designed to improve women’s ability to influence decision-making and significantly reduce violence against women. The design assumes that the high prevalence of violence against women, combined with women and adolescent girls’ inability to make decisions regarding their own, their children’s and their family’s health, nutrition, education, finances and safety are underlying causes of poor health and nutrition status.

⁴⁴ See http://www.coregroup.org/storage/Tools/Barrier_Analysis_2010.pdf for guidance on conducting barrier analysis and refining behavior change strategy.

The objective of empowering women to be actively engaged in initiatives to reduce food insecurity in their communities and families is to be achieved through two intermediate results, namely:

- **IR 3.1: Influence of PEP women and adolescent girls in decision making increased**
- **IR 3.2: Local support systems strengthened to reduce Violence Against Women (VAW)**

These results are achieved through an integrated package of interventions beginning with influencing the means by which village development committees function. SHOUHARDO II's design mandates that VDC membership is inclusive of men, women and PEP. As a means of identifying priorities for inclusion in the VDC community action plan, each VDC conducts a gender analysis designed to identify and prioritize gender based issues which have a negative impact on the community as whole. For example, domestic violence, lack of women's mobility, and girls enrollment in school. The findings of the gender analysis are then incorporated into the development of the community action plan.

In villages that show a particularly high level of interest and motivation in both meeting the early education needs of pre-school children and improving women's empowerment additional community based groups are established.

In half of the 1,509 target villages Early Childhood Care and Development (ECCD) centers are established for children ages 4 - 6. The ECCD center is overseen by a management committee, which includes, men, women, VDC members, teachers, primary school headmasters, and parents. Led by a paid ECCD volunteer children participate in 6 sessions each week to improve physical, social, cognitive development on pre-reading, pre-math and self-confidence with the aim of preparing children to enter primary school. In general, ECCD enrolment tends to be comprised of approximately 60 percent girls and 40 percent boys. In addition, parenting sessions are held for mothers and fathers with the aim of improving parenting skills, especially related to girls' enrollment in school.

In one-third of the 1,509 villages the program has established EKATA groups. These groups, which are facilitated by a paid EKATA volunteer, meet 3 – 4 times per week. The members, 20 women and 15 adolescent girls per group, are recruited from among interested community members. Through a participatory process each group defines what it means to be empowered and uses this as a base for describing their hopes, dreams and identifying priorities for their group action plan. Members of EKATA collaborate with VDC, often as members themselves. EKATA groups have multiple benefits including helping to increase women's mobility, decision making at family and community levels, developing action plans to stop early marriage, dowry, eve teasing, and VAW, and to improve women's functional literacy and numeracy. Community and religious leaders, as well as female and male members of VDCs, CAVs and CHVs are an important support to the EKATA groups.

Linkage to other SOs: During MTR field visits the team observed many ways in which SO3 is effectively linked to the other SOs. During interviews and FGDs in all regions members of VDC, EKATA, COGs and ERAW forums and CHVs discussed the means by which they cooperate.

SO3 with SO1: To a certain extent, activities under SO3 have contributed to greater mobility of women and increased participation in decision making at the community level. This has likely had a positive impact on increased economic activities of women; particularly those in female-headed households (see Section 4.1).

SO3 with SO2: EKATA and ECCD groups have encouraged the participation of CHVs in an effort to key health messages among women and adolescent girls. EKATA groups also actively encourage women and girls to participate in GMP and courtyard sessions.

SO3 with SO4: All 1,509 VDCs have completed a gender analysis to integrate gender issues in community action plan. When EAW members cannot solve problems they seek the support of VDC members, and are committed to working together.⁴⁵ SHOUHARDO II has also advocated for inclusion of women in local government institutions (e.g. UDMC)

4.3.2 Main findings

Design and Implementation

The design of SO3 is innovative, culturally relevant and appropriate, and builds on lessons learned and successes of SHOUHARDO. The approach encapsulates CARE's approach to addressing women's empowerment as an underlying cause of poverty, food insecurity and poor nutrition. EKATA, and ECCD management committee are structured in such a way that their members are able to effectively engage at both the village and union level through the VDC, DMC and EAW forum. This further empowers women to become engaged in decision making at the household, community, village and union levels and ensures strong linkages between SO interventions.

Role of Volunteers: ECCD centers and EKATA groups are facilitated by paid volunteers recruited from within communities. This serves to further empower local women from target villages and ensure that groups are run by respected members of the community. The volunteers are highly motivated and commit a significant amount of time to ensuring that groups are well managed and achieve their objectives⁴⁶.

The assumption is that since volunteers are residents of the target village that they will remain a resource to the community after the close out of SHOUHARDO II. There is anecdotal evidence from SHOUHARDO that this is the case. However, there is a concern that without a monthly stipend, volunteers will not remain motivated to continue to invest the same level of time and effort towards managing EKATA and ECCD groups. This will need to be carefully considered as part of SHOUHARDO II exit strategy.

Targeting: According to the program design ECCD groups are to be established in approximately 50% of villages, while EKATA groups are to be established in 30% of villages. As designed, first ECCD centers are established, followed by the establishment of EKATA groups. With regards to SO3 implementation there are three implementation modes:

- Villages with active EKATA and ECCD groups (30% of all target villages)
- Villages with ECCD center, and no EKATA groups (20% of all target villages)
- Villages with neither ECCD or EKATA groups (50% of all target villages)

As such, the full package of SHOUHARDO II interventions (inclusive of both ECCD and EKATA) is delivered in just 30 percent of the 1,509 target villages.

The decision of where to implement ECCD and EKATA groups is based on a high population of children, and willingness of communities to participate. The decision to cap coverage at 30% is based on availability of financial resources to implement these interventions.

⁴⁵ Kurigram FGD, EAW Forum Members

⁴⁶ Findings from FGD and interviews in Mymensing, Kurigram and Sirajgonj

As of the mid-term review SO3 technical teams were developing a strategy to improve women’s participation/empowerment in communities without EKATA/ECCD. See challenges below for additional discussion. During MTR field work team members observed a distinct difference between EKATA and non-EKATA villages in the level of participation of women in VDC, and IGA. In non EKATA village, female VDC members participated less and promoting gender equity and preventing violence against women was given lower priority.

Results/Achievements

SO3 activities are on track and are well implemented according to SHOUHARDO II’s plan. ECCD and EKATA volunteers have been trained, IEC materials have been developed and ECCD and EKATA groups are running smoothly. EAW forums have been established and are developing and implementing action plans to end violence against women. FGD participants described a wide range of problems in their communities including early marriage, eve teasing, divorce and polygamy. Prior to SHOUHARDO II these were considered common problems. However, EKATA group members participating in FGDs report that these have significantly decreased⁴⁷.

Volunteers and group members are highly motivated and are committed to continuing their work through EAW, EKATA, and ECCD beyond the closure of SHOUHARDO II. In one FGD in Mymensing EAW forum members stated; “In 2015, SHOUHARDO will be gone, but we will stay. We will stop child marriage. We will make the future generations understand that they become enlightened by education.”⁴⁸

Before SHOUHARDO, “we thought we would provide the minimum education to girls. Now we will provide equal food and education for both girls and boys.”

FGD participant Sirajgonj

IR 3.1: Influence of PEP women and adolescent girls in decision making increased

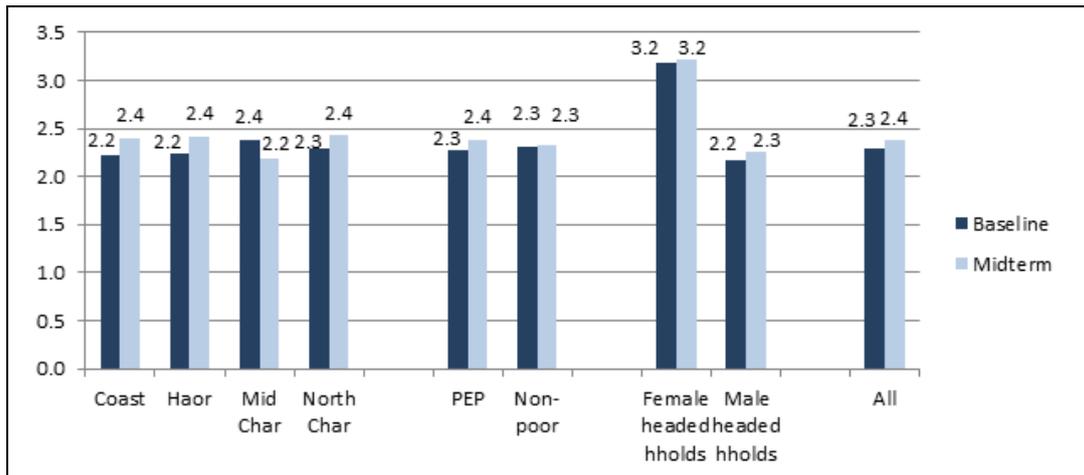
According to midterm survey results and annual survey and monitoring data, SHOUHARDO has exceeded its target on indicators of women’s ability to influence decision-making in their communities. As stated in the project’s FY2012 Annual Results Report, 6 percent of PEP women are already involved in community level decision making, against a target of 2.5%. Further, 27 percent of PEP women are accessing local institutions against a target of 21 percent, and 638 PEP women have gained membership in Union Parishad Committees against a target of 387. The midterm quantitative survey results confirm that there has been a very large increase in the percentage of women who actively participate in *salish* decision making (43 percent versus only 27 at the baseline).

With regards to women’s decision making within their households the progress has not been as strong, an indication that shifting-long standing cultural norms and beliefs is a slow process. There has been a slight increase in the index of women’s decision making power in all project regions except Mid Char, but this increase is very small and below the target set for 2013 (which is 2.5) (see Figure 27). The index is mainly based on decisions regarding the allocation of family financial resources, from food and clothing expenses to those for children’s education and marriages. Notably, the percent of women who report taking part in decisions regarding spending money that they themselves have earned increased from 81 to 92 percent since the baseline.

⁴⁷ Mymensing, Kurigram and Sirajgonj FGD EKATA members

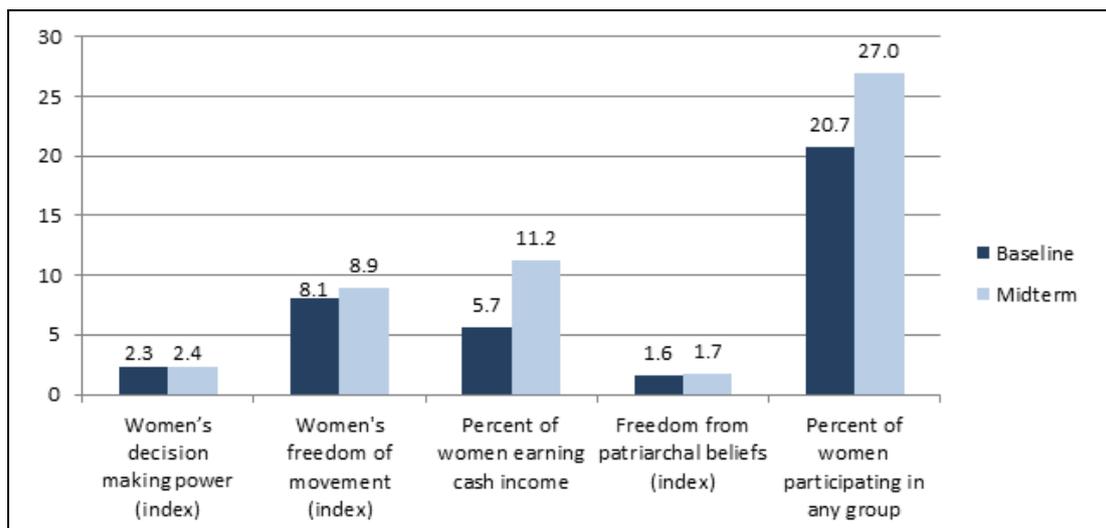
⁴⁸ Mymensing FGD, EAW Forum members

Figure 27: Index of women’s decision making power by region, well-being and gender of household head



Beyond decision making, Figure 27 shows that at the mid-term of SHOUHARDO II, some progress is being made in empowering women, albeit gradual. There has been a strong increase in the percentage of women earning income (5.7% at baseline to 11.7% at midterm), although it is still quite low compared to the national prevalence⁴⁹ and SHOUHARDO project target of about 25 percent. There has also been some increase in the percent of women participating in any group (20% at baseline to 27% at midterm). However, no real progress has been made in enhancing women’s freedom of movement⁵⁰ and freedom from deeply-held patriarchal beliefs that are detrimental to their own and their families’ well-being.⁵¹

Figure 28: Indicators of Women’s Empowerment



⁴⁹ See baseline report.

⁵⁰ The index for women’s freedom of movement is based on women’s responses as to whether they are allowed to travel to the local market to buy things, to a local health center or doctor, to the homes of friends in the neighborhood, and to a nearby mosque/shrine.

⁵¹ The index of freedom from patriarchal beliefs is based on questions regarding decision making in family life, men helping their wives with household chores, whether women should be allowed to work outside of the home, whether women should tolerate being beaten by their husbands, and whether it is better to send sons to school than daughters (see the baseline report for more detail).

During focus group discussions and key informant interviews, decision making and freedom of movement were discussed as concerns. However, it is important to note, that there is little evidence that actions to address this are incorporated into EKATA, or VDC action plans. Issues of violence against women (inclusive of dowry, domestic violence, eve teasing, and early marriage) are frequently identified as priorities and are clearly part of action plans both in EKATA and non-EKATA villages.⁵²

IR 3.2: Local support systems strengthened to reduce Violence Against Women (VAW)

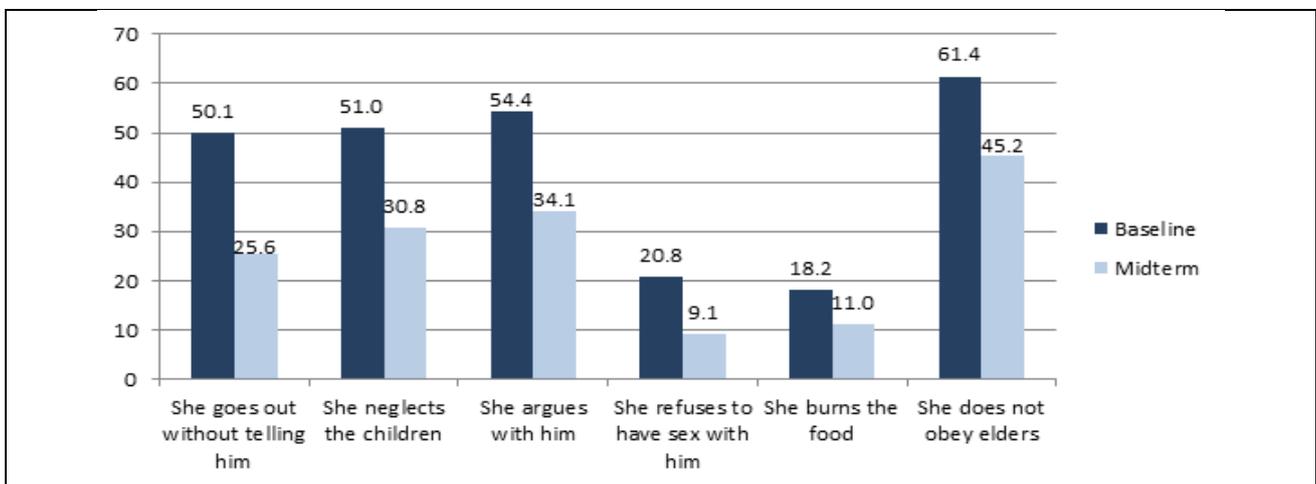
At the mid-term SHOUHARDO II is making significant progress ending violence against women. The Program has successfully put in place a system and structure to facilitate men and women working together to end violence against women. The project has exceeded its targets in doing this. 154 EAW forums have been established or reactivated against a target of 10. Over 750 women have sought legal and medical services to cope with violence⁵³. However, as noted above, only 30 percent of all target villages have EKATA groups. Therefore, the strength of the structure and system is variable across the project.

When asked, “What is the greatest change in your life since joining EKATA.” One participant answered, “My husband no longer beats me.”
EKATA member Mymensingh region

When asked to define priorities for their EKATA groups, members frequently prioritize ending dowry, domestic violence and eve teasing⁵⁴. Beyond empowering individual EKATA members, its group members, have essentially become a mediator for resolving domestic violence issues, as well as ending dowry and early marriages⁵⁵. This is achieved by working in close cooperation with the VDC, and community and religious leaders through conducting household visits, individual counseling and establishing new norms at the community level as to what is acceptable behavior.

According to midterm survey results there has been strong progress on shifting beliefs and attitudes on violence against women. As shown in Figure 29 there has been a large decrease in the percentage of women who believe a man is justified in hitting or abusing his wife in a variety of situations.

