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BENEFICIARY BASED SURVEY (BBS) 2022 Final Report



CARE BANGLADESH Strengthening Household Ability to Respond to Development Opportunities III (SHOUHARDO III)

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List of Acronyms

| | | |
|---------------|---|---|
| ANC | : | Ante-Natal Care |
| BBS | : | Beneficiary Based Survey |
| BHA | : | Bureau of Humanitarian Assistance |
| COG | : | Core Operational Group |
| CLF | : | Community Level Facilitator |
| CSI | : | Coping Strategy Index |
| DMA | : | Data Management Aid |
| DRR | : | Disaster Risk Reduction |
| EKATA | : | Empowering Knowledge and Transformative Action |
| FGD | : | Focus Group Discussion |
| FFP | : | Food for Peace |
| FtF | : | Feed the Future |
| FY | : | Fiscal Year |
| GBV | : | Gender Base Violence |
| GoB | : | Government of Bangladesh |
| IGA | : | Income Generating Activity |
| KII | : | Key Informant Interview |
| LSP | : | Local Service Provider |
| M&E | : | Monitoring and Evaluation |
| MCHN | : | Mother and Child Health and Nutrition |
| MDD | : | Minimum Dietary Diversity |
| MMF | : | Minimum Meal Frequency |
| NGO | : | Non-Government Organization |
| Non-PEP | : | Non-Poor and Extreme Poor |
| PEP | : | Poor and Extreme Poor |
| PLW | : | Pregnant and Lactating Women |
| SHOUHARDO III | : | Strengthening Household Ability to Respond to Development Opportunities III |
| S3X | : | SHOUHARDO III Extension |
| UP | : | Union Parishad |
| USG | : | United States Government |
| VDC | : | Village Development Committee |
| VSLA | : | Village Savings and Loan Association |
| WASH | : | Water Sanitation and Hygiene |
| WE | : | Women Empowerment |



Executive Summary

The United States Agency for International Development's (USAID) Bureau for Humanitarian Assistance program awarded a grant to CARE Bangladesh to implement, Strengthening Household Ability to Respond to Development Opportunities III (SHOUHARDO III) to build on the successful predecessors SHOUHARDO I and SHOUHARDO II. The program goal is to achieve: Improved gender equitable food and nutrition security and resilience of the vulnerable people living in the Char and Haor in Bangladesh by 2022. Currently the program is continuing an extension phase till December 2022. SHOUHARDO III is a program designed to transform the lives of women and men of 384,000 Poor and Extreme Poor (PEP) households in eight of the poorest and most marginalized districts in Bangladesh. The program is focused on five purposes including addressing the availability, access, utilization, and stability of food insecurity as well as the underlying causes that include social injustice and discrimination, lack of participation and voice, and heightened vulnerability to natural disasters and climate change.

During the extension period (2020-2022) SHOUHARDO III program focused on two areas: (1) testing, identifying, and promoting service provision models by public, private, and community-based organizations and service providers; and (2) mobilizing communities to engage with these local service providers (LSPs) to ensure a sustained benefit.

Data Management Aid was outsourced by the SHOUHARDO III program to conduct the annual survey for the last few years. DMA served its best to complete the BBS 2022 with appropriate quality measures. This year the questionnaire on health and nutrition was revised and a new tool for the non-poor survey respondents was developed to assess the service provision context. DMA also developed qualitative checklists for focus group discussions and key-informant interviews. After translating all tools in Bengali, DMA conducted residential training for enumerators and supervisors. The analysis was done with both weighted and un-weighted data and finally, the weighted results were used while writing this report as per the guideline from BHA. Throughout the survey process, the DMA team was fully compliant with CARE and USAID's 'do no harm' approach.

The 2022 annual monitoring survey (BBS) was conducted to measure the progress of the annual monitoring indicators for FY2022 targets. The annual monitoring survey information was compared to the targets for the respective year.

SHOUHARDO III has a Monitoring and Evaluation (M&E) plan that helps the program to track progress and outcome on a regular basis. BBS 2022 measured 36 annual monitoring indicators out of 76. These indicators are monitored annually to generate data for annual reporting to BHA/USAID as well as to support program management's decision making. On top of these 36 indicators, the non-PEP survey collected information that are not directly connected to the IPTT indicators but had significant importance for management decision and sustain the service provision model. Findings from the qualitative survey complimented the quantitative survey findings.



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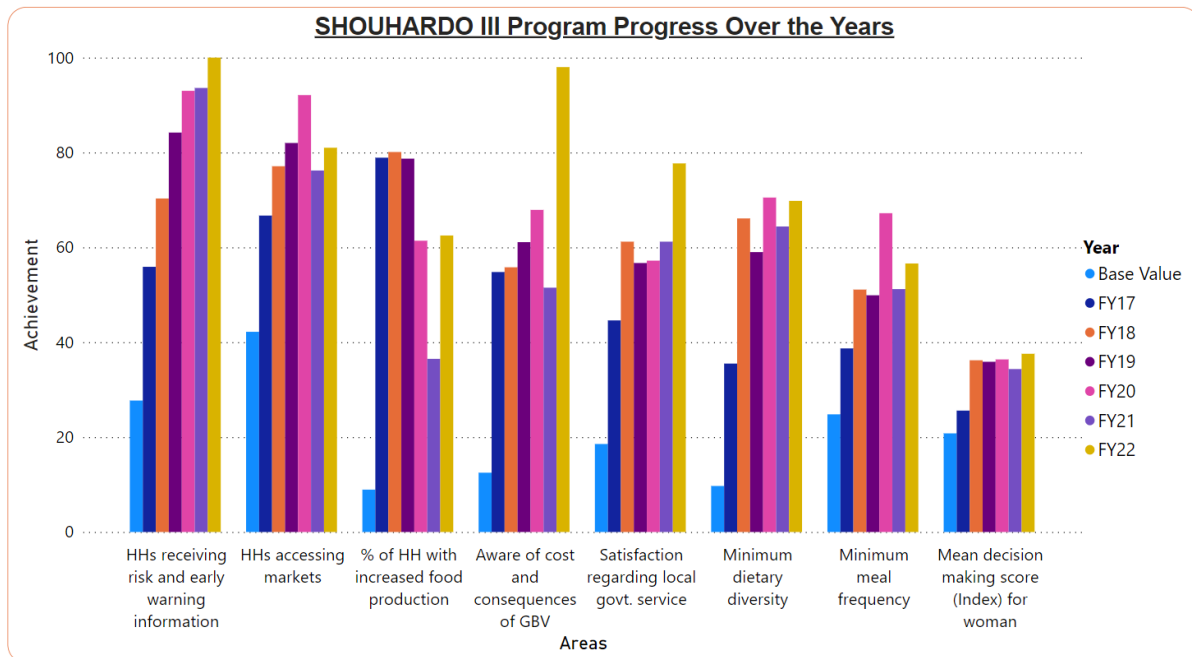


Figure 1 SHOUHARDO III program progress over the years

Figure 1 portrays the program’s progress on a few indicators since its inception. The BBS 2022 survey findings suggested that the program had notable achievements in several of the result areas including increased yields for targeted crops and livestock assets, better market access, improved pregnancy care and dietary diversity, improved sanitation facilities, reduced prevalence of gender-based violence, and intrahousehold work distribution, and better access to public services. The program’s efforts led to the improvement of farmers’ application of improved management practices and technologies, access to market and market information, number of income sources, dietary intake of 6-23 months children, and women’s decision making.

Table 1 below shows significant differences between FY22 and FY21 results in several participant-based indicators, especially, in health, nutrition and women empowerment indicators. For example, the results suggested an increasing percentage of pregnant women who received pregnancy care support (day-time rest, extra food) during pregnancy period (<0.001), the women dietary diversity (WDDS) increased (<0.001), and Mean decision making score (Index) for woman in household level increased compared to FY21 (<0.001) etc. Several indicators’ progress suggested that the program participants have better access to health care services and facilities. In terms of women’s empowerment, the findings showed reduction in the prevalence of violence against women and a greater sense of awareness among the community regarding its cost and consequence. The program participants also reported significantly increased access to improved sanitation facilities and increased access to early warning information. SHOUAHRDO III’s focus on strengthening the service system was reflected in the results as more and more program participants stated that their access to services increased.

In the extension phase, the program went through a transition from direct implementation to relying more on the service providers. The findings clearly indicated that an increasing number



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of program participants are accessing services from different service providers, including government and private service providers. The findings on the Local Service Providers (LSPs) and Community Level Facilitators (CLFs) suggested that the program has successfully addressed the gap in local services to a great extent. The community people reported that there was significant improvement in service provision in terms of accessibility and affordability.

Table I includes the key findings with significant changes noticed in the p-value. The p-value was used to examine whether the statistically significant change (increase/decrease) was observed or not for an indicator in the current survey compared to the previous year's survey. The $p\text{-value} < 0.05$ indicated that the change occurred at a 5% level of significance, whereas the $p\text{-value} < 0.10$ reveals the fact that the change was observed at a 10% level of significance. The summary findings are presented in Table I below:



Table 1 Summary findings of Major Indicators with P-value

| Ind. # | Indicator Description | Base Value | Result FY21 | Target FY22 | Result FY22 | % of Target Achieved | p-valueFY22 | Remarks |
|------------|---|------------|---------------|--------------|---------------|----------------------|-------------|--------------------------------|
| PM14 | BHA-PM14. INDICATOR: Number of farmers who practices the value chain activities with USG assistance (RiA) | | 98.5 | 124351 | 91.8 | -3% | <0.001 | Increased significantly |
| PM16 | BHA-PM16. INDICATOR: Number of individuals in the agri-food system who have applied improved management practices or technologies with USG assistance (RiA) | | 93.8 (130677) | 100 (139879) | 97.5 (139028) | -0.61% | <0.001 | Increased significantly |
| Custom 5 | Percentage (%) of beneficiary households with increased food production | 8.9 | 36.5 | 65 | 62.5 | -4% | <0.001 | Increased significantly |
| Custom 12 | % of poor & extreme poor (PEP) households accessing markets | 42.20 | 76.2 | 95 | 81 | -15% | <0.001 | Increased significantly |
| Custom 103 | Custom: Percentage of pregnant women who received pregnancy care support (day-time rest, extra food) during pregnancy period | | 39 | 60 | 84.1 | 140% | <0.001 | Increased significantly |
| Custom 27 | Custom: Prevalence of children 6–23 months receiving a minimum dietary diversity | 9.7 | 64.4 | 70 | 69.8 | 100% | 0.07 | Increased significantly at 10% |
| Custom 28 | Custom: Prevalence of children 6–23 months receiving a minimum meal frequency | 24.8 | 51.2 | 65 | 56.6 | -13% | 0.08 | Increased significantly at 10% |
| Custom 137 | Custom: Percentage of people in target areas with access to improved sanitation facilities | | 86.9 | 90 | 89 | -1% | <0.001 | Increased significantly |
| Custom 133 | Custom: Women's Dietary Diversity Score (WDDS) | | 6.38 | 6.5 | 7.35 | 113% | <0.001 | Increased significantly |
| Custom 142 | Custom: Percentage of HHs using health and nutrition services in past 12 month | | 64.4 | 70 | 71.7 | 102% | <0.001 | Increased significantly |
| Custom 33 | Percentage of children immunized against 8 diseases under GoB protocol by 12 months of age | | 66.2 | 75 | 78.72 | 102% | 0.005 | Increased significantly |
| Custom 36 | Custom: Percentage of PEPs HHs received health and nutrition services from community level health facilities | 27.6 | 49.4 | 60 | 69.1 | 115% | <0.001 | Increased significantly |
| Custom 134 | Custom: Percentage of PEPs HHs received health and nutrition services from private sector | | 30 | 35 | 57.2 | 163% | <0.001 | Increased significantly |



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| Ind. # | Indicator Description | Base Value | Result FY21 | Target FY22 | Result FY22 | % of Target Achieved | p-valueFY22 | Remarks |
|------------|---|------------|--------------|-------------|--------------|----------------------|-------------|--|
| Custom 43 | Custom: Average Coping Strategy Index of the targeted households | 163.1 | 81.17 | 75 | 50.66 | -132% | <0.001 | Decreased significantly (when negative is desired) |
| PM11 | BHA-PM11. Number of people using climate information or implementing risk-reducing actions to improve resilience to climate change as supported by USG assistance | 3.4 (39) | 39.7 (56582) | 52 (74113) | 62.7 (89363) | 121% | <0.001 | Increased significantly |
| Custom 47 | Custom: Percentage of household reporting receiving risk and early warning information | 27.71 | 93.6 | 95 | 100 | 105% | <0.001 | Increased significantly |
| Custom 57 | Custom: Mean decision-making score (Index) for woman in household level | 20.79 | 34.35 | 40 | 37.57 | -6% | <0.001 | Increased significantly |
| Custom 61 | Custom: Percentage of respondents who know a neighbor or friend who has experienced domestic violence (includes: child marriage, physical abuse, sexual harassment, emotional oppression) in the last month | 48.38 | 60.3 | 40 | 34.7 | -33% | <0.001 | Decreased significantly (when negative is desired) |
| Custom 63 | Custom: Percentage of program participants aware of cost and consequences of Gender Based Violence | 12.5 | 51.5 | 70 | 98 | 140% | <0.001 | Increased significantly |
| Custom 71 | Custom: Percentage of respondents who are satisfied with overall services provided by local govt. (Union Parishad). | 18.55 | 61.2 | 65 | 77.7 | 120% | <0.001 | Increased significantly |
| PM36 | BHA-PM36. Index of social capital at the household level | | 73.98 | 75 | 74.77 | 100% | <0.001 | Increased significantly |
| Custom 135 | Custom: Percentage of households satisfied on Community Clinic services | | 53.8 | 60 | 64.3 | 107% | <0.001 | Increased significantly |
| Custom 89 | Custom: Percentage of farmers received support from GoB institutions/ public services | | 19.4 | 30 | 40.8 | 136% | <0.001 | Increased significantly |
| Custom 140 | Custom: Percentage of farmers who reported to get market information in last 12 months | | 61.5 | 70 | 73.5 | 105% | <0.001 | Increased significantly |
| Custom 98 | Custom: Mean number of income sources (farm and off-farm) for households in project areas | | 2.52 | 2.9 | 2.7 | 93% | 0.007 | Increased significantly |



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| Ind. # | Indicator Description | Base Value | Result FY21 | Target FY22 | Result FY22 | % of Target Achieved | p-valueFY22 | Remarks |
|------------|---|------------|-------------|-------------|-------------|----------------------|-------------|-------------------------|
| PM38 | BHA-PM38. INDICATOR: Number of participants who reported increased access to targeted public services (RiA) | | 132142 | 140050 | 156362 | 112% | <0.001 | Increased significantly |
| PM04 | BHA-PM04. Percent of households with soap and water at a handwashing station on premises (RiA) | | 54.8 | 65 | 87.1 | 134% | <0.001 | Increased significantly |
| Custom 97 | Custom: Mean satisfaction score of Local Service Providers' service quality | | 43.87 | 60 | 62.37 | 104% | <0.001 | Increased significantly |
| Custom 146 | Custom: Percentage of people received service from USG supported Local Service Providers | | 76.9 | 80 | 97.1 | 121% | <0.001 | Increased significantly |

I. Introduction

The United States Agency for International Development’s (USAID) Bureau for Humanitarian Assistance (BHA) program awarded a grant to CARE Bangladesh to implement, Strengthening Household Ability to Respond to Development Opportunities III (SHOUHARDO III). The project follows its successful predecessors SHOUHARDO I and SHOUHARDO II. The project goal is: to achieve improved gender-equitable food and nutrition security and resilience for vulnerable people living in the regions of Char and Haor of Bangladesh by 2022.

