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Fiscal Year 2009 Annual Results Report
Save the Children /Bangladesh**

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LIST OF ACRONYMS

AER	Annual Estimate of Requirements	LDC	Least Developed Country
ANC	Ante-natal Care	LOA	Life of Agreement
ARI	Acute Respiratory Illness	LOP	Life of Project
BADC	Bangladesh Agricultural Development Corporation	LLAP	Local Level Action Plan
BARI	Bangladesh Agricultural Research Institute	LNGO	Local NGO
BCC	Behavior Change Communication	LQAS	Lot Quality Assurance Sampling
BdCO	Bangladesh Country Office	MCH	Maternal and Child Health
BL	Baseline	MCHN	Maternal Child Health and Nutrition
BDRCS	Bangladesh Red Crescent Society	MFDM	Ministry of Food and Disaster Management
CDS	Chandra Dip Development Society	MOH	Ministry of Health
C-IMCI	Community based IMCI	MT	Metric Ton
CSC	Community Service Center	MTE	Mid Term Evaluation
CCM	Community Case Management	NDPD	National Disaster Preparedness Day
CHV	Community Health Volunteers	NID	National Immunization Day
CMM	Community based Management of Malnutrition	PNGO	Partner NGO
CPP	Cyclone Preparedness Program	PDA	Personal Digital Assistance
CS	Cooperating Sponsor	PVO	Private Voluntary Organization
DAE	Department of Agricultural Extension	PSF	Pond Sand Filter
DAP	Development Assistance Program	QPRM	Quarterly Program Review Meeting
DGLV	Dark Green Leafy Vegetables	R&R	Risk and Resource Map
DIP	Detail Implementation Plan	RDO	Rural Development Organization
DLS	Department of Livestock	RIR	Rapid Initial Report
DPHE	Department of Public Health and Engineering	SAP	South Asia Partnership
DUS	Dip Unnayan Shangstha	SDA	Society Development Agency
ECP	Emergency Contingency Plan	SC	Save the Children-
EPI	Expanded Program for Immunization	SO	Strategic Objective
EPP	Emergency Preparedness Plan	TV	Television
FFP	Food For Peace	UDMC	Union Disaster Management Committee
FWV	Family Welfare Visitor	UNICEF	United Nations Children's Fund
FY	Fiscal Year	UP	Union Parisad
GIS	Geographical Implementation System	USHIK	Unnayan Shikka Karmochuchi
GMP	Growth Monitoring and Promotion	VDC	Village Development Committee
GOB	Government of Bangladesh	VGD	Vulnerable Group Development
GJUS	Grameen Jano Unnayan Sangstha	VMF	Village Model Farm
GPS	Global Positioning System	VDO	Village Development Organization
HH	Household	VSC	Village Sanitation Center
HFP	Homestead Food Production	WHO	World Health Organization
IMCI	Integrated Management of Childhood Illness	WatSan	Water and Sanitation
IDDR	International Day for Disaster Reduction	USAID	United States Agency for International Development
IFA	Iron Folic Acid		
IR	Intermediate Result		
IPTT	Indicator Performance Tracking Table		
ITSH	Internal Transport, Storage and Handling		
JOJ	Jibon-O-Jibika		
KAP	Knowledge Attitude Practice		

1. INTRODUCTION: ANNUAL FOOD AID PROGRAM RESULTS

The following Results Report refers to the impact, goals, objectives and activities achieved by the Bangladesh Country Office of Save the Children Federation, Inc. (SC) during fiscal year 2009 under its Title II PL 480 Development Assistance Program entitled “*Jibon-O-Jibika*” (meaning Life and Livelihoods in Bangla). SC has been implementing the program in three coastal districts located in the southern central region of Bangladesh since October 2004. The program is an integrated initiative which includes interventions to increase household food availability and access, enhance maternal child health and nutrition and improve community disaster preparedness. The selected coastal areas are considered highly vulnerable due to high malnutrition rates and their geographical location in the cyclone belt of Bangladesh which means they are constantly threatened by natural disasters. Indeed, during the course of implementation, JOJ was impacted by two major cyclones, Sidr and Aila, in FY08 and FY09 respectively. The program is implemented in partnership with Helen Keller International (HKI), the NGO Forum for Drinking Water and Sanitation (NGO Forum), the Cyclone Preparedness Program (CPP) of the Bangladesh Red Crescent Society (BDRCS), and approximately 14 local partner NGOs.

Given that this is the fifth year of program implementation, this report will highlight not only FY09 achievements but LOA achievements to date and any major factors affecting program outcomes. It is organized by results and also includes a Success Story¹ and Lessons Learned, followed by required FFP attachments. Although the program received an 8 month extension until May 2010, a statistically representative Final Evaluation including an anthropometric Health and Nutrition Survey was conducted by an external team of evaluators under the leadership of TANGO International. The final report is still pending but initial results – both quantitative and qualitative² – have been shared with USAID and the Government of Bangladesh (GOB). During FY09, JOJ phased out food distribution (September ‘09) and began closeout operations and sustainability planning.