Figure 29: Percent of women who believe a man is justified in hitting or abusing his wife in six situations



⁵² Result of FGD and observations in Mymensing, Kurigram and Sirajgonj

⁵³ Fiscal Year 2012 Annual Results Report, submitted to USAID

⁵⁴ Kurigram FGD EKATA group members

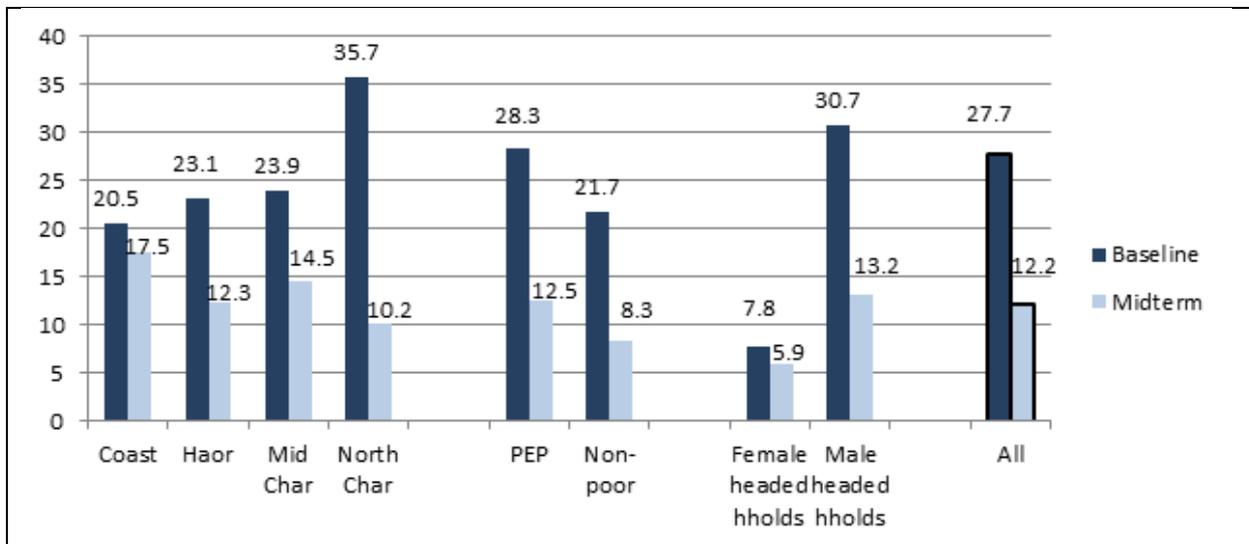
⁵⁵ Mymensing FGD, EKATA group members

As shown in Figure 30, this shift in belief coincides with a large decrease in the percentage of women reporting violence in the home. Among all project households there has been a decrease from 27.2 to 12%. There has been a particularly large decline in North Char, now down to 10 percent of households.

Since establishment of EAW forum there are hardly any early marriages.

Participant in FGD in Sirajganj region

Figure 30: Percentage of households in which women report that a female member was yelled at or struck during the previous year by region, well-being status and gender of household head



Additional Results/Achievements

Re-enrolling girls in school: EKATA groups have also been effective in facilitating re-enrollment of drop out adolescent girls into school. As with the approach to ending violence, group members counsel families, and facilitate communication with VDC members and others who can influence family decision making. In the Sirajgonj EAW forum focus group discussion participants explained how they intervened when they learned of plans for a 13 year old to be married. The result of their intervention is that the girl has not been married and is continuing her education.⁵⁶

In Sirajgonj an adolescent member of EKATA is now able to freely attend school, after the EKATA group helped to put an end to harassment she was experiencing traveling to and from school.

Ending early marriage: Members of EKATA groups and EAW forums have found means to advocate for ending early marriage⁵⁷. In Mymensingh, Sirajganj, and Rangpur, FGD participants described the importance of working together with VDC members, and other community leaders to put an end to early marriage. In fact, ending early marriage was one of the

Since establishment of EAW forum there are hardly any early marriages.

Participant in FGD in Sirajgonj region

⁵⁶ Sirajganj FGD EKATA group members

⁵⁷ Mymensingh FGD EAW Forum members

achievements that EVAW forum, EKATA group and VDC members seemed the most proud of. Approaches have included development of lists of girls who are eligible for marriage, and requiring local religious leaders to “sign off” on engagements to verify that men and women are of legal age to be married.

Challenges

- **EKATA Coverage:** The SHOUHARDO final evaluation found, “Women’s participation in household decisions, freedom of movement, and reported changes of patriarchal attitudes all exhibit improvements in associations with the degree of women’s participation in EKATA groups, as well as participation in other SHOUHARDO groups⁵⁸.” In addition the quantitative analysis found, “the more involved a household has been in multiple SHOUHARDO interventions, the better off it is in terms of food security, equality of power between female and male household members, and the nutritional status of young children.⁵⁹” As has been found in this mid-term review, the SHOUHARDO final evaluation found, “EKATA groups are highly valued by those attending and should be scaled up⁶⁰.”

Although, much of SHOUHARDO’s success was attributed to delivery of an integrated package of interventions, inclusive of EKATA, SHOUHARDO II, kept coverage of EKATA at 30% of the 1,509 target villages, replicating the coverage of SHOUHARDO. Qualitative findings indicate that participation in EKATA groups is again leading to improved outcomes regarding women’s decision making, livelihood opportunities, girls’ education, and access to health information.

During interviews both CARE and PNGO staff discussed the challenge of increasing women’s participation, and mobility in communities without an EKATA group⁶¹. That said, when EKATA is not present, VDCs are still required to conduct a gender analysis, and do often include ending violence against women as part of their community action plan. There are still efforts to empower women through other interventions including women’s participation in VDC, COG, and UDMC. However, in FGDs with VDC when EKATA was not present, women were less engaged in decision making, and issues around early marriage, and ending violence against women were of lesser priority in comparison in communities with EKATA.⁶²

To address this challenge, CARE’s SO3 technical teams are in the process of developing an approach to enhance roles and responsibilities of VDCs, CHVs and members of COGs to address women’s empowerment issues. However, given the significant existing workload of each of these groups, it will be challenging to maintain a quality approach to addressing women’s empowerment without the focused attention of EKATA.

- **Monitoring and Evaluation:** The current monitoring system does not provide appropriate data to judge the quality of SO3 activity implementation, or capacity of ECCD and EKATA volunteers. As discussed with technical staff this creates a challenge when trying to direct technical resources, adapt training materials, or assess progress.
- **Sustainability:** As discussed above in section 4.3 the design of SO3 requires a significant investment of time by program staff, volunteers, and beneficiaries to ensure its success. The assumption is that with this

⁵⁸ TANGO International, “SHOUHARDO a Title II program of USAID, Final Evaluation Report” (December 2009), pg. xvii

⁵⁹ Ibid

⁶⁰ Ibid, xxiii

⁶¹ Based on in-depth interviews and small group discussions held with CARE and PNGO staff in Mymensing Regional Office, Rangpur Regional office and Kurigram Hub Office.

⁶² Kurigram FGD with male and female VDC members

investment the changes achieved will be sustained by volunteers who will remain in their communities, by community and religious leaders, and by beneficiaries themselves. While this may be realistic, careful development of an exit strategy will be essential. It also seems that there will remain a difference in what can be achieved in villages receiving the full package (EKATA and ECCD), those that receive a partial package (ECCD and not EKATA), and those with neither EKATA nor ECCD.

4.3.3 Conclusions

SHOUHARDO II has made some progress on achieving its intended results within SO2. However, there are gaps that will need to be addressed during the remainder of the project to ensure SHOUHARDO II remains on track. CARE's commitment to women's empowerment as a means of addressing underlying causes of poverty, food insecurity and malnutrition is well demonstrated through the design and implementation of SHOUHARDO II. Although strong progress has been achieved on ending violence against women, additional focus and attention is necessary to address women's decision making power, mobility and to free them from detrimental patriarchal beliefs. EKATA and ECCD are powerful interventions that have been shown to result in empowering women and should be scaled up.

The most significant challenge for SHOUHARDO II relates to ensuring continued quality, improving monitoring, evaluation and documentation, and putting in place concrete plans to ensure smooth phase out and sustained impact. How to do this and how to define sustainability will require the input of multiple stakeholders.

4.3.4 Recommendations

The following recommendations are intended to improve the implementation of activities under S02 and increase the likelihood that the program will achieve its intended outcomes related to women's empowerment.

Prioritize expansion of EKATA model: SHOUHARDO II's target is to establish EKATA groups in 30 percent of participating villages. With the potential impact of this intervention, it is recommended to scale up EKATA in additional target villages. To do this senior technical and program management staff will need to review available resources, and identify priority locations for EKATA groups. The model as designed assumes that ECCD centers are established prior to EKATA. However, the feasibility of establishing EKATA without an ECCD center should be explored in an effort to find a means of a less resource intensive approach.

Develop strategy for empowering women in non-EKATA/ECCD villages: Although it is recommended to expand the number of villages with EKATA groups, realistically 100% coverage is not feasible given available financial and human resources. Therefore, it is recommended that SO3 technical managers within CARE and PNGOs collaboratively develop a strategy to empower women and reduce violence against them in the absence of EKATA. As a starting point, it would be helpful to conduct an analysis of key characteristics and barriers to change in non-EKATA villages. Working from this analysis regional technical managers, with the support of the SO3 senior technical manager can develop an appropriate strategy to address these challenges. It will be important to consider variations both within and between regions based on different ethnic groups, remoteness, and cultural norms and beliefs.

Intensify focus on women's decision making and freedom of movement: Since SHOUHARDO II has established structures to promote women's empowerment (VDC, EKATA, ECCD) and created opportunities for participation through income generating activities, the project will now need to shift towards finding means of

reinforcing key messages regarding women's decision making, freedom of movement, and freedom from the confines of patriarchal beliefs. Without strengthening its focus and attention to these issues, SHOUHARDO II risks falling off track in its efforts to empower women, a foundation for meeting many other project objectives. Given the strength of EKATA groups, it is recommended that facilitators raise these issues and plan with groups on how best to work with VDCs and community leaders to achieve change. In non-EKATA villages, these important issues can be raised directly through the VDC. SO3 technical team will need to develop guidelines to support field facilitators and EKATA volunteers to facilitate these discussions.

Develop capacity building plan for ECCD and EKATA volunteers: EKATA groups and ECCD centers are running smoothly. However, in the current structure of technical support volunteers have limited access to updated technical information or opportunities to refresh their skills. Given the complexities of issues faced by volunteers, technical support should be enhanced. It is therefore recommended to assess current volunteer capacity, and develop a formalized approach to regular on job training and coaching for volunteers. Key topics to consider for capacity building include, counseling skills, improving male engagement and conducting home visits. This most likely will require additional investment in technical resources, including training and personnel, to appropriately support volunteers.

Invest in documenting program success: Ending domestic violence, re-enrolling girls in school, improving women's mobility, and increasing women's participation in household and community level decision making, when achieved, can be seen as great accomplishments in the context of Bangladesh. The approaches that produce these changes have the potential to be replicated in Bangladesh and elsewhere. Given the intensity of project implementation, existing staff do not have time available to properly document success stories. It is therefore recommended to invest additional resources in this effort. Proper documentation is necessary to support advocacy efforts, exit strategy and replication of the model beyond SHOUHARDO II.

Develop exit strategy: ECCD centers, EKATA and EAW forums have the potential to continue beyond the close out of SHOUHARDO II. In addition, outcomes and impact achieved through these groups (women's decision making ability, decreased VAW, enrollment of girls in school, etc...) have the potential to become the norm in SHOUHARDO II villages. However, this will not be easy to achieve without the high level of technical and financial support provided by SHOUHARDO II. The foundation of a strong exit strategy is already in place. ECCDs have management committees established and some EKATA groups have begun to develop savings plans. Therefore, PNGO/CARE Technical managers in collaboration with field facilitators should develop an exit strategy that develops a model to enable ECCD, EKATA and EAW forums to function in the absence of SHOUHARDO II financial and technical resources. From this point forward, field facilitators, will need to work in close collaboration with VDC, ECCD and EKATA volunteers and members, and EAW forum members to operationalize the exit strategy. To ensure sustainability this must become a priority for SHOUHARDO II management at all levels.

4.4 SO4 – Governance

While CARE Bangladesh has made previous efforts to strengthen governance, the decision to add a strategic objective focused on governance was a deliberate choice on the part of those involved to explicitly acknowledge and support the role of local government in ensuring food and livelihood security for the PEP. In

addition to making local government activities more responsive, transparent and accountable to constituents, SO4 also focuses on increasing awareness of and demand for government services among PEP households.⁶³

4.4.1 Description of program activities and linkages to other SOs

SHOUHARDO II has established two intermediate results to guide implementation of activities under SO4:

IR 4.1: Nation Building Departments (NBD) and Union Parishads proactively work to the needs of the PEP, especially women

IR 4.2: PEP access to entitlements and services increased, including safety nets and natural resources

The primary means through which SHOUHARDO II is pursuing these intermediate results is through establishment of Program Advisory and Coordinating Committees (PACCs) and Village Development Committees (VDCs).

PACCs

Supported by a formal agreement between SHOUHARDO II and the Local Government Division of the Ministry of Local Government Rural Development and Cooperatives, each PACC is intended to include representatives from 13 ministries. At the Upazila level PACCs also include local elected officials (Union Parishad members).⁶⁴ CARE is also represented on PACCs at all levels. The overall role of PACCs within SHOUHARDO II is to coordinate the activities of various government institutions involved in SHOUHARDO II and provide advice on policy and implementation as necessary.⁶⁵ National and Divisional PACCs are scheduled to convene semi-annually, the District PACC meets three times per year, and the Upazila PACCs quarterly.

A core activity of SHOUHARDO II with respect to PACCs is the provision of training on topics including principles of good governance, roles and responsibilities of NBDS and Local Elected Bodies (LEBs), development planning and implementation, resource mobilization and allocation, linkages between governance institutions, and facilitation of community participation in government structures and processes. Other capacity building efforts directed toward PACCs at Upazila and District levels have included training on the linkages between poverty and food insecurity, vulnerability to risks posed by natural disasters and climate change, and gender inequity.

VDCs

As was the case in the earlier phase of SHOUHARDO (2004-2010), SHOUHARDO II promotes the establishment of Village Development Committees (VDC) as a primary means of empowering local communities to develop and implement plans for community-driven development.⁶⁶ VDCs are intended to be made up of individuals who are (or are interested in becoming leaders) in the community with responsibility for addressing the development needs of PEP households and serving as liaisons between PEP and government service providers.

⁶³ It is worth noting that SHOUHARDO II is the only one of the three MYAPs currently operating in Bangladesh that includes a component directly focused on governance.

⁶⁴ CARE Bangladesh. 2010. Multi-Year Assistance Program (MYAP) Proposal. P.L. 480 Title II Bangladesh. SHOUHARDO II – Strengthening Household Ability to Respond to Development Opportunities II.

⁶⁵ Government of Bangladesh (GOB). 2011. Composition of Program Advisory and Coordination Committee (PACC) for SHOUHARDO II and its Terms of Reference (TOR). Ministry of Local Government Rural Development and Cooperatives, Local Government Division.

⁶⁶ TANGO International. 2007. SHOUHARD Program: Mid-term Review. Volume I: Final Main Report. Submitted August 3, 2007. CARE Bangladesh.

Under SO4, VDCs are given primary responsibility for ensuring that PEP are included on UP sub-committees, UDMC, and other representative bodies.

VDCs are also given direct responsibility for coordinating and supporting the efforts of volunteers engaged in all program SOs, including CHVs, CAVs, EKATA group and EAW forum members, UDMC members and Disaster Volunteers. Program guidance suggest that VDCs should be comprised of 11 individual members, at least five of whom should be women.

⁶⁷ The general purpose of VDCs is to work with CARE and PNGOs to identify constraints to development within the community and then, through the Community Action Planning (CAP) process, collaborate with SHOUHARDO II, local government representatives and the private sector to identify means of addressing them.⁶⁸

“VDCs are an umbrella for all different groups working on behalf of the PEP in the community, including EKATA, agriculture, commodity distribution and safety nets. They are also the primary link between the community and the Ward Savas, providing opportunities to institutionalize the role of VDCs in the governance process and to establish work practices that are inclusive and transparent.”