SHOUHARDO III is a program designed to transform the lives of 384,000 Poor and Extreme Poor (PEP) households in eight of Bangladesh's poorest and most marginalized districts. The project is focused on addressing the availability, access, utilization, and stability of food insecurity and the underlying causes that include social injustice and discrimination, lack of participation and voice, and heightened vulnerability to natural disasters and climate change. To achieve this goal, five purposes have been designed, namely:



CARE received a cost extension for SHOUHARDO III for Fiscal Years (FY) 2021 and 2022, following the Midterm Evaluation recommendation that, based on the program’s achievements, found it has had a sustainable impact in the program’s communities.³ With a strategy in place for the additional years of the program, SHOUHARDO III worked around two major focus areas for the extension: (1) testing to identify, promote, and scale up successful service models by public, private, and community-based organizations and service providers using market-based approaches; and (2) mobilizing communities to engage with service providers to ensure sustained benefit.

However, before the implementation of the extension strategy, Bangladesh, along with the rest of the world was grappling with the coronavirus disease (COVID-19) pandemic that started in March 2020. From the onset of the pandemic until the end of March 2022, the Bangladesh national government implemented nearly year-long country-wide lockdowns and put in place strict movement restrictions.⁴ These circumstances significantly impacted the line-up of interventions, as SHOUHARDO III staff had to work from home for extended periods, and could only implement activities at a very limited scale, and in areas sanctioned

for travel and movement by the Government of Bangladesh (GoB). To allow for program activities to be completed, CARE delayed the phase-out of its six national Partner Non-Governmental Organizations (PNGOs) by nearly 1 year until August 2022.

The SHOUHARDO III program is implemented through six national Partner Non-Governmental Organizations (PNGOs), with technical and operational guidance from CARE. The program 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.

An annual beneficiary-based Survey (BBS) was planned in July 2022 for the 7th year, including the extension period (SX3), of the SHOUHARDO III project. In the last two years, the BBS process was challenging due to the restrictions and protocols associated with the COVID-19 pandemic. The threat of increasing trend of new variant (omicron) infection rates in Bangladesh adds additional challenges to conducting in-person interviews at the community level. Since SHOUHARDO III did the last two year's BBS (FY20 and FY21) in a similar, i.e., pandemic context, and gained extensive experience commissioning a survey in a challenging context, so the SHOUHARDO III Program completed the survey according to the timeframe. The project completed the survey activities, carefully maintaining COVID-19 safety protocols and guidelines in line with USAID and CARE's "Do no harm" approach.

CARE outsourced DMA to conduct the quantitative and qualitative BBS of program participants, as well as a separate sample survey of non-PEP households in the program's working communities. The quantitative and qualitative components of the survey were conducted in FY22, with specific objectives. The survey sample included beneficiary/participant households to ascertain progress against predefined annual monitoring indicators. In the first year, 2016, the commissioned BBSS generated/set base values and helped develop targets that the program could compare its progress against in the years to come. Thus, the first-year BBS held the annual monitoring indicators' base value/baseline. In 2017, 2018, 2019, 2020, and 2021 the completed annual monitoring surveys (titled BBSS in 2017 and 2018; PaBS in 2019 and 2020; BBS in 2021) ascertained the progress against the targets of FY17, FY18, FY19, FY20, and FY21 respectively. Similarly, the 2022 annual monitoring survey (BBS) was conducted to measure the progress of the annual monitoring indicators against the FY22 targets. The annual monitoring survey information was compared to the targets for the respective years. SHOUHARDO III expected that DMA would conduct a comparative analysis of the achievement for baseline (Year 1) and FY22 results¹ including succinct and pertinent program performance information.

SHOUHARDO III has developed a Monitoring and Evaluation (M&E) plan to track the progress and outcome of the program regularly and periodically. Out of 73 Annual monitoring indicators, 36 annual monitoring indicators were measured by conducting a beneficiary-based Survey (BBS). This year, these 36 indicators were monitored to generate data for annual reporting to BHA/USAID and provide timely information for program management decisions.

¹ The sample design is for a point estimate. There are limitations to the comparison due to the small sample sizes that will likely only detect large differences between the two data points. It is likely from year to year the changes may not achieve statistical significance because the sample size is not powered to detect small differences.

1.1 Objective

The FY22 BBS aimed to compare FY22 results against its FY22 targets set by SHOUHARDO III program over a 12 months' period, starting from October 2021 to September 2022. This report offers a detailed overview of the progress on the impact and outcomes indicators of the program. The data was collected to foster the monitoring of the program activities implemented in the last year and evaluation of the program at various stages. The BBS results are expected to help the SHOUHARDO III program not only to assess its outcomes but also help to identify areas of future emphasis for the program.

1.2 BBS Methodology

The BBS 2022 including the non-PEP survey was completed at the end of July 2022. Although it was conducted by DMA, the SHOUHARDO III M&E staff led the survey in each step. Following are the Annual Monitoring Indicators (Table 2) that were assessed through the BBS 2022:

Table 2 Annual Monitoring Indicators 2022

| SL | Indicator | Sampling frame population for FY2022 |
|---|--|--|
| Indicators with Total Values | | |
| 1 | BHA-PM15. Yield of targeted agricultural commodities among program participants with USG assistance (RiA) | Total 149,157 (15,419 Maize, 6,596 Chili, 4,105 Sweet Gourd, 95,232 Goat and 10,602 Duck, and 17,203 others non-agriculture value chain (AVC) related) |
| 2 | BHA-PM14. Number of farmers who practiced value chain activities with USG assistance | Total 131,954 VC (15,419 Maize, 6,596 Chili, 4,105 Sweet Gourd, 95,232 Goat and 10,602 Duck) |
| 3 | BHA-PM09. Number of hectares under improved management practices or technologies with USG assistance (RiA) | Total 43,323 (15,419 Maize, 6,596 Chili, 4,105 Sweet Gourd, 17,203 others non-AVC related) |
| 4 | BHA-PM16. Number of individuals in the agriculture system who have applied improved management practices or technologies with USG assistance (RiA) | Total 149,157 (15,419 Maize, 6,596 Chili, 4,105 Sweet Gourd, 95,232 Goat and 10,602 Duck, 17,203 others non-AVC related) |
| 5 | BHA-PM33. Value of annual sales of producers and firms receiving USG assistance (RiA) | Total 149,157 (15,419 Maize, 6,596 Chili, 4,105 Sweet Gourd, 95,232 Goat, 10,602 Duck, and 17,203 others non-AVC related) |
| 6 | BHA-PM24. Number of live births receiving at least four antenatal care (ANC) visits during pregnancy | Total 5,297 - refers to the number of mothers with children aged 6-23 months |
| 7 | BHA-PM11. Number of people using climate information or implementing risk-reducing actions to improve resilience to climate change as supported by USG assistance (RiA) | Total 167,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months)) |
| 8 | BHA-PM38. Number of participants who reported increased access to targeted public services | Total 167,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| Indicators with PERCENT Values for Core Operational Group (COG) & Other Participants | | |



| SL | Indicator | Sampling frame population for FY2022 |
|---|--|--|
| 9 | Custom: Percentage (%) of beneficiary households with increased food production | Total 149,157 (131,954 VC+17,203 others non-AVC related) |
| 10 | Custom: % of poor & extreme poor (PEP) households accessing markets | Total 149,157 (131,954 VC+17,203 others non-AVC related) |
| 11 | Custom: % of PEPs HHs received health and nutrition services from community-level health facilities | Total 67,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 12 | Custom: % of households that report Understanding of elements of disaster preparedness in project defined criteria | Total 67,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 13 | Custom: Percentage of households that report receiving risk and early warning information | Total 67,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 14 | Custom: Percentage of respondents that know a neighbor or friend that has experienced domestic violence (includes: child marriage, physical abuse, sexual harassment, emotional oppression) in the last month | Total 67,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 15 | Custom: Percentage of program participants aware of cost and consequences of Gender-Based Violence | Total 167,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 16 | Custom: Percentage of respondents that are satisfied with overall services provided by local govt. (Union Parishad). | Total 67,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 17 | Custom: Percentage of farmers that reported to get market information in last 12 months | Total 149,157 (131,954 VC+17,203 others non-AVC related) |
| 18 | Custom: Percentage of households using health and nutrition services in past 12 months | Total 67,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 19 | Custom: Percentage of farmers that received support from GoB institutions/public services | Total 167,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 20 | Custom: Percentage of producers that used improved inputs during the past 12 months. | Total 67,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 21 | Custom: Percentage of PEP that reported improved pro-poor financial products in past 12 months | Total 67,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 22 | Custom: Percentage of people that received service from USG supported Local Service Providers | Total 67,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) + an additional 130,000 non-PEP households |
| Indicator with PERCENT Values for MCHN | | |
| 23 | Custom: Percentage of Mothers that received pregnancy care support (day-time rest, extra food) during the pregnancy period | Total of 8,710 Mothers with children aged 6-23 months |
| 24 | Custom: Percentage of households satisfied with Community Clinic services | Total 167,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 25 | Custom: Prevalence of children aged 6–23 months receiving a minimum dietary diversity | Total of 8,710 Mothers with children aged 6-23 months |
| 26 | Custom: Prevalence of children aged 6–23 months receiving a minimum meal frequency | Total of 8,710 Mothers with children aged 6-23 months |



| SL | Indicator | Sampling frame population for FY2022 |
|---|---|---|
| 27 | BHA-PM04. Percent of households with soap and water at a handwashing station on-premises (RiA) | Total 167,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 28 | Custom: Percentage of people in target areas with access to improved sanitation facilities | Total 167,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 29 | Custom: Percentage of children immunized against eight diseases under GoB protocol by 12 months of age | Total of 5,297 Mothers with children aged 6-23 months |
| 30 | Custom: Percentage of people that received health and nutrition services from the private sector | Total 167,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| Indicators with <u>MEAN</u> Values for all Beneficiary Households | | |
| 31 | Custom: Average Coping Strategy Index of the targeted households | Total 167,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 32 | BHA-PM36. Index of social capital at the household level | Total 167,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 33 | Custom: Mean decision making score (Index) for woman at household level | Total 167,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |
| 34 | Custom: Mean number of income sources (farm and off-farm) for households in project areas | Total 164,765 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm) |
| 35 | Custom: Mean satisfaction score of Local Service Providers' service quality | Total 167,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) + 130,000 non-PEP households |
| Indicators with MEAN Values for Women & MCHN participant | | |
| 36 | Custom: Women's Dietary Diversity Score (WDDS) | Total 167,447 (131,954 VC+17,203 others non-AVC related + 15,608 IGA-Off Farm+ 8,710 Mothers with children aged 6-23 months) |



The survey for non-PEP households collected data on LSP-related indicators for 22 and 35 listed in Table 2. The non-PEP survey also collected other contextual information related to service provisioning, which was not directly associated with IPTT indicators but had significant importance for management decision to sustain LSPs service provisioning through multiple income options and increased range of service recipients, i.e., strength, limitations of LSPs, challenges, opportunities, and recipients' opinion/suggestion, etc.

The primary audience of the survey report includes the SHOUHARDO III Program, as well as USAID and CARE program partners. The key use of the survey report is intended in operational planning, improvement of decision making, and at the same time for annual regulatory program reporting internally, to USAID and Government of Bangladesh (GOB). CARE aims at making extensive use of findings from the survey to document and disseminate program performance against output, outcome, and higher-level indicators and major success at length. The survey results will also be used as complementary data for the Baseline of S3X (SHOUHARDO III Extension) and later, for the performance evaluation to be done by the Bureau for Humanitarian Assistance funded Development Food Security Activities (DFSA) in Bangladesh.

The primary audience of the survey report will be the CARE Country Office, SHOUHARDO III program, and USAID and CARE program, partners. The key uses of the survey report will be two fold: (1) operational planning, improvement, and decision making; and (2) annual regulatory for the program, reporting internally to USAID and the Government of Bangladesh (GOB). CARE aims to extensively use of findings from the survey to document and disseminate the program performance against outputs, outcomes, and a higher level of indicators, as well as the long-term success. The survey results will also be used to compare with the Baseline of S3X (SHOUHARDO III Extension), and the performance evaluations from the BHA funded Resilience Food Security Activities (RFSA) in Bangladesh.

1.3 Survey Design/Sampling Plan (Quantitative)

The 36 annual monitoring indicators are representative of several individuals and combined sampling frames. Some of the indicators are measured as total values; some are with percent values (proportions of the sample) and some with mean values. Hence, the decision on the sampling frame and sample size estimation process needed to consider the indicator types and their representativeness. The following sections have a detailed discussion on deciding the sampling frames, final sample size, and sampling methodology for the 2022 BBS and Non-PEP sample survey.

1.3.1 Sampling Frame of the BBS

SHOUHARDO III intends to work with 164,765 households of Core Operational Group (COG) for all activities, through different subgroups over the LOA. The project reached all targeted 164,765 COG beneficiaries in 2018. The COG includes 131,954 value chain farmers, 17,203 other farmers (IGA-on Farm, CHD, Fisheries, and FC), and 15,608 IGA-Off Farm beneficiaries. Total 8,710 MCHN beneficiaries overlapped 1.4% with the COG beneficiaries.

Other farmers and IGA-off farm beneficiaries are mutually exclusive with each other and the value chain beneficiaries, but they have very little overlapping with MCHN beneficiaries. Given the relative mix of programming activities and the indicators selected to monitor program progress, four major sampling frames: i) Value chain beneficiaries, ii) Agri-other COG, iii) Off-Farm IGA iv) mothers of children 6-23 months of age (MCHN) were sufficient to capture the information necessary to track all annual monitoring indicators Table 2.

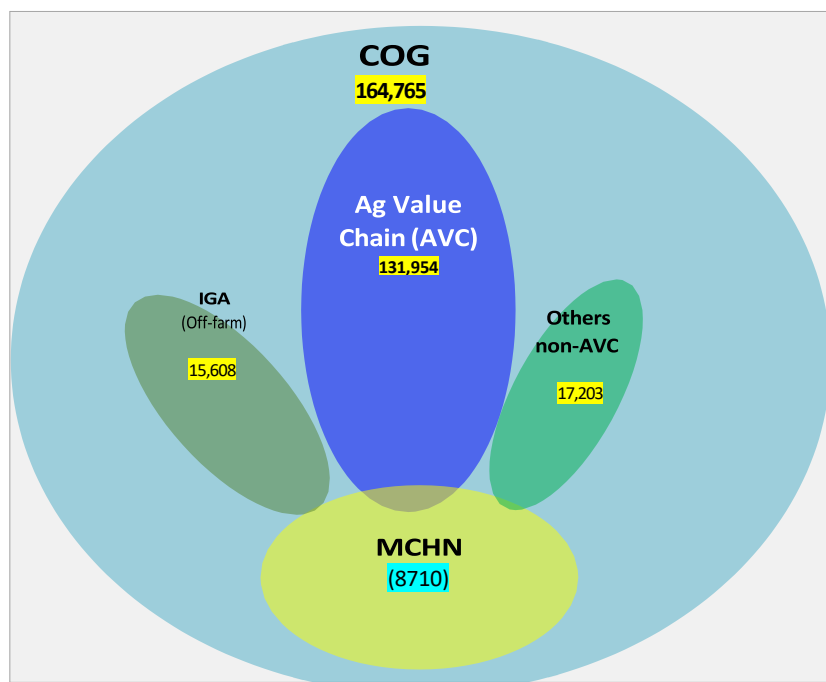


Figure 2 Sampling frame of BBS 2022

Around 130,000 non-PEP households from 947 SHOUHARDO villages (who did not receive services from the program in the earlier phase) are receiving services in the extension phase from the LSPs, mainly for agriculture (On-farm IGAs), Livestock (veterinary), Health, and Savings/credit services (*Shanchoy Sathi*). The list of these 130,000 non-participating households is available in the SHOUHARDO III project MIS database system². The sample households for the non-PEP survey were drawn from this sampling frame.

The sample for the annual survey was a random sample of beneficiaries drawn from separate lists of value chain farmers for each commodity, (Maize, chili, sweet-gourd, goat, and duck), Agri-Others COG, Off-farm IGA farmers, and MCHN beneficiaries. Independent samples were drawn from separate sampling frames, one for each value chain commodity, Off-farm IGA farmers, MCHN beneficiaries, and Agri-Others COG beneficiaries based on the indicator types as illustrated in Figure I. A two-stage cluster sampling procedure was applied to select the sampling units, where the clusters are the program villages were selected using the Probability Proportional to the Size (PPS) method. For PPS selection, the 'size' of the cluster was the total number of beneficiaries from the four sampling frames (value chain, Agri-Others COG, Off-farm IGA, and MCHN) within that cluster.