Program Goal/Impact Objective: Decreased household food insecurity in 3 Districts of Bangladesh’s Barisal Division.

The proxy indicators used to measure overall program impact are chronic malnutrition and dietary diversity. The endline survey conducted in June 2009 covered a total of 2,821 households (HHs) from all 11 JoJ upazilas and was statically representative of each of the 3 districts. Additional information was gathered from “graduated beneficiaries” to see if gains in nutritional status and adoption of key practices in agriculture, health and nutrition were sustained.

End results were impressive. *Chronic malnutrition* (low height-for-age) was reduced from 35.7% in 2005 to 31.5% in 2009, representing an **11.8% reduction over baseline in stunting**. *Severe stunting* (<-3SD) was reduced from 11% to 7.9% representing a **28.2% reduction over baseline** in stunting (using NCHS/WHO 1978 standard reference values). Although the program fell short of the LOA target of a 20% reduction in global stunting, the reduction for severe

¹ Given the limited space in the Annual Results Report additional Success Stories are attached in Attachment H.

² The Program conducted both quantitative and qualitative surveys. The quantitative endline survey followed the methodology used during the baseline survey so data could be compared and impact gauged.

stunting exceeded the target³ considerably (for further analysis see Attachment H). The second impact indicator is **increase in dietary diversity of children under 2 years of age (U2) and pregnant and lactating women (PLW) in targeted (participants in homestead farm production) households**. The endline survey shows that households in unions where the Homestead Farm Production (HFP) component was implemented had greater diet diversity, with diet diversity score of **5.9** compared with **5.5** in unions without the HFP component. This is in line with expectation since Dietary Diversity is an indicator of food access. The Final Evaluation report will be submitted to FFP by end Nov. 2009.

Strategic Objective-I: Increased food availability & purchasing power at the household level

Indicator: % of the population groups (reproductive-age women and children <2 yrs) of participating HHs that consume the food groups: Dark Green Leafy Vegetables (DGLV), Pulses and Animal sources of food regularly.

Analysis of outcome-level indicators reveals that the program has achieved both of its intermediate results and most of the sub-intermediate results for SO1. Production and consumption of dark green leafy vegetables, pulses and animal source food have significantly increased over the baseline. In the end line survey, 82% of respondents reported producing dark green leafy vegetables and 99% reported vegetable consumption (exceeding the target of 90%). Sixty-nine percent of households reported consumption of pulses (target was 55%) and 90% of households reported egg consumption in the past two months (while the target was 40 percent).

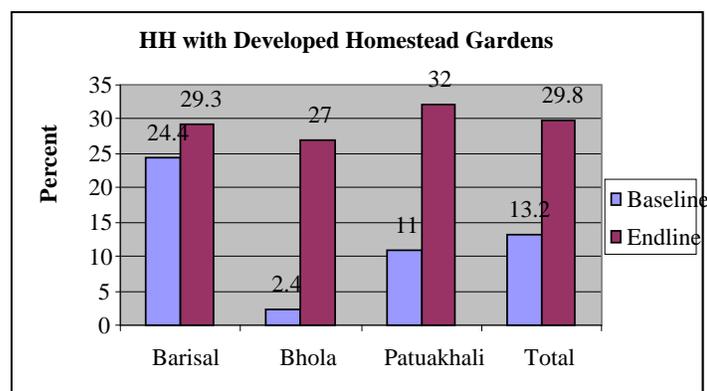
Indicator: Average household net production from vegetables (in kg)

This indicator measures the increase in homestead food production for vegetables. The key hypothesis is that an increase in production at the HH level would lead to an increase in consumption and purchasing power at the HH level. M&E data shows that vegetable production increased significantly from 3 kg at baseline to **more than 50 kg** in FY09 which exceeds the LOA target of 40 kg.

Intermediate Result 1.1: Improved HH food production practices adopted and utilized

Indicator: % of eligible households with productive homestead gardens

The JOJ program emphasized support to garden production as a means to increase household income and provide access to more varied and nutritious foods for household consumption. Overall, there was not much change in the percentage of households having gardens from the baseline to the end-line survey. However, there



³ Note that over the life of program the reference scale of the World Health Organization (WHO) was updated. The new scale was released in 2006 and all JOJ health cards were modified to show the new reference scale. Regardless of the scale used, the JOJ program is showing impressive results especially over the last 12 months when BCC and other materials were disseminated by the program.

was a dramatic increase in the percentage maintaining **developed gardens**. In the end-line survey, gardens were recorded as “developed,” when having a designated, fenced-off area of land and at least some production year round. The graph shows the percentage of households with developed gardens (out of households that have gardens). Overall there has been a dramatic increase in the percentage of households that have developed gardens, from 13% in the baseline to 30% and up to 45% in the sample of HHs with children graduated from SO2.⁴

Indicator: % poultry-raising HHs successfully increasing egg production.