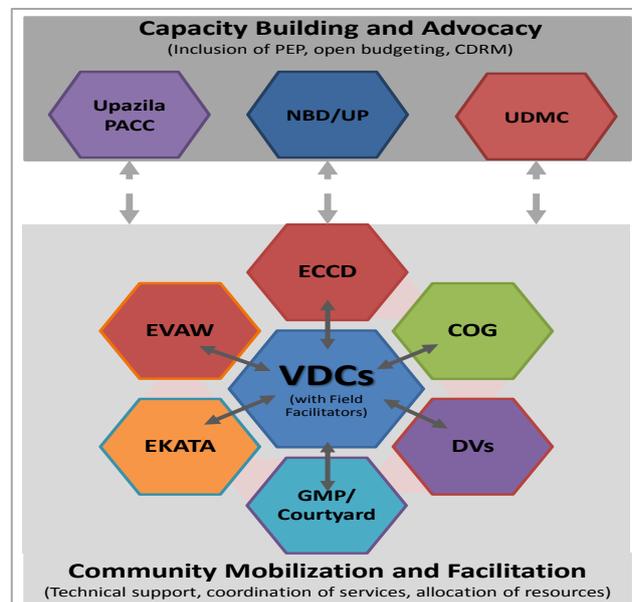
SHOUHARDO II MYAP Proposal

Linkages with other SOs

Strategic Objective 4 is explicitly linked with each of the other SOs in the SHOUHARDO II program model. Support for PACCs, a key component of SO4, is specifically intended to improve the capacity of key government counterparts to understand and address the full range of critical issues influencing food and livelihood security at the community and household level. Specific examples of linkages between So4 and other SOs include:

- SO4 and SO1: FGDs have supported introduction and dissemination of new crops and production practices and helped producers find market opportunities.
- SO4 and SO2: By working with CHVs to encourage attendance at GMP sessions held at EPI sites, VDCs have enabled greater awareness of government health services.
- SO4 and SO3: SHOUHARDO II has created linkages between SO4 and SO3 by advocating for women’s participation on PACCs, UDMC, and VDCs and VDC have actively supported the efforts of EKATA and EAW at the community level.
- SO4 and SO5: SHOUHARDO II’s support for reformation of UDMC and UzDMC represents a clear linkage between effective governance and disaster and climate risk management.

Figure 31: Role of VDC in SHOUHARDO II Implementation



⁶⁷ CARE Bangladesh. 2010. Multi-Year Assistance Program (MYAP) Proposal. P.L. 480 Title II Bangladesh. SHOUHARDO II – Strengthening Household Ability to Respond to Development Opportunities II.

⁶⁸ Ibid.

4.4.2 Main Findings

Design and Implementation

Government respondents consulted during the MTR note that PACCs provide an excellent opportunity for them to interact with their counterparts at different levels (e.g. members of Union Development Coordination Committees and Upazila Development Coordination Committees).⁶⁹ This allows for “amplification of the SHOUHARDO II message” through various levels of government.

MTR field work revealed several concrete examples of success attributed to increased coordination resulting from SO4. For instance the Divisional PACC for Rajshahi Division is credited with ensuring that SHOUHARDO II activities did not overlap with ongoing government projects or with those being implemented by other NGOs. This attention to the avoidance of duplication at higher levels was greatly appreciated by Deputy Commissioners who have a clear interest in maximizing coverage of development projects within their jurisdictions. As a result of participation in Upazila PACCs, UPs in some more accessible communities are reportedly making more frequent visits to communities. It should be noted, however, that the most remote beneficiary communities cite their geographic isolation as a continuing impediment to enhanced development and access to government services. Where it has been achieved, more frequent visits by UP members not only enables more personal interaction with PEP, it also allows UP members to witness first-hand the constraints to development encountered in target communities, as well as the progress being made (through SHOUHARDO II) to address them. Through PACCs, CARE worked with the Department of Public Health Engineering (DPHE) to conduct arsenic testing of tube wells in target communities, ultimately leading to DPHE replaces of those that tested positive.

“Many of NGO projects are good in theory, but not so good in practice. SHOUHARDO II is appreciated by local government and the community because it is good in both theory and practice.”

– Deputy Commissioner, Mymensingh District

According to SHOUHARDO II staff, a key step in empowering VDCs was to give them responsibility for identifying and overseeing “quick win” activities at the outset of the program. These “quick win” opportunities were those that required little (if any) input from CARE or partner NGOs, directly contributed to issues discussed during community problem analysis, and could be quickly completed through community collaboration. Examples of “quick win” projects included rehabilitation/extension of roads, and construction of bamboo bridges. SHOUHARDO II staff claim that the benefit of these “quick win” projects was that they created a festive mood and demonstrated to communities that their effort could be the catalysts for development.

The specific activities of VDCs have been guided in large part by the formation and implementation of Community Action Plans (CAPs). During the initial stages of project implementation, communities were also supported in undertaking Gender Analyses and Climate Vulnerability and Capacity Analyses (CVCA). These exercises prioritized participation of PEP households and served as precursors to formulation of (CAPs). Common items on CAPs observed during MTR field visits include improved agricultural production (including home gardens), reduction in malnutrition, greater awareness of and access to government services, women’s empowerment, improved sanitation, greater employment opportunities, and improved access to education for children. FGD respondents, VDC members and SHOUHARDO II staff claim that VDCs have contributed to negotiations with UP members for inclusion of CAP items in annual budget plans. SHOUHARDO II’s commitment to women’s empowerment in general, and support for inclusion of women in VDCs and UDMCs

⁶⁹ See Annex D: List of Individuals/Organizations Consulted

in particular, has reportedly led to greater appreciation among Standing Committees, UPs and other government bodies regarding women's participation in the development process.

Supervision/steering capacity

The design of SO4 demands and provides for regular, periodic supervision through creation of PACCs at different administrative levels. As is the case with other SOs, CARE Bangladesh has appointed a Senior Technical Manager for Governance to oversee implementation of SO4. However, unlike the other SOs, there is no Technical Manager solely responsible for SO4 in CARE Regional Offices.

Government counterparts contacted during the MTR (Deputy Commissioners, Deputy Directors of Local Government, UP Members and other PACC representatives) consistently stated that they have regular and positive interaction with SHOUHARDO II staff involved in implementation of SO4. Qualitative information gained from staff members and focus group participants reveals that Field Facilitators interact regularly with VDC members and share responsibility – with the VDC chairperson – for organizing and facilitating monthly VDC meetings.

Technical support

During the first phase – SHOUHARDO (2004-2010) the majority of the training provided to government counterparts was facilitated by the National Institute of Local Government (NILG), based in Dhaka. Alternatively, during SHOUHARDO II much of the training has been provided by government experts at the District and Upazila levels. This shift in capacity building strategy has been a key factor in the success of SO4, represents an efficient use of existing expertise, and is an effective means of promoting government buy-in to SHOUHARDO II initiatives. As a result of trainings provided to and by local government counterparts, beneficiary households have gained a greater awareness of and appreciation for government services available to rural communities.

Respondents claim that technical trainings and guidance material on issues related to leadership and organizational development, participatory development planning and women's empowerment have been greatly appreciated and effective in strengthening governance among UP members and other PACC representatives given that many such individuals have themselves had limited access to formal education. Materials designed in support of SO4 have also had a direct influence on government policy and guidance. For example, the GOB, through the Ministry of Local Government, Rural Development and Cooperatives (MLGRD&C) has recently developed training materials for Union Parishad Standing Committees based in part on SHOUHARDO II's training course aimed at ensuring food security of PEP households. See Annex H for a complete list of guidelines and training materials developed by SHOUHARDO II under each strategic objective.

Monitoring and evaluation

The M&E approach for SO4 is overly reliant on outputs and outcomes that are difficult to measure accurately, or provide little insight into the difference improved governance processes have made to the food and livelihood security of PEP households. The Management Score Sheet (MSS) – the most substantive tool used for measuring performance under SO4 – places a clear emphasis on outputs and processes and makes no attempt to gauge the technical understanding of government counterparts nor the extent or quality of government services provided to PEP.⁷⁰ Likewise, the MSS does not make any attempt to measure transparency or accountability – both of which have been major obstacles to improved governance in

⁷⁰ See Annex I: Partial Analysis of Management Score Sheet (MSS).

Bangladesh. In order to provide more robust information on the degree to which government counterparts are contributing to achievement of intended results under SO4, SHOUHARDO II should complement the MSS with regular qualitative monitoring. Important areas of qualitative investigation include decision making processes and outcomes for UP, structural and/or policy changes of the UP in response to changes in SHOUHARDO II program areas, and the influence of governance structures on the social participation of women. There are currently no impact indicators for SO4 in the IPTT. At the same time, despite their central role in the implementation and monitoring of SHOUHARDO II activities at the community level, VDCs are not represented in the program's Results Framework.

Exit strategies and sustainability

FGD participants and key informants consistently stated their belief that activities carried out under SO4 will be sustainable beyond the life of SHOUHARDO II. Their justification for this belief is that nearly all of the inputs under SO4 have been in the form of “software” (capacity building) as opposed to “hardware” (material inputs). Qualitative information provides some evidence this is true. Many VDC members, particularly female members, claim that they had never had a similar opportunity for public participation in their entire lives. Now that they've had the opportunity, and received some training, they say they've gained an understanding of community development and a motivation to remain involved that will last the rest of their lives.

When asked whether their activities would be sustainable, VDC members in Maheshpur Village (Kurigram District) stated: “Yes. SHOUHARDO II will go. Our knowledge will not go.”

There is no apparent exit strategy for activities carried out under SO4. CARE Bangladesh staff clearly stated their assumption that the information and knowledge disseminated through SHOUHARDO II will outlast the program and spread beyond targeted areas. For instance, some claimed that if the program can raise awareness among PEP regarding their rights to entitlements and services, elected officials will recognize the need to serve PEP in order to keep their jobs (Union Parishad election term is 5 years). In reality it is highly questionable whether program interventions have instituted adequate mechanisms for accountability to ensure PEP access to entitlements and services over the long term. In addition, as no formal plan exists program staff, and partners lack guidance for taking strategic actions to ensure sustainability.

Results/Achievements

IR 4.1: Nation Building Departments (NBD) and Union Parishads proactively work to the needs of the PEP, especially women

Government and other stakeholders attest that SHOUHARDO II has worked closely and consistently with government counterparts and that as a result, local representatives and their constituents have a greater appreciation for the potential of government to contribute to food and livelihood security among PEP households. According to the 2011 ARR 47 Union Parishads are now practicing open budgeting. This figure far outpaces the annual target of eight (8) for FY 2012 and even exceeds the goal of 34 for the entire life of the program. Of these 47, 32 UPs reportedly increased their budget allocations on behalf of the PEP. The program also far exceeded its goals for inclusion of PEP in various UP committees, reaching 145 PEP individuals participating versus an annual target of 50.

The Management Score Sheet (MSS) addresses specific themes with a series of questions and assigned scores to measure the performance and management capacity of UPs, Union Development Coordinating Committees (UDCCs) and Union Disaster Management Committees (UDMCs) as it pertains to SHOUHARDO II program

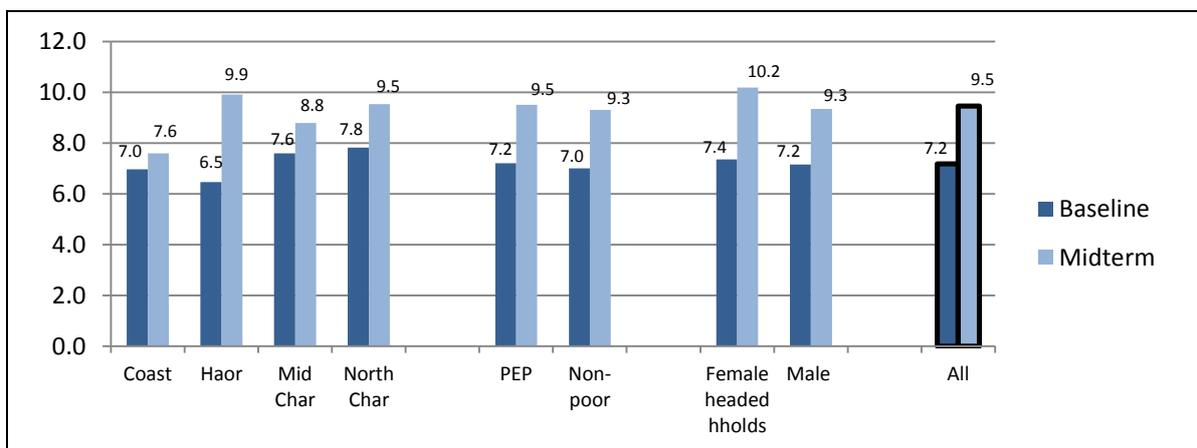
implementation.⁷¹ Overall, the mean MSS score of all 172 UPs in the SHOUHARDO II program areas was 62 percent, indicating ‘moderate’ institutional capacity. While this indicates clear potential for improvement, it also represents substantial progress over the 45 percent overall score for institutional capacity reported in the baseline assessment. Overall, data suggest general improvements in 9 of the 14 indicators measured by the MSS since the baseline assessment. Meanwhile, the institutional capacity of UPs has reportedly declined since the baseline according to recent measurement of some indicators. For instance, data suggest a decline in participation of female UP members in planning meetings and incorporation of women’s issues in annual workplans. Likewise, there has apparently been a slight decline in the participation of UP chairman in Upazila Development Coordination Committee meetings since the baseline. For more extensive discussion of the MSS, see Annex I: Partial Analysis of Management Score Sheet (MSS)

IR 4.2: PEP access to entitlements and services increased, including safety nets and natural resources

Analysis of quantitative data collected through the household questionnaire provides some insight into the achievement of IR 4.2. Data in Figure 2 reveal that across all households, utilization of services has increased approximately 32 percent (from an average of 7.2 to 9.5). In terms of programming regions, the largest increase in utilization of services was reported in the Haor area, whereas the smallest increase was reported in the Coastal area. While increases in the use of services were virtually the same for both PEP and non-poor households, analysis shows that the increase in use of services was greater among female-headed households than among male-headed households (38 versus 31 percent, respectively).

In terms of specific services utilized, the largest increases were reported for the Department of Agricultural Extension, Union Parishad, Department of Fisheries, and Department of Cooperatives. The smallest (nearly negligible) gains were reported for Primary Health Care Services, BADC Seed Wing. Use of services from Government land offices actually declined by one percent since the baseline assessment.

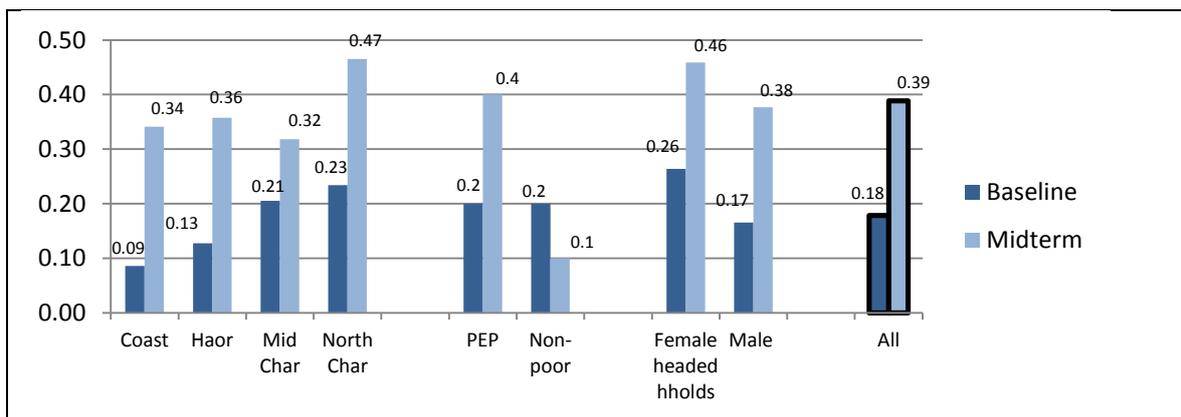
Figure 32: Average number of services utilized, by region, well-being category and gender of household head



⁷¹ The MSS includes 14 weighted indicators with specified means of verification, such as regular conduction of various types of meetings, meeting attendance, participation of women in UP planning and activities, participation of vulnerable people in standing committees, UP capacity building, community engagement by the UP, DRM activities undertaken by the UDMC. The maximum total weighted score that can be achieved is 100 percent. The ranges for the ranking of UP institutional capacity are defined by SHOUHARDO II in the existing MSS tool: scores in the range 0-49 percent are ranked as ‘poor’, 50-74 percent are ranked as ‘moderate’ and 75-100 percent are ranked as ‘good’.

Quantitative data presented in also shows that while use of government safety nets remains minimal among beneficiary households, it has increased significantly (117 percent) since the baseline. Increases in access to safety nets were most substantial the Coastal and Haor areas and were much greater among male-headed households than among female-headed households. By far, the largest increase in safety nets was for Vulnerable Group Feeding (VGF). According to quantitative analysis, 13.3 percent of sample households received VGF compared to just 4 percent at the baseline. Smaller increases were also reported for the aged allowance and for Vulnerable Group Development (VGD). FGD participants and key informants consistently report that among target communities access to Vulnerable Group Development (VGD), Vulnerable Group Feeding (VGF) and monthly food assistance for elderly and disabled PEP households has expanded as a result of VDC advocacy. More detailed analysis in changes to utilization of government services since the baseline is provided in *Annex K: Additional Analysis of Quantitative Findings from Household Questionnaire* .

Figure 33: Average number of safety nets engaged in, by region, well-being category and gender of household head



Note: Figures represent the average number of safety nets used by individual households out of a total of 11.