The indicators were estimated for totals, percent values (proportions), and mean values. Therefore, the following are the three different sample size estimation formulas that have been used to estimate minimum required samples for indicators with totals, proportions, and mean values:

² During the participant selection process at the outset of the program implementation, SHOUHARDO III listed all households (300,000) irrespective of their well-being category (both poor and non-poor households). The list of these ALL households were recorded in the program developed MIS.

- A. Sample Estimation formula for the indicators (M15, M14, M9, M16, M33, M24, M11, and M38) with TOTAL value³:

$$n = \frac{N^2 \times Z^2 \times S^2}{MOE^2}$$

Where,

Z = critical value from the normal probability distribution (95% confidence level: 1.96)

N = total number of beneficiaries in the respective sampling frame

S = standard deviation of the distribution of beneficiary data (approximation: $[\text{indicator}_{\max} - \text{indicator}_{\min}] / 6$)

MOE = margin of error ($p \times$ target value of indicator)

p = Acceptable percentage of error 7.5%⁴ for all indicators

- B. Sample size estimation formula for the indicators (custom indicators 9 to 32 and M4) with PERCENT value:

$$n = \frac{z_{\alpha}^2 \times p(1-p)}{\epsilon^2}$$

Where,

Z_{α} = is the critical value for normal probability distribution at 95% confidence level = 1.96

P = Proportion of population with desired attribute

ϵ = Maximum desired sampling error (margin of error) = 7.5% = 0.075

- C. Sample size estimation formula for the indicators (custom indicators 33 to 38 and M36) with MEAN⁵ value:

$$n = \frac{z_{\alpha}^2 \times CV^2}{\epsilon^2}$$

Where,

Z_{α} = is the critical value for normal probability distribution at 95% confidence level = 1.96

CV = Coefficient of variation = 0.5 (consider standard normal distribution and assuming that the standard deviation is 50% of the mean)

ϵ = Maximum desired sampling error (margin of error) = 7.5% = 0.075

In addition to the above formula of estimation of a sample size of the total value, proportions, and mean value, a design effect 2.0 for two-stage cluster sampling and 10% non-response were also added for calculating the final sample size. Using the above three formulas and parameters the minimum required samples for the BBS 2022 indicators with values totals, proportions, and mean are given in Table 3.

The sample frame for BBS 2022 remained the same as 2021. The estimated sample sizes were representative to estimate the 36 survey indicators for Round-7 BBS.

The alternative strategy of applying a combined sampling frame would be more complicated for the sampling of representative samples to estimate indicators values accurately. Also, applying a combined sampling frame required inflating the sample size to ensure an adequate number of samples for each intervention category. Under the combined sampling strategy, the total required sample size was much larger, possibly double, than that of the sampling strategy stratified by intervention category. Thus, conducting three separate surveys was less expensive, because smaller sample size was

³ Sampling Guide for Beneficiary-Based Surveys in Support of Data Collection for Selected Feed the Future Agricultural Annual Monitoring Indicators by Diana Maria Stukel and Gregg Friedman, February 2016.

⁴ FTF BBSS guideline suggests acceptable percentage error might be considered up to 10% for annual monitoring surveys. But enough sample size is important to get accurate estimates of the indicators. Therefore, 7.5% acceptable percentage error is considered for all indicators.

⁵ Department of Statistics, Western Michigan University: <http://www.stat.wmich.edu/s216/book/node80.html>

required. According to the PIRS, standard syntax and sampling weights were used for FY 2022 BBS data analysis.

- D. *Sample size estimation formula for the non-PEP sampling frame to compute indicators with PERCENT value (point estimates):*

$$n = \frac{z_{\alpha}^2 \times p(1-p)}{\epsilon^2}$$

Where,

Z_{α} = is the critical value for normal probability distribution at 95% confidence level = 1.96
 P = Proportion of population with desired attribute (access to agriculture LSP 28.7%, access to veterinary LSP (On-farm) 41.6%, access to health LSP 21.8% and access to *Shanchoy Sathi* (savings/credit) 7.8%)⁶

ϵ = Maximum desired sampling error (margin of error) = 6.5% = 0.065⁷

Design effect of 2.0 for two-stage cluster sampling design and 10% attrition rate for random sampling of sampling units from the list of non-project participant sampling frame.

Table 3 Sample size for 2022 S3X BBS and non-PEP Sample Survey

| Sl. No. | Sampling Frame | Population | Sample (adjusted) | Sample per cluster | No. of Clusters |
|---------|--|-----------------|-------------------|--------------------|-----------------|
| 1 | COG BENEFICIARY SURVEY | | | | |
| | A. Value Chain Farmers | | | | |
| 1.1 | Maize | 15,419 | 165 | 15 | 11 |
| 1.2 | Chili | 6,596 | 75 | 15 | 5 |
| 1.3 | Sweet Gourd | 4,105 | 105 | 15 | 7 |
| 1.4 | Goat | 95,232 | 120 | 15 | 8 |
| 1.5 | Duck | 10,602 | 120 | 15 | 8 |
| | All Value Chain Farmers | 131,954 | 585 | 15 | 39 |
| | Other Value Chain Farmers | | | | |
| 1.6 | B. Other Agriculture | 17,203 | 45 | 15 | 3 |
| 1.7 | C. Off-farm IGAs | 15,608 | 30 | 15 | 2 |
| | Total COG | 157,145* | 660 | 15 | 44 |
| 2 | MCHN BENEFICIARY SURVEY | | | | |
| | MCHN (mother of children 6-23 months) | 8,710 | 390 | 15 | 26 |
| | Total | 165,855 | 1050 | 15 | 70 |
| 3 | Additional Sample Size for Non-PEP Sampling frame | 130,000 | 495 | 15 | 33 |
| | Total Sample Size | | 1,545 | 15 | 103 |

*Overlap MCHN beneficiaries with COG is excluded.

⁶ Percentages were obtained from the recent (January 2021) FLAIRb Round-6 survey.

⁷ Considered lower for non-project participants and separate sampling frame.



1.3.2 Sampling Procedure

DMA followed the process of selecting sample cluster and survey respondents according to the FANTA Sampling Guide for **Participant-Based Survey Sampling Guide for Feed the Future Annual Monitoring Indicators**, Diana Maria Stukel, September 2018. The general steps of the Sampling Units (beneficiaries) selection and data collection process are:

Selection of Cluster/Village: Select clusters/villages (44 clusters/villages) for COG beneficiary and clusters/villages (26 clusters/villages) for MCHN beneficiary (mother with children 6-23 months) survey sampling frames, using Probability Proportional to the Size (PPS) procedure. A separate sample of 33 clusters/villages were selected using the PPS procedure for the sampling frame of non-PEP households. Here SHOUHARDO III working villages were considered as a cluster.

Selection of Survey Respondents: In each selected cluster (PPS clusters), the survey respondents were selected randomly from the respective sampling frame before the fieldwork starts. The FY2022 BBS sampling frame was constructed from the SHOUHARDO III Program's MIS database system. The MIS database has been designed to identify households by beneficiary types (COG, MCHN being the most dominant) with unique identifiers both for households and individuals in those households, such as, the list of 130,000 non-PEP households that are part of the extension period is available in the MIS database system. This list was updated for cluster and household sampling. DMA with the support from a statistician and Senior Team Leader - Monitoring and Evaluation of SHOUHARDO III prepared the sampling plan and sampling frame. DMA deployed several survey teams in line with the field data collection schedule and number of survey locations. Movement from one district to another was also considered during the survey planning. The M&E team monitored the data collection process and conducted a data quality assessment throughout the survey period.

The primary selection unit was beneficiary for the BBS and non-PEP households for the non-participant sample survey. This survey had five sampling frames: Value Chain Farmers, Agri-Others COG, Off-farm IGA, Mother with Children 6-23 Month Age, and non-PEP households. The survey team applied skip-logic in the questionnaire for each of these groups where specific modules did not apply. An additional module was added to the existing BBS questionnaire to capture LSP service coverage among the beneficiary and non-PEP households. DMA provided training and guidance to enumerators on the monitoring of surveys to ensure that there was clear instruction on the sample frame and modules applicable for each household they visited.

SHOUHARDO III does not consider the household as a sampling unit for BBS. An individual beneficiary was considered as a sampling unit as well as a respondent of the BBS survey. However, the sample household was considered as sampling units for the non-PEP survey. In the BBS, some indicators were designed to measure household information as a whole, in that case, the survey questionnaire was designed in such a manner so that this would capture information of entire household status through the response of sampled beneficiary respondents.



1.3.3 Sampling Weights & the Treatment of Non-Response

Sampling weights were included in the data file. The formulae used to calculate the sampling weights were included as part of a data dictionary document. DMA ensured that standard procedures in developing sampling weights were followed according to the FANTA guideline. Note that a household non-response adjustment was made to the sampling weights as part of the final weighting system and description of how the outliers were addressed.

1.4 Quantitative Survey Questionnaire(S)

1.4.1 Quantitative Survey Tools and Survey Questionnaire

A structured questionnaire was used based on the Participant Based Survey (BBS) indicators and other Environment Monitoring and Mitigation Plan (EMMP) Indicators and other information required as per CARE and BHA requirements. In 2017, a questionnaire was used for BBS (former BBSS) and approved by BHA (formerly FFP), and the same instrument, which was used in 2022, adjusting/adding questionnaire or module as per indicator requirement. In the meantime, some indicators were revised, and some new indicators were added/proposed, in that case, the specific questionnaire or module was revised/added based on indicators definition and program requirement. In addition to that, an additional module for the non-PEP survey was included in the existing questionnaire for 2022 BBS. DMA worked with the SHOUHARDO III M&E team on revision/updating of questionnaire/outline following the Feed the Future⁸ and BHA guidelines.

1.4.2 Translation of Quantitative Questionnaire

The questionnaire form was translated into Bangla by DMA. DMA allowed the enumerators to use both English and Bangla as alternative languages at any time on the mobile/tablet data collection device. Adapting the questionnaire to the local context, it had allowed them to add questions. The questionnaire included additional/new questions and modules (for example, the newly developed non-PEP survey module) and a manual that was translated from English into Bangla. Then, it was retranslated from Bangla to English with the support of an additional translator to ensure it was accurately translated in Bangla. Necessary changes to the Bangla questionnaire were made during re-translation. Final Bangla and English questionnaires as well as the manuals were reviewed and approved by CARE. The final version of the questionnaires was shared with BHA for their inputs.

1.4.3 Pre-Testing and Finalization of Quantitative Questionnaire

After receiving requisite approvals, the questionnaire was tested at the field by DMA with the oversight of SHOUHARDO III M&E staff to ensure that the questionnaire was refined and adequately contextualized.

⁸ Feed the Future Agricultural Indicators Guide Guidance on the collection and use of data for selected Feed the Future agricultural indicators Suzanne Nelson Anne Swindale September 2013



1.4.4 Listing Operation(s)

DMA collected information based on survey questionnaires for individual beneficiaries along with GPS coordinates for beneficiary households as well as the enumerator. For collecting GPS coordinates, DMA ensured GPS equipment was in place during data collection.

1.5 Survey Team Training and Field Testing

DMA organized training for enumerators and M&E Field staff for the household interview. The training sessions were divided into two parts. In the first two days, the participants received theoretical lessons on the general rules of conducting surveys, sampling, and a hard copy of the questionnaire. In the next three days, the participant practiced using the actual ODK/web-based (online and offline) questionnaire forms on the tablets including role-plays and mock tests. After five days of classroom training, the participants did field practice. After the field practice and the tools were finally adjusted on the final day of the training.

To protect the spread of the COVID-19 in the training venue, some precautionary measures were strictly followed. In the training venue, the infrared thermometer was used to detect the unusual temperature every morning for each enumerator, a safer distance was maintained according to protocol while the seating arrangement was finalized, the standard mask was ensured for every enumerator, and there were sufficient hand washing facilities including portable hand sanitizer for every enumerator. On the contrary, during field test/data collection, in the beginning, informed consent was obtained, a safer distance was ensured while interviewing the respondent. DMA also provided reusable masks to the enumerators and the respondents that were interviewed as part of the BBS FY22.

Following topics were covered in the survey training:

- A. Brief program overview and the objectives of the surveys
- B. General rules, norms, and guidance on survey implementation
- C. Survey methodology – team composition, sampling, household selection process
- D. A detailed discussion of the questionnaire form (question-by-question)
- E. Use of questionnaire on the tablet
- F. Apply mock procedure for more clear understanding of the questionnaire
- G. Role play to show the technique of asking some sensitive questions
- H. Data quality, management, and transfer

A detailed survey plan was developed before the annual BBS. Pre-tested and adjusted tools and techniques were shared with BHA before scheduling training for the BBS.

1.6 Data Management and Analysis

The preferred mode of data collection was through smartphones and tablets. Data was updated to the central server online and/or offline (with synchronization functionalities) and the dataset was converted into the SPSS database for data management and analysis. Validated data was accumulated in the main SPSS database daily.



1.7 Data Quality Assurance

There were six data collection teams where each team comprised of five enumerators and one supervisor/quality control officer from the contracted survey firm. The team supervisors were mainly responsible for monitoring data collection and quality control. These field supervisors reviewed data from the mobile device daily to ensure data quality. The supervisors utilized additional data quality monitoring controls. One such control was to re-interview one household per day using tablets, based on a condensed survey limited to a subset of critical questions. Supervisors verified that non-response households were unavailable or truly opted out of participation. During re-interview with participants supervisors adhered to ‘Do No Harm principle’ and followed all COVID-19 precautionary measures.

Field supervisors regularly collected all mobile devices from the interviewers and reviewed all household interview records, question by question. Cross-referencing of re-interview records with the original records collected by the enumerators happened at this time. Finally, field supervisors uploaded finalized data to the cloud server through a secure transmission.

The data management expert of DMA ensured correctness, completeness, and the validity of data entered in hard copy format and/or downloaded data daily from the Tablet/Cell phone and reviewed the same daily to ensure data quality. They made regular field visits during data collection to monitor the data collection process.

Data Quality was a critical part of the overall survey. As the BBS FY22 survey was conducted through physical/in-person interviews, there was no major effect on data quality. CARE staff could not frequently move in regular intervals due to restrictions imposed for the COVID-19, but they ensured data quality through limited field visits following all safety measures. During a limited field visit, the SHOUHARDO III M&E team re-interviewed a certain percentage of participant households on critical questions and also verified that non-response households are unavailable or truly opted out of participation.

The M&E staff downloaded data from the server and reviewed it daily to ensure data consistency/quality. They made phone calls randomly to some of the sampled households and conduct a re-interview of a few critical sections of the questionnaire to see the precision and reliability of the collected data. CARE has 23 Field Officer-MEL staff who are Upazilla (sub-District) based who conducted a certain percentage of “call back interviews”, which provided a broader impression to the overall data quality. When they found any inconsistency of data for a particular enumerator or cluster, they immediately informed the data collection team so that they could make necessary corrections during data collection. On the contrary, CARE senior staff made a threadbare discussion with the management team of a third-party survey firm so that data quality issues strictly adhered throughout the survey. This ensured data quality instantly from different levels of quality checking, not just depending on the team supervisors.