Regarding egg production, **90.1%** of participant households produced at least 24 eggs per 2 months compared to **38.1%** during baseline. This positive outcome occurred despite the delay in start-up of poultry activities; the target for this indicator was not achieved until as late as FY07. The target of 70% was exceeded in FY09 (Source: round monitoring data, HKI).

Indicator: % of households adopting improved production practices.

JOJ promoted year-round vegetable gardening techniques (i.e. planting on raised beds, organic farming) and non-traditional nutrient-rich vegetable varieties (i.e. carrot, yard long beans); provided training on improved poultry management techniques (i.e. creep feeding, nesting bowl), and market information; and developed poultry vaccinators to create easy access to vaccination services in the community. The end-line survey shows that adoption of sustainable soil and pest management practices has significantly increased over the baseline. Furthermore, it appears that households continued the practice even after their children “graduated” from the program.

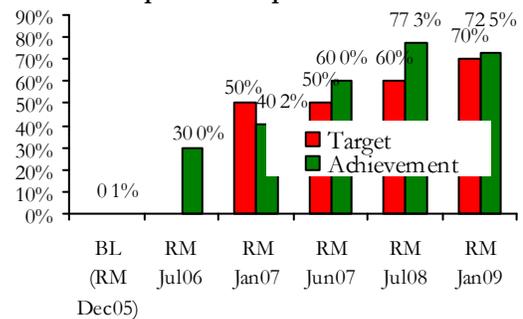
Soil and pest management practices in SO1 unions

Soil management	SO1 unions	
	Baseline	Endline
Animal manure	78.1	86.3
Compost	23.5	48.3
Crop rotation	5	11.1
Chemical fertilizer	49.2	49.9
Other	15.4	0.8
Nothing	9.6	5.9
Pest management		
Biological	0.6	1.4
Mechanical	2.4	12.1
Organic	37.8	53.4
Chemical	39.5	48.4
None	36.6	24

The first two batches of HFP participants received training on poultry rearing and some input support (two to three birds per household). The third batch of households received training but did not get input support from the program. These households have learned new management techniques and were able to increase egg production (73 % of households in SO1 unions reported successfully increasing egg production in the end line survey, which is 22% higher than the baseline). Creep feeding and nesting bowls contributed to this achievement and gained popularity among the HFP group participants.

Moreover, vaccination of poultry has substantially increased in the area. While knowledge of appropriate vaccinating practices did not quite meet the target of 55%, the end line survey shows that 45% of HFP households vaccinated their poultry in the past two months compared to only six percent in the baseline), resulting in a reduction in poultry mortality.

Increase in adopting improved production practices



⁴ Observations from JoJ Final Evaluation, TANGO International, September 2009

The above information was corroborated by round monitoring which showed that practice of improved production techniques promoted by the program increased from **0.1%** at baseline to **72.5%** during the latest round of monitoring. As a result, HHs' average net production of vegetables has increased significantly, exceeding the FY09 target indicator of 70%. Promoted improved production practices include: intensive land use, bed system cultivation, use of quality seed, organic fertilizer and organic pesticides. Those participating HHs which have improved gardens and are practicing at least 3 of the recommended practices are counted as adopting improved production practices. Additional Sub-IRs track improved knowledge, attitudes and skills related to key homestead food production practices as well as improved access to key technical services and inputs. See results below.

Indicator	Baseline (Dec05)	FY07	FY08	FY09		
				Target	Achieved	%Ach
% HHs knowing where and when to obtain technical guidance for food production	0%	84.1.0%	96.2%	90%	98.1%	109%
% HHs with poultry knowing when and how to vaccinate	4.4%	22.2%	58.6%	55%***	38.6%	70%
% program communities with functioning Village Model Farms	0%	31.8%	62.5%	70%	84.8%	121%
% program communities served by competent PNGO agricultural extensionists	0%	87.5%	69.3%	90%	**	
% program communities with a consistent local supply of improved variety seeds	41.1%	99.2%	100%	99%	100%	101%

**The last round monitoring in FY09 did not capture information related to this indicator.

*** The indicator measures HH's knowledge on vaccination schedule and actual vaccination, with the recent addition of new 8,800 HFP groups many of them might be vaccinating their birds without correctly knowing the vaccination schedule so a drop in the percentage achievement.

IR 1.2: Improved marketing practices adopted and utilized

This program intervention started in FY07 with the formation of 440 marketing groups over a period of time. Through marketing of surplus vegetables and grains in local markets and training on improved market timing, appropriate post-harvest storage, and value-added processing and/or micro-enterprise development it was hoped that participants would increase HH agricultural incomes. It is too premature to gauge results, especially related to improved market timing through crop variety selection and storage or value-added processing. During the reporting period, **3,679** monthly Marketing Group meetings were held. A total of **18,538** beneficiaries were able to sell **306,790** kg of excess agricultural produce to generate BTK **4,871,167** (approximately US\$69,588).

