



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

Volume I – Main Report

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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.

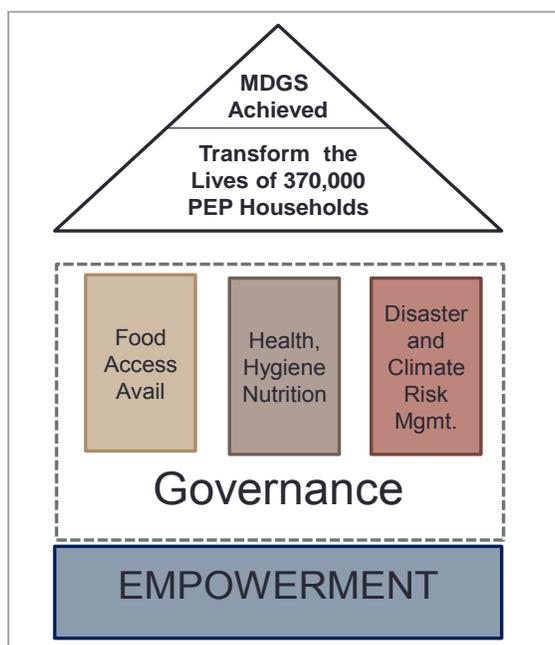
SO5: Targeted community members and government institutions are better prepared for, mitigate, and respond to disasters and adapt to climate change.

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.

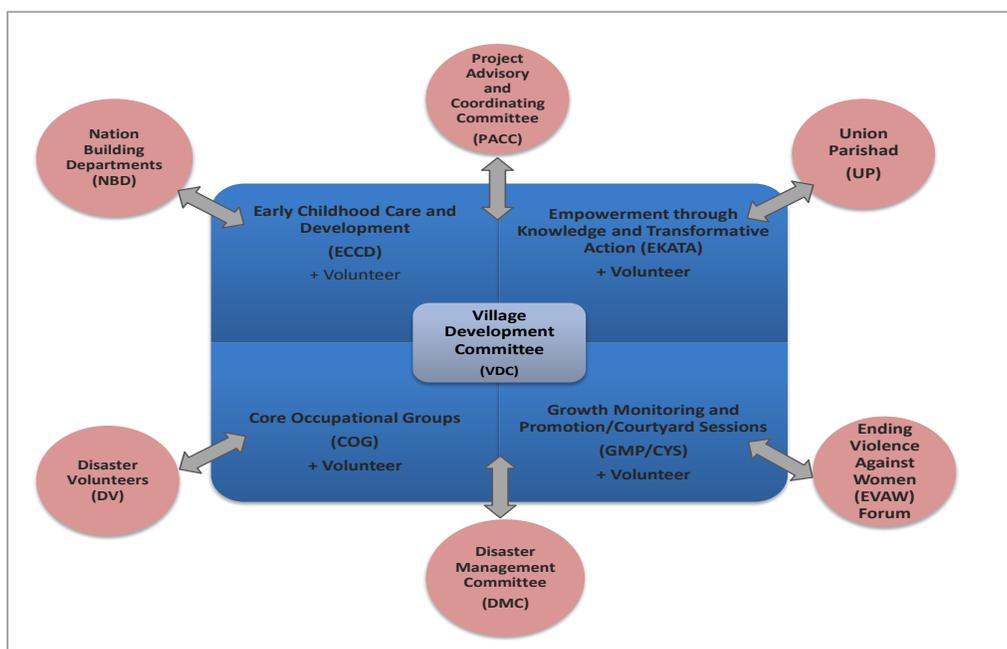
Revised Conceptual Model - The SHOUHARDO II House



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

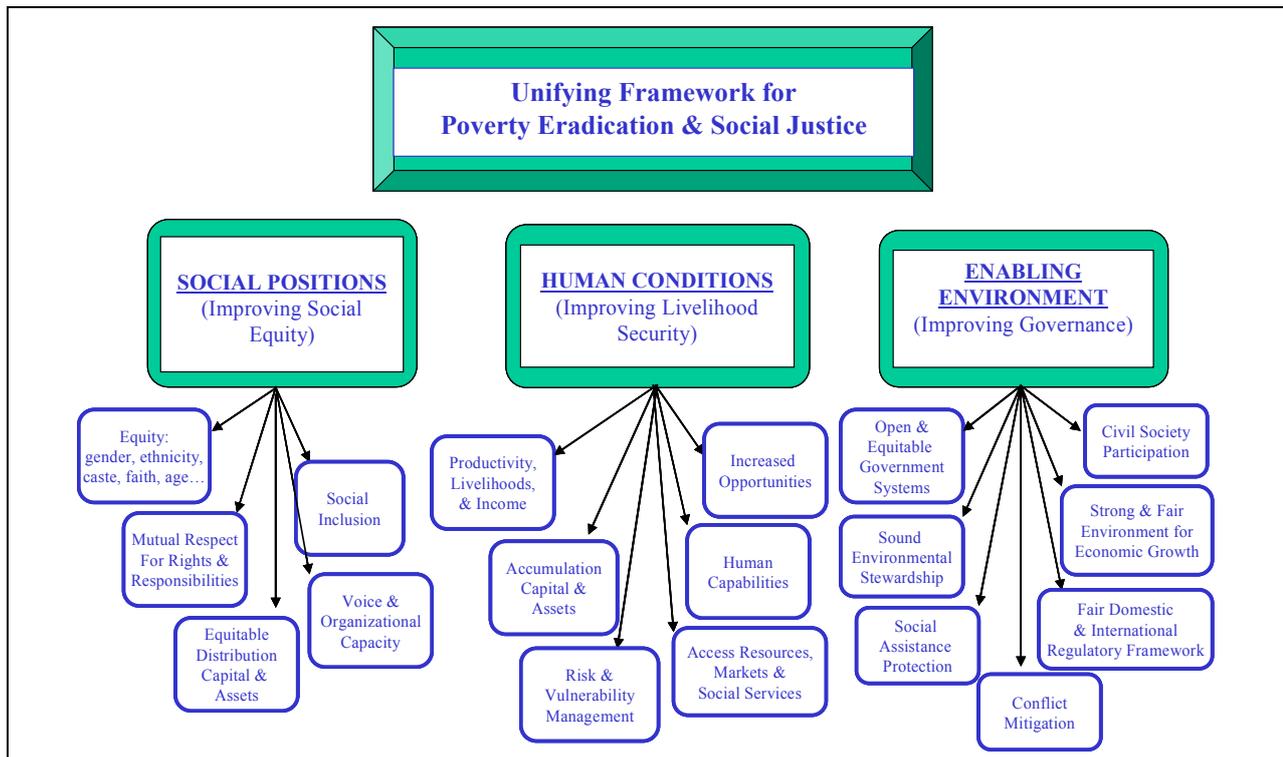
Source: CARE-Bangladesh 2009-14 Country Strategy

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.

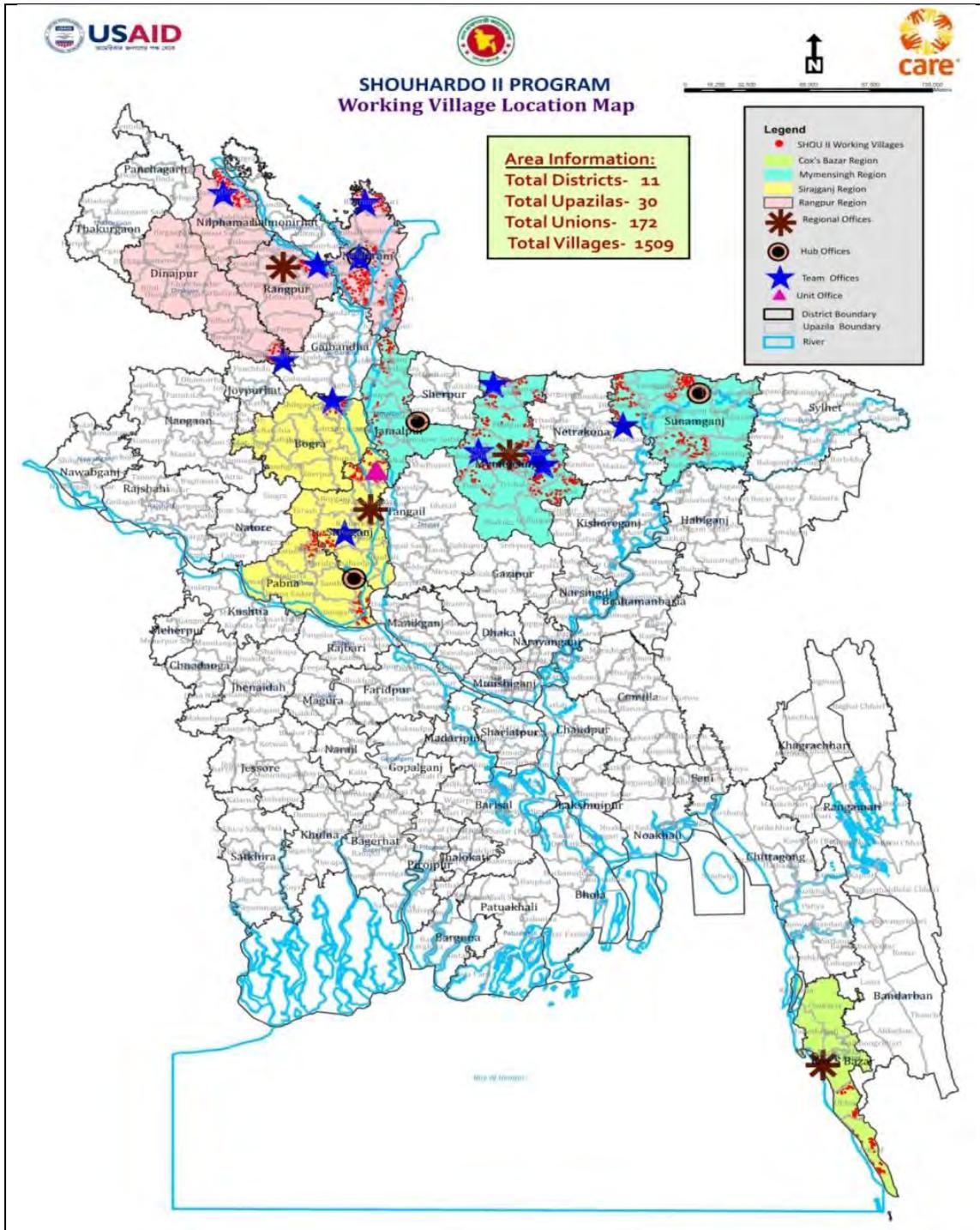
Short descriptions of the four program areas/ regions

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:

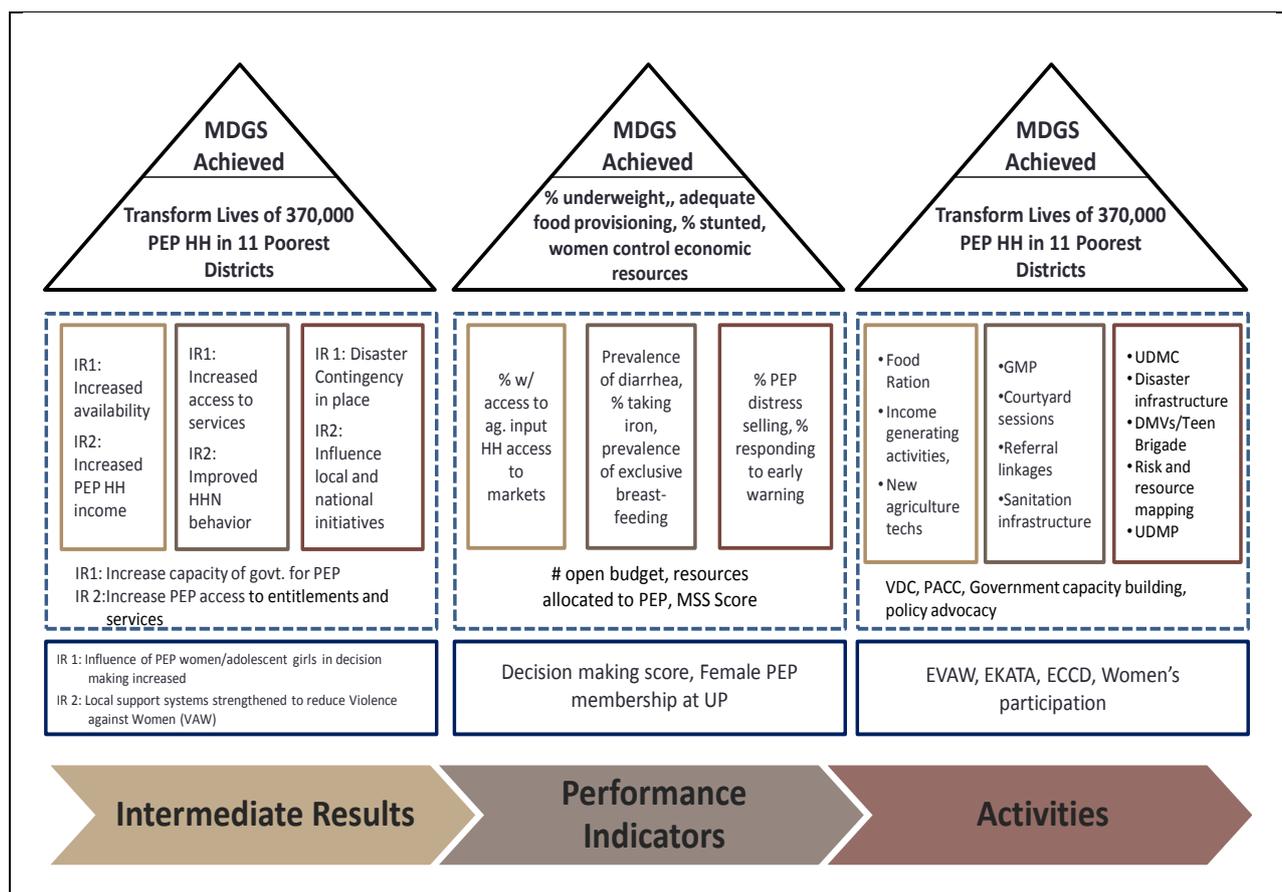
- **Comprehensive approach**, that includes support to community structures, households and individuals, and a strong integration of a rights based approach linking rights holders to duty bearers;
- **Strong commitment and transparent methodology** for identifying the most vulnerable communities, households 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

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



2.6 SHOUHARDO II Implementation Mechanism

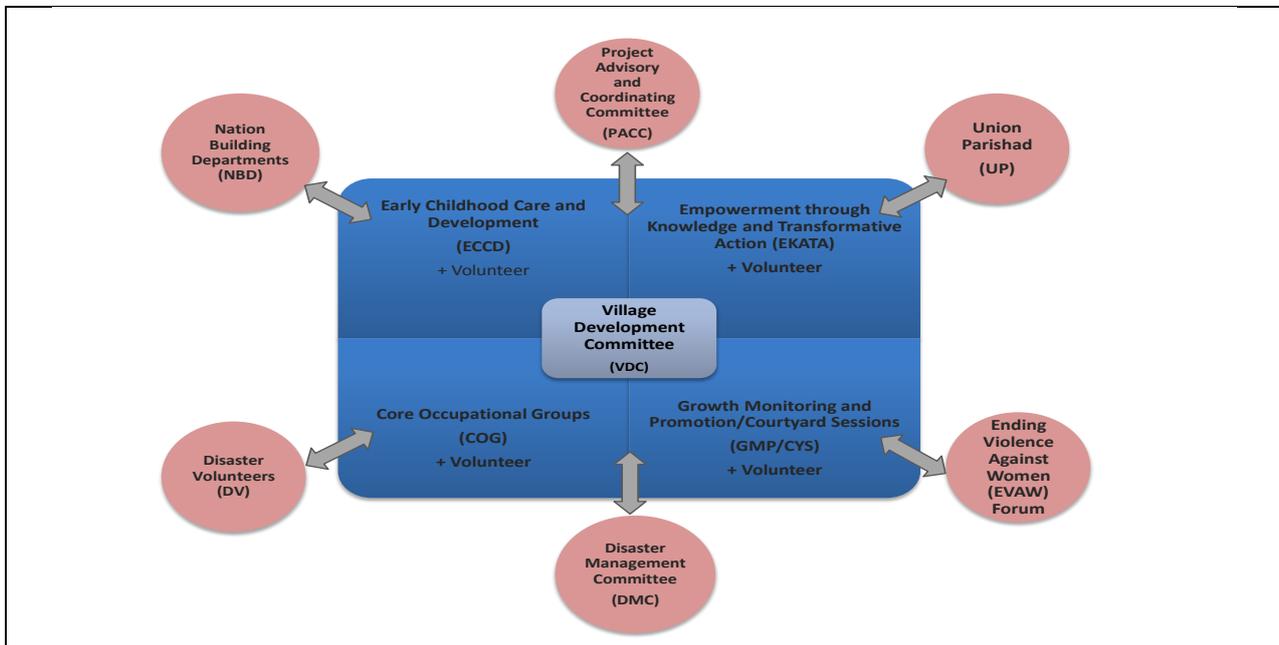
The program follows a standard set of procedures and guidelines to interact with the communities and identify ways and means of transferring services and resources to beneficiaries. As with any program of this scale, the implementation mechanism is fairly consistent.

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

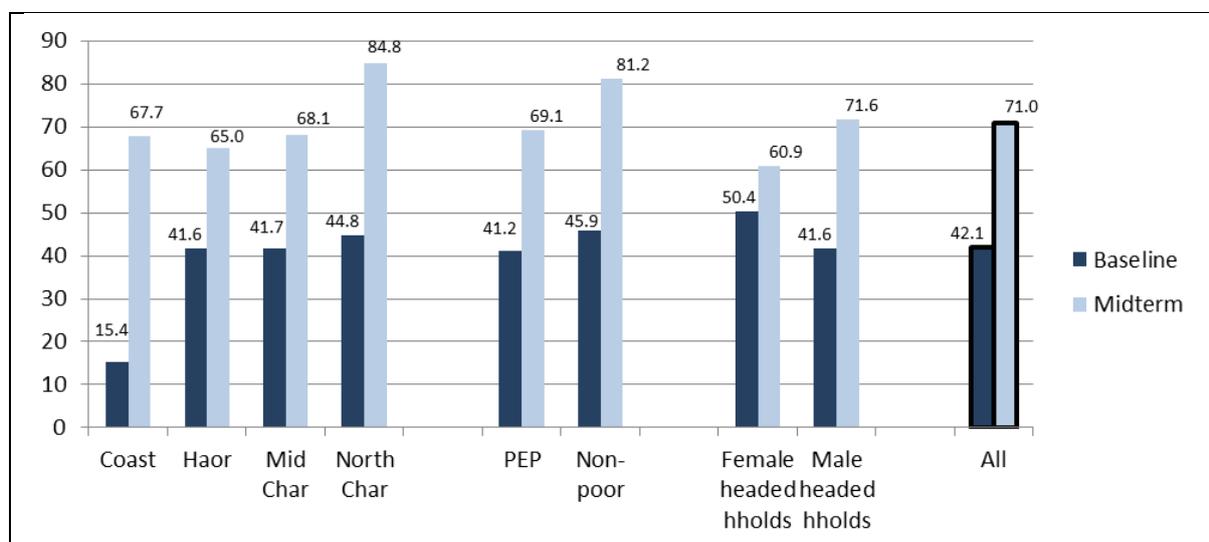
COG Crop production in Bonoshjani West village, Kurigram

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

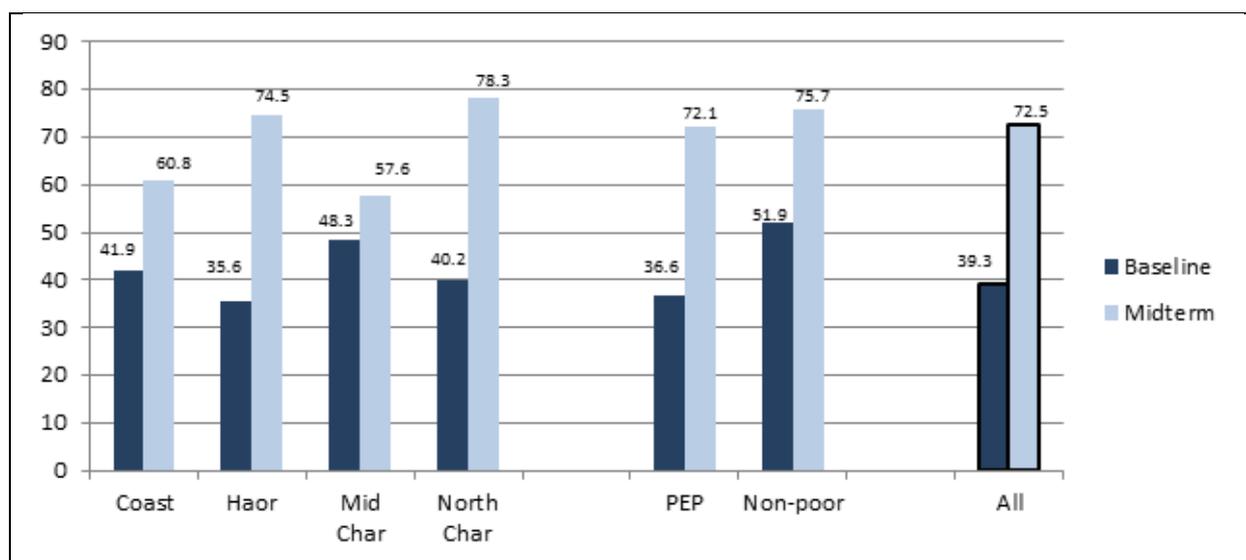
This is supported by quantitative findings from the MTR survey that shows a majority of field crop producers have adopted at least three technologies (IPTT indicator 3). The baseline figure of 41 was raised to 71 per cent overall. The successes in the Coastal area stands out – increased from a low base – 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.

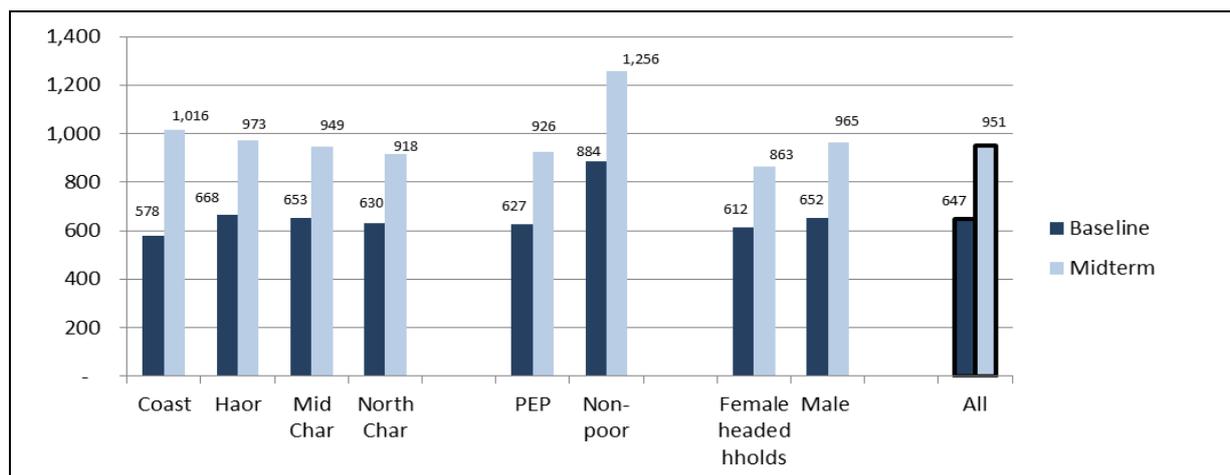
²⁰ All comparisons of income data taken at baseline and mid-term adjust for inflation by calculating differences based on the equivalent in 2010 taka.

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>

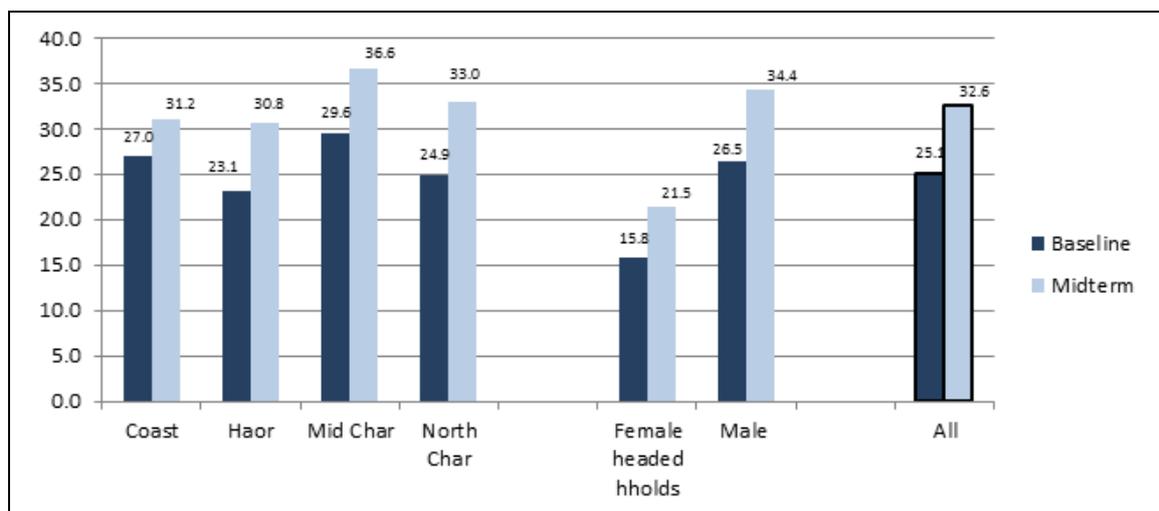
²³ The Economist. 2012. The path through the fields. November 3, 2012. <http://www.economist.com/news/briefing/21565617-bangladesh-has-dysfunctional-politics-and-stunted-private-sector-yet-it-has-been-surprisingly>

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

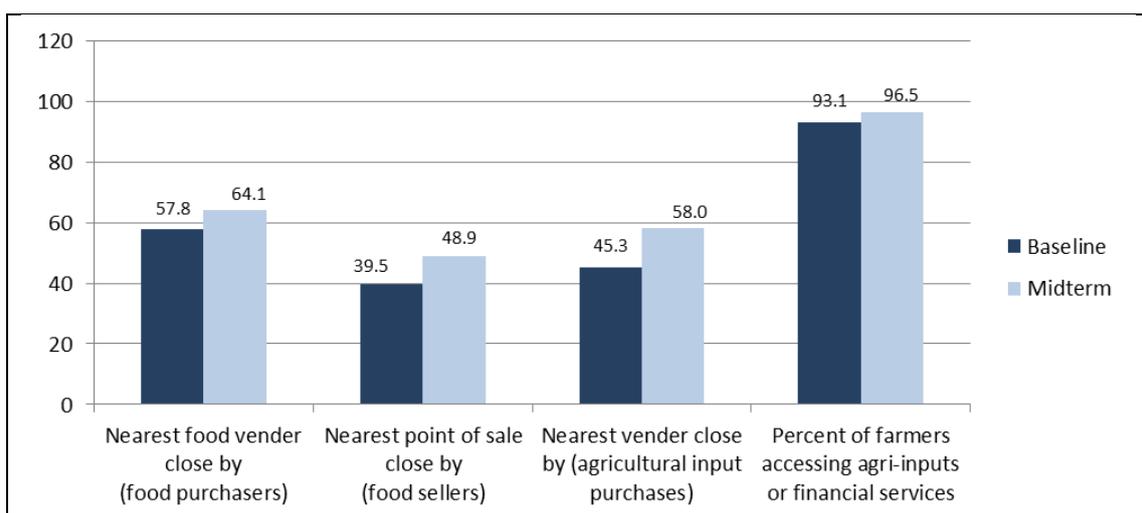


Another important indicator (IPTT indicator 8) of increased household income is the number of PEP IGAs established or improved. The number of PEP enrolled in the COG of IGA was reported to be almost 75,000, significantly more than the 46,000 target for 2012.²⁴

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.

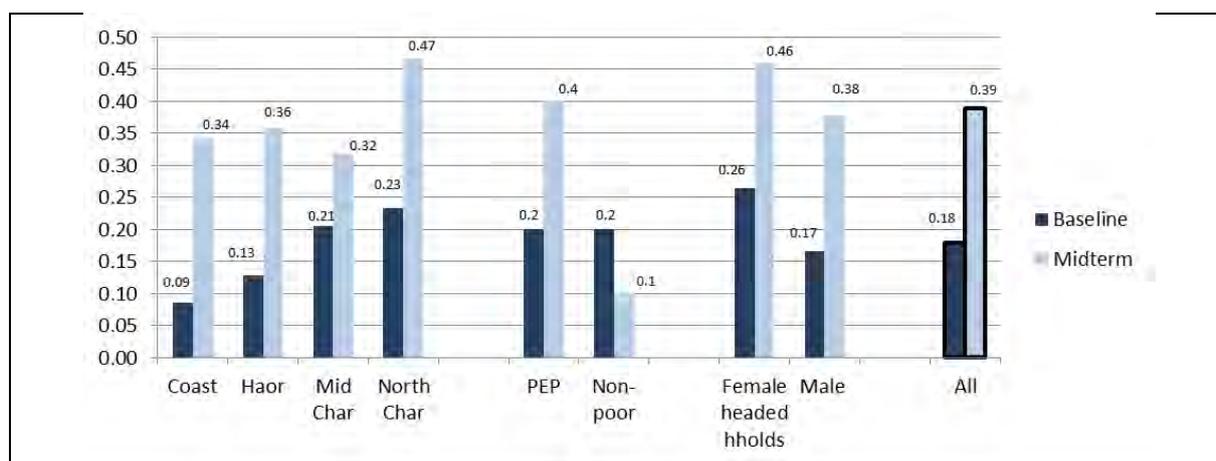
Figure 11: Indicators of access to markets and services



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.

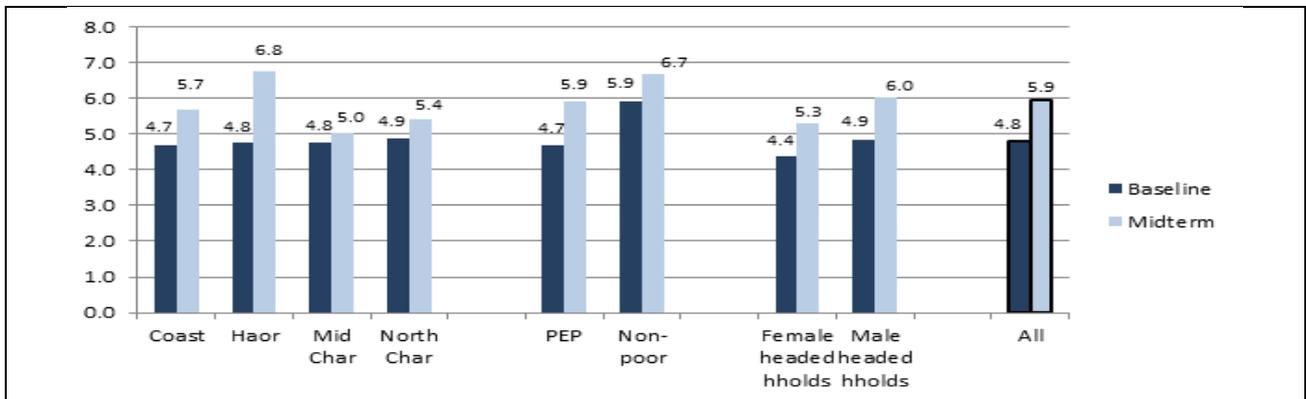
Figure 12: Average number of safety nets engaged in, by region, well-being category and gender of household head



Progress of Food Security Impact Indicators

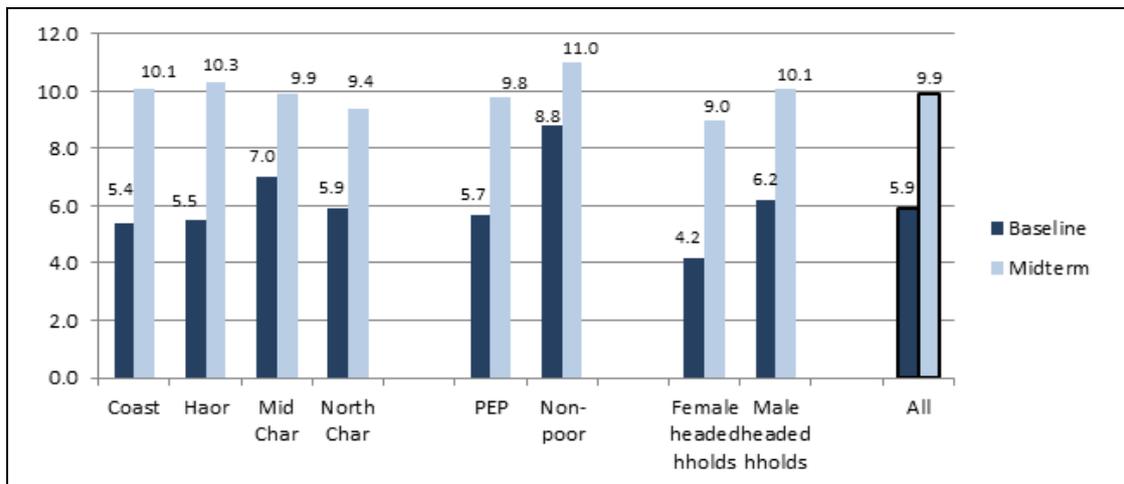
The program seems to have made significant progress in areas of food availability and access, which is reflected in the various indicators shown. This progress is also reflected in the two program impact indicators as the following figures show. Figure 13 shows that the dietary diversity score has increased 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



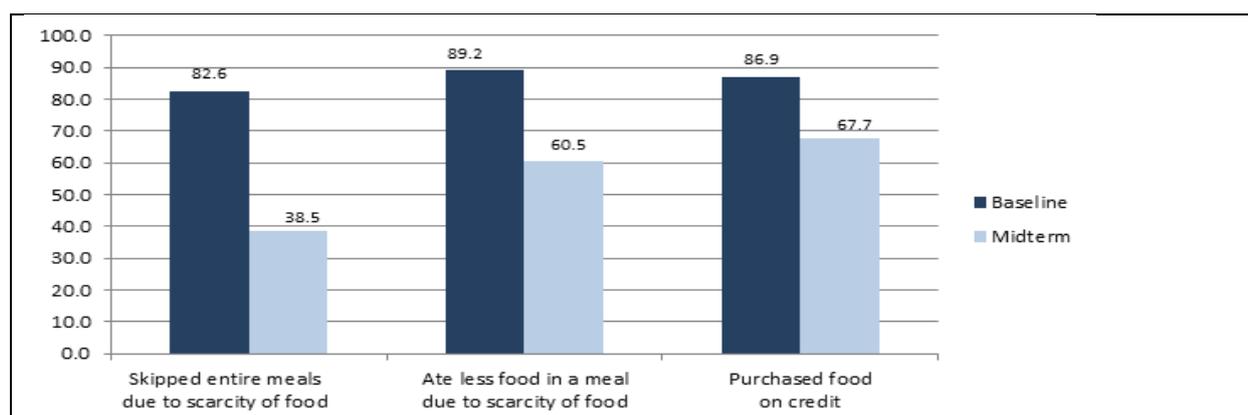
The second indicator for the program to measure impact showed an increase from 5.9 months of adequate household food provisioning to 9.9 months or 68 per cent increase (see Figure 14), This observed increase is already more than the target set for the entire program, not by MTR. The results are even 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 CICA 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 CICA 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 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.

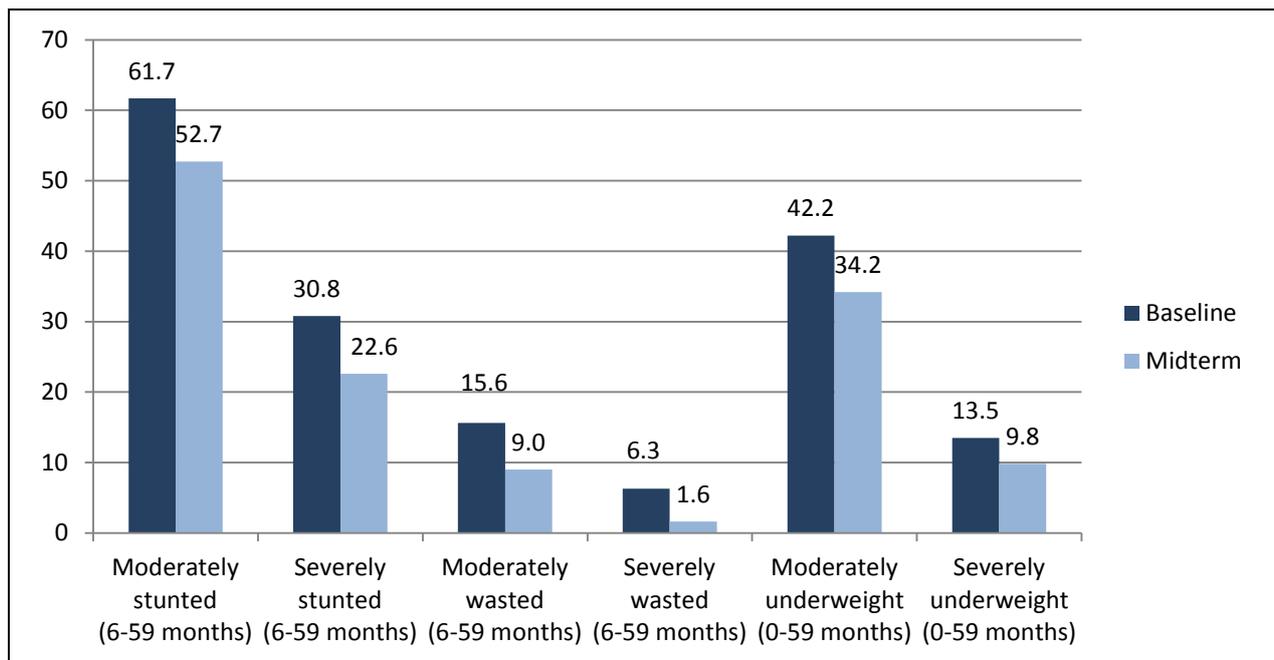
Results/Achievements

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

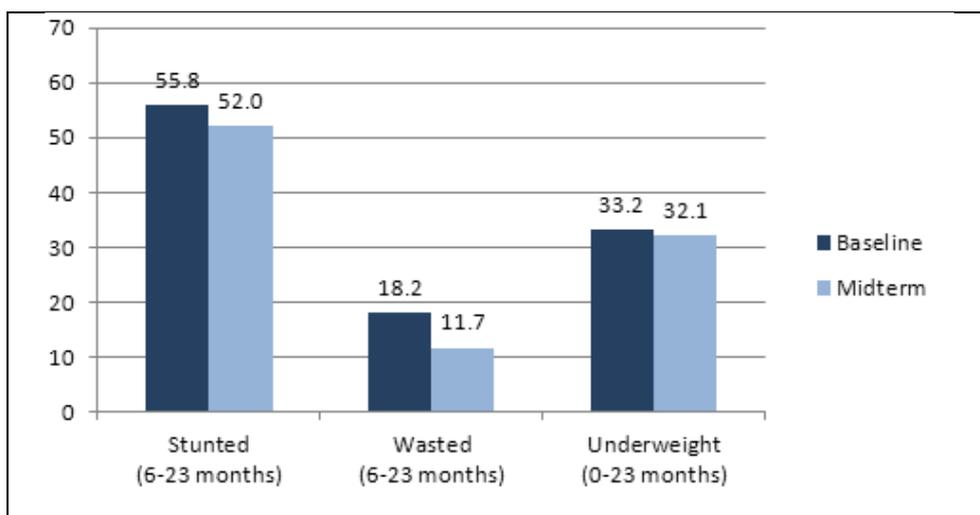
³⁵ National Institute of Population Research and Training, Mitra and Associates & MEASURE DHS. 2012. *Bangladesh demographic and health survey 2011. Preliminary Report*. Dhaka, Bangladesh, and Calverton, MD, USA: National Institute of Population Research and Training, Mitra and Associates, and Macro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



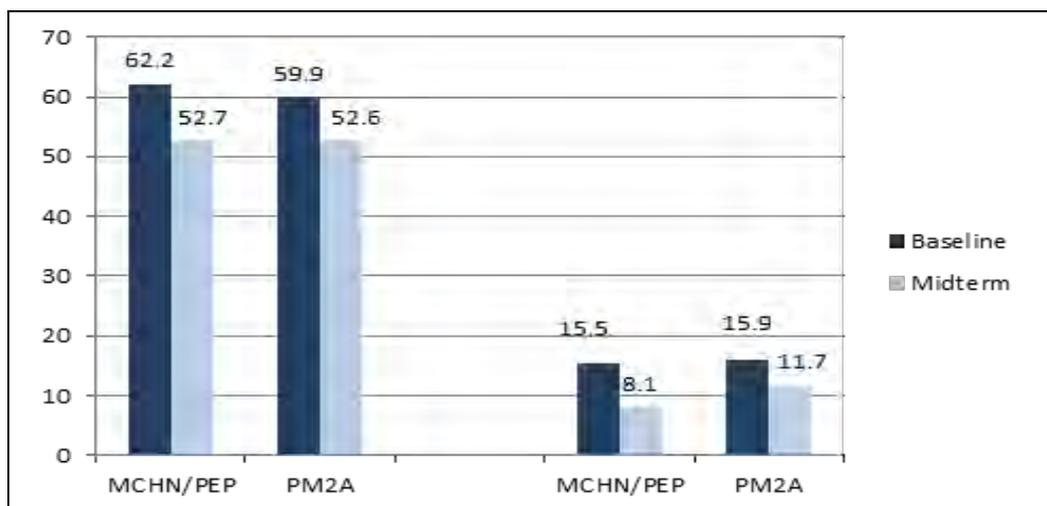
Stunting and wasting by program approach: As shown below in Figure 18, there have been declines in malnutrition among children under five in project villages following both the MCHN/PEP and PM2A approaches. However, there have been comparatively stronger declines where the MCHN/PEP approach is being 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.

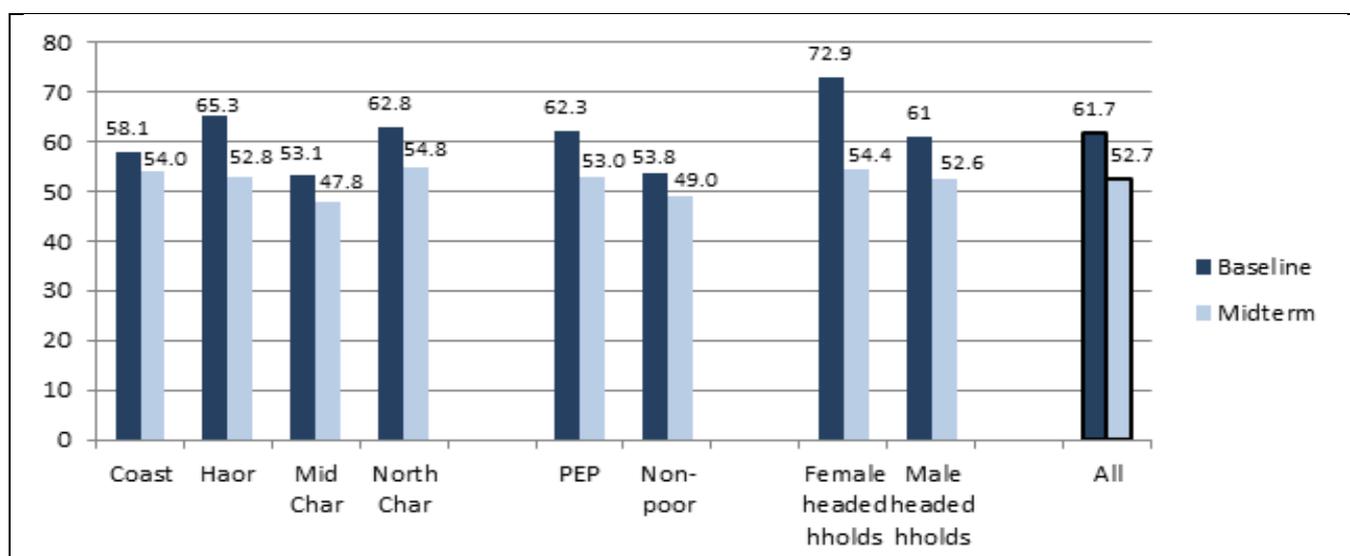
Figure 18: Percent of children under five stunted and wasted, by program approach



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



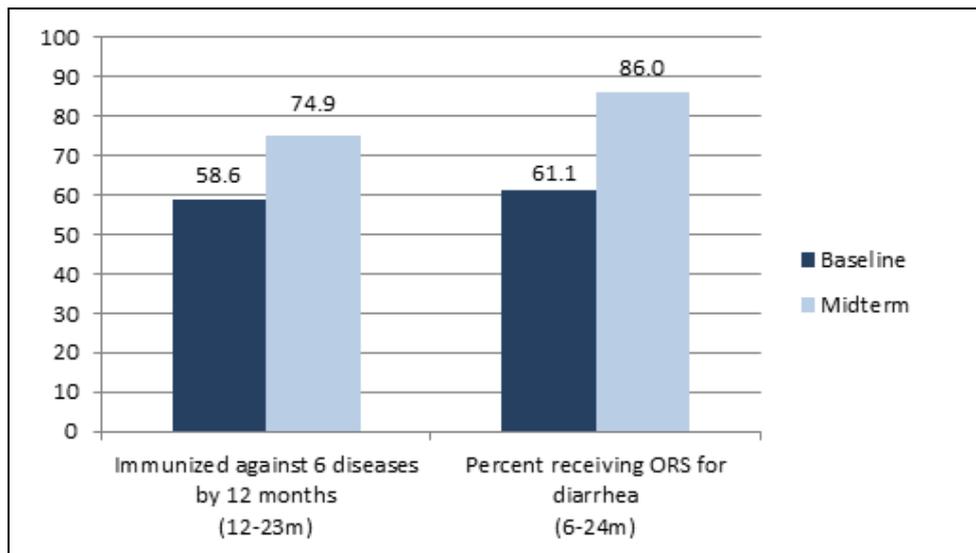
Prevalence of Diarrhea: The percentage of children age 6 – 23 months with diarrhea has declined from 13.8 to 11.6, a difference that is not statistically significant. The project is thus behind target for this important indicator of children’s health, which may be one reason why stunting has been declining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

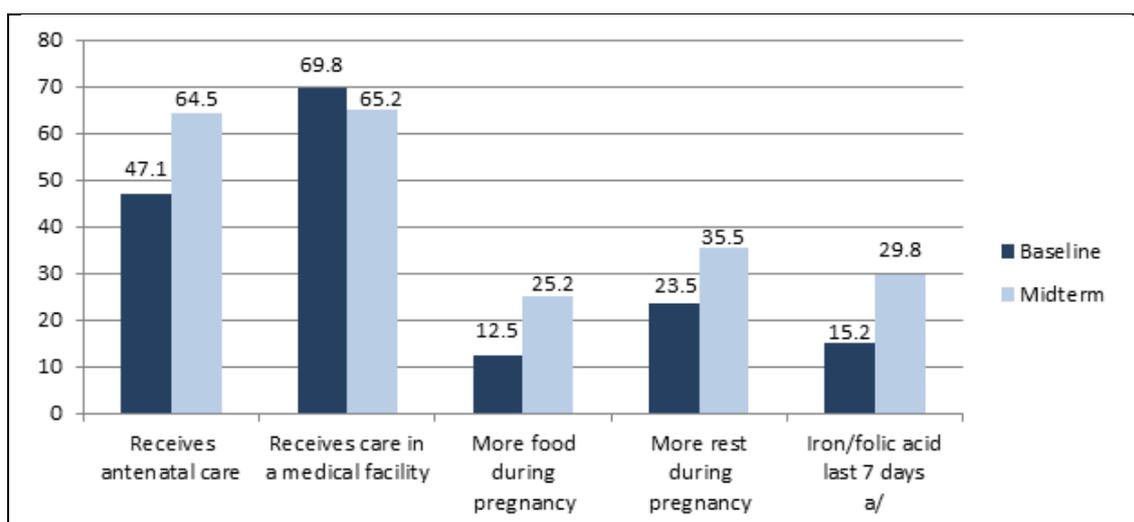


Caring Practices for mothers: Significant improvement has been achieved in caring practices for mothers. As shown in Figure 21, more women are receiving antenatal care, more women are receiving additional food and rest during pregnancy, and a larger percentage of women are receiving iron/folic acid. 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.