1.8 Qualitative survey for the Annual Survey in FY22

CARE has been implementing the SHOUHARDO III cost extension in Bangladesh from FY21 and is being continued until FY22. During the extension period, the SHOUHARDO III program works with the local service providers (LSPs) and local service systems to create a



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self-reliant service provisioning system; in turn, the community people will have adequate access to quality services after the phase-out of the program intervention and will sustain program outcomes. In line with the SHOUHARDO III extension, the program will measure the strengths and capacity of service providers and the functionality of the service system through the quantitative BBS survey, where both PEP and non-PEP participants were interviewed. As suggested by BHA/USAID, the project conducted a separate qualitative survey in FY22. The survey considered the same implementation areas similar for regular annual quantitative BBS. The qualitative survey provided a contextual overview of the demand of LSPs (11 types) their social acceptance/recognition, and their motivation at the community level. Eventually, the survey assessed the capacity of local-level service providers to support each key outcome; the motivation of the service providers to continue service provisioning; and the motivation of the communities to seek services, as well as their willingness to pay; and what has been done to facilitate linkages to resources that the service providers would need to continue service provisioning after the project ends. The specific objectives of this qualitative survey were:

- To what extent have projects strengthened the local level systems and capacities of service and input providers during the extension phase?
- To measure the anticipated changes of market-based input supply and service provisioning in the community and its long-term sustainability.
- Triangulate the qualitative findings with quantitative data to better interpret the survey results.
- To explore some challenges and opportunities for the LSPs so that the program can make a necessary adaptation in light of new learning.

The qualitative survey also explored the factors of sustainability framing around:

- Resources:** Are the resources for Local Service Provider (LSP)/ Community Level Facilitator (CLF) available? Do they have enough money and time to continue?
- Motivation:** Are the LSPs motivated to continue? Motivation is not just a personal desire, but how LSPs weigh various choices in their lives - consider how you weigh your own choices in life. For example, some things may be time-sensitive, so motivation may involve time availability or income availability.
- Capacity:** Does the capacity exist for the service provision to continue? Do the LSPs have sufficient knowledge, resources, and time to do all of the things to do that are required of them in their roles?
- Linkages.** The LSPs are working in really remote areas! How well are they linked with and tied to the national government? To input suppliers? To private sector partners? Overall, what kind of helpful linkages are in place to help them continue? What helpful linkages aren't in place due to the loss of implementation time during the COVID-10 pandemic.

1.8.1 Qualitative methods

The survey team applied Focus Group Discussion (FGD) and Key informant Interview (KII) to administer the qualitative survey. The qualitative survey was designed to interview with LSPs of five program focus result areas and their direct beneficiary i.e., poor and extreme poor (PEP) and non-PEP participants. Since this was a qualitative survey, the sample of LSPs



and villages for FGD was chosen randomly. These were selected purposively by the survey team so that the survey team can get a better insight into most of the contextual variability. Checklists were used to guide the facilitator to conduct key informant Interviews and focus group discussions.

Focus group discussion (FGD) was conducted with PEP and non-PEP participants to understand the in-depth perspective of diverse groups about the access to local service, service quality, the effectiveness of service system, and the challenges and lesson learned. Focus Group Discussions (FGDs) were organized with five to ten with homogenous sample. They were called focus groups because all the members of the group had a common feature and FGD facilitators ensured that participants meet the desired common criterion, i.e., poor and extreme poor (PEP) participants and non-PEP participants. FGDs were not extended beyond two hours. The topical outline of the FGD was prepared based on the roles of LSPs in the five focus/result areas and meeting the survey objectives. The FGDs were done in all eight SHOUHARDO III implementing districts. In each of the districts two FGDs (one focused on LSP services and the other on CFLs services) were conducted, all together a total of 20 FGDs were done across the program areas.

Key Informant Interview (KII) was administered to know local service providers' opinions to a greater extent, their acceptance in the community, and challenges. This helped to understand the functionality of LSPs, opportunities, and constraints. Key informant interviews were held with LSPs, and these interviews typically lasted not more than one hour. In each region one LSPs from each LSP category was interviewed, thus 14 LSP were covered in each region and a total of 28 KIIs were done with the LSPs across the program areas.

DMA was responsible for managing and conducting the qualitative survey. The qualitative survey implementation modality was finalized based on the expertise and prerequisite of the survey enumerator of a third-party survey firm. The topical outline of KIIs and FGDs was shared with BHA/USAID before the survey.

1.8.2 Topical Outlines or Checklists

The survey team developed checklists for key informant interviews and focus group discussions. These tools were drafted by the survey team consulting with result area team leads of the SHOUHARDO III program. The questions in a topical outline were reasonably general and used to stimulate discussion. During developing topical outline, the survey team kept in mind at all times that the purpose of the information gathering was to understand the efficiency and effectiveness of service delivery model, availability of services, acceptance of service provider at the community people, how community people had benefited through LSPs, and how likely were the local service to be sustained after the program ends.

1.8.3 Qualitative team composition

The qualitative survey was implemented by a team of development professionals. The quantitative and qualitative team was different and did not comprise the same people. The research coordinator was responsible for all field management and qualitative data collection



matters. The team is comprised of qualitative investigators with previous experience in conducting qualitative studies.

1.8.4 Qualitative Training

The qualitative investigators received training on discussion guidelines, ethics and data collection techniques, respondent selection, adherence to protocol, interview techniques including methods for dealing with non-cooperative or hostile individuals, and the consequences of falsifying data. The training of the qualitative investigators was imparted by DMA in consultation with CARE. The training strategy is to develop a uniform understanding of the concepts of different terms and that of the items in the instruments. Attempts were made to ensure a uniform pattern in administering the instruments and maintaining the ethical standard of the survey and ensuring data quality throughout the survey.

1.8.5 Qualitative Field Test

A field test on the topical outlines of the qualitative survey was done. The qualitative investigators did field practice for one day to give them exposure to a real-life situation as well as to find out the gaps in discussion guideline and their data collection techniques. The performance of the qualitative investigators was reviewed, and necessary measures were discussed to overcome the weaknesses among the trainees. DMA organized a session for the supervisors focusing on-field management, monitoring, and quality control.

1.8.6 Data quality control

The contractor developed a 'quality assessment and strengthening' approach for the qualitative data collection. This was based on 'key principles' of good practice—for example, reflexivity, comprehensiveness, a systematic approach—rather than a checklist of specific techniques or methods. DMA developed a mechanism for generating feedback for research teams on their practice and how to improve, while data collection activities were ongoing.

1.8.7 Qualitative data analysis

Data transcription was done by the research agency in Bangla. Transcribed data was translated into English for data coding, analysis, and interpretation. Information was collected in audio recorders (consent of respondent was taken before starting the recording) and names of the respondents were recorded in the recorders during interviews. Rather, respondents were referred by their unique code in the transcripts.

2. Findings: (Quantitative)

Purpose 1: Increased equitable access to income for both women and men, and nutritious food for men, women, boys, and girls. Figure 3 contains the key results on agriculture and livelihood areas of the SHOUHARDO III program.

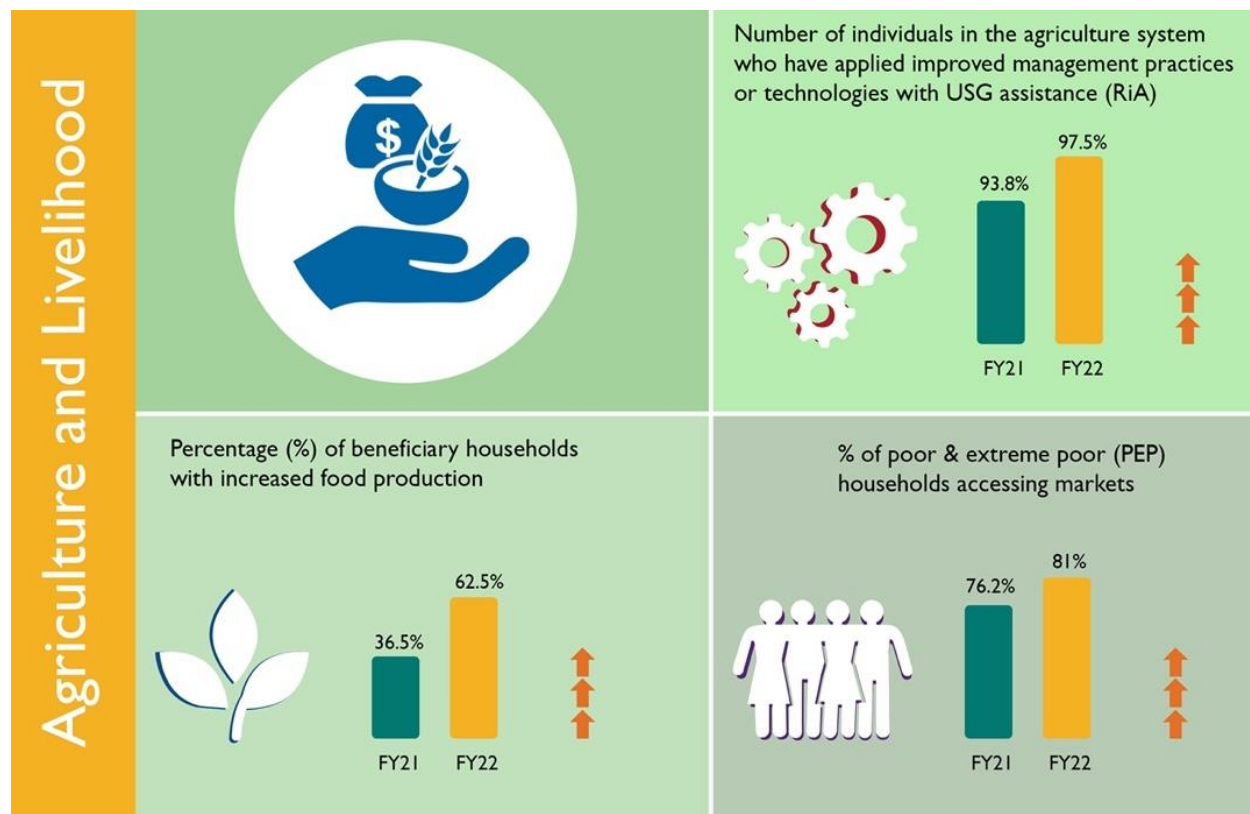


Figure 3 Purpose 1 key results

The yield of targeted agricultural commodities among program participants with USG assistance: Yield is a measure of the total output of production of an agricultural commodity (crop, fish, milk, eggs, live animal offtake [1]) divided by the total number of units in production (hectares planted of crops, area in hectares for pond aquaculture, cubic meters of cage for cage aquaculture, total number of animals in the herd/flock during the reporting year for live animals, total number of producing cows or hens during the reporting year for dairy or eggs). Yield per hectare, per animal, and cubic meter of the cage is a measure of productivity from that farm, fisheries, or livestock intervention from USG-assisted producers.

The agriculture sector is playing an important role in increasing productivity, ensuring sustainable food security, and creating employment opportunities. According to the provisional calculation of Bangladesh Bureau of Statistics (BBS), the contribution of agriculture to the GDP in FY 2021-22 is about 11.50 percent.⁹

⁹ chrome-

extension://efaidnbmnnnibpcajpcgglefindmkaj/https://mof.portal.gov.bd/sites/default/files/files/mof.portal.gov.bd/page/f2d8fabb_29c1_423a_9d37_cdb500260002/16_BER_22_En_Chap07.pdf, cited on 29 August 2022.

Yield of targeted agricultural commodities among program participants

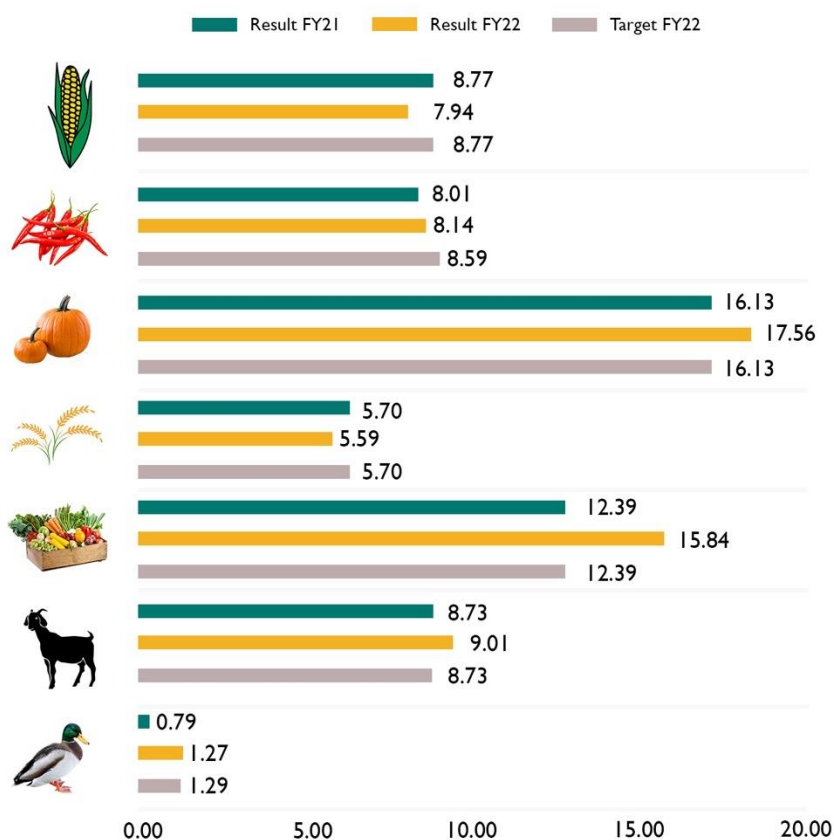


Figure 4 Yield of targeted agricultural commodities

There has been tremendous progress on the food security front in Bangladesh. The Government of Bangladesh is looking to produce 42 percent higher corn at 56.93 lakh tonnes in the current fiscal year to meet the growing demand for grains in the feed industry¹⁰. Bangladesh produces 0.14-0.15 million¹¹ tonnes of green chili annually, according to the Bangladesh Bureau of Statistics (BBS). On the livestock side,¹² the production of goats has seen a steady rise in the past couple of years, starting from 26,100,000 in 2017-18 to 26,774,000 in 2021-22¹³. The duck population was 558.53lac in 2017-18 which increased up to 638.45 lac.¹⁴

¹⁰ <https://www.thedailystar.net/business/news/target-set-42pc-higher-corn-production-1997393>, cited on 30 September 2021.

¹¹ <https://thefinancialexpress.com.bd/trade/chilli-import-process-eased-1628567680>, cited on 25 September 2021.

¹² http://dls.portal.gov.bd/sites/default/files/files/dls.portal.gov.bd/page/ee5f4621_fa3a_40ac_8bd9_898fb8ee470/2020-07-22-19-34-e4cd5ed65f45419ee038e00b8939c1a0.pdf, cited on 20 September 2021.

¹³ http://dls.portal.gov.bd/sites/default/files/files/dls.portal.gov.bd/page/ee5f4621_fa3a_40ac_8bd9_898fb8ee470/2022-07-18-03-43-37d18965a6458cda3c542ab146480962.pdf, cited on 23 August 2022.

¹⁴ Ibid.

According to Bangladesh Bureau of Statistics data, price hikes of green chillies take place from August to October for the past several years. The average price of chilli per kg in August 2021 was BDT92, which jumped to BDT177 in October 2020. Many chilli growers said that despite the high production of chilli last year, the farmers reduced their cultivation due to a lack of good prices. Chilli production in the country was 4.93 lakh tonnes in FY 2020-21, which was only 1.58 lakh tonnes in FY 2019-20. Its production in 2021-22 is a little over two lakh tonnes.¹⁵

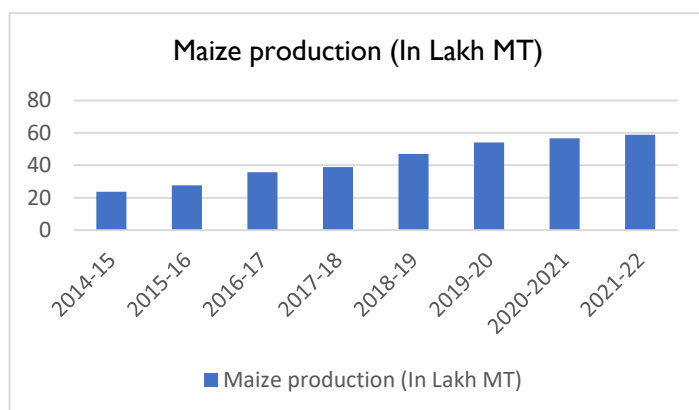


Figure 5 Maize production in Bangladesh

Figure 5 illustrates maize production at the national level suggesting a gradual increase. According to Figure 4, the survey results showed that in this year vegetables farmers had the highest yield [15.84%] and it increased by 28 percent. and goat yield increased by 3%. The second highest yield was noticed in sweet gourd [17.56 MT/Hectare] and it increased by 9% compared to the previous year. In FY22, maize yield reduced by 10 percent. In this fiscal year, chili yield

reduced by 5 percent compared to the last year.