In February, HKI conducted a qualitative study on the impact and effectiveness of the Group Marketing component, from the perspective of participant women. Conclusions were that the Group Marketing service is greatly valued by the participants. It has enabled women to generate household income with minimal extra inputs of labor or time and permitted their access to markets. IRs and Sub IRs are measured by the four indicators below.

Indicator	Baseline (Dec05)	FY07	FY08	FY09		
				Target	Achieved	% Ach
% program participants using production practices based on up to date knowledge of market opportunities	0%	34.8%	86.7%	80%	71.3%*	83.9%
% marketing groups selling products directly to local or regional markets	0%	0.8%	70.8%	50%	65.6%	131%
% HH knowing how to use market price and demand information	0%	25.8%	89.8%	80%	92.4%	116%
% communities with functioning marketing groups	0%	7.4%	58%	50%	70.4%	141%

* This indicator measures not only the knowledge of market opportunities but also practices based on the knowledge, the new group of 8,800 HFP members have adequate knowledge on market opportunities however they do not have enough produce to sell through market channels.

The final round monitoring data demonstrates marked increases in use of production practices based on market opportunities and percentage of HH knowing how to use price and demand information for food production. While most communities do not have functioning⁵ marketing groups yet which are selling their products directly to the local market, program achievement exceeds the set target in FY09. **92.4%** of the participant households knew about the market price and demand information, among which **70.4%** sold their products through marketing groups.

Ranking of Village Model Farms (VMFs)

As a part of the JoJ exit strategy and phase-out plan, HKI worked with the partner NGOs to conduct a ranking survey of the 440 VMFs, to determine their readiness to “graduate” from the program, to independently, profitably function and provide technical assistance. This inventory is being used as a tool to determine the current status and activities of all the VMFs in each Upazila; to identify the comparatively low-performing VMFs; and to determine what additional support is required to successfully graduate as many of the VMFs as possible by the end of the project. Initial results show that 39% are functioning optimally, 32% are doing well and 26% and 3% respectively are functioning either fairly or poorly.

Additionally, a total of **2,400** participants received a one-day refresher training on Homestead Gardening and Poultry rearing activities; **8,800** participants added later received kits with seeds and inputs. A total of **1,872** mass poultry vaccinations were conducted during the reporting period resulting in vaccination of **374,400** chickens. The program provided refresher training to **2,200** ultra poor households on goat and poultry rearing, and **1,408** goats were de-wormed and received PPR vaccine. The program facilitated linkages for 45% of the ultra poor households with safety net programs and **341** ultra poor women have been linked to micro-credit groups.

To help ensure sustainability, efforts were made to link VMF and HFP members to government, NGO and private service providers. During FY-09, linkages were made with seed providers, Department of Agricultural Extension, Department of Livestock, Bangladesh Agricultural Research Institution, the Danish Development Agency and the Bangladesh Agricultural Development Corporation. This collaboration has had multiple dividends for the SO1 beneficiaries in the form of fertilizer, certified vegetable and rice seeds, training opportunities and even mechanized equipment.

⁵ A *functioning* marketing group is defined as one in which the participants know marketing price and demand information from the marketing group and sell produce through the groups.

Strategic Objective-II: Improved health and nutrition of pregnant women and children under the age of two

The two key indicators selected to demonstrate improved child health and nutrition are reductions in underweight (WAZ) and reductions in diarrhea.

- June 2009 Final Evaluation results showed significant reductions in underweight across all three districts of Barisal, Patuakhali and Bhola. Overall underweight prevalence (WAZ<-2SD) decreased from **52.3%** to **46.9%**- this represents a **10.3% reduction over baseline** and **89%** achievement rate per the set LOA target of 41.8%. Severe underweight (<-3SD) was also reduced from 15.2% at baseline to 11.0% representing a **27.6% reduction over baseline** (results are shown using the WHO/NCHS 1978 the reference scale used at Baseline⁶).
- Likewise, the diarrheal prevalence rate decreased from **29.8%** at baseline to **21.8%** at Final Evaluation surpassing expectations and resulting in a **109%** achievement rate compared to the LOA target of 23.8%.

N (baseline) = 3,483, N (final evaluation) = 2,206

Indicator		Baseline FY05 May-June	FY09 May-June	LOA Target
% of children between 6 and 23.9 months underweight (disaggregated by -2 and -3 SD and sex).	<-2SD	Male	53.0%	42.4%
		Female	51.5%	41.2%
		Total	52.3%	41.8%
	<-3SD	Male	16.9%	15.2%
		Female	13.4%	12.1%
		Total	15.2%	13.7%
% children under the age of 2 (6-23.9 months) with diarrhea in past two weeks.		29.8%	21.8%	23.8%

Source: Final Evaluation Jibon O Jibika, TANGO International June 2009.

With respect to diarrhea, not only did the prevalence rate go down as cited above, but behaviors were changed. The use of ORS increased significantly from **51%** at baseline to **76.8%** at Final Evaluation and fluid and food intake increased during episodes of diarrhea.