SHOUHARDO II staff, government representatives and community members agree that SO4 activities have increased awareness of entitlements among Local Elected Bodies (LEBs). For instance, UP members now understand that they are legally bound to support the regular meeting of village courts, institutions that have been authorized for decades but have only recently become functional in SHOUHARDO II operational areas. On a similar note, CARE staff in the Sirajganj Regional Office claim that the Divisional Commissioner of Rajshahi Division is so supportive of the program that he has instructed the Deputy Commissioners in each of the targeted districts within the region (Pabna, Bogra, Sirajganj) to establish a “SHOUHARDO II Desk” in the office of the Deputy Director of Local Government (DDLG). It is through this newly created desk position that CARE works with government counterparts to schedule periodic meetings of the Divisional and District level PACCs and disseminates SHOUHARDO II work plans.

In the community of Maheshpur (Ishwarganj Upazila, Mymensingh District) VDC members reportedly coordinated support from local agricultural officers to provide training on the sources and preservation of quality rice seed, preparation of seed beds, transplanting and cultivation of alternative crops (e.g. maize, mustard). According to FGD participants, VDCs have provided useful advice on marketing of agricultural products. This includes sharing information on differences in price offered for agricultural commodities in local markets versus larger regional markets, introducing local PEP farmers to wholesalers, and helping arrange transportation of goods produced by SHOUHARDO II beneficiaries to market. VDCs have successfully

advocated with local government officials for expanded access to social safety nets (VGF, VGD, widow, elderly allowances) among PEP, installation of deep tube wells and extension/resurfacing of roads.

A somewhat novel and innovative outcome of SHOUHARDO II activities under SO4 is the strengthening of “Union Information and Service Centers.” Based in Union Offices, these centers are equipped with computers and enabled with internet connections. Open to community members, the purpose of these centers is to provide access to information not readily available in rural communities. Examples include passport information, basic forms for educational enrolment, on-line birth registration, skype, etc.

4.4.3 Conclusions

Analysis carried out as part of this MTR leads to the following conclusions:

- **Frequent interaction between program and government counterparts at various levels has had multiple benefits.** It has allowed SHOUHARDO II staff to ensure activities are relevant and appropriate to the local context, it has provided opportunities for building the capacity of local government counterparts, and it has created channels for ‘scaling up’ (or amplifying) promoting of access to improved governance among PEP. Government representatives on PACCs at all levels have reportedly gained a greater appreciation for their legal and moral obligation to serve the needs of all members of the community, including the extreme poor. Finally, by instilling a sense of ownership of interventions among government counterparts, SHOUHARDO II has increased the likelihood that any improvements in the food and livelihood security of PEP beneficiaries will be sustained.
- **Establishing and supporting the central role of VDCs has helped promote a sense of empowerment among PEP (including women) and has proven an effective means of achieving integration of activities at the community level.** The *process* through which SHOUHARDO II has facilitated establishment of VDCs and formulation of CAPs has made an obvious contribution to community-driven development in targeted communities. Given their central role in program implementation at the community level, the sustainability of all other SOs will be influenced in part by the sustainability of the VDCs. There is, however, an observable difference in the ability of VDCs to serve as community catalysts for development among those situated in accessible sites and those in more remote, isolated, and impoverished communities.
- **Limited staff capacity to provide technical support continues to hamper achievement of intended outcomes under SO4.** As is the case with other SOs, the maximization of coverage under SO4 has come at the expense of the technical staff and Field Facilitators (FF) responsible for providing necessary technical support to local government representatives and other stakeholders. Several respondents asserted that FF are not adequately qualified to support the necessary improvements in technical capacity among government counterparts. Likewise, the relatively frequent turnover of government counterparts, due to election cycles and changes in assignment, is a consistent challenge for implementation of SO4.
- **Inadequate evidence and documentation related to SO4** constrains the ability of SHOUHARDO II to demonstrate the impact of improved governance on food and livelihood security of PEP beneficiaries. While the IPTT and MSS track several output measures, to date SHOUHARDO II has not established a mechanism for consistently capturing the role of the PEP in decisions made by UDMC, PACCs or Development Coordinating Committees (at both the Union and Upazila levels), or how these decisions have affected program implementation and outcomes.

- **Limited 'ownership' of Community Action Plans (CAPs)** is evidenced by the uniformity of CAPs, their coherence with SHOUHARDO II strategic objectives, and prioritization of infrastructure investments. While the process for developing CAPs has been effective in engaging PEP beneficiaries in community development, the plans themselves tend to be uniform in terms of the issues identified and almost entirely coherent with the SHOUHARDO II intervention package in terms of priority actions. Given the inherent differences in context, constraints, and capacities encountered by communities across the four program areas, one would expect to see greater variation in action plans owned and driven by the community.
- **Limited government capacity to provide needed services and continued political marginalization of PEP** continue to present barriers to improved governance in SHOUHARDO II program areas. Despite SHOUHARDO II's efforts to improve accountability of local government to PEP and enhance awareness among beneficiaries of their right to government entitlements and services, PEP households continue to be marginalized or excluded from political processes influencing development. According to program staff, UP's interest in beneficiary selection is a reflection of their political incentive to strategically advocate for potential voters. Likewise, although government officials consistently state their strong support for SHOUHARDO II objectives and implementation mechanisms under SO4, the fact remains that government at all levels simply lacks the means necessary to ensure entitlements and services to all PEP households.
- **SHOUHARDO II's overreliance on government assistance** has direct implications regarding accountability to PEP communities and sustainability of program interventions. While SHOUHARDO II deserves ample credit for closely involving local government in the design and implementation of activities under SO4, it has not yet been able to ensure greater accountability of government representatives to PEP beneficiaries. Without the benefits that accrue from project funding and other resources, it is uncertain whether government counterparts will be able or willing to continue their current level of support to beneficiaries.

4.4.4 Recommendations

The following recommendations are intended to improve the implementation of activities under SO4 and increase the likelihood that the program will achieve its intended outcomes related to governance before it ceases in 2015.

- **Use the MSS to identify capacity building priorities for UP, UDMC and UDCC related to specific topics**
While the most recent MSS data clearly suggest that progress is being made in SHOUHARDO II's efforts to improve institutional capacity, staff should investigate areas in which performance is reportedly deteriorating in order to identify constraints and opportunities for improvement. Since the baseline there has been an apparent decline in participation of female UP members in planning meetings and incorporation of women's issues in annual work plans, the participation of UP Development and Coordination Committees, and the updating of disaster contingency action plans on an annual basis. In order for the MSS to more adequately inform implementation of activities under SO4, it should be adapted to include qualitative monitoring of the transparency of UP processes, the impact of local government decisions on food and livelihood security, and the degree to which government structures encourage the social participation of women.
- **Improve the documentation of outcomes achieved and lessons learned through implementation of SO4**
Given that it is a new strategic objective (not included in SHOUHARDO) and the only one of its kind in current Bangladesh MYAPs, it is critical that SHOUHARDO II comprehensive document and analyze the

impact of governance interventions on the food and livelihood security of PEP beneficiaries. More emphasis should be placed on recording the *specific* decisions and strategies adopted by PACCs at various levels. In addition, greater emphasis should be placed on monitoring the nature of PEP involvement in government bodies (beyond attendance of meetings). Finally in line with SO3 recommendations more information should be captured regarding the program's impact on the status of women's engagement in the public sphere and governance.

- ***Continue to strengthen the ability of VDCs to serve as catalysts for local development by improving skills related to community action planning***

VDCs play a vital role in implementation of the 'SHOUHARDO II model' at the community level. The program's Results Framework and IPTT should be revised to reflect this reality and future capacity building efforts should focus on strengthening the ability of VDCs to serve as sustainable drivers of community development. Potential areas of follow-up training of VDCs includes improved access to village level legal/judicial structures (village courts), periodic update of CAPs to include community priorities beyond the scope of SHOUHARDO II, and VDC linkages with other informal community groups (EKATA, COGs, GMP/Courtyard sessions, DVs, EVAW, ECCD). Over the remaining life of SHOUHARDO II, technical support for VDCs should be prioritized for those that are in the most remote, isolated, and impoverished communities.

- ***Continue to advocate for greater interaction between UP and PEP populations, particularly those in remote communities***

SHOUHARDO II has made considerable progress in building the capacity of UP members and Union-based NBDs. Prior to the close of the program in 2015, SHOUHARDO II could strengthen its contribution to grass-roots development and the connection of beneficiary households to governance structures by advocating for more frequent and effective interaction between Union Parishad and PEP households, especially those in poor, isolated communities.

4.5 SO5 – Disaster and Climate Risk Management

The inclusion of SO5 in SHOUHARDO II is entirely appropriate given the impact of natural disasters and climate variability on the food security and livelihoods of PEP households residing in targeted communities.⁷² The necessity of a proactive response to these risks is especially important in *char*, *haor*, and coastal areas of the country given the potential loss of lives and damage to assets caused by seasonal flooding and periodic tropical storms. In addition to preventing the immediate consequences of disaster, SO5 is important for protecting potential gains made towards other SOs, most notably agricultural productivity and maternal and child health and nutrition.

4.5.1 Description of program activities and linkages to other SOs

Strategic Objective 5 of SHOUHARDO II is designed to achieve two intermediate results:

IR 5.1 Disaster contingency systems in place and functioning

IR 5.2: Influence local and national humanitarian assistance initiatives

There are a number of activities through which SHOUHARDO II is attempting to achieve these results, each of which is briefly described below.

⁷² FAO. 2008. Climate Change & Disaster Risk Management: Technical Background Document from The Expert Consultation. February 28-29 2008 FAO.

Union Disaster Management Committees (UDMC)

A major focus of SO5 is the reactivation of Union Disaster Management Committees (UDMC). Although UDMC are explicitly mandated by the GOB's Standing Order on Disaster (SOD), respondents claimed that prior to SHOUHARDO II many UDMC did not meet regularly due to a variety of factors including: turnover of government representatives, lack of resources available for disaster mitigation, and the infrequency of disasters in some targeted areas. The SOD stipulates that UDMC should be comprised of 36 members, with a minimum of three PEP individuals, one of whom must be female. In practice, the majority of UDMC are UP members. Under SHOUHARDO II, UDMC are given primary responsibility for overseeing the work of Disaster Volunteers in development of risk and resource maps at both the Union and Ward levels. These risk and resource maps, along with Climate Variability and Capacity Analyses (CVCA) are intended to guide the UDMC in developing Union Disaster Management Plans (UDMP). SHOUHARDO II actively supports its advocacy agenda by facilitating participation of PEP in UDMC planning and decision making processes.

Disaster Volunteers (DV)

Disaster Volunteers are intended to play a significant role in promoting disaster risk reduction in targeted communities through a range of activities including: preparation of risk and resource maps, assist in preparation of Union Disaster Management Plan, raising awareness on disaster and climate issues, participating in damage assessment and search and rescue operations, providing early warning information, aiding relief distribution and strengthening the capacities of community members and government Disaster Management Committees (DMC).⁷³ The UDMC oversees the selection of 36 Disaster Volunteers in each union – 4 per ward (2 men, 2 women). Unlike CAVs and CHVs, DVs are non-paid.

Climate Vulnerability and Capacity Analysis (CVCA) and adaptive technologies in response to climate change

SHOUHARDO II has adopted CVCA as a “new participatory methodology” in order to facilitate community analysis of vulnerability and adaptive capacity with regard to climate change. Based on CVCA guidance provided by CARE International the methodology seeks to combine local knowledge with scientific data in order to enhance awareness of climate risks and adaptation strategies. In addition to serving as the basis for formulation of a Climate Change Adaptation (CCA) Plan, the CVCA process is intended to serve as a vehicle for mainstreaming DCRM into all other SOs. Thus far, it's most applicable linkage outside of SO5 is with SO1 in terms of confirming the susceptibility of traditional agricultural practices to damage or loss from climate change and identifying new ‘climate smart’ practices. Prominent examples include piloting of ‘floating gardens’ in flood-prone areas, provision of quality seed and training on cultivation of improved short-season rice and drought tolerant maize varieties, and support for improved post-harvest storage.

Operation of early warning and forecasting systems

Improvement of early warning systems is another key priority under SO5. SHOUHARDO was successful in extending the GOB's Flood Forecast Warning Center's (FFWC) capacity to accurately predict floods from three days to 10 days in advance, thereby enabling farmers to early harvest crop before the flood water comes. SHOUHARDO II has continued to partner with the Regional Integrated Multi-Hazard Early Warning System (RIMES) to develop and disseminate long-lead flood forecasting in order to minimize flood losses and promote climate adaptation among participating households. RIMES has also worked to operationalize 20-25 day and seasonal forecasting systems as well as develop flash flood early warning systems intended for use in Northeastern Bangladesh. SHOUHARDO II's main role in partnering with RIMES is to demonstrate the use of

⁷³ CARE Bangladesh. 2010. Multi-Year Assistance Program (MYAP) Proposal. P.L. 480 Title II Bangladesh. SHOUHARDO II – Strengthening Household Ability to Respond to Development Opportunities II.

these new forecast products in disaster management planning and decision making.⁷⁴ At the community level, SHOUHARDO II's early warning activities also entail the use of centrally located microphones (often in mosques) to disseminate messages and training of Disaster Volunteers in the use of water level measurement sticks and use of color-coded flood warning flags.

Creation of disaster-resistant infrastructure

SHOUHARDO II seeks to build in the success of the first phase by continuing support for community infrastructure that supports livelihoods and reduces risks resulting from natural disasters and climate change. CARE views disaster and climate risk management (DCRM) as a "cross-cutting issue" for all activities and argues that structural activities carried out under the program directly contribute to all five SOs.⁷⁵ The main types of infrastructural activities implemented by SHOUHARDO II include:

- Water supply and sanitation: community and household latrines, construction and maintenance of deep tube wells
- Disaster risk mitigation and climate change adaptation: Construction and maintenance of flood /cyclone shelters cum schools; homestead plinth raising; embankment maintenance; slope/mound protection measures,
- Transportation/drainage: Submergible roads; road renovation/maintenance; box culverts; small scale bridges; u-drains

Infrastructure is different than other components within SO5 in that it involves the direct participation of Regional Infrastructure Managers (RIM) employed by CARE, Infrastructure Officers (IO) with PNGOs, representatives of the GOB's Local Government and Engineering Department (LGED). At the community level, completion of CVCA is intended to help identify (and guide construction of) infrastructure projects associated with SO5.

Humanitarian Response Capacity

As was the case in the first phase of the program, SHOUHARDO II has retained emergency response capacity as a critical element of DCRM strategy. A key activity in ensuring emergency response capacity is the prepositioning of emergency food rations in disaster-prone areas of the country, several of which are outside SHOUHARDO II's area of operation. SHOUHARDO II maintains access to ten percent of its in-country food stocks for emergency distribution as well as emergency 'family kits' (including tents, mosquito nets, utensils, etc.) for 20,000 households. In addition to these items, CARE maintains a Humanitarian Response Contingency Fund in the amount of USD \$150,000/year and remains ready to deploy specific emergency response equipment (zodiac boats, water treatment plants, mobile kitchens) as needed.

School-based Teen Brigade (SBTB)

The establishment of SBTBs represents SHOUHARDO II's efforts to actively engage young people in the process of Disaster and Climate Risk Management (DCRM). Thus far, SHOURHARDO II reports that 21 such groups have been formed in disaster-prone communities, each of which consists of approximately 40-50 students.⁷⁶ Members of SBTBs take part in a two-day training facilitated by CARE and/or PNGO representatives and

⁷⁴ UNESCAP. [website accessed January 23, 2013]. Bangladesh improves disaster early warning system with ESCAP support <http://www.unescap.org/features/bangladesh-improves-disaster-early-warning-system-with-ESCAP-support>

⁷⁵ CARE Bangladesh. 2010. Multi-Year Assistance Program (MYAP) Proposal. P.L. 480 Title II Bangladesh. SHOUHARDO II – Strengthening Household Ability to Respond to Development Opportunities II.

⁷⁶ CARE Bangladesh. 2012. Fiscal Year 2012 Annual Result Report. November 5, 2012.

attended by Upazila Education Officers. The locations and activities of SBTBs is intended to complement SHOUHARDO II investments in school shelters.

Linkages with other SOs

Disaster Climate Risk Management (DCRM) is intended by SHOUHARDO II to serve as a “cross-cutting issue” influencing all other SOs and the achievement of longer-term resilience of PEP households. Specific examples of linkages between SO5 and other SOs include:

- SO5 and SO1: UDMC supported under SO5 have solicited input from agricultural officers regarding seasonal forecasts and promotion of specific crops in response to ongoing climate change.
- SO5 and SO2: Installation of tube wells and latrines has aided SHOUHARDO II’s efforts to improve hygiene and sanitation practices under SO2.
- SO5 and SO3: SHOUHARDO II has effectively advocated for inclusion of women in UDMC.
- SO5 and SO4: UDMC and UzDMC – both government institutions supported by SHOUHARDO II – have made contributions to improved disaster and climate risk management. SHOUHARDO II has strongly advocated for participation of PEP (particularly women) in UDMC.