Value of annual sales of producers and firms receiving USG assistance: This indicator measured the value in U.S. dollars of the total amount of sales of products and services by USG-assisted producers and farms during the reporting year within USG-supported agricultural commodity value chains or markets. This indicator collected additional data points on the value of sales in local currency, the number of activity participants, including the number of producers and the number of assisted private sector firms, and, if applicable, the volume of sales [in Metric Tons] for agricultural commodities [e.g., seed; food, non-food and feed crops; livestock and livestock products; fish].

The number of farmers who practiced value chain activities with USG assistance: This indicator counted farmers as value chain participants if his/her primary purpose of the activity is to enhance the commercial value of a commodity to sell to/in the market. In FY22, 97 percent [of 124,351] male farmers and 96 percent [of 124,351] female farmers practiced value chain activities with support from the US government. The percentage increased significantly [P=<0.001] compared to the previous year.

The number of hectares under improved management practices or technologies with USG assistance: In order to increase crop production and productivity, improved and adaptable varieties are being developed and expedited, and small and marginal farmers are being provided incentives for development assistance is being provided in agricultural inputs

¹⁵ <https://www.tbsnews.net/economy/bazaar/low-local-production-keeps-green-chilli-prices-high-despite-import-480250>, cited on 20 August 2022.



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including fertilizers. Along with this, mechanization of agriculture, innovation of new cropping systems, development of irrigation systems, implementation of Integrated Pest Management (IPM) system, production of transgenic crops, etc. have been undertaken natural disasters, free and subsidized high-yielding varieties are being distributed among farmers. ¹⁶This indicator measured the area in hectares in which USG-promoted improved management practices/technologies were applied in the reporting year and were managed/cultivated by producers participating in the SHOUHARDO III program. In FY22, the percentage of achievement for the number of hectares that were brought under improved management practices was 114 [15,028.65 hectares] in response to the target of 13155.79 hectares.

The number of individuals in the agricultural system who have applied improved management practices or technologies with USG assistance: This indicator measured the total number of agriculture system actors participating in the USG-funded activity who have applied improved management practices and/or technologies promoted by the USG anywhere within the food and agriculture system during the reporting year. The number of such individuals increased significantly [$P < 0.001$] in the reporting year. The program achieved 97.5 percent of its target [390,28 out of 139879 individuals]. The percentage of male individuals was 97 compared to 98 percent female.

Percentage of beneficiary households with increased food production: The rapid increase in global food prices in recent months have put many countries including Bangladesh in a crisis, especially affecting low and middle-income families as they spend a large share of their income on food. According to FAO's July 2022 forecast, total global cereal production in 2022 is expected to be 2,792 million tonnes, which is 0.6 percent lower than that of 2021. However, for Bangladesh, as per FAO's forecast, the total cereal production is expected to increase by 1.7 percent – from 62.6 million tonnes in 2021 to 63.6 million tonnes in 2022. Bangladesh imported 4.86 million tonnes of rice and wheat till June 16 in the 2021-22 fiscal year.¹⁷

The percentage (%) of households under the SHOUHARDO III project who have demonstrated an increased level of household food production through agriculture. This covered homestead vegetable production, cereals, fish, poultry & livestock production, etc. through BHA assistance. As shown in Figure 6, in FY22, 62 percent [392 out of 660] beneficiary households had increased food production compared to the target of 65 percent. It increased significantly [$P < 0.001$] in comparison to 36 percent of households in FY21. The percentage of male was higher at 70 percent compared to 59 percent female.

¹⁶ chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://mof.portal.gov.bd/sites/default/files/files/mof.portal.gov.bd/page/f2d8fabb_29c1_423a_9d37_cdb500260002/16_BER_22_En_Chap07.pdf, cited on 22 August 2022.

¹⁷ <https://www.thedailystar.net/opinion/views/news/what-should-be-bangladeshs-food-security-strategy-3073246>, cited on 21 August 2022.



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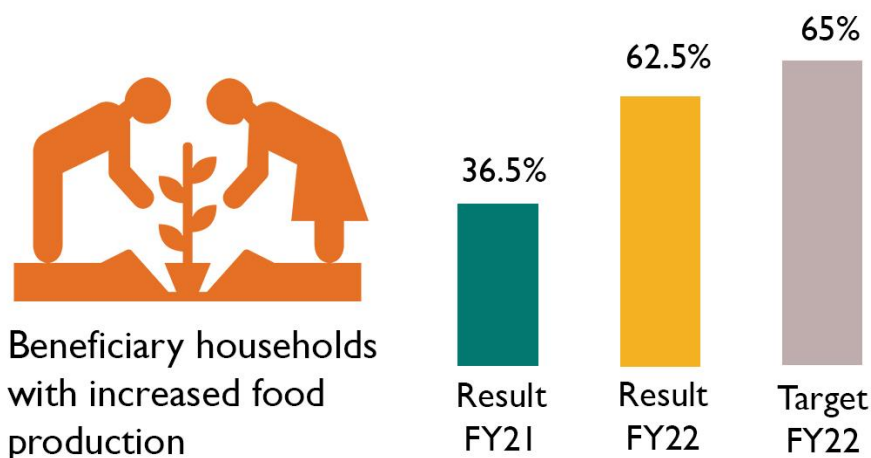


Figure 6 Households with increased food production

Percentage of Poor and Extreme Poor (PEP) households accessing markets:

Before the pandemic, Bangladesh was continuing to reduce poverty - thanks to strong growth in all sectors of the economy - even though the pace of reduction slowed in the last decade. However, COVID-19 has reversed these gains. As described in the Macro Poverty Outlook, April 13, 2022, poverty is projected to have increased in FY20 with a marginal reduction in FY21 and FY22, and the labor market greatly impacted with some longer-term implications expected.¹⁸ Informing the next development phase for Bangladesh as it graduates to a middle-income country requires building an evidence base. There is a need for a more nuanced understanding of the opportunities and constraints for income growth and poverty reduction across the country. Equity and spatial development considerations are gaining relevance in Bangladesh, given the re-emergence of an East-West divide, stagnation of urban poverty, and continued relevance of connectivity challenges. Unequal growth and spatial inequality also reduced people’s access to the market¹⁹ drastically.

This indicator measured the percentage of PEPs accessing any local markets to sell products or purchases inputs (seed, fertilizer, raw materials, etc.). According to Figure 7, the percentage of such households in the program implementing areas in FY22 was 81 [591 out of 660] while the target was 95 percent and it significantly increased [P=<0.001] compared to 76 percent in the last fiscal year.

¹⁸ <https://blogs.worldbank.org/endpovertyinsouthasia/telling-story-bangladeshs-growth-and-challenges-data>, cited on 20 August 2022.

¹⁹ https://reliefweb.int/sites/reliefweb.int/files/resources/COVID_NAWG%20Anticipatory%20Impacts%20and%20Needs%20Analysis.pdf, cited on 26 September 2021.



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Poor & Extreme poor (PEP) households accessing markets

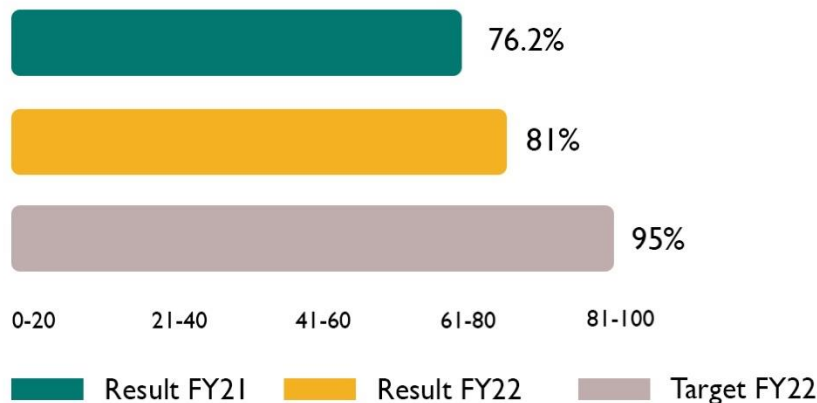


Figure 7 PEP households accessing the market

Percentage of producers who used improved inputs during the 12 months: The government has earmarked BDT24,224 crore for the agricultural sector for the next 2022-23 fiscal year as the proposed agriculture budget outlay is 3.6 percent of the total proposed budget outlay. For the agriculture sector, the proposed budget is BDT 8,027 crore which is more compared to the last year's budgetary allocation and BDT5,285 crore than the revised budget outlay of 2021-22 fiscal. The government of Bangladesh is also planning to execute actions such as development assistance (subsidies) to keep agricultural input prices with fertilizer and seeds as low as possible at the farmer level, making available agricultural machinery to the farmers in order to mechanize agriculture, extend 'Synchronized Cultivation' and collaborate in the production, storage and marketing of a variety of vegetables and fruits, including summer onions and tomatoes.²⁰

Used improved inputs & improved pro-poor financial products

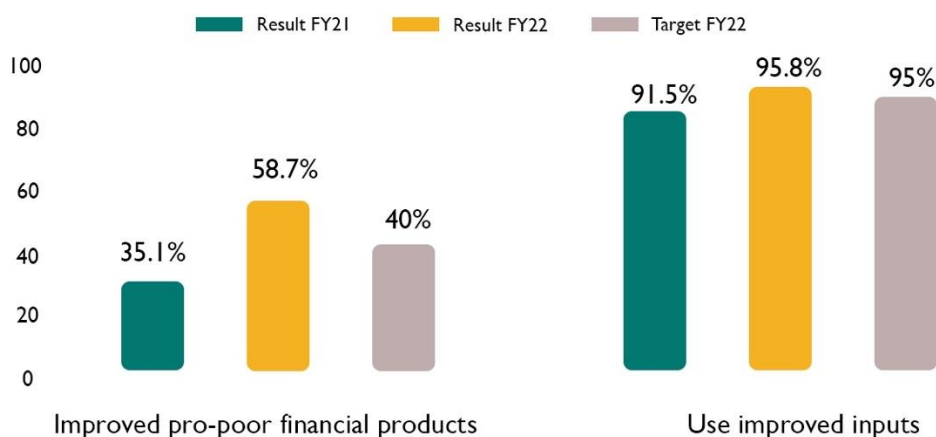


Figure 8 Access to improved inputs and pro-poor financial products

²⁰ <https://www.bssnews.net/national-budget-2022-2023/65591>, cited on 23 August 2022.



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This indicator measured the extent of use of improved inputs by the farmers in the program area in the past 12 months. For this indicator, the program counted the percentage of farmers who used improved seed/sapling, fingerling, fertilizers, and pesticides in their production business in the past 12 months. Figure 8 suggested that around 95.8 percent of producers [332 out of 345] used improved inputs in FY22 which is a 101 percent achievement against the target [95%].

Percentage of PEP who reported improved pro-poor financial products in the past 12 months: Bangladesh has made significant progress in financial inclusion over the past eight years, with as much as 48 percent of the adult population now under the banking umbrella. In 2013, only 20 percent of Bangladesh's adult population was under the umbrella of formal financial services. Yet, there are many things to do as a large number of people remain out of any formal financial services. Rural markets and people are still outside major banking services.²¹ This indicator refers to the percentage of PEP program participants with access to financial institutions (VSLA) and those who received pro-poor financial products (e.g., savings and loan facilities). People who received support from the formal and informal financial institute/service provider were considered for this indicator. As illustrated in Figure 6, nearly, 58.7 percent [667 out of 1050] of PEP participants reported accessing pro-poor financial products whereas the target was 40 percent. The program had a 147% achievement in this indicator.

Purpose 2: Improved nutritional status of children under five years of age, pregnant and lactating women, and adolescent girls. Figure 9 includes the key results on health, hygiene, and nutrition-related indicators.

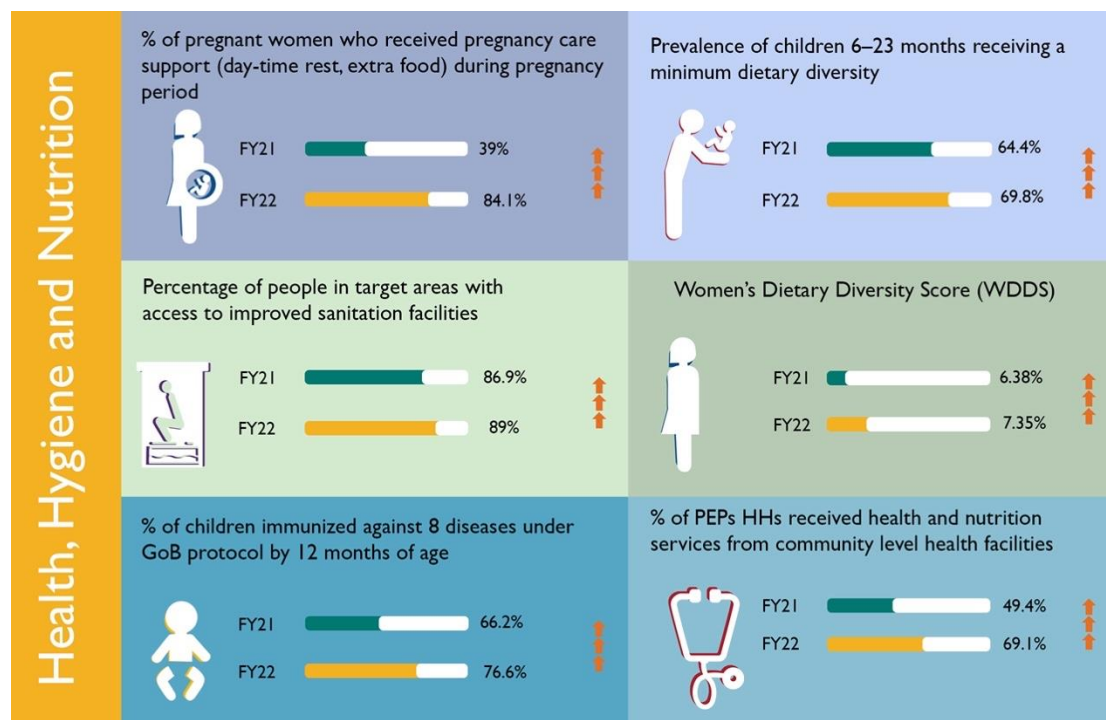


Figure 9 Key results on health, hygiene, and nutrition

²¹ <https://thefinancialexpress.com.bd/views/bringing-unbanked-poor-under-financial-services-1579104999>, cited on 28 September 2021.



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Percentage of pregnant women who received pregnancy care support during the pregnancy period: Maternal mortality is one of the strongest challenges to human development network. Almost 99 percent of the maternal deaths occur in developing countries, mainly as a result of disgraceful failure of healthcare schemes. Nearly 80 percent of the global maternal mortality is directly related to pregnancy. These deaths can be prevented with appropriate antenatal care.²² Bangladesh's government took several initiatives to ensure proper care of pregnant women during the pandemic.²³ This indicator measured the proportion of pregnant women who were provided additional food and daytime rest throughout their pregnancy period. These extra food and daytime rest were either ensured through themselves or other members of the households. Figure 9 shows that in FY22, the percentage of pregnant women who received such support was 84 [328 out of 390] compared to the target of 60 percent.