Intermediate result 2.1: Increased adoption of key MCHN practices and utilization of key MCHN services

Indicator: % of children 9-23.9 months immunized for measles at 12 months

This outcome indicator assumes that if a child aged 10-12 months is vaccinated with measles, the child has obtained other routine vaccines as well. The increase of measles coverage increased from **64.4%** at the baseline (May-Jul05) to **78.2%**⁷ at endline (May-June 2009). By this measure JOJ achieved 90% of the LOA target. All other indicators for targeted key MCHN practices and utilization of services either met expectations or greatly exceeded them. See the table below

*During FY05 the program started with 30% of its coverage and the monitoring data was collected from them. During FY06 the program expanded to 100% and the target for FY06 was set less than the FY05 achievement considering 100% coverage.

⁶ During JoJ implementation the WHO update the global reference scale and the new scale or the WHO/CDC 2006 reference scale came into being. By new standard JoJ had a 106% achievement rate compared to Baseline.

⁷ Although Final Evaluation showed 78.2% vaccination rates, JOJ monitoring surveillance data shows **90%** coverage of measles vaccination among children of 10-12 months of age (compared to **75%** in FY05).

Sub-IR 2.1.1: Improved knowledge, attitudes and skills related to Key MCHN practices and services

Indicator	Baseline FY05 (May-June)	Mid-term FY08 (May-June)	Endline FY09 (May-June)	LOA Target
% children 6-23.9 months being fed complementary foods in addition to breastmilk at age 6 months	46.9%	94.9%	98.4%	61.0%
% child caregivers with children <2 with appropriate hand washing behavior	18.5%	63.0%	72.8	24.1%
% children <2 continuously fed during diarrhea	57.2%	69.7%	80.0%	71.5%
% children <2 years ill with ARI who were served by an IMCI competent CHV or provider	18.7%		23.2%	23.4%
% women with children <2 years who received at least 3 antenatal checkups by a qualified provider during pregnancy	12.7%	83.0%	83.6%	15.9%

Prior to FY09, JOJ's behavior change communications (BCC) activities focused on caring, feeding and care-seeking practices of program beneficiaries with available maternal and child health and nutrition (MCHN) materials of the Ministry of Health (MOH), UNICEF and WHO. During FY09, emphasis was placed on age appropriate complementary feeding, roles of communities in creating an enabling environment for appropriate upbringing of children, and communication, facilitation and counseling skills for the program staff and community health volunteers. The program provided one-to-one counseling for mothers/caregivers by community health volunteers (CHVs), SC field officers and program officers during growth monitoring and promotion (GMP) and antenatal care (ANC) services. Additionally, courtyard sessions were held with mother's groups and others to create awareness about key MCHN services and practices.

During FY09, multiple methods were used to promote exclusive breastfeeding and immediate breastfeeding using street folk drama, songs and 1 TV spot on exclusive breast feeding was broadcast on National TV for a month. The Final Evaluation survey in June showed a dramatic increase in the number of children less than 6 months benefiting from exclusive breastfeeding from **29.5%** at baseline to **64.4%**.

Sub-IR 2.1.2: Improved availability of and access to key MCHN services

During FY09, significant progress was made in making non-functioning GOB outreach health services functional, particularly for Child Health Care. JOJ pioneered one-stop service delivery to ensure ANC, extended program on immunization (EPI), integrated management of childhood illness (IMCI) and growth monitoring and promotion (GMP) in combined outreach sessions through joint planning with MOH and NGOs. Combining GMP and EPI outreach sessions resulted in systematization of EPI sessions. GMP sessions often reached **100%** coverage of targeting sessions and EPI coverage went from **87%** in FY05 to **98%** in FY09 (see table below).

Indicator		Baseline FY05 (May-July)	FY07	FY08	FY09		
					Target	Achieved	%Ach
% program communities receiving GMP, EPI and Antenatal services on a monthly basis over the last three months	GMP	87%	100%	99.9%	99%	99.9%	100.9%
	ANC	52.3%	88%	85.4%	75%	89.1%	118.8%
	EPI	87%	98%	90.8%	90%	98.0%	108.9%

In many inaccessible areas where GOB services are low or non-existent, beneficiaries were linked to existing NGO services through coordination with concerned NGOs⁸ and MOH to expand ante-natal care (ANC) services. This resulted in significant increase of targeted ANC sessions from **52%** in FY05 to **89%** during FY09. In addition, service quality including supply of Iron Folic Acid (IFA) to pregnant women was monitored and supervised jointly by SC and NGO supervisors. Attendance at the ANC sessions by pregnant women also increased from **69%** in FY05 to **83%** in FY09. The program continued initiatives to ensure modest inputs for quality MCHN services at the community level, e.g. blood pressure cuffs, acute respiratory infection (ARI) timer, stethoscopes, bathroom scales and refrigerators per program agreements with MOH.