The strongest linkages observed by the MTR Team are with SO4 – through support for Union Disaster Management Committees (UDMC) – and SO1 – through promotion of climate smart agricultural practices. By supporting reformation of, and providing training to UDMCs and UzDMC, SHOUHARDO II has simultaneously contributed to improved DCRM and strengthened governance, particularly at the Union level. Likewise, respondents noted that linkages between SO5 and SO1 are strengthened when Upazila Agricultural Officers and participate in UDMC meetings and share information related to agricultural forecasts. To the extent that SO5 has facilitated construction of latrines and deep tube wells, it has also made contributions to intended outcomes under SO2.

4.5.2 Main Findings

Design and Implementation

While raising community awareness of DRR and CCA is a common objective of development programs throughout Bangladesh, the design and implementation of SHOUHARDO II is somewhat distinct in that it places emphasis on building the capacity of government stakeholders (UDMC), and seeks to involve the community in formulating responses to ongoing climate change. Climate change adaptation was not explicitly included under SHOUHARDO and was added to SHOUHARDO II in response to CARE’s global priorities and the growing relevance of CCA in Bangladesh.

Another common issue influencing DRR in Bangladesh is the overwhelming demand and limited funds available for disaster-resistant infrastructure. In comparison to the first phase, the current Program has allocated less funding for the DCRM component. This led one Technical Manager for CARE to state that “We need to put more effort into increasing the visibility of SO5.” For example, he stated that SHOUHARDO II currently provides 2,500 BDT (USD \$32) to UDMC for the development of Union Disaster Management Plan. This is clearly an insufficient incentive for UDMC members to champion improved disaster management

planning and is likely partially responsible for the failure of SHOUHARDO II to meet its annual target regarding development of Union Disaster Contingency Plans (UDCPs).⁷⁷

Targeting

SO5 is somewhat different from the other SOs in that it is primarily targeted at the Union level, rather than at the community or household level. While DVs are recruited at the ward level and CVCA have been completed in each target community, the intended outcomes for SO5 activities are to support the work of the UDMC in developing Union Disaster Management Plans (UDMP). Likewise the provision of disaster-resistant infrastructure (flood shelters, plinth raising, culverts, submersible roads) is not uniform across the four program areas but rather is targeted, as one would expect, toward communities that face the greatest risk of disaster.

Supervision/steering capacity

In terms of staffing, SHOUHARDO II employs both a Humanitarian Assistance Coordinator and the Senior Technical Manager for Humanitarian Assistance at CARE Bangladesh Headquarters. Likewise, each of the four SHOUHARDO II Regional Offices (Mymensingh, Rangpur, Sirajganj and Cox's Bazar) have Technical Managers responsible for Humanitarian Assistance. While each of the PNGOs participating in SHOUHARDO II have Technical Officers for Humanitarian Assistance, these staff are often responsible for other aspects of program implementation beyond SO5. CARE hub and field offices do not have Technical Officers dedicated to overseeing implementation of SO5.

The infrequency and unpredictability of natural disaster provides some justification for the relatively minimal staffing structure for SO5. However, the limited number of technical officers and over-reliance on DVs for enhancing awareness of DCRM has created some challenges. According to CARE Humanitarian Assistance staff, it has proven difficult to provide UDMC with routine technical support due to the fact that Disaster Volunteers and Field Facilitators are not ideally qualified to assist UP members and other government stakeholders on the UDMC. Meanwhile, Technical Officers for SO5 are typically responsible for 10-20 Unions each and cannot possibly meet all the support needs. It was also reported that SHOUHARDO II staff with experience and training in DRR and CCA are in high demand, leading to considerable staff turnover.

Technical support

Under SO5 UDMC members receive a 3-day training on "basic knowledge and skills of disaster risk reduction and climate change adaptation."⁷⁸ Similarly, each of the DVs participating in SHOUHARDO II have received training in disaster early warning, risk and resource mapping, search and rescue and climate change adaptation. The provision of technical support to UDMC was intended to be guided by a "comprehensive study on the challenges and opportunities in performing the GoB's Standing Order on Disaster by local government." Senior Management of SHOUHARDO II subsequently cancelled the proposed study. See Annex H for a complete list of guidelines and training materials developed by SHOUHARDO II under SO5.

⁷⁷ The revised Standing Orders on Disaster (SoD) states that Union Disaster Management Plans consist of two components: 1) a Contingency Plan; and 2) a Risk Reduction Plan. According to the Program IPTT, SHOUHARDO II targets relate to development of Union Disaster Contingency Plans (UDCP).

⁷⁸ CARE Bangladesh. 2011. Disaster and Climate Risk Management (DCRM): Strategy Implementation Guidelines. DCRM Unit, SHOUHARDO II Program. June 2011.

Monitoring and evaluation

Disaster and Climate Risk Management (DCRM) Strategy Implementation Guidelines state that “UDMC in all 172 SHOUHARDO II Unions are planned to be activated/reactivated” in line with the government’s Standing Orders on Disaster (SOD) and National Disaster Management Plan (NDMP), but this is not included as an indicator on the IPTT. Given the importance of functioning UDMC to the achievement of intended outcomes under SO5, it should be tracked as a key indicator. Likewise the IPTT contains no outcome or impact indicators explicitly related to climate change adaptation (CCA) for SO5 (or SO1).

Exit strategies and sustainability

As is the case with all SOs SHOUHARDO II had not developed a specific exit strategy for SO5. Rather, SHOUHARDO II staff consulted during the MTR claimed that capacity building and awareness raising among DVs, UDMCs and UzDMCs is expected to result in improved disaster response at the union level beyond the life of the program. The sustainability of DVs is questionable given that they receive minimal training and no financial incentives. Meanwhile, the LGED is responsible for maintaining large infrastructure projects created through SHOUHARDO II.

Results/Achievements

IR 5.1: Disaster contingency systems in place and functioning

SHOUHARDO II has made substantial progress towards its performance objectives for SO5. There are however, several areas in which the program has not met its own targets. To date, CARE and PNGOs have facilitated training for 13,060 individuals including Union and Upazila

Capacity building: Assuming continued training among Disaster Committee Members, Disaster Volunteers, and members of the School-based Teen Brigade, SHOUHARDO II is likely to achieve the program goal of 19,140 individuals trained. Likewise, CARE and PNGO staff in each of the four programming regions have received training in Disaster and Climate Risk Management (DCRM), and Vulnerability and Capacity Analyses (CVCA). A total 21 Disaster Brigades have been formed where secondary school students have been trained on various disaster issues.⁷⁹

Inclusion of PEP: CARE and PNGO field offices also report excellent progress on inclusion PEP in UDMC. The 2012 ARR shows that 194 PEP participated in decision making in UDMCs over the previous year, far exceeding the target of 26. The program has also exceeded its target for establishing community-based early warning systems (50; target 48) over the last year. However, these communities are reportedly the only 50 in which such systems have been established leaving the program in serious danger of failing to meet its target of 1,207 villages.

UDMC and UDMP: SHOUHARDO II is also credited by stakeholders with reestablishment of and support for UDMC. However, the program did not meet its annual target for formation of Union Disaster Contingency Plans (UDCP) having achieved only 37 – half – of the target 74. Though the most recent Indicator Performance Tracking Table (IPTT) provides no cumulative information on the number of UDCPs, the Program is at risk of failing to meet its overall target of 155 UDCPs in place by 2015.

Early warning and emergency response:

Information available on the performance of SHOUHARDO II (and CARE) emergency preparedness presents a

⁷⁹ CARE Bangladesh. 2012. Fiscal Year 2012 Annual Result Report. November 5, 2012.

mixed picture. For instance, while UDMC members report having improved access to early warning and forecast information via Union Information Centers, the program has not been able to accurately measure the effectiveness of early warning systems at the community level due to the fortunate lack of emergencies with the previous year. Nonetheless, the MTR found evidence of these practices through discussions with UDMCs. Members claimed to have utilized seasonal forecasting information provided by Upazila Agricultural Officers and accessed weather/precipitation forecasts through newly established “Union Information and Services Centers.”

Secondary information and CARE staff confirmed that SHOUHARDO II’s emergency response capacity has been tested and proven appropriate during several instances since the program’s inception. In July 2012, CARE Bangladesh provided emergency assistance to 12,850 flood-affected households in Cox’s Bazar. In response to widespread damage to homes, fisheries and transportation linkages, CARE distributed commodities (rice, peas, vegetable oil and oil rehydration salt) and cash (500 BDT) to targeted families. The yellow peas and oil were provided by USAID from SHOUHARDO II stocks. Likewise in 2011, SHOUHARDO II partnered with Save the Children UK and Muslim Aid UK to provide emergency food assistance to 48,000 flood-affected households in eight upazilas of Satkhira and Khulna Districts (southeastern Bangladesh).⁸⁰

In January 2013 SHOUHARDO II also responded to a severely cold weather in Northern Bangladesh by providing 20,000 blankets to needy families (each family received two blankets). Although some of these disaster-affected areas are outside the SHOUHARDO II program area, the mechanisms established for providing humanitarian assistance under SO5 have been effective and efficient in allocating emergency assistance to thousands of needy households since the program’s inception.

Infrastructure

Gauging the effectiveness of infrastructure projects implemented under SHOUHARDO II has been challenging. The 2011 ARR reported that 1,121 small- and medium-scale infrastructure projects were completed by PNGOs. The report provided no information on which types of infrastructure were most common or most effective in promoting DCRM. It also reported that six school maintenance and renovation projects had been completed during the previous fiscal year (October 2010-September 2011). However, the 2011 ARR also noted that the Local Government Engineering Department (LGED) had not been able to start infrastructure activities as planned due to ongoing VDC and CAP processes, which left insufficient time to carry out projects before the onset of seasonal rains.

The report stated that infrastructure activities would “take off aggressively” during the next starting period, but this was apparently not the case according to the ARR for 2012.⁸¹ It states that “41 SHOUHARDO II village have built physical infrastructure to mitigate the effects of shocks” suggesting a substantial decline from the previous year. The IPTT for FY 2012 shows that this achievement was well short of the 60 communities that were planned to benefit from infrastructure improvements over the year. The reason given for this shortfall was a reduction in annual budget allocations for infrastructure. Nonetheless, progress made thus far draws into question whether or not SHOUHARDO II will meet its program goal of installing disaster-resistant infrastructure in 225 communities (15 per cent of all 1,509 target communities).

The primary obstacles to accomplishing infrastructure objectives are the limited funding available for high-

⁸⁰ CARE Bangladesh. 2011. Fiscal Year 2011 Annual Results Report. CARE – SHOUHARDO II/Bangladesh. 2 November, 2011.

⁸¹ CARE Bangladesh. 2011. Fiscal Year 2011 Annual Results Report. CARE – SHOUHARDO II/Bangladesh. 2 November, 2011.

cost, large scale projects, difficulty in contracting qualified vendors for construction projects in remote locations, and severe limitations on construction during heavy rain and/or periods of flooding.

CVCA

Climate Vulnerability and Capacity Analyses (CVCA) have reportedly been completed in all target communities and their findings have been incorporated into CAPs and informed development of some Union Disaster Management Plans (UDMP). Recent research carried out by CARE Regional Offices in Mymensingh and Siraganj, while based on limited samples, suggests that approximately 25-30 percent of individual issues listed on CAPs were identified through the CVCA process.^{82,83}

Importantly, the assessments also revealed that VDCs have been given responsibility for implementing the vast majority of activities deemed necessary by the CVCA.

Among the CVCAs examined, the most common priority activities for coping with climate change include plinth raising, road maintenance and construction, culvert/canal construction and embankment, tree plantations, cultivation of drought- and flood-tolerant crops and installation of tubewells.

“In most of the cases, CVCA activities which are not supported by SHOUHARDO II program, remain unimplemented.”

- Findings of CVCA Analysis, Haor Area

IR 5.2: Influence local and national humanitarian assistance initiatives

SHOUHARDO II has taken several steps to exert influence on national policy regarding DCRM while advocating for improved protection and preparedness for the poor. CARE is the only international NGO sitting on the National Disaster Management Advisory Committee and through its participation has been able to contribute to the National Plan for Disaster Management, the National Strategy for Climate Change Adaptation and the National Disaster Management Policy (forthcoming).

SHOUHARDO II has undoubtedly had an influence on the application of government DCRM strategies through its provision of training and technical support to Disaster Management Committees at both the Upazila and Union levels. The Comprehensive Risk Assessment Tools included within the CARE CVCA guidelines have reportedly informed development of similar tools Comprehensive Disaster Management Program (CDMP) under the Ministry of Disaster Management. These tools are now being promoted among UDMC as being useful for development of UDMP.

Within its programming areas SHOUHARDO II is largely responsible for reestablishment of and support for UDMC, institutions that had become dormant and inactive prior to 2010. If the program ultimately demonstrates a positive and lasting impact on DCRM this will further validate the importance of functioning UDMC at the policy level. The MYAP proposal clearly states that SHOUHARDO II will conduct a comprehensive study on the challenges and opportunities in performing the GOB’s Standing Order on Disaster by local government. While this study was intended to serve as the basis for SHOUHARDO II’s capacity building efforts among Disaster Management Committees (DMCs) at various levels no such study has been conducted. Similarly, the MYAP proposal states that “an advocacy strategy will be developed to influence DRR policies and practices at the national and international levels”, but this study was subsequently cancelled due to the introduction of a revised Standing Orders on Disaster in 2010.

⁸² CARE Bangladesh. 2012. CVCA Findings and their Use. Siraganj Regional Office. November 2012.

⁸³ CARE Bangladesh. 2012. Findings of CVCA Analysis. SHOUHARDO II Program, Haor Area, CARE Bangladesh. November 2, 2012.

4.5.3 Conclusions

Analysis carried out as part of this MTR leads to the following conclusions regarding progress made and areas of needed improvement:

SHOUHARDO II has made significant contributions to improved DCRM by reforming UDMCs.

SHOUHARDO II deserves considerable credit for reinvigorating UDMC in programming areas. In doing so, it has provided much needed practical support for the GoB's Standing Order on Disasters and heightened awareness among government officials regarding preventative measures to mitigate the impact of natural disasters and adaptive strategies for dealing with the ongoing threat of climate change.

Improved awareness of disaster early warning and response mechanisms among local government and community.

Through coordination with UDMCs, NBDs, RIMES and DVs SHOUHARDO II has improved the capacity for disaster early warning and response in targeted communities. However, UDMCs have fallen short in the critically important task of developing and implementing UDMPs. Similarly, while the initial proposal stated SHOUHARDO II's intention to "conduct a comprehensive study on the challenges and opportunities in performing the GOB's Standing Order on Disaster by local government," no such study has been undertaken.

The program has been challenged in mobilizing community members for disaster prevention and climate-change adaptation.

The completion of CVCA and Risk and Resource Maps in each of the 1,509 communities targeted under SHOUHARDO II is a testament to the importance the program places on responding to the growing threat of climate variability in Bangladesh. However, analysis shows that while CVCA findings are reflected CAPs, most of the actions focus on investments in infrastructure that are beyond the means of PEP communities. As such, while the CVCA process has likely led to an important increase in awareness of climate and disaster risk, it has not directly empowered them to implement their own solutions. Over the life of the SHOUHARDO II program, community mobilization around SO5 has also been hampered by a fortunate lack of large-scale natural disasters. The implementation of CVCA (supposedly a "learning from" SHOUHARDO) was described in the proposal as a catalyst for many other activities – capacity building, research, integration of activities, and advocacy. In this sense it seems that the CVCA have definitely been under-utilized.

Unmet Demand for Technical Support and Infrastructure

Similar to the other SOs, the primary actors under SO5 (Technical Officers, DVs and UDMC members) receive limited technical support beyond the initial 'foundation training' provided by SHOUHARDO II. Meanwhile, the targeting of SO5 at union level as opposed to the community level makes it especially difficult for either DVs or technical staff to consistently meet the support needs of UDMC. Likewise, SHOUHARDO II has been unable to meet the considerable demand for protective infrastructure, particularly flood shelters. Reasons given for this gap include the prohibitively high cost of constructing permanent, large-scale infrastructure, the lack of appropriately qualified contractors in remote programming areas, and seasonal weather patterns that prohibit construction or transportation of materials.

4.5.4 Recommendations

The following recommendations are intended to improve the implementation of activities under SO5 and increase the likelihood that the program will achieve its intended outcomes related to disaster risk management prior to its closure in 2015.

- ***Provide appropriate 'follow-up' training to Technical Officers, UDMC members and Disaster Volunteers***

Over the remaining life of the program, SHOUHARDO II should prioritize the provision of follow-up training to staff, volunteers and government counterparts involved in SO5. Having established greater awareness of disaster risk and early warning systems and the community level, greater attention should be paid to promoting proven adaptations to climate change and means of integrating SO5 activities with other activities implemented by SHOUHARDO II.

- **Seek means of promoting greater involvement in DCRM by VDCs**

To date, responsibility for promoting improved DCRM technologies and practices has largely been with DVs. However, DVs are recruited at the Union (as opposed to the community) level. In order to promote more effective prevention and mitigation of disaster risk and adaptation to climate change, SHOUHARDO II should attempt to forge closer links between DVs and VDCs. One means of doing so could be participation of VDC in DCRM training currently provided to DVs in order to ensure awareness is reaching the community and household levels.