Prevalence of children 6-23 months receiving a minimum dietary diversity: Bangladesh has experienced a dramatic decline in infant (from 87 to 38 per 1,000 live births) and under-five mortality (from 133 to 46 per 1,000 live births) between 1993 to 2014, though the reduction in neonatal mortality is rather slow (from 52 to 28 per 1,000 live births).²⁴ Bangladesh has received widespread recognition for achieving notable progress in reducing under-5 childhood stunting and wasting in the last 20 year, and this has been acknowledged as a major accomplishment worldwide.²⁵ However, undernutrition remains a significant public health issue in Bangladesh.

Undernutrition is considered to be responsible for nearly 45% of all childhood deaths annually worldwide. South Asia has the world's highest rate of stunting and wasting. Inappropriate infant feeding practices have a significant impact on the growth, illness, and survival of the children. Inadequate complementary feeding after the completion of the first 6 month of life can result in stunting, and approximately 6% of mortality in children aged <5 year can be averted by appropriate complementary feeding practices. Switching from exclusive breastfeeding to complementary feeding is critical for ensuring satisfactory nutrition. Malnutrition starts for the vast majority of the children in this period and is responsible for the global burden of under-5 malnutrition.²⁶

This indicator measured the percentage of children 6–23 months of age who received a minimum dietary diversity. The indicator measures the minimum dietary diversity, as appropriate both for breastfed and non-breastfed children of age 6-23 months. According to Figure 9, in the reporting year, the prevalence of 6-23 months old children receiving a minimum dietary diversity was about 69.8 percent [201 out of 288] and the target was 70

²²

https://www.researchgate.net/publication/344167490_Utilization_of_Antenatal_Care_ANC_Services_in_Bangladesh_A_Cross-sectional_Study_Exploring_the_Associated_Factors, cited on 21 August 2022.

²³ <https://www.dghs.gov.bd/index.php/en/e-health/our-ehealth-eservices/84-english-root/ehealth-eservice/101-pregnancy-care-advice-through-sms>, cited on 2 October 2021.

²⁴ http://dgnm.portal.gov.bd/sites/default/files/files/dgnm.portal.gov.bd/page/18c15f9c_9267_44a7_ad2b_65affc9d43b3/2021-06-24-11-27-702ae9eea176d87572b7dbbf566e9262.pdf, cited in 22 August 2022.

²⁵ <https://www.sciencedirect.com/science/article/pii/S0305750X14002873>, cited on 1 October 2022.

²⁶ https://www.researchgate.net/publication/358994917_Prevalence_of_Infant_and_Young_Child_Feeding_Practices_and_Differences_in_Estimates_of_Minimum_Dietary_Diversity_Using_2008_and_2021_Definitions_Evidence_from_Bangladesh, cited on 24 August 2022.



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percent. The prevalence of female children was higher [72.8%] compared to male children [67%].

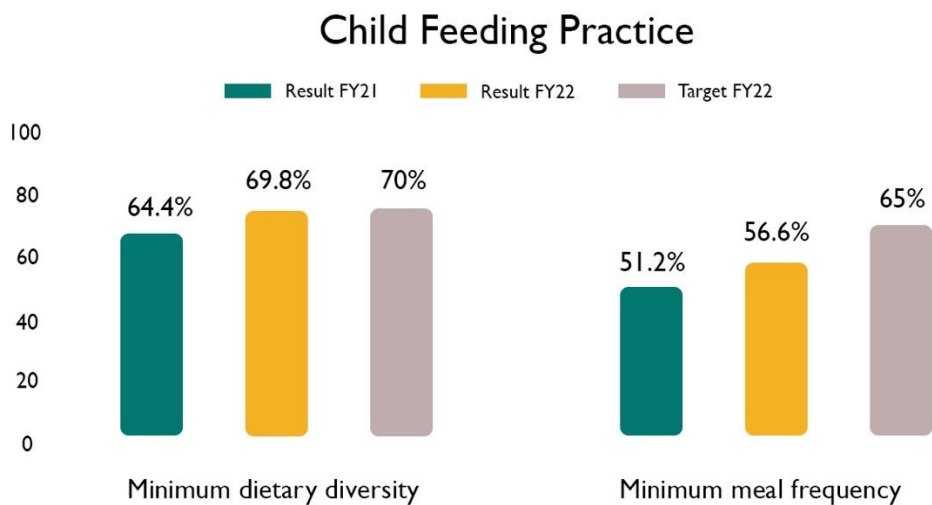


Figure 10 Child feeding practice

Prevalence of children 6-23 months receiving a minimum meal frequency: This indicator measured the percentage of 6–23 months old children who received a minimum meal frequency, apart from breast milk. This indicator measured the minimum feeding frequency and minimum dietary diversity, as appropriate for various age groups. When a child met the minimum meal frequency for his or her age group and breastfeeding status, then the child was considered to be receiving a minimum meal frequency. In this reporting year, the prevalence of 6-23 months old children who received a minimum meal frequency was 56.6 percent [199 out of 389] as illustrated in Figure 10 in relation to the target of 65 percent. For female children, the percentage was lower [55%] in comparison to 57.9 percent for male children.

The number of live births receiving at least four antenatal care visits during pregnancy: Identifying high-risk pregnancies through antenatal care (ANC) is considered the cornerstone to eliminating child deaths and improving maternal health globally. Understanding the factors that influence a healthcare facility’s (HCF) preparedness to provide ANC service is essential for assisting maternal and newborn health system progress.²⁷ This indicator sums the number of women ages 15 to 49 supported by a BHA activity who, after attending antenatal care (ANC) four or more times, delivered a live child during the reporting year. The results from BBS 2022 suggested that this year 48.3 percent [of 12,815] live births received at least four antenatal care visits.

Percentage of people in target areas with access to improved sanitation facilities: According to the World Health Organization, in Bangladesh, 68.3 million people lack safely managed drinking water, while 103 million people lack safely managed sanitation facilities. Moreover, 61.7 million people do not have access to basic hygiene in the country.

²⁷ <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000164>, cited on 26 August 2022.

Additionally, 107 million people in Bangladesh do not have basic handwashing facilities with soap and water at home. The survey also found out that almost half of schools in Bangladesh do not have facilities for washing hands with soap and water.²⁸ Some studies found that community-based motivation is the most effective way to move households away from open defecation and toward basic latrines.²⁹ The major WASH challenge Bangladesh is now facing is to improve practices and quality of WASH services i.e., predominantly water quality and safe disposal of human excreta to fully realize health and wellbeing outcomes for the poorest.³⁰

Access to an improved sanitation facility is defined as a flush or pour/flush facility connected to a piped sewer system, septic system, or pit latrine; or a pit latrine with a slab; or a composting toilet; or a ventilated improved pit latrine either single or double pit. If people have access to improved and hygienic latrines (pit latrines with cement liner and water seal/Sato pan and locally innovated hygienic latrines) those are considered as well. Figure 11 suggests that around 90 percent [945 out of 1050] people in the program implementing areas had access to improved sanitation facilities which increased significantly [$P < 0.001$] when compared to the result in FY21 [86.9%].

Access to Improved Sanitation Facilities

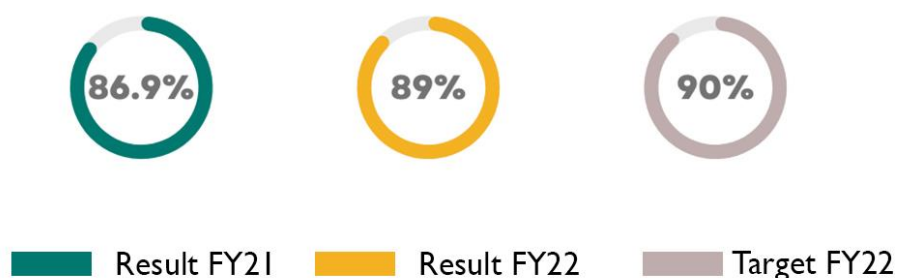


Figure 11 Access to improved sanitation facilities

Women’s Dietary Diversity Scores (WDDS): This indicator aimed to measure the micronutrient adequacy of the diet and reports the mean number of food groups consumed in the previous day by women of reproductive age (15–49 years). The findings from BBS 2022 revealed that the WDDS in the program participants was 7.35 whereas the target was 6.5. It increased significantly [$P < 0.001$] when compared to the result in FY21 [6.38].

²⁸ <https://thefinancialexpress.com.bd/views/views/drinking-water-and-sanitation-facilities-in-rural-bangladesh-1633533122>, cited on 19 August 2022.

²⁹ <https://www.poverty-action.org/study/bolstering-coverage-improved-sanitation-bangladesh>, cited on 3 October 2021.

³⁰ https://www.sanitationandwaterforall.org/sites/default/files/2020-12/2020_Country-Overview_Bangladesh.pdf, cited on 22 September 2021.



Percentage of households using health and nutrition services in the past 12 months: In the face of an acute shortage of trained professionals, ensuring healthcare for a population of 168 million in Bangladesh remains a major challenge for the nation. A major portion of the population are living far from the access to minimum health services. The country has only 6 doctors, nurses, and midwives for every 10,000 population, according to the latest report of a health bulletin published yearly by the Health Ministry. The current doctor-patient ratio in Bangladesh is only 5.26 to 10,000, which places the country in the second position from the bottom, among the South Asian countries, according to the WHO.³¹

Through this indicator, the program measured the percentage of households that received health or nutrition services from the local health service providers. The program achieved 102 percent of its target [70% households] as 71.7 percent [870 out of 1040] households used health and nutrition services from the local health service providers in the past 12 months.

Percentage of children immunized against 8 diseases under the GoB protocol by 12 months of age: Immunization is top priority program of government of Bangladesh. Every year > 3.7 million target children receive at least 11 antigens. For last several years Bangladesh has achieved and maintained high routine immunization coverage. But coverage is not uniform among geographical area, education of mothers and wealth. There are hard to reach and high-risk areas that need continuous support and monitoring. The government through its annual EPI work plan has developed strategies to address the challenges that exist in achieving high coverage.³² Vaccination has important consequences for childhood development, mortality, and inequalities in health and well-being.

This indicator measured the total number of children 12-23 months that have completed all vaccines as per protocol by 12 months of age). The results of BBS 2022 showed that 76.6 percent [144 out of 188] children within the age of 12-23 months were immunized against the eight diseases under the GoB protocol against the target of 75 percent.³³

Percentage of PEPs households that received health and nutrition services from community-level health facilities: This indicator measured the extent to which households have access to and utilization of health and nutrition services from community-level MoH&FW facilities (like Health & Family Welfare Center, community clinic, and satellite clinic). In FY22, around 69 percent [789 out 1050] of PEP households received health and nutrition services from community-level health facilities whereas the target was 60 percent. The results suggested that 69.9 percent female and 67 percent male received such services.

³¹ <https://thefinancialexpress.com.bd/views/healthcare-delivery-in-a-remote-corner-1653069125>, cited on 29 August 2022.

³² <https://www.who.int/bangladesh/activities/strengthening-vaccination-coverage/strengthening-vaccination-coverage>, cited on 28 August 2022.

³³ <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-021-11576-0>, cited on 2 October 2021.

HHs use health and nutrition services

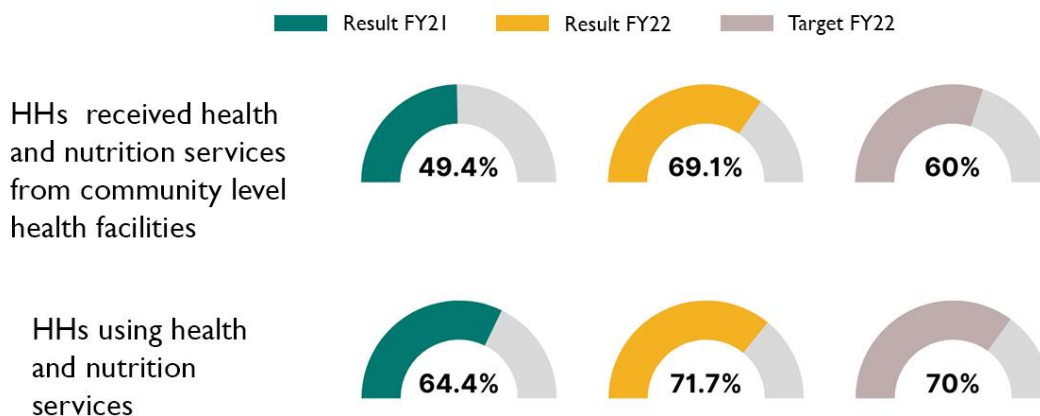


Figure 12 Households using health and nutrition services

Percentage of people who received health and nutrition services from the private sector: This indicator measured the percentage of households that received health or nutrition services from private service providers. Figure 12 illustrates that in the reporting year, 57.2 percent [223 out of 390] households received health and nutrition services from the private sector against the target of 35 percent. The program had a 163% achievement.

COVID-19: Around 98.7 percent of survey respondents shared that they were aware of the Coronavirus. Nearly, 63.7 percent said that their household income and livelihood were affected by the COVID-19 pandemic. The average monthly income of the surveyed participants was BDT8,279.17.



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Purpose 3: The strengthened gender-equitable ability of people, households, communities, and systems to mitigate, adapt to, and recover from man-made and natural shocks. Figure 13 contains the key results related to the resilience activities of the SHOUHARDO III program.

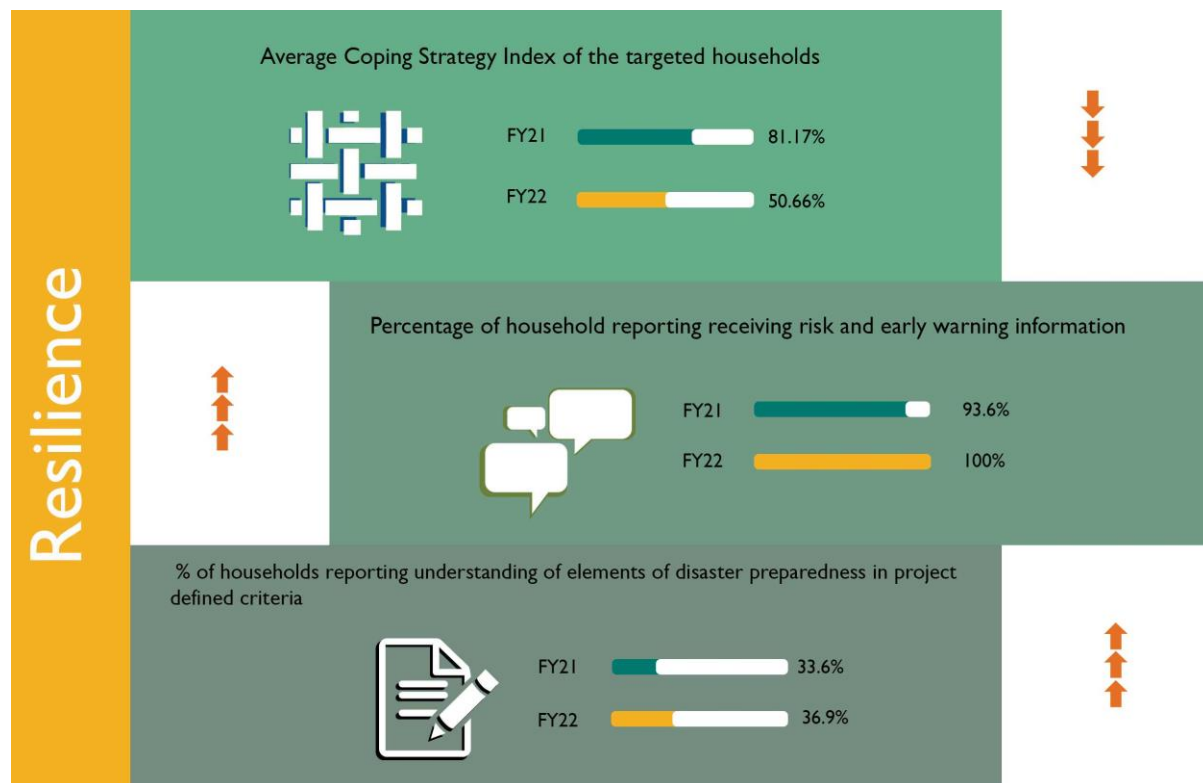


Figure 13 Key results on resilience

Average Coping Strategy Index of the targeted households: Coping Strategy is an indicator of household food security about how households manage to cope with a shortfall in food for consumption and results in a simple numeric score. In its simplest form, monitoring changes in the CSI score indicates whether household food security status is declining or improving. In the reporting year, the CSI score for the targeted households was 50.66 and the target was 75. It significantly decreased [$P < 0.001$] from last year’s CSI score which was 81. In terms of CSI, the decreasing trend is better.