Additionally, JOJ expanded community case management (CCM). During this reporting period a total of 10 physicians and 64 paramedics from all 11 upazila facilities were trained to assist SC in implementation of CCM in 27 sites. Additionally, **300 village doctors** from 10 remote unions were trained on Community IMCI and community based management of basic child health services such as ARI, diarrhea, anemia, and ear infections following standard protocols. The training was implemented in partnership with IMCI unit of DGHS. CHVs treated **21,674** cases of dehydration with ORS, and **446** severe dehydration cases were referred to health facilities. In addition, **8,655** pneumonia cases were treated with Cotrimoxazole by CHVs at the community level, and **977** severe pneumonia cases were referred to the IMCI competent facilities.

Sub-IR 2.1.3: Improved quality of key MCHN services

The IMCI indicators below refer to facility and community based IMCI. The first indicator below measures access to competent⁹ service providers for ARI and diarrhea treatment at the community level from either CHVs, village doctors or MOH providers. With respect to this indicator, JOJ only achieved 25% of its LOA targets. This is because in FY09 more emphasis was placed on rolling out complementary feeding and infant and young child feeding (IYCF) and CCM was only scaled up in 10 unions through village doctors and MOH providers.¹⁰ The other indicator measures the quality of services provided by the service providers. Here the program exceeded the target. SC has already secured MOH's commitment to train and supply drugs and inputs for all the remaining CHV who will be trained by December 2009.

Indicator	FY05 (baseline) FY06	FY07	FY08	FY09		
				Target	Achieved	% Ach
% union level health facilities competent ¹¹ for providing IMCI services	0%	24%	24%	25%	25% ¹²	100%
% program communities served by CHVs/GOB or NGO HW following appropriate C-IMCI protocols	0%	-	24%	80%	85%	106%

⁸ NGOs included: BRAC, Swanirvar, Tere Des Homes Netherlands, SLOB, Caritas, HEED Bangladesh and Luthern Bangladesh (for complete names, see the List of Abbreviations/Acronyms after the Table of Contents).

⁹ Competency is measured as those service providers having received training to provide IMCI services.

¹⁰ Note CCM was already initiated in 27 unions (in FY07) using CHVs. FY08 was largely interrupted due to Sidr.

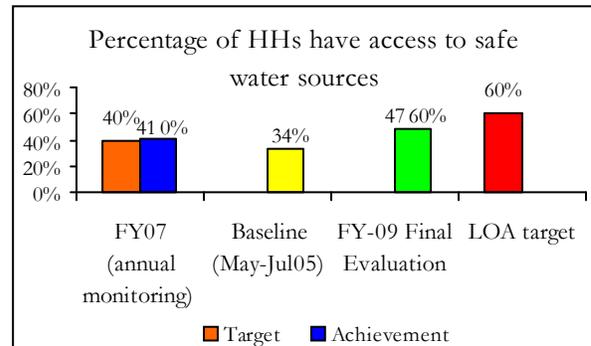
¹¹ Health facilities are considered competent if the service providers received training on providing IMCI services.

IR 2.2: Improved access to safe water and sanitation facilities:

During this reporting period NGO Forum completed the installation of 134 deep tube wells (DTWs) that were pending from FY08. To assure ownership of the water points, communities shared 10-20% of the initial costs and committed to 100% of operation and maintenance costs. Water samples were collected from all newly installed tube-wells to determine the water quality with respect to arsenic contamination, iron, pH and level of salinity at NGO Forum's water quality testing laboratory in Dhaka. All samples showed normal range of said elements and were determined safe for human consumption. Copies of these reports were provided to the user groups with appropriate orientation.

Indicator: % HHs with year round access to safe water sources¹³

This indicator information was collected during final evaluation using PRA technique and direct observation. The end line survey data shows that access to safe water sources has increased from **33.5%** at baseline to **47.6%** or 80% achievement of the LOA target.¹⁴

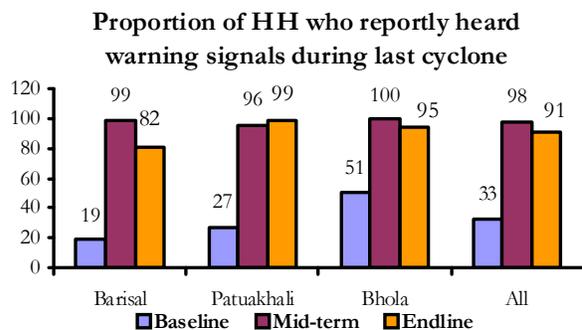


Indicator: % of HHs using (access) hygienic sanitation facilities

Use of hygienic sanitation facilities (HH owning ring/slab/offset latrines with intact water seal, covered pit latrines and septic latrines) increased from **4.4%** at baseline to **16.5%** at Final Evaluation in June 2009. Out of **55** Village Sanitation Centers (VSCs), **40** (72% of target)¹⁵ were functional during this reporting period. The main purpose of the VSCs is to promote sanitary latrines and demonstrate different options and price ranges for latrines. A total of **84** masons were trained on latrine production. Each VSC has the capacity to produce 600 latrine sets per year. Around 10,500 sanitary latrines sets were sold through **40** VSCs in FY09.