- **Adopt and promote more inclusive responses to CVCA findings**

While the CVCA process has been informative and has enhanced understanding and awareness among beneficiaries, findings tend to be relatively focused on improvement or expansion of infrastructure. SHOUHARDO II should seek to promote a more holistic approach to climate adaptation and disaster risk management including low-cost measures that households and communities can maintain themselves (efficient cook stoves, solar energy, new crop varieties, small-scale irrigation, traditional resource management practices, etc.)

5. Program Management

5.1 Introduction

With a total budget of USD 130 million, the SHOUHARDO II Program is the largest ongoing USAID FFP Title II MYAP in Bangladesh and the largest development program in CARE-Bangladesh's country program portfolio. The total beneficiary number is 370,000 households divided over 1,509 villages. The program employs about 1,000 staff (including PNGOs) and approximately 10,400 'volunteers' and paid community workers divided over four regions. A program of this magnitude raises challenges for any management team, but this one faces a number of additional challenges, which are directly related to the program design. They include:

- **Comprehensive and rights-based approach to interventions** - empowering communities and individuals with a package of complimentary interventions requires flexibility in allocating program resources, thorough preparation, careful planning of subsequent activities and consideration of other service areas and stakeholders and careful performance monitoring;
- **Dependence on external partners for implementation.** The Program depends on 16 implementing partners for 90 per cent of its program implementation and further relies on various government actors (NBDs) to provide social and technical services to program beneficiaries;
- **Heavy coordination structure, which includes the GOB** - with a head office in Dhaka, four regional offices and many hub/team offices run by CARE and PNGOs that is mimicked by a coordination structures (PACC) to engage with government counterparts across different sectors;
- **Coverage and distance** – the Program specifically services PEP communities in moderately and severely remote places. This adds a significant burden on available resources;

- **Constraints in financial planning and reporting.** The Program deals with a total of 4 different operational and financial reporting years from CARE, USAID and PNGOs. This makes planning and reporting a cumbersome exercise. In July 2012, CARE also introduced its new financial software PAMODZI in Bangladesh. It is not yet fully operational and monthly budget allocations to ROs, PNGOs and service contractors have been delayed. Problems reportedly solved in early 2013.

Overall, the program is generally well managed by an experienced team of development experts from CARE-Bangladesh based in HQ and four ROs. The program is fully operational and the majority of planned activities are implemented as per schedule.

The management team did well during the start-up phase to:

- **Select its implementing partners:** 16 PNGOs involved in implementation were selected through an open tender procedure by CARE-Bangladesh. All 16 current implementing partners have previous experience with the SHOUHARDO program. This broad base of knowledge and experience has allowed for a relatively smooth transition and efficient start of the Program.
- **Invest sufficiently in the start-up phase:** The SHOUHARDO Team has done well by making available sufficient resources for the selection of PEP communities and individual beneficiary households, conducting a community census; setting up of PACCs, rewriting several technical guidelines to be used in program implementation, and organizing a 10-day Foundation training course for all staff.
- **Set up a functional coordination and communication structure:** This structure allows for information exchange within the program between various actors and institutional layers – between HQ – RO – HO/FO; CARE and implementing partners (PNGOs); by SO and across SOs; and between the SHOUHARDO team and government counterparts (PACC);

Much of the success thus far can be attributed to the experience of CARE-Bangladesh and the reputation it has built up over the years with experience in humanitarian assistance, management of Title II Programs and implementing rights-based food security programs in Bangladesh. This experience has complimented and contributed to CARE Bangladesh's close working relationship with USAID and the GOB. CARE-Bangladesh builds on clear operational policies and administrative procedures, and has a competent and dedicated work force.

The following sections, reviews achievements and challenges related to program management that were observed during the visits to Bangladesh. It is apparent that many of the challenges raised are not new, as they have been listed in earlier reviews, i.e. the MTR and final evaluation of SHOUHARDO. They include issues around staffing, capacity development, knowledge management, research and M&E. Despite the overall effectiveness of the SHOUHARDO II model, the team feels that opportunities remain to improve performance on key evaluation criteria such as coherency in approach, efficiency, impact and sustainability of the program.

5.2 Staffing

Overall, the MTR Team has been impressed by the capacity and dedication of program staff. At the start of the program, CARE Bangladesh managed to retain almost 70 per cent of the CARE SHOUHARDO staff, many of whom hold senior technical and management positions in CARE. Many field facilitators also have retained

their positions in their supervisory roles on the ground. This working experience certainly has benefited the start-up and program performance thus far.

High staff turn-over: Staff turn-over has become a big concern to the MTR Team as it is a clear brain-drain on program resources. The staff turn-over is perhaps highest in the field among volunteers and field facilitators but also affects mid-level to senior level jobs in Hub/team offices run by PNGOs as well as ROs and HQ run by CARE. Staff turn-over can in part be explained by the competitive business environment for NGOs in Bangladesh – even at community level - and therefore can be considered a constant challenge that is largely outside the Program’s sphere of influence.

Through interviews with CARE, PNGO and other MYAP staff, the MTR team identified the following pull and push factors for high turnover. Pull factors centered around higher remuneration packages from peer organizations (often the other MYAPs were mentioned for middle and senior staff, and other NGOs such as BRAC for field level staff). Push factors included high working pressure, low salaries (especially at field level), perceived unjust grading of posts by CARE - not taking into account large budget responsibilities under the Program, lack of formal training opportunities, and lack of career advancement opportunities. Women also specifically noted that although CARE is committed to gender equity, there is a feeling that HR policies are not conducive to retaining staff. Specific examples included a lack of flexible working hours, lack of day care facility outside of Dhaka, and additional technical support for junior female staff to help them advance to more senior positions.

Program interface with beneficiaries lacks sufficient financial and human resources: Program staff involved with SO1 and SO2 (most closely associated with the beneficiaries in the field) are overburdened and under-resourced. The Program is over reliant on paid volunteers as the main service delivery mechanism for a range of activities – through courtyard sessions and individual counseling. The ratio of beneficiary households per volunteers is very high. In comparison, livelihood support programs run by organizations such BRAC, SCI and UKAID have a ratio of about 150 households per staff member/ volunteer, while volunteers in this Program service 250-300 households or even more. Key informant interviews revealed that rather than a part-time positions most volunteers work 6 days a week, a factor that raises serious questions about the effectiveness and sustainability of the current volunteer structure. These FFs need to provide technical support to volunteers in all areas, covering food crops, livestock, fisheries, IGA, CHD, Health, Hygiene and Nutrition, ECCD, EKATA and DRM . Given their workload, the ability of field facilitators to provide technical backstopping in all these different technical areas is questionable. As a consequence, the MTR Team feels the technical support at the community level is inadequate.

The program relies heavily on the GOB for delivery of technical support and services - especially in areas of crop production, livestock and fisheries (SO1). While the program’s commitment to working closely with local governments has created efficiencies and delivered clear benefits for SO4, the reliance on NBDs for service delivery has substantial implications for the coverage, impact and sustainability of key livelihood, health and nutrition interventions. For example, government extension officers face clear challenges in accessing many of the most remote and impoverished target communities. Meanwhile, respondents were often quite blunt in describing the technical limitations of CAVs and Field Facilitators in the absence of government services, particularly for livelihood support (agriculture, fisheries). The concern is that without a sufficient number of adequately trained volunteers and field staff, the program will be unable to achieve sustainable improvements in food and livelihood security among PEP through reliance on government service providers alone.

Recommendations

- Review the SHOUHARDO Program framework and develop an internal communication strategy with key messages on means through which the various interventions contribute to improved livelihoods and empowered communities and individuals;
- Conduct a refresher Foundation course (5 days) for all staff, including volunteers with an emphasis on technical information and means for addressing barriers to achieving targets as opposed to administrative and reporting requirements;
- Reassess roles and responsibilities of CARE staff and PNGOs, hire additional staff and reassign program resources to strengthen the interface with the communities. Look at possible overlap between CARE and PNGO staff at the field and don't overburden technical staff with reporting requirements;
- Address high levels of staff turnover by reducing push factors. Address the perceived lack of training, low remuneration and amend/rationalize job titles of staff members, including volunteers to reflect their roles and responsibilities. Guidance to PNGOs would be required as external partners recruit many of these positions. There are also roles for CARE-Bangladesh to help improve a positive enabling working environment for program staff to keep the most talented and specialized staff. This is especially true for keeping female staff. Likewise, opportunities exist through USAID to allow higher spending on training activities (such as under its Technical and Operational – TOPS - Program).

5.3 Institutional Support and Training

In order to better serve the needs of the PEP in targeted communities, the Program has strengthened its relationship with the GOB by establishing PACCs and making investments that complement the efforts of NBDs. A range of capacity building events and materials have been developed specifically for government counterparts that SHOUHARDO II works most closely with. The Local Government Division of MLGRD&C plays an excellent role in coordinating the inputs from various ministries, starting with the NBDs at different institutional levels. The right selection of the LGD as main interlocutor with the Program has certainly helped in addressing food and nutrition security across different sectors.

The Program provides significant technical and administrative support to the PNGOs through direct backstopping and oversight function. The five-year duration of the program provides the opportunity to enhance the institutional capacities of the PNGOs, if staff can be retained of course. Proof of this enhanced capacity is that some PNGOs are now vying for individual contracts from USAID. PNGOs are also assisted through audit visits where all aspects of the program are being reviewed and commented on.

Much of the training conducted by the Program is based on the technical material prepared initially during year 1 of the program. Others, such as the training under SO2 is outsourced to specialized entities or conducted by extension staff from the GOB (SO1). Despite these achievements, the main challenge identified is training courses are not often linked to a broader learning process of desired changes in behavior. This gap in capacity building strategy is mirrored by a similar disjuncture in the M&E framework where the number of trainings is measured rather than the intended outcomes of skills training and promotion of improved practices.

Recommendations

- The technical support provided to the SHOUHARDO II communities, particularly under SO1 and SO2 – especially to frontline staff as agents of change - falls short of expectations. The intensive facilitation of livelihood support embedded in governance and empowerment processes at the community level needs to be properly resourced.
- Design/revise existing formal ‘foundation course’ for all new staff that includes approach, objectives, basics of various SOs, complementarity of SOs, role of GOB, USAID, etc. and exit strategies.
- A refresher foundation course (5 days) for all staff should be considered by early 2013 to emphasize key messages.
- Provide more formal training opportunities – by SO for specific topics - as refreshers and to newly employed frontline staff. A mentoring system can be considered to compliment formal training for new staff.

5.4 Knowledge Management, Research and M&E

Knowledge Management

The Program has a knowledge management team, a new addition to the Program Team. Much of their efforts thus far have gone into generating material for advocacy of the Program in general, and around specific themes such as promoting access to *khas* land for the PEP.

When the Team started its task, it found that much of the documentation was not readily available in English and that concise analytical pieces explaining the approach had not been written. As a result, it took the Team considerable time to achieve a detailed understanding of all the various complimentary activities. To a large extent this is likely due to:

- **A lack of documentation about the SHOUHARDO approach.** The Team feels that not sufficient time has been set aside for the development and documentation of the SHOUHARDO II approach. This is of particular concern for program staff – aiming to integrate 5 SOs – but also to other stakeholders, such as the GOB and other agencies, who are interested in reviewing opportunities for scaling up the SHOUHARDO II approach as a targeted nutrition intervention for the PEP.

- **Documentation on lessons learned and good practices are scarce.** The Team identified few processes and documents containing evidence of lessons learning and good practices. This is likely due to the high working pressure of mostly technical experts who are responsible for this work. The regions do not have dedicated documentation staff. No attention has been directed towards documenting the community model of governance and empowerment, the central role of the VDC and the complementarity of the various SOs.

- **No knowledge management framework exists.** It is a step forward that this Program – unlike phase I - has a knowledge management unit – but its focus lies on advocacy (e.g. Khas lands for instance) and documentation of relatively simple stories and videos to be used for external communication. The Team understands that CARE-Bangladesh has not provided such a framework either.

Recommendations:

- CARE-Bangladesh should take the lead – with assistance from the SHOUHARDO II Team – in developing a knowledge management strategy that directly corresponds with CARE’s program approach. Following this important first step, SHOUHARDO II staff should develop a more detailed knowledge management strategy that aligns with the SHOUHARDO II model.
- Recruit additional staff (in ROs) responsible for documenting experiences and good practices and disseminating information to other regions and stakeholders. These documentation/ research specialists should work under the immediate supervision of the RCs and technical teams with a formal link to the KMU in Dhaka.
- Use participatory techniques such as Most Significant Change (MSC) as a tool to assess the real societal change that SHOUHARDO helps to bring about.

Research

- No research has yet been undertaken to support development of exit strategies or assess potential for scaling up the SHOUHARDO approach.⁸⁴

Research or applied research is considered CARE’s forte worldwide. The innovative approach of SHOUHARDO (phase I) would have called for research questions that would help the current phase II of the program or at least help to better understand the complexities and sustainability of phase I. Understanding and documenting what has been sustained from phase I would help inform CARE-Bangladesh’s country program approach as to how it can best ensure sustainability and develop a quality exit strategy. It could be an idea that farmers receiving support under the COG crop production could be promoted to more comprehensive training such as through FAO’s Farmer Field School. The dynamics in SHOUHARDO II are manifold and complex, but need to be closely studied to understand societal change.

Recommendation:

Develop a research strategy for the Program and consider local and international partners as a matter of priority. Possible ideas for research would include:

- Comparison of SHOUHARDO villages able to maintain success versus others where progress was lost as a means of informing current exit strategies;
- Qualitative and quantitative analysis of differences between EKATA and non-EKATA villages in order to understand the impact of the model and priorities for its expansion;
- Conduct case studies to gauge the influence of proximity on the performance of remote program locations;
- Review opportunities for scaling SHOUHARDO II up to national level as a nutrition safety net focusing on PEP communities;
- Review success of SHOUHARDO II Title II Program versus other comprehensive livelihood interventions; Is food the right incentive?

⁸⁴ Thematic studies are planned, but have not yet been undertaken.

The MTR team recommends that CARE-Bangladesh and/or CARE HQ take the lead in developing and implementing the research strategy given the existing high demands on senior technical managers.

M&E

The M&E Team has been closely involved with the start-up of the program. This included facilitating the selection of communities, conducting the community and household census that helped with producing a Master Beneficiary List, and registering all eligible beneficiary households. They have also introduced an improved commodity and beneficiary-tracking system that accurately captures information that can be easily queried to produce required information for donor reporting to USAID. The information gathered also supports internal control mechanisms and effective management.

The main tool for monitoring the program implementation is the Indicator Performance Tracking Table. Output level data is received from implementing partners while data on food, nutrition and health indicators at the outcome and impact level are collected through a baseline, a mid-term review halfway through the Program and an end line in 2015. Both the baseline and the mid-term review have been conducted. These surveys provide a solid basis for analyzing the impact of the program. A small annual sample survey (N=500) compliments these large surveys by providing important indications of progress that are ultimately shared with USAID in Annual Results Reports (ARR).

The Team has observed reduced operational capacity in M&E staffing, which affects performance. Within CARE the number of dedicated M&E staff has been greatly reduced (from 10 to 4). Likewise the number of implementing partner PNGOs dropped from 45 in phase I to 16 in phase II meaning there is currently only one dedicated M&E officer per PNGO, regardless of coverage.

Core reporting to USAID has been clearly prioritized but the limitations in staff seem to have affected performance monitoring through qualitative means. A lack of performance monitoring pertaining to the quality of the activities was acknowledged at a half-yearly meeting between CARE and PNGO management in December 2012. Most of the reporting was said to be conducted at output level – e.g. # trainings provided. The inability to more closely examine performance under each of the SOs really hampers deeper understanding of what is working and what isn't and how make local adaptations to strengthening the community empowerment.

In fact, SHOUHARDO had such a performance system that qualified progress by the entire community. This has helped the PNGO, RO and management team in HQ to identify geographic areas and technical areas that lagged behind. It is surprising that SHOUHARDO II has not yet implemented given that the first 2-year cycle of beneficiary support (COGs for instance) has been completed. As the program is now mid-term, half of all beneficiary households are close to completing their training and input packages, while the other half will soon start their engagement. Clear indications are needed if, where and what changes are needed to optimize implementation. There is currently no tool for comparing performance through classification.

The monitoring system lacks formal feedback channels for beneficiaries. While interaction takes place to identify the right type of support, the implementation itself is quite standardized and supply-driven. For being a rights-based program it lacks a formal feedback loop incorporated into the program to review and fine-tune interventions strategies as warranted by changes at the field level. This would serve well to collect information on perceptions regarding gender changes promoted by the program.