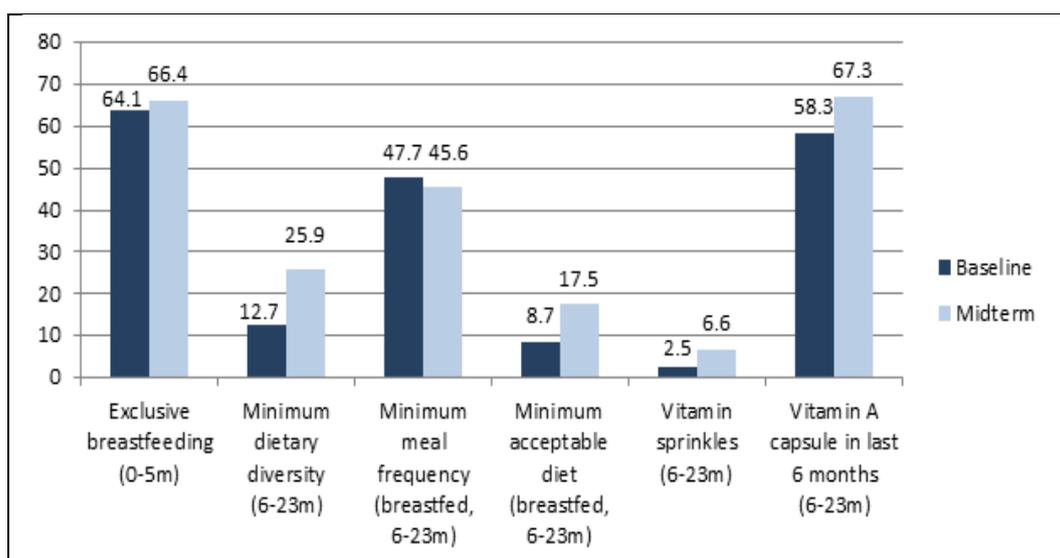
Caring Practices for Children under age two: As shown in Figure 22 the quality of caring practices for children under age two has generally improved since the baseline. The strongest improvement is found in the area of diet and food consumption. The percent of children with minimum dietary diversity⁴⁰ 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.

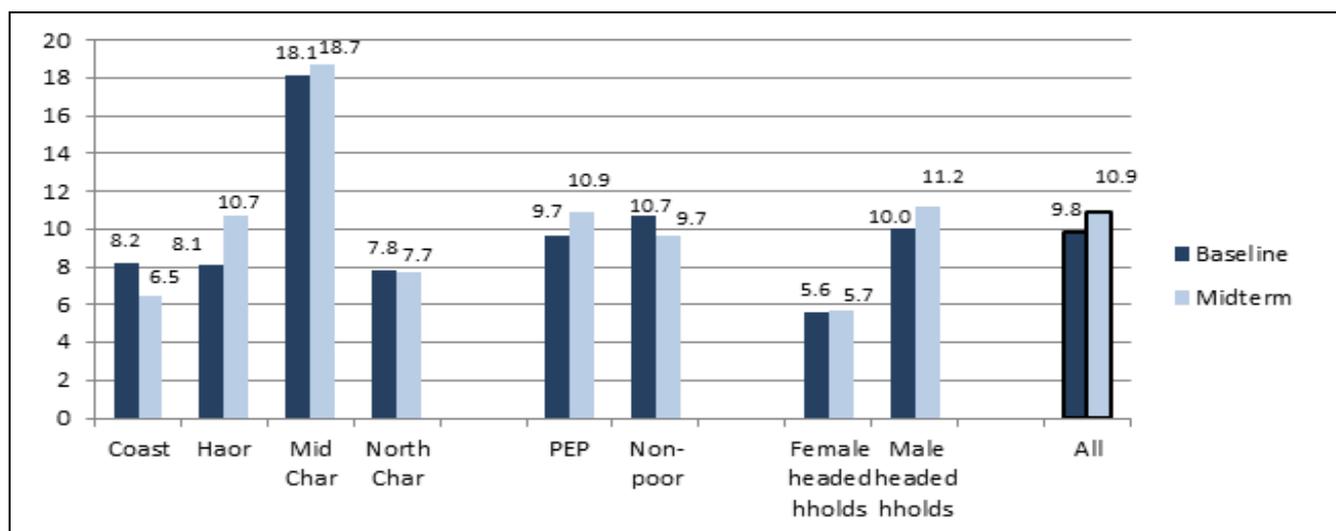
⁴² See Smith, Lisa C., Usha Ramakrishnan, Aida Ndiaye, Lawrence Haddad, and Reynaldo Martorell. 2003. *The importance of women's status for child nutrition in developing countries*. IFPRI Research Report #131. International Food Policy Research Institute, Washington, D.C.

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.

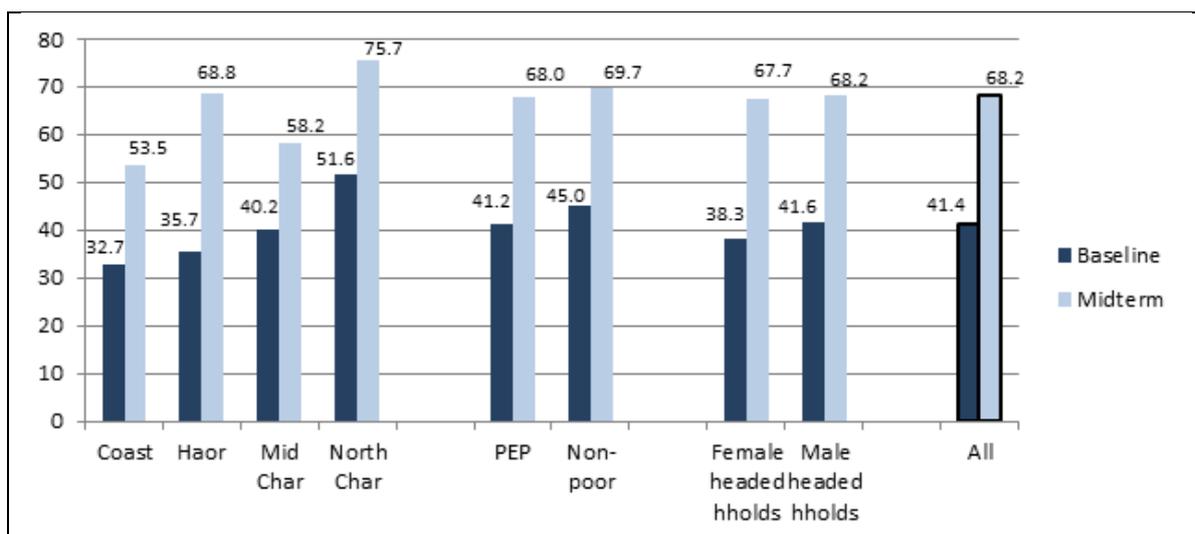
Figure 23: Percent of mothers who feel it is important to wash their hands at all five critical times



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.

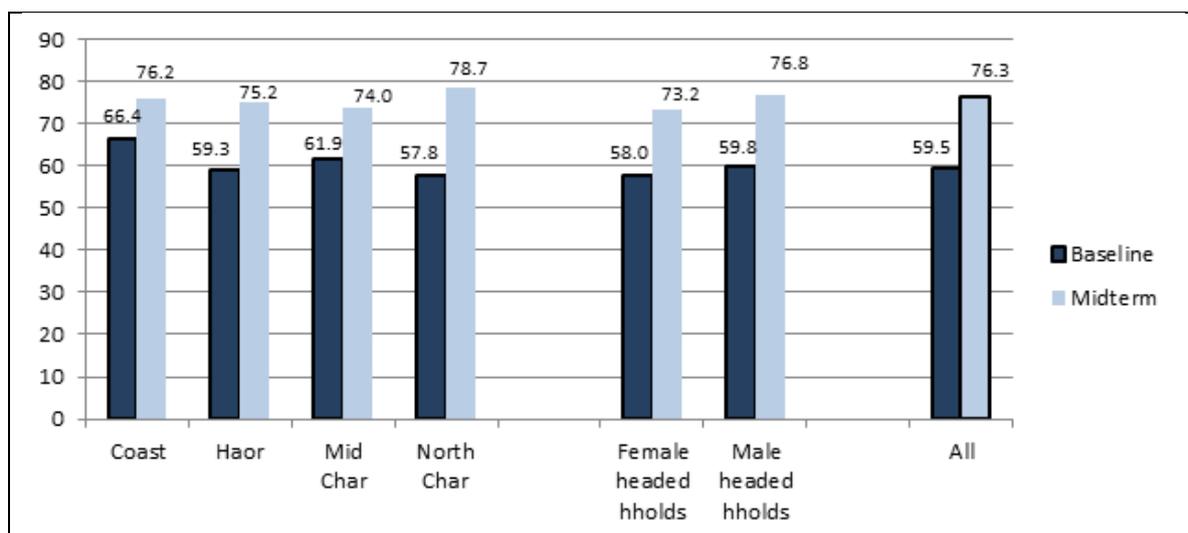
⁴³ The five critical times are: before eating, before breastfeeding or feeding a child, before cooking or preparing food, after defecation/urination, and after cleaning a child that has defecated/changed a child's diaper.

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



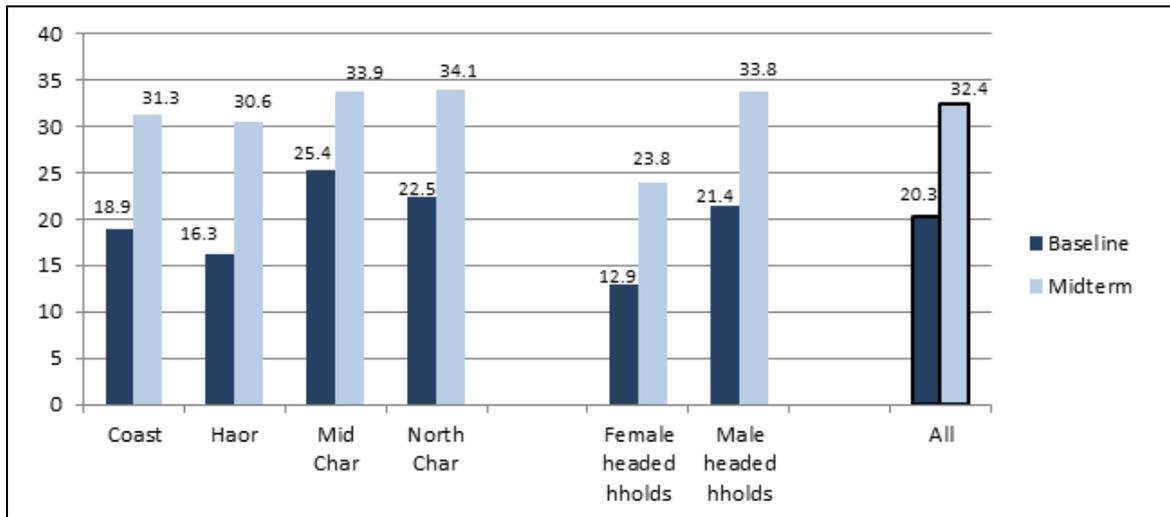
Access to water and sanitation: Significant gains have also been achieved in access to safe water and sanitation facilities. Access to an improved drinking water source has increased from 60 to over 75 percent since the baseline (see Figure 25).

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 SO2 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 EAW 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

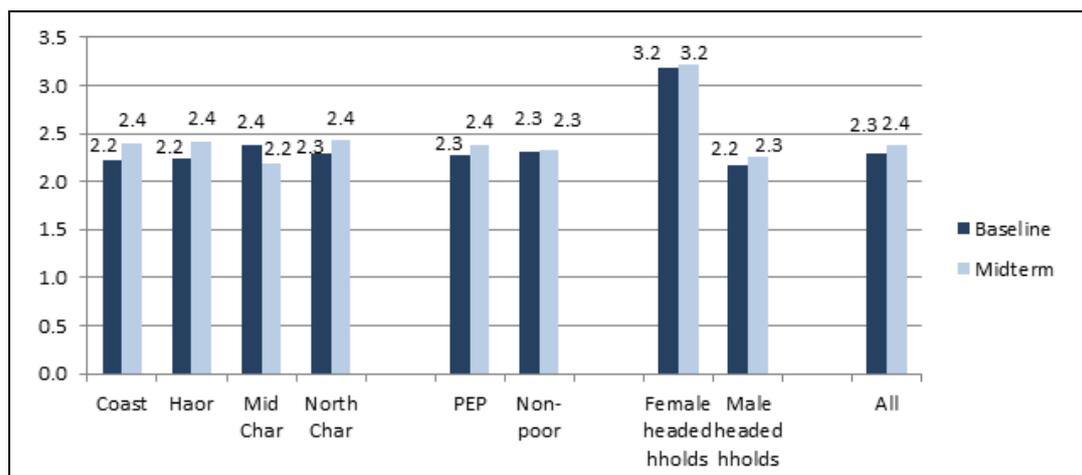
According to midterm survey results and annual survey and monitoring data, SHOUHARDO has exceeded its target on indicators of women’s ability to influence decision-making in their communities. As stated in the project’s FY2012 Annual Results Report, 6 percent of PEP women are already involved in community 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

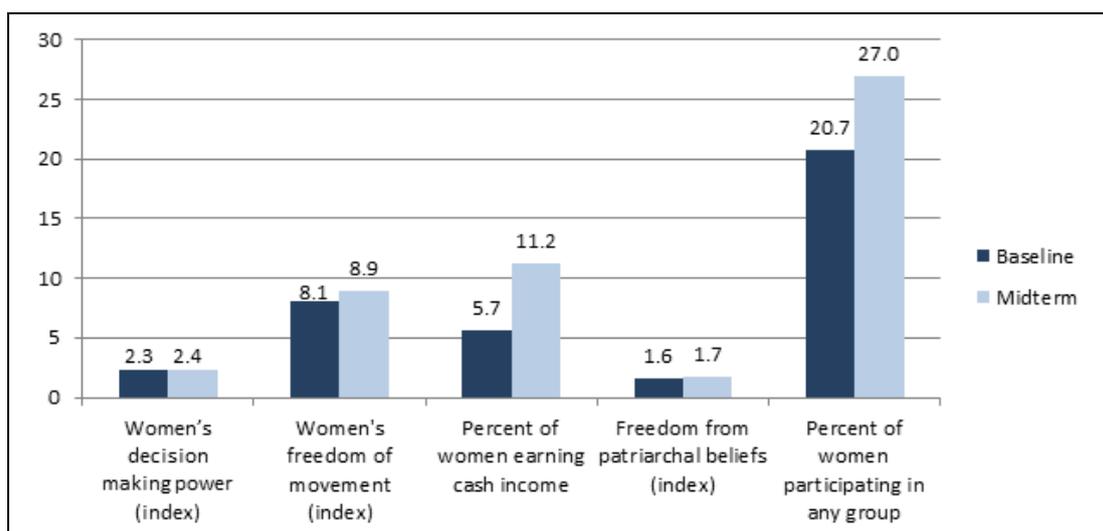
⁴⁸ Mymensing FGD, EAW Forum members

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.

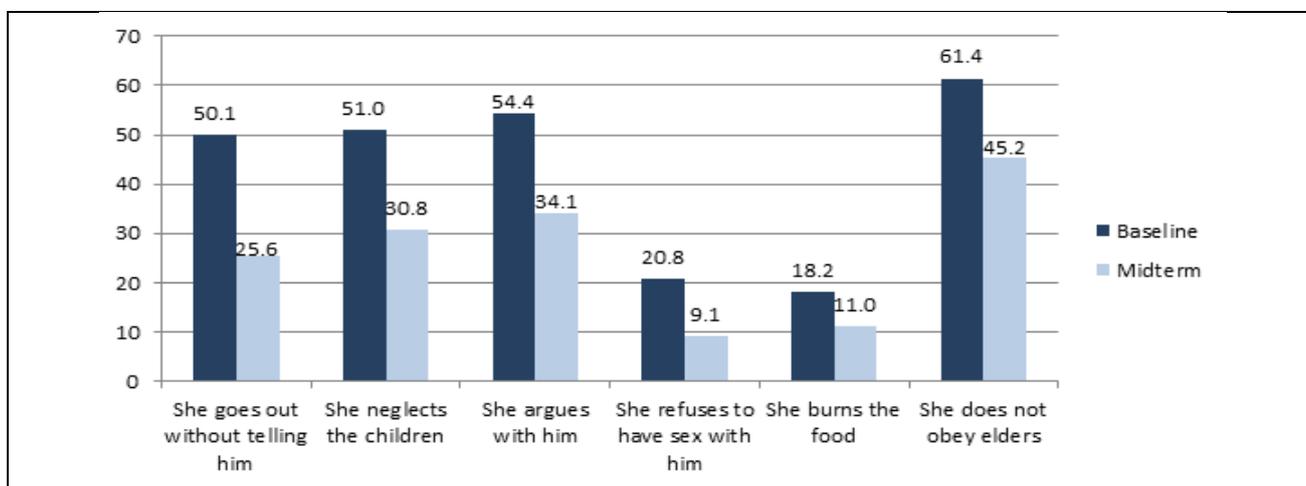
When asked, “What is the greatest change in your life since joining EKATA.” One participant answered, “My husband no longer beats me.”

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

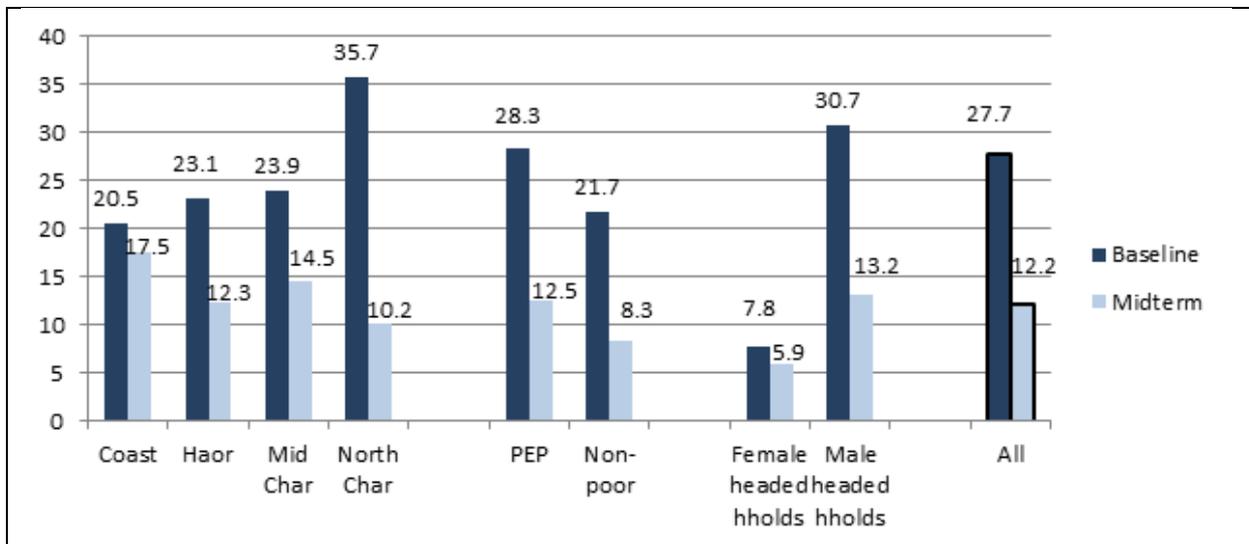
⁵⁵ Mymensing FGD, EKATA group members

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 ERAW 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 SO2 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.”

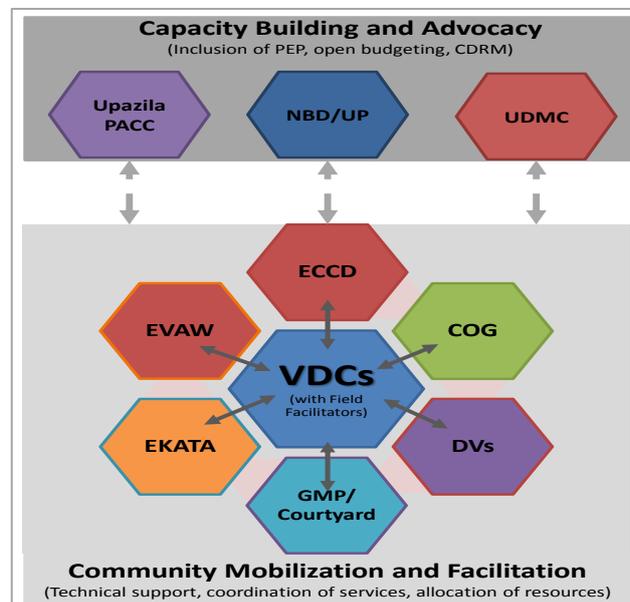
SHOUHARDO II MYAP Proposal

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

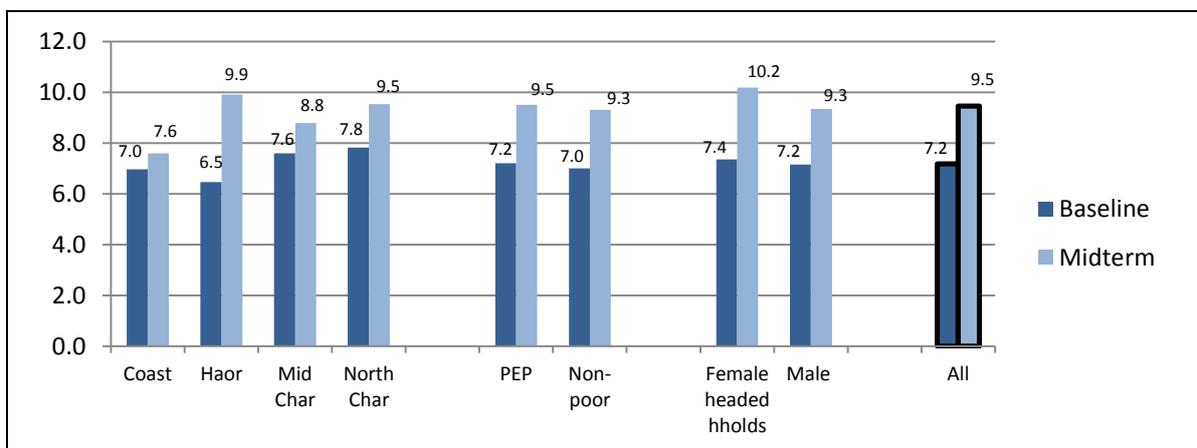
implementation.⁷¹ Overall, the mean MSS score of all 172 UPs in the SHOUHARDO II program areas was 62 percent, indicating ‘moderate’ institutional capacity. While this indicates clear potential for improvement, it also represents substantial progress over the 45 percent overall score for institutional 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.

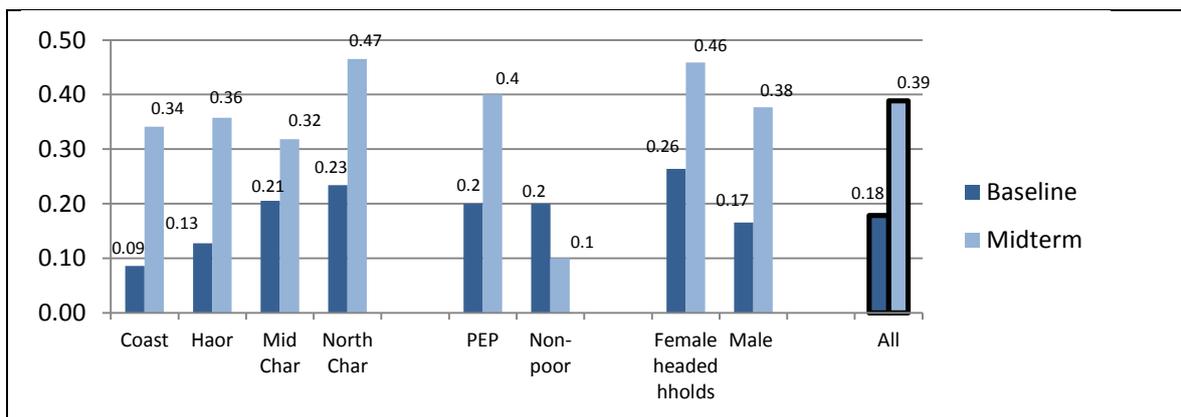
Figure 32: Average number of services utilized, by region, well-being category and gender of household head



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. Sirajganj 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, ERAW, 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.

This document is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the responsibility of CARE Bangladesh and do not necessarily reflect the views of USAID or the United States Government.

CARE Bangladesh
Mid-Term Review
SHOUHARDO II
Multi-Year Assistance Program (MYAP)

Volume II – Annexes

Prepared by TANGO International, Inc.



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Annex A: Terms of Reference for Mid-Term Review (MTR)

Terms of Reference for Mid-Term Review (MTR) of

USAID PL 480 Title II

CARE MYAP/SHOUHARDO II Program (July- 2012)

Introduction

The SHOUHARDO II Program is funded through Food for Peace (FFP) Title II, operating from June 2010 to May 2015. The overall goal of the Program is to “Transform the lives of 370,000 Poor and Extreme Poor (PEP) households (HH) in 11 of the most poorest and marginalised districts in Bangladesh by reducing their vulnerability to food insecurity”.

This program is attempting to address not only the availability, access, utilization, and stability issues that lead to food insecurity, but also the underlying issues that contribute to vulnerabilities such as a lack of participation, social injustice, and discrimination that hold people back from realizing their full potential in leading healthy and productive lives.

As per Cooperative Agreement, SHOUHARDO II has a total resource of 287,420 MT worth of commodities for both direct distribution and monetization; and a cash budget of over USD 129 million (including money generated from the monetization of commodities).

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. 90% of the implementation is through 16 local partner NGOs, the remaining 10% through direct delivery managed by CARE staff. Each of these four regions possess their own unique topography, but are consistent in that the beneficiaries within are some of the most marginalised groups in Bangladesh due to their remoteness. 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 virtual islands. It is on these mounds that people live. The water logged area becomes a rich abundance of fish, which unfortunately does not necessarily serve the poor as these are commonly transgressed on by elites and organised groups to access the rich source of fish. 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 literally becomes ‘walking’. The ‘North Chars’ and the ‘Mid Chars’ are silt deposits due to shifting water currents. Most of the program participants in these regions reside on “Khas” land, which by law gives first priority to the poor to access, utilise, and live on. Khas land comes under the jurisdiction of the Land Ministry. But again, such land becomes a source of conflict as elites and organised groups occupy such land by force, once again marginalising the poor. Cox’s Bazaar is the “coastal” area of Bangladesh at the extreme south-east of the country. The poor living in this area are prone to regular cyclones and slow-onset disasters such as salination of their crop and homestead land, which directly impacts on their food security.

To reach the Goal, SHOUHARDO II has five Strategic Objectives (SO) and 10 Intermediary Results (IR). These are

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 **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.

B. Objectives

The evaluation has the following major objectives:

To assess the progress of the SHOUHARDO II Program to date.

To assess the effectiveness of strategies and implementation of interventions and provide recommendations to further improve the Program.

To project, with its current momentum, how effectively SHOUHARDO II will reach its targets and objectives by the end of the Program.

To assess the quality of the partnership with both "Implementing" and "Technical" partners.

C. Scope of Work

7. The objective of the MTR is to measure progress made to date from the baseline. The MTR must follow the baseline process such that an appropriate analysis and comparison can be conducted on the data collected and generated. The MTR must take into consideration USAID/FFP and FANTA requirements, and needs to be conducted such that subsequent surveys are in no way limited to meet these requirements. Accordingly, it is essential that the successful firm have in-depth knowledge of both USAID/FFP and FANTA requirements, and proven experience in conducting such surveys. The MTR team will conduct a thorough review of SHOUHARDO II to complete its objectives. This will include but not necessarily be limited to:

Conducting a "population based" household sample survey, using the sample method employed in the SHOUHARDO II Baseline. The sample size will be approximately 9,000 households across the four regions the Program operates in. The objective is to establish "population based" quantitative values of the progress SHOUHARDO II has made to date from the baseline against its strategic objectives, intermediate results, and outputs. There will be two distinct components to the survey – the first taking a statistically significant sample of the populations where the Program only targets the PEP households, including food transfers to PEP pregnant and lactating mothers; and the second population where the Program transfers food rations to all

pregnant and lactating households in the population, regardless of socio-economic status (following the PM2A approach).

Review of existing M&E data stored at the central and regional levels.

“Qualitative” surveys in the form of Focus Group Discussions and Key Informant Interviews to provide a comprehensive understanding of perceptions of the different target groups the Program works with.

An “institutional capacity assessment” to capture both *qualitative* and *quantitative* data/information on the progress made in strengthening Local Government and PNGOs' capacity and governance.

The data disaggregation, correlation/regression multivariate analysis and subsequent interpretation must be done by key attributes/factors and follow USAID/FFP, FANTA, and CARE standards. This includes (but not limited to) technical sectors/program elements, regions, well-being category, gender, age, institutions, head of households/ women headed and primary occupation, Mother Child Health Nutrition (MCHN) and PM2A models.

Conduct an analysis against appropriate national trends and Millennium Development Goals (MDG).

Desk review of any relevant reports, studies, short films, and media coverage concerned with the Program, or any other material which may add value to the MTR. This will include the MYAP Proposal; Baseline Report; the Well-Being Analysis; Annual Results Reports; Financial Reports; and other reports which the MTR team or CARE feels are important;

Interviews with selected persons from within CARE Bangladesh and the Program’s partners (including Program participants, USAID, PNGOs, government partners, and other technical partners as appropriate);

The MTR team must disaggregate the data and information collected by MCHN village and PM2A village; male and female; and PEP and non-PEP. The Final report needs to provide a full description of the differences between these different components.

Some of the areas the MTR team needs to focus its study on (but not limited to) are the following:

Implementation: In this component, the following needs to be reviewed:

Targeting: the appropriateness of the beneficiaries SHOUHARDO II works with.

Progress: the achievements to date against targets set.

Quality: are the interventions of good quality?

Sustainability: will these interventions and benefits sustain?

Commodity: managing food resources is a significant challenge for the Program. The MTR team needs to review how this is being managed and benefiting the targeted beneficiaries.

Partnerships: SHOUHARDO II has various forms of partnerships. The strengths and areas for improvement against each of the following partnerships need to be reviewed and assessed by the MTR team.

Implementing Partners: SHOUHARDO has 16 partnerships with local NGOs, through whom 90% of the implementation occurs. The MTR team needs to assess the effectiveness of these partnerships.

Government Partners: The Program views the government as a critical partner for SHOUHARDO II’s success, and accordingly has formalised relationships through the formation of Program Advisory and Coordination Committee’s (PACC’s) at various levels. The effectiveness of these partnerships needs to be assessed.

Technical Partners: These are important to bring necessary expertise not existing in SHOUHARDO, but essential for achieving the Goal and SOs of the Program. The MTR team needs to review these different partnerships and their effectiveness.

D. Evaluation Questions:

9. The evaluation should address the following questions, in addition to other questions deemed important by the MTR team:

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 most/least effective and what can be done to improve the 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?

How successful has the Program been in improving health, hygiene and nutrition for the targeted beneficiaries?

To what extent is SHOUHARDO II strengthening the women and adolescent girl's empowerment 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?

The effectiveness of the Program management and areas which can be improved on.

E. Composition of Review Team

The MTR team is expected to consist of an International Team Leader, a National Consultant, and a National Logistics Manager to conduct the MTR in-country. This team will be supported by the firm's head office technical team for finalization of "survey instruments" – including tools and questionnaires, data analysis, information generation, and report writing. The Team Leader and head office technical staff must have proven experience in conducting evaluations and USAID / FANTA M&E requirements. Also, different team members (i.e. Team Leader, National Consultant, and head office technical staff) are expected to possess experience and expertise in livelihoods, HHN, agriculture systems, disaster risk management and climate adaptation, governance issues, gender, environment, and commodity management. The firm may propose an alternative team structure which needs to be justified.

The Team Leader will be wholly responsible in managing the data enumerators. The training on survey instruments and management of the enumerators will wholly lie with the Team Leader. It will be the Team Leader's role to effectively organize the enumerators into teams, with supervisors, and ensure that each enumerator collects data uniformly. CARE may provide support to the Logistics Manager as needed, but the overall logistics management of office space, training venues, transportation, etc, will be the task of the National Logistics Manager.

E. Timeline

The mid-term review is scheduled to take place within the months of November 2012 to February 2013. A tentative timeline is indicated, but can be revised by the MTR team with prior consultation with the SHOUHARDO II Management.

Table 1 – Schedule of MTR

Major Events	When/Deadline
CARE Bangladesh (CB) invites potential consultants (MTR Team) to submit technical and financial proposals separately in non editable mode.	18 July 2012
Submission of detail technical and financial proposals from respective interested consultants (MTR team) to CB. Respective consultants will	23 August 2012

mention in proposals names of personnel to be engaged, how the MTR will be undertake assignments and other relevant technical factors.	
Contract agreed and signed by both parties by	Tentatively 05 September, 2012
MTR Team starts assignment in Bangladesh	5 November 2012
MTR team holds meetings with SHOUHARDO II management and USAID to better understand the Program to help design the tools and questionnaires to be applied in the MTR	5 – 8 November 2012
TL submits detailed questionnaires and tools to be applied in MTR to CB	12 November 2012
CB approves submitted questionnaires	14 November 2012
Secondary data review period for MTR team	5 – 17 November 2012
Training of Enumerators by MTR Team on tools and questionnaire	18 – 22 November 2012
Revision of tools / questionnaires if required, and updating enumerators on changes	23 – 24 November 2012
“Qualitative” data collection and analysis (schedule to be determined by MTR team)	11 Nov – 31 Dec 2012
“Quantitative” Data collection and analysis (THIS PERIOD IS FIXED AND NON-NEGOTIABLE)	1 – 31 December 2012
Presentation to CARE, USAID, and SHOUHARDO II Partners (date to be mutually agreed depending on progress on analysis)	
MTR Team to submit draft report to CB and USAID	19 January 2013
CB provides feedback to MTR Team on draft report	31 January 2013
MTR Team to submit Final Report to CB	9 February 2013

F. Point of Contact

Once the contract is signed, the contact person at CARE is Faheem Khan, Chief of Party, SHOUHARDO II, CARE Bangladesh (faheem@bd.care.org).

G. Deliverables

13. The following deliverables are to be submitted to CARE:

Work Plan

Methodology Plan

Survey Questionnaire

Debriefings: The full team will debrief FDHA, MYAP Implementing Partners, USAID Mission Director's office, and other USAID/USG offices and on their findings, conclusions and recommendations, before leaving Bangladesh using a PowerPoint presentation and any briefing materials required. FDHA will provide feedback during the briefing meeting.

Draft Evaluation Report:

Detailed Final Report. This must at a minimum contain an

Table of content

Executive Summary

Introduction

Objectives of MTR

Methodology

Process how MTR was conducted, including sampling methodology

Findings of review

Recommendations

Conclusions

Reference Annexes

3 full sets in hardcopy (colour, if pictures or different colours used)

Soft copy of full report, with all attachments

Softcopies of all data files and syntax in SPSS used

Complete and cleaned Data and Syntax with variables description and analysis in SPSS

Data weights

Data Entry Template/ Screen used

Data Table showing progress against the IPTT+ SAPQ indicators (by region, PM2A/ MCHN, WBA- PEP/ Non_PEP), MDG Indicators

Md. Shamsuzzaman

Procurement Officer

Annex B: Mid-Term Review Methodological Design

1. Introduction

CARE Bangladesh's SHOUHARDO II Program builds on the highly successful SHOUHARDO (Strengthening Households Ability to Respond to Development Opportunities) Program, which ended in May 2010. Funded by the USAID Office of Food for Peace (FFP) for 2010-2015, SHOUHARDO II remains 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.

The overall goal of the program is to:

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

SHOUHARDO II's integrated and complex design aims to address not only the availability, access, utilization, and stability issues that lead to food insecurity, but also the underlying social issues that contribute to vulnerabilities such as a lack of participation, injustice, and discrimination that prevent poor and extremely poor households from realizing their full potential in leading healthy and productive lives. In order to achieve the SHOUHARDO II's program goal, CARE partners with 16 NGOs and collaborates closely with a dozen government ministries to achieve the following Strategic Objectives and Immediate Results:

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.

The mid-term evaluation has four primary objectives. They are to:

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

In order to meet each of the objectives listed above, the mid-term review (MTR) team will be guided by the following 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?

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?

These questions have been further elaborated in an evaluation or MTR matrix, which can be found as Annex 1. The MTR Matrix presents key questions as per each Strategic Area and Objective, Immediate results, potential indicators, relevant OECD/DAC criteria and primary sources of information.

2. Approach and methodology

The SHOUHARDO II Program is an ambitious effort in that it seeks to integrate more traditional food security interventions with those aimed specifically at enhancing the social and economic empowerment of vulnerable populations in 11 of the poorest and most marginalized districts in Bangladesh. Accordingly, the MTR team fielded by TANGO will follow a research approach that is as comprehensive and integrated as the program

itself. In doing so, the MTR team will draw on its complementary technical strengths and TANGO's substantial experience in Bangladesh. Emphasis will be given to complementing the research approach used in the baseline assessment for SHOUHARDO II (also carried out by TANGO) so that an appropriate analysis and comparison can be conducted on the data collected. Likewise, the design and implementation of the MTR will ensure that subsequent program monitoring and evaluation activities – in particular the required end-line evaluation – can adhere to the requirements of the USAID office of Food for Peace and the Food and Nutrition Technical Assistance (FANTA III) Project.

In order to accurately assess progress toward program objectives, and identify potential means of improving the efficiency and effectiveness of program interventions, the team will carefully consider 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 will generate information and insights that will inform implementation of the program through its closure (currently scheduled for May 2015). Perhaps most importantly, the MTR will prioritize identification of current weaknesses in program implementation that must be overcome in order to maximize the likelihood of reaching Program objectives by the planned termination date.

TANGO proposes the use of a mixed-methods approach (quantitative and qualitative) in order to provide detailed insight into the progress made thus far in program implementation and potential areas of improvement. The first phase of the MTR will be 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 will directly inform the methodology and research tools utilized in the MTR. CARE Bangladesh and its implementing partners will be responsible for sharing relevant program documentation with the MTR team.

2.1 The quantitative survey instrument

A primary objective of the quantitative component of the MTR is to compare baseline and midterm values of project indicators, including disaggregations of the changes by region, well-being category and gender of household head. The changes are also disaggregated by program approach, that is, MCHN/PEP versus PM2A. In the MCHN/PEP approach, SHOUHARDO II exclusively targets PEP households, including food transfers and other MCHN interventions for pregnant and lactating mothers. This is the approach that was employed for the SHOUHARDO (2005-2009) project. In the PM2A approach, the MCHN interventions are provided to all pregnant and lactating mothers, regardless of socio-economic status. Comparisons across the two approaches are aimed at determining which has greater impact.¹

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 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. The sampling of villages was conducted

¹ For the final evaluation it is important to note that if non-PEP households in villages where the PM2A approach is employed are allowed to participate in the project's non-MCHN interventions then simple comparison of outcomes between the two approaches will not be a valid reflection of their relative impact.

by TANGO and can be found as Annex 2. 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.

Questionnaire Design

TANGO developed a draft household questionnaire based largely on the SHOUHARDO II baseline questionnaire, the SHOUHARDO II Indicator Performance Tracking Table (IPTT) and TANGO's experience in similar surveys. The MTR Team received proposed changes from the SHOUHARDO II team incorporated them into the final survey instrument, which was used for training purposes (see Annex D).

Translation and pre-testing of MTR Research Instruments

Following approval by CARE Bangladesh, the draft questionnaire and qualitative research instruments (topical outlines) were translated into Bangla. This process ensured that every question or request for information utilizes words and phrases easily understood by respondents. Mitra and Associates engaged highly skilled, experienced translators to translate the research instruments into Bengali. Survey instruments were also back-translated to English to verify the accuracy of the Bengali translations.

Pre-testing of the research instruments was not fully conducted as the earlier baseline design was comprehensively tested. It also received extensive inputs from CARE, FANTA, and USAID. The questionnaire includes standard questions those are internationally recognized (FANTA, WHO). Reiterating the same process was not worthwhile considering time and effort.

Data Collection Team Recruitment, Composition and Enumerators Training:

All field personnel were initially recruited as trainees based on their professional experience carrying out social and economic research and their educational qualifications. Trainees were appointed to specific posts depending on his/her performance during training. The MTR Team Leader and Qualitative Supervisor worked with Mitra and Associates and CARE Bangladesh to fill positions for Quality Control Officers, Supervisors, Qualitative Interviewers and Quantitative Enumerators.

There were 20 data collection teams and each team had 7 members (1 Team Leader + 5 Interviewers). Some additional interviewers will be standby in case of emergency replacement. Mitra ensured that at least 60% interviewers were experienced in data collection for large scale survey. There is language barrier in Cox's Bazar region. As suggested by CARE, Mitra tried to recruit local data collectors for Cox's Bazar as much as possible. The recruitment was completed by 15 November 2012. Data collectors training including field exercise started from 17 November 2012. The was finished by 28 November. Mitra developed a detail training plan and will share by 14 November. CARE ensured their technical staff's presence in the respective sessions according to the training session plan.

2.2 The Qualitative Survey Instruments

The *qualitative component* of the MTR entailed document review, focus group discussions (FGD), key informant interviews and observation of selected activity implementation. The FGD and KIIs were conducted

among a sub-sample of communities selected from the 200 villages selected for the quantitative survey. The qualitative team conducted focus group discussions and key informant interviews to obtain diverse perspective from the different target groups SHOUHARDO II works with. Emphasis was placed on gaining in-depth information on the process and impact of program activities on the economic and social wellbeing of participating households. Collection and analysis of qualitative data complemented quantitative data obtained through household interviews by providing rich information on the factors contributing to food insecurity and marginalization among vulnerable households within SHOUHARDO II’s program area. Within each region the qualitative team consisted of approximately six members (1 MTR team member, a translator, and 4 facilitators) and included both male and female members to ensure the appropriateness and accuracy of information related to gender. Mitra was responsible for identifying qualified qualitative team members for participation in the MTR. The Qualitative Supervisor (Tom Spangler supported by Jennifer Rosenzweig and other team members) assumed responsibility for providing qualitative training, overseeing the fieldwork of qualitative team members and completing analysis of the qualitative data.

Sample Design and Sampling:

The quantitative survey sampling methodology resulted in the selection of 25 villages per region. The selection criteria for the qualitative sampling within these 25 villages per region included:

Using either PM2A or MCHN approach, to explore differences between the two. This is most important criteria.

Seen by the SHOUHARDO II program team as being successful or not. It will be helpful to be provided with examples of areas where the program approach seems to work and where it doesn’t in order to hone in on key characteristics of the program and finding suggestions for improvement to the design human and financial resources, and implementation mechanism.

Implemented by CARE or Partner NGO to review any differences in implementation mechanism, quality of inputs and results. Note: As CARE is only implementing 10 per cent of the program as opposed to 90 per cent of the program through 16 Partner NGOs, we can not give too much weight to this factor. Therefore most of the selected villages should be drawn from the list implemented by Partner NGOs rather than CARE.

The proposed purposive sampling leads to a distribution as shown below. The actual selection of villages was completed by 20 November in close collaboration with SHOUHARDO II management. This allowed us to make comparisons within and between different program modes.

Region	Village	PM2A	MCHN
North Char	Village A	X	
	Village B		X
Mid Char	Village C	X	
	Village D		X
Haor	Village E	X	
	Village F		X

Coastal Belt	Village G	X	
	Village H		X

Document Review

A review of program documentation and literature includes the

SHOUHARDO I program documentation – MTR and final evaluation;
 SHOUHARDO II program documentation – including MYAP Proposal; Baseline Report; the Well-Being Analysis; Annual Results Reports – 2010, 2011 and 2012; Financial Reports; information sheets;
 Admissible Evidence in the Court of Development Evaluation? The Impact of CARE’s SHOUHARDO Project on Child Stunting in Bangladesh (IDS Working Paper: Volume 2011, Number 376);
 Review of documentation of other Title II programs in Bangladesh (SCF and ACDI/VOCA);

Focus Group Discussions

FGDs provided insight into SHOUHARDO II’s programmatic progress, appropriateness of its design, targeting, and barriers to its implementation from the perspective of program beneficiaries. Given the complexities of the programmatic design, a double layer design was used to allow for comparisons within individual target groups, as well as within and between target regions and targeting approaches (PM2A compared with MCHN). Focus group participants included a broad range of beneficiaries ensuring fair representation of men, women and specific target groups.

The table below presents the overview of proposed focus group participants, purpose, and related SO. This same design was repeated for each of the four geographies. To ensure efficient use of time, FGDs were held simultaneously within target villages, and the four geographic target areas. Within each of the four geographic targets two villages were purposefully selected. Each focus group was conducted twice per selected village in each of the four target geographies. Analysis plans are being developed to help process the results from these sessions and draw out key elements for the analysis.

Focus Group Discussion Participants	Focus Group Discussion Purpose	Related Strategic Objective
Women participating in GMP/Courtyard sessions	To understand influence of GMP/courtyard sessions and barriers to behavior change on key health/nutrition.	SO2
Women participating in EKATA groups	To understand how EKATA groups function and how they have influenced women empowerment at community and household level	SO2 SO3
Women participating in EAW forum	To understand how EAW forums function, improve access to information and services, and influence women’s empowerment	SO3

Community Health Volunteers (CHV)	From the perspective of CHVs understand programmatic progress, and barriers to behavior change for key health and nutrition interventions.	SO2
Farmers participating in crop, livestock and/or fisheries activities	To understand the role of improved livelihoods in this program, and impact of people's lives	SO1
Community Agriculture Volunteers (CAV)	To understand the role of volunteers in being agents of change, strengths and weaknesses of plus support from government	SO1
Male members of Village Development Committees (VDC)	To understand the participation of PEP in decision-making and their attitudes towards empowerment of women	SO4 SO5
Female members of VDC	To understand the actual empowerment taking place	SO1 SO4 SO5
Members of Disaster Management Committees	To understand if DMC is reactivated, operational plans exist, direct link with relevant government agencies is maintained, training is received, any changes have taken place as to infrastructure, etc.	SO5
Disaster Volunteer Groups	Does first line defense and front force for UDMC work? Is training appropriate	SO5

Key Informant Interviews

Key Informant interviews provided insight into SHOUHARDO II's program progress, appropriateness of design, targeting, management, partnerships and sustainability from the perspective of Care staff, partner staff, national and local government representatives, and other stakeholders. Interviews were conducted in Dhaka as well as in the four geographic areas. Key informant interview participants included:

- CARE Management staff
- CARE program/technical staff
- Implementing partner organizations (PNGOs) senior program staff
- Organizations providing technical assistance to SHOUHARDO
- Save the Children and ACDI/VOCA Senior Program Staff
- National government representatives
- District level government representatives
- Upazilla level government representatives

Observation

The MTR team observed activity implementation selected villages per each of the four target regions. These observations were intended to provide insight into the implementation of program methodology, and capacity of Care and NGO partner program staff and volunteers. Based on occurrences during field visits observations were adjusted accordingly.

The following were observed in each of the four geographic areas, if and when possible:

EVAW

Village D C

GMP Sessions

EKATA Group Sessions

Early Childhood Development

Gender roles

Economic Activities

Agricultural/ livelihood support activities

Disaster Management Committees

Disaster Volunteer Groups

Roles and Responsibilities

The MTR team of four experts decided on the following division of labor around the strategic areas and objectives:

MTR Team Member Division of Labor/Specialization

TOPIC	LEAD BY TEAM MEMBER	SUPPORTED BY TEAM MEMBER(S)
Overall Program Management	Rene	Tom
Food Aid Commodity Management	Golam	Tom
SO1 – Availability of, and Access to Food	Rene	Golam
SO2 – Improved Health, Hygiene and Nutrition Status	Jennifer	Rene
SO3 – Empowerment of Women	Jennifer	Tom
SO4 – Capacity Building of LEBs and Government Service Providers	Tom	Jennifer
SO5 – Disaster Preparedness, Mitigation and Response	Rene	Golam

While the MTR members have their specific technical expertise, the approach taken for data collection in the field - with the team splitting up and dealing with all SOs in that particular region - ensured that the program was considered holistically rather than treated as a compilation of separate entities.

MTR Schedule

The schedule and timeline for the MTR is presented in below table.

Schedule of MTR:

Major events	When/Deadline
MTR Team starts assignment in Bangladesh – with preliminary visit of MTR team leader/ discussions with CARE SHOUHARDO II team and USAID	4-9 November
Finalization of methodology plan and survey instruments and submission to CARE B and USAID	16 November
CB and USAID approve methodology and survey instruments	22 November
Secondary data review for MTR team	4-15 November
Training of enumerators for quantitative survey instrument (various modules, including anthropometric measurements, and field practice for new enumerators)	17-28 November
Training of FGD facilitators for qualitative survey (various topical outlines by stakeholder group)	27-29 November
Quantitative data collection	30 November – 20 December
Quantitative data entry/ data cleaning	8 December – 10 January
Qualitative data collection	4 November – 12 December
Qualitative data translation and summarizing	1 December – 20 December
Presentation of preliminary results to CARE and USAID at end of visit of MTR	10 December
MTR team to submit draft report to CB and USAID	31 January
CARE B and USAID provided feedback to MTR team on draft report	14 February
MTR team to submit Final Report	23 February

Annex C: SHOUHARDO II Mid-Term Review Matrix

MID-TERM REVIEW MATRIX SHOUHARDO II

Key Questions in the Terms of Reference	Key Questions for the Mid-Term Review	Main outcomes	Potential Indicators	OECD/DAC Criteria	Main Sources
A1. Assess the overall progress of the SHOUHARDO II Program to date?	<ul style="list-style-type: none"> - What is the overall progress and achievements of the SHOUHARDO II Program components to date against the expected results? - What are the differences in approach across the different livelihood systems? - Are the interventions of good quality? - Will the interventions and benefits sustain? - Is the program relevant/ appropriate and does it show internal coherency in design and modes for implementation? - What are the major constraints to accomplishing the expected program results? - What are the key strengths, weaknesses, opportunities and threats of the SHOUHARDO II Program overall? - Does the comprehensive nature and types of interventions under SHOUHARDO II make implementation complex? - Is there sufficient administrative, technical capacity to support the various elements at the various levels? 	<p>Have overall outcomes been defined?</p> <ul style="list-style-type: none"> - Contribution to MDGs: Reduction to poverty, etc. - Empowerment - Capacity Development of communities, women and adolescent girls, government, PNGO, etc. - positive spill-over effects - lessons learned for other (USAID/CARE and Title II) programs/ countries 	<p>Extent to which the project has delivered activities on time (annual work plans + annual and quarterly monitoring reports).</p> <p>Spin-off projects, activities (Pseudo) Scientific articles</p>	<p>Relevance</p> <p>Effectiveness</p> <p>Impact</p> <p>Sustainability</p>	<p>Progress reports</p> <p>MTR baseline repeat</p> <p>Interviews with program staff, policy makers (GoB); donors, community leaders, beneficiaries, UN agencies, etc.</p>

Key Questions in the Terms of Reference	Key Questions for the Mid-Term Review	Main outcomes	Potential Indicators	OECD/DAC Criteria	Main Sources
	<ul style="list-style-type: none"> - Did externalities interfere with program implementation? - What are opportunities/constraints that the program found in its way, and dealt with? 				
A2. What components of SHOUHARDO II have been most/least effective and what can be done to improve the Program performance?	<ul style="list-style-type: none"> - What SOs are lacking in performance? - What are the main reasons/ drivers for this weak performance? - Are these drivers internal and/or external? - Do all SOs receive appropriate attention? - How do the various SOs interact? - What can be done to improve performance in the next 2.5 years? 			Efficiency Effectiveness	SWOT/SWOC analysis/ interviews with Program staff, CARE Bangladesh, USAID, partners, etc. Progress reports, etc.
A3. How effective are SHOUHARDO II's approaches in the achievement of the Program's objective and results?	<ul style="list-style-type: none"> - Have SHOUHARDO I lessons learned been integrated into phase II design? - What have been the lessons from this Title II program/ effects from monetization, if any? - Is the program spreading its resources wisely, or too thinly for maximum impact? - Is the approach followed effective or too large? - How successful is the program approach – linkages between the components as a multi-sectoral program and what can be improved? 			Relevance Effectiveness Impact Sustainability	Program staff, USAID, CARE Bangladesh

Key Questions in the Terms of Reference	Key Questions for the Mid-Term Review	Main outcomes	Potential Indicators	OECD/DAC Criteria	Main Sources
B - SO1 - Which components of the current strategy require modification to enhance effectiveness in availability and access to nutritious food?	<p>DESIGN:</p> <ul style="list-style-type: none"> - Are there weaknesses in the design of the SO – as to Logframe, assumptions, partners, selection of beneficiaries and implementation modes? <p>TARGETING:</p> <ul style="list-style-type: none"> - How were HH selected? Does it include sufficient numbers of PEP? <p>MANAGEMENT</p> <ul style="list-style-type: none"> - Are roles and responsibilities clear? - How is this SO linked with others? - How is the internal communication with partners and beneficiaries? <p>PROGRESS:</p> <ul style="list-style-type: none"> - What are the achievements in outputs and outcomes? - What can be said about successes of various modes of implementation? - What are the key strengths, weaknesses, opportunities and threats/ constraints of this SO? - What mitigating strategies have been implemented to counter constraints? <p>PARTNERSHIPS:</p> <ul style="list-style-type: none"> - Have implementing partners been sufficiently assessed for their capacity? How? - How has capacity been built? <p>SUSTAINABILITY/EXIT STRATEGY:</p>	<p>1.1 Increased food availability for communities through improved and diversified agricultural development and linkages with private sector and government services</p> <p>1.2 PEP in the program communities increase household income</p>	<ul style="list-style-type: none"> - % of beneficiaries adopting new technologies - % of PEP HH accessing Ag inputs, finance and services - % individuals received training - HH monthly income pp - # of PEP enterprises participating in value chain - # of PEP IGAs established/ improved - # of program targeted communities with safety nets 	<p>Relevance</p> <p>Effectiveness</p> <p>Impact</p> <p>Sustainability</p>	<p>Baseline repeat</p> <p>FY Annual Results</p> <p>Reports Progress reports</p> <p>M&E data base</p> <p>Interviews</p>

Key Questions in the Terms of Reference	Key Questions for the Mid-Term Review	Main outcomes	Potential Indicators	OECD/DAC Criteria	Main Sources
	<ul style="list-style-type: none"> - What can be improved to enhance chances for success by end of the program? - What is the program's exit strategy? 				
C – SO2 - How successful has the Program been in improving health hygiene and nutrition for the targeted beneficiaries?	<p>DESIGN:</p> <ul style="list-style-type: none"> - Are there weaknesses in the design of the SO – as to Logframe, assumptions, partners, selection of beneficiaries and implementation modes? <p>TARGETING:</p> <ul style="list-style-type: none"> - How were children, women and families targeted? Does that include sufficient number of PEP HHs and children U2? <p>MANAGEMENT</p> <ul style="list-style-type: none"> - How is this SO linked with others? - How is the internal communication with partners and beneficiaries? <p>PROGRESS:</p> <ul style="list-style-type: none"> - What are the achievements in outputs and outcomes? - What can be said about successes of various modes of implementation? - What are the key strengths, weaknesses, opportunities and threats or constraints of this SO? - What mitigating strategies have been implemented to counter constraints? - Are roles and responsibilities clear? <p>PARTNERSHIPS:</p> <ul style="list-style-type: none"> - What level of capacity have implementing partners with regards to 	<p>2.1 Increased access of communities to and utilization of health and nutrition services, with special emphasis on prevention, in line with MoH protocols</p> <p>2.2 Improved adoption of health, hygiene and nutrition behaviour and caring practices by PEP in target communities</p>	<ul style="list-style-type: none"> - % of underweight (weight for age) children 0-59 months - % of stunting (height for age) children 6-59 months - prevalence of diarrhea children 6-23 months - % of underweight (weight for age) children under age 2y - % immunization (8 diseases) of children by 12 months - % pregnant and lactating women taking iron supplements - # villages with referral linkages with health facilities - # of children reached by nutrition program - % of infants 0-5 months fed exclusively with breast milk - % of mothers who feel important to wash hands 	<p>Relevance</p> <p>Effectiveness</p> <p>Impact</p> <p>Sustainability</p>	<p>Baseline repeat</p> <p>FY Annual Results</p> <p>Reports Progress reports</p> <p>M&E data base</p> <p>Interviews</p> <p>Observation mother groups & GMP</p> <p>FGD mothers</p> <p>FGD CHVs</p>

Key Questions in the Terms of Reference	Key Questions for the Mid-Term Review	Main outcomes	Potential Indicators	OECD/DAC Criteria	Main Sources
	<p>IYCF and BCC?</p> <ul style="list-style-type: none"> - How has capacity been built? <p>SUSTAINABILITY/EXIT STRATEGY:</p> <ul style="list-style-type: none"> - What can be improved to enhance chances for success by end of the program? - What is the program's exit strategy? 		<p>at 5 critical times</p> <ul style="list-style-type: none"> - % of beneficiaries using improved hygiene and sanitation facilities - % children 6-23 months who receive an acceptable diet (apart from breast milk) 		
<p>D. – SO3 – To what extent is SHOUHARDO II strengthening the women and adolescent girl's empowerment within their families, communities and Union Parishad?</p>	<p>DESIGN:</p> <ul style="list-style-type: none"> - Are there weaknesses in the design of the SO – as to Logframe, assumptions, partners, selection of beneficiaries and implementation modes? <p>TARGETING:</p> <ul style="list-style-type: none"> - How were children, women and families targeted? Does that include sufficient number of PEP HHs? <p>MANAGEMENT</p> <ul style="list-style-type: none"> - How is this SO linked with others? - How is the internal communication with partners and beneficiaries? <p>PROGRESS:</p> <ul style="list-style-type: none"> - What are the achievements in outputs and outcomes? - What can be said about successes of various modes of implementation? - What are the key strengths, weaknesses, opportunities and threats or constraints of this SO? - What mitigating strategies have been implemented to counter constraints? - Are roles and responsibilities clear? 	<p>3.1 Increased ability of the poor women and adolescent girls to influence decisions affecting their community and family's food security and well-being</p> <p>3.2 Men and women are working together to reduce VAW</p>	<ul style="list-style-type: none"> - % women control of economic resources - % of PEP women involved in community level decisions - % PEP women accessing local institutions - Decision making score for women in HH - # PEP women obtained membership in Warda Sava/UP committees - # abused PEP women and girls taking support from medical, legal and other - # of UP VAW committees functioning 	<p>Relevance</p> <p>Effectiveness</p> <p>Impact</p> <p>Sustainability</p>	<p>Baseline repeat</p> <p>FY Annual Results</p> <p>Reports Progress reports</p> <p>M&E data base</p> <p>Interviews</p> <p>Observation mother groups & GMP</p> <p>FGD mothers</p> <p>FGD CHVs</p>

Key Questions in the Terms of Reference	Key Questions for the Mid-Term Review	Main outcomes	Potential Indicators	OECD/DAC Criteria	Main Sources
	<p>PARTNERSHIPS:</p> <ul style="list-style-type: none"> - What level of capacity do implementing partners have regarding addressing women and girl empowerment and violence against women? - How has Care built partner capacity related to violence against women and girl empowerment? <p>SUSTAINABILITY/EXIT STRATEGY:</p> <ul style="list-style-type: none"> - What can be improved to enhance chances for success by end of the program? - What is the program's exit strategy? 				
<p>E – SO4 – How has the project contributed to strengthening local elected bodies and government bodies and government service providers responsiveness to the PEP?</p>	<p>DESIGN:</p> <ul style="list-style-type: none"> - Are there weaknesses in the design of the SO – as to Logframe, assumptions, partners, selection of beneficiaries and implementation modes? <p>TARGETING:</p> <ul style="list-style-type: none"> - How were Gvt bodies and service providers selected? <p>MANAGEMENT</p> <ul style="list-style-type: none"> - How is this SO linked with others? - How is the internal communication with partners and beneficiaries? <p>PROGRESS:</p> <ul style="list-style-type: none"> - What are the achievements in outputs and outcomes? - What can be said about successes of various modes of implementation? - What are the key strengths, 	<p>4.1 Increased capacity of NBD and local government in target communities to address FI among PEP, especially women</p>	<ul style="list-style-type: none"> - # of PACC established at National, Divisional, District and Upazila levels - PEP aware of the responsibilities and roles & responsibilities of NBDs and local government, as well as their own entitlements - # of UP practicing open budget annually - Local gvt allocating increased budget towards PEP - UP including PEP women (and men) in positions of power (committees) - # assisted communities 	<p>Relevance Effectiveness Impact Sustainability</p>	<p>FY Annual Results Reports Progress reports M&E data base Interviews</p>

Key Questions in the Terms of Reference	Key Questions for the Mid-Term Review	Main outcomes	Potential Indicators	OECD/DAC Criteria	Main Sources
	<p>weaknesses, opportunities and threats or constraints of this SO?</p> <ul style="list-style-type: none"> - What mitigating strategies have been implemented to counter constraints? - Are roles and responsibilities clear? <p>PARTNERSHIPS:</p> <ul style="list-style-type: none"> - What level of capacity have implementing partners? - How has capacity been built? <p>SUSTAINABILITY/EXIT STRATEGY:</p> <ul style="list-style-type: none"> - What can be improved to enhance chances for success by end of the program? - What is the program's exit strategy? 	<p>4.2 PEP in target communities have increased access to entitlements and services, including safety nets and natural resources</p>	<p>with improved capacity</p> <ul style="list-style-type: none"> - PEP HH accessing safety net programs - PEP HH accessing common/ public resources 		
<p>F – SO5 – To what extent are community members and government institutions better able to deal with disasters?</p>	<p>DESIGN:</p> <ul style="list-style-type: none"> - Are there weaknesses in the design of the SO – as to Logframe, assumptions, partners, selection of beneficiaries and implementation modes? <p>TARGETING:</p> <ul style="list-style-type: none"> - How are beneficiaries/ partners and priorities for action selected? <p>MANAGEMENT</p> <ul style="list-style-type: none"> - How is this SO linked with others? - How is the internal communication with partners and beneficiaries? <p>PROGRESS:</p> <ul style="list-style-type: none"> - What are the achievements in outputs and outcomes? - What can be said about successes of various modes of implementation? - What are the key strengths, 	<p>5.1 Disaster prevention, preparation, mitigation and response strategies/ plans around disaster and climate change are developed and operational in target communities and local government</p>	<ul style="list-style-type: none"> - # of contingency plans in place/ operational - # and % communities where DRM measures have been taken - % of communities with operational EWS in place - % of communities responding in timely to early warning information - % of communities accessing safe placers after early warning signals have been received 	<p>Relevance Effectiveness Impact Sustainability</p>	<p>Baseline repeat FY Annual Results Reports Progress reports M&E data base Interviews</p>

Key Questions in the Terms of Reference	Key Questions for the Mid-Term Review	Main outcomes	Potential Indicators	OECD/DAC Criteria	Main Sources
	<p>weaknesses, opportunities and threats or constraints of this SO?</p> <ul style="list-style-type: none"> - What mitigating strategies have been implemented to counter constraints? - Are roles and responsibilities clear? <p>PARTNERSHIPS:</p> <ul style="list-style-type: none"> - What level of capacity have implementing partners? - How has capacity been built? <p>SUSTAINABILITY/EXIT STRATEGY:</p> <ul style="list-style-type: none"> - What can be improved to enhance chances for success by end of the program? - What is the program's exit strategy? 	5.2 National and international policy informed of needs of the PEP, who are most vulnerable to food insecurity due to impact of disasters and climate change	<ul style="list-style-type: none"> - # of meetings organized and # of relevant organizations present - # of PEP participating in decision-making in Union Disaster Management Committees (UDMC) 		
G. The effectiveness of the Program Management and areas, which can be improved upon.	<ul style="list-style-type: none"> - How well is the program managed? - How strong is the M&E and reporting? - Where did the program show its flexibility to changed circumstances/opportunities? - How much lessons learning and exchange of LL takes place? - How is CARE's HRM policy towards program staff? If staff turn-over is an issue what contingencies are in place? - What is the Program's knowledge management and communication and advocacy strategy? 		<ul style="list-style-type: none"> - # monitoring reports - # of internal and external meetings - 	Effectiveness	SWOT/SWOC analysis with Program staff Interviews with Policy makers in gvt; donors, program staff, community leaders, UN agencies, etc
H1. Targeting of beneficiaries,	<ul style="list-style-type: none"> - What targeting mechanisms have been used? 		<ul style="list-style-type: none"> - # and % of PNGOs deemed effective 	Relevance Effectiveness	Interviews with statistical experts from Program,

Key Questions in the Terms of Reference	Key Questions for the Mid-Term Review	Main outcomes	Potential Indicators	OECD/DAC Criteria	Main Sources
PNGOs, etc.	<ul style="list-style-type: none"> - How effective do they seem? - Is there overlap with other support programs – gvt and non-gvt? 			Efficiency Sustainability	CARE, Gvt of Bangladesh, USAID, and TANGO
H2. Commodities/ monetization	<ul style="list-style-type: none"> - What, if any, is the influence of a USAID Title II program on the performance of the program? - What are the main advantages and disadvantages of a Title II program – need to sell commodities annually? - Do delays occur in provision of support due to annual sales? - Are there any lessons to be learned on monetization from this program? - How is the food aid incorporated into the overall design? - Is it well-balanced or the key attraction of the program? 		<ul style="list-style-type: none"> - feedback/ studies conducted on monetization - on-time payments - # of complaints received for monetization in Bangladesh 	Relevance Efficiency Effectiveness Impact Sustainability	Interviews with experts on monetization of agricultural commodities - Program staff, CARE, USAID, gvt of Bangladesh, donors, program staff, UN agencies, universities, etc.
H3. Partnerships	<ul style="list-style-type: none"> - What is the performance of the Program’s main partners? - Have selected partners enough capacity? - What is done to improve capacity (technical, administrative and financial)? - How is the communication set up? - Are there clear terms of reference/ respective roles and responsibilities? - Is the oversight of good quality? - is there regular feedback on 		<ul style="list-style-type: none"> - % of activities delivered on time - 	Effectiveness Sustainability	Performance sheets/ delivery sheets M&E database, Progress sheets, program reports Interviews with program staff, gvt staff, and partners

Key Questions in the Terms of Reference	Key Questions for the Mid-Term Review	Main outcomes	Potential Indicators	OECD/DAC Criteria	Main Sources
	<p>performance?</p> <ul style="list-style-type: none"> - How is quality of technical support guaranteed? - How is quality of support measured? 				
H3-1 Implementing partners (PNGO)	<ul style="list-style-type: none"> - What are the key strengths and weaknesses among PNGOs and how does it affect the Program's performance? - Have the PNGOs have enough capacity to manage such a large comprehensive program? - Are changes necessary? - How is the communication and CD towards the partners? 		<ul style="list-style-type: none"> - # of MOUs signed and operational - # of meetings held - # and % of activities completed according to work plan by SO 	<p>Effectiveness Efficiency Impact Sustainability</p>	<p>Performance sheets, M&E database, Progress reports, Interviews with program staff, gvt staff, and partners</p>
H3-2 Government Partners	<ul style="list-style-type: none"> - What is the role and contribution of the government in this program? - Is there real buy-in? - How constructive and reliable are they as a partner? - How strong/effective are the linkages between the different institutional levels (communities up to national level) - Does the Program spend enough to educate staff about rights-based approaches (RBA)? - Can the government indeed provide an exit strategy/ have access to increased resources if more PEP access 		<ul style="list-style-type: none"> - # of MOUs signed and operational - # of meetings held - financial/ in kind contributions from government agencies/ staff - active participation of government staff in all components, including 	<p>Effectiveness Efficiency Impact Sustainability</p>	<p>performance sheets based on MOUs M&E database, Progress sheets, program reports Interviews with program staff, gvt staff, and partners</p>

Key Questions in the Terms of Reference	Key Questions for the Mid-Term Review	Main outcomes	Potential Indicators	OECD/DAC Criteria	Main Sources
	safety nets?				
H3-3 Technical Partners	<ul style="list-style-type: none"> - Have the international technical partners been well selected? - Is the work undertaken by international technical partners directly relevant to the beneficiaries and success of the Program? 		<ul style="list-style-type: none"> - # of international technical partners active - # of results that show immediate effect on success of the Program 	<ul style="list-style-type: none"> Effectiveness Efficiency Impact Sustainability 	

Annex D: List of Individuals/Organizations Consulted

Name	Organization	Title
Shahnaz Zakaria	USAID	Deputy Director, Office of Food Disaster and Humanitarian Assistance
Mannan Mazumder	CARE Bangladesh – SHOUHARDO II	Senior Technical Manager - Governance
Md. Shafiqur Rahman	CARE Bangladesh – SHOUHARDO II	Humanitarian Assistance Coordinator
Palash Mondal	CARE Bangladesh – SHOUHARDO II	Senior Technical Manager – Humanitarian Assistance
Sajeda Yasmin	CARE Bangladesh – SHOUHARDO II	Senior Technical Manager – EKATA and Education
Monjur Rashid	CARE Bangladesh – SHOUHARDO II	Knowledge Management Coordinator
H.J.M. Kamal	CARE Bangladesh – SHOUHARDO II Program	National Technical Coordinator (NTC)
Md. Mehrul Islam	CARE Bangladesh	Director, Program Quality Unit
Sajeda Begum	CARE Bangladesh – SHOUHARDO II	Regional Coordinator - Mymensingh Regional Office
Monzu Morshed	CARE Bangladesh – SHOUHARDO II	Deputy Chief of Party
Md. Raquibul Hasan	CARE Bangladesh – SHOUHARDO II	Regional Monitoring & Evaluation Manager - Mymensingh Regional Office
Md. Anwarul Islam	CARE Bangladesh – SHOUHARDO II	Regional Resource Manager – Mymensingh Regional Office
Md. Abdul Alim	CARE Bangladesh – SHOUHARDO II	Regional Program Manager – Mymensingh Regional Office
Tamiz Uddin Ahmed	CARE Bangladesh – SHOUHARDO II	Regional Technical Manager – Mymensingh Regional Office
Sanjib Biswas Sanjoy	CARE Bangladesh – SHOUHARDO II	Technical Manager for Humanitarian Assistance, Mymensingh Regional Office
Alvin Swarish	CARE Bangladesh – SHOUHARDO II	Program Officer, SHOUHARDO II Program, Jamalpur Hub Office, Mymensingh Region
Mrinal Kanti Chakraborty	CARE Bangladesh – SHOUHARDO II	Field Supervisor, SHOUHARDO II Program, Iswargonj Team Office, Mymensingh Region
A.H.M. Lokman	Government of Bangladesh	Deputy Director of Local Government (DDLG), Mymensingh District
Lokman Hossain Miah	Government of Bangladesh	Deputy Commissioner, Mymensingh District
Mir Nahid Ashasan	Government of Bangladesh	Upazila Nirbahi Officer (UNO), Muktagacha Upazila, Mymensingh District
Hasina Zaman	Government of Bangladesh	Upazila Women’s Affairs Officer, Muktagacha Upazila, Mymensingh District
Md. Mahbulul Alam	Government of Bangladesh	Upazila Agricultural Officer, Muktagacha Upazila, Mymensingh District
Advocate Bador Uddin Ahmed	Government of Bangladesh	Chairman, Upazila Parishad, Muktagacha Upazila, Mymensingh District

Name	Organization	Title
Saifuddin Ahmed	Government of Bangladesh	Chairman, Borogram Union Parishad, Muktagacha Upazila, Mymensingh District
Md. Shajahan Buiyan	Government of Bangladesh	Chairman, Sarisha Union Parishad, Iswargonj Upazila, Mymensingh District
Tushar Daring	Social Association for Rural Advancement (SARA), Nandibari, Mymensingh	Executive Director, Social Association for Rural Advancement (SARA),
Monir Uddin Nishat	Social Association for Rural Advancement (SARA), Haluaghat, Mymensingh	Project Manager, SHOUHARDO II Program, SARA, Haluaghat
Begum Rokeya	Sabalambay Unnayan Samity (SUS), Shibgonj Road, Netrakona	Executive Director, Sabalambay Unnayan Samity (SUS), Netrakona
Showpoun Kumar Paul	Sabalambay Unnayan Samity (SUS), Shibgonj Road, Netrakona	Program Director & Focal Person, SHOUHARDO II Program, Sabalambay Unnayan Samity (SUS)
Sanwar Hossain Khan Pathan	Sabalambay Unnayan Samity (SUS) Dharampasha, Sunamgonj	Program Manager, SHOUHARDO II Program, Sabalambay Unnayan Samity (SUS) Dharampasha, Sunamgonj
Mahabub Huda	UNNAYAN SANGHA (US), Jamalpur	Deputy Executive Director, UNNAYAN SANGHA (US), Jamalpur
Md. Mustasim Billah	UNNAYAN SANGHA (US), Jamalpur	Program Manager, SHOUHARDO II Program, Jamalpur
S.M. Khaleque Zaman	CARE Bangladesh – SHOUHARDO II	Regional Coordinator – Sirajganj Regional Office
Md. Jamal Hossain	CARE Bangladesh – SHOUHARDO II	Regional Program Manager – Sirajganj Regional Office
Rafiqul Alam Khan	CARE Bangladesh – SHOUHARDO II	Regional Technical Manager – Sirajganj Regional Office
Biswojit Kumar Roy	CARE Bangladesh – SHOUHARDO II	Technical Manager, Humanitarian Assistance – Sirajganj Regional Office
Dr. Md. Abdul Ahad Talukder	CARE Bangladesh – SHOUHARDO II	Technical Manager – Health, Hygiene and Nutrition, Sirajganj Regional Office
Md. Safiul Islam	Government of Bangladesh	Upazila Nirbahi Officer (UNO), Kazipur Upazila, Sirajganj District
Zahida Ferdoushi	Government of Bangladesh	Upazila Women’s Affairs Officer, Kazipur Upazila, Sirajganj District
Santosh Chandra Chanda	Government of Bangladesh	Agricultural Officer, Kazipur Upazila, Sirajganj District
Sharmin Akhter	Government of Bangladesh	Fisheries Officer, Kazipur Upazila, Sirajganj District

Name	Organization	Title
Dr. Md. Sohel Alam Khan	Government of Bangladesh	Livestock Officer, Kazipur Upazila, Sirajganj District
Mozammel Haque Sarker	Government of Bangladesh	Upazila Chair, Kazipur Upazila, Sirajganj District
Most. Rehena Khatun	Government of Bangladesh	Upazila Vice Chair, Kazipur Upazila, Sirajganj District
Md. Ismail Hossain	Government of Bangladesh	Youth Development Officer, Kazipur Upazila, Sirajganj District
Md. Maruf Hossain	Government of Bangladesh	Cooperative Officer, Kazipur Upazila, Sirajganj District
Dr. Md. Zahidul Islam	Government of Bangladesh	Health & Family Planning Officer, Kazipur Upazila, Sirajganj District
Subrata Kumar Saha	CARE Bangladesh – SHOUHARDO II	Regional Coordinator
Mukti Mazumder	CARE Bangladesh – SHOUHARDO II	Regional Program Manager
Md. Nabinur Rahman	CARE Bangladesh – SHOUHARDO II	Regional Technical Manager, Rangpur Regional office, Rangpur
Ms. Asrafiz Zahariea Prodhan	CARE Bangladesh – SHOUHARDO II	TM-Empowerment, Rangpur Regional office, Rangpur
Ms. Aslam Houssain Talukder	CARE Bangladesh – SHOUHARDO II	Technical Manager , Rangpur Regional office
A Z M Ershad Ahsan Habib	GOB	Upazilla Nirbahi officer, Bhurungamari, Kurigram
Harun or Rashid	PNGO –Solidarity	Executive director , Solidarity Kurigram
Resel Ahmed Liton	PNGO, SKS Foundation	Chief executive , SKS Foundation Gaibandha
Mostofa Kamal	PNGO-JSKS	Executive Director , JSKS, Dinajpur
Samol Sarker	PNGO-MJSKS	Director , MJSKS , Ulipur , Kurigram
Hassan Ali	PNGO, BDSC	Executive Director , BSDC, Dhaka
Abdur Rashid	PNGO , RIC	Deputy General Manager, RIC Dhaka
Md. Zoynal Abedin	CARE Bangladesh – SHOUHARDO II	Regional Program Manager
Nazim Uddin Ahmed Chowdhury	CARE Bangladesh – SHOUHARDO II	Regional Technical Manager
Md. Babul Azam	CARE Bangladesh – SHOUHARDO II	Regional Infrastructure Manager
Md. Joynal Abedin	CARE Bangladesh – SHOUHARDO II	Program Officer
Ashutosh Karmaker	CARE Bangladesh – SHOUHARDO II	M&EO
Md. Delowar Hossain	CARE Bangladesh – SHOUHARDO II	SGFO
Md. Umra	SHED, Teknaf	Executive Director
Md. Showkat Ali	SHED, Teknaf	Program Coordinator
Md. Harun -or-Rahsid	SHED, Teknaf	TO-A&L

Annex E: SHOUHARDO II Mid-Term Review (MTR) Survey Questionnaire

INFORMED CONSENT

Hello:

I am _____. I am from Mitra and Associates which is a private consultancy firm. Its Head Office is in Dhaka. To assist the proper implementation of social development actions in our country, our organization conducts various surveys. Currently we are carrying out a Mid Term Evaluation Survey of **Shouhardo II** program which is implemented by CARE. It is financed by USAID/FFP and LGRD and Cooperative Ministry of GoB and getting technical assistance from TANGO INTERNATIONAL. We like to collect information on socio-economic condition and mother and child health of your Household. Your Household is randomly selected. The information provided by you will be very confidential and any name must not be used with information. It is expected that you/your family members will be participated in this survey which will support to do accurate planning and implementation of **Shouhardo II** program of CARE. The survey will take 1-2 hours. Here your participation is utterly depends on you/ your family members agreement. You may not participate or may postpone the interviewing. Though we expect, you will participate, because yours opinion and provided information is very crucial for this survey.

If you have any question as a participant of this survey, you may contact here.

Address: Director, Mitra and Associates, 2/17 Iqbal Road, Mohammadpur, Dhaka-1207, Bangladesh

Phone: 8118065, 9115503.

May I start the interview now? Yes

No

End

Signature of Interviewer: _____ Date _____

Signature of Interviewee: _____ Date _____

Question Serial				
Cluster Number				
HH WBA ID				

HOUR	MINUTE
RECORD TIME THE INTERVIEW STARTED	
□□	□□

Survey Team's ID				
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MODULE A. INFORMATION ON INTERVIEW AND AREA IDENTIFICATION

Interview information

A1	Date of interview	□□	□□	□□□□		
		dd	mm	yy	ID	Signature
A2	Name of Interviewer	1				
A3	Name of Interviewer	2				
A4	Reviewed by (Supervisor/ Name & Code)					
A5	Reviewed by (Team Leader/Name & Code)					
A6	Reviewed by others (Name & Code)					
A7	Data Entry by (Name/Code)					
A8	Entry Date					
A9	Data entry checked by (Name/Code)					

A10	Data entry checked Date				
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Area Identification

	Area		
A11	Region	Coast..... 1 Haor..... 2 Mid Char 3 North Char 4	
A12	District (Use Geo-code)	<input type="text"/>	
A13	Upazila (Use Geo-code)	<input type="text"/>	
A14	Union (Use Geo-code)	<input type="text"/>	
A15	Village (Use Code provided)	<input type="text"/>	
	Result code:		
	Completed..... 1		
	Incomplete .....2	→ write reason	

PART I. HOUSEHOLD INFORMATION

(Respondents are knowledgeable adult household members)

MODULE B. RESPONDENT IDENTIFICATION FOR PART I

		Code	
B1	Name of household head: _____		
B2			

	Respondent's name: 1. _____ (Household head if possible)		
B3	Relationship to household head (see codes below)		
B4	Respondent's name: 2. _____		
B5	Relationship to household head (see codes below)		
B6	Cell or house phone number of household head or other adult household member If no phone number leave blank	<input type="text"/> <input type="text"/> <input type="text"/>	
B7	Marital status of household head List responses and circle code number of response	Married..... 1 Single 2 Divorced/separated 3 Widowed 4	
B8	Disability status of household head List responses and circle code number of response	Not disabled..... 1 Physically disabled (temporary) 2 Physically disabled (permanent) 3 Mentally disabled 4	
B9a	Household well-being category Extract from HH sample sheet	Extreme Poor 1 Poor 2 Lower Middle..... 3 Middle 4 Rich..... 5	

B9b	Household WBA ID	<input type="checkbox"/>					
	Extract from HH sample sheet							

Codes for B3 and B5: Relationship to household head

- | | |
|---|----------------------------------|
| 1= Household head | 10= Brother |
| 2= Wife of household head | 11= Sister |
| 3= Husband of household head | 12= Father/mother in law |
| 4 =Caregiver of children (in absence of mother) | 13= Nephew/niece |
| 5= Son | 14= Grandfather/Grandmother |
| 6= Daughter | 15= Grandson/Granddaughter |
| 7= Father | 16= Sister-in-law/Brother-in-law |
| 8= Mother | 17= Brother's wife |
| 9= Daughter in law/son in law | 18= Others (e.g. servant) |

MODULE C. BASIC INFORMATION ON HOUSEHOLD MEMBERS

Circle line number of member

Line number	Name of member (Start with household head)	Sex 1= Male 2= Female	Age in years (write "0" for less than 1 year)	Education (for ages 6 and up)	Literacy 1= Can read 2 = Can write 3 = Can read and write 4 = Neither	Primary occupation (see codes below)	Secondary occupation (see codes below)	Eligible for		
								Part II: women's empowerment Woman 18 years or older?	Part III: Information on children 0-59 months old	
									Child under 6?	Enter line # of caregiver
		C1	C2	C3	C4	C5	C6	C7	C8	C9
1								1	1	<input type="text"/> <input type="text"/>
2								2	2	<input type="text"/> <input type="text"/>
3								3	3	<input type="text"/> <input type="text"/>
4								4	4	<input type="text"/> <input type="text"/>
5								5	5	<input type="text"/> <input type="text"/>
6								6	6	<input type="text"/> <input type="text"/>

7								7	7	<input type="checkbox"/> <input type="checkbox"/>
8								8	8	<input type="checkbox"/> <input type="checkbox"/>
9								9	9	<input type="checkbox"/> <input type="checkbox"/>
10								10	10	<input type="checkbox"/> <input type="checkbox"/>
11								11	11	<input type="checkbox"/> <input type="checkbox"/>
12								12	12	<input type="checkbox"/> <input type="checkbox"/>
13								13	13	<input type="checkbox"/> <input type="checkbox"/>
14								14	14	<input type="checkbox"/> <input type="checkbox"/>
15								15	15	<input type="checkbox"/> <input type="checkbox"/>

Codes for C3: 0 = No class, 1 = Class 1, 2 = Class 2, 3 = Class 3, 4 = Class 4, 5 = Class 5, 6 = Class 6, 7 = Class 7,

8 = Class 8, 9 = Class 9, 10 = SSC pass, 11 = HSC pass, 12 = Graduate, 13 = Masters

Codes for C5 and C6: 1=Farming, 2 =Agricultural day labor/contract labor, 3 =Fishing, 4 =Poultry and livestock rearing, 5 =Non-agricultural day labor/contract labor, 6 =Casual labor, 7 =Regular salaried employment, 8 =Self employed in business/petty business, 9 =Paid “volunteers”, 10 = House work (child care, home care), 11 =Servant/ Maid, 12 =Student, 13 =Beggar, 14 =Old/ Disabled, 15 =Unemployed, 16 =Other.

MODULE D. HOUSEHOLD ECONOMIC SECURITY

Indicators of economic distress

	For Section D use Head of Household as Respondent	Codes	
D1	Did any resident household member migrate out of the village for part of the last 12 months to find employment?	Yes..... 1 No..... 2 → D2	
D1.1	If yes, how many members migrated? <input type="text"/> <input type="text"/>	
D1.2	What was the longest time any one person was gone (in days) <input type="text"/> <input type="text"/> <input type="text"/>	
D2	Did any resident household member sell labor in advance for part of the last 12 months?	Yes..... 1 No..... 2	
D3	Did any resident household member take out an interest bearing loan from non-formal sources in the last 12 months?	Yes..... 1 No..... 2	
Housing Characteristics		Codes	

D4	<p>What is the main construction material of the walls of your main house?</p> <p>Circle code number of response. (Observation)</p>	<p>Brick 1</p> <p>C.I. Sheet / wood 2</p> <p>Mud wall 3</p> <p>Bamboo 4</p> <p>Straw/jute stick/leaves 5</p> <p>Thatched bamboo/polythene 6</p> <p>Other 7</p>	
D5	<p>What is the main construction material of the roof of your main house?</p> <p>Circle code number of response. (Observation)</p>	<p>Concrete 1</p> <p>C.I. Sheet/wood 2</p> <p>Tiles 3</p> <p>Bamboo 4</p> <p>Straw/jute stick/leave 5</p> <p>Thatched bamboo/polythene 6</p> <p>Other 7</p>	
D6	<p>How many rooms do you have for your family to live in your house?</p>	<p>..... <input type="text"/> <input type="text"/></p>	

Ownership and sales of assets

Domestic assets		D7	D8
	Asset	Number currently owned	Sales in last year
	Now I'm going to ask you about some of the items you own in your house. How many (____) do you own? If do not own, write "0" .		Did you sell any of these kinds of items in the last year?
1A	Chairs		Yes..... 1 No..... 2 DNK 8
1B	Khat		
1C	Cupboard		
1D	Tables		
1E	Show case		
1F	Dressing table		
1G	Watch		
1H	Clock		
1I	Lantern		
1J	Radio		
1K	TV		

1L	Cassette player		
1M	Electric fan		
1N	Mobile Phone		
1O	Gold ornaments/jewelry (ana)		
1P	Silver ornaments/jewelry (ana)		
Transport/Agricultural Assets		D7	D8
	Now I'm going to ask you about your ownership of transportation and agricultural assets. How many ... do you own?		Did you sell any of these kinds of items in the last year?
2A	Boat		Yes..... 1 No..... 2 DNK 8
2B	Motorcycle		
2C	Rickshaw/van		
2D	Bicycle		
2E	Shallow / hand tube well		
2F	Power tiller		
2G	Paddle thresher		
2H	Spray machine		
2I	Plough		

2J	Fishing net		
2K	Pump		
2L	Hoe		
2M	Axe		
2N	Shovel/spader		
Animal Assets			
	Now I'm going to ask you about farm animals. How many do you own?		Did you sell any of animals in the last year?
3A	Cow		Yes..... 1 No..... 2 DNK 8
3B	Buffalo		
3C	Goat		
3D	Sheep		
3E	Chicken		
3F	Duck		
3G	Pigs		

Trees and Plants			
	Now I'm going to ask you about some trees and plants. How many do you own?		Did you sell any of these trees or plants in the last year?
4A	Timber tree		Yes..... 1 No..... 2 DNK 8
4B	Fruit tree		
4C	Bamboo tree		
4D	Medicinal plants		

Land ownership

How much of these types of land do you own (in decimals)?

		Amount owned (Decimals)	
D9_A	Own homestead land	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
D9_B	Own agricultural land	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
D9_C	Land lease-IN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
D9_D	Land lease-OUT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	

D9_E	Mortgage-IN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
D9_F	Mortgage-OUT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
D9_G	Haor (extended marsh)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
D9_H	Pond/ditch	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
D9_I	Other type of land	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	

Distress sales of assets

D10	Did anyone in your household sell any assets in the last year in order to be able to purchase food, pay for medicine, pay school fees, or meet any other urgent household need?	Yes 1 No 2 DNK..... 8	| D12 →
D11	How much money did you get from selling assets for these things? (Taka)	Taka <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DNK.....98	

Household income/Earnings and Expenditure

D12	Did any resident household member bring cash income into the household in the last year? If yes, then write their name and line no in following column. If necessary, see module C column's C5,C6.												1 = Yes 2 = No → D18_A			
	What activities did you make money from in last year? For each activity, record number of months and monthly income. Prompt for more activities till respondent indicates no more.	Number of months in different activities and (net) income for last 12 months														
		Person 1			Person 2			Person 3			Person 4			Person 5		
		Name _____			Name _____			Name _____			Name _____			Name _____		
		Line number from			Line number from			Line number from			Line number from			Line number from Module C <input type="text"/> <input type="text"/>		
		Module C <input type="text"/> <input type="text"/>			Module C <input type="text"/> <input type="text"/>			Module C <input type="text"/> <input type="text"/>			Module C <input type="text"/> <input type="text"/>					
		# of months	Monthly Income (Taka)	Spent Total (Tk)	# of months	Monthly Income (Taka)	Spent Total (Tk)	# of months	Monthly Income (Taka)	Spent Total (Tk)	# of months	Monthly Income (Taka)	Spent Total (Tk)	# of months	Monthly Income (Taka)	Spent Total (Tk)
		D13.1	D13.2	D13.3	D14.1	D14.2	D14.3	D15.1	D15.2	D15.3	D16.1	D16.2	D16.3	D17.1	D17.2	D17.3
a	Agricultural day labor															
b	Agricultural contract labor															
c	Non-agricultural day labour															

d	Non-agricultural contract labor															
e	Casual labor															
F	Regular salaried employment															
g	Self employment in business/service provision															
h	Petty business															
i	Business, using hired labor															
j	Paid "volunteer"															
k	Rickshaw/rickshaw van pulling															
l	Boatman															
m	Working as servant/ maid															
n	Begging															
o	Cash-for-work															
p	Student stipend (including cash value of food received)															
q	Others (specify)															

Other source		Income (Taka)	
D18a	How much income did your household receive from remittances in the last year?	<input type="text"/>	
D18b	... from gifts in the last year?	<input type="text"/>	
D18c	... from pensions/retirement fund?	<input type="text"/>	
D18d	....from leases?	<input type="text"/>	
D18e	.... sales of agricultural products?	<input type="text"/> <input type="text"/> If "0", skip to D18_G	
D18d	How much did you spend on agricultural inputs (e.g., seeds, fertilizer, etc) in the last year?	<input type="text"/>	
D18g	How much income did your HH receive from sales of animals or animal products (including cattle, poultry and fish) in the last year	<input type="text"/> <input type="text"/> If "0", skip to D19_A	
D18h	How much did you spend on inputs needed to raise the animals (e.g., feed, veterinary services) in the last year?	<input type="text"/>	

Remoteness and access to markets

Circle code number of responses

		Codes	
D19a	How long would it take to walk to the nearest town?	Less than 30 minutes 1 30 minutes to 1 hour 2 1 to 2 hours 3 More than 2 hours 4	
D19b	How long would it take to walk to _____ (Upazilla/thana headquarter)?	Less than 30 minutes 1 30 minutes to 1 hour 2 1 to 2 hours 3 More than 2 hours 4	
D19c	Did anyone in your household buy any food in the last year?	Yes 1 No 2	→ D19e
D19d	How long does it take to walk to a place to buy food?	Less than 30 minutes 1 30 minutes to 1 hour 2 1 to 2 hours 3 More than 2 hours 4	



D19e	Some people have their own businesses making things to sell like baskets, rugs or furniture. Does anyone in your household do this?	Yes 1 No 2	D 19g
D19f	How long does it take to walk to the place to sell these things?	Less than 30 minutes 1 30 minutes to 1 hour 2 1 to 2 hours 3 More than 2 hours 4	
D19g	Do you ever sell food that you grow?	Yes 1 No 2 N/A 3	D 19i
D19h	How long does it take to walk to the place to sell the food, for example to a market or to a buyer pick-up location?	Less than 30 minutes 1 30 minutes to 1 hour 2 1 to 2 hours 3 More than 2 hours 4	
D19i	Do you ever buy inputs for crop production like seeds and fertilizer?	Yes 1 No 2	D 20
		Codes	
D19j	How long does it take to walk to the nearest place to buy inputs such as seeds and fertilizer?	Less than 30 minutes 1 30 minutes to 1 hour 2 1 to 2 hours 3 More than 2 hours 4	

Household loans

D20	How many loans does your household currently have? (write total loans)			<input type="text"/> <input type="text"/> If 0, go to D27		
Details by loan						
Loan #	Sex of the household member who took out the loan	What was the source of the loan?	What was the main reason for taking out the loan?	Total amount borrowed (Taka)	Amount of loan still outstanding (Taka)	Rate of interest paid/agreed upon (%)
	1 = Male 2 = Female					
	D21	D22	D23	D24	D25	D26
1				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

2				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Codes for D22			Codes for D23			
Money lender/pawnshop..... 1			Purchase agricultural tools 11			
Bank/formal lending institution .. 2			Purchase agricultural inputs 12			
Informal savings group..... 3			Land purchase 13			
Neighbor/friend/relative..... 4			Livestock purchase..... 4			
			Wedding 11			
			Bride price/Dowry 12			
			Funeral 13			
			Religious event 14			

Household Savings

		Codes	
D27	Does any member of your household have any cash savings (money put aside for some future use)?	Yes	No
Savings #1 (If household has only one form of savings skip additional savings)			
D28.1	Sex of person saving Name: _____	Male	Female
		All household.....	

		Codes	
D29.1	Main method of saving used	Bank..... 1 Savings Scheme/ Coops..... 2 Post Offices 3 Home 4 Insurance company 5 NGO 6 Other 7	
D30.1	Total amount of Taka in savings	Taka..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
D31.1	Reasons for saving (Multiple responses)	To buy household goods 1 To start/help busines 2 To buy land/house 3 For education/training 4 For marriage 5 To build/repair house..... 6 To earn interest from lending 7 Difficult times 8 To meet medical expenses..... 9 To replace lost assets 10 To purchase large asset..... 11 To meet children’s needs 12 To meet all members needs..... 13 Other 14	
Savings #2 (If household has only one form of savings skip to E1)			
D28.2	Sex of person saving Name: _____	Male .....1 Female .....2 All household.....3	
D29.2	Main method of saving used	Bank.....1 Savings Scheme/ Coops.....2 Post Offices 3 Home .....4 Insurance company .....5 NGO 6 Other 7	

D30.2	Total amount of Taka in savings	Taka..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Codes	
D31.2	Reasons for saving (Multiple responses)	To buy household goods 1 To start/help busines 2 To buy land/house 3 For education/training 4 For marriage 5 To build/repair house..... 6 To earn interest from lending 7 Difficult times 8 To meet medical expenses 9 To replace lost assets 10 To purchase large asset..... 11 To meet children’s needs 12 To meet all members needs..... 13 Other 14	
	Savings #3 (If household has only one form of savings skip top E1)		
D28.3	Sex of person saving Name: _____	Male .....1 Female.....2 All household.....3	
D29.3	Main method of saving used	Bank.....1 Savings Scheme/ Coops.....2 Post Offices .....3 Home .....4 Insurance company .....5 NGO 6 Other .....7	
D30.3	Total amount of Taka in savings	Taka..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
D31.3	Reasons for saving? (Multiple responses)	To buy household goods .....1 To start/help busines .....2 To buy land/house .....3 For education/training .....4 For marriage .....5 To build/repair house.....6 To earn interest from lending .....7 Difficult times .....8 To meet medical expenses.....9	

		To replace lost assets .....10	
		To purchase large asset.....11	
		To meet children’s needs .....12	
		To meet all members needs.....13	
		Other .....14	

MODULE E. ACCESS TO SOCIAL SERVICES AND COMMON PROPERTY RESOURCES

Access to and use of social services

Which of the following services are available in your village/union?

List each service one-by-one and record answers. If answer is “Yes” for either A or B, ask question on utilization (C) and circle appropriate code.

	Type of Service	Available in village			Available in union			Utilization		
		Yes..... 1	No 2	DNK..... 3	Yes..... 1	No..... 2	DNK 3	Frequently.....1	Sometimes .....2	Never .....3
		A			B			C		
E1	Primary health care services	1	2	3	1	2	3	1	2	3
E2	Family planning services	1	2	3	1	2	3	1	2	3
E3	Primary school	1	2	3	1	2	3	1	2	3
E4	Pre-school	1	2	3	1	2	3	1	2	3
E5	Union Parishad	1	2	3	1	2	3	1	2	3
E6	Grammo Shalish	1	2	3	1	2	3	1	2	3
Services from the government provided by the ...										
E7	Department of Social Services	1	2	3	1	2	3	1	2	3
E8	Department of Women’s Affairs	1	2	3	1	2	3	1	2	3

E9	Department of Agriculture Extension (DAE)	1	2	3	1	2	3	1	2	3
E10	Department of Fisheries (DOF)	1	2	3	1	2	3	1	2	3
E11	Department of Livestock (DOL)	1	2	3	1	2	3	1	2	3
E12	Government Land Office	1	2	3	1	2	3	1	2	3
E13	BADC seed department	1	2	3	1	2	3	1	2	3
E14	Department of Youth Development	1	2	3	1	2	3	1	2	3
E15	Department of Cooperatives	1	2	3	1	2	3	1	2	3
E16	Government Family Planning	1	2	3	1	2	3	1	2	3
E17	Government immunization services	1	2	3	1	2	3	1	2	3

Participation in social safety nets

		Codes	
E18	Your household received assistance from programs(----),Example:		Yes No
E18.1	Government VGD	Government VGD.....	1
E18.2	Government VGF	Government VGF	1
E18.3	Govt. cash-for-work	Govt. cash-for-work	1
E18.4	"100 days work	"100 days work	1
E18.5	"40 days work	"40 days work	1
E18.6	Aged allowance.....	Aged allowance.....	1
E18.7	Widow allowance.....	Widow allowance.....	1
	Disability allowance		

E18.8	Maternal allowance	Disability allowance 1	
E18.9	Non-Govt. cash-for- work.....	Maternal allowance 1	
E18.10	Non-Govt. food-for-work	Non-Govt cash-for- work..... 1	
E18.11	Community based savings group.....	Non-Govt food-for-work 1	
E18.12		Community based savings	
	Other	group 1	
E18.13		Other 1	

Access to and use of common property resources

Which of the following common properties are available and used by members of your household?

Read each item one-by-one and fill in response codes in column A. Next, for all items with response “yes”, fill in response code for column B. For all items with response “yes”, fill in codes in column C, if no then ask next item.

		Available			Utilized		Activities (see codes)
		Yes..... 1	No..... 2	DNK 3	Yes..... 1	No 2	
		A			B		C
E19.1	Roadside sloping	1	2	3	1	2	
E19.2	Embankments	1	2	3	1	2	
E19.3	Railway grounds	1	2	3	1	2	
E19.4	Beel/Haor	1	2	3	1	2	
E19.5	River/Canal	1	2	3	1	2	
E19.6	CBO water body	1	2	3	1	2	
E19.7	Grazing land	1	2	3	1	2	
E19.8	Forest land	1	2	3	1	2	
E19.9	Hills	1	2	3	1	2	

E19.10	Khas pond	1	2	3	1	2	
E19.11	Khas land	1	2	3	1	2	
E19.12	Other _____	1	2	3	1	2	
E19.13	Other _____	1	2	3	1	2	
Codes of column C							
	Fishing	1					
	Collecting aquatic animals	2			Collecting soil	8	
	Collecting aquatic foods.....	3			Collecting water	9	
	Irrigation.....	4			Crop cultivation.....	10	
	Grazing	5			Fish culture	11	
	Collecting fruit	6			Tree plantation	12	
	Collecting firewood.....	7			Other	13	

MODULE F. DISASTER RISK MANAGEMENT AND CLIMATE CHANGE

Disaster risk management

		Codes	
F1	In the last 12 months, what type(s) of natural disasters were experienced by your household? (Multiple Response)	Heavy rains.....	01
		Wildfire	02
		Hurricane	03
		Wind storms.....	04
		Erosion (river, wind).....	05
		Earthquake.....	06
		Cyclone	07
		Floods	08
		Cold wave.....	09
		Other.....	10
		None	11
		DNK.....	98
F2	What was the <u>most</u> recent natural disaster your household experienced? (Single Answer)	Heavy rains.....	01
		Wildfire	02
		Hurricane	03
		Wind storms.....	04
		Erosion (river, wind).....	05

		Earthquake 06 Cyclone 07 Floods 08 Cold wave..... 09 Other..... 10 None 11 DNK..... 98	 F7
F3	In what year did you experience this disaster?	Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
F4	How did the most recent disaster affect your household? (Multiple Responses)	Loss of family member 01 Loss of livelihood..... 02 Loss of home 03 Physical disability/injury..... 04 Loss of assets 05 Loss of water supply..... 06 Having to care for others..... 07 Additional household members 08 Stress/anxiety/fear..... 09 Other..... 10 No effect 11 DNK..... 98	
		Codes	
F5	How did your household cope with the most recent disaster? (Multiple Responses)	Loan from neighbours/relatives 01 Loan from money lender 02 Loan from NGO 03 Loan form bank..... 04 Reduced # or quantity of meals..... 05 Mortgaged farmland out..... 06 Leased farmland out 07 Sold HH productive assets (tools, livestock, vehicles, etc.)..... 08 Sold other household assets (furniture, radios, jewelry, etc.)..... 09 Sold agricultural products in	

		advance or low price 10 Sold advance male labor 11 Sold advance female labor 12 Sold farmland 13 Sold homestead land 14 Ate famine foods 15 Accepted aid 16 Accepted help from others 17 Migrated 18 Used savings 19 Purchased goods on credit 20 Postpone medical treatment 21 Sent child to work 22 Other 23 DNK 98	
F6	What could have been done differently to reduce the impact of future disasters in your community? (Multiple Responses)	Structural improvement to home 01 Improvement to infrastructure (shelters, roads, bridges) 02 Community disaster response plan 03 Food stocks 04 Water stocks 05 Medical supplies stocks 06 First aid training 07 Increased collaboration/ coordination w/ neighbors 08	

		Increased collaboration/ coordination with communities 09 Better forecasting 10 Earlier/better warning 11 Increased collaboration/ coordination w/ local govt 12 Income alternatives/more diversified income 13 Evacuation routes/plans..... 14 Improved alternative modes of communication (i.e. shortwave radio, etc.)..... 15 Other..... 16 Nothing 17 DNK 98	
--	--	--	--

Climate change

		Codes	
F7	Do you think the climate is changing in your area?	Yes 1 No 2 No opinion/DNK 8	81
F8	If yes, in what ways do you think it is changing? (Multiple Responses)	It is becoming warmer..... 1 It is becoming colder 2 It is becoming dryer..... 3 It is becoming wetter 4 Rains are more unpredictable 5 Rains are coming earlier 6 Rains are beginning later..... 7 Rains are stopping earlier..... 8 Rains are stopping later..... 9 Temperatures are more unpredictable 10	

	Strong winds are more common 1
	Other (Specify) 1

MODULE G. HOUSEHOLD FOOD SECURITY

Food consumption

The respondent should be an adult female if possible.

Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day or at night. Please include all foods, including the foods eaten here at your house or somewhere else (e.g., other homes, street stalls, given by employer) .

Read the list of foods one-by-one and record coded response.

G1	Any cereals, e.g. rice, bread, wheat, wheat bread, rice flakes, puffed rice, barley, wheat grain, popcorn?	Yes 1 No 2	
G2	Any pumpkin, carrots, squash, or sweet potatoes or vegetables that are yellow or orange inside?	Yes 1 No 2	
G3	Any white potatoes, white yams or other foods made from roots and tubers?	Yes 1 No 2	
G4	Any dark green, leafy vegetables, e.g., ipomoea, amaranth, spinach, parwar sag, and drumstick leaves?	Yes 1 No 2	
G5	Any other vegetables, e.g. cucumber, radish, pepper, string beans, cabbage, cauliflower, radish, onion?	Yes 1 No 2	
G6	Any ripe papaya, mangoes or other fruits that are yellow or orange inside?	Yes 1 No 2	
G7	Any other fruits, e.g. banana, papaya, sithphal, grapefruit, apple, orange, jackfruit, jambu fruit, plums, melon, tomato, date, lemon, etc. ?	Yes 1 No 2	
G8	Any meat, such as, liver, beef, poultry, lamb, pork, etc.?	Yes 1 No 2	

G9	Any Egg?	Yes 1 No 2	
G10	Any fresh or dried fish or shellfish?	Yes 1 No 2	
G11	Any legumes/pulses, e.g. Bengal gram, black gram dal, lentil, Khesari?	Yes 1 No 2	
G12	Any Milk or Milk products, e.g. cow milk, buffalo milk, goat milk, yogurt, curd, cheese?	Yes 1 No 2	
		Codes	
G13	Any foods prepared using fat,, e.g., oil, butter, dalda or ghee?	Yes 1 No 2	
G14	Any sweet foods? e.g. sugar, gur, honey, Chocolate?	Yes 1 No 2	
G15	Any other foods such as condiments, coffee, tea?	Yes 1 No 2	

Months of Insufficient Food

The respondent should be an adult female if possible.

G15.1	Now I would like to ask you about your household's food supply during different months of the year. When answering these questions, please think back over the last 12 months, from now to the same time last year. Were there months, in the past 12 months, in which you did not have enough food to meet your family's needs?	Yes 1 No 2	→ G18.1
	If yes, which were the months in the past 12 months in which you did not have enough food to meet your family's needs? This includes any kind of food, such as food you produced yourself, food purchased, food given to you by others, food aid, or food you borrowed. Do not		

	read the list of months aloud.		
	Place a “1” in the box if the respondent mentions the month. If the respondent does not mention the month, place a “2” in the box.		
G16.1	January	<input type="checkbox"/>	
G16.2	February	<input type="checkbox"/>	
G16.3	March	<input type="checkbox"/>	
G16.4	April	<input type="checkbox"/>	
G16.5	May	<input type="checkbox"/>	
G16.6	June	<input type="checkbox"/>	
G16.7	July	<input type="checkbox"/>	
G16.8	August	<input type="checkbox"/>	
G16.9	September	<input type="checkbox"/>	
G16.10	October	<input type="checkbox"/>	
G16.11	November	<input type="checkbox"/>	
G16.12	December (this month)	<input type="checkbox"/>	

Household Hunger

G17.1	In the last 4 weeks was there a time when there was no food to eat of any kind in the house, because of lack of resources to get food?	Yes 1 No 2	G17.1 →
G17.2	How often did this happen?	Rarely or sometimes (1-10 times) 1	

		Often (more than 10 times)..... 2	
G17.3	In the last 4 weeks, was there a time when you or any household member went to sleep at night hungry without eating anything at all because there was not enough food?	Yes 1 No 2	→ G17.5
G17.4	How often did this happen?	Rarely or sometimes (1-10 times) 1 Often (more than 10 times)..... 2	
G17.5	In the last 4 weeks was there a time when you or any household member went a whole day and night without eating anything at all because there was not enough food?	Yes 1 No 2	→ G18.1
G17.6	How often did this happen?	Rarely or sometimes (1 – 10 times) 1 Often (more than 10 times)..... 2	

Household Food Access: Food insecurity coping strategies

Read each question and then ask how often the event happened in the last year.

		Codes	
G18.1	In the last year, how often did you or any of your family have to eat potato, wheat, or another grain although you wanted to eat rice (not including when you were sick)?	Never 1 Rarely (1-6 times in last year) 2 Sometimes (7-12 times in last year) 3 Often (a few times each month)..... 4 Regularly (almost or every day) 5	
G18.2	In the last 12 months how often did you yourself skip entire meals due to scarcity of food?	Never 1 Rarely (1-6 times in last year) 2 Sometimes (7-12 times in last year) 3 Often (a few times each month)..... 4	

		Codes	
		Regularly (almost or every day)..... 5	
G18.3	In the last 12 months how often did you personally eat less food in a meal due to scarcity of food?	Never 1 Rarely (1-6 times in last year)..... 2 Sometimes (7-12 times in last year) 3 Often (a few times each month)..... 4 Regularly (almost or every day)..... 5	
G18.4	In the past 12 months how often did your family purchase food (rice, lentils etc.) on credit (or loan) from a local shop?	Never 1 Rarely (1-6 times in last year)..... 2 Sometimes (7-12 times in last year) 3 Often (a few times each month)..... 4 Regularly (almost or every day)..... 5	
G18.5	In the past 12 months how often did your family have to borrow /take food from relatives or neighbors to make a meal?	Never 1 Rarely (1-6 times in last year)..... 2 Sometimes (7-12 times in last year) 3 Often (a few times each month)..... 4 Regularly (almost or every day)..... 5	

MODULE H. AGRICULTURAL PRODUCTION, FISHERIES AND LIVESTOCK REARING

		Codes	
Field crop production			
H1	Did you cultivate any field crops like cereals, ground nuts, jute, or fruits and vegetables for selling to others?	Yes..... 1 No 2 DNK..... 8	H8

H2	In the last year did anyone in your household cultivate any of these crops? Example:	Yes	No
H2.1	Rice (HYV)	1	2
H2.2	Rice (LIV).....	1	2
H2.3	Rice (Local)	1	2
H2.4	Vegetables (commercial)	1	2
H2.5	Fruits (commercial).....	1	2
H2.6	Wheat.....	1	2
H2.7	Groundnut.....	1	2
H2.8	Maize.....	1	2
H2.9	Pulses	1	2
H2.10	Oilseeds.....	1	2
H2.11	Spices	1	2
H2.12	Jute.....	1	2
H2.13	Tobacco.....	1	2
H2.14	Other (Specify)	1	2
H2.15	Other (Specify)	1	2

		Codes	
H3	Which improved cropping practices did you use in the last year that mentioned in H2?	Yes	No
H3.1	Use high quality seed.....	1	2
H3.2	Use 2-3 seedling per hill for rice	1	2
H3.3	Maintain proper spacing.....	1	2
H3.4	Intercrop	1	2
H3.5	Use IPM	1	2
H3.6	Use organic fertilizers	1	2
H3.6	Use recommended seed storage methods	1	2
H3.7	Balanced fertilizer use	1	2
H3.8	Green manure	1	2
H3.9	Other (Specify)	1	2
H4	Which agricultural inputs did you purchase before or during the last cropping season? Example:	.Yes	No
H4.1	Improved seed.....	1	2
H4.2	Seedlings	1	2
H4.3	Saplings	1	2
H4.4	Irrigation water.....	1	2
H4.5	Fertilizer	1	2
H4.6	Ploughing.....	1	2
H4.7	Use of pesticides.....	1	2
H4.8	Use of weedicides.....	1	2
H4.9	Other (Specify)	1	2
H4.10	Other (Specify)	1	2
H5	Which agricultural financial services did you or your household use in the previous cropping season?		

	Example:		Yes No	
H5.1	Agricultural loan	Agricultural loan	1 2	
H5.2	A company provided advance inputs	A company provided advance inputs.....	1 2	
H5.3	Government subsidy.....	Government subsidy.....	1 2	
H5.4	Other (Specify)	Other (Specify).....	1 2	
H6	Have you or any member of your household participated in any training programs on improved food crop production technologies?	Yes	1	H8
		No.....	2	
		DNK	8	

		Codes	
H7	What kind of agricultural techniques were you trained in? (Multiple Responses)	Use of improved seeds .....1 Use of new food crops.....2 Proper use of fertilizer.....3 Weed control (herbicides, weeding).....4 Conservation agriculture (zero /minimal tillage, composting) .....5 Pest management practices (pesticides)6 Improved post-harvest techniques .....7 Improved water management .....8 Other (_____)9	

Vegetable Production/Gardening Ask to person who normally does gardening if possible.			
H8	In the previous year did any member of your household grow any vegetables in a garden?	Yes.....1 No.....2 DNK	8 | H11
H9	Which of the following vegetables did you grow? Example:		Yes No
H9.1	Green Gourd.....	Green Gourd.....	1 2
H9.2	Radish.....	Radish.....	1 2
H9.3	Birinjal	Birinjal	1 2
H9.4	Lal shak.....	Lal shak.....	1 2
H9.5	Pumpkin (yellow).....	Pumpkin (yellow).....	1 2
H9.6	Corriandor leaf /Kalijira/Ginger	Corriandor leaf /Kalijira/Ginger	1 2
H9.7		Potato/Keshur	1 2

H9.8	Potato/Keshur	Data Shak	1	2
H9.9	Data Shak	Potol/Shajina	1	2
H9.10	Potol/Shajina	Chichinga/Jhinga	1	2
H9.11	Chichinga/Jhinga	Bean	1	2
H9.12	Bean	Pui Shak	1	2
H9.13	Pui Shak	Kacha Kola	1	2
H9.14	Kacha Kola	Ladies Finger.....	1	2
H9.15	Ladies Finger.....	Green Chili.....	1	2
H9.16	Green Chili.....	Onion.....	1	2
H9.17	Onion.....	Garlic.....	1	2
H9.18	Garlic.....	Sweet potato.....	1	2
H9.19	Sweet potato.....	Tomato.....	1	2
H9.20	Tomato.....	Korolla	1	2
H9.21	Korolla	Papaya.....	1	2
H9.22	Papaya.....	Other green leafy veges.....	1	2
H9.23	Other green leafy veges.....	Other (Specify: _____)	1	2
	Other (Specify: _____)			

H10	Which improved practices did you apply to any of your vegetable crops in the last year? Example:		.....	Yes	No
H10.1	Improved bed system	Improved bed system	1	2	
H10.2	Improved pit/heap systems	Improved pit/heap system.....	1	2	
H10.3	Quality seed.....	Quality seed.....	1	2	
H10.4	Organic fertilizer.....	Organic fertilizer	1	2	
H10.5	Compost preparation.....				

H10.6	Multi storied cropping	Compost preparation.....	1	2
H10.7	Relay cropping	Multi storied cropping	1	2
H10.8	Multiple cropping	Relay cropping	1	2
H10.9	Thinning.....	Multiple cropping	1	2
H10.10	.....	Thinning.....	1	2
H10.11	Pruning.....	Pruning	1	2
H10.12	Mulching	Mulching.....	1	2
H10.13	.....	.....	.....	.....
H10.14	Bagging.....	Bagging	1	2
H10.15	.....	Stalking/sticking/trellis	1	2
H10.16	Stalking/sticking/trellis.....	Non-chemical pesticides.....	1	2
H10.17	Non-chemical pesticides.....	Artificial pollination	1	2
H10.18	Artificial pollination.....	Weed management	1	2
	Weed management.....	Water management.....	1	2
	Water management	Other (Specify).....	1	2

	Other (Specify).....	.....	.....	.....

Fish Production/Rearing

H11	In the last year did you or your household raise/rear any fish?	Yes.....	1		
		No	2		H13
		DNK	8		
H12	Which improved fish production practices did your household use in the last year? Example:		Yes	No	
H12.1	Testing water color to determine if food adequate	Testing water color to determine if food adequate	1	2	
H12.2	Maintaining stocking density	Maintaining stocking density	1	2	
H12.3	Species selection	Species selection	1	2	
H12.4	Pond cleaning	Pond cleaning	1	2	
H12.5	Liming.....	Liming	1	2	
H12.6	Providing supplementary feed.....	Providing supplementary feed	1	2	
H12.7	Employing fish disease management.....	Employing fish disease management	1	2	
H12.8	Using polyculture.....	Using polyculture	1	2	
H12.9	Providing fish seed.....	Providing fish seed	1	2	
	Other (Specify).....	Other (Specify)	1	2	

H12.10	Other (Specify)		
--------	-----------------------	--	--

Livestock Production/Rearing

H13	During the last 12 months, did you raise any livestock or poultry?	Yes raised livestock.....1 Yes raised poultry .....2 Yes raised both .....3 No.....4 DNK .....8	H15
H14	What improved practices do you apply in the last year to raising poultry and rearing livestock? Example:	Yes No	
H14.1	Improved breeding	Improved breeding 1 2	
H14.2			
H14.3	Vaccination.....	Vaccination..... 1 2	
H14.4			
H14.5	Supplementary poultry feed.....	Supplementary poultry feed 1 2	
H14.6			
H14.7	Fattening.....	Fattening 1 2	
	Artificial insemination.....	Artificial insemination..... 1 2	
	Supplementary poultry feed.....	Supplementary poultry feed 1 2	
	Other (Specify).....	Other (Specify) 1 2	

Technical support

H15	Do you know where to go to get technical guidance for agriculture, livestock rearing, gardening, or pond/fish management?	Yes.....1 No.....2 DNK .....8	11
H16	In the past year did you or any member of your household receive any type of assistance (technical, materials, financial) from any of the following sources? Example:	Yes No	
H16.1	Neighbors/relatives/other farmers.....		
H16.2			
H16.3			
H16.4	Dept. of Agriculture		
H16.5			
H16.6	Dept. of Fisheries.....	Neighbors/relatives/other	

H16.7 H16.8	Department of livestock	farmers.....	1	2
	NGO.....	Dept. of Agriculture	1	2
	Seed/pesticide companies.....	Dept. of Fisheries.....	1	2
	Fish/poultry/livestock feed and pharmaceutical companies	Department of livestock	1	2
	Other (Specify)	NGO.....	1	2
		Seed/pesticide companies.....	1	2
		Fish/poultry/livestock feed and pharmaceutical companies.....	1	2
	Other (Specify).....	1	2	

MODULE I. WATER AND SANITATION

		Codes	
I1	What is the main source of drinking water for members of your household? Prompt if necessary.	Hand tube well..... 1 Tara pump..... 2 Deep tube well..... 3 Shallow tube well..... 4 Ring well/ indara..... 5 Pond 6 River/canal..... 7 Piped water..... 8 Pond sand filter..... 9 Rainwater harvesting system 10 Other (specify) _____ 11	
I2	Is water normally available from this source?	Yes 1 No 2	

13	In the last two weeks was water unavailable from this source for a day or longer?	Yes 1 No 2	
14	How much time does it usually take to go to the drinking water source, get water, and come back?	0 (in or at house)..... 1 30 minutes or less 2 30 minutes to 1 hour..... 3 1 hour to 2 hours 4 2 to 3 hours..... 5 More than 3 hours 6	
15	If source is a tubewell (hand, deep, shallow or Tara pump, has the well been tested for arsenic?	Yes 1 No 2 DNK..... 8 N/A 9	18
16	If tested, does the tube well/Tara pump have arsenic?	Yes 1 No 2 DNK..... 8	18
17	If yes, is it marked red or green?	Red 1 Green 2 Neither..... 3	
18	Does the household have access to a toilet facility?	Yes 1 No 2	J1

I9	<p>What kind of toilet facility do members of your households usually use?</p> <p>Prompt if necessary.</p>	<p>Ring-slab/offset latrine (water seal) 1</p> <p>Ring-slab/offset latrine (water seal broken) 2</p> <p>Pit latrine (covered) 3</p> <p>Pit latrine (uncovered) 4</p> <p>Septic latrine 5</p> <p>Hanging/open latrine 6</p> <p>Local adopted hygienic latrine 7</p>	
I10	<p>Which members of your household use this toilet?</p>	<p>Male adults 1</p> <p>Female adults 2</p> <p>Male children 3</p> <p>Female children 4</p> <p>All 5</p>	

May I see your latrine?

Observe the latrine directly and record condition

		Codes	
I11	Is the latrine functioning?	<p>Yes 1</p> <p>No 2</p>	
I12	Does the latrine show signs of use?	<p>Yes 1</p> <p>No 2</p>	
I13	Is the latrine itself clean? For example, is the pan and slab (or place to sit while defecating) clean?	<p>Yes 1</p> <p>No 2</p>	
I14	Is the surrounding area of the latrine clean?	<p>Yes 1</p> <p>No 2</p>	

I15	Does the latrine have an unbroken water seal?	Good water seal 1 Broken water seal..... 2 No water seal 3	
I16	Is there a hand washing station inside the latrine or within 10 paces of the latrine?	Yes..... 1 No..... 2 → J1	
I17	Is there a cleansing agent at this hand washing station? (soap, detergent, ash or clay)	Yes..... 1 No..... 2	

PART II. INFORMATION ON WOMEN’S EMPOWERMENT

(Respondent is an adult woman household member)

The questions in Part II should be asked of an adult woman member of the household without men present.

To help find a woman, see circled line numbers from column C7 of household roster.

The preferred respondent is the female head of household or spouse of the male head of household.

MODULE J. RESPONDENT IDENTIFICATION FOR PART II

J1	Name of respondent: _____	
J2	Line number of respondent _____ Record line number from Module C	<input type="text"/> <input type="text"/>
J3	Relationship to household head (see codes below)	<input type="text"/> <input type="text"/>

Codes for J3:

1= Household head, 2= Wife of household head, 3= Daughter, 4=Granddaughter, 5=Niece, 6=Mother, 7= Daughter in law, 8=Sister, 9=Sister-in-law, 10=Brother’s wife.

Result code:

Completed=1, Incompleted=2,

MODULE K. INFORMATION ON WOMEN’S EMPOWERMENT

Decision making in household

The basic question: In the last year, to what extent have you been able to make the following kinds of decisions?

First read the possible responses.

- Can decide alone..... 1**
- Can decide with husband or other adult male family member 2**
- Husband makes decision after discussion with wife 3**
- Not involved in decision 4**
- Not applicable..... 5**

Then list each item (K1 – K12) one-by-one and record code number of response.

	Type of decision	Codes					
K1	Buying small food items, groceries, toiletries	1	2	3	4	5	
K2	Buying clothing for yourself and your children	1	2	3	4	5	
K3	Spending money that you yourself have earned	1	2	3	4	5	
K4	Buying or selling major household assets (land,	1	2	3	4	5	
K5	Buying or selling jewelry	1	2	3	4	5	
K6	Use of loans or savings	1	2	3	4	5	
K7	Expenses for your children’s education	1	2	3	4	5	
K8	Expenses for your children’s marriage	1	2	3	4	5	
K9	Medical expenses for yourself or your children	1	2	3	4	5	
K10	Expenses for family planning (contraceptives)	1	2	3	4	5	
K11	To move to shelter during time of disaster	1	2	3	4	5	
K12	Actively participate and involved in salish decision	1	2	3	4	5	

Freedom of movement

Circle code number of response.

		Codes	
K13	Are you allowed to travel to the local market to buy things	Yes..... No	→K15
K14	Can you go alone?	Yes..... No	→
K15	Are you allowed to travel to a local health center or doctor	Yes..... No	K17
K16	Can you go alone?	Yes..... No	
K17	Are you allowed to travel to homes of friends in the neighborhood	Yes..... No	→K19
K18	Can you go alone?	Yes..... No	
K19	Are you allowed to travel to a nearby mosque/shrine	Yes..... No	→K21
K20	Can you go alone?	Yes..... No	

Earning of Cash Income

Circle code number of response.

K21	As you know, some women take up jobs for which they are paid in cash. Others sell things, have a small business or work on the farm or in the family business. In the last 12 months, have you done any of these things?	Yes..... No	→ K23
-----	--	----------------------	--------------

K22	If yes, did you earn any money from your work in the last 12 months?	Yes	
		No	

Attitudes about family life

Now I would like to get your opinion on some aspects of family life. Please tell me if you agree or disagree with each statement.

K23	The important decisions in the family should be made only by the men of the family.	Agree	
		Disagree	
		DNK/depends	
K24	If the wife is working outside the home, then the husband should help her with household chores.	Agree	
		Disagree	
		DNK/depends	
K25	A married woman should be allowed to work outside the home if she wants to.	Agree	
		Disagree	
		DNK/depends	
K26	The wife has a right to express her opinion even when she disagrees with what her husband is saying.	Agree	
		Disagree	
		DNK/depends	
K27	A wife should tolerate being beaten by her husband in order to keep the family together.	Agree	
		Disagree	
		DNK/depends	
K28	It is better to send a son to school than it is to send a daughter.	Agree	
		Disagree	
		DNK/depends	

Domestic Violence

		Codes	
K29	Sometimes a husband is annoyed or angered by things his wife does. In your opinion, is a husband justified in hitting or physically abusing himself in the following situations? Example		
K29.1	If She goes out without telling him	Yes 1 No 2	
K29.2	If She neglects the children	Yes 1 No 2	
K29.3	If She argues with him	Yes 1 No 2	
K29.4	If She refuses to have sex with him	Yes 1 No 2	
K29.5	If She burns the food	Yes 1 No 2	
K29.6	She does not obey elders	Yes 1 No 2	
K30	Did any female member of your household experience being yelled at or struck during the previous year?	Yes 1 No 2	→
K31	What was the nature of this yelling or striking?	Physical 1 Verbal 2	
K32	How often did incidences like this occur?	One time only 1 Several times 2	
K33	Was any assistance sought after these incidents?	Yes 1	
K34	Did you get assistance from?		→
K34.1	A medical facility?	Yes 1	
K34.2	The police	Yes 1	
K34.3	A lawyer or legal firm	Yes 1	
K34.4	A relative, friend or neighbor	Yes 1	

K34.5	A women's support group	Yes 1	
K34.6	Other	Yes 1	

Participation in Community Groups and Local Institutions

	Which of the following groups (---) are you a member or in a responsible position in your village? Example: Chairman, Secretary, Cashier		
K35	Savings or credit group	Member 1 Committee Member/responsible position 2	
K36	Community agriculture or garden group	Member 1 Committee Member/responsible position 2	
K37	Community health group	Member 1 Committee Member/responsible position 2	
K38	Parent-Teacher Association or School Management Committee	Member 1 Committee Member/responsible position 2	
K39	Mother's Group	Member 1 Committee Member/Officer 2	
K40	Women's support group	Member 1 Committee Member/responsible position 2	
K41	UP Special Committee	Member 1 Committee Member/responsible position 2	
K42	UP Standing Committee	Member 1 Committee Member/responsible position 2	
K43	UP disaster committee	Member 1 Committee Member/responsible position 2	

K44	Other _____	Member 1 Committee Member/responsible position 2	
K45	Have you ever attended a Salish meeting in your village?	Yes 1	
K46	Did you speak at the meeting?	Yes 1 →	

PART III. INFORMATION ON CHILDREN 0-59 MONTHS OLD AND THEIR MOTHERS

Respondent is the selected index child’s mother

MODULE L. RESPONDENT AND CHILD IDENTIFICATION FOR PART III

Selection of index child for height and weight measurement

Interviewer: List all of the children living in the household who are under 5 years of age, that is, those with circled line numbers in column C8 of Module C. If no child in under 5 years, then go to module S.

	Child’s name	
	Child 1 _____	Line No ____ <input type="text"/> <input type="text"/>
	Child 2 _____	Line No ____ <input type="text"/> <input type="text"/>
	Child 3 _____	Line No ____ <input type="text"/> <input type="text"/>
	Child 4 _____	Line No ____ <input type="text"/> <input type="text"/>

Then read the children’s names to present household members and ask:

Are these all of the children 5 years old or younger living here?

If there are more children, add their names.

If there is only one child listed, this is the index child. If there is more than one child, use the “numbered papers in a container” method to randomly choose the index child and record the information about the child below.

	Name of index child: _____
L1	Line number of index child (from Module C) _____ <input type="text"/> <input type="text"/>

Age verification of index child aged 0-59 months and identification of mother

I would like to ask you some questions about (NAME). I will need (NAME’S) vaccination or birth card.

L2	<p>What is (NAME’s) birth date?</p> <p>Verify birth date on vaccination or birth card and fill in the day, month and year. If day is not known, enter ‘99’.</p> <p>If a vaccination or birth card is not available, ask the mother if she knows the birth date and if she does, enter it.</p>	<p>A. Date of Birth:</p> <p>Day..... <input type="text"/> <input type="text"/></p> <p>Month <input type="text"/> <input type="text"/></p> <p>Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
L3	<p>Check birth date. Was child born December 2007 or later?</p>	<p>Yes 1</p> <p>No 2</p>	

If answer to L3 was “no” then choose another child randomly using the “paper in the container”

method and determine the child’s birth date until a child is found who was born December 2007 or later.

If there are no more children in the household, then go to module S.

If the child was born December 2007 or later, he or she is 0-59 months old. Then ask the child’s mother from question L4.

Information on respondent for Part III

L4	Name of respondent: _____		
L5	Line number of respondent <input type="text"/> <input type="text"/>	

	Record line number from Module C		
L6	Relationship to household head (see codes below) <input type="checkbox"/> <input type="checkbox"/>	
L7	How old are you? (years) <input type="checkbox"/> <input type="checkbox"/>	
L8	Are you currently pregnant?	Yes No DNK.....	
L9	What is your level of education? (see codes below)	Code..... <input type="checkbox"/> <input type="checkbox"/>	
L10	If the respondent is the caretaker of the child, write 99 in the box. <input type="checkbox"/> <input type="checkbox"/>	

Codes for L2: 1= EPI Card, 2= NNP Card, 3= Hospital record, 4=Birth certificate, 5=Any written valid document
6=Mother recall/event calendar

Codes for L6: 1= Household head, 2= Wife of household head, 3= Daughter, 4=Granddaughter, 5=Niece, 6=Mother, 7= Daughter in law, 8=Sister, 9=Sister-in-law, 10=Brother's wife.

Codes for L9: 0 = No class, 1 = Class 1, 2 = Class 2, 3 = Class 3, 4 = Class 4, 5 = Class 5, 6 = Class,6
7 = Class 7, 8 = Class 8, 9 = Class 9, 10 = SSC pass, 11 = HSC pass, 12 = Graduate, 13 = Masters.

MODULE M. ANTENATAL CARE

Now I would like to ask you some questions about your index child or your current pregnancy.

(Interviewer: See column L8)

		Codes	
M1	Did you see anyone for antenatal care during your current /index child's name pregnancy?	Yes 1 No 2 →	M8

		Codes	
M2	Whom did you see?	Doctor 1 Nurse/midwife 2 Traditional birth attendant 3 Community/village health worker 4 Other 5	
M3	Where did you receive antenatal care for your current /index child's name pregnancy?	Your home 1 Other home 2 Government hospital 3 Other Government health facility 4 Private hospital/clinic..... 5 Other Private health facility 6 Other 7	
		Codes	
M4	How many months pregnant were you when you first received antenatal care for your current/index child's name pregnancy?	Number of months..... <input type="text"/> <input type="text"/> DNK..... 98	
M5	How many check-ups did you have during your current/index child's name pregnancy?	Number of visits..... <input type="text"/> <input type="text"/>	
M6	Do you have an antenatal card or a prescription sheet for your current/index child's name pregnancy? If yes: May I see it please?	Yes, Seen..... 1 Yes, Not Seen 2 No Card..... 3	M8
M7	Interviewer: Verify number of antenatal visits (Is the number of documented visits on the card different than the stated number of visits in M5)	Same as stated 1 Different than stated 2 Note number of documented	

		Codes	
		visits.....	<input type="checkbox"/> <input type="checkbox"/>
M8	During your (current/index) pregnancy, do/did you take the same amount of food as you usually take or do/did you take more or less food than you usually take?	More food 1 Less food 2 Same as usual 3	
M9	During your (current/index) pregnancy, do/did you take as much daytime rest as you usually take?	More rest 1 Less rest 2 Same as usual 3	
M10	Did you receive Vitamin A Capsule within 42 days (6 weeks) of delivery of the child? Interviewer: show her the red Vitamin A capsule	Yes 1 No 2	
M11	In your last pregnancy, did you take any iron and folic acid tablets like this? Interviewer: show her the iron tablet	Yes 1 No 2 →	M13
M12	For how many months during your last pregnancy did you take iron and folic acid tablets?	1-2 1 3-4 2 5-6..... 3 > 6..... 4	
M13	Have you taken an iron and folic acid tablet in the last 7 days/ latest 7 days in pregnancy during your current or index child's name pregnancy?	Yes 1 No 2	

MODULE N. FOOD CONSUMPTION OF MOTHER

Now I would like to ask you (**mother**) about the types of foods that you (**mother**) ate yesterday during the day or at night. Please include all foods, including the foods eaten here at your house or somewhere else.

		Code	
N1	Any cereals, e.g. rice, bread, wheat, wheat bread, rice flakes, puffed rice, barley, wheat grain, popcorn?	Yes 1 No 2	
N2	Any pumpkin, carrots, squash, or sweet potatoes or vegetables that are yellow or orange inside?	Yes 1 No 2	
N3	Any white potatoes, white yams or other foods made from roots and tubers?	Yes 1 No 2	
		Codes	
N4	Any dark green, leafy vegetables, e.g. ipomoea, amaranth, spinach, parwar sag, and drumstick leaves?	Yes 1 No 2	
N5	Any other vegetables, e.g. cucumber, radish, pepper, string beans, cabbage, cauliflower, radish, onion?	Yes 1 No 2	
N6	Any ripe papaya, mangoes or other fruits that are yellow or orange inside?	Yes 1 No 2	
N7	Any other fruits, e.g. banana, papaya, sithphal, grapefruit, apple, orange, jackfruit, jambu fruit, plums, melon, tomato, date, lemon, etc. ?	Yes 1 No 2	
N8	Any meat, such as, liver, beef, poultry, lamb, pork, etc.?	Yes 1 No 2	
N9	Any eggs?	Yes 1 No 2	
N10	Any fresh or dried fish or shellfish?	Yes 1 No 2	
N11	Any legumes/pulses, e.g. Bengal gram, black gram dal, lentil, KhesarI?	Yes 1 No 2	
N12	Any Milk or Milk products, e.g. cow milk, buffalo milk, goat milk, yogurt, curd, cheese?	Yes 1 No 2	
N13	Any foods prepared using fat, e.g., oil, butter, dalda or ghee?	Yes 1	

		No..... 2	
N14	Any sugar or honey?Example:sugar, gur, honey, chocolate	Yes..... 1 No..... 2	

MODULE O. MOTHER’S HAND WASHING HABITS AND DISPOSAL OF CHILD’S FECES (Index Mother)

Mother’s hand washing habits

		Codes	
O1	Please mention all of the times when it is important to wash your hands. Any other time besides this? Any other time besides this?	Before eating 01 After eating 02 Before praying 03 Before breastfeeding or feeding a child 04 Before cooking or preparing food 05 After defecation/urination 06 After cleaning a child that has defecated/changing a child’s diaper 07 When my hands are dirty 08 After cleaning the toilet or potty..... 09 Other (specify) 10 DNK..... 98	

O2	<p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p>(Observe and circle response code)</p>	<p>Inside/within 10 paces of the toilet facility¹</p> <p>Inside/within 10 paces of the kitchen/cooking place 2</p> <p>Elsewhere in home or yard 3</p> <p>Outside yard 4</p> <p>No specific place 5 →</p> <p>No permission to see 6</p>	O5
O3	<p>Is water present at the place?</p> <p>Observe. If there is a tap or pump see if water comes out. If there is a container, see if water is in it.</p>	<p>Yes 1</p> <p>No 2</p>	
		Codes	
O4	<p>Is soap, detergent, ash or clay present at the place?</p> <p>(Observe and Circle all response codes)</p>	<p>None 1</p> <p>Bar soap 2</p> <p>Detergent (powder/liquid/paste)..... 3</p> <p>Liquid soap (including shampoo)..... 4</p> <p>Ash or clay 5</p>	

Disposal of child's feces (Index Mother)

O5	<p>The last time (NAME) passed stool, where did he/she defecate?</p>	<p>Used potty 1</p> <p>Used washable diaper 2</p> <p>Used disposable diaper 3</p> <p>Went in his/her clothes..... 4</p> <p>Went in house/yard 5</p> <p>Went outside of house/yard 6</p> <p>Used latrine 7 →</p>	P1
----	--	---	----

		Codes	
P2	Do you currently breastfeed your child?	Yes 1 No 2 Not applicable..... 3 DNK 8	P5
P3	Was (NAME) breastfed yesterday during the day or at night?	Yes 1 No 2 DNK 8	
P4	Did you feed any other food even water your child without breastfeeding in last 24 hours?	Yes 1 No 2 Not applicable..... 3 DNK 8	
		Codes	
P5	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was (NAME) given any vitamin drops or other medicines as drops yesterday during the day or at night?	Yes 1 No 2 DNK 8	
P6	Was (NAME) given any oral rehydration solution yesterday during the day or night? (salt/sugar saline, Labon-gur, packet saline, rice poser)?	Yes 1 No 2 DNK 8	

Child's consumption of liquids (0-23 Months)

Read the questions below. Read the list of liquids one by one and circle applicable code. **In B, C and F if the respondent replied “Yes”, then ask him question P8**

			Codes
P7	Next I would like to ask you about some liquids that (NAME) may have had yesterday during the day or night. Did (NAME) have the following water or liquids? Example:		P8 How many times yesterday during the day or at night did (NAME) consume any....?
a	Plain water?	Yes 1 No 2 DNK..... 8	
*b	Infant formula/baby formula bought with money?	Yes 1 No 2 DNK..... 8	Times <input type="text"/> <input type="text"/> DNK..... 98
*c	Milk, such as tinned, powdered or fresh animal milk?	Yes 1 No 2 DNK..... 8	Times <input type="text"/> <input type="text"/> DNK..... 98
d	Juice or juice drinks?	Yes 1 No 2 DNK..... 8	Times <input type="text"/> <input type="text"/>
e	Clear broth?	Yes 1 No 2 DNK..... 8	Times <input type="text"/> <input type="text"/>
*f	Yogurt?	Yes 1 No 2 DNK..... 8	Times <input type="text"/> <input type="text"/> DNK..... 98

g	Thin porridge?	Yes 1 No 2 DNK..... 8	Times <input type="text"/> <input type="text"/>
h	Any other liquids?	Yes 1 No 2 DNK..... 8	Times <input type="text"/> <input type="text"/>

Child’s consumption of solids (0-23 Months)

As the respondent recalls foods, in the table below circle the response in the column next to the food group. If the food is not listed, write it down in the “OTHER FOODS” box (P9).

Ask the mother: Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home.

Use these probes.

(a) Think about when (NAME) first woke up yesterday. Did (NAME) eat anything then?

IF YES: Please tell me everything (NAME) ate then ... anything else?

Keep asking until respondent indicates nothing else. Then continue to question (b).

(b) What did (NAME) do after that? Did (NAME) eat anything then?

IF YES: Please tell me everything (NAME) ate then... anything else?

Keep asking until respondent indicates nothing else.

Keep repeating question (b) until the respondent says the child went to sleep until the next day.

If respondent mentions anything like a porridge, sauce or stew, probe:

(c) What ingredients were in that (MIXED DISH)?

Anything else?

		Code	
p9	OTHER FOODS:	Yes..... 1	

		Code	
	Write in other foods mentioned by mother, not listed below, here.----- -----	No 2	
P10A	Any cereals: porridge, bread, rice, noodles, or other foods made from cereals	Yes..... 1 No 2 DNK..... 8	
P10B	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside	Yes..... 1 No 2 DNK..... 8	
P10C	White potatoes, white yams, manioc, cassava, or any other foods made from roots	Yes..... 1 No 2 DNK..... 8	
P10D	Any dark green leafy vegetables, such as ipomoea, amaranth, spinach, parwar sag, and drumstick leaves	Yes..... 1 No 2 DNK..... 8	
P10E	Ripe mangoes, ripe papayas or other fruits that are yellow or orange inside	Yes..... 1 No 2 DNK..... 8	
P10F	Any other fruits or vegetables	Yes..... 1 No 2 DNK..... 8	
P10G	Liver, kidney, heart or other organ meats	Yes..... 1	

		Code	
		No 2	
		DNK..... 8	
P10H	Any meat, such as beef, pork, lamb, goat, chicken, or duck	Yes..... 1	
		No 2	
		DNK..... 8	
		Codes	
P10I	Eggs	Yes..... 1	
		No 2	
		DNK..... 8	
P10J	Fresh or dried fish, shellfish, or seafood	Yes..... 1	
		No 2	
		DNK..... 8	
P10K	Any foods made from beans, peas, lentils, nuts or seeds, such as Bengal gram, black gram, dal, Khesari	Yes..... 1	
		No 2	
		DNK..... 8	
P10L	Cheese, yogurt, curd or other milk products	Yes..... 1	
		No 2	
		DNK..... 8	
P10M	Any oil, butter, dalda or ghee or foods made with any of these	Yes..... 1	
		No 2	
		DNK..... 8	
P10N	Any sweet foods such as honey, chocolates, sweets, candies, pastries, cakes or biscuits	Yes..... 1	
		No 2	
		DNK..... 8	

		Code	
P10O	Condiments for flavor, such as chilies, spices, herbs, or fish powder	Yes..... 1 No 2 DNK..... 8	
P10P	Grubs, snails, or insects	Yes..... 1 No 2 DNK..... 8	
P10Q	Foods made with red palm oil, red palm nuts, or red palm nut pulp sauce	Yes..... 1 No 2 DNK..... 8	
<p>Interviewer: Check category A-Q. If no in all category, then go to P11. If only one category is circled as yes or all category as DNK, then go to P12</p>			
P11	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?	Yes..... 1 No 2 DNK..... 8	P13
P12	How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or night?	Number of times <input type="text"/> <input type="text"/> DNK..... 98	
P13	Did (NAME) drink anything from a bottle with a nipple yesterday during the day or night?	Yes..... 1 No 2	

		Code
		DNK..... 8

MODULE Q. IMMUNIZATION OF CHILDREN 0-23 MONTHS

Circle the code number of the response and follow the arrowed skip codes.

		Codes	
Q1	Does the mother have a vaccination card for (NAME)? Have you seen it?	Yes, Seen 1 Yes, Not Seen 2 | No Card 3 →	Q4
Q2	(1) Copy vaccination date for each vaccine from the card. (2) Write “44” in “Day” column if card shows that a vaccination was given but no date is recorded.	Day Month Year	Skip to Q10 if all vaccines given and recorded in card

		BCG <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 <input type="checkbox"/> <input type="checkbox"/> P0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 <input type="checkbox"/> <input type="checkbox"/> P1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 <input type="checkbox"/> <input type="checkbox"/> P2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 <input type="checkbox"/> <input type="checkbox"/> P3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 <input type="checkbox"/> <input type="checkbox"/> Penta-1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 <input type="checkbox"/> <input type="checkbox"/> Penta-2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 <input type="checkbox"/> <input type="checkbox"/> Penta-3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 <input type="checkbox"/> <input type="checkbox"/> Measle.. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 <input type="checkbox"/> <input type="checkbox"/>	
Q3	Has (NAME) received any vaccinations that were not recorded on this card? <i>Record "Yes" only if respondent mentions BCG, POLIO 1-3, Pentavalent 1-3, and/or measles vaccine(s)</i>	Yes..... 1 Probe for vaccinations and write "66" in the corresponding day column in Question Q2 → No 2 DNK 8	Q10
Q4	Please tell me if (NAME) received any of the following vaccinations: A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	Yes..... 1 No 2 DNK 8	
Q5	Polio vaccine that is, drops in the mouth?	Yes..... 1 No 2 | → DNK 8	Q7
Q6	How many times did (NAME) receive polio vaccine:	Times..... <input type="checkbox"/>	

Q7	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	Yes..... 1 No 2 DNK 8	Q9
Q8	How many times?	Number of times <input type="text"/>	
Q9	An injection given to prevent measles after 9 months of age?	Yes..... 1 No 2 DNK 8	
		Codes	
Q10	Has (NAME) received a vitamin A capsule like this in the last 6 months? Interviewer: Check vaccination card if available. Show blue and red Vitamin A capsules as either may have been given depending on child's age.	Yes..... 1 No 2 DNK 8	
Q11	Are you or someone else adding any Moni-mix or other sprinkles packets into (NAME's) food?	Yes..... 1 No 2 DNK 8	

MODULE R. DIARRHEA AMONG CHILDREN 0-59 MONTHS

Interviewer: Check the index child's birth date (question L2). Was the child was born between December 2007 and November 2012? If so, he/she is 0-59 months. Proceed to ask the questions below. If not born between December 2007 and November 2012, skip to Module S.

		Codes	
R1	Has (NAME) had diarrhea_(having 3 or more loose stools in 24 hours) in the last 2 weeks?	Yes 1 No 2	S1
R2	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breast milk). Was he/she given less than usual to drink, about	Much less..... 1 Somewhat less 2	

		Codes	
	the same amount, or more than usual to drink? If “less”, probe: Was he/she given much less than usual to drink or somewhat less?	About the same 3 More 4 Nothing to drink..... 5 DNK..... 8	
R3	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? If “less”, probe: Was he/she given much less than usual to drink or somewhat less?	Much less 1 Somewhat less 2 About the same 3 More 4 Nothing to drink..... 5 DNK..... 8	
R4	Are you breastfeeding (NAME)?	Yes 1 No 2 →	R6
R5	Did you continue to breastfeed (NAME) during diarrhea?	Continued 1 Did not continue 2	
R6	Was anything given to (NAME) to treat the diarrhea? (Answer may be multiple)	Homemade (sugar/salt) saline 01 Homemade (Labon-gur) saline..... 02 Packet saline 03 Rice poser 04 Pill/capsule/syrup 05 Injection..... 06 Intravenous..... 07 Home remedies/herbal medicine/ plants 08	

		Codes	
		Plain drinking water 09	
		Did not give anything 10	
		Others (Specify) 11	

MODULE S. PARTICIPATION IN SHOUHAROD II

		Codes	
	Did anyone in your household receive support and goods (training, inputs - cash, kind, foods, technical back-stop, etc) in any areas from the SHOUHARDO II Program, example: agriculture, comprehensive homestead development, fisheries /fishing and income generating activities?	Yes..... 1 No..... 2 DNK 8 NA 9	
Interviewer: If answer is yes, then mark ✓ on appropriate box, ask the question and move to S2.			
	Agriculture: <input type="checkbox"/>		
a	Agriculture – field crop (Cereals)	Yes..... 1 No..... 2 DNK 8	
b	Agriculture – field crop (Vegetable)	Yes..... 1 No..... 2 DNK 8	
	Comprehensive Homestead Development (CHD): <input type="checkbox"/>		
c	CHD – Vegetable garden	Yes..... 1 No..... 2 DNK 8	

d	CHD – Fruit production	Yes..... 1 No..... 2 DNK 8	
e	CHD – Goat	Yes..... 1 No..... 2 DNK 8	
f	CHD – Poultry	Yes..... 1 No..... 2 DNK 8	
g	CHD – Other livestock	Yes..... 1 No..... 2 DNK 8	
	Fisheries:	<input type="checkbox"/>	
h	Fisheries: fish culture	Yes..... 1 No..... 2 DNK 8	
i	Fish – capture/ fishing	Yes..... 1 No..... 2 DNK 8	
	IGA (On-firm/ Off-firm)	<input type="checkbox"/>	
j	non agriculture	Yes..... 1 No..... 2 DNK 8	

k	agriculture - seed, technical assistance	Yes..... 1 No..... 2 DNK 8	
l	Goat rearing	Yes..... 1 No..... 2 DNK 8	
m	Cow rearing	Yes..... 1 No..... 2 DNK 8	
n	Poultry/Bird rearing	Yes..... 1 No..... 2 DNK 8	
o	Other livestock rearing	Yes..... 1 No..... 2 DNK 8	
p	EDBM/ ME Value chain	Yes..... 1 No..... 2 DNK 8	
q	Technical Training	Yes..... 1 No..... 2 DNK 8	
r	Others(specify if not mentioned above/below)	Yes..... 1 No..... 2	

		DNK 8	
S2	TRAINING/TECHNICAL SUPPORT		
a	Did any one of your households receive any training/ technical support form SHOUHARDO II Program?	Yes..... 1 No..... 2 DNK 8 NA 9	
b	If yes, please list down all those specifically below (max major three)		
	a)	Day <input type="text"/>	
	b)	Day..... <input type="text"/>	
	c)	Day..... <input type="text"/>	
S3	FOOD RATION BENEFICIARY		
a	Did anyone in your households received supplementary food ration from SHOUHARDO II Program?	Yes..... 1 No..... 2 DNK 8 NA 9	
b	If yes, did she receive it as pregnant women or lactation mother or for both periods?	Pregnant woman 1 Lactating mother 2 Both..... 3 DNK 8 NA 9	
c	Number of months received ration	Months..... <input type="text"/> <input type="text"/>	
S4	PARTICIPATION IN SHOUHARDO II GROUPS/ MEMBERSHIP IN COMMUNITY GROUP		

	Is anyone in your household a member of the following groups/ community group? Interviewer: Read list one-by-one and record responses	
a	Agriculture group	Yes..... 1 No..... 2 DNK 8 NA 9
b	CHD group	Yes..... 1 No..... 2 DNK 8 NA 9
c	IGA group	Yes..... 1 No..... 2 DNK 8 NA 9
d	Fisheries group	Yes..... 1 No..... 2 DNK 8 NA 9
e	Village Development Committees (VDC)	Yes..... 1 No..... 2 DNK 8 NA 9
f	Savings Group Management Committee	Yes..... 1

		No..... 2 DNK 8 NA 9	
g	ECCD Management Committee	Yes..... 1 No..... 2 DNK 8 NA 9	
h	EKATA Management Committee	Yes..... 1 No..... 2 DNK 8 NA 9	
i	PIC/ Food Commodity Distribution Management Committee	Yes..... 1 No..... 2 DNK 8 NA 9	
j	Mother's Group	Yes..... 1 No..... 2 DNK 8 NA 9	
k	Other (_____) Specify	Yes..... 1 No..... 2 DNK 8 NA 9	
S5	EKATA		
a	Are there any women and adolescent girls	Yes..... 1	

	living in your household?	No..... 2 →	S6
b	If yes, does anyone enrolled/ participated at a SHOUHARDO II EKATA?	Yes..... 1 → No..... 2	S6
c	If yes, is she is an adult woman or adolescent girl?	Adult woman 1 Adolescent 2 Both..... 3 →	
S6	EARLY CHILDHOOD CARE DEVELOPMENT (ECCD)		
a	Are there any children under 7 years old living in your household?	Yes..... 1 No..... 2 →	S7
b	If yes, does any child attend preschool at a SHOUHARDO II Early Childhood Development (ECCD) Center (SBK, preschool)?	Yes..... 1 No..... 2	S7
c	If yes, is the child a boy or girl? Boy =1 Girl=2	Child-1:Name..... <input type="checkbox"/> Child-2:Name..... <input type="checkbox"/> Child-3:Name..... <input type="checkbox"/>	
S7	WATER AND SANITATION		
a	Did SHOUHARDO II Program help your household get access to a latrine?	Yes..... 1 No..... 2	
b	Did SHOUHARDO II Program help your household get access to a tube well? (Do not count tube well platform)	Yes..... 1 No..... 2	
c	Did the SHOUHARDO II Program help construct/ upgrade/ repair a sanitation drain near your home?	Yes..... 1 No..... 2	
S8	OTHERS		

a	Did your household receive support for house rising from the SHOUHARDO II Program?	Yes..... 1 No..... 2	
b	Did your household receive support for mound protection or extension from the SHOUHARDO II Program?	Yes..... 1 No..... 2	
c	Did anyone in your household participate in the cash-for-work program of the SHOUHARDO II Program?	Yes..... 1 No..... 2	
d	Did anyone in your household participate in food-for-work program of the SHOUHARDO II Program?	Yes..... 1 No..... 2	
e	During the past two years, did anyone in your household directly receive any aid or food from programs other than SHOUHARDO II Program?	Yes..... 1 No..... 2	
f	If “yes”, what was the program? (Ask to see any ration cards and list source of aid)	_____	

MODULE T. HEIGHT AND WEIGHT OF CHILD 0-59 MONTHS AND MOTHER

Request permission of the respondent to measure her height and weight and that of the index child

		Codes	
T1	Interviewer: Write in the birth date of the child from Question L2	Day <input type="text"/> <input type="text"/> Month..... <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Interviewer: If the child was born in December 2010 or later, he/she is 0-23 months. Measure length of child lying down. If the child was born November 2010 or earlier, he/she is 24 months or older. Measure standing height.		

		Codes	
T2	Sex of child	Male 1 Female 2	
T3	Height or length of child in centimeters	Centimeters <input type="text"/> <input type="text"/> . <input type="text"/>	
T4	Height of mother or respondent in centimeters	Centimeters <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
T5	Weight of child and mother/respondent weighed together (in kilograms)	Kilograms <input type="text"/> <input type="text"/> . <input type="text"/>	
T6	Weight of the mother/respondent (in kilograms)	Kilograms <input type="text"/> <input type="text"/> . <input type="text"/>	
T7	Date measured/weighed	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
T8	Result for child	Child measured 1 Child sick 2 Child not present 3 Child refused 4 Mother refused 5 Other (Specify: _____) 6	
	RECORD TIME THE INTERVIEW ENDED.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

Annex F: Qualitative Topical Outlines

Focus Group Discussion A: Pregnant and Lactating Women

Purpose:	To understand influence of GMP/courtyard sessions in promoting good health, hygiene and IYCF practices among participants.
Participants:	10 pregnant and lactating women participating in GMP and courtyard sessions
Duration:	90 minutes

→ Welcome and Introduction (5 minutes)

Thank you for joining us today for this focus group discussion. We appreciate the time you are spending here today. This discussion is part of a review of SHOUHARDO II program. We are speaking with you today to learn about your experiences as pregnant and breastfeeding mothers. Today we would like to talk about what happens when you bring your children to GMP sessions. We also want to know what you have talked with CHVs during courtyard sessions. There are no right and wrong answers today. We just want to learn more about your own experiences. We want your honest feedback. Your individual responses will be confidential (no one at CARE will know what information you personally provide), and your answers will not have a direct bearing on the extent of support provided by CARE.

#	Question	Note/Probing/Follow up
Q1	Insert culturally appropriate question here.	Allow each participant to answer as a means of establishing trust and bringing all participants into the discussion
Q2	What happens when you bring your children to GMP sessions?	<p>What information related to child care and feeding practices do CHVs share?</p> <p>What do CHVs do during these sessions?</p> <p>Can you describe how your children are weighed?</p> <p>What do you like most about these sessions? What do you like least?</p> <p>How can they be improved?</p>
Q3	What happens when you attend courtyard sessions?	<p>What information do CHVs share?</p> <p>Do you sometimes ask questions? What are they? Have your questions been adequately</p>

#	Question	Note/Probing/Follow up
		<p>answered? If not, why not?</p> <p>What do you like most about these sessions? What do you like least?</p> <p>How can courtyard sessions be improved?</p>
Q4	Do women in this community participate in “mother-to-mother” support groups? If so, how have they helped improve the health and nutrition of your children?	<p>What type of information do you receive during these sessions?</p> <p>What do you like most about the groups?</p> <p>How can they be improved?</p>
Q4	Which type(s) of information/practice do you think has most benefitted your child’s health and nutrition? Why (explain/provide examples)?	<p>What information/practices have CHVs shared about ANC?</p> <p>What information/practices have CHVs shared about delivering your baby?</p> <p>What information/practices have CHVs shared about your baby’s first week of life?</p> <p>What information/practices have CHVs shared about breastfeeding?</p> <p>What information/practices have CHVs shared about feeding your children from age 6 months – two years?</p> <p>What have you learned about taking care of your children when they are sick?</p>
Q5	How have things changed for you or your child since you started attending GMP/courtyard sessions?	<p>What has changed in the way you feed your child?</p> <p>What has changed in the way you are / or plan to breastfeed your child?</p> <p>What do you do differently to take care of yourself while pregnant or breastfeeding?</p>

#	Question	Note/Probing/Follow up
Q6	What is your opinion of CHVs?	<p>How have CHVs helped pregnant and lactating mothers in this community?</p> <p>Do they have adequate capacity (good information, proper materials, adequate experience) to perform their duties? If not, where are they lacking?</p> <p>How can they do their job better?</p>
Q7	<p>What types of child illness are most common in this community?</p> <p>How and from whom do you seek help from when your child is sick?</p>	<p>How do you reach a health clinic? What are the barriers to access of health services (cost? Physical proximity? Cultural/household constraints – denied consent by male heads of household?)?</p> <p>Have you or your child ever been referred to another clinic/midwife/doctor/hospital when sick? Describe the process of referral? Did the referral result in access to necessary health care?</p> <p>How has participation in SHOUHARDO II influenced access to child health care?</p>
Q8	<p>Who provides you with care when pregnant?</p> <p>How often do you seek care when pregnant?</p>	<p>Did you see a TBA during your pregnancy?</p> <p>Did you see a midwife during your most recent pregnancy? If not, why not? If so, at what stage of your pregnancy?</p> <p>Why / why not go to the midwife?</p> <p>How satisfied were you with the support/information provided by the midwife?</p> <p>How might delivery support provided by midwives be improved?</p>
Q9	From whom and how did you and your baby receive support during the first few weeks of your	How did the midwife/TBA/other help you

#	Question	Note/Probing/Follow up
	baby's life?	after your baby was born? Where was care provided to you and your baby (home, clinic, other?)How might post-natal care be improved?
Q10	How did you learn to breastfeed your baby? Can you describe your experience when you began breastfeeding your baby?	Did anyone help you to learn how (and for how long) to breastfeed (mother, mother in law, friend, midwife, CHV?) When did your baby start nursing? When your baby was less than six months of age did you have any problems breastfeeding? If so, what was the nature of those problems?
Q11	When did you first introduce complementary foods (other than breast milk) to your infant and what foods were they?	What foods other than breast milk did you first give your baby?
Q13	What type(s) of support has SHOUHARDO II provided for improved hygiene and sanitation in this community?	Has SHOUHARDO II provided water infrastructure and/or latrines in this community? What influence has this had on child health and nutrition? Do you expect that hygiene/sanitation practices and infrastructure will be maintained? If not, why not? How could support for improved hygiene and sanitation be improved?
Q12	Is there anything else that you would like to discuss today?	Ask any necessary follow up questions to cover missed information from above

Focus Group Discussion B: EKATA (Empowering through Knowledge and Transformative Action) Group Members

Purpose:	To understand how EKATA groups function and how they have influenced women empowerment at community and household level
Participants:	10 EKATA group members
Duration:	90 minutes

→ Welcome and Introduction (5 minutes)

Thank you for joining us today for this focus group discussion. We appreciate the time you are spending here today. This discussion is part of a review of SHOUHARDO II program. We are speaking with you today to learn about your experiences as a member of an EKATA group. Today we would like to talk about how you have become a member of this group, what type of activities you are involved in and how your membership has influenced your life. There are no right and wrong answers today. We just want to learn more about your own experiences, so that SHOUHARDO II can continue to support you, your families and your communities. We want your honest feedback. Your individual responses will be confidential (no one at CARE will know what information you personally provide), and your answers will not have a direct bearing on the extent of support provided by CARE.

#	Question	Note/Probing/Follow up
Q1	How did you become a member of the EKATA group?	Intended to be an easy introductory question.
Q2	How often and where do you meet?	Intended to be an easy introductory question.
Q3	How are meetings facilitated?	How many members typically attend EKATA meetings? Who is the facilitator? How involved are groups members in facilitating EKATA meetings.
Q4	What issues do you discuss during EKATA meetings?	Ask follow up questions to clarify the details of the topics discussed.
Q5	Who decides what topics are discussed?	What role do group members have in determining the topics discussed?

#	Question	Note/Probing/Follow up
		Is this the role of the facilitator?
Q6	What are the most significant problems the EKATA group has identified for women and girls in your community?	Can you explain why this is a problem in your community? How common is this problem (what number/proportion of women and girls are affected by this problem?) What problems have EKATA groups tried to address in the community?
Q7	Has the EKATA group developed an action plan for improving women's empowerment in the community? Can you describe an action plan developed by your EKATA group?	Why was this specific problem chosen? What strategies are included in the action plan? What stakeholders (government, civil society, women's organizations, religious institutions) have specific roles in the action plan?
Q8	Has the EKATA group had success in addressing problems for women and girls in your community? Please explain.	What made the strategy successful? What influence has EKATA group had on influencing women's empowerment in the community?
Q9	How have EKATA groups involved men and boys in identifying barriers (and solutions) to women's empowerment in this community?	Have there been meetings or other EKATA activities that focused specifically on men and boys? How many men and boys participated? What was the focus of the activities? What (if any) change have you noticed in the behaviors of men and boys as a result?
Q10	How does your group work together with VDCs?	What steps have VDCs taken to contribute to women's empowerment in the community? How effective have these been? What could VDCs do to improve women's

#	Question	Note/Probing/Follow up
		empowerment?
Q11	How has your life changed from being a member of EKATA?	<p>What changes do you see in your community?</p> <p>What changes have you experienced in your household?</p>
Q12	What is your hope for the future of EKATA group, your children and your community?	

Focus Group Discussion C: EAW Members

Purpose:	To understand how EAW groups function and how they have influenced access to services and norms associated with violence against women
Participants:	10 EAW members
Duration:	90 minutes

→ Welcome and Introduction (5 minutes)

Thank you for joining us today for this focus group discussion. We appreciate the time you are spending here today. This discussion is part of a review of SHOUHARDO II program. We are speaking with you today to learn about your experiences as a member of an EAW Forum. Today we would like to talk about how you have become a member of this group, what type of activities you are involved in and how your membership has influenced your life. There are no right and wrong answers today. We just want to learn more about your own experiences, so that SHOUHARDO II can continue to support you, your families and your communities. We want your honest feedback. Your individual responses will be confidential (no one at CARE will know what information you personally provide), and your answers will not have a direct bearing on the extent of support provided by CARE.

#	Question	Note/Probing/Follow up
Q1	How did you become a member of the EAW forum?	Intended to be an easy introductory question.
Q2	How often and where do you meet?	Intended to be an easy introductory question.
Q3	How are meetings facilitated?	How many members typically attend EAW meetings? Who is the facilitator? How involved are groups members in facilitating EKATA meetings.
Q4	What issues do you discuss during EAW meetings?	Ask follow up questions to clarify the details of the topics discussed.
Q5	Who decides what topics are discussed?	What role to group member have in determining topics discussed?

#	Question	Note/Probing/Follow up
		Is this the role of the facilitator?
Q6	What are the most significant forms of violence against women and girls in your community?	Can explain why this is a problem in your community? How common is this problem among women and girls in this community? What are the most significant barriers to addressing violence against women?
Q7	What plans does your EAW forum have for addressing violence against women in your community?	Why was this specific problem chosen? What stakeholders (government, civil society, women's organizations, religious institutions) have specific roles in the action plan?
Q8	How do men and women work together through the EAW forum?	What specific roles do men and women play during meetings/trainings/other events?
Q9	How does your group work together with VDCs?	Do you have regular meetings? Do VDC members attend any of your meetings?
Q10	How does the EAW address these barriers?	
Q11	How has your life changed at all from being a member of EAW?	What changes do you see in your community? What (if any) changes have you experienced in your household?
Q12	What is your hope for the future of EAW forum, your children and your community?	

Focus Group Discussion D: Community Health Volunteers

Purpose:	To understand the roles and responsibilities of CHVs and their influence on child care and feeding practices of pregnant and lactating mothers.
Participants:	10 Community Health Volunteers (CHVs)
Duration:	90 minutes

→ Welcome and Introduction (5 minutes)

Thank you for joining us today for this focus group discussion. We appreciate the time you are spending here today.

This discussion is part of a review of SHOUHARDO II program. During the next 90 minutes we would like to talk about your experiences as a community health volunteer.

Today we would like to talk about how you manage and facilitate GMP, courtyard sessions, and home visits. We would like to learn about your successes and also what challenges you face.

There are no right and wrong answers today. We just want to learn more about your own experiences. We want your honest feedback. Your individual responses will be confidential (no one at CARE will know what information you personally provide), and your answers will not have a direct bearing on the extent of support provided by CARE.

#	Question	Note/Probing/Follow up
Q1	Why did you become a CHV? What do you like most about being a CHV?	Allow each participant to answer as a means of establishing trust and bringing all participants into the discussion
Q2	Let's begin by talking about GMP sessions. Can you describe what happens during GMP sessions?	How many women participate? What activities are conducted? What is your role and responsibility?
Q3	During the GMP sessions what type of information do you share with women?	What do you tell women about ANC, labor and delivery and PNC? What do you discuss regarding IYCF? Do you discuss immunization? What do you feel is the most important/helpful type of support you've

#	Question	Note/Probing/Follow up
		offered to women as a CHV? Why?
Q4	Now let's talk about courtyard sessions? What happens during these sessions?	What do you tell women about ANC, labor and delivery and PNC? What do you discuss regarding IYCF? Do you discuss immunization?
Q5	What are the most common problems women and children discuss with you?	What questions do women ask about IYCF, hygiene, breastfeeding, immunization?
Q6	Do you feel you have enough training/support CHV? Are there areas where you need more training or support?	Do you feel you have the proper equipment and training to fulfill your responsibilities as a CHV? What type of training have you received as a CHV? What do you do if you don't know how to answer questions or help?
Q7	What happens if you identify a sick or malnourished child?	Do you make referrals? To whom? Are you able to follow up?
Q8	Why and how do women/children attend GMP and courtyard sessions?	Are women interested or enthusiastic to attend? What are the most significant barriers to their attendance?
Q9	How are the services you provide as a CHV coordinated with or complementary to those provided by the Ministry of Health (MoH)?	How have you worked with MoH representatives to improve referral linkages? How have CHVs worked with MoH representatives to coordinate immunization or micro-nutrient supplementation practices? What (if any) training have CHVs received from the MoH or other partners? How helpful has it been? How could it have been

#	Question	Note/Probing/Follow up
		improved?
Q10	As a CHV what have been your greatest successes?	Can you tell me about a woman that you were able to help? Can you tell me about a child that benefited greatly from your help?
Q11	As a CHV what are the greatest challenges that you face?	
Q12	What (if any) additional support do you need to adequately fulfill your responsibilities as a CHV?	
Q13	Is there anything else that you would like to discuss today?	Ask any necessary follow up questions to cover missed information from above
Q14	Do you work together with the other volunteers on the SHOUHARDO II program?	Do you see a lot of new community initiatives with the SHOUHARDO II support? Do you feel that the community is rising from its PEP roots, and quality of life has improved because of it?

Focus Group Discussion E: Disaster Management Committee

Purpose:	To understand influence of Support to reactivating Disaster Management Committees and support prevention, early warning, mitigation and response measures among participants.
Participants:	10- 15 community members, members of the DMC
Duration:	90 minutes

→ Welcome and Introduction (5 minutes)

Thank you for joining us today for this focus group discussion. We appreciate the time you are spending here today.

This discussion is part of a review of SHOUHARDO II program. During the next 90 minutes we would like to talk about your experiences a member of the Disaster Management Committee.

Today we would like to talk about how you manage and facilitate prevention, early warning, maintenance of disaster resilient infrastructure and adaptation to climate change. We would like to learn about your successes and also what challenges you face.

There are no right and wrong answers today. We just want to learn more about your own experiences. We want your honest feedback. Your individual responses will be confidential (no one at CARE will know what information you personally provide), and your answers will not have a direct bearing on the extent of support provided by CARE.

#	Question	Note/Probing/Follow up
Q1	Why did you become a member of the DMC? What skills/experiences do you draw on as a member of the DMC?	Allow each participant to answer as a means of establishing trust and bringing all participants into the discussion
Q2	What type of support have you received from SHOUHARDO II for Disaster Risk Management (DRM)?	Has CARE carried out any disaster risk analysis in this community? What type(s) of training have you received from CARE in DRM? What type of training has been most/least useful? Why? Has SHOUHARDO II supported creation of disaster protection infrastructure in this community? If so, has it been effective in helping to prevent or mitigate disasters? What arrangements have been made for

#	Question	Note/Probing/Follow up
		maintenance of the infrastructure?
Q3	What steps has the DMC taken to mitigate disaster and/or respond to the effects of climate change?	<p>How has the DMC contributed to greater community awareness of disaster risk?</p> <p>Has the DMC contributed to development of a community disaster management plan? If not, why not?</p> <p>How has the DMC involved women in the development of DMC plans?</p>
Q4	Does your community have a disaster early warning and response system in place?	<p>If so, what role has the DMC had in designing and implementing the early warning and response system?</p> <p>What (if any) support have you received from SHOUHARDO II in implementing the disaster early warning system?</p> <p>How aware are community members of the disaster early warning and response system?</p>
Q5	How has the DMC committee contribute to awareness of and adaptation to climate change?	<p>Has the DMC coordinated with VDCs and CAVs in supporting adaptation to climate change? Provide examples.</p> <p>What support has CARE provided in adapting agricultural activities to climate change?</p>
Q6	What support has the community received from local government for disaster risk management?	<p>What (if any) investment has the government made in disaster resilient infrastructure in this community?</p> <p>What role has the DMC had in selecting, designing and maintaining this disaster prevention infrastructure?</p> <p>How has the Local Government Engineering Division (LGED) contributed to construction or maintenance of disaster prevention infrastructure?</p> <p>Have trained Disaster Volunteers contributed</p>

#	Question	Note/Probing/Follow up
		<p>to disaster preparedness in this community? If so, how (provide examples)?</p> <p>Describe the level of coordination between Union Disaster Management Committees (UDMC), Union Disaster Volunteers (DVs) and the Upazila Disaster Management Committee (UzDMC). How could coordination on disaster management be improved?</p>

Focus Group Discussion F: Availability of and Access to Food

Purpose:	To understand the effectiveness of SHOUHARDO II activities in improving agricultural productivity and access to income.
Participants:	10- 15 community members, male or female
Duration:	90 minutes

→ Welcome and Introduction (5 minutes)

Thank you for joining us today for this focus group discussion. We appreciate the time you are spending here today.

This discussion is part of a review of SHOUHARDO II program. During the next 90 minutes we would like to talk about your involvement in agricultural and income generating activities promoted by SHOUHARDO II and the impact they have had on household food security.

There are no right and wrong answers today. We just want to learn more about your own experiences. We want your honest feedback. Your individual responses will be confidential (no one at CARE will know what information you personally provide), and your answers will not have a direct bearing on the extent of support provided by CARE.

#	Question	Note/Probing/Follow up
Q1	Which of the SHOUHARDO II occupational groups do FGD participants belong to - agriculture, comprehensive homestead development, fisheries, income generating activities? How did you become involved in this occupational group?	Allow each participant to answer as a means of establishing trust and bringing all participants into the discussion
	What are the main challenges to developing economic activities in this community?	Describe constraints to farmer access to necessary inputs and agricultural support. What constraints do women face in pursuing livelihood activities? How have livelihood activities in this community been affected by climate change?
Q2	What type of support have you received from SHOUHARDO II as a member of this group?	Have you received any specific training from the Program on agricultural production,

#	Question	Note/Probing/Follow up
		<p>fisheries or income generation?</p> <p>If so, what was the focus of the training?</p> <p>Was it helpful?</p> <p>Have you experienced any change in agricultural production or income since the training? If so, explain.</p> <p>Has the Program provided any support for improved access to irrigation? If so, has it been helpful? Explain.</p> <p>Has the Program helped improve access to necessary inputs?</p> <p>Has the Program introduced any new technologies for agriculture, fisheries or income generation? If so, has they been effective?</p> <p>What support (if any) did the Program provide for improved livestock management in this community? How effective has this support been?</p> <p>How might the Program's support for agricultural productivity and income generation be improved?</p>
Q3	<p>What type(s) of support have Community Agriculture Volunteers (CAVs) provided to SHOUHARDO II beneficiaries?</p>	<p>What types of support have been most/least useful? Why? (provide examples)</p> <p>Do CAVs have the skills and experience necessary to support agricultural activities? If not, where are they lacking?</p> <p>How often does the CAV visit community members?</p> <p>Do you feel the CAV is responsive to the needs of community members? Give</p>

#	Question	Note/Probing/Follow up
		examples.
Q4	Has SHOUHARDO II helped establish any demonstration plots in this community?	<p>If so, what types of crops/cultivation systems are being demonstrated on the plot?</p> <p>How many farmers have adopted these crops/cultivation systems on their own land?</p> <p>Are there any barriers/constraints to adopting them? If so, describe.</p>
Q5	What (if any) role has the Village Development Committee (VDC) had in supporting the occupational group(s) you participate in?	<p>What steps has the VDC taken to improve linkages with service providers?</p> <p>Have VDCs made any effort to support better product marketing? Explain.</p> <p>What steps have VDCs taken to help improve linkages between participating households and private sector?</p>
Q6	How has participation in SHOUHARDO II influenced household production and access to income?	<p>Have you experienced any change in the types and amounts of food your household eats? If so, explain?</p> <p>Have you noticed any increases in income as a result of your participation in SHOUHARDO II? If so, how has this additional income been used?</p> <p>Do you expect that improvements in productivity and income can/will be sustained? Why/why not?</p>
Q7	Has the Local Government provided support to you in developing economic activities?.	What were they?
Q8	Has CARE helped establish a savings group in this community?	<p>If so, how many male and female members belong to the group? When was it established?</p> <p>Has the Program provided support to savings group since its establishment? If so, what kind of support? How helpful has this support</p>

#	Question	Note/Probing/Follow up
		been?
Q9	Do you feel that at the end of the Program, your own improved situation plus support from the Government will be enough to take care of your families?	Please explain why or why not.

Focus Group Discussion G: Village Development Committees (VDC)

Purpose:	To understand the roles and effectiveness of VDC members in implementing and coordinating SHOUHARDO II activities.
Participants:	10 Village Development Committee (VDC) members
Duration:	90 minutes

#	Question	Note/Probing/Follow up
Q1	How did you become members of the VDC?	When was the VDC established? How many VDC members are there? (How many women? How many men? How many PEP?) How were VDC committee members selected?
Q2	What are your main responsibilities as VDC members?	How has the VDC supported livelihood activities among the PEP? What has the VDC done to contribute to improved health and nutrition of PEP women and children? How has the VDC collaborated with local government to improve access to services among PEP? What (if anything) has the VDC done to help the community prepare/respond to disaster or adapt to climate change?
Q4	Has the VDC contributed to development of a Community Action Plan (CAP)?	If so, when was the CAP created? How did the PEP contribute to development of the CAP? How did women contribute to development of the PEP? What support (if any) did SHOUHARDO II provide in developing the CAP? What are the priority actions included in the CAP? Have these been achieved? If not, what are the barriers? Have any changes been made to the CAP since it was first created? (If so, what were they? Why were these changes made?)
Q5	How has the VDC contributed to the empowerment of women	Has the VDC conducted a gender analysis in this community? If so, what were the findings of the gender analysis (what are the

#	Question	Note/Probing/Follow up
	and girls in this community?	<p>major constraints to women's empowerment?)</p> <p>What is being done to improve women's empowerment in this community? How are the findings of the gender analysis integrated into in the CAP?</p> <p>What role does the VDC play in these efforts?</p> <p>Is there an EKATA group in this community? If so, how does the VDC coordinate with the EKATA group?</p>
Q6	What type of support has the VDC received from SHOUHARDO II?	<p>Have VDC members received training? (If so, what type of training? Who participated? How effective/helpful has the training been?)</p> <p>How often does project staff visit the VDC? Who visits? What is the purpose of their visits with the VDC?</p> <p>Does the VDC need more support from SHOUHARDO II? If so, what type of additional support is most needed?</p>
Q6	What will happen to the VDC after the end of SHOUHARDO II (2015)?	<p>Will the VDC continue to fulfill its roles in the community? If so, what makes you think so? If not, why not?</p> <p>What could be done before the end of the project to ensure that the VDC continues to benefit the community after 2015?</p>

Annex G: Documents Reviewed

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http://www.unicef.org/nutrition/files/IYCF_Indicators_part_III_country_profiles.pdf

Annex H: List of Publications Developed by SHOUHARDO II

SOs		Title of Guidelines/Modules and handout
SO 1	1.	Basic Training Module for CAV
	2.	Dik Nirदेशona Somogro
	3.	CHD Module
	4.	Field Crop Module
	5.	Fisheries Module
	6.	Flash Card
	7.	Flipchart on pond fish Culture
	8.	Flipchart on IGA
	9.	Flipchart Cereal Crop cultivation
	10.	Flipchart Vegetable cultivation
	11.	Flipchart CHD
SO 2	12.	GMP Guidelines
	13.	Health, Hygiene and Nutrition manual for CHV
	14.	Flip Chart
	15.	Supplementary Ration Beneficiary Selection Process
SO 3	16.	EKATA Module (part 1)
	17.	EKATA Module (part 2)
	18.	Ainer Kotha (11 topics)
	19.	ECCD module (part 1)
	20.	Bhashagot Dokkoter unnayan (part 2)
	21.	Pre-reading, writing and math
	22.	Parenting session module (part 4)
	23.	Chobikosh
	24.	Gender Analysis Guidelines
SO 4	25.	VDC Formation and CAP Preparation Guideline
	26.	VDC Handbook
	27.	LEB Training Handout
	28.	NBD Training Handout
	29.	Leadership and Organization Development Training Module
SO 5	30.	CVCA
	31.	Handout-UDV
	32.	Handout-UDMC and UzDMC training
	33.	Module-UzDMC training
	34.	Module-DCM training for UDV
	35.	Module-UDMC
	36.	UDMC formation, responsibilities and process of work
	37.	Guidelines on UDMC monthly meeting
	38.	UDV group information and process of work
	39.	Quarterly learning sharing guidelines of UDV
	40.	RR mapping Guidelines
	41.	UDM Planning Guidelines
Others	42.	Commodity Management and Accounting Manual
	43.	Environmental Compliance Management Guidelines

	44.	Program Area and Beneficiary Selection Process
	45.	Large structure planning and implementation Guidelines
	46.	Cash for Work (CFW) guidelines
	47.	Guidelines for implementation of structural schemes through LCS
	48.	Arsenic Flash Card
	49.	Infrastructure Planning and Implementation Guidelines
	50.	Pesticides Evaluation Report Safer Action Plan
	51.	Mapping Women's Empowerment
	52.	Baseline Survey Report

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

Following the assessment of institutional capacity undertaken as part of the SHOUHARDO II baseline, SHOUHARDO II has undertaken an MSS measurement exercise on an annual basis, most recently in **September 2012**.

The 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.² The MSS is applied through a participatory self-assessment process involving key representatives of partner institutions, and facilitated by designated SHOUHARDO II staff.

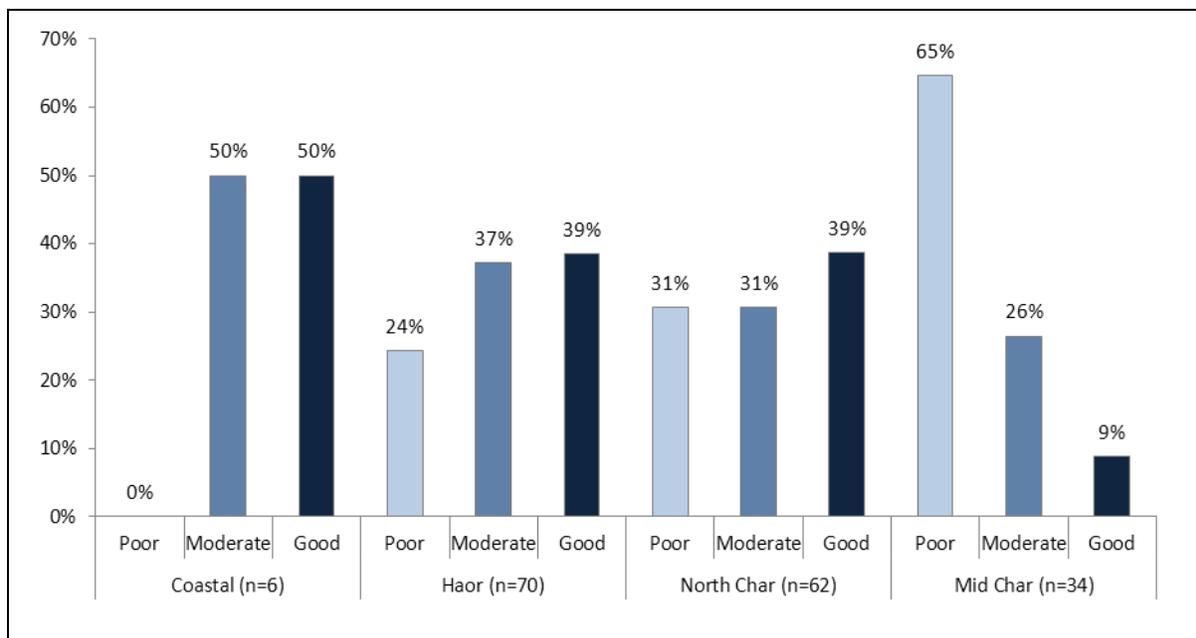
Figure 6 provides information on the performance of UPs by region according to these defined categories. Overall, the mean MSS score of all 172 UPs in the SHOUHARDO II program areas was 62 percent, indicating 'moderate' institutional capacity. While this indicates clear potential for improvement, it also represents substantial progress over the 45 percent overall score for institutional capacity reported in the baseline assessment.

A cursory analysis of the quantitative MSS findings suggest that UP performance is most problematic in Mid Char Region. In that region, 65 percent of the UPs participating in the MSS exercise fell within the lowest category. Meanwhile, only 9 percent of UPs in the region scored in the highest category.

² 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'.

Institutional performance is likely most satisfactory in Haor Region given the number of UPs in the region (70) and the fact that only 24 percent remain in the 'lowest' performance category. Institutional performance in the Coastal Region is also promising in that none of the participating UPs in the region fell within the 'lowest' category during the most recent MSS exercise.

Figure 1: Percentage of Union Parishads by Performance Category and Region

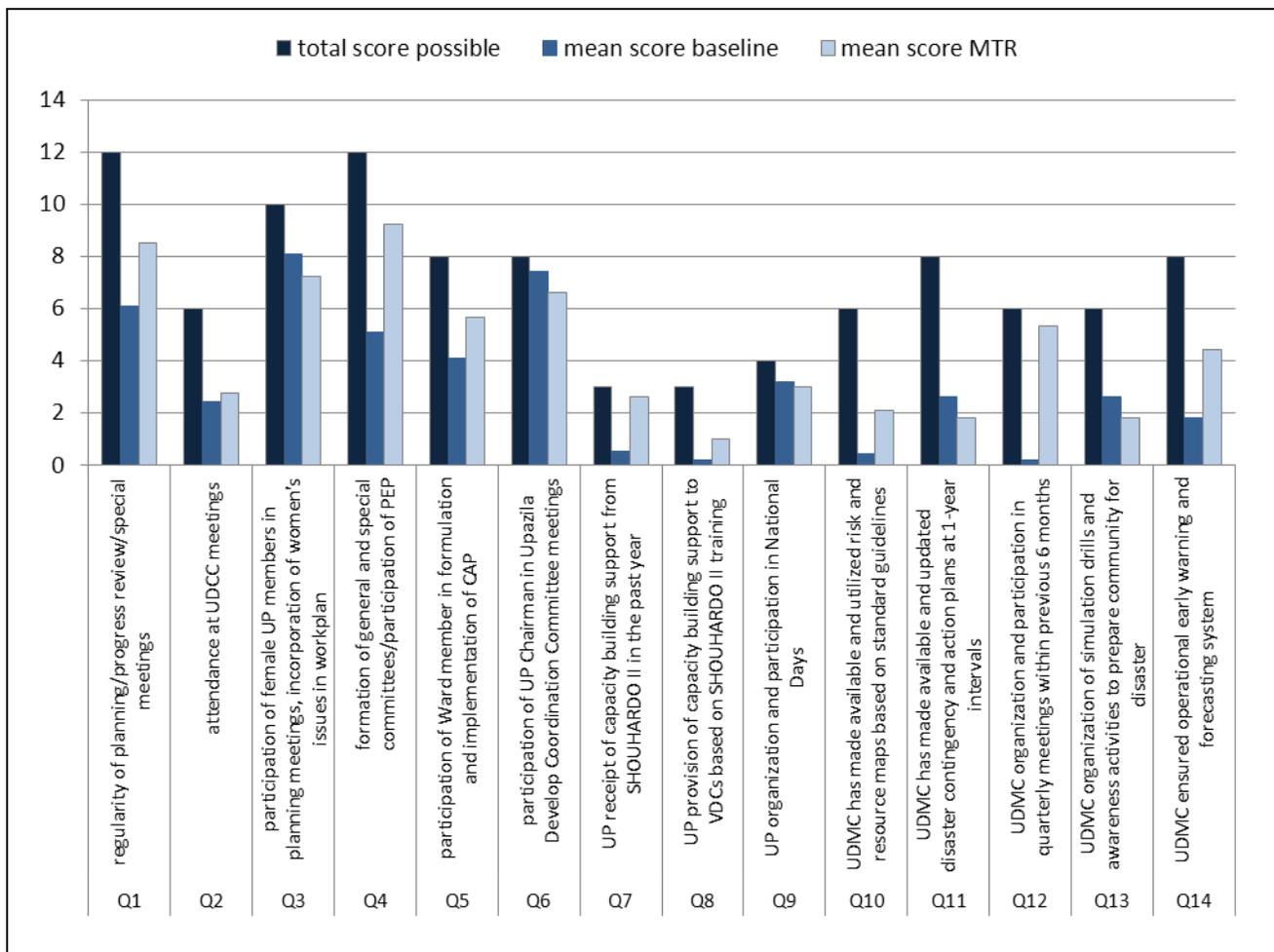


Source: CARE Bangladesh, SHOUHARDO II MSS data, September 2012

The mean scores by individual MSS indicator are presented in **Figure 7**. Overall, data suggest general improvements in 9 of the 14 indicators measured by the MSS since the baseline assessment. Since that time, the most significant improvements are reported in the number of progress and planning meetings conducted by UPs, the formation of standing and general committees with representation of PEP, the organization of UDMC quarterly meetings, and establishment of functional early warning and forecasting systems by UDMC. 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. Finally, data reveal a decline in the updating of disaster contingency action plans on an annual basis and completion of disaster simulation and awareness raising activities by UDMC.

Figure 2: Mean weighted scores by MSS indicator



Source: CARE Bangladesh, SHOUHARDO II MSS data, September 2012

Annex J: Linkages between SHOUHARDO II Strategic Objectives

Strategic Objectives	SO 1 - Agriculture	SO 2 - HHN	SO 3 - Empowerment	SO 4 - Govt.	SO 5 - DRM
SO 1 - Agriculture		Support for vegetable production has been beneficial to household consumption of nutritious foods	Support for women's empowerment has in some cases led to greater mobility and participation in socio-economic activities, including those supported under SO1	VDC successfully advocating with government for greater access of poor to government safety net (VGF, VGD) VDC have facilitated market opportunities with higher prices, organized transport, and invited wholesalers to buy directly from producers.	Promotion of new crop varieties (rice, maize) in response to climate change Provision of flood/cyclone resistant infrastructure should provide some protection for agricultural livelihoods
SO 2 - HHN	Support for vegetable production has been beneficial to household consumption of nutritious foods		Consistent interaction between CHVs and EKATA groups Support for improved access to health care (ANC) for women	GMP at EPI sites has enabled greater community awareness of govt. health services (e.g. immunization)	Installation and arsenic testing of tube wells and latrines
SO 3 - Empowerment	Support for women's empowerment has in some cases led to greater mobility and participation in socio-economic activities, including those supported under SO1	Consistent interaction between CHVs and EKATA groups Support for improved access to health care (ANC) for women		CARE advocating to ensure minimal inclusion of women in govt. institutions (e.g. UDMC) Women (especially in EKATA communities) playing an active role on VDCs VDCs have had an influence on ending violence against women and keeping girls in school	
SO 4 - Govt.	VDC successfully advocating with government for greater access of poor to government safety net (VGF, VGD) VDC have facilitated market opportunities with higher prices, organized transport, and invited wholesalers to buy directly from producers.	GMP at EPI sites has enabled greater community awareness of govt. health services (e.g. immunization)	CARE advocating to ensure minimal inclusion of women in govt. institutions (e.g. UDMC) Women (especially in EKATA communities) playing an active role on VDCs VDCs have had an influence on ending violence against women and keeping girls in school		Standing Order on Disaster (SoD) SHOUHARDO II influence on national DRM policy SHOUHARDO II influence on national DRM policy (CARE is only international NGO on National Disaster Mngmt. Advisory Committee) Training disaster management provided to Union Disaster Mngmt. Committee (UDMC)) and other government actors
SO 5 - DRM	Promotion of new crop varieties (rice, maize) in response to climate change Provision of flood/cyclone resistant infrastructure should provide some protection for agricultural livelihoods	Installation and arsenic testing of tube wells and latrines		SHOUHARDO II SO 5 consistent with/supportive of GOB's Standing Order on Disaster (SoD) SHOUHARDO II influence on national DRM policy (CARE is only international NGO on National Disaster Mngmt. Advisory Committee) Training on disaster management provided to Union Disaster Mngmt. Committee (UDMC) and other government actors	

Annex K: Additional Analysis of Quantitative Findings from Household Questionnaire

Table X. Progress in key project indicators (Baseline versus Midterm)

	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
Income and assets			
Household monthly income per capita (2010 taka)	647	951	47.0
Index of ownership of domestic assets	25.1	32.6	29.9
Agricultural production			
Percent of field crop producers adopting at least three improved practices	42.1	71.0	68.6
Percent of vegetable producers adopting at least three improved practices	39.3	72.5	84.5
SO2. Improved health, hygiene and nutrition status of 281,000 children under 2 years of age			
Malnutrition among children under two			
Percent of children 6-23 months stunted	55.8	52.0	-6.8
Percent of children 6-23 months wasted	18.2	11.7	-35.7
Percent of children 0-23 months underweight	33.2	32.1	-3.3
Malnutrition among children under five			
Percent of children 6-59 months stunted	61.7	52.7	-14.6
Percent of children 6-59 months wasted	15.6	9.0	-42.3
Percent of children 0-59 months underweight	42.2	34.2	-19.0
Children's health			
Percent of children 6-23 months with diarrhea	13.8	11.6	-15.9
Quality of caring practices for children under two			
Percent of 0-5 m olds exclusively breastfed	64.1	66.4	3.6
Percent of breastfed 6-23 m olds with a minimum acceptable diet	8.7	17.5	101.1
Percent immunized against 8 diseases by 12 months of age	58.6	74.9	27.8
Percent of 6-23 m olds given a Vitamin A capsule in last 6 months	58.3	67.3	15.4
Percent of 6-24 m olds with diarrhea receiving ORS	61.1	86.0	40.8
Nutritional status and quality of caring practices for mothers			
Percent of mothers underweight	36.8	32.2	-12.5
Mothers' dietary diversity score	4.6	5.6	21.7
Percent of mothers receiving antenatal care	47.1	64.5	36.9
Percent of mothers taking more food during pregnancy	12.5	25.2	101.6
Percent of mothers taking more rest during pregnancy	23.5	35.5	51.1
Percent of pregnant/lactating women taking iron supplements in last 7 days	15.2	29.8	96.1
Hygiene and sanitation			
Percent of mothers of under-fives who feel it is important to wash hands at five critical times	9.8	10.9	11.2
Percent of mothers of under threes who dispose of children's feces safely	41.4	68.2	64.7
Percent of households with access to an improved water source	59.5	76.3	28.2
Percent of households with access to an improved sanitation facility	20.3	32.4	59.6
SO3. PEP women and adolescent girls empowered in their families, communities and Union Parishad			

Percent of women actively participating in <i>Salish</i> decision making	27.0	43.0	59.3
Index of women's decision making power	2.28	2.38	4.4
Index of women's freedom of movement	8.06	8.93	10.8
Percent of women earning cash income	5.7	11.3	98.2
Percent of women participating in any group	20.7	27.0	30.4
Index for freedom from patriarchal beliefs	1.6	1.7	6.2
Percent women reporting acts of violence against women have occurred in their household in the last year	27.7	12.2	-56.0
SO4. Local elected bodies and government service providers responsiveness and accountability to the PEP increased			
Average number of safety nets households are engaged in	0.18	0.39	116.7
SO5. Targeted community members and government institutions are better prepared for, mitigate, and respond to disasters and adapt to climate change			

a/ Bolded values indicate that the difference is statistically significant.

Note: The differences reported in the appendix tables are often the absolute rather than percent difference and thus may differ from those reported here.

MODULE D. HOUSEHOLD ECONOMIC SECURITY

Income and employment

Table X. Key income and employment indicators, by region, well-being category, program approach and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference	Number of observations
Mean household monthly income per capita (2010 Taka)					
All households	647.1	951.0	47.0	0.000 ***	Baseline: 7,084 Midterm: 6,888
Region					
Coast	578.3	1015.8	75.7	0.000 ***	1,885 / 1,841
Haor	667.7	973.0	45.7	0.000 ***	1,672 / 1,697
Mid Char	652.6	948.5	45.4	0.000 ***	1,797 / 1,738
North Char	630.5	917.9	45.6	0.000 ***	1,730 / 1,612
Well-being category					
Extreme poor	557.5	848.5	52.2	0.000 ***	1,195 / 1,237
Poor	645.0	946.6	46.8	0.000 ***	4,566 / 4,418
Middle	742.4	1096.3	47.7	0.000 ***	638 / 594
Middle rich	874.8	1231.6	40.8	0.002 ***	428 / 405
Rich	1229.4	1674.3	36.2	0.022 **	251 / 233
Program approach					
MCHN/PEP (PEP only)	631.1	918.6	45.6	0.000 ***	2,888 / 2,757
PM2A	699.5	1057.8	51.2	0.000 ***	4,196 / 4,131
Gender of headship					
Female	612.3	863.4	41.0	0.000 ***	957 / 1,004
Male	652.3	965.2	48.0	0.000 ***	6,127 / 5,884
Mean number of months of hh employment (per capita)					
All households	2.70	3.08	13.8	0.000 ***	7,085 / 6,916

Region							
Coast	2.12	2.49	17.3	0.007	***	1,885	1,852
Haor	2.70	3.11	15.2	0.000	***	1,672	1,701
Mid Char	2.52	2.71	7.4	0.031	**	1,798	1,745
North Char	2.87	3.30	14.9	0.000	***	1,730	1,618
Well-being category							
Extreme poor	3.20	3.79	18.7	0.000	***	1,195	1,237
Poor	2.66	2.97	11.7	0.000	***	4,566	4,435
Middle	2.09	2.53	21.0	0.010	**	638	599
Middle rich	1.69	1.93	14.3	0.227		428	409
Rich	1.58	2.02	27.7	0.097	*	252	235
Program approach							
MCHN/PEP (PEP only)	2.80	3.14	12.5	0.000	***	2,888	2,766
PM2A	2.39	2.85	19.1	0.000	***	4,197	4,150
Gender of headship							
Female	3.72	4.29	15.3	0.000	***	957	1,009
Male	2.55	2.88	13.0	0.003	***	6,121	5,907

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

Continued.

Table X. Key income and employment indicators, by region, well-being category, program approach and gender of household head (continued)

Indicator	Baseline	Midterm	Percent difference	p-value for difference	Number of observations		
					Baseline	Midterm	
Domestic Asset Index							
All households	25.1	32.6	30.0	0.000	***	7,085	6,916
Region							
Coast	27.0	31.2	15.4	0.157		1,885	1,852
Haor	23.1	30.8	33.3	0.000	***	1,672	1,701
Mid Char	29.6	36.6	23.8	0.000	***	1,798	1,745
North Char	24.9	33.0	32.7	0.000	***	1,730	1,618
Well-being category							
Extreme poor	16.5	22.5	35.8	0.000	***	1,195	1,237
Poor	24.1	32.1	33.6	0.000	***	4,566	4,435
Middle	42.3	46.9	10.9	0.086	*	638	599
Middle rich	53.3	65.1	22.2	0.002	***	428	409
Rich	91.1	98.6	8.3	0.340		252	235
Program approach							
MCHN/PEP (PEP only)	22.7	30.5	34.4	0.000	***	2,888	2,766
PM2A	33.0	39.6	20.2	0.000	***	4,197	4,150
Gender of headship							
Female	15.8	21.5	35.9	0.000	***	957	1,009
Male	26.5	34.4	29.9	0.000	***	6,128	5,907
Mean household monthly remittances per capita (2010 Taka)							
All households	34.82	59.91	72.1	0.000	***	7085	6916

Region								
Coast	81.47	107.55	32.0	0.421		1885	1852	
Haor	33.67	57.37	70.4	0.000	***	1672	1701	
Mid Char	51.88	77.43	49.2	0.013	**	1798	1745	
North Char	21.52	47.83	122.3	0.000	***	1730	1618	
Well-being category								
Extreme poor	29.14	58.04	99.2	0.000	***	1195	1237	
Poor	29.09	51.10	75.6	0.000	***	4566	4435	
Middle	54.77	101.96	86.2	0.118		638	599	
Middle rich	143.13	164.87	15.2	0.711		428	409	
Rich	141.81	232.26	63.8	0.304		252	235	
Program approach								
MCHN/PEP (PEP only)	28.74	52.94	84.2	0.000	***	2888	2766	
PM2A	54.75	82.83	51.3	0.032	**	4197	4150	
Gender of headship								
Female	89.53	184.30	105.8	0.000	***	957	1009	
Male	26.54	39.79	49.9	0.000	***	6128	5907	

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

Economic vulnerability

Table X. Indicators of economic vulnerability, by region, well-being category, program approach and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations	
						Baseline	Midterm
Proportion of households selling labor in advance							
All households	9.8	7.9	-1.8	0.000	***	7,082	6,916
Region							
Coast	5.6	3.9	-1.7	0.309		1,883	1,852
Haor	7.8	9.0	1.2	0.103		1,672	1,701
Mid Char	7.4	6.5	-0.9	0.375		1,797	1,745
North Char	13.7	8.0	-5.7	0.000	***	1,730	1,618
Well-being category							
Extreme poor	8.1	8.0	-0.1	0.924		1,194	1,237
Poor	11.0	8.5	-2.5	0.000	***	4,564	4,435
Middle	4.9	4.0	-0.9	0.626		638	599
Middle rich	2.2	2.9	0.7	0.691		428	409
Rich	0.9	0.0	-0.9	0.338		252	235
Program approach							
MCHN/PEP (PEP only)	10.8	8.8	-2.0	0.001	***	2,887	2,766
PM2A	6.5	5.1	-1.4	0.080	*	4,195	4,150
Gender of headship							
Female	8.3	3.5	-4.7	0.000	***	957	1,009
Male	10.0	8.7	-1.4	0.010	***	6,125	5,907
Proportion of households taking out interest bearing loan							
All households	21.3	19.6	-1.7	0.012	**	7,077	6,916
Region							
Coast	7.4	9.0	1.7	0.433		1,878	1,852
Haor	22.8	28.2	5.5	0.000	***	1,672	1,701
Mid Char	16.2	10.7	-5.5	0.000	***	1,797	1,745
North Char	24.0	15.2	-8.7	0.000	***	1,730	1,618
Well-being category							
Extreme poor	18.0	16.6	-1.4	0.344		1,194	1,237
Poor	22.5	20.9	-1.6	0.045	**	4,559	4,435
Middle	20.7	16.4	-4.3	0.212		638	599
Middle rich	17.1	14.9	-2.2	0.575		428	409
Rich	14.0	10.5	-3.6	0.424		252	235
Program approach							
MCHN/PEP (PEP only)	22.0	20.1	-1.9	0.014	**	2,885	2,766
PM2A	18.8	17.9	-1.0	0.467		4,192	4,150
Gender of headship							
Female	11.7	9.1	-2.6	0.068	*	957	1,009
Male	22.7	21.2	-1.5	0.052	*	6,120	5,907

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

Continued.

Table X. Indicators of economic vulnerability, by region, well-being category, program approach and gender of household head (continued)

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations	
						Baseline	Midterm
Proportion of households with migration							
All households	32.2	34.4	2.1	0.007	***	7,085	6,916
Region							
Coast	11.4	12.0	0.6	0.805		1,885	1,852
Haor	32.0	36.7	4.7	0.000	***	1,672	1,701
Mid Char	28.5	27.9	-0.6	0.725		1,798	1,745
North Char	37.0	37.8	0.8	0.544		1,730	1,618
Well-being category							
Extreme poor	24.3	28.3	4.0	0.017	**	1,195	1,237
Poor	35.6	37.4	1.8	0.060	*	4,566	4,435
Middle	26.7	26.0	-0.7	0.859		638	599
Middle rich	17.7	19.5	1.9	0.652		428	409
Rich	10.5	9.4	-1.1	0.787		252	235
Program approach							
MCHN/PEP (PEP only)	33.3	36.0	2.7	0.004	***	2,888	2,766
PM2A	28.7	29.1	0.4	0.787		4,197	4,150
Gender of headship							
Female	13.7	21.3	7.6	0.000	***	957	1,009
Male	35.0	36.5	1.5	0.093	*	6,128	5,907
Longest period of migration (days) for migrants							
All households	54.1	67.1	24.2	0.000	***	1,822	1,843
Region							
Coast	30.9	58.7	89.7	0.061	*	218	208
Haor	56.7	64.6	13.9	0.022	**	510	574
Mid Char	44.3	66.3	49.7	0.000	***	463	483
North Char	56.2	70.7	25.9	0.000	***	631	578
Well-being category							
Extreme poor	47.2	72.6	53.8	0.000	***	253	284
Poor	55.2	65.7	19.1	0.000	***	1,323	1,316
Middle	50.1	62.0	23.8	0.246		155	143
Middle rich	a/	a/	--	--		67	76
Rich	a/	a/	--	--		23	23
Program approach							
MCHN/PEP (PEP only)	55.2	69.6	26.0	0.000	***	776	805
PM2A	49.5	57.1	15.3	0.063	*	1,046	1,038
Gender of headship							
Female	65.2	89.2	36.9	0.000	***	116	168
Male	53.4	65.0	21.8	0.019	**	1,706	1,675

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

a/ Insufficient number of observations.

Access to markets and services

Table AX. Indicators of access to markets and services, by region, well-being category, program approach and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Baseline	Midterm
Percent of households that purchase food for whom the nearest food vendor is close by (< 30 minute walk away)							
All households	57.8	64.1	6.4	0.000 ***		6,802	6,643
Region							
Coast	57.5	43.8	-13.7	0.000 ***		1,842	1,800
Haor	49.6	60.7	11.1	0.000 ***		1580	1642
Mid Char	65.0	59.5	-5.5	0.005 ***		1728	1673
North Char	63.3	73.3	10.1	0.000 ***		1652	1528
Well-being category							
Extreme poor	58.8	60.3	1.6	0.420		1130	1185
Poor	57.8	65.3	7.5	0.000 ***		4434	4290
Middle	54.3	62.6	8.3	0.060 *		623	568
Middle rich	58.3	58.8	0.5	0.926		393	387
Rich	50.5	68.8	18.2	0.010 **		216	212
Program approach							
MCHN/PEP (PEP only)	58.6	64.4	5.8	0.000 ***		2795	2661
PM2A	54.9	63.2	8.3	0.000 ***		4007	3982
Gender of headship							
Female	60.4	61.7	1.3	0.578		910	970
Male	57.4	64.5	7.2	0.000 ***		5892	5673
Percent of households that sell food for whom the nearest point of sale is close by (< 30 minute walk away)							
All households	39.5	48.9	9.4	0.000 ***		1206	1572
Region							
Coast	43.8	20.4	-23.4	0.021 **		179	298
Haor	45.5	48.4	2.9	0.336		328	466
Mid Char	34.2	39.5	5.3	0.223		372	418
North Char	34.4	57.8	23.4	0.000 ***		327	390
Well-being category							
Extreme poor	45.5	39.7	-5.7	0.343		87	132
Poor	37.2	48.7	11.5	0.000 ***		558	880
Middle	45.1	53.2	8.1	0.268		206	211
Middle rich	42.6	49.4	6.9	0.354		207	193
Rich	42.9	64.4	21.5	0.010 ***		147	155
Program approach							
MCHN/PEP (PEP only)	37.2	47.4	10.2	0.000 ***		374	502
PM2A	44.3	52.2	7.9	0.024 **		832	1070
Gender of headship							

Female	35.2	34.0	-1.2	0.885		53	98
Male	39.8	50.0	10.2	0.000	***	1153	1474

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

Continued.

Table AX. Indicators of access to markets and services, by region, well-being category, program approach and gender of household head (continued)

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations	
Percent of households that purchase agricultural inputs for whom the nearest vendor is close by (< 30 minute walk away)							
All households	45.3	58.0	12.7	0.000	***	2,297	3,022
Region							
Coast	35.4	29.5	-5.9	0.466		271	577
Haor	44.0	54.3	10.4	0.000	***	674	904
Mid Char	42.1	49.9	7.8	0.015	**	703	797
North Char	49.8	70.3	20.5	0.000	***	649	744
Well-being category							
Extreme poor	51.1	55.2	4.1	0.329		169	302
Poor	45.0	59.1	14.1	0.000	***	1,226	1,878
Middle	41.8	54.3	12.5	0.021	**	392	367
Middle rich	47.1	46.5	-0.5	0.929		306	287
Rich	40.6	63.6	23.0	0.002	***	203	187
Program approach							
MCHN/PEP (PEP only)	45.5	59.5	14.0	0.000	***	723	1,102
PM2A	44.7	53.7	9.0	0.000	***	1,574	1,920
Gender of headship							
Female	38.1	51.6	13.5	0.018	**	106	203
Male	45.7	58.5	12.8	0.000	***	2,191	2,819
Percent of farmers accessing agri-inputs or financial services							
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
Middle	95.7	98.3	2.7	0.203		411	273
Middle rich	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.

Agriculture: Field crop production

Table AX. Agriculture: Indicators of field crop production, by region, well-being category, program approach, and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations	
						Baseline	Midterm
Percent of households cultivating field crops in the previous year							
All households	33.4	27.9	-5.5	0.000	***	7,084	6,916
Region							
Coast	15.2	18.7	3.4	0.236		1,885	1,852
Haor	38.5	32.1	-6.3	0.000	***	1,672	1,701
Mid Char	35.8	35.4	-0.4	0.845		1,797	1,745
North Char	29.0	20.4	-8.6	0.000	***	1,730	1,618
Well-being category							
Extreme poor	17.6	15.0	-2.6	0.066	*	1,195	1,237
Poor	33.0	28.4	-4.6	0.000	***	4,565	4,435
Middle	69.4	48.0	-21.4	0.000	***	638	599
Middle rich	80.1	57.5	-22.6	0.000	***	428	409
Rich	85.2	67.9	-17.3	0.002	***	252	235
Program approach							
MCHN/PEP (PEP only)	29.9	25.5	-4.4	0.000	***	2,888	2,766
PM2A	45.0	35.6	-9.4	0.000	***	4,196	4,150
Gender of headship							
Female	12.8	11.4	-1.3	0.369		957	1,009
Male	36.5	30.5	-6.0	0.000	***	6,127	5,907
Average number of crops grown by households engaged in crop production							
All households	1.9	2.1	10.9	0.000	***	2,411	2,051
Region							
Coast	1.3	1.7	36.6	0.008	***	296	334
Haor	1.8	1.7	-4.2	0.096	*	724	610
Mid Char	1.9	2.4	26.8	0.000	***	714	689
North Char	2.1	2.6	24.0	0.000	***	677	418
Well-being category							
Extreme poor	1.7	1.8	5.4	0.325		182	181
Poor	1.8	2.1	13.1	0.000	***	1,286	1,212
Middle	1.9	2.1	9.6	0.145		411	273
Middle rich	2.2	2.3	5.3	0.472		325	231
Rich	2.6	2.8	7.0	0.457		206	153
Program approach							
MCHN/PEP (PEP only)	1.8	2.1	11.5	0.000	***	751	700
PM2A	2.0	2.2	10.1	0.003	***	1,660	1,351
Gender of headship							
Female	1.5	1.8	24.8	0.000	***	120	119

Male 1.9 2.1 10.5 0.001 *** 2,291 1,932

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

Continued.

Table AX. Percent of farmers growing the most commonly grown field crops, by region

Indicator	Baseline	Midterm	Difference	p-value for difference	Number of observations	
					Baseline	Midterm
Rice (Local)						
All households	74.1	64.2	-9.9	0.000 ***	2,411	2,051
Region						
Coast	69.2	40.3	-28.9	0.002 ***	296	334
Haor	74.4	70.2	-4.3	0.031 **	724	610
Mid Char	67.0	70.5	3.5	0.263	714	689
North Char	78.3	50.7	-27.6	0.000 ***	677	418
Rice (HYV)						
All households	28.7	29.1	0.4	0.759	2,411	2,051
Region						
Coast	5.8	22.6	16.8	0.012 **	296	334
Haor	26.8	25.7	-1.2	0.556	724	610
Mid Char	24.2	16.8	-7.4	0.006 ***	714	689
North Char	35.8	46.8	11.0	0.000 ***	677	418
Jute						
All households	26.7	25.1	-1.5	0.252	2,411	2,051
Region						
Coast	0.0	0.0	0.0	1.000	296	334
Haor	22.0	13.3	-8.8	0.000 ***	724	610
Mid Char	37.6	39.0	1.5	0.701	714	689
North Char	28.6	38.1	9.5	0.001 ***	677	418
Rice (LIV)						
All households	19.0	25.6	6.7	0.000 ***	2,411	2,051
Region						
Coast	1.9	27.4	25.5	0.000 ***	296	334
Haor	23.6	25.0	1.4	0.447	724	610
Mid Char	21.6	27.3	5.6	0.050 *	714	689
North Char	11.7	25.0	13.2	0.000 ***	677	418
Vegetables (Commercial)						
All households	11.2	19.8	8.5	0.000 ***	2,411	2,051
Region						
Coast	9.8	29.0	19.2	0.012 **	296	334
Haor	13.8	15.2	1.4	0.375	724	610
Mid Char	3.3	13.6	10.4	0.000 ***	714	689
North Char	12.4	32.3	19.9	0.000 ***	677	418
Wheat						
All households	7.9	16.3	8.4	0.000 ***	2,411	2,051
Region						
Coast	0.0	1.6	1.6	0.362	296	334
Haor	4.3	8.4	4.1	0.000 ***	724	610
Mid Char	3.3	25.4	22.1	0.000 ***	714	689
North Char	16.4	25.0	8.6	0.000 ***	677	418

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

Table AX. Use of improved crop practices among farmers, by region, well-being category, program approach and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations		
Average number of improved practices used by households engaged in crop production								
						Baseline	Midterm	
All households	2.2	3.8	69.2	0.000	***	2,411	2,051	
Region								
Coast	1.2	3.2	165.9	0.000	***	296	334	
Haor	2.1	3.3	56.0	0.000	***	724	610	
Mid Char	2.3	3.6	59.2	0.000	***	714	689	
North Char	2.4	4.7	98.2	0.000	***	677	418	
Well-being category								
Extreme poor	2.1	3.6	68.3	0.000	***	182	181	
Poor	2.2	3.7	69.5	0.000	***	1,286	1,212	
Middle	2.3	4.0	69.3	0.000	***	411	273	
Middle rich	2.5	4.2	72.0	0.000	***	325	231	
Rich	2.7	4.7	74.7	0.000	***	206	153	
Program approach								
MCHN/PEP (PEP only)	2.2	3.7	67.7	0.000	***	751	700	
PM2A	2.3	4.0	73.0	0.000	***	1,660	1,351	
Gender of headship								
Female	2.2	3.5	55.7	0.000	***	120	119	
Male	2.2	3.8	70.0	0.000	***	2,291	1,932	
Percent of field crop producers adopting the minimum number of technologies (three)								
All households	42.1	71.0	28.9	0.000	***	2,411	2,051	
Region								
Coast	15.4	67.7	52.4	0.000	***	296	334	
Haor	41.6	65.0	23.3	0.000	***	724	610	
Mid Char	41.7	68.1	26.4	0.000	***	714	689	
North Char	44.8	84.8	40.0	0.000	***	677	418	
Well-being category								
Extreme poor	42.0	64.9	22.9	0.000	***	182	181	
Poor	41.1	69.8	28.7	0.000	***	1,286	1,212	
Middle	40.8	78.3	37.6	0.000	***	411	273	
Middle rich	46.9	81.0	34.1	0.000	***	325	231	
Rich	54.1	86.1	32.0	0.000	***	206	153	
Program approach								
MCHN/PEP (PEP only)	42.4	68.5	26.0	0.000	***	751	700	
PM2A	41.3	76.8	35.6	0.000	***	1,660	1,351	
Gender of headship								
Female	50.4	60.9	10.5	0.111		120	119	
Male	41.6	71.6	29.9	0.000	***	2,291	1,932	

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

Table AX. Percent of farmers using specific improved practices, by region

Indicator	Baseline	Midterm	Difference	p-value for difference		Number of observations	
						Baseline	Midterm
Use organic fertilizers						Baseline	Midterm
All households	61.3	82.2	20.9	0.000	***	2,411	2,051
Region							
Coast	55.8	69.4	13.6	0.134		296	334
Haor	63.0	81.0	18.1	0.000	***	724	610
Mid Char	57.2	79.0	21.8	0.000	***	714	689
North Char	62.0	88.7	26.7	0.000	***	677	418
Use high quality seed							
All households	42.4	62.6	20.1	0.000	***	2,411	2,051
Region							
Coast	11.5	71.0	59.4	0.000	***	296	334
Haor	43.9	53.5	9.6	0.000	***	724	610
Mid Char	36.5	63.7	27.3	0.000	***	714	689
North Char	46.0	77.2	31.2	0.000	***	677	418
Balanced fertilizer use							
All households	33.6	50.9	17.3	0.000	***	2,410	2,051
Region							
Coast	9.6	35.5	25.9	0.001	***	296	334
Haor	35.6	47.5	11.9	0.000	***	724	610
Mid Char	25.3	46.0	20.6	0.000	***	714	689
North Char	37.5	63.4	25.9	0.000	***	676	418
Use green manure							
All households	24.7	28.6	3.9	0.004	***	2,410	2,051
Region							
Coast	13.5	33.9	20.4	0.012	**	296	334
Haor	21.8	18.9	-2.9	0.105		724	610
Mid Char	27.3	33.2	5.9	0.056	*	714	689
North Char	28.4	42.2	13.8	0.000	***	676	418
Use 2-3 seedlings per hill (rice)							
All households	23.1	50.6	27.5	0.000	***	2,410	2,051
Region							
Coast	9.6	40.3	30.7	0.000	***	296	334
Haor	19.4	46.4	27.0	0.000	***	724	610
Mid Char	29.3	48.0	18.8	0.000	***	714	689
North Char	25.6	61.8	36.2	0.000	***	676	418
Maintain proper spacing							
All households	16.9	45.8	28.9	0.000	***	2,410	2,051
Region							
Coast	5.9	46.8	40.9	0.000	***	296	334
Haor	13.4	41.9	28.5	0.000	***	724	610
Mid Char	23.1	43.2	20.0	0.000	***	714	689
North Char	19.3	55.0	35.7	0.000	***	676	418

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

Continued.

Table AX. Percent of farmers using specific improved practices, by region (continued)

Indicator	Baseline	Midterm	Difference	p-value for difference	Number of observations	
					Baseline	Midterm
Use IPM						
All households	13.2	29.0	15.8	0.000 ***	2,410	2,051
Region						
Coast	7.7	8.1	0.4	0.941	296	334
Haor	10.2	25.9	15.7	0.000 ***	724	610
Mid Char	23.6	27.9	4.4	0.136	714	689
North Char	11.6	38.2	26.6	0.000 ***	676	418
Intercrop						
All households	3.1	11.8	8.7	0.000 ***	2,410	2,051
Region						
Coast	2.0	8.1	6.1	0.150	296	334
Haor	1.6	7.2	5.6	0.000 ***	724	610
Mid Char	3.9	9.5	5.5	0.001 ***	714	689
North Char	4.7	22.8	18.1	0.000 ***	676	418
Use recommended seed storage methods						
All households	2.4	12.6	10.1	0.000 ***	2,410	2,051
Region						
Coast	1.9	3.2	1.3	0.665	296	334
Haor	3.0	10.2	7.3	0.000 ***	724	610
Mid Char	1.7	11.5	9.8	0.000 ***	714	689
North Char	2.1	18.8	16.7	0.000 ***	676	418

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

Agriculture: Vegetable production

Table AX. Agriculture: Indicators of vegetable crop production, by region, well-being category, program approach, and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Baseline	Midterm
Percent of holds growing vegetables in previous year							
All households	16.5	63.8	47.3	0.000 ***		7,077	6,916
Region							
Coast	12.6	51.8	39.2	0.000 ***		1,885	1,852
Haor	17.3	68.1	50.8	0.000 ***		1,669	1,701
Mid Char	11.8	60.2	48.4	0.000 ***		1,796	1,745
North Char	18.6	62.3	43.7	0.000 ***		1,727	1,618
Well-being category							
Extreme poor	10.4	54.8	44.4	0.000 ***		1,194	1,237
Poor	16.0	64.8	48.8	0.000 ***		4,561	4,435
Middle	26.4	73.2	46.8	0.000 ***		637	599
Middle rich	38.7	77.6	38.9	0.000 ***		427	409
Rich	57.4	84.9	27.5	0.000 ***		252	235
Program approach							
MCHN/PEP (PEP only)	15.4	62.4	47.0	0.000 ***		2,884	2,766
PM2A	20.4	68.6	48.2	0.000 ***		4,193	4,150
Gender of headship							
Female	8.1	46.4	38.4	0.000 ***		956	1,009
Male	17.8	66.6	48.8	0.000 ***		6,121	5,907
Average number of vegetables grown by households engaged in vegetable production							
All households	3.6	5.0	38.3	0.000 ***		1,183	4,293
Region							
Coast	3.9	4.9	25.5	0.082 *		235	950
Haor	3.7	5.0	33.9	0.000 ***		305	1,213
Mid Char	3.1	4.5	43.3	0.000 ***		249	1,056
North Char	3.6	5.3	45.2	0.000 ***		394	1,074
Well-being category							
Extreme poor	2.7	4.6	69.1	0.000 ***		104	641
Poor	3.5	5.0	45.5	0.000 ***		632	2,736
Middle	4.4	4.9	11.9	0.310		154	412
Middle rich	4.7	5.5	16.6	0.176		161	309
Rich	5.6	6.7	19.9	0.113		131	195
Program approach							
MCHN/PEP (PEP only)	3.3	5.0	48.0	0.000 ***		407	1,647
PM2A	4.3	5.2	20.1	0.000 ***		776	2,646
Gender of headship							
Female	a/	a/	--	--		57	483
Male	3.7	5.0	36.9	0.000 ***		1,126	3,810

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

a/ Insufficient number of observations.

Continued.

Table AX. Percent of vegetable growers growing the most commonly grown vegetables, by region

Indicator	Baseline	Midterm	Difference	p-value for difference		Number of observations	
						Baseline	Midterm
Green Gourd							
All households	56.6	79.0	22.4	0.000	***	1,183	4,293
Region							
Coast	37.2	55.8	18.6	0.029	**	235	950
Haor	52.7	79.6	26.9	0.000	***	305	1213
Mid Char	48.3	76.5	28.1	0.000	***	249	1056
North Char	65.0	82.1	17.1	0.000	***	394	1074
Bean							
All households	39.6	72.0	32.5	0.000	***	1,183	4,293
Region							
Coast	37.2	58.1	20.9	0.014	**	235	950
Haor	40.3	82.8	42.5	0.000	***	305	1213
Mid Char	20.5	55.6	35.0	0.000	***	249	1056
North Char	44.8	67.8	23.0	0.000	***	394	1074
Green Chili							
All households	33.5	26.7	-6.8	0.000	***	1,183	4,293
Region							
Coast	44.2	44.8	0.6	0.945		235	950
Haor	45.8	28.5	-17.3	0.000	***	305	1213
Mid Char	25.2	19.2	-6.0	0.094	*	249	1056
North Char	22.5	25.9	3.4	0.129		394	1074
Radish							
All households	29.8	25.4	-4.4	0.002	***	1,183	4,293
Region							
Coast	40.9	34.9	-6.0	0.458		235	950
Haor	33.5	24.9	-8.5	0.000	***	305	1213
Mid Char	29.1	28.8	-0.3	0.934		249	1056
North Char	25.1	23.4	-1.7	0.448		394	1074
Birinjal							
All households	26.6	17.7	-8.9	0.000	***	1,183	4,293
Region							
Coast	23.3	26.2	2.9	0.696		235	950
Haor	34.5	20.1	-14.4	0.000	***	305	1213
Mid Char	23.8	14.4	-9.4	0.004	***	249	1056
North Char	19.8	15.1	-4.7	0.015	**	394	1074
Potato/Keshur							
All households	24.0	14.1	-9.9	0.000	***	1,183	4,293
Region							
Coast	27.3	23.8	-3.4	0.637		235	950
Haor	24.2	13.0	-11.2	0.000	***	305	1213
Mid Char	8.6	11.3	2.7	0.336		249	1056
North Char	28.5	15.8	-12.7	0.000	***	394	1074

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

Continued.

Table AX. Percent of vegetable growers growing the most commonly grown vegetables, by region (continued)

Indicator	Baseline	Midterm	Percent difference	p-value for difference	Number of observations	
					Baseline	Midterm
Lal shak						
All households	23.8	30.6	6.8	0.000 ***	1,183	4,293
Region						
Coast	34.1	39.5	5.4	0.508	235	950
Haor	24.7	25.3	0.5	0.803	305	1213
Mid Char	19.2	29.9	10.7	0.008 ***	249	1056
North Char	23.4	36.7	13.3	0.000 ***	394	1074
Papaya						
All households	16.4	32.4	16.0	0.000 ***	1,183	4,293
Region						
Coast	4.7	18.6	14.0	0.025 **	235	950
Haor	18.1	28.6	10.4	0.000 ***	305	1213
Mid Char	10.6	28.8	18.2	0.000 ***	249	1056
North Char	17.5	40.7	23.2	0.000 ***	394	1074
Pui Shak						
All households	13.6	39.0	25.4	0.000 ***	1,183	4,293
Region						
Coast	9.1	9.9	0.8	0.874	235	950
Haor	9.3	41.1	31.8	0.000 ***	305	1213
Mid Char	19.2	35.1	15.9	0.000 ***	249	1056
North Char	16.9	41.3	24.5	0.000 ***	394	1074
Pumpkin (yellow)						
All households	13.5	33.6	20.1	0.000 ***	1,183	4,293
Region						
Coast	18.6	41.3	22.7	0.006 ***	235	950
Haor	13.5	25.8	12.3	0.000 ***	305	1213
Mid Char	13.9	32.6	18.7	0.000 ***	249	1056
North Char	12.9	43.3	30.4	0.000 ***	394	1074
Other vegetables						
Onion	15.0	13.3	-1.7	0.128	1,183	4,293
Corriandor leaf/Kalijira/Ginger	9.7	12.4	2.7	0.010 ***	1,183	4,293
Garlic	9.2	13.0	3.7	0.001 ***	1,183	4,293
Kacha kola	8.2	14.0	5.8	0.000 ***	1,183	4,293
Tomato	6.5	10.5	4.0	0.000 ***	1,183	4,293
Data Shak	5.7	15.0	9.3	0.000 ***	1,183	4,293
Korolla	4.2	8.2	4.0	0.000 ***	1,183	4,293
Sweet potato	4.1	3.4	-0.7	0.281	1,183	4,293
Chichinga/Jhinga	3.9	11.2	7.2	0.000 ***	1,183	4,293
Ladies Finger	3.4	8.5	5.0	0.000 ***	1,183	4,293
Potol/Shajina	3.2	5.7	2.5	0.001 ***	1,183	4,293

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

Table AX. Use of improved practices among vegetable producers, by region, well-being category, program approach and gender of household head

Indicator	Baseline	Midterm	Percent difference		p-value for difference	Number of observations	
Average number of improved practices used by households engaged in vegetable production						Baseline	Midterm
All households	2.3	4.8	107.5	0.000	***	1178	4286
Region							
Coast	2.1	3.5	62.2	0.002	***	235	948
Haor	2.1	4.7	121.0	0.000	***	304	1212
Mid Char	2.8	3.6	30.3	0.002	***	249	1054
North Char	2.3	5.5	137.0	0.000	***	390	1072
Well-being category							
Extreme poor	1.7	3.9	127.8	0.000	***	101	641
Poor	2.3	4.4	92.6	0.000	***	630	2731
Middle	2.6	4.6	74.7	0.000	***	154	411
Middle rich	2.5	4.7	88.5	0.000	***	161	308
Rich	2.9	5.1	75.3	0.000	***	131	195
Program approach							
MCHN/PEP (PEP only)	2.2	4.8	113.5	0.000	***	405	1644
PM2A	2.5	4.8	94.3	0.000	***	773	2642
Gender of headship							
Female	a/	a/	--	--		56	483
Male	2.4	4.8	102.1	0.000	***	1122	3803
Percent of vegetable producers adopting the minimum number of technologies (three technologies)							
All households	39.3	72.5	33.2	0.000	***	1178	4286
Region							
Coast	41.9	60.8	19.0	0.025	**	235	948
Haor	35.6	74.5	38.9	0.000	***	304	1212
Mid Char	48.3	57.6	9.2	0.038	**	249	1054
North Char	40.2	78.3	38.1	0.000	***	390	1072
Well-being category							
Extreme poor	22.1	65.5	43.5	0.000	***	101	641
Poor	39.1	73.6	34.5	0.000	***	630	2731
Middle	53.6	75.4	21.8	0.000	***	154	411
Middle rich	48.6	75.6	27.0	0.000	***	161	308
Rich	54.5	76.7	22.1	0.000	***	131	195
Program approach							
MCHN/PEP (PEP only)	36.5	71.8	35.3	0.000	***	405	1644
PM2A	46.3	74.5	28.2	0.000	***	773	2642
Gender of headship							
Female	a/	a/	--	--	***	56	483
Male	40.8	73.1	32.3	0.000	***	1122	3803

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

a/ Insufficient number of observations.

Table AX. Percent of vegetable producers using specific improved practices, by region

Indicator	Baseline	Midterm	Difference	p-value for difference		Number of observations	
						Baseline	Midterm
Organic fertilizer							
All households	50.4	79.4	28.9	0.000	***	1,178	4,286
Region							
Coast	61.3	67.3	6.0	0.081	*	235	948
Haor	54.6	83.4	28.8	0.000	***	304	1212
Mid Char	46.2	66.9	20.7	0.000	***	249	1054
North Char	54.4	86.6	32.2	0.000	***	390	1072
Water management							
All households	44.3	68.0	23.7	0.000	***	1,178	4,286
Region							
Coast	43.4	59.4	16.0	0.000	***	235	948
Haor	33.9	71.9	38.0	0.000	***	304	1212
Mid Char	36.5	49.7	13.2	0.000	***	249	1054
North Char	52.8	74.5	21.7	0.000	***	390	1072
Quality seed							
All households	27.5	52.1	24.6	0.000	***	1,178	4,286
Region							
Coast	10.6	56.1	45.5	0.000	***	235	948
Haor	29.6	47.1	17.5	0.000	***	304	1212
Mid Char	20.1	48.7	28.6	0.000	***	249	1054
North Char	34.4	62.2	27.9	0.000	***	390	1072
Weed management							
All households	26.2	49.5	23.3	0.000	***	1,178	4,286
Region							
Coast	33.6	43.2	9.6	0.007	***	235	948
Haor	21.7	48.5	26.8	0.000	***	304	1212
Mid Char	36.9	40.5	3.6	0.301		249	1054
North Char	29.7	58.4	28.7	0.000	***	390	1072
Compost preparation							
All households	16.6	28.5	11.9	0.000	***	1,178	4,286
Region							
Coast	11.9	26.7	14.8	0.000	***	235	948
Haor	24.3	25.3	1.0	0.723		304	1212
Mid Char	14.9	20.7	5.8	0.037	**	249	1054
North Char	16.7	39.6	23.0	0.000	***	390	1072
Improved bed system							
All households	9.3	28.4	19.1	0.000	***	1,178	4,286
Region							
Coast	3.0	25.2	22.2	0.000	***	235	948
Haor	12.2	21.5	9.3	0.000	***	304	1212
Mid Char	9.2	28.3	19.0	0.000	***	249	1054
North Char	10.3	39.9	29.7	0.000	***	390	1072

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

Continued.

Table AX. Percent of vegetable producers using specific improved practices, by region (continued)

Indicator	Baseline	Midterm	Difference	p-value for difference	Number of observations	
					Baseline	Midterm
Thinning						
All households	5.2	30.2	25.0	0.000	1,178	4,286
Region						
Coast	6.0	20.5	14.5	0.000	235	948
Haor	3.9	30.8	26.8	0.000	304	1212
Mid Char	16.9	25.8	8.9	0.003	249	1054
North Char	2.1	31.2	29.1	0.000	390	1072
Improved pit/heap system						
All households	2.8	32.7	29.9	0.000	1,178	4,286
Region						
Coast	3.0	16.5	13.5	0.000	235	948
Haor	2.6	34.1	31.4	0.000	304	1212
Mid Char	4.0	15.0	11.0	0.000	249	1054
North Char	5.6	37.8	32.1	0.000	390	1072
Other Improved Vegetable Practices						
Multi-storied cropping	11.5	7.0	-4.5	0.000	1,178	4,286
Pruning	10.7	20.4	9.8	0.000	1,178	4,286
Multiple cropping	9.6	7.7	-1.8	0.043	1,178	4,286
Relay cropping	7.5	12.1	4.6	0.000	1,178	4,286
Non-chemical pesticides	2.2	18.3	16.1	0.000	1,178	4,286
Mulching	1.4	17.8	16.5	0.000	1,178	4,286
Bagging	1.1	5.3	4.1	0.000	1,178	4,286
Artificial pollination	0.9	6.1	5.3	0.000	1,178	4,286
Stalking/sticking/ trellis	0.4	9.9	9.5	0.000	1,178	4,286

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

Agriculture: Livestock and fish production

Table AX. Agriculture: Indicators of livestock and fish production, by region, well-being category, program approach, and gender of household head

Indicator	Baseline	Midterm	Difference	p-value for difference		Number of observations	
Percent of households raising livestock or poultry in the previous year							
All households	61.4	78.7	17.3	0.000	***	7,060	6,905
Region							
Coast	61.9	62.0	0.1	0.978		1,868	1,848
Haor	56.3	81.4	25.1	0.000	***	1,669	1,699
Mid Char	56.7	72.4	15.7	0.000	***	1,794	1,742
North Char	69.4	80.9	11.5	0.000	***	1,729	1,616
Well-being category							
Extreme poor	50.4	73.3	22.9	0.000	***	1,191	1,233
Poor	62.6	79.5	16.9	0.000	***	4,546	4,428
Middle	78.9	85.2	6.3	0.065	*	638	599
Middle rich	72.9	84.5	11.6	0.008	***	427	409
Rich	84.3	87.6	3.3	0.486		252	235
Program approach							
MCHN/PEP (PEP only)	60.3	78.4	18.2	0.000	***	2,880	2,762
PM2A	65.4	79.6	14.3	0.000	***	4,180	4,143
Gender of headship							
Female	44.2	67.9	23.7	0.000	***	952	1,007
Male	64.0	80.5	16.4	0.000	***	6,108	5,898
Percent of households raising fish in the previous year							
All households	2.4	7.2	4.8	0.000	***	7,078	6,913
Region							
Coast	0.9	1.2	0.3	0.678		1,884	1,851
Haor	3.5	10.4	6.8	0.000	***	1,672	1,700
Mid Char	0.9	2.0	1.2	0.013	**	1,796	1,745
North Char	2.0	6.9	4.9	0.000	***	1,726	1,617
Well-being category							
Extreme poor	0.4	4.8	4.3	0.000	***	1,193	1,237
Poor	1.8	6.5	4.7	0.000	***	4,562	4,432
Middle	6.8	12.4	5.6	0.029	**	638	599
Middle rich	14.4	23.6	9.2	0.027	**	427	409
Rich	23.5	32.1	8.6	0.153		252	235
Program approach							
MCHN/PEP (PEP only)	1.4	6.3	4.9	0.000	***	2,886	2,763
PM2A	5.6	10.1	4.6	0.000	***	4,192	4,150

Gender of headship								
Female	0.3	4.3	4.0	0.000	***	954	1,007	
Male	2.7	7.7	5.0	0.000	***	6,124	5,906	

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

Table AX. Use of specific improved practices among livestock and fish producers

Indicator	Baseline	Midterm	Difference	p-value for difference	Number of observations		
					Baseline	Midterm	
IMPROVED LIVESTOCK PRACTICES							
Vaccination							
All households	12.1	37.1	25.0	0.000	***	4,467	5,150
Region							
Coast	6.2	26.2	20.0	0.000	***	1,158	1,139
Haor	13.4	40.9	27.5	0.000	***	946	1,380
Mid Char	19.4	36.8	17.5	0.000	***	1,098	1,276
North Char	8.6	33.9	25.3	0.000	***	1,265	1,355
Improved breeding	4.3	13.9	9.6	0.000	***	4,467	5,150
Fattening	2.8	7.8	5.0	0.000	***	4,467	5,150
Artificial insemination	1.8	4.8	3.0	0.000	***	4,467	5,150
IMPROVED FISHING PRACTICES							
Liming	42.9	70.3	27.5	0.000	***	203	427
Pond cleaning	42.0	72.9	30.9	0.000	***	203	427
Providing fish seed	36.7	51.3	14.6	0.001	***	203	427
Providing supplementary feed	20.2	41.1	20.8	0.000	***	203	427
Testing water color to determine if food adequate	12.5	29.1	16.6	0.000	***	203	427
Using polyculture	4.8	42.9	38.1	0.000	***	203	427
Employing fish disease management	6.5	23.2	16.7	0.000	***	203	427
Maintaining stocking density	6.0	23.6	17.7	0.000	***	203	427
Species selection	4.2	21.8	17.7	0.000	***	203	427

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

The sample size is insufficient for breaking down by region for all practices other than livestock vaccination.

MODULE E. ACCESS TO SOCIAL SERVICES AND COMMON PROPERTY RESOURCES

Table X. Utilization of services, by region, well-being category, program approach and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations	
						Baseline	Midterm
Average number of services utilized							
All households	7.2	9.5	31.7	0.000	***	7,085	6,916
Region							
Coast	7.0	7.6	9.0	0.001	***	1,885	1,852
Haor	6.5	9.9	53.4	0.000	***	1,672	1,701
Mid Char	7.6	8.8	15.7	0.000	***	1,798	1,745
North Char	7.8	9.5	21.9	0.000	***	1,730	1,618
Well-being category							
Extreme poor	7.3	9.7	32.9	0.000	***	1,195	1,237
Poor	7.2	9.4	31.3	0.000	***	4,566	4,435
Middle	6.9	9.1	31.2	0.000	***	638	599
Middle rich	7.0	9.3	33.5	0.000	***	428	409
Rich	7.2	9.5	32.8	0.000	***	252	235
Program approach							
MCHN/PEP (PEP only)	7.3	9.5	30.8	0.000	***	2,888	2,766
PM2A	6.8	9.2	34.8	0.000	***	4,197	4,150
Gender of headship							
Female	7.4	10.2	38.4	0.000	***	957	1,009
Male	7.2	9.3	30.6	0.000	***	6,128	5,907
Percent of households utilizing various services a/			Difference				
Primary Health Care Services	85.7	86.4	0.6	0.319		6,344	6,718
Family Planning Services	73.3	80.5	7.3	0.000	***	6,378	6,887
Primary School	56.4	59.0	2.6	0.002	***	6,994	6,883
Pre-School	32.0	35.0	3.0	0.000	***	5,795	6,667
Union Parishad	75.2	87.8	12.6	0.000	***	6,926	6,880
Grammo Shalish	64.0	65.5	1.6	0.060	*	6,439	6,815
Dept. of Social Services	24.4	26.3	1.8	0.317		683	1,703
Dept. of Women's Affairs	18.9	24.8	5.9	0.002	***	596	1,270
Dept. of Ag Extension	22.5	40.0	17.4	0.000	***	911	3,614
Dept. of Fisheries	11.4	22.9	11.5	0.000	***	610	2,498
Dept. of Livestock	23.6	30.7	7.1	0.000	***	1,158	2,582
Gov. Land Office	53.3	52.0	-1.3	0.226		3,689	5,367
BADC Seed Department	33.7	34.2	0.5	0.788		679	1,920
Dept. of Youth Development	15.9	19.4	3.5	0.093	*	434	904
Dept. of Cooperatives	19.3	30.7	11.4	0.000	***	445	688
Gov. Family Planning	73.6	83.4	9.9	0.000	***	6,167	6,555
Gov. Immunization Services	69.4	74.3	4.9	0.000	***	6,591	6,838

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

a/ Calculated only for households for which each service is available.

Table X. Utilization of safety nets, by region, well-being category, program approach and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Baseline	Midterm
Average number of safety nets engaged in (out of 11) a/							
All households	0.18	0.39	117.6	0.000 ***		7,085	6,916
Region							
Coast	0.09	0.34	298.4	0.000 ***		1,885	1,852
Haor	0.13	0.36	180.0	0.000 ***		1,672	1,701
Mid Char	0.21	0.32	54.8	0.000 ***		1,798	1,745
North Char	0.23	0.47	98.9	0.000 ***		1,730	1,618
Well-being category							
Extreme poor	0.26	0.54	104.6	0.000 ***		1,195	1,237
Poor	0.17	0.38	124.2	0.000 ***		4,566	4,435
Middle	0.10	0.18	79.0	0.014 **		638	599
Middle rich	0.03	0.09	156.8	0.046 **		428	409
Rich	0.05	0.06	12.9	0.853		252	235
Program approach							
MCHN/PEP (PEP only)	0.19	0.41	118.4	0.000 ***		2,888	2,766
PM2A	0.14	0.31	113.8	0.000 ***		4,197	4,150
Gender of headship							
Female	0.26	0.46	73.9	0.000 ***		957	1,009
Male	0.17	0.38	127.8	0.000 ***		6,128	5,907
Percent of households engaged in various safety nets							
			Difference				
Government VGD	3.98	6.02	2.0	0.000 ***		7,085	6,916
Government VGF	4.04	13.31	9.3	0.000 ***		7,085	6,916
Govt. cash-for-work	0.53	0.66	0.1	0.323		7,085	6,916
100 days work	1.87	0.84	-1.0	0.000 ***		7,085	6,916
40 days work*	a/	4.57	--	--		--	6,916
Aged allowance	5.21	7.80	2.6	0.000 ***		7,085	6,916
Widow allowance*	a/	2.53	--	--		7,085	6,916
Disability allowance	2.24	2.53	0.3	0.269		7,085	6,916
Maternal allowance	0.55	0.52	0.0	0.851		--	6,916
Non-Govt. cash-for- work	0.31	0.45	0.1	0.171		7,085	6,916
Non-Govt. food-for-work	0.43	0.73	0.3	0.019 **		7,085	6,916
Comm. based savings group	0.05	0.83	0.8	0.000 ***		7,085	6,916
Other	0.89	3.11	2.2	0.000 ***		7,085	6,916

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

a/ The midterm survey included two additional safety nets not in the baseline: widow allowance and 40 days work.

MODULE F. DISASTER RISK MANAGEMENT AND CLIMATE CHANGE

Table X. Information on natural disasters collected from midterm survey respondents, by region, well-being category, program approach and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations	
						Baseline	Midterm
Percent of households that experienced any disaster in the last 12 months							
All households	64.2	62.3	-2.9	0.020	**	7,085	6,916
Region							
Coast	95.0	75.2	-20.8	0.000	***	1,885	1,852
Haor	46.9	44.5	-5.1	0.068	*	1,672	1,701
Mid Char	73.3	77.6	5.9	0.012	**	1,798	1,745
North Char	75.0	73.9	-1.5	0.363		1,730	1,618
Well-being category							
Extreme poor	71.9	64.4	-10.5	0.000	***	1,195	1,237
Poor	62.1	62.0	-0.1	0.941		4,566	4,435
Middle	68.3	61.2	-10.4	0.092	*	638	599
Middle rich	62.1	58.9	-5.2	0.537		428	409
Rich	61.5	59.9	-2.7	0.799		252	235
Program approach							
MCHN/PEP (PEP only)	64.0	62.0	-3.0	0.038	**	2,888	2,766
PM2A	65.1	63.4	-2.6	0.305		4,197	4,150
Gender of headship							
Female	65.8	61.3	-6.9	0.092	*	957	1,009
Male	64.0	62.5	-2.3	0.040	**	6,128	5,907
Percent of households experiencing various types of disasters (10 types)							
Type of disaster							
Heavy Rains	23.1	23.2	0.4	0.885		7,085	6,916
Wildfire	3.3	4.1	23.6	0.014	**	7,085	6,916
Hurricane	0.1	0.1	-22.6	0.683		7,085	6,916
Wind Storms	27.8	18.8	-32.2	0.000	***	7,085	6,916
Erosion	2.4	3.4	40.7	0.001	***	7,085	6,916
Earthquake	7.9	9.2	16.1	0.007	***	7,085	6,916
Cyclone	0.3	0.2	-34.7	0.213		7,085	6,916
Floods	37.8	38.9	2.8	0.197		7,085	6,916
Cold Wave	4.4	2.3	-47.4	0.000	***	7,085	6,916
Other	0.9	3.0	228.7	0.000	***	7,085	6,916
None	34.8	37.3	7.2	0.002	***	7,085	6,916

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

Table X. Information on natural disasters collected from midterm survey respondents, by region well-being category, program approach and gender of household head (continued)

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations	
						Baseline	Midterm
Mean number of disasters experienced							
All households	1.08	1.03	-4.5	0.007	***	7,085	6,916
Region							
Coast	1.96	0.95	-51.7	0.000	***	1,885	1,852
Haor	0.71	0.60	-15.2	0.000	***	1,672	1,701
Mid Char	1.16	1.30	11.8	0.001	***	1,798	1,745
North Char	1.34	1.42	5.7	0.017	**	1,730	1,618
Well-being category							
Extreme poor	1.18	1.11	-5.8	0.090	*	1,195	1,237
Poor	1.05	1.02	-3.6	0.070	*	4,566	4,435
Middle	1.09	0.99	-9.1	0.264		638	599
Middle rich	0.99	0.90	-9.1	0.388		428	409
Rich	1.07	0.98	-8.2	0.547		252	235
Program approach							
MCHN/PEP (PEP only)	1.08	1.04	-3.0	0.119		2,888	2,766
PM2A	1.09	0.99	-9.3	0.004	***	4,197	4,150
Gender of headship							
Female	1.07	1.03	-3.2	0.009	***	957	1,009
Male	1.08	1.03	-4.7	0.479		6,128	5,907
Percent of households citing perceived mitigation measures that could reduce the impact of future disasters (17 measures)							
Type of Mitigation Measure							
Structural Improvement to Home	3.5	3.3	-7.9	0.368		7,085	6,916
Improvement to infrastructure	1.6	1.5	-3.8	0.772		7,085	6,916
Community disaster response plan	3.1	2.5	-20.2	0.024	**	7,085	6,916
Food stocks	1.5	1.6	1.3	0.927		7,085	6,916
Water stocks	0.1	0.2	23.1	0.63		7,085	6,916
Medical supplies stocks	0.0	0.0	100.0	0.665		7,085	6,916
First aid training	0.1	0.2	57.1	0.292		7,085	6,916
Increased collaboration w/ neighbors	2.2	0.8	-64.3	0.000	***	7,085	6,916
Increased collaboration w/ communities	0.5	0.4	-25.0	0.273		7,085	6,916
Better forecasting	0.6	0.7	11.5	0.608		7,085	6,916
Earlier/better warning	0.6	1.6	198.2	0.000	***	7,085	6,916
Increased collaboration w/ local gov't	0.4	0.2	-54.5	0.011	**	7,085	6,916
Diversified income	0.1	0.1	-50.0	0.154		7,085	6,916
Evacuation routes/plans	0.0	0.2	850.0	0.002	***	7,085	6,916
Improved modes of communication	0.0	0.1	600.0	0.012	**	7,085	6,916
Other	0.3	0.3	-10.0	0.757		7,085	6,916
Nothing	47.1	41.2	-12.4	0.000	***	7,085	6,916

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

MODULE G. HOUSEHOLD FOOD SECURITY

Table AX. Food security indicators, by region, well-being category, program approach, and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations	
Average number of months of adequate household food provisioning							
						Baseline	Midterm
All households	5.9	9.9	67.8	0.000 ***		7,085	6,916
Region							
Coast	5.4	10.1	86.8	0.000 ***		1,885	1,852
Haor	5.5	10.3	87.8	0.000 ***		1,672	1,701
Mid Char	7.0	9.9	40.9	0.000 ***		1,798	1,745
North Char	5.9	9.4	60.2	0.000 ***		1,730	1,618
Well-being category							
Extreme poor	4.6	9.3	104.2	0.000 ***		1,195	1,237
Poor	6.0	10.0	67.4	0.000 ***		4,566	4,435
Middle	7.7	10.6	36.6	0.000 ***		638	599
Middle rich	9.1	11.2	23.1	0.000 ***		428	409
Rich	10.7	11.5	7.3	0.002 ***		252	235
Program approach							
MCHN/PEP (PEP only)	5.7	9.8	72.1	0.000 ***		2,888	2,766
PM2A	6.5	10.2	55.5	0.000 ***		4,197	4,150
Gender of headship							
Female	4.2	9.0	115.6	0.000 ***		957	1,009
Male	6.2	10.1	63.0	0.000 ***		6,128	5,907
Average household dietary diversity score							
All households	4.8	5.9	23.8	0.000 ***		7,084	6,916
Region							
Coast	4.7	5.7	21.8	0.000 ***		1,885	1,852
Haor	4.8	6.8	42.3	0.000 ***		1,672	1,701
Mid Char	4.8	5.0	5.6	0.000 ***		1,797	1,745
North Char	4.9	5.4	11.7	0.000 ***		1,730	1,618
Well-being category							
Extreme poor	4.5	5.6	24.0	0.000 ***		1,195	1,237
Poor	4.8	6.0	25.2	0.000 ***		4,565	4,435
Middle	5.4	6.4	18.3	0.000 ***		638	599
Middle rich	6.0	6.6	10.3	0.011 **		428	409
Rich	6.9	7.4	7.7	0.098 *		252	235
Program approach							
MCHN/PEP (PEP only)	4.7	5.9	24.4	0.000 ***		2,888	2,766
PM2A	5.1	6.2	22.0	0.000 ***		4,196	4,150
Gender of headship							
Female	4.4	5.3	20.7	0.000 ***		957	1,009
Male	4.9	6.0	24.3	0.000 ***		6,127	5,907

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

Continued.

Table AX. Food security indicators, by region, well-being category, program approach, and gender of household head (continued)

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations		
Food Consumption Score								
All households	7.5	9.6	27.3	0.000	***	7,084	6,916	
Region								
Coast	6.5	8.4	29.4	0.000	***	1,885	1,852	
Haor	7.2	10.9	51.9	0.000	***	1,672	1,701	
Mid Char	7.8	8.4	7.5	0.000	***	1,797	1,745	
North Char	7.9	8.7	10.7	0.000	***	1,730	1,618	
Well-being category								
Extreme poor	6.9	8.9	28.6	0.000	***	1,195	1,237	
Poor	7.4	9.6	29.4	0.000	***	4,565	4,435	
Middle	8.7	10.0	16.0	0.000	***	638	599	
Middle rich	10.1	10.9	8.0	0.129		428	409	
Rich	12.0	12.4	3.7	0.540		252	235	
Program approach								
MCHN/PEP (PEP only)	7.4	9.5	28.7	0.000	***	2,888	2,766	
PM2A	8.0	9.8	22.9	0.000	***	4,196	4,150	
Gender of headship								
Female	6.9	8.5	22.5	0.000	***	957	1,009	
Male	7.6	9.7	28.1	0.000	***	6,127	5,907	
Percent of respondents who skipped entire meals due to scarcity of food (previous 12 months)			Difference					
All households	82.6	38.5	-44.1	0.000	***	7,079	6,916	
Region								
Coast	78.8	43.7	-35.1	0.000	***	1,885	1,852	
Haor	84.1	35.8	-48.3	0.000	***	1,670	1,701	
Mid Char	78.0	42.2	-35.9	0.000	***	1,797	1,745	
North Char	83.8	39.2	-44.6	0.000	***	1,727	1,618	
Well-being category								
Extreme poor	91.5	52.3	-39.3	0.000	***	1,195	1,237	
Poor	84.0	37.4	-46.6	0.000	***	4,563	4,435	
Middle	65.7	17.7	-48.0	0.000	***	636	599	
Middle rich	44.5	14.6	-29.8	0.000	***	427	409	
Rich	14.8	7.9	-6.9	0.112		252	235	
Program approach								
MCHN/PEP (PEP only)	85.0	40.3	-44.7	0.000	***	2,887	2,766	
PM2A	75.0	32.9	-42.1	0.000	***	4,192	4,150	
Gender of headship								
Female	90.0	53.2	-36.8	0.000	***	957	1,009	
Male	81.5	36.2	-45.3	0.000	***	6,122	5,907	

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

Continued.

Table AX. Food security indicators, by region, well-being category, program approach, and gender of household head (continued)

Indicator	Baseline	Midterm	Difference	p-value for difference		Number of observations		
Percent of respondents who ate less food in a meal due to scarcity of food (previous 12 months)								
All households	89.2	60.5	-28.8	0.000	***	7,078	6,916	
Region								
Coast	88.3	65.5	-22.8	0.000	***	1,885	1,852	
Haor	89.3	56.7	-32.5	0.000	***	1,670	1,701	
Mid Char	85.1	66.3	-18.8	0.000	***	1,796	1,745	
North Char	91.4	61.2	-30.2	0.000	***	1,727	1,618	
Well-being category								
Extreme poor	96.6	72.0	-24.6	0.000	***	1,195	1,237	
Poor	90.5	60.7	-29.8	0.000	***	4,562	4,435	
Middle	79.6	37.8	-41.9	0.000	***	636	599	
Middle rich	54.6	24.5	-30.1	0.000	***	427	409	
Rich	21.8	13.6	-8.2	0.112		252	235	
Program approach								
MCHN/PEP (PEP only)	91.4	62.8	-28.6	0.000	***	2,887	2,766	
PM2A	82.2	52.9	-29.3	0.000	***	4,191	4,150	
Gender of headship								
Female	94.3	68.3	-26.0	0.000	***	957	1,009	
Male	88.5	59.2	-29.3	0.000	***	6,121	5,907	
Percent of households who purchased food on credit (previous 12 months)								
All households	86.9	67.7	-19.2	0.000	***	7,078	6,916	
Region								
Coast	89.1	71.7	-17.4	0.000	***	1,885	1,852	
Haor	88.0	65.9	-22.1	0.000	***	1,670	1,701	
Mid Char	86.3	70.8	-15.5	0.000	***	1,796	1,745	
North Char	85.8	67.9	-17.9	0.000	***	1,727	1,618	
Well-being category								
Extreme poor	88.2	68.8	-19.4	0.000	***	1,195	1,237	
Poor	88.5	69.5	-19.0	0.000	***	4,563	4,435	
Middle	82.3	58.7	-23.6	0.000	***	635	599	
Middle rich	67.7	46.0	-21.7	0.000	***	427	409	
Rich	44.1	28.9	-15.3	0.019	**	252	235	
Program approach								
MCHN/PEP (PEP only)	88.4	68.8	-19.6	0.000	***	2,887	2,766	
PM2A	82.2	64.3	-17.9	0.000	***	4,191	4,150	
Gender of headship								
Female	85.3	64.7	-20.6	0.000	***	957	1,009	
Male	87.2	68.2	-18.9	0.000	***	6,121	5,907	

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

MODULE I. WATER AND SANITATION

Table AX. Access to clean drinking water and improved sanitation facilities, by region, well-being category, program approach and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference	Number of observations	
					Baseline	Midterm
Percent of households with access to an improved drinking water source						
All households	59.5	76.3	28.1	0.000 ***	7,085	6,916
Region						
Coast	66.4	76.2	14.6	0.002 ***	1,885	1,852
Haor	59.3	75.2	26.9	0.000 ***	1,672	1,701
Mid Char	61.9	74.0	19.6	0.000 ***	1,798	1,745
North Char	57.8	78.7	36.2	0.000 ***	1,730	1,618
Well-being category						
Extreme poor	54.7	73.1	33.5	0.000 ***	1,195	1,237
Poor	60.4	76.7	27.0	0.000 ***	4,566	4,435
Middle	58.5	81.6	39.4	0.000 ***	638	599
Middle rich	69.0	79.6	15.4	0.008 ***	428	409
Rich	68.6	80.8	17.9	0.002 ***	252	235
Program approach						
MCHN/PEP	59.3	76.1	28.3	0.000 ***	2,888	2,766
PM2A	60.4	77.0	27.5	0.000 ***	4,197	4,150
Gender of headship						
Female	58.0	73.2	26.3	0.000 ***	957	1,009
Male	59.8	76.8	28.4	0.000 ***	6,128	5,907
Percent of households with access to an improved sanitation facility						
All households	20.3	32.4	59.6	0.000 ***	7,085	6,916
Region						
Coast	18.9	31.3	64.9	0.001 ***	1,885	1,852
Haor	16.3	30.6	87.4	0.000 ***	1,672	1,701
Mid Char	25.4	33.9	33.5	0.011 **	1,798	1,745
North Char	22.5	34.1	51.6	0.001 ***	1,730	1,618
Well-being category						
Extreme poor	13.6	27.7	103.9	0.000 ***	1,195	1,237
Poor	20.7	31.8	53.9	0.000 ***	4,566	4,435
Middle	27.5	39.3	42.9	0.001 ***	638	599
Middle rich	30.4	54.9	80.4	0.000 ***	428	409
Rich	53.7	70.0	30.3	0.006 ***	252	235
Program approach						
MCHN/PEP	19.9	31.4	57.8	0.000 ***	2,888	2,766
PM2A	21.7	35.8	65.2	0.000 ***	4,197	4,150
Gender of headship						
Female	12.9	23.8	84.5	0.000 ***	957	1,009
Male	21.4	33.8	57.8	0.000 ***	6,128	5,907

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

Table AX. Arsenic testing, by region, well-being category, program approach, and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations		
						Baseline	Midterm	
Percent of households whose tubewell/tara pump has been tested for arsenic								
All households	37.0	79.8	115.9	0.000	***	7,009	6,830	
Region								
Coast	30.5	52.1	70.8	0.000	***	1,837	1,796	
Haor	48.9	83.0	69.7	0.000	***	1,664	1,691	
Mid Char	43.4	80.7	85.9	0.000	***	1,789	1,729	
North Char	21.2	79.2	273.6	0.000	***	1,719	1,614	
Well-being category								
Extreme poor	32.5	81.1	149.4	0.000	***	1,181	1,215	
Poor	37.3	80.8	116.6	0.000	***	4,511	4,377	
Middle	42.3	64.2	51.8	0.000	***	635	595	
Middle rich	46.4	66.4	43.1	0.000	***	424	408	
Rich	48.1	74.1	54.0	0.000	***	252	234	
Program approach								
MCHN/PEP	36.2	81.5	125.1	0.000	***	2,860	2,719	
PM2A	39.4	74.1	88.2	0.000	***	4,149	4,111	
Gender of headship								
Female	29.4	79.5	169.9	0.000	***	947	991	
Male	38.1	79.8	109.6	0.000	***	6,062	5,839	
Among households having arsenic testing, percent testing positive for arsenic								
All households	11.7	7.5	-36.2	0.038	**	2,499	4,861	
Region								
Coast	10.8	5.9	-45.5	0.083	*	550	949	
Haor	6.3	5.7	-9.1	0.839		843	1,389	
Mid Char	22.9	10.2	-55.5	0.007	***	723	1,311	
North Char	14.5	8.4	-42.1	0.137		383	1,212	
Well-being category								
Extreme poor	10.4	7.6	-26.3	0.407		408	912	
Poor	12.3	7.6	-38.4	0.040	**	1,546	3,170	
Middle	8.1	7.6	-6.1	0.817		243	356	
Middle rich	10.7	6.1	-43.1	0.184		182	256	
Rich	12.0	2.9	-76.3	0.005	***	120	166	
Program approach								
MCHN/PEP	11.7	7.9	-32.8	0.138		1,020	1,990	
PM2A	11.7	6.1	-48.3	0.006	***	1,479	2,871	
Gender of headship								
Female	13.9	5.5	-60.6	0.010	**	282	707	
Male	11.5	7.8	-32.0	0.082	*	2,217	4,154	

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

MODULE K. WOMEN'S EMPOWERMENT

Table AX. Indicators of women's empowerment, by region, well-being category, program approach, and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference	Number of observations	
					Baseline	Midterm
Index of women's decision making power						
All households	2.28	2.38	4.2	0.013 **	6,528	6,440
Region						
Coast	2.21	2.40	8.5	0.000 ***	1,797	1,775
Haor	2.24	2.42	7.9	0.030 **	1,588	1,550
Mid Char	2.38	2.19	-8.3	0.000 ***	1,560	1,640
North Char	2.29	2.43	5.8	0.006 ***	1,583	1,475
Well-being category						
Extreme poor	2.64	2.63	-0.4	0.846	1,013	1,059
Poor	2.19	2.33	6.0	0.002 ***	4,264	4,200
Middle	2.29	2.31	0.6	0.766	595	567
Middle rich	2.30	2.33	1.7	0.487	410	394
Rich	2.34	2.32	-0.9	0.699	240	219
Program approach						
MCHN/PEP (PEP only)	2.28	2.38	4.3	0.043 **	2,618	2,578
PM2A	2.29	2.38	3.9	0.062 *	3,910	3,862
Gender of headship						
Female	3.17	3.22	1.4	0.614	827	842
Male	2.16	2.26	4.7	0.004 ***	5,701	5,598
Women's freedom of movement index						
All households	8.06	8.93	10.8	0.000 ***	6,942	6,795
Region						
Coast	7.52	8.29	10.3	0.000 ***	1,851	1,835
Haor	7.52	8.72	15.9	0.000 ***	1,640	1,654
Mid Char	8.37	8.98	7.3	0.000 ***	1,766	1,710
North Char	8.57	9.23	7.7	0.000 ***	1,685	1,596
Well-being category						
Extreme poor	8.43	9.24	9.6	0.000 ***	1,170	1,208
Poor	7.96	8.87	11.4	0.000 ***	4,481	4,363
Middle	8.14	8.80	8.1	0.000 ***	621	590
Middle rich	7.99	8.59	7.5	0.002 ***	419	401
Rich	7.60	8.42	10.7	0.005 ***	245	232
Program approach						
MCHN/PEP (PEP only)	2.28	2.38	4.3	0.043 **	2,828	2,716
PM2A	7.96	8.90	11.8	0.000 ***	4,114	4,079
Gender of headship						
Female	9.11	9.70	6.4	0.005 ***	953	1,006
Male	7.89	8.80	11.5	0.000 ***	5,989	5,789

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

Continued

Table AX. Indicators of women's empowerment, by region, well-being category, program approach, and gender of household head (continued)

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations		
Percent of women earning cash income								
All households	5.66	11.25	5.6	0.000	***	6,942	6,795	
Region								
Coast	4.45	8.47	4.0	0.001	***	1,852	1,835	
Haor	4.29	9.76	5.5	0.016	**	1,639	1,654	
Mid Char	5.94	8.15	2.2	0.176		1,766	1,710	
North Char	7.20	14.87	7.7	0.000	***	1,685	1,596	
Well-being category								
Extreme poor	10.26	14.11	3.8	0.123		1,170	1,208	
Poor	4.76	11.12	6.4	0.000	***	4,481	4,363	
Middle	2.90	7.93	5.0	0.003	***	621	590	
Middle rich	2.94	3.77	0.8	0.586		419	401	
Rich	1.30	1.37	0.1	0.949		245	232	
Program approach								
MCHN/PEP (PEP only)	5.98	11.72	5.7	0.000	***	2,828	2,716	
PM2A	4.60	9.69	5.1	0.000	***	4,114	4,079	
Gender of headship								
Female	16.38	20.90	4.5	0.185		954	1,006	
Male	3.99	9.66	5.7	0.000	***	5,988	5,789	
Index for freedom from patriarchal beliefs among women								
All households	1.55	1.70	9.8	0.002	***	6,722	6,795	
Region								
Coast	1.21	1.53	26.8	0.000	***	1,803	1,835	
Haor	1.52	1.75	15.5	0.023	**	1,514	1,654	
Mid Char	1.45	1.59	9.9	0.033	**	1,748	1,710	
North Char	1.68	1.73	2.5	0.486		1,657	1,596	
Well-being category								
Extreme poor	1.60	1.68	5.2	0.238		1,119	1,208	
Poor	1.54	1.70	10.6	0.002	***	4,342	4,363	
Middle	1.48	1.74	17.5	0.001	***	606	590	
Middle rich	1.58	1.78	12.5	0.035	**	412	401	
Rich	1.71	1.91	11.5	0.024	**	237	232	
Program approach								
MCHN/PEP (PEP only)	1.57	1.69	7.8	0.049	**	2,708	2,716	
PM2A	1.50	1.75	16.9	0.000	***	4,014	4,079	
Gender of headship								
Female	1.60	1.66	3.8	0.371		908	1,006	
Male	1.54	1.71	10.8	0.001	***	5,814	5,789	

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

Continued

Table AX. Indicators of women's empowerment, by region, well-being category, program approach, and gender of household head (continued)

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations	
Percent of women participating in any group							
All households	20.72	26.97	30.2	0.000	***	6,943	6,795
Region							
Coast	13.18	11.97	-9.2	0.500		1,852	1,835
Haor	12.67	30.32	139.3	0.000	***	1,640	1,654
Mid Char	29.52	28.98	-1.8	0.838		1,766	1,710
North Char	26.32	24.14	-8.3	0.465		1,685	1,596
Well-being category							
Extreme poor	13.58	23.93	76.2	0.000	***	1,170	1,208
Poor	22.80	28.13	23.4	0.007	***	4,482	4,363
Middle	20.15	25.66	27.3	0.061	*	621	590
Middle rich	18.97	19.18	1.1	0.944		419	401
Rich	16.26	25.69	58.0	0.032	**	245	232
Program approach							
MCHN/PEP (PEP only)	20.95	26.94	28.6	0.007	***	2,828	2,716
PM2A	19.94	27.08	35.8	0.000	***	4,115	4,079
Gender of headship							
Female	12.23	14.14	15.6	0.487		954	1,006
Male	22.03	29.09	32.0	0.000	***	5,989	5,789

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

Table AX. Indicators related to domestic violence against women, by region, well-being category, program approach and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations	
						Baseline	Midterm
Percent of women who believe that a man is justified in hitting or physically abusing his wife in six situations							
Situation							
She goes out without telling him	50.1	25.6	-48.9	0.000	***	6,837	6,795
She neglects the children	51.0	30.8	-39.6	0.000	***	6,856	6,795
She argues with him	54.4	34.1	-37.3	0.000	***	6,835	6,795
She refuses to have sex with him	20.8	9.1	-56.1	0.000	***	6,404	6,795
She burns the food	18.2	11.0	-39.5	0.000	***	6,404	6,795
She does not obey elders	61.4	45.2	-26.4	0.000	***	6,823	6,795
Mean number of situations (out of six) in which women believe that a man is justified in hitting or physically abusing his wife.							
All households	2.5	1.5	-37.8	0.000	***	6,943	6,795
Region							
Coast	2.7	1.5	-43.5	0.000	***	1,852	1,835
Haor	2.7	1.5	-43.5	0.000	***	1,640	1,654
Mid Char	2.1	1.7	-17.0	0.003	***	1,766	1,710
North Char	2.5	1.5	-38.7	0.000	***	1,685	1,596
Well-being category							
Extreme poor	2.3	1.5	-32.9	0.000	***	1,170	1,208
Poor	2.6	1.6	-38.6	0.000	***	4,482	4,363
Middle	2.4	1.4	-41.0	0.000	***	621	590
Middle rich	2.3	1.4	-40.5	0.000	***	419	401
Rich	2.2	1.3	-44.1	0.000	***	245	232
Program approach							
MCHN/PEP (PEP only)	2.5	1.6	-36.2	0.000	***	2,828	2,716
PM2A	2.5	1.4	-42.9	0.000	***	4,115	4,079
Gender of headship							
Female	2.5	1.6	-33.5	0.000	***	954	1,006
Male	2.5	1.5	-38.4	0.000	***	5,989	5,789

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

Continued

Table AX. Indicators related to domestic violence against women, by region, well-being category, program approach and gender of household head (continued)

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations	
Percent of households in which women report that a female member was yelled at or struck during the previous year							
All households	27.7	12.2	-15.5	0.000 ***		6,507	6,515
Region							
Coast	20.5	17.5	-3.1	0.182		1,763	1,758
Haor	23.1	12.3	-10.8	0.005 ***		1,507	1,554
Mid Char	23.9	14.5	-9.4	0.021 **		1,656	1,626
North Char	35.7	10.2	-25.4	0.000 ***		1,581	1,577
Well-being category							
Extreme poor	16.3	11.2	-5.1	0.015 **		1,083	1,138
Poor	31.4	12.8	-18.5	0.000 ***		4,207	4,189
Middle	25.0	9.5	-15.6	0.000 ***		587	577
Middle rich	20.2	7.0	-13.2	0.000 ***		393	390
Rich	16.9	7.7	-9.2	0.019 **		232	220
Program approach							
MCHN/PEP (PEP only)	28.2	12.6	-15.6	0.000 ***		2,642	2,590
PM2A	26.1	10.8	-15.3	0.000 ***		3,865	3,925
Gender of headship							
Female	7.8	5.9	-2.0	0.363		884	945
Male	30.7	13.2	-17.5	0.000 ***		5,623	5,570
Percent of households for which assistance was sought following an incidence of being yelled at or struck							
All households	14.2	12.3	-1.8	0.605		1,637	837
Region							
Coast	14.6	20.0	5.4	0.224		353	296
Haor	11.3	17.8	6.6	0.396		349	183
Mid Char	23.1	0.5	-22.6	0.000 ***		381	206
North Char	13.2	11.3	-1.9	0.687		554	152
Well-being category							
Extreme poor	14.4	15.0	0.5	0.939		178	120
Poor	14.5	11.9	-2.6	0.470		1,209	622
Middle	a/	a/	-	-		138	51
Middle rich	a/	a/	-	-		73	28
Rich	a/	a/	-	-		39	16
Program approach							
MCHN/PEP (PEP only)	14.0	12.7	-1.3	0.765		690	386
PM2A	14.8	11.0	-3.8	0.243		947	451
Gender of headship							
Female	a/	a/	-	-		71	58
Male	13.9	11.1	-2.9	0.427		1,566	779

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

a/ Insufficient sample size

MODULES M-T: MATERNAL AND CHILD HEALTH AND NUTRITION

Table X. Child malnutrition indicators, by region, well-being category, program approach,

and gender of household head

Indicator	Baseline	Midterm	Difference	p-value for difference	Number of observations	
					Baseline	Midterm
Percent of children under five stunted (6-59m)						
All	61.7	52.7	-9.0	0.001 ***	2,384	2,167
PEP households	62.3	53.0	-9.3	0.001 ***	1,976	1,816
Sex of child						
Female	56.5	52.2	-4.3	0.214	1,145	1,027
Male	66.1	53.2	-12.9	0.000 ***	1,239	1,140
Age group						
6-23 months	55.8	52.0	-3.8	0.364	727	782
24-60 months	64.3	53.1	-11.2	0.000 ***	1,657	1,385
Region						
Coast	58.1	54.0	-4.1	0.084 *	753	718
Haor	65.3	52.8	-12.5	0.020 **	548	583
Mid Char	53.1	47.8	-5.3	0.060 *	566	454
North Char	62.8	54.8	-8.0	0.054 *	517	412
Well-being category						
Extreme poor	64.2	62.2	-2.0	0.751	272	271
Poor	62.0	51.5	-10.5	0.001 ***	1,704	1,545
Middle	52.9	50.6	-2.3	0.684	197	180
Middle rich	52.1	52.4	0.3	0.969	133	106
Rich	a/	a/	--	--	77	64
Program approach						
MCHN/PEP	62.2	52.7	-9.5	0.007 ***	961	871
PM2A	59.9	52.6	-7.3	0.002 ***	1,423	1,296
Gender of headship						
Female	72.9	54.4	-18.5	0.034 **	170	165
Male	61.0	52.6	-8.4	0.002 ***	2,214	2,002
Percent of children under five severely stunted (6-59m)						
All	30.8	22.6	-8.2	0.000 ***	2,384	2,167
PEP households	30.9	22.9	-8.0	0.000 ***	1,976	1,816

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

a/ Insufficient number of observations.

Continued.

Table X. Child malnutrition indicators, by region, well-being category, program approach, and gender of household head

Indicator	Baseline	Midterm	Difference	p-value for difference	Number of observations	
					Baseline	Midterm
Percent of children under five wasted (6-59m)						
All	15.6	9.0	-6.6	0.000 ***	2,384	2,167
PEP households	15.8	8.9	-6.9	0.001 ***	1,976	1,816
Sex of child						
Female	15.4	9.2	-6.2	0.004 ***	1,145	1,027
Male	15.7	8.8	-6.9	0.004 ***	1,239	1,140
Age group						
6-23 months	18.2	11.7	-6.5	0.039 **	727	782
24-60 months	14.3	7.6	-6.7	0.000 ***	1,657	1,385
Region						
Coast	15.5	13.9	-1.6	0.414	753	718
Haor	20.3	9.2	-11.1	0.004 ***	548	583
Mid Char	11.1	9.8	-1.3	0.577	566	454
North Char	12.6	7.2	-5.4	0.034 **	517	412
Well-being category						
Extreme poor	20.0	9.9	-10.1	0.003 ***	272	271
Poor	15.1	8.8	-6.3	0.005 ***	1,704	1,545
Middle	13.4	11.1	-2.3	0.498	197	180
Middle rich	10.3	9.7	-0.6	0.884	133	106
Rich	a/	a/	--	--	77	64
Program approach						
MCHN/PEP	15.5	8.1	-7.4	0.002 ***	961	871
PM2A	15.9	11.7	-4.2	0.004 ***	1,423	1,296
Gender of headship						
Female	14.2	13.5	-0.7	0.925	170	165
Male	15.6	8.7	-6.9	0.000 ***	2,214	2,002
Percent of children under five severely wasted (6-59m)						
All	6.3	1.6	-4.7	0.000 ***	2,384	2,167
PEP households	6.6	1.5	-5.1	0.000 ***	1,976	1,816

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

a/ Insufficient number of observations.

Continued.

Table X. Child malnutrition indicators, by region, well-being category, program approach, and gender of household head

Indicator	Baseline	Midterm	Difference	p-value for difference		Number of observations	
						Baseline	Midterm
Percent of children under five underweight (0-59m)							
All	42.2	34.2	-8.0	0.000	***	2,594	2,380
PEP households	42.7	34.4	-8.3	0.001	***	2,161	1,996
Sex of child							
Female	37.2	34.9	-2.3	0.421		1,265	1,132
Male	46.7	33.4	-13.3	0.000	***	1,329	1,248
Age group							
0-23 months	33.2	32.1	-1.1	0.744		937	995
24-60 months	47.6	35.5	-12.1	0.000	***	1,657	1,385
Region							
Coast	40.2	36.9	-3.3	0.195		827	789
Haor	46.0	36.3	-9.7	0.013	**	594	633
Mid Char	35.5	32.4	-3.1	0.235		616	504
North Char	42.0	31.2	-10.8	0.021	**	557	454
Well-being category							
Extreme poor	40.8	39.1	-1.7	0.762		310	301
Poor	43.0	33.6	-9.4	0.000	***	1,851	1,695
Middle	41.6	34.4	-7.2	0.151		210	197
Middle rich	32.9	31.2	-1.7	0.819		141	118
Rich	a/	a/	--	--		81	68
Program approach							
MCHN/PEP	42.6	34.4	-8.2	0.005	***	1,053	963
PM2A	41.0	33.3	-7.7	0.000	***	1,541	1,417
Gender of headship							
Female	46.5	30.1	-16.4	0.092	*	187	182
Male	42.0	34.4	-7.6	0.001	***	2,407	2,198
Percent of children under five severely underweight (0-59m)							
All	13.5	9.8	-3.7	0.014	***	2,594	2,380
PEP households	13.7	10.1	-3.6	0.023	***	2,161	1,996

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

a/ Insufficient number of observations.

Table X. Caring practices for children under two (Percent)

Indicator	Baseline	Midterm	Difference	p-value for difference	Number of observations	
					Baseline	Midterm
Exclusive breastfeeding (0-5 months)						
All	64.1	66.4	2.3	0.749	282	247
PEP households	65.2	65.9	0.7	0.937	247	213
Minimum dietary diversity (6-23 m)						
All	12.7	25.9	13.2	0.000 ***	836	882
PEP households	11.2	25.0	13.8	0.000 ***	672	733
Minimum meal frequency (Breastfed, 6-23 m)						
All	47.7	45.6	-2.1	0.641	669	683
PEP households	47.8	45.6	-2.2	0.659	538	573
Minimum acceptable diet (breastfed, 6-23 m)						
All	8.7	17.5	8.8	0.001 ***	669	683
PEP households	7.45	17.0	9.6	0.001 ***	538	573
Monomix or other vitamin sprinkles (6-23 m)						
All	2.5	6.6	4.1	0.020 **	835	891
PEP households	2.4	5.9	3.5	0.059 *	672	742
Vitamin A capsule in last 6 months (6-23 m)						
All	58.3	67.3	9.0	0.007 ***	849	888
PEP households	58.4	67.7	9.3	0.010 **	684	738
Immunized against 8 diseases by 12 months (12-23 m)						
All	58.6	74.9	16.3	0.003 ***	392	480
PEP households	58.7	75.3	16.6	0.005 ***	307	393
Percent receiving ORS for diarrhea (6-24 m olds with diarrhea in last two weeks)						
All	61.1	86.0	24.9	0.001 ***	147	120
PEP households	59.3	85.4	26.1	0.001 ***	125	101

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

Breakdowns by region, well-being category and gender of household head are not possible due to insufficient number of observations.

Table X. Indicators of hygiene practices, by region, well-being category, program approach, and gender of household head

Indicator	Baseline	Midterm	Difference	p-value for difference	Number of observations	
Percent of mothers of children under five who feel it is important to wash their hands at all five critical times a/						
					Baseline	Midterm
All	9.8	10.9	1.1	0.601	3,126	2,791
PEP households	9.7	10.9	1.2	0.571	2,608	2,358
Region						
Coast	8.2	6.5	-1.7	0.401	1,014	923
Haor	8.1	10.7	2.6	0.460	777	748
Mid Char	18.1	18.7	0.6	0.891	699	596
North Char	7.8	7.7	-0.1	0.991	636	524
Well-being category						
Extreme poor	6.9	14.8	7.9	0.055 *	372	355
Poor	10.1	10.3	0.2	0.942	2,236	2,003
Middle	10.5	8.8	-1.7	0.630	249	221
Middle rich	9.9	12.5	2.6	0.586	176	136
Rich	b/	b/	--	--	91	46
Program approach						
MCHN/PEP	10.0	11.3	1.3	0.614	1300	1167
PM2A	9.0	9.3	0.3	0.894	1,826	1,624
Gender of headship						
Female	5.6	5.7	0.1	0.976	237	227
Male	10.0	11.2	1.2	0.578	2,889	2,564
Percent of children under three years whose feces are disposed of safely						
All	41.4	68.2	26.8	0.000 ***	1,620	2,791
PEP households	41.2	68.0	26.8	0.000 ***	1,365	1,303
Region						
Coast	32.7	53.5	20.8	0.000 ***	566	571
Haor	35.7	68.8	33.1	0.000 ***	408	401
Mid Char	40.2	58.2	18.0	0.010 ***	323	305
North Char	51.6	75.7	24.1	0.000 ***	323	270
Well-being category						
Extreme poor	35.9	63.5	27.6	0.000 ***	189	179
Poor	42.1	68.8	26.7	0.000 ***	1,176	1,124
Middle	45.6	66.0	20.4	0.000 ***	123	127
Middle rich	b/	b/	--	--	85	79

Rich	b/	b/	--	--		46	38
Program approach							
MCHN/PEP	42.5	68.9	26.4	0.000	***	678	625
PM2A	38.0	66.0	28.0	0.000	***	942	922
Gender of headship							
Female	38.3	67.7	29.4	0.006	***	111	123
Male	41.6	68.2	26.6	0.000	***	1,509	1,424

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

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

b/ Insufficient number of observations.

TableX. Percent of children 6-23 months with diarrhea in the last two weeks

Indicator	Baseline	Midterm	Difference	p-value for difference	Number of observations	
					Baseline	Midterm
All	13.8	11.6	-2.2	0.403	848	902
PEP households	13.9	11.5	-2.4	0.395	684	750

Note: Breakdowns by region, well-being category and gender of household head are not possible due to insufficient number of observations.

Table AX. Percent of women underweight, by region, well-being category, program approach, and gender of household head

Indicator	Baseline	Midterm	Difference	p-value for difference	Number of observations	
					Baseline	Midterm
All	36.8	32.2	-4.6	0.051 *	2,881	2,485
PEP households	37.2	32.5	-4.7	0.060 *	2,401	2,088
Region						
Coast	21.4	14.5	-6.9	0.000 ***	896	799
Haor	37.1	36.5	-0.6	0.877	706	664
Mid Char	39.8	28.5	-11.3	0.000 ***	673	533
North Char	37.5	31.6	-5.9	0.209	606	489
Well-being category						
Extreme poor	37.4	33.9	-3.5	0.532	345	306
Poor	37.2	32.3	-4.9	0.084 *	2,056	1,782
Middle	35.9	30.3	-5.6	0.192	232	201
Middle rich	29.3	29.6	0.3	0.966	161	1,213
Rich	a/	a/	--	--	85	123
Program approach						
MCHN/PEP	36.9	33	-3.9	0.192	1,188	1,014
PM2A	36.4	29.8	-6.6	0.003 ***	1,693	1,471
Gender of headship						
Female	32.8	27.1	-5.7	0.491	212	204
Male	37.0	32.6	-4.4	0.075 *	2,669	2,281

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

a/ Insufficient number of observations.

Table AX. Dietary diversity of mothers of children under five, by region, well-being category, program approach, and gender of household head

Indicator	Baseline	Midterm	Percent difference	p-value for difference		Number of observations	
						Baseline	Midterm
Dietary diversity score (out of 14 food groups)							
All	4.6	5.6	21.7	0.000	***	3,105	2,780
PEP households	4.5	5.6	24.4	0.000	***	2,592	2,347
Region							
Coast	4.5	5.3	17.8	0.000	***	1,011	923
Haor	4.6	6.3	37.0	0.000	***	773	746
Mid Char	4.6	4.8	4.3	0.309		691	589
North Char	4.6	5.2	13.0	0.000	***	630	522
Well-being category							
Extreme poor	4.4	5.7	29.5	0.000	***	368	352
Poor	4.5	5.6	24.4	0.000	***	2,224	1,995
Middle	5.1	6.0	17.6	0.000	***	248	221
Middle rich	5.5	6.1	10.9	0.082	*	172	136
Rich	a/	a/	--	--		91	75
Program approach							
MCHN/PEP	4.5	5.6	24.4	0.000	***	1,296	1,158
PM2A	4.8	5.8	20.8	0.000	***	1,809	1,622
Gender of headship							
Female	4.5	5.4	20.0	0.002	***	235	225
Male	4.6	5.7	23.9	0.000	***	2,870	2,555
Percent of mothers consuming foods from food groups in the previous 24 hours			Difference				
Cereals, roots and tubers	98.9	98.7	-0.2	0.686		3,108	2,780
Pulses and legumes	16.0	33.1	17.1	0.000	***	3,107	2,781
Dairy products	8.2	13.8	5.6	0.001	***	3,107	2,781
Meat, fish/seafood & eggs	61.8	72.7	10.9	0.001	***	3,107	2,781
Oils and fats	69.5	72.2	2.7	0.327		3,107	2,781
Vegetables	90.6	93.1	2.5	0.062	*	3,107	2,781
Vitamin A -rich vegetables	20.2	22.8	2.6	0.244		3,107	2,781
Dark green leafy vegetables	39.5	49.4	9.9	0.000	***	3,108	2,781
Fruits	6.3	13.4	7.1	0.000	***	3,108	2,780
Vitamin A -rich fruits	3.6	7.8	4.2	0.001	***	3,107	2,781

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

a/ Insufficient number of observations.

Table X. Indicators of caring practices for mothers during pregnancy, by region, well-being category, program approach and gender of household head

Indicator	Baseline	Midterm	Difference	p-value for difference	Number of observations	
					Baseline	Midterm
Percent of mothers receiving antenatal care						
All	47.1	64.5	17.4	0.000 ***	3,119	2,802
PEP households	45.8	64.0	18.2	0.000 ***	2,602	2,367
Region						
Coast	45.4	58.1	12.7	0.001 ***	1,013	926
Haor	41.4	55.7	14.3	0.002 ***	777	751
Mid Char	46.0	60.5	14.5	0.000 ***	695	598
North Char	55.7	80.7	25.0	0.000 ***	634	527
Well-being category						
Extreme poor	48.0	56.6	8.6	0.143	370	356
Poor	45.5	65.2	19.7	0.000 ***	2,232	2,011
Middle	57.4	65.5	8.1	0.116	249	222
Middle rich	62.8	70.9	8.1	0.226	175	136
Rich	b/	b/	--	--	91	76
Program approach						
MCHN/PEP	45.8	64.2	18.4	0.000 ***	1,299	1,173
PM2A	51.2	65.4	14.2	0.000 ***	1,820	1,629
Gender of headship						
Female	53.3	64.9	18.2	0.062 *	236	228
Male	46.7	64.4	64.4	0.000 ***	2,883	2,574
Percent of mothers receiving antenatal care in a medical facility ^{a/}						
All	69.8	65.2	-4.6	0.194	1,526	1,769
PEP households	68.6	64.5	-4.1	0.287	1,192	1,457
Region						
Coast	87.6	90.8	3.2	0.192	476	540
Haor	62.1	49.3	-12.8	0.055 *	329	424
Mid Char	70.4	76.8	6.4	0.208	334	365
North Char	74.5	73.1	-1.4	0.806	387	440
Well-being category						
Extreme poor	65.4	66.2	0.8	0.925	167	205
Poor	69.2	64.3	-4.9	0.218	1,025	1,252
Middle	76.3	62.4	-13.9	0.044 **	148	150
Middle rich	b/	b/	--	--	115	98
Rich	b/	b/	--	--	69	63
Program approach						
MCHN/PEP	69.9	65.8	-4.1	0.366	572	720
PM2A	69.6	63.3	-6.3	0.141	954	1,049
Gender of headship						
Female	56.9	70.9	14.0	0.161	120	142
Male	70.7	64.8	-5.9	0.085 *	1,406	1,627

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

a/ Reported only for mothers receiving any antenatal care.

b/ Insufficient number of observations.

Continued.

Table X. Indicators of caring practices for mothers during pregnancy, by region, well-being category, program approach and gender of household head (continued)

Indicator	Baseline	Midterm	Difference	p-value for difference		Number of observations	
						Baseline	Midterm
Percent of mothers taking more food during pregnancy							
All	12.5	25.2	12.7	0.000	***	3,119	2,797
PEP households	12.2	24.9	12.7	0.000	***	2,602	2,363
Region							
Coast	7.1	10.4	3.3	0.027	**	1,014	925
Haor	11.4	24.9	13.5	0.000	***	775	750
Mid Char	14.2	19.0	4.8	0.087	*	695	597
North Char	14.0	32.0	18.0	0.000	***	635	525
Well-being category							
Extreme poor	10.7	23.6	12.9	0.006	***	372	356
Poor	12.4	25.1	12.7	0.000	***	2,230	2,007
Middle	13.0	29.8	16.8	0.000	***	249	221
Middle rich	15.2	26.5	11.3	0.020	**	175	136
Rich	b/	b/	--	--		91	76
Program approach							
MCHN/PEP	12.6	25.2	12.6	0.000	***	1297	1170
PM2A	11.9	25.2	13.3	0.000	***	1,822	1,627
Gender of headship							
Female	11.6	20.1	8.5	0.161		237	228
Male	12.5	25.6	13.1	0.000	***	2,882	2,569
Percent of mothers taking more rest during pregnancy							
All	23.5	35.5	12.0	0.000	***	3,120	2,797
PEP households	23.3	35.5	12.2	0.000	***	2,603	2,363
Region							
Coast	26.8	22.1	-4.7	0.032	**	1,014	926
Haor	18.8	31.2	12.4	0.000	***	775	750
Mid Char	29.8	38.6	8.8	0.021	**	696	597
North Char	25.6	42.9	17.3	0.001	***	635	524
Well-being category							
Extreme poor	17.3	26.2	8.9	0.050	**	372	356
Poor	24.3	37.0	12.7	0.000	***	2,231	2,007
Middle	22.5	34.8	12.3	0.004	***	249	221
Middle rich	27.6	34.6	7.0	0.209		175	136
Rich	b/	b/	--	--		91	76
Program approach							
MCHN/PEP	24.1	36.0	11.9	0.000	***	1298	1171
PM2A	21.6	33.9	12.3	0.000	***	1,822	1,626
Gender of headship							
Female	22.5	30.3	7.8	0.199		237	228

Male	23.5	35.9	12.4	0.000 ***	2,883	2,569
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Note: Stars indicate difference is statistically significant at the 10% (*) , 5%(**) or 1%(***) levels.
b/ Insufficient number of observations.

Continued.

Table X. Indicators of caring practices for mothers during pregnancy, by region, well-being category, program approach and gender of household head (continued)

Indicator	Baseline	Midterm	Difference	p-value for difference	Number of observations	
Percent of pregnant and lactating women taking iron/folic acid in the last 7 days						
					Baseline	Midterm
All	15.2	29.8	14.6	0.000 ***	1,255	1,214
PEP households	23.3	35.5	12.2	0.000 ***	1,043	1,024
Region						
Coast	13.9	23.0	9.1	0.003 ***	450	433
Haor	11.6	26.2	14.6	0.000 ***	332	330
Mid Char	16.0	31.4	15.4	0.001 ***	226	238
North Char	20.5	36.3	15.8	0.022 **	247	213
Well-being category						
Extreme poor	12.4	18.4	6.0	0.296	136	147
Poor	15.1	31.4	16.3	0.000 ***	907	877
Middle	19.1	34.4	15.3	0.065 *	100	108
Middle rich	b/	b/	--	0.512	77	57
Rich	b/	b/	--	0.397	35	25
Program approach						
MCHN/PEP	15.1	30.2	15.1	0.000 ***	529	508
PM2A	15.5	28.5	13.0	0.000 ***	726	706
Gender of headship						
Female	b/	b/	--	0.600	69	85
Male	15.4	30.6	15.2	0.000 ***	1,186	1,129

Note: Stars indicate difference is statistically significant at the 10% (*) , 5%(**) or 1%(***) levels.
b/ Insufficient number of observations.

Annex L: PACC Relation to SHOUHARDO II Strategic Objectives

Program Advisory and Coordination Committee (PACC) - National Level

Sl.	Designation of the PACC Members	Name of the Ministry	SO1	SO2	SO3	SO4	SO5	Remarks
1.	Secretary- LGD	Ministry of Local Government, Rural Dev. & Cooperatives	X	X	X	X	X	Chair of the PACC
2.	Representative from RD&C Division	Ministry of Local Government, Rural Dev. & Cooperatives	X	X	X	X	X	
3.	Representative from LGED	Ministry of Local Government, Rural Dev. & Cooperatives	X			X	X	
4.	Representative from Finance Division	Ministry of Finance	X	X	X	X	X	
5.	Representative from ERD		X	X	X	X	X	
6.	Representative from Food Division	Ministry of Food	X	X	X	X		
7.	Representative from Disaster & Relief Division	Ministry of Disaster Management & Relief				X	X	
8.	Representative from Ministry of Health & Family welfare	Ministry of Health & Family welfare		X	X	X		
9.	Representative from Ministry of Primary & Mass Education	Ministry of Primary & Mass Education			X	X		
10.	Representative from Ministry of Land	Ministry of Land	X			X		
11.	Representative from Ministry of Fisheries & Live Stocks	Ministry of Fisheries & Live Stocks	X			X		
12.	Representative from Ministry of Environment & Forest	Ministry of Environment & Forest				X	X	
13.	Representative from Ministry of Agriculture	Ministry of Agriculture	X			X		
14.	Representative from Ministry of Women & Child Affairs	Ministry of Women & Child Affairs			X	X		
15.	Representative from Ministry of Social Welfare	Ministry of Social Welfare	X		X	X		
16.	Representative from Ministry of Youth & Sports	Ministry of Youth & Sports	X		X	X		
17.	Representative from Ministry of Water Resources	Ministry of Water Resources	X				X	
18.	Representative from NGO Affairs Bureau	NGO Affairs Bureau	X	X	X	X	X	
19.	Representative from USAID	USAID	X	X	X	X	X	
20.	Representative from CARE	CARE Bangladesh	X	X	X	X	X	

Divisional SHOUHARDO II Coordination Committee (Div.SCC)

Sl.	Designation of the PACC Member	Name of the Ministry	SO1	SO2	SO3	SO4	SO5	Remarks
1.	Divisional Commissioner (Chairman)	Ministry of Local Government, Rural Dev. & Cooperatives	X	X	X	X	X	
2.	Director, LG (Member Secretary)	Ministry of Local Government, Rural Dev. & Cooperatives	X	X	X	X	X	
3.	Superintendent Engineer-LGED&PD, SHOUHARDO II	Ministry of Local Government, Rural Dev. & Cooperatives	X			X	X	
4.	Superintendent Engineer-DPHE	Ministry of Local Government, Rural Dev. & Cooperatives		X		X		
5.	Divisional Register of Cooperatives	Ministry of Local Government, Rural Dev. & Cooperatives	X		X	X		
6.	Representative from BRDB	Ministry of Local Government, Rural Dev. & Cooperatives	X		X	X		
7.	Regional Coordinator-Food	Ministry of Food	X	X	X	X	X	
8.	Representative from Disaster Management Bureau	Ministry of Disaster Management & Relief				X	X	
9.	Representative from DG-Health	Ministry of Health & Family welfare			X	X		
10.	Representative from Department of Family Planning	Ministry of Health & Family welfare		X		X		
11.	Deputy Director , Department of Primary & Mass Education	Ministry of Primary & Mass Education			X	X		
12.	Additional Commissioner (Revenue)	Ministry of Land	X			X		
13.	Deputy Director-Livestock	Ministry of Fisheries & Live Stocks	X			X		
14.	Deputy Director-Fisheries	Ministry of Fisheries & Live Stocks	X			X		
15.	Director- Department of Environment & Forest	Ministry of Environment & Forest	X			X		
16.	Additional Director- Agriculture Extension	Ministry of Agriculture	X			X		
17.	Director- Department of Women & Child Affairs	Ministry of Women & Child Affairs			X	X		
18.	Representative from Department of Social Welfare	Ministry of Social Welfare	X		X	X		
19.	Deputy Director- Youth	Ministry of Youth & Sports	X		X	X		
20.	Superintendant Engineer- WDB	Ministry of Water Resources	X				X	
21.	Regional Coordinator - SHOUHARDO II	CARE Bangladesh	X	X	X	X	X	

District SHOUHARDO II Coordination Committee (DSCC)

Sl.	Designation of the PACC Member	Name of the Ministry	SO1	SO2	SO3	SO4	SO5	Remarks
1.	Deputy Commissioner (Chairman)	Ministry of Local Government, Rural Dev. & Cooperatives	X	X	X	X	X	
2.	Deputy Director-LG (Member Secretary)	Ministry of Local Government, Rural Dev. & Cooperatives	X	X	X	X	X	
3.	XEN-LGED	Ministry of Local Government, Rural Dev. & Cooperatives	X			X	X	
4.	XEN- DPHE	Ministry of Local Government, Rural Dev. & Cooperatives		X		X		
5.	Director Cooperatives	Ministry of Local Government, Rural Dev. & Cooperatives	X		X	X		
6.	Deputy Director- BRDB	Ministry of Local Government, Rural Dev. & Cooperatives	X			X		
7.	DC-Food	Ministry of Food	X	X	X	X	X	
8.	DRRO	Ministry of Disaster Management & Relief				X	X	
9.	Civil Surgeon	Ministry of Health & Family welfare		X		X		
10.	DD-Family Planning	Ministry of Health & Family welfare		X		X		
11.	District Primary Education Officer	Ministry of Primary & Mass Education			X	X		
12.	Additional Deputy Commissioner (Revenue)	Ministry of Land	X			X		
13.	District Livestock Officer	Ministry of Fisheries & Live Stocks	X			X		
14.	District Fishery Officer	Ministry of Fisheries & Live Stocks	X			X		
15.	Deputy Director- Agri. Ext.	Ministry of Agriculture	X			X		
16.	District Women Affairs Officer	Ministry of Women & Child Affairs	X		X	X		
17.	Deputy Director- Social Welfare	Ministry of Social Welfare	X		X	X		
18.	Deputy Director- Youth	Ministry of Youth & Sports	X		X	X		
19.	XEN- Water Development Board	Ministry of Water Resources	X				X	
20.	Regional Coordinator	CARE Bangladesh	X	X	X	X	X	

Upazila SHOUHARDO II Coordination Committee (USCC)

Sl.	Designation of the PACC Member	Name of the Ministry	SO1	SO2	SO3	SO4	SO5	Remarks
1.	Upazila Chairman (Chief Advisor)	Ministry of Local Government, Rural Dev. & Cooperatives	X	X	X	X	X	
2.	Upazila Vice-Chairman (Advisor)	Ministry of Local Government, Rural Dev. & Cooperatives	X	X	X	X	X	
3.	Upazila Nirbahi Officer (UNO)- Chairman	Ministry of Local Government, Rural Dev. & Cooperatives	X	X	X	X	X	
4.	Upazila Engineer-LGED	Ministry of Local Government, Rural Dev. & Cooperatives	X			X	X	
5.	Sr. Assistant Engineer-DPHE	Ministry of Local Government, Rural Dev. & Cooperatives		X		X	X	
6.	Upazila Cooperative Officer	Ministry of Local Government, Rural Dev. & Cooperatives	X		X	X		
7.	Upazila Rural Development Officer	Ministry of Local Government, Rural Dev. & Cooperatives	X			X		
8.	Concerned UP Chairman	Ministry of Local Government, Rural Dev. & Cooperatives	X	X	X	X	X	Need based
9.	Upazila Food Officer	Ministry of Food	X			X		
10.	Project Implementation Officer (PIO)	Ministry of Disaster Management & Relief	X			X	X	
11.	UH&FPO	Ministry of Health & Family welfare		X		X		
12.	Upazila Family Planning Officer	Ministry of Health & Family welfare		X		X		
13.	A/C-Land	Ministry of Land	X			X		
14.	Upazila Education Officer	Ministry of Primary & Mass Education			X	X		
15.	Upazila Livestock Officer	Ministry of Fisheries & Live Stocks	X			X		
16.	Upazila Fishery Officer	Ministry of Fisheries & Live Stocks	X			X		
17.	Upazila Agriculture Officer	Ministry of Agriculture	X			X		
18.	Upazila Women Affairs Officer	Ministry of Women & Child Affairs	X		X	X		
19.	Upazila Social Welfare Officer	Ministry of Social Welfare	X		X	X		
20.	Upazila Youth Development Officer	Ministry of Youth & Sports	X		X	X		
21.	Upazila XEN or SDE, WDB	Ministry of Water Resources	X				X	
22.	Regional Coordinator-SHOUHARDO II	CARE Bangladesh	X	X	X	X	X	

Note: As per need the regional programs of SHOUHARDO II will also link with specific bodies as and when necessary for more effective programming. Ref. ToR, PACC

Annex M: USAID Title II Commodity Summary for SHOUHARDO II

Table 1: LOP Commodity Summary (MT)

	Direct Distribution	Monetization	Total	Comments
MYAP LOA Approval	57,537	229,882	287,419	
Revised MYAP LOA	39,750	168,880	208,630	Revised per FY 2012 PREP
FY 2010 – FY 2012 Receipt	26,510	104,482	130,993	The receipt quantity is the amount received against FY 2010 to FY 2012 AER.
Percentage of Revised MYAP LOA Received through FY 2012	66.69%	61.87%	62.79%	The LOA quantity for direct distribution and monetization has changed due to changes in commodity price and requirement.

Table 2: Commodity Loss Summary (MT)

	FY 2010		FY 2011		FY 2012		FY2010 – FY2012	
	Distribution	Monetization	Distribution	Monetization	Distribution	Monetization	Distribution	Monetization
Marine Loss	--	2.830	44.059	--	140.570	--	184.629	2.830
In country Loss	--	--	0.642	--	0.654	--	1.296	--
Total Loss	--	2.830	44.701	--	141.224	--	185.925	2.830
Percent Lost	--	0.005%	0.373%		0.972%	--	0.701%	0.003%

Table 3: Monetization Cost Recovery

FY	Type of Commodity	Amount of Commodity (MT)	Cost & Freight (\$/MT)	Sale Price (\$/MT)	Cost Recovery (%)	Comments
2010	Wheat, Soft White, Winter, Bulk	57010.09	285	226	79.33%	See Note ³ below
2011	Wheat, Soft White, Winter, Bulk	10,470.64	425	352	82.88%	
2012	Wheat, Soft White, Winter, Bulk	37,001.71	389	332	82.50%	92% of total monetization proceeds received by Dec. 2012
Average (Weighted Average by Volume)	Wheat, Soft White, Winter, Bulk	104,482.44	336	276	82.19%	

³ CARE made a single claim for payment of the monetization of the multiple shipments of a single CF. The entire monetization is done under an agreement with the GoB where a return of 82.5% of the commodity value in local currency. According to the agreement government provided sales value in local currency using existing rate on the date of handover which is deposited in the program account in full. Due to the change in currency rate from the date of governments issuance of money transfer order and actual receipt of the money in project account the cost recovery rate is less than anticipated 82.5%.

Annex N: History of Title II Food Aid in Bangladesh

Golam Kabir, Independent Consultant⁴

“Food is strength, and food is peace, and food is freedom, and food is a helping hand to people around the world whose good will and friendship we want.”

— President John F. Kennedy

Chapter A. Title II Food Aid Programs

History of PL 480 Title II food aid programs in Bangladesh goes back to early 1970’s. The country is one the largest Title II food aid recipient countries of the United States globally. From 1972 to till now Bangladesh has received nearly 5 million metric tons of Title II food commodities as humanitarian assistance. The Title II program from 1972 to 1974 was provided as emergency assistance and rehabilitation of economy of newly born Bangladesh while the non-emergency assistance, now known as the development assistance program, started in October 1974 in response to the 1974 famine. The Government of Bangladesh (GoB) and several international donors initiated three sets of long term food aid programs in Bangladesh in the aftermath of the 1974 famine. The then Ministry of Relief (now the Ministry of Food and Disaster Management) was the GoB implementing agency for these programs.

- Food for Work (FFW) program supported by the United States, Australia, Canada, Germany (West), Libya and GoB. GoB launched the national FFW program with 32,000 MT of wheat from its own resources in 1974. In the following year USAID through CARE started its FFW program with 63,000 MT of Title II wheat.
- Vulnerable Group Feeding (VGF) Program implemented by World Food Programme (WFP). The program began in 1975 with 32,000 MT of wheat from WFP as food ration to destitute women.
- Rural Maintenance Program (RMP) funded by the Canadian International Development Agency (CIDA) began in 1983. RMP targeted toward destitute women who used to receive cash wages from the sale of CIDA donated wheat in exchange of their work in the maintenance of rural earthen roads rehabilitated under FFW programs.

The primary goal of FFW program was to provide direct food relief and employment to rural landless and near landless in the lean season (November to May) throughout the country with the secondary goal to increase economic development of rural areas. The laborers under the program were given wheat as wages in the construction of rural earthwork schemes such as irrigation canals, flood control and land reclamation embankments, roads and water reservoirs. The program was successful in achieving its primary goal. The USAID-CARE FFW program (1974 - 1979) created 77.6 million days of employment and moved 5.4 billion cubic feet of earth. However, the secondary goal of the program fell

⁴ The Author served USAID/Bangladesh Mission from 1979 to 2007 as Title II Program Manager. The Author has prepared the article based on his experience in managing different Title II programs in Bangladesh.

short due to less attention to the importance of the technical soundness and economic viability of schemes implemented under the program.

Title II non-emergency in Bangladesh evolved substantially over the period: **Relief (creation of employment in lean season) >> Integrated Development (development of infrastructure + improvement of livelihoods) >> Sustainable Food Security (development of infrastructure + improvement of food insecurity + advocacy and capacity building + disaster risk reduction)**. The joint GoB and Donor Task Force on Strengthening the Institutions for Food Assisted Development (SIFAD) in 1988 recommended that food aid programs are institutionalized as part of the formal developmental process. Another important recommendation of the SIFAD Task Force was that implementation of CARE-managed FFW and RMP programs be shifted from the Ministry of Relief to the Ministry of Local Government, Rural Development and Cooperatives (MLGRD&C) in order to provide the specialized planning, design and supervision that was necessary to enhance the developmental elements of the program.

In 1993, USAID approved the CARE Integrated Food for Development (IFFD) project. The significant step was the USAID and CIDA agreement on integration of activities of USAID funded IFFD with CIDA funded RMP. Both the international agencies agreed that RMP women workers provide routine maintenance of IFFD reconstructed rural roads. The five-year IFFD program began in 1995 with the MLGRD&C as the GoB implementing partner. It is interesting to note that after 20 years of slow evolution, the FFW program became truly developmental intervention with some positive changes between 1982 to 1995 in the design and implementation of FFW programs. IFFD is the first Title II program in Bangladesh that received FFP approval of monetization of Title II commodities. Refer to the detailed report of monetization in Chapter B of the paper. The most significant steps in these years were:

- Discontinue funding of new roads under FFW
- Discontinue implementation of flood control embankments under CARE/FFW
- Funding of bridges and culverts on roads rehabilitated under FFW
- Changes of payment provision to the FFW workers – changed from daily wage basis to output basis.
- FFW schemes selection based on environmental soundness and economic viability.
- Monetization of Title II food aid commodities to generate cash funding primarily for bridges and culverts construction on FFW alignments.

From 1995 to 2005, Title II programs evolved further towards comprehensive and holistic livelihoods, sustainable infrastructure and institutional development with the introduction of monetization allowing construction of year round passable alignments, provision of income generation activities and addition of disaster management activities. The Title II programs that began in 2005 added the component of addressing chronic malnutrition.

The latest addition to the Title II program as guided by the USAID/FFP Bangladesh Food Security Country Framework FY 2010-2014 dated October 2009 is the intervention of Prevention of Malnutrition of

Children under 2 years of age (PM2A). Three MYAPs were approved: SHOHARDO-II of CARE; Nobo Jibon of Save the Children; and Program for Strengthening Household Access to Resources (PROSHAR) of ACDI/VOCA.

From 1975 to to-date, USAID through Private Voluntary Organizations, such as, CARE, World Vision, Save the Children US and ACDI/VOCA has supported 12 multi-year DAPs/MYAPs⁵ with Title II resources supplemented by the Development Assistance grants. They are:

- 1974-1994: Four FFW Projects, implemented by CARE, aimed at employment creation and development of rural communication (roads), provision of irrigation (canals) and controlling of floods (embankments). These projects were commonly known as Food for Relief Work.
- 1994-1999: Integrated Food for Development Project, implemented by CARE, aimed at sustainable poverty alleviation through improved year round access to markets and basic human development services including disaster preparedness.
- 2000-2005: Integrated Food Security Program (IFSP), implemented by CARE and Food Security Enhancement Initiative (FSEI), implemented by World Vision, aimed at comprehensive and holistic livelihoods.
- 2004-2010: Strengthening Household Abilities for Real Development Opportunities (SHOUHARDO-I), implemented by CARE and Jibon-O-Jibika, implemented by SCF-US, aimed at improved food security (integration of MCHN, Agriculture/Livelihoods and Disaster Risk Reduction).
- 2010 – 2015: SHOHARDO-II of CARE, Nobo Jibon of SCF-US and Program for Strengthening Household Access to Resources (PROSHAR) of ACDI/VOCA aim at improved food security including PM2A and enhanced MCHN, sustainable livelihoods and enhanced community resiliency to shocks.

Chapter B. Title II Food Aid Commodity Monetization

Monetization of Title II commodities began in 1995 since the inception of Title II development assistance program in Bangladesh in 1975. Modes of monetization include both negotiation and competition. Wheat is the major Title II monetized commodity has been sold to the Government of Bangladesh (GoB) through negotiation while a small amount of wheat and some amount of crude degummed soybean oil were sold to the private sector through open competition. Following table depicts an overview of monetization since its inception.

⁵ DAP stands for Development Assistance Program; MYAP stands for Multi-Year Assistance Program

Table 1: Overview of Title II Monetization (From FY 1975 – FY 2012)

Projects	Awardees	Monetization as % of LOP Commodity	Mode of Monetization	Type of Commodity Monetized
Food for Relief Work Program (FY1975 – FY1979)	CARE	0	-	-
Food for Relief Work Program (FY1980- FY1984)	CARE	0	-	-
Integrated Food for Work Program (FY1985- FY1989)	CARE	0	-	-
Integrated Food for Work Program (FY1990 - FY1994)	CARE	0	-	-
Integrated Food for Development Program (FY1995-FY1999)	CARE	85%	Negotiation (Sold to GoB)	Wheat
Integrated Food Security Program (FY1999 – FY2004)	CARE	100%	Negotiation (Sold to GoB)	Wheat
Food Security Enhancement Initiative Program (FY2000 - FY2005)	World Vision	80%	Negotiation (Sold to GoB)	Wheat
Jibon & Jibika Program (FY2005 – FY2010)	Save the Children	64%	Negotiation (Sold to GoB)	Wheat
Strengthening Households for Responding to Development Opportunities (SHOUHARDO) (FY2005 - FY2010)	CARE	81%	Negotiation & Competition	Wheat & CDSO
SHOHARDO-II (FY2010 - FY2015)	CARE	80%	Negotiation (Sold to GoB)	Wheat
Nobo Jibon (FY2010 – FY2015)	SC	73%	Negotiation (Sold to GoB)	Wheat
Program for Strengthening Household Access to Resources (PROSHAR) (FY2010 – FY 2015)	ACDI/VOCA	87%	Negotiation (Sold to GoB)	Wheat

Monetization Performance

Nearly 1.7 million MT of the Title II commodities has been monetized since the beginning of monetization in 1995 until 2012 under different DAPs/MYAPs. Two types of commodities were monetized: wheat (HRW - hard red winter and SWW - soft white); and crude degum soybean oil (CDSO). Of the total volume of these two types of commodities monetized, wheat is 98.5% and CDSO is 1.5%. The table below provides the volume of monetization by the Title II awardees from 1995 to 2012 in Bangladesh.

Table 2: Volume of Monetization (1995 – 2012)

Awardees	Period of Monetization	Commodities (MT)		
		Wheat	CDSO	Total
CARE	1995-2012	1,235,428 ⁶	25,401 ⁷	1,260,829
World Vision Bangladesh	2000-2005	250,270	-	250,270
Save the Children	2005-2012	113,103	-	113,103
ACDI/VOCA	2010-2012	46,730	-	46,730
Total	1995-2012	1,645,531	25,401	1,670,932

Out of the total volume of commodities monetized, 3%⁸ has been sold to the private sector representing than 1.0 percent of commercial imports for the 1995 to 2012 period. The remaining 97% of monetized wheat has been sold to the GoB. The USAID BEST Report⁹ (page 3) states,

“... monetized wheat has been sold to the GOB and has entered the GOB social safety net program. This is a notable feature of the monetization program in Bangladesh. Monetization provides both financing for the awardees’ programs (the direct beneficiaries of Title II food aid), saves the GOB vital foreign exchange and improves food security for beneficiaries under the GOB social safety net program (who are thus indirect beneficiaries of Title II food aid).”

Either wheat or CDSO monetization would be adequate to finance existing Awardee programs exclusively. However, given the ease of administration and high level of cost recovery achieved through wheat sales to the GOB, together with the minimal impact generated through the distribution of wheat via the PFDS, this monetization process is to be preferred over private sector sales. However, should it be necessary to undertake private sector monetization, the other commodities reviewed could be taken up, although prior experience of wheat and oil sales to the private sector would suggest that these two commodities should be pursued first.”

Cost Recovery of Commodity Monetization

Monetization of the Title II commodities in Bangladesh meets all the Food for Peace monetization policy requirements for each food aid commodity for monetization such as set an expected sales price which: (1) represents the reasonable market price of the food aid commodity in Bangladesh; (2) would not

⁶ Includes 27,331 MT of wheat sold to the private sector. The remaining volume sold to the GoB.

⁷ Sold to private sector oil refineries.

⁸ Includes 27,331 MT of wheat and 25,401 MT of CDSO out of the total 1,670,932 MT monetized.

⁹ USAID Office of Food for Peace Bangladesh Bellmon Estimation (BEST) dated August 2009

interfere with domestic production or marketing; and (3) would not have a disruptive impact on farmers or the local economy.

According to the agreements (Host Country Agreement) between the Title II Awardees and the GoB the Title II sales prices have been determined at 85%¹⁰ of actual costs (the cost and freight – C&F) recorded in the Bills of Ladings (B/L). The sale price is over 100% of an estimated fair market price, the Letter of Credit (L/C) price¹¹ as recorded by the Bank of Bangladesh. Interestingly, in spite of its relative size, Title II monetization in Bangladesh appears to perform better than for a significant number of other country programs in terms of achieving a fair market price. Importantly, MYAP proposal guidance states that in order to achieve greater food aid program resource efficiency and effectiveness, FFP prefers monetization proposals with greater cost recoveries to those with lower cost recoveries.

The sales of CDSO in FY2005 and FY2006 to a consortium of large private sector oil refineries by CARE achieved 72% and 85% of cost recovery. In the same period, CARE and Save the Children (SC) sold SWW to the GoB for the Public Food Distribution System (PFDS) with the cost recovery of 85%. CARE and SC continued monetization of wheat to the GoB with same rate of cost recovery. In FY2007 and FY2008 CARE sold 27,331 MT of HRW to private sector flour mills with the cost recovery rates of 68% and 80% respectively. A comparison of cost recovery between the GoB and private sector for the years when both modes of monetization – GoB and private sector is provided in the table below.

Table 3: Comparison of Monetization Cost Recovery between GoB & Private Sector

Commodities	Year of Monetization	Monetization Volume & Cost Recovery			
		GoB		Private Sector	
		Commodity (MT)	Cost Recovery (%)	Commodity (MT)	Cost Recovery (%)
	2005	56,460	N/A	16,795	72
CDSO	2006	51,610	N/A	8,606	85
Wheat	2007	45,322	85	19,131	68
	2008	23,460	85	8,200	80

CARE's monetizing commodities through the private sector encountered collusion in the market. This collusion issue and fluctuating cost recovery in the private sector have been found to discouraging CARE and other MYAP implementers to sell to the private sector.

¹⁰ GoB retains 2.5% of this 85% for its commodity handling and administration.

¹¹ The L/C price is the landed price of imported wheat.

Current Monetization

The ongoing Title II MYAPs (FY 2010 – FY 2015) – SHOUHARDO II, Nobo Jibon and PROSHAR - currently monetize Soft White Winter (SWW) wheat to the GoB. There has been no sale to the private sector under the MYAPs though both CARE and Save the Children have provisions in their host country agreements with the GoB to monetize to the private sector. ACIDI/VOCA does not appear to have this provision in its agreement. Table 4 below provides an overview of monetized Title II commodities in Bangladesh by awardees for the period FY10-FY12.

Table 4: Overview of Title II Monetization under Current MYAPs(Figures in MT)

Awardees	FY 2010	FY2011	FY2012	FY2010-FY2012
CARE	57,010	10,470	37,002	104,482
SC	16,810	7,010	9,600	33,420
ACDI/VOCA	18,560	13,220	14,950	46,730
Total	92,380	30,700	61,552	184,632

Salient Features of Monetization

- Bangladesh has been the largest recipient of Title II monetized food assistance in recent years, received over 25% of Title II monetized food aid level.
- Bangladesh receives the largest volume of USG monetized food aid in Asia.
- Bangladesh is currently the largest USG food aid program that involves direct monetization to a host country government.

Monetization Impacts

Monetization of commodities has made significant funding contributions to the Title II food programs aimed at improved food security in Bangladesh. Title II wheat monetization does not have a substantial negative impact on the market in Bangladesh primarily because of:

- Cost recovery is over 100% of the fair market price help achieve greater food aid program resource efficiency and effectiveness;
- Monetized wheat is 1 to 2% of the national annual average wheat supply of nearly 4.0 million metric tons; and
- Title II monetization has no impact on private sector commercial imports as the sales volumes are simply too small to affect the market.

CARE's Monetization History

CARE has first started monetizing of wheat (Ref. Table 1) for its Integrated Food for Development program (1995 – 1999) to fund construction of bridges and culverts and part of CARE's operating expenses. Of the total 1,670,932 MT of wheat and CDSO monetized to-date (Ref. Table 2) CARE alone monetized 75% while the remaining 25% is done by World Vision, Save the Children and ACIDI/VOCA.

Table 5 below provides an overview of Title II commodities monetized by CARE for different programs since 1995 to 2012.

Table 5: Volume of Monetization by CARE (FY 1995 to FY 2012) (Figures in MT)

Programs	Period	Commodities Monetized				
		Wheat		CDSO		Total (GoB & Private Sector)
		GoB	Private Sector	GoB	Private Sector	
IFFD	1995-1999	383,520	-	-	-	383,520
IFSP	2000-2004	537,990	-	-	-	537,990
SHOUHARDO- I	2005-2009	182,105	27,331	-	25,401	234,837
SHOUHARDO - II	2010-2012	104,482	-	-	-	104,482
Total – All Programs	1995-2012	1,208,097	27,331	-	25,401	1,260,829

Annex O: Indicator Performance Tracking Table with MTR data

Indicators for which the MTR data allow valid measurement of progress toward targets are highlighted in green

SI	Level	INDICATOR	Frequency/ Type	DDOC (+/-)	UOM	Base Line Value (adjusted for MTR)	Targets and Achievements		
							Target (Oct11-Sep12)	Actual - Midterm	LOA/ER Target
Program Goal: 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									
SO 1: "Availability of" and "access to" nutritious foods enhanced and protected for 370,000 PEP households									
1	Impact	1a: Average household dietary diversity score (FFP)	BL+MTE+FE	+	# Food Group	4.8		5.9	ER 6 (+18%OB)
2	Impact	1b: Average # of months of adequate household food provisioning (FFP + OP)	BL+MTE+FE & for OP Annual SS	+	# Month	5.9		9.9	ER 8 (+18%OB)
IR 1.1: Improved and diversified agriculture systems developed and linked with private and public services									
3	Outcome	1.1a: %/Numbers of farmers and others who have applied new technologies or management practices as result of USG assistance (FFP + OP) c/ [Adoption of minimum number of technologies (three)]	Annual SS	+	#/ % Beneficiaries	Crop producers (42.1%) Vegetable producers (39.3%)	44%	Crop producers (71.0%) Vegetable producers (72.5%)	ER 111,159 nos Cumulative (55% of 202,107 actual adopters of Ag & CHD)
4	Outcome	1.1b: % and # of PEP households accessing agri-inputs, finances and services (FFP) (Output level for OP)	Annual SS & Annual Census at OP level	+	# & % of beneficiaries	93.1%	111,000 (30%)	96.5%	370,000 Cumulative (100% of eligible direct beneficiaries covered by COG)
5	Output	1.1c: Number of individuals who have received USG supported short term agriculture sector productivity or food security training (OP)	Annual Census	+	# beneficiaries		60,425	116,648 Contd 1424 New 115,224	216,683 (Cumulative) (includes Ag + CHD + Fish)
IR 1.2: Increased household income among PEP in the target communities									
6	Outcome	1.2a: Household monthly income per capita (mean monthly per capita income)	Annual SS	+	BDT	647	816 (3552/HH)	951	ER BDT 1,039 (4,521/HH) (+40% OB)

7	Outcome	1.2c: # of PEP IGAs established/improved	Annual Census	+	# Beneficiaries		45,995	75,964 Contd 1387 New 74,577	ER 153,317 (Cumulative)
8	Outcome	1.2d: % of PEP households accessing markets d/ [reported for those purchasing food, and for those selling food less than 30 km from home]	Annual SS	+	% Beneficiaries	purchasing food (57.8%) selling food (39.5%)		purchasing food (64.1%) selling food (48.95%)	ER 55%
9	Outcome	1.2e: # of program targeted communities had safety-nets in place (FFP) e/	Annual Census	+	# community		452	653	905 (Cumulative)
SO 2: Improved health, hygiene and nutrition status of 176,706 children under 2 years of age									
10	Impact	2a: % of underweight (weight for age < -2 Z-score) children 0-59 months (FFP)	BL+MTE+FE	-	% Children 6-59 months	42.2% (PEP 42.7%)		34.2% (PEP 34.4%)	ER 38.4 (-6%OB)
11	Impact	2b: % of stunted (height for age < -2 Z-score) children 6-59 months (FFP)	BL+MTE+FE	-	% Children 6-59 months	30.8% (PEP 30.9%)		22.6%(PEP 22.9%)	ER 55.1% (-6% OB)
12	Outcome	2.c: % prevalence of diarrhea for children between 6-23 months of age	Annual SS	-	% Children 6-23 months	13.8% (PEP 13.9%)	-5	11.6%(PEP 11.5%)	ER 10.29% (-30% OB)
13	Outcome	2.d: % of children underweight (-2SD) under the age of 2 years (FFP)	Annual SS	-	% U2s Children	33.2%	-6	32.1	ER 31.1% (-12% OB)
IR 2.1: "Access to" and "utilization of" health and nutrition services improved to care givers of children under 2 years of age									
14	Output	2.1a: % of children immunized against 8 diseases under GoB protocol by 12 months of age (FFP)	Annual SS	+	% Children under 12 months of age	58.6% (PEP 58.7%)	65	74.9%(PEP 75.3%)	ER 80%
15	Output	2.1b: % of pregnant and lactating women taking iron supplements in last 7 days (FFP)	Annual SS	+	% PW & LM	15.2% (PEP 23.3%)	18	29.8% (PEP 35.5%)	ER 25% OA
16	Output	2.1c: # of villages with established referral linkages with health facilities	Annual Census	+	# Villages		75	775	1,131 Cumulative (75% of 1,509 villages)
17	Output	2.1d: Number of Children reached by USG supported nutrition programs (OP) f/	Annual Census - CTS	+	# Children		46,182	83,942 Contd 54,126 New 29,816	176,706 (Cumulative)
IR 2.2: Care givers of children under 2 adopt improved health, hygiene and nutrition behavior and caring practices									
18	Outcome	2.2a: Prevalence of exclusive breast feeding of Children under six months) (FFP)	Annual SS	+	% Infants 0-5 months of age	64.12% (PEP 65.2%)	63	66.4% (PEP 65.9%)	ER 66.2% (+4ppt)

		+ OP)							
19	Outcome	2.2b: Percent of mothers who feel it is important to wash hands at five critical times	Annual SS	+	% Caregivers	9.8% (PEP 9.7%)	14	10.9% (PEP 10.9%)	ER 20% OA
20	Outcome	2.2c: Number of people in target areas with improved access to sanitation facilities as a result of USG assistance (FFP + OP) g/	Annual SS	+	#/% of Ben HHs / members	20.30%	60%	32.40%	888,000 People Cumulative (members of 60% Ben HH i.e. 222,000 of 370,000 hh x 4/ hh)
21	Outcome	2.2d: % of children 6–23 months of age who receive a minimum acceptable diet (apart from breast milk) (FFP)	Annual SS	+	% children 6–23 months	8.7% (PEP 7.45%)	13	17.5% (PEP 17.0%)	20% OA
22	Outcome	2.2e: Number of people in target areas with improved access to drinking water supply as a result of USG assistance (OP) g/	Annual SS	+	#/% of Ben HHs / members	59.50%	68%	76.30%	1,184,000 People Cumulative (members of 80% Ben HH ie 296,000 hh of 370,000 x 4/hh)
SO 3: PEP women and adolescent girls empowered in their families, communities and Union Parishad									
23	Impact	3a:% of women Control over economic resources h/	BL+MTE+FE	+	% women	5.7%		11.3%	ER 25% OA
24	Outcome	3b: % of PEP women involved in community level decisions (e.g. salish, community initiatives)	Annual SS	+	% PEP women	2.3	2.5	6	ER 5 (+2.7ppt)
25	Outcome	3c: % of PEP women accessing local institutions	Annual SS	+	% Women	20.7%	21	27%	ER 51% (+30ppt)
IR 3.1: Influence of PEP women and adolescent girls in decision making increased									
26	Outcome	3.1a: Decision making score for women in household	Annual SS	+	Mean value	2.28		2.38	ER 3
27	Outcome	3.1b: # of PEP women obtained membership in Union Parishad committees i/	Annual Census	+	# PEP Women		387	638	516 (Cumulative)
IR 3.2: Local support systems strengthened to reduce Violence Against Women (VAW)									
28	Outcome	3.2a: # of abused PEP women and adolescent girls taking support from medical, legal and other services	Annual Census	+	# abused PEP women & girls			765	76 (Cumulative)

29	Output	3.2b: # of Union Parishad EVAW committees functioning	Annual Census	+	# Union Parishad		10	154 (reactivated/ established)	86 (Cumulative)
SO 4: Local elected bodies and government service providers responsiveness and accountability to the PEP increased									
30	Outcome	4a: # of Union Parishads practicing open budget annually	Annual Census	+	# Union Parishad		8	47	34 (Cumulative)
31	Outcome	4b: Local government allocates increased resources to the needs of the PEP	Annual Census	+	# Union Parishad		8	32	34 (Cumulative)
32	Output	4c: # of Union Parishads including PEP (women & men) in different committees	Annual Census	+	# Union Parishad		50	145	172 (Cumulative)
33	Outcome	4.d: # of assisted communities with improved community capacity as a result of MYAP /USG assistance (FFP)	Annual Census	+	# VDC		1,509	1,425	1,509 (support will be continued till LOA)
IR 4.1: Nation Building Departments (NBD) and Union Parishads proactively work to the needs of the PEP, especially women									
34	Outcome	4.1a: Management Score of Union Parishads	Annual MSS	+	Mean Score (%)	45%	55	62%	ER 70 OA
35	Output	4.1b: # of Program Advisory Coordination Committees (PACC) holding two meetings per annum	Annual Census	+	# Meeting		132	114	476 (Cumulative)
IR 4.2: PEP access to entitlements and services increased, including safety nets and natural resources									
36	Outcome	4.2b: # PEP households accessing common/public resources	Annual Census (sample?)	+	%	20.9%	22	18%	ER 35% OA
SO 5: Targeted community members and government institutions are better prepared for, mitigate, and respond to disasters and adapt to climate change									
37	Outcome	5a: % of PEP households distress selling	Annual SS	-	% PEP HH	12.5%	11	20.2%****	OB -40%/ (ER 7%)
38	Outcome	5b: Taka value of distress sale	Annual SS	-	BDT	25,274	20,000	13,755	ER BDT 15,000 (-40% OB)
39	Output	5c: # of disaster contingency plans in place	Annual Census	+	# Union Parishad	18	74	37	155 Cumulative (90% of 172 UP)
IR 5.1 Disaster contingency systems in place and functioning									
40	Outcome	5.1a: % of communities, facing disasters, responding timely to the early warning system	Event Based	+	% Communities		10	no such event were reported	ER 40% (subject to disaster occurrence & its type)

41	Outcome	5.1b: % of PEP accessing safer places at times of disaster	Event Based	+	% PEP		20	no such event were reported	35% (subject to disaster occurrence & its type)
42	Output	5.1c: % of USG assisted communities that have constructed/developed physical infrastructure to mitigate the effects of shocks) (FFP + OP)	Annual Infra List	+	% Communities		4% (60 village)	2.7% (41 village)	15% Cumulative (225 communities of 1,509)
43	Output	5.1d: # of communities that have disaster early warning and response systems in place (FFP + OP)	Annual Census	+	# Communities		48	50	1,207 Cumulative (80% of 1,509 village)
44	Output	5.1e: Number of people trained in disaster preparedness as result of USG assistance (OP)	Annual Census	+	# person trained		14,496	12,926	19,140 (Cumulative)
IR 5.2: Influence local and national humanitarian assistance initiatives									
45	Output	5.2a: # of national level humanitarian assistance meeting attended by CARE and partner NGOs	Annual SS	+	# Event		15	16	60 (Cumulative)
46	Output	5.2b: # of PEP participating in decision-making in Union Disaster Management Committees (UDMC)	Annual MSS	+	# PEP		26	194	516 (Cumulative)