Strategic Objective-III: target communities and households will be more resilient to shocks that threaten their livelihoods

According to the end line survey in 2009, almost all HHs in the JOJ intervention areas heard about cyclone warnings prior to *Sidr and Aila*, indicating the success of SO3. At baseline,



¹² During FY07 the program started the CCM/C-IMCI in 27 unions and planned to expand in 60% unions during FY08. Based on the expansion plan the target was fixed for FY08 but according to the MYAP amendment it has not expanded and for this the target could not be achieved in FY08 and target revised for FY09.

¹³ Access is defined as availability of water sources within 500 meters for drinking, cooking, bathing, personal and household hygiene and sanitation. Safety is defined as water from deep tube-wells that has been tested and found arsenic free, or from rain water harvested, or sand filtered pond water.

¹⁴ Water points were tested at the start of the program and marked green or red based on test results. Arsenic contaminated T/Wells were marked red and the rest marked as green. With time the color of the T/well spout got discolored and as this is an observational data collection the results show less than what has been actually achieved.

¹⁵ 15 VSCs were damaged as a result of cyclone AILA and could not function for most part of the year.

Barisal respondents were far more likely *not* to have received a cyclone warning (18.8%) compared to other two districts. But, as of June FY09 91.4% of the households received warning ($P<0.001$). The same trend was also found in Bhola and Patuakhali Districts (Bhola, 50.6% to 94.7%; Patuakhali, 27.3% to 98.5%).

IR 3.1: Improved community preparedness and response to natural disaster

For IR 3.1 four strategies were implemented: i) support/update local level vulnerability maps and union preparedness plans; ii) bolster capacity of CPP volunteers through training and access to early warning equipment; iii) rehab of multi-purpose cyclone shelters; and, iv) training to improve community disaster preparedness. SC staff trained members of the 9 newly-selected unions of Char Fassen and Kalapara Upazillas on emergency preparedness, roles and responsibilities of government per the standing order on disaster, gender, etc. To help strengthen collaboration and interaction between the Cyclone Preparedness Program (CPP) and government counterparts, multiple workshops and trainings were conducted for CPP and UDMC members resulting in maps and action plans in 75 unions. Additionally **35** Disaster awareness sessions were provided to fishermen groups and their families and fishing boat owners. During this fiscal year, **10** multipurpose cyclone structures from a target of 10 were rehabilitated and **10** shelter management committees were established. Community disaster awareness was raised via: **2** large- and **13** small-scale cyclone simulations, folk song and pot theatre and participation in national campaigns¹⁶; and **69** school based disaster preparedness and awareness activities.

IR 3.2: Improved Agency response capacity to natural disaster

In FY09, SC continued to improve agency capacity by organizing refresher training to staff, periodic maintenance of response equipment such as zodiac boats, water ambulances, water purification plants, and pre-positioning of non-food items (NFI). SC trained 90 agency and partner staff on Rapid Initial Report and Rapid Emergency Needs Assessment, 24 staff on maintenance and operation of Water Treatment Plants, 7 staff on Child Led Disaster Risk Reduction (CLDRR) and 2 staff on disaster management.

Indicator	Baseline (Dec05)	FY06	FY07	FY08	FY09		
					Target	Achieved	%Ach
% of people in target areas with access to emergency relief supplies	0%	25%	41%	57%	100%	95.3%	95.3%
Existence of an updated annual emergency contingency plan	10%	25%	100%	100%	100%	100%	100%
Presence of updated emergency supply distribution plan in place with clear roles and responsibilities amongst stakeholders and population identified for assistance	0%	100%	100%	100%	100%	100%	100%

AILA'09 response:

On May 25, 2009 Cyclone *AILA* struck the Bangladesh coast, affecting 4.8 million people and killing more than 190 people across 14 districts. JOJ conducted relief operations without suspending regular JOJ activities. Relief activities included distribution of NFIs, operation of water treatment plants, rehabilitation of 385 DTWs and 245 household latrines, disinfection of 148 ponds, and installation of 450 household latrines for the affected population in the remote upazillas of Kalapara, Galachipa, Charfassen and Barguna¹⁷ upazillas only.

¹⁶ E.g. National Disaster Preparation Day and International Day for Disaster Risk Reduction

¹⁷ Distribution of Safe water was the only intervention that was conducted at Barguna upazilla.

2. SUCCESS STORIES

Additional JOJ Success Stories can be found in Attachment H.

Learning to Save a Child

Photo Barisal District, October 2009 by Jeffrey Holt



Nadeem, shown here with his mother Nasima, survived because a community health volunteer in his village knew how to identify and ensure treatment for pneumonia.