Recommendations

- SHOUHARDO II should retain existing staff and recruit additional qualified staff - at competitive rates – to carry out a number of highly specialized tasks related to program monitoring and evaluation.
- SHOUHARDO II should place stronger emphasis on Program Quality in part through introducing the quality performance system alluded to in the M&E plan. Given the strain on current staff the Program should seek ask guidance from the Program Quality Unit in CARE-Bangladesh. The Team feels the village quality performance monitoring system offers a good opportunity to map results - showing areas/ villages that do well versus others that do not.
- A feedback system can be set up for beneficiaries using SMS to improve the effectiveness of the communication with the Program’s main clients. Areas for feedback would include: complaints regarding food distribution, input packages, training delivery, government responsiveness. Happiness can be measured as well over time. Results can be mapped (with support from GIS unit) and shown on website in almost real time, including actions Program management has taken to redress complaints from the field.
- The feedback system (SMS) can also help assessing (changes in) opinions in sample of communities around opinions, behavior and practices of e.g. nutrition and health practices and mobility of women. This should give richer detail on changes that can provide a better understanding of the societal change the Program promotes. This should be closely linked with the other areas of KM and research.

5.5 Partnerships

The program has created and maintained a number of important partnerships. These primary stakeholders include the PNGOs, the GOB, and (mostly international) technical partners. The relationship with the GOB has been discussed in Chapter 4.4 and the technical partners in Chapter 4.1. This section focuses on the relationship with PNGOs. Overall, the following can be said of the 16 PNGOs based on interviews with staff and field visits:

- **Performance of 16 PNGOs implementing 90 per cent of program is satisfactory.** PNGOs are responsible for 90 per cent of the program implementation, while the other 10 per cent is conducted through Direct Delivery (DD). PNGOs have benefited from significant administrative and technical support from CARE. No systematic difference was perceived between PNGOs and CARE’s DD. While internal capacity varies between the 16 PNGOs, all seem to be servicing their geographic areas well. One of the main assets of the PNGOs is their presence in the geographic area and their ability to integrate SHOUHARDO II strategies into their other programs.

- **Communication with PNGOs is limited to operational issues** of implementation, budget and logistics. There seems to be limited time to interact on issues of quality, training needs, and sharing good practices. This gap is perhaps created in part by the changed status of PNGOs, who are now recruiting their own staff (according to their own terms and salaries). The current pattern of interaction with CARE Bangladesh staff results in a sense that PNGOs are independent service providers recruited to deliver outputs within given deadlines, rather than equal members of a collaborative team.

- **PNGOs complain about inefficient planning and budget cycles of one month.** This requires the submission of monthly budget requests and allocations from CARE HQ. Many of the PNGOs interviewed said they lose valuable time each month waiting for funds. These problems are now compounded by the problems associated with the introduction of PAMODZI – CARE’s new financial management system, which has stalled budget allocations to PNGOs and contractors altogether.

Recommendation:

- Design exit strategies for the program in close consultation with PNGOs and key government counterparts. Use the specifics of the other PNGO program activities and strategic priorities.
- Reconsider planning and budget allocations from one month to at least two months.
- Sort out problems with the introduction of PAMODZI.

5.6 Gender Equity and Diversity

The Team is full of praise for the balanced approach towards gender in the design of the SHOUHARDO II program approach. From field visits it is evident that the whole set of activities (SO1-5) work towards creating a better enabling environment for women and girls with enhanced mobility, and improved opportunities to contribute to the household’s socio-economic status. The close collaboration with technical partners, although small, also brings in an important technical element of technologies and practices that gives the program the right balance between empowerment of women and strengthening people’s livelihoods.

It is unfortunate that the program has not increased the scope of EKATA groups to cover more than 30 percent of the communities targeted by the program. The point is well taken that everything should be demand-driven – and that without an enabling environment chances for success are limited - but it may well be that EKATA groups can be implemented as a separate activity and not always linked to ECCD support.

There is a concern that CARE and the PNGOs do not give enough attention to redress the imbalance of female staffing in their respective teams. Among both CARE Bangladesh and PNGOs the ratio of male to female employees assigned to SHOUHARDO II is four to one (80% male, 20% female). Despite the challenges in hiring female staff, it is disappointing that the number of women employed is so low. The majority of women currently employed by SHOUHARDO II work under SO3 only – empowerment of women. The Program has a special responsibility towards mainstreaming gender in all of the SOs, across all different levels, including in senior management positions. Assistance may be required from CARE-Bangladesh in this regard to create a more attractive working environment for women.

Recommendation

1. More proactive targeting of female individuals may be required in recruitment to redress this gender imbalance in staffing.
2. Increase coverage of EKATA groups as a key to achieving greater rights for women and adolescent girls in the communities and institutions.

5.7 Collaboration with CARE Bangladesh Units

- **Program receives insufficient support from CARE Bangladesh and CARE HQ.** The Team felt that the Program is to a large extent managed independently while support from technical units in CARE Bangladesh and CARE HQ is limited. For instance, CARE Bangladesh provides little direct support to SHOUHARDO II in the areas of program quality, measurement of impact, technical issues related to health and agriculture, etc. Likewise, the SHOUHARDO II team has thus far not been especially proactive in seeking technical support from CARE Bangladesh in order to address its own recognized weaknesses. However, it should be noted that SO3 technical teams do appear to receive significant support from CARE Bangladesh Gender Unit.

The relative isolation of SHOUHARDO II within CARE Bangladesh is particularly surprising given the Program's perceived status as a global flagship program within CARE. In the absence of more frequent and substantive interaction related to technical issues, CARE Bangladesh and SHOUHARDO II are missing an opportunity to process and share many important lessons for CARE Programming in Bangladesh and worldwide.

In the view of the Team, CARE Bangladesh should be responsible for the country program framework, knowledge management strategy, research agenda and setting policies on gender mainstreaming and recruitment. The SHOUHARDO II team should work within this set of parameters. SHOUHARDO II should also actively involve CARE Bangladesh and PNGOs in formulating appropriate exit strategies.

Recommendation:

- Closer interaction between the Program and CARE-Bangladesh and CARE HQ in the following areas: general oversight, program quality, knowledge management, research, training and recruitment (gender equality) and exit strategies.

6. Commodity Management – Distribution and Monetization

6.1 Overview

Food resources comprise commodities for distribution and monetization. Management of distribution of commodities is more challenging as it involves complexities and challenges while monetization of commodities is complex but less challenging than direct distribution. Commodities for direct distribution have been approved for use under the Health, Hygiene and Nutrition (HHN) strategic objective of the program as food ration to approximately 176,700 pregnant and lactating mothers to primarily improve the nutritional status of their children under 2 years of age. Alternatively, the primary objective of monetization is to use the proceeds to support program deliverables for vulnerable populations.⁸⁵ The status of commodities received for distribution and monetization for SHOUHARDO II is summarized in Annex M to this report.⁸⁶ Annex N provides an overview of Title II food aid commodity distribution and monetization since its inception in Bangladesh.

⁸⁵ The commodity is sold to the GoB in a manner consistent with the CARE USA White Paper Policy, 2006 and findings of the USAID Office of Food for Peace Bangladesh Bellmon Estimation, August 2009.

⁸⁶ Refer to Annex N for detailed history of Title II programs and commodity monetization in Bangladesh.

6.2 Supply Chain Management

As Table 7 illustrates, CARE Bangladesh has completed a range of critical steps in the supply chain management process, despite a range of significant challenges including political instability, threat of natural disaster; and limited availability of warehouse and transport facilities.

Table 7: Supply Chain Management Stages and Steps

| Supply Chain Stages | Steps | Applicable to | | Implementation Status/Issues |
|---------------------|--|---------------|--------------|---|
| | | Distribution | Monetization | |
| Pre-shipment | Conduct Bellmon Analysis – To assess adequacy of ports, storage in country, impact on domestic market and production | X | X | Ongoing Process; Analysis Completed for shipments in FY-10 to FY-12 |
| | Conduct Local Market Analysis | X | X | Ongoing Process; Analysis Completed for shipments in FY-10 to FY-12 |
| | Develop Standard Operating Procedures | X | X | Complete |
| | Staff recruitment/Orientation | X | X | Complete |
| | Rent Warehouse | X | N/A | Complete |
| | Appoint Clearing and Forwarding Agent | X | X | Complete |
| | Contract Transport agencies | X | N/A | Complete |
| | Identify Food Distribution Points | X | N/A | Complete |
| | Team Building (Commodity Team, Internal Control Team) | X | X | Ongoing Process |
| | Obtain GoB Import Clearance | X | X | Import Clearance Obtained for FY-10 to FY-12 Shipments |
| | Obtain GoB Clearance for Commodity Receipt at Port | X | N/A | Clearance Obtained for FY-10 to FY-12 Shipments |
| | Obtain GoB Clearance for Commodity Movement from Port to In-country | X | N/A | Clearance Obtained for FY-10 to FY-12 Shipments |
| Shipment Arrivals | Commodity Discharge Survey | X | X | Conducted for all shipments to-date |
| | Obtain GoB “Fit for Human Consumption” Certificate | X | X | Obtained for all shipments of wheat to-date |
| | Handover Commodities | N/A | X | Complete for all shipments to-date |
| | Dispatch Commodities from Port to Program Warehouses | X | N/A | Complete for all shipments to-date |
| Post-shipment | Warehouse Cleaning and Inspection | X | N/A | Ongoing; Continuous Process |
| | Monitoring and Supervision | X | N/A | Ongoing; Continuous Process |
| | Distribution Food Ration | X | N/A | Ongoing |
| | Monetization Process | N/A | X | Ongoing |

6.3 Direct Distribution

6.3.1 Implementation Status

Final accounting of commodity distribution since its beginning in FY 2011 shows that a total of 102,384 recipients reportedly received rations by September 2012. At that time, SHOUHARDO II had received 26,510 MT of wheat, refined vegetable oil and yellow split peas representing 67 percent of the revised total LOA estimation of 39,750 MT against the original approved total of 57,537 MT.⁸⁷ Under SHOUHARDO II seventeen warehouses (5 GoB-owned and 12 private-owned) with the total storage capacity of 15,900 MT have been rented to cover 325 Food Distribution Points (FDP) under all four program regions.

6.3.2 Findings/Observations – Direct Distribution

CARE has continued to build on the successful commodity management practices established under the first phase of the program (SHOUHARDO). In particular, SHOUHARDO II has continued to benefit from the application of the Commodity Accounting and Management System (CAMS) and the Beneficiary Tracking System (BTS) software for efficient commodity management and reporting. In the meantime, CARE also deserves credit for actively building the capacity of partner NGOs to engage in effective food aid management. The following are some of the specific achievements related to commodity management:

- **Transparency** – SHOUHARDO II has engaged local leaders in discussions of beneficiary selection criteria, food ration distribution procedures, and participation in the distribution management. SHOUHARDO II staff has also taken steps to ensure impartiality, neutrality and timeliness.
- **Local Organization Capacity Building** – SHOUHARDO II has consistently engaged local partner NGOs in commodity distribution to enable them for handling food aid commodity with minimum supervision by international organizations.
- **Internal Control and Third Party Monitoring** – Commodity distribution, transportation, security, tracking and reporting are functioning very well. Monitoring by the senior CARE staff at different level of commodity management as part of the internal control mechanism in place is found to be useful in detecting the discrepancies and resolving issues quickly. CARE staff are alerted on any indication of irregularity. Meanwhile onsite and post distribution monitoring is regularly carried out by food monitors.
- **Appropriate Commodities and Adequate Quality** – The commodities distributed and monetized by CARE Bangladesh meet the necessary Bellmon requirements⁸⁸. Beneficiaries reported receiving good quality rations and commodities at the warehouses visited has been found to be stored in proper condition.
- **Adequate Training and Support to Food Management Staff** - All commodity management team staff have received adequate training in commodity storage and handling safety, security and accountability. Commodity management staff exhibit relatively low turnover and two of the current warehouse managers are female. The Commodity Management and Accounting Manual (CMAM) is a thorough document covering all aspects of commodity supply chain management.

6.4 Commodity Monetization

6.4.1 Implementation Status

⁸⁷ The reason for reduction in the MYAP proposed level is primarily due to the declining trend of birth rate in Bangladesh during implementation of SHOUHARDO II program activities.

⁸⁸ The commodities selected are among those potential and acceptable in Bangladesh community referred to in the USAID Office of Food for Peace Bangladesh Bellmon Estimation (BEST) dated August 2009

As of December 2012, SHOUHARDO II has monetized 104,482 MT of wheat to the GoB, representing approximately 62 percent of the revised total LOA estimation of monetization of 168,880 MT against the original total MYAP level of 229,882MT.

6.4.2 Findings/Observations – Monetization

Monetization of commodities has made significant funding contributions to the Title II food security activities in Bangladesh. The MTE findings include:

- Cost recovery targets have been met in all wheat consignments as per the negotiated rate of 82.5 percent (after deduction of 2.5% service charge by GoB) percent of the actual cost – Cost and Freight value recorded in the Bill of Lading (B/L) and stipulated in the Host Country Agreement between the GoB and CARE. The sale price is more than 100% of an estimated fair market price, the L/C price as recorded by the Bank of Bangladesh.
- CARE reported receiving less than 80 percent from the monetization of FY 2010 consignments of 57,010 MT arrived in three separate shipments. In fact cost recovery is 82.5 percent since GoB has deposited the agreed upon amount of monetization proceeds in local currency in to CARE’s account which was based on the BDT/\$ exchange rate as on the date of hand over of the B/L by CARE to the GoB.⁸⁹
- The GoB has expressed their satisfaction with the current Title II monetization program and reports that the arrangement provides them with necessary wheat for the safety net programs under the Public Food Distribution System (PFDS), savings of hard currency as the payments to the Awardees are made in local currency, and use of the proceeds for the improved food security of the poor and extreme poor. GoB reports, with a few exceptions, that up to 80 percent of the PFDS wheat goes to non-commercial food based safety-net channels that target the most vulnerable populations.
- Delays in the deposit of the FY 2012 monetization proceeds by about three months were due to the increase of commodity value that the existing budget could not absorb as the required amount of monetization proceeds of the FY 2012 shipment is greater than by 8.2 percent of the original GoB budget provision of BDT 978 Million. This incident has equally affected the other two MYAPs – PROSHAR and Nobo Jibon. CARE is paid nearly 92 percent of the monetization proceeds by the GoB from the available budget allocation and the remaining balance is expected in April 2013 upon the GoB Ministry of Finance approval of the additional budget amount. The GoB suggested that the MYAP implementing agencies inform the concerned ministries about the amount of wheat and cost before the finalization of the GoB annual budget.

6.4.3 Impact of Monetization

Monetization of commodities has made significant funding contributions to the Title II food programs. Title II wheat monetization does not have a substantial negative impact on the market and production in Bangladesh primarily due to the fact that monetized wheat is 1 to 2 percent of the national annual average wheat supply of nearly 4.0 million metric tons. In addition, Title II monetization has no impact on private sector commercial imports as the sales volumes are simply too small to affect the market.

⁸⁹ The lower recovery rate is due to increase in Tk/\$ exchange rate from the date of hand over of the B/L to the date of deposit of the monetization proceeds in the bank.

6.5 Lessons Learned

The 2012 commodity call forward and shipment were challenged as the Title II Awardees had great difficulty securing from USDA a certificate of "fit for human consumption". In the absence of USDA certification CARE along with SCI and ACDI/VOCA with the assistance of USAID have been successful in negotiating for an alternative arrangement with the GoB for the Title II commodity imports. The GoB has modified its import policy because of the benefits Bangladesh enjoys from the Title II food aid and strong advocacy from MYAP awardees.

6.6 Conclusion

CARE has established an efficient and effective commodity distribution and monetization system, thus achieving the intended purposes of benefiting the targeted communities through food rations and optimum cost recovery from commodity sales. The MTR did not find any significant issues. Based on MTR field work the team concludes that CARE is managing the commodity distribution prudently. This is evidenced in the minimal loss of commodities, and beneficiary satisfaction in receiving quality rations on time. The total losses to date amount to approximately 0.4% of the total commodities that have arrived in-country. 98.5% percent of losses are accounted for by marine loss.

The cost recovery is higher than the import parity price, and thus meets the benchmark and brings optimum money to the program. There have been no reports of pipeline breaks in monetization budget due to the delays in the deposit of monetization proceeds.

6.7 Recommendations

Commodity Distribution

- Food commodities in one warehouses are vulnerable due to the proximity to risk of fire.⁹⁰ CARE should purchase insurance coverage or arrange for safe storage of the Title II commodities at their disposal.
- In instances where food rations for beneficiaries who don't show up are given to others against their next month ration, CARE should consistently counsel the double ration beneficiaries on consumption of the rations so that they are consumed over the two months period.
- Food rations beneficiaries lack knowledge of the nutritional value of some food commodities, particularly the yellow split peas. CARE should orient the beneficiaries and community about the quality and nutrition values of ration commodities.

Commodity Monetization

- CARE should follow-up with the GoB well in advance of commodity shipments for timely deposit of monetization proceed in accordance with the time frame stipulated in the Host Country Agreement.

⁹⁰ The MTR team observed a jute warehouse closer to the Title II commodities warehouse. Dry jute is highly vulnerable to fire. There are high numbers of fire accidents at the jute warehouses in the country.