The number of people using climate information or implementing risk-reducing actions to improve resilience to climate change as supported by USG assistance: Improving the country’s resilience to immediate and future climate risks is essential to the continuing development of Bangladesh.³⁴

Any individuals using climate information or implementing actions that respond to climate change risks and increase resilience with USG support should be considered under this indicator. The BBS findings showed in Figure 13 suggests that 62.7 percent [527 out of 906] respondents used climate information and implemented risk-reducing actions to improve

³⁴ <https://www.usaid.gov/bangladesh/environment-energy-climate-resilience>, cited on 1 September 2022.

resilience to climate change which increased significantly [$P < 0.001$] compared to FY21 [39.7%].

Percentage of households reporting understanding of elements of disaster preparedness in the project defined criteria: This indicator refers to the beneficiaries who have awareness about the local hazards that may cause disasters, as well as how to get prepared and be able to respond to that disasters/shocks. In FY22, 36.9 percent [465 out of 1050] households reported having an understanding of elements of disaster preparedness in line with the project defined criteria in response to the target of 35 percent according to Figure 13. The data suggested that 36.7 percent male and 37 percent female reported such understanding.

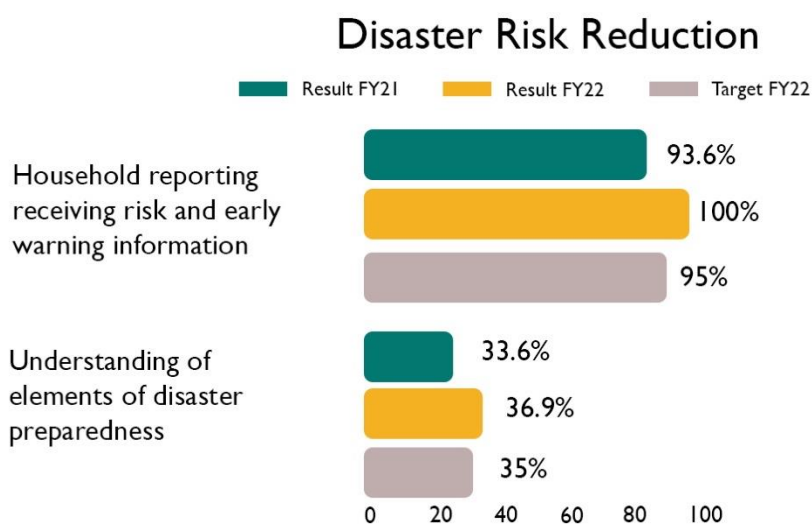


Figure 14 Disaster preparedness

Percentage of households reporting receiving risk and early warning information: Despite being one of the world’s lowest carbon emitters, the Global Climate Risk Index ranks Bangladesh as the 7th country in the world most impacted by climate-related extreme weather events. About 33 percent of its population and 35 percent of its territory is facing very high climate exposure. Between 2014-2020, 42 million people were affected, 9.4 million people were internally displaced, and more than 1,000 people died from the cumulative impact of 15 major rapid onset climate-related disasters, which also caused an economic loss of US \$4,120 M.³⁵ The frequency and severity of various hazards increased over the last few decades because of the changes in climate. The main reason for flooding in Bangladesh is not only the heavy rainfall within the country, but also other issues, including – snowmelt from the upstream countries, deforestation, shrinking of the rivers' capacity, building of dams in the upstream for irrigation and many more. One of the World Bank's studies shows that among various types of hazards, the damage caused by flood is 23 percent while it is 19% by cyclone

³⁵ <https://careclimatechange.org/the-drr-leaders-and-early-warning-systems-saving-lives-in-bangladesh/>, cited on 29 August 2022.

and 15% by landslide. In Bangladesh, early warning is prompt and precise for cyclone, but not strong enough for floods.³⁶

This indicator refers to the percentage of households receiving risk and early warning information generated by the Bangladesh Meteorological Department (BMD) and Flood Forecasting and Warning Center (FFWC) by various means like Disaster Volunteers, Union Disaster Management Committee members, Village Development Committee (VDC) member, Disaster Risk Reduction (DRR) Leader, Local Service Provider (LSPs) print or electronic media, email, SMS and IVR calling to 1090 of BMD/FFWC. Risk and early warning information include heavy rain, severe cold, flood early warning, etc. As shown in Figure 14, around 100 percent [1050 out of 1050] households received risk and early warning information and the target was 95 percent. The percentage of such households increased significantly [$P < 0.001$] compared to 93.6 percent in FY21.

Purpose 4: Increased women’s empowerment and gender equity at the family and community level. Figure 15 encompasses the key results areas relating to women’s empowerment.

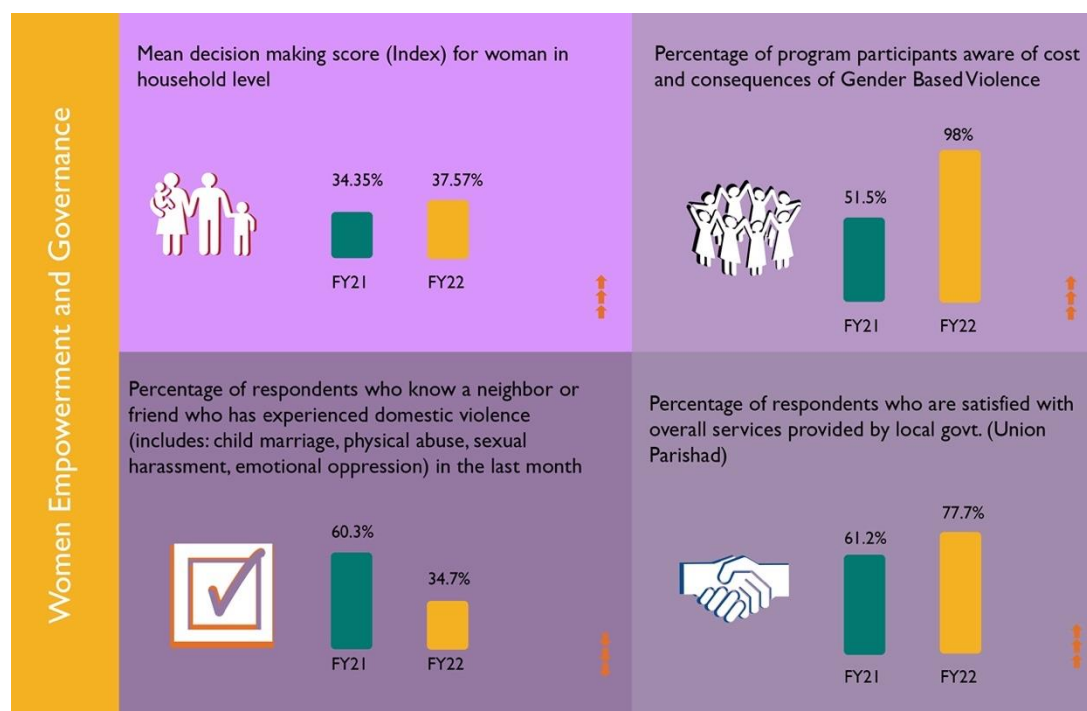


Figure 15 Key results on women empowerment and gender equality

Mean Decision Making Score (Index) for Women in Household Level:

A national study conducted using the Bangladesh Demographic and Health Survey (BDHS) 2014 data revealed that women from urban area, with NGO membership and employed were more empowered. Poor attainment of primary education, low employment, and few NGO

³⁶ <https://www.thedailystar.net/round-tables/early-flood-warning-saves-lives-1374184>, cited on 28 August 2022.

memberships are seemed to be the hindrance in women empowerment in Bangladesh.³⁷

This indicator provides information about women’s decision-making choices between several options and women’s participation in household-level decision-making. Decision making includes being involved in spending money that has earned by herself, selling of produced crops, buying small food items, groceries, toiletries, buying clothes for herself and children, buying or selling major household assets (land, livestock), buying or selling jewelry, use of loans or savings, expenses of her children’s education. Also, expenses for her children’s marriage, medical expenses for herself or children, expenses for family planning (contraceptives), to move to shelter during the time of the disaster, active participation and involvement in *salish* (local arbitration) decision making, investment of credit funds/ savings, childcare, continued education of children (boys & girls), involvement in NGOs activity. According to Figure 16, the findings from BBS 2022 suggested that the mean decision-making score for women was 37.57 [the target was 40] which significantly increased [$P=<0.001$] from 34.35 in FY21.

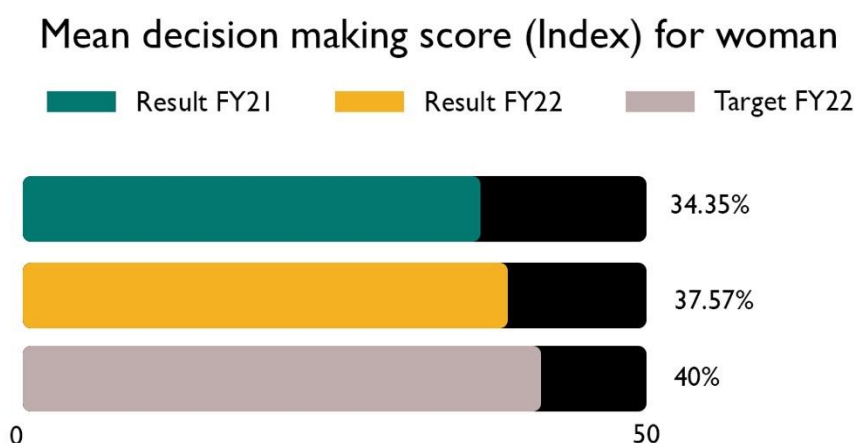


Figure 16 Mean decision making the score

Percentage of respondents who knew a neighbor or friend had experienced domestic violence in the last month: Violence against women diminishes the social and economic development of a woman. Abusing a woman or a girl slips their self-confidence which can lead to physical and mental health injuries. VAW is a critical human crisis that devastates the economic prosperity and social harmony of a nation. Gender violence has become a regular incident in Bangladesh and domestic violence, child trafficking, and rape are alarming the society every day. Most of the rural women in Bangladesh are enduring domestic violence considering it as the men’s right over women which is written in their fate. Women across the world are mostly the victim of sexual violence at home, in schools, in the workplace, and in other social institutions. Most of the women in Bangladesh are subject to marital sexual violence and endure brutal physical violence from their intimate partners. On

³⁷ https://www.researchgate.net/publication/319740533_EXPLORING_THE_DECISION-MAKING_POWER_OF_BANGLADESHI_WOMEN_OF_REPRODUCTIVE_AGE_RESULTS_FROM_A_NATIONAL_SURVEY, cited on 2 October 2022.



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the other hand, economic VAW deprives the women to get easy access to financial assistance, health care, job, educational opportunities, participation in financial decision making and legal assistance to establish rights on inheritance property.³⁸

The main objective of this indicator was to measure the extent of Gender-Based Violence (GBV) at the community level. This indicator measured the information of participants about domestic violence (child marriage, physical abuse, sexual harassment, emotional oppression.) that occur with his/her neighbor in the last 12 months. The program had remarkable progress in reducing the prevalence of domestic violence because for this particular indicator a negative change in direction is desired, in other words, means good result. In FY22, around 34.7 percent [322 out of 1050] respondents reported that they had heard of domestic violence from a neighbor or friend in the last month. More females [35%] reported such violence compared to males [33.6%]. The prevalence of reported violence significantly decreased [$P < 0.001$] compared to 60 percent in FY21.

Percentage of program participants that were aware of the cost and consequences of Gender-Based Violence: Women and girls faced widespread violence. A total of 3,703 women and girls were subjected to different forms of violence including rape and murder in 2021, according to a report by rights body Bangladesh Mohila Parishad.

Some 1,235 females were raped in the last year. Of them, 1,028 females, including 629 girls, were raped, 179 females, including 62 girls, were gang raped and 31 females, including 22 girls were killed after rape, said the report published on Monday.³⁹ NGOs reported a marked increase in reports of domestic violence during the nationwide lockdown instituted to stop the spread of Covid-19.⁴⁰ Yet, survivors faced further reductions to already limited options for safe shelter or other protection measures as well as significant obstacles to legal recourse. The prevalence of GBV is quite high in Bangladesh.⁴¹ The prevailing gender norms, patriarchy, and socio-economic factors made women of Bangladesh vulnerable to different forms of gender-based violence. Women face different types of gender-based violence such as rape, domestic violence, dowry-related violence, sexual harassment, and stalking. One of the studies conducted recently found that socio-cultural factors and prevailing gender norms played a significant role in the spike of violence against women during the pandemic causing extreme social, psychological, economic, and health harm to women.⁴²

This indicator refers to community participants' knowledge (gained through the different program-supported Community Group on both the costs and consequences of violence against women. Costs of violence generally analyze three categories: economic/financial costs, physical costs (e.g., permanent disability), and time costs (e.g., time spent at arbitration or for medical treatment and recovery). This indicator especially emphasizes the analysis of financial

³⁸

<https://www.researchgate.net/publication/361879682> The scenario of Violence against Women in Bangladesh A Trend Analysis, cited on 2 September 2022.

³⁹ <https://www.dhakatribune.com/bangladesh/2022/01/03/over-3700-incidents-of-violence-against-women-reported-in-2021>, cited on 9 October 2022.

⁴⁰ <https://www.hrw.org/world-report/2021/country-chapters/bangladesh>, cited on 3 October 2021.

⁴¹ <https://asiapacific.unwomen.org/en/news-and-events/stories/2021/09/taking-strides-to-prevent-violence-against-women-and-girls-in-south-asia>, cited on 29 September 2021.

⁴² <https://www.cribfb.com/journal/index.php/BJMSR/article/view/1113>, cited on 2 October 2021.

costs and consequences of violence that pertain to women. Financial costs include doctor’s fees, the cost for medical tests, the cost for medicine, transportation cost, lodging and food involved in travel, bribes for *shalishkars* (local arbitrators), fines lodged against perpetrators, entertainment and food cost for relatives who come to support the victim or perpetrator, loss of wages for the time spent in treatment and adjudication and loss of working capacity in case of permanent injury. As illustrated in Figure 17, in the reporting year, around 98 percent [1024 out of 1050] respondents shared that they were aware of the cost and consequences of Gender-Based Violence against the target of 70 percent. The percentage of such respondents significantly increased [$P < 0.001$] compared to 51.5 percent in the last fiscal year.

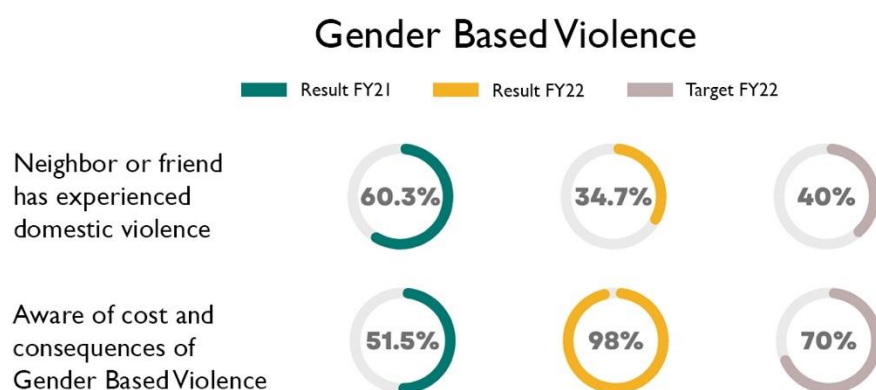


Figure 17 Prevalence of gender-based violence

Purpose 5: Provision and utilization of public services (i.e., Local Elected Bodies & Nation Building Departments) for communities especially for Poor and Extreme Poor (PEP) increased.

Percentage of respondents who were satisfied with the overall service provided by the local government (Union Parishad): The Government of Bangladesh has allocated 16.75 percent of the national budget for the social safety net programs.⁴³ Bangladesh has made significant progress in ensuring pro-poor services as part of its transition to a middle-income economy. This indicator refers to the satisfaction of the community people about the overall services such as Social Safety Net facilities (SSNF), tube well, latrine, road, culvert construction, GBV, and any government incentives, etc. provided by the local government (Union Parishad) in the last 12 months.

Figure 18 suggests that that 77.7 percent [826 out of 1050] respondents were satisfied with services provided by the Union Parishad whereas the target was 65. The female respondents shared a lower level of satisfaction [77.2%] compared to male respondents [78.9%]. The level

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https://mof.portal.gov.bd/sites/default/files/files/mof.portal.gov.bd/page/a8e415d0_c5f2_4d5a_8c7c_bcd8beb88140/Social%20Security%20Programs_English_2022-23.pdf, cited on 3 September 2022.

of satisfaction regarding services from the Union Parishad significantly increased [$P < 0.001$] compared to 61.2 percent in FY21.

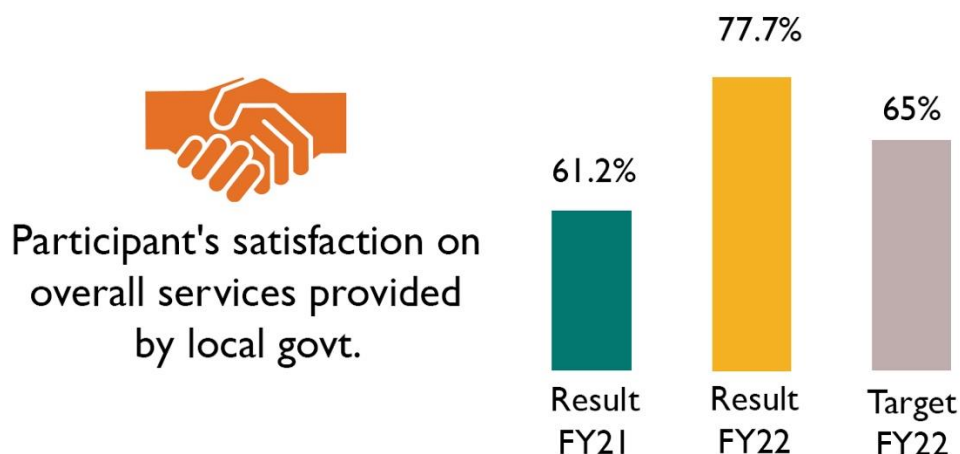


Figure 18 Satisfaction on overall public services

Sustainability indicator in SHOUHARDO III's extension phase:

Index of social capital at the household level: The indicator measured the ability of participant households in the target area to draw on social networks to get support to reduce the impact of shocks and stresses on their households. It measures both the degree of bonding among households within their communities and the degree of bridging between households in the area to households outside their community. If the household responses indicate that they have reciprocal, mutually reinforcing, relationships through which they could receive and provide support during times of need, they are considered to have social capital.

The indicator is constructed from two sub-indices: one measuring bonding social capital and one measuring bridging social capital. In FY22, the target for social capital index was 75 percent whereas the achievement was 74.77 percent. The bonding subindex at the household level was 87.33 percent and the bridging subindex was 62.2 percent.

Percentage of households satisfied with community clinic services: SHOUHARDO III facilitated an effective and functional service provisioning model in health and nutrition so the participating households could access these services. According to BBS 2022 findings, 64.3 percent [665 out of 1050] households were satisfied with community clinic services.



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Figure 19 contains the key result areas of SHOUHARDO III's extension phase.

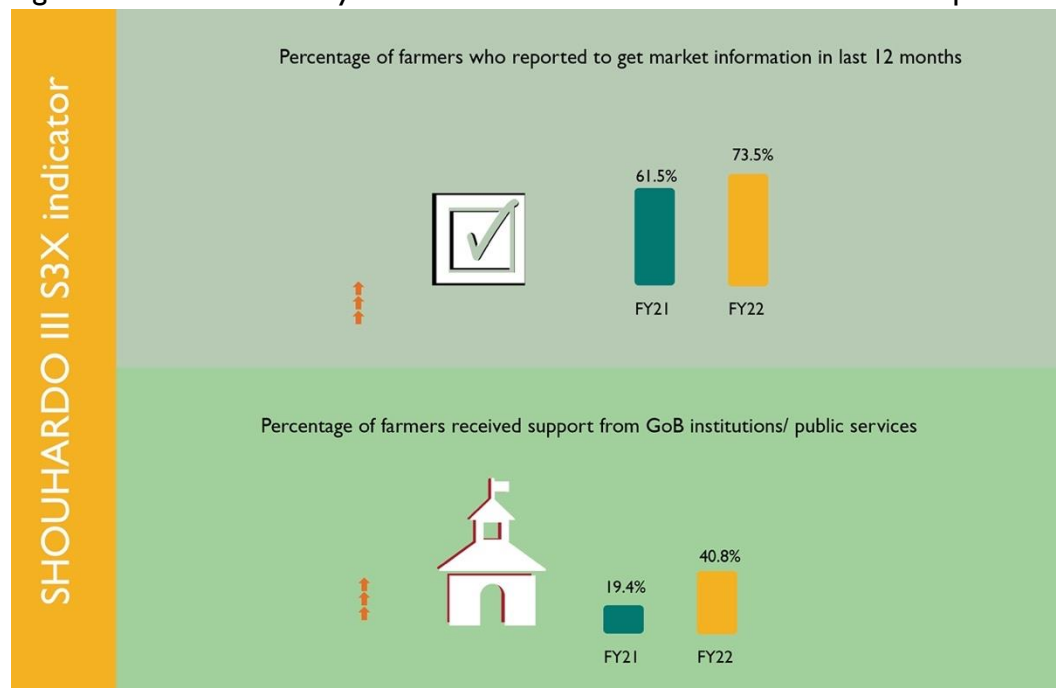


Figure 19 Key results on S3X indicators

Percentage of farmers received support from GoB institutions/public services:

This indicator measured the percentage of farmers under the SHOUHARDO III program who have received support on farming from public service-providing agencies. This covered the Department of Agriculture Extension (DAE), the Department of Livestock (DLS), and the Department of Fisheries including research organizations like the Bangladesh Institute of Nuclear Agriculture (BINA). In FY22, 40.8 percent [286 out of 660] farmers reported that they received support from GoB institutions against the target of 30 percent.

Percentage of farmers who received market information in the last 12 months:

In Bangladesh the pace of poverty reduction slowed down, exports declined, inequality increased across several dimensions and the poverty rate in 2020 increased to 18.1 percent from 14.4 percent.⁴⁴ The program developed local agricultural input providers (seed agent, fish fry hawker, vaccinator) and formed a village entrepreneur forum with village-level input/service providers related to agricultural production for quality services. Farmers got quality input with technical information along with input and output market from those providers. For this indicator, the program considered farmers who get input and output market information for their production business in the last 12 months from the LSPs. Findings from the BBS 2022 as shown in Figure 19 suggests that 73.5 percent [823 out of 1050] farmers received market information in the last 12 months whereas the target was 70 percent. It increased significantly [P=<0.001] compared to 61.5 percent in FY21.

Mean number of income sources for households in project areas: This indicator refers to the number of individuals under the SHOUHARDO III program who have been

⁴⁴ <https://www.worldbank.org/en/country/bangladesh/overview#1>, cited on 29 September 2021.



engaged in new income-generating activities or increased income sources compared to the last 12 months, as a result of SHOUHARDO III initiatives. This included all off-farm and on-farm participants through BHA assistance. Results from this year's revealed that the mean sources of income of program participating households were 2.7 [the target was 2.9]. According to BBS Household Income and Expenditure Survey 2016, the average monthly income of rural households is BDT13,398.⁴⁵ In FY22, 38.6 percent [450 out of 1050] participants claimed to have an increased income. The survey results also showed that the average income of the surveyed households in SHOUHARDO III implementing areas was BDT10,767.

The number of participants who reported increased access to targeted public services: Around 94.9 percent [971 out of 1050] participants reported increased access to targeted public services which increased significantly [$p < 0.001$] compared to 80.2 percent in FY21.

Percentage of households with soap and water at a handwashing station on-premises: A handwashing station is a location where household members go to wash their hands. In some instances, these are permanent fixtures (e.g., cement sink), while in others the handwashing devices can be moved for the family's convenience (e.g., tippy taps). The measurement takes place via observation during the household visit, and both soap and water must be available at the station. The soap may be in bar, powder, or liquid form. The shampoo was considered liquid soap. The cleansing product must be at the handwashing station or reachable by hand when standing in front of it. In the reporting year, nearly 87 percent [903 out of 1050] households had soap and water at a handwashing station on their premises against the target of 65 percent. The percentage of such households increased significantly [$p < 0.001$] compared to 54.8 percent in FY21.

Mean satisfaction score of Local Service Provider's service quality: This indicator refers to the mean satisfaction of participants about the overall services provided by the local service providers in the last 12 months. In FY22, the mean satisfaction score of LSP's service quality was 62.37 against the target of 60. It increased significantly [$p < 0.001$] compared to 43.87 percent in FY21.

Percentage of people who received service from USG supported Local Service Providers: This indicator measured the percent of people (both PEP and Non-PEP) who received service from local service providers (LSPs) during the last 12 months. Findings from the BBS 2022 showed that around 97 percent [1514 out of 1545] people received support from USG supported LSPs whereas the target was 80. The program had a 128 percent achievement. It increased significantly [$p < 0.001$] compared to 76.9 percent in FY21.

Percentage of married women aged 15-49 who need to seek permission to visit certain locations: This indicator measured the extent of women's mobility as a result of gender-equitable norms and as a sign of increased empowerment. Gender equitable norms and women's empowerment can be defined as a function of relative physical mobility, ability

⁴⁵ chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://mof.portal.gov.bd/sites/default/files/files/mof.portal.gov.bd/page/f2d8fabb_29c1_423a_9d37_cdb500260002/22_BER_22_En_Chap13.pdf, cited on 24 August 2022.



to make various purchases on her own, and economic security. Findings from this year's survey suggested that 58 percent [664 out of 1049] women needed to seek permission to visit certain locations which significantly decreased [$p < 0.001$] compared to 61 percent in FY21.

Married women were aged 15-49 whose husbands help with household tasks: This indicator measured the degree to which women are empowered in their households and the degree of inequality between men and women in terms of household workload distribution. Notably, around 86 percent [654 out of 787] of married women reported that their husbands helped with household tasks which significantly increased [$p < 0.001$] in comparison to 85 percent in the previous reporting year.

Based on the climate information, did you make any changes to your agricultural practices: In FY22, the percentage of surveyed households that made changes in their agricultural practices based on the climate information was 62.7 which significantly increased [$p < 0.001$] compared to 39.7 percent in FY21. The survey results revealed that more female [64.5%] compared to male [58%] made such changes.

Environmental Mitigation and Monitoring Plan (EMMP) indicators

Physically improved sanitation facilities with feces visibly present on the floor, wall, or area immediately surrounding the facility: In this reporting year the percentage of respondent households that had sanitation facilities with feces visible on the floor, wall, and immediately surrounding facility was 9.5 percent [90 out of 945] which significantly decreased ($p < 0.001$) than 26.7 percent in FY21.

Percentage of participants who practiced safe management of waste materials and pesticides using Mission/Bangladesh PERSUAP permitted pesticides: This indicator measured the level of awareness received by IGA participants managing waste (from their selected IGA) and using pesticides. Waste management included cleaning and washing livestock rearing corner and its surrounding, discharging cow dung, a periodical checkup of common diseases with the Government of Bangladesh, and Mission/Bangladesh Pesticide Evaluation Report and Safer Use Action Plan (PERSUAP) permitted medicines. In FY21 the percentage of households that practiced safe management of waste materials and pesticides using mission/Bangladesh PERSUAP permitted pesticides was 100 [30 out of 30]. The percentage significantly increased [$p < 0.001$] by 56.7 in the previous reporting year.

Percentage of households using an improved sanitation facility: An access to an improved sanitation facility is defined as a flush or pour/flush facility connected to a piped sewer system, septic system, or pit latrine; or a pit latrine with a slab; or a composting toilet; or a ventilated improved pit latrine either single or double pit. If people have access to improved and hygienic latrines (pit latrines with cement liner and water seal/Sato pan and locally innovated hygienic latrines) those are considered as well. In the reporting year, the percentage of households that used an improved sanitation facility was 90 [945 out of 1050] which significantly increased [$p < 0.001$] from 86.9 percent in the previous fiscal year.



Percentage of households using an improved drinking water source: While most of the population of Bangladesh has access to basic drinking water in urban and rural areas, the quality of water is compromised with bacteriological contamination resulting from poor sanitary practices, availability of undesirable chemical contamination such as arsenic – with over 10 percent of sources contaminated – and seawater intrusion, resulting from climate hazards.

Seventeen percent of the population spends over 30 minutes to one hour, and six per cent spend between one and three hours, walking long distances to collect water every day with the burden falling overwhelmingly on women and girls: 85 per cent of water collection is done by women and 4.7 per cent is done by girls. This means that women miss quality time spent with and for the family, and girls miss spending quality time on education and learning.⁴⁶ More than two million people in Bangladesh lack access to an improved water source and 48 million lack improved sanitation. SHOUHARDO III program raised awareness in the implementing areas so that program participants could increase accessing improved drinking water sources. According to the BBS 2022 results, the percentage of households that used an improved drinking water source was 100 percent [1050 out of 1050].

Percentage of farmers trained by program that utilized harmful chemicals: Findings from the FY22 BBS suggested that the percentage of farmers trained by the program who used harmful chemicals was 90.3. For male farmers [96%] the percentage was higher than the female farmers [88%].

Percentage of farmers trained by the program that utilized harmful chemicals: SHOUHARDO III trained farmers on improved management practices. However, farmers often use harmful chemicals to increase their production. In FY22, the percentage of farmers who utilized harmful chemicals was 90.3 [546 out of 573].

Percentage (achieved number out of target number) of participants received messages from LSP (seed Agent) on use of organic fertilizer and IPM practice, use of registered pesticides and chemical fertilizer with safety measures and use of local variety seeds: Around 886 [out of 948] survey respondents shared that they received messages from LSPs relating to the use of organic fertilizer, IPM practices, and the use of registered pesticides and chemical fertilizers along with safety measures. They also used the local variety of seeds.

Percentage (achieved number out of target number) of participants are aware about Arsenic concern on tube-well water and probable effect of drinking arsenic contaminated water: According to the FY22 BBS results, 99.7 percent [1047 out of 1050] of program participants were aware of Arsenic found in tube-well water and the effects of drinking such water. More female respondents [100%] compared to male respondents [98.6%] claimed to have this awareness.

⁴⁶ <https://www.unicef.org/bangladesh/en/water-sanitation-and-hygiene>, cited on 28 August 2022.



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Findings on the Service Provisioning by LSPs

During the extension phase, SHOUHARDO III focused on two key principles including the testing, identification, and promoting of service provision models by public, private and community-based organizations, and mobilizing communities to engage with service providers to ensure sustained benefit. The findings strongly suggest that the program has been successful in applying these two principles. Both PEP and non-PEP respondents stated that they could access several services in their respective villages and union. SHOUHARDO III trained several types of LSPs including community-based vaccinator, seed agent, fish fry hawkler, collector, *shanchay sathi*, private community skilled birth attendants, blue start provider, LSP WASH, and latrine producer. According to Figure 19, the most found service providers was the community-based vaccinators [87% of 1545] according to them. About 84 percent [1238 out of 1545] respondents could receive service from the Seed Agent (micro-seed retailer and dealer). Nearly 48 percent [728 out of 1545] spoke about the service from *Shanchay Sathi