After syrups from the local “healer” did not cure their 9-month-old son’s respiratory illness, Nasima and Shahlam turned to the village doctor for help. But, by then, it was too late. “When their child died, it was in front of my own eyes,” said their neighbor Jasmine, age 28, recalling the moment four years ago. “I did nothing because I didn’t know anything.” Since then, Jasmine volunteered to be trained on how to diagnose and treat child pneumonia in her community, working as a Community Health Volunteer (CHV) with Save the Children’s Jibon-O-Jibika program (supported by USAID). She is one of 769 CHVs preventing child deaths from pneumonia and diarrhea in Barisal division, a remote and water-logged area of 2.6 million people in southern Bangladesh.

When her youngest son, Nadeem, age 18 months, fell ill with a fever and had difficulty breathing this past June, Nasima was concerned. “Nadeem had the same symptoms as my other child who died. I thought he would die, too. I wanted to save him,” said Nasima, age 30. Nasima raced to Jasmine’s house to seek her advice. “I examined Nadeem and found his chest drawing in. I knew it was a danger sign,” said Jasmine. “I told the parents to take the child to the hospital.” Nadeem’s parents heeded her counsel. They borrowed \$15 from a relative to take a rickshaw to the hospital, a 1½ hour journey over bumpy, dirt roads. There, Nadeem was treated for severe pneumonia with antibiotics and released after six days.

Jasmine visited the family at home once they returned to give Nadeem a follow-up examination. “When he came home from the hospital, I was so delighted to have helped the child,” said Jasmine.

Nadeem’s illness is one of 13,000 pneumonia cases diagnosed by Jibon-O-Jibika’s CHVs in Barisal Division since the program began in 2005. The program is implemented by Save the Children, which supports over 3,000 community-level health workers throughout Bangladesh. Jasmine relishes the new knowledge that she has gained and being able to help her community. Soon, she says, she will apply what she has learned to her own family. She is expecting her first baby in two months.

3. LESSONS LEARNED

Many lessons have been learned by JOJ that could be applicable to other Title II programs and the USAID/Bd portfolio. Save the Children intends to sponsor a high level dissemination seminar in early 2010 to showcase results and lessons learned to the wider stakeholder and donor community. Key lessons are below; additional supporting information can be found in Annex H.

SO 1 Livelihoods

- 1) Greater attention on long-term livelihoods programming targeting most vulnerable groups are more likely to be able to improve their economic security [consider linking the destitute to safety nets and ensure market linkages for chronically food insecure].
- 2) Recovery activities which incorporate asset transfers and CFW can protect HH assets, generate income and dignity and provide direct benefits to children.
- 3) Linking homestead food production to consumption *and* marketing from the onset would be very attractive to participants and would induce adoption of improved agricultural practices.
- 4) Heavy investment in model farmers does not necessarily guarantee a flow of benefits to poor women.

SO 2 Maternal Child Health and Nutrition

- 5) Coordinating GMP and ANC with the GOB satellite clinics and the EPI program created synergies and mutual support [e.g CHVs and SC increased coverage of the MOH for EPI and FP for ANC and supported national campaigns such as NID, Vitamin A+ and other GOB priorities while SC's volunteers received ORS, ARI timers and antibiotics for CCM].
- 6) Despite benefits cited above, until the MOH integrates nutrition indicators into the Health Management Information System (HMIS) and holds themselves accountable to them, nutritional gains will be outside of the formal health systems and therefore hard to sustain.
- 7) Focus on age appropriate IYCF practices including frequency, quality & quantity of feeding should be prioritized because the children of Bangladesh simply cannot wait anymore for these to be developed by the NTWG (see further discussion of nutritional impact in Annex H).
- 8) Celebrating *Mukhay Bath* or baby's *180 days of life* as a milestone for the first day of complementary feeding is an effective way to promote this practice in Bangladesh.
- 9) Treatment of SAM should be integrated into the CB-IMCI protocol and F- IMCI protocols.
- 10) Instituting *community meetings* to get nutrition beyond the mother-child binomial to the community at large is important. Emphasize association of nutrition for U2 children's *brain development* [this was the single most motivating factor for JOJ families & communities].

SO 3 Disaster Preparedness

- 11) The Cyclone Preparedness Program volunteer network is not as large as assumed and volunteers need training and equipment to be effective.
- 12) Pre-positioned emergency materials and capacity are relevant and critical to protecting food security in disaster-prone areas.
- 13) GOB places a premium on tangible outputs (cyclone shelters) to show their constituencies.
- 14) Expand emergency preparedness to mainstreaming Disaster Risk Reduction.

Cross Cutting

- 15) Include rigorous local capacity building and local GOB involvement in program approach.
- 16) Build synergies with other USAID programs and other stakeholders to expand impact and support advocacy for policy change or scale up of proven interventions.
- 17) SC effectively integrated program and commodity management using PDAs; this has many implications for future applications. (See PDA Case Study Attachment H).

4. Attachments