7. Overall Findings, Conclusions and Recommendations

Beneficiary statement on benefits from SHOUHARDO Program

“SHOUHARDO II, helps us to produce more crops than earlier times. As a result sometimes we can now eat vegetables, fish, eggs. We are better in health now. We can afford medical treatment, children’s education and fulfill the small demand of the children with the additional income. Most of the members think that their income and production would be sustainable because the Program has taught them how to increase income level, cultivate in the modern way, cultivate vegetables in the fallow land around the homestead, and be benefited in cultivating fish in the derelict pond.”

Source: FGD: Bonoshjani West, Vurungamari, Kurigram

7.1 Overall Findings and Conclusions

The MTR finds that SHOUHARDO II has built on the success of the first phase (SHOUHARDO, 2005-2010) by improving livelihood and health practices, empowering girls and women, promoting the engagement and support of government, and contributing to improved disaster risk management.

Much of the success achieved by SHOUHARDO II is due in part to effective program management provided by CARE Bangladesh and PNGO staff. Having learned valuable lessons through the design and implementation of the first phase, SHOUHARDO II has maintained adequate systems for partner communication and coordination, resource allocation, and oversight of frontline staff.

While changes revealed by qualitative and quantitative analysis are significant and positive, it remains too early (at the mid-way point) to conclusively determine whether SHOUHARDO II has had a *lasting* impact on the food and livelihood security of PEP beneficiaries. The program has, however, made significant strides toward ensuring the sustainability of these gains by putting in place systems of *local* institutional support and providing participants with the technical knowledge needed to maintain them.

This report has offered a wide range of conclusions and detailed recommendations under each Strategic Objective and aspect of program management (Chapters 4 and 5). What follows is a reiteration of the most broadly applicable conclusions and recommendations that should inform the design and implementation of SHOUHARDO II through the remainder of the program.

Design/ Program Approach

Findings

- ✓ SHOUHARDO II integrates traditional approaches to enhancing food and livelihood security that have proven effective in Bangladesh. Individual sets of interventions under each SO are comprehensive and provide the understanding, skills and material support necessary to achieve intended outcomes.
- ✓ Like the first phase, SHOUHARDO II recognizes gender inequity as a major underlying factor contributing to food insecurity and has taken concrete steps to address it through empowering women at the community and household level.
- ✓ SHOUHARDO II has built on the success of the first phase by adding a Strategic Objective dedicated to improved governance (SO4) and by adding climate adaptation as important complement to disaster risk management under SO5.
- ✓ In implementing SHOUHARDO II, CARE and PNGOs have established and built the capacity of numerous volunteers and informal institutional structures at the community level to promote food and livelihood security in the future.

- ✓ Individual SOs are fairly well linked, with the possible exception of SO 5. This is likely due in part to the fact that DCRM activities focus on emergency preparedness and response and (with the exception of infrastructure) do not take place directly at the community level. In fact, this is the only SO that also works beyond SHOUHARDO II target communities.
- ✓ Under SHOUHARDO II, the VDC plays an important facilitation role at the community level for many SOs and links directly to a range of formal and informal institutions, including local government.

Conclusions

- The MTR Team views the SHOUHARDO II approach as relevant, appropriate, internally coherent, and broadly successful based on results from phase I as well as phase II. CARE Bangladesh and PNGOs deserve considerable credit for overseeing implementation of a complex programming model in a manner that delivers meaningful development gains at the local level.
- SHOUHARDO II has become especially reliant on volunteers, informal institutions, and government stakeholders at the community level. While this has instilled a sense of community empowerment and ownership of interventions, it may not be the most effective approach for ensuring program quality. At the same time, the lack of formal program exit strategy that addresses sustainability within each of the SOs compromises the potential for lasting impact.
- The role of the VDC as the central hub and facilitator of various Program activities has become a key factor in maintaining the effectiveness and sustainability of activities.
- The revised conceptual model for SHOUHARDO II (Figure 4) is intended to underscore the potential of the model in its entirety. Key areas of intervention food access/availability, health, hygiene, nutrition, and disaster risk management, are represented as pillars placed on top of the foundation of women's empowerment. SHOUHARDO II's governance approaches (capacity building of government officials, support for VDCs) are shown supporting and holding together the three pillars. Analysis carried out by the MTR reveals that where one of these elements is missing or underdeveloped, the entire model (and potential for impact) is compromised.

Progress under main SOs

Findings

Analysis of quantitative and qualitative data confirm that SHOUHARDO II has made significant progress towards achievement of key impact indicators (Table 8).⁹¹

⁹¹ A more complete set of quantitative findings from the household survey is presented in *Annex K: Additional Analysis of Quantitative Findings from Household Questionnaire*

Table 8: Progress in program impact indicators (Baseline versus Midterm)⁹²

| | Baseline | Midterm | Percent difference a/ |
|--|----------|---------|-----------------------|
| SO1. Availability of and access to nutritious foods enhanced and protected for 370,000 PEP households | | | |
| Food security | | | |
| Average household dietary diversity score | 4.8 | 5.9 | 22.9 |
| Number of months of adequate household food provisioning | 5.9 | 9.9 | 67.8 |
| SO2. Improved health, hygiene and nutrition status of 281,000 children under 2 years of age | | | |
| Malnutrition among children under five | | | |
| Percent of children 6-59 months moderately stunted | 61.7 | 52.7 | -14.6 |
| Percent of children 6-59 months severely stunted* | 30.8 | 22.6 | -26.6 |
| Percent of children 0-59 months moderately underweight | 42.2 | 34.2 | -19.0 |
| Percent of children 0-59 months severely underweight* | 13.5 | 9.8 | -3.7 |
| SO3. PEP women and adolescent girls empowered in their families, communities and Union Parishad | | | |
| Index of women's decision making power | 2.28 | 2.38 | 4.4 |

* Program impact indicators are expressed in the Results Framework in terms of moderate malnutrition

Note: Moderate malnutrition is defined as between -3 and -2 z-scores below the median of the WHO child growth standards. Severe malnutrition is defined less than -3 z scores.

In addition to progress on these select indicators, the MTR also resulted in the following findings under each Strategic Objective:

SO1 – Availability of and Access to Nutritious Food

- ✓ Support provided to COGs has made significant contributions to food availability and accessibility through improved agricultural productivity and income at the household level.

SO2 – Health, Hygiene and Nutrition

- ✓ The program has enabled significant improvements in the caring practices for expectant mothers, as well as in the care and feeding practices of young children. However, rates of diarrhea and stunting for children under age two have not significantly declined. In addition behavioral indicators of exclusive breastfeeding and hand washing have remained stagnant.
- ✓ Beneficiaries report substantial increases in access to safe drinking water and sanitation facilities.

SO3 – Women’s and Adolescent Girls’ Empowerment

- ✓ SHOUHARDO II has performed well on indicators of women’s social and economic participation at the community level.
- ✓ Through EKATA, ECCD and EAW, the program has helped to reduce instances of domestic violence, dowry and early marriage, and has supported girls’ access to education.

SO4 – Governance

- ✓ Through establishment of and support for VDCs, SHOUHARDO II has promoted community-drive development and made beneficiary communities much more aware of their rights to government services and entitlements.
- ✓ SHOUHARDO II’s interaction with LEB’s and NBD’s has widen their responsiveness and willingness to support food and livelihood security among PEP.

⁹² More comprehensive information on other process, output and outcome indicators is presented in *Annex K: Additional Analysis of Quantitative Findings from Household Questionnaire*.

SO5 – Disaster and Climate Risk Reduction

- ✓ SHOUHARDO II's establishment and/or reformation of Union and Upazila Disaster Management Committees and Disaster Volunteers has improved the technical capacity of government officials and UP to respond to disaster and complements the GoB's Standing Order on Disaster.
- ✓ The Program has established disaster-resistant infrastructure in high risk areas and has improved access to early warning information.

Conclusions

- Among all the SOs, the most substantial gains are likely those reported for nutrition of children under five years of age. In all likelihood, these improvements are the result of SHOUHARDO II's integrated approach to promotion of improved agricultural practices, improved child care and feeding practices, and women's empowerment at the community level.
- Despite ample evidence (from SHOUHARDO and SHOUHARDO II) of the influence of women's empowerment on household food security and nutrition, only 30 percent of program sites currently have EKATA groups. The MTR Team views the partial coverage of EKATA groups as a substantial impediment to program impact.
- While SO4 has enabled consistent engagement on the part of local government, the ultimate impact of SO4 interventions remains uncertain due to the lack of accountability for program outcomes among government stakeholders.

Program Management

Findings

Staffing

- ✓ The Program benefitted from retaining most (about 70 per cent) of CARE Bangladesh staff from phase I at the start of the program, although many have subsequently left;
- ✓ Field research revealed high turnover of staff, particularly among CARE and PNGO staff with Regional and Hub offices. While staff turnover posed a similar challenge in phase I, SHOUHARDO II and CARE Bangladesh have not developed a staff retention strategy;
- ✓ A structural staffing gap – with difficulties to fill vacancies -was observed in the areas of knowledge management, technical and M&E;
- ✓ The percentage of women participating in the workforce is too low. It is disappointing to see most women employed work directly under the SO3 only. Promoting gender mainstreaming in communities does not go without prior mainstreaming of gender by the implementers.
- ✓ Frontline staff and volunteers (Field Facilitators, CAVs, CHVs) are currently overburdened and unable to consistently provide high quality support at the household level.

Technical Support/ Training

- ✓ SHOUHARDO II initially made a substantial investment in capacity building by providing a wide range of technical support including – 'foundational training', guidelines, and manuals – to program staff, government representatives and beneficiaries. Follow-up technical support has been limited.
- ✓ The Program is to some extent dependent on the GoB for delivery of technical services to beneficiaries. In the case of SO1, CAVs are more often viewed as being facilitators of support (through government agricultural extension office) than as technical experts/agents of change.

- ✓ The relative accessibility/remoteness of individual beneficiary communities is an important factor in determining the amount of support they receive from government extension workers.
- ✓ The extent and nature of technical support provided by SHOUHARDO II has thus far been uniform at the community level and has not directly responded to differences in terms of capacities and needs.
- ✓ SHOUHARDO II has not consistently received *internal* capacity building and technical support from CARE Bangladesh or CARE Headquarters.

Knowledge Management, Research and M&E

- ✓ Neither SHOUHARDO II nor CARE-Bangladesh have developed or implemented an operational knowledge management strategy. Documentation on improved practices and lessons learned through implementation of the program is minimal.
- ✓ With the exception of research carried out by technical partners, the Program is almost entirely lacking an action research component.
- ✓ The Program's commodity and beneficiary-tracking system and USAID reporting mechanisms are functioning well.
- ✓ The M&E team is under-staffed and faces substantial challenges in adhering to the Program's M&E plan, in particular on qualitative and quantitative performance monitoring;
- ✓ Communication and common priority setting between M&E unit and Knowledge Management unit is lacking.

Partnerships

- ✓ PNGOs perform generally well and the program management team effectively monitors performance at various levels.
- ✓ While their outreach is limited, technical partners offer much needed technical innovation in supports of both PEP and non-PEP households, particularly in terms of potential adaptation to the effects of climate change.

Conclusions

- The retention of CARE staff and NGO partners from phase I (SHOUHARDO) has ensured that the current program retains many of the lessons learned from earlier experience. This has made implementation of the complex program model more effective and efficient.
- CARE Bangladesh has not done enough to recruit women to bridge the gender gap in the program. This includes all levels, including at senior management levels.
- Program management function is generally effective and efficient at the various operational levels. SHOUHARDO II staff have maintained adequate internal coordination and communication structures among a range of program stakeholders including PNGOs, GoB representatives and PACCs.
- SHOUHARDO II has not complemented its initial investment in capacity building by providing the consistent follow-up training necessary to ensure sustainability at the community level.
- The lack of attention paid to knowledge management within CARE Bangladesh and SHOUHARDO II is particularly concerning given the scope and complexity of the program and likely has an adverse impact on program quality. It also prevents obtaining an evidence base for opportunities to scale up the Program significantly as a nutrition intervention for PEP.
- Levels of technical backstopping from CARE-Bangladesh and CARE HQ are perceived as insufficient. This is reflected in the minimal investment yet in identifying an exit strategy, identifying opportunities for continuation under the Country Program.

- High turnover of program staff reduces the SHOUHARDO II's capacity to consistently deliver high-quality services to beneficiaries and other stakeholders.
- SHOUHARDO II's effort to maintain a close working relationship with formal and informal institutions provides evidence that a commitment to improved governance can be mutually beneficial to all stakeholders;

7.2 Recommendations

The following recommendations are those that the MTR Team views as most critical for maximizing the impact of SHOUHARDO II and for reaching performance targets by the end of the program in 2015. Additional (and more detailed) recommendations regarding specific SOs and program management areas have been described in the respective sections of the MTR report.

Program Design and Implementation

1) Prioritize program quality over achievement of maximum scale

SHOUHARDO II is substantially larger (in terms of resources, geographic scale) and more complex than the other MYAPs being implemented in Bangladesh. Given the current workload of staff and volunteers, the MTR strongly warns against any expansion in the range of activities or number of beneficiaries. Instead, in the remaining life of the program SHOUHARDO II should focus on achieving impact through a focus on quality and sustainability. As program resources allow, SHOUHARDO II should attempt to extend the comprehensive program model (including EKATA, DCRM) to currently participating communities.

2) Prioritize expansion of EKATA model and develop strategies for empowering women in non-EKATA communities

In order to maximize impact, the MTR strongly encourages the program to increase coverage of the EKATA model. In cases where this is not possible, SHOUHARDO II should develop and implement a women's empowerment strategy in non-EKATA communities. Though this may require realignment of limited human and financial resources, the MTR team feels it is warranted given the importance of women's empowerment to household food security and nutrition.

3) Continue to strengthen the ability of VDCs to serve as catalysts for local development

Given their central role in program implementation, future capacity building efforts should include strengthening the ability of VDCs to serve as sustainable drivers of community development. Potential areas of follow-up training of VDCs includes improved access to village level legal/judicial structures (village courts), periodic update of CAPs, and strengthening interaction with other informal community groups (EKATA, COGS, GMP/Courtyard sessions, DVs, EAW, ECCD).

4) Adapt behavior change strategy for SO2 to address key barriers

In order to improve efficiency and effectiveness of activities under SO2, SHOUHARDO II should adapt its current behavior change strategy to focus on areas where indicators are lagging including; hand washing, exclusive breastfeeding, diarrhea, and stunting for children under age two. Adaptation of the behavior change strategy should be informed by formative research that identifies current barriers to change and potential means of overcoming them.

5) Develop and begin to implement program exit strategies

Given SHOUHARDO II's close coordination with formal and informal institutions at multiple levels, it is essential that the program develop and begin implementing formal exit strategies. These should be developed in close conjunction with PNGOs and government counterparts and should include, but not be limited to an assessment of current capacities, plans to address critical capacity gaps, necessary systems and structures, and specific handover plans.

Program Management

6) Provide follow-up training in all technical areas and increase backstopping capacity in the field

Given the comprehensive nature of the program, as well as the emphasis on promotion of new skills, behaviors and practices, it is important that SHOUHARDO II provide greater follow-up training and periodic technical support to field staff, volunteers, government partners, and informal community institutions (VDCs, COGs, EKATA). Steps should be taken to ensure that remote program areas receive necessary program support on a regular basis.

7) Make a substantial investment in knowledge management in order to capture lessons learned , address critical information gaps and develop an exit strategy

The lack of an organized approach to knowledge management represents a lost opportunity for SHOUHARDO II, CARE Bangladesh, the GOB, USAID and other partners. The program should immediately develop and begin to implement a knowledge management strategy for the remainder of the program. This should include identification of best practices, dissemination of lessons learned, and action research. Potential areas for further research include the impact of program interventions on the economic and social participation of women, successes and challenges of direct intervention on governance, impact of SHOUHARDO II on community and household resilience, and the relative costs and benefits of the MCHN versus PM2A approaches to addressing child malnutrition.

8) Strengthen human resource capacity to ensure that CARE and PNGO field staff can adequately serve the needs of target communities

While the program has benefitted from the service of a large number of qualified staff, there continues to be relatively high staff turnover and current workers are spread too thin. Addressing staff issues may entail retaining current staff, hiring additional staff in key areas, reviewing/ standardizing job titles across the board in line with actual responsibilities, increasing the responsibilities (and opportunities for advancement) of select support staff, and developing a strategy for staff retention, particularly for female staff.

9) Develop a comprehensive approach for targeting qualified women to work with the program

CARE-Bangladesh should review its recruitment policies and become much more pro-active in the recruitment of qualified women to work with the Program. It is recommended that various approaches are sought including remuneration and creating an attractive and safe working environment, flexible hours, day care services, etc.

10) Reassess roles and responsibilities regarding internal oversight and support in areas such as knowledge management, research and M&E

The review has found that the Program received minimal support from CARE-Bangladesh and CARE HQ to the Program. All entities bear responsibility for its successful implementation. Relative areas of weakness of the Program need to be addressed as a matter of priority by CARE Bangladesh and CARE HQ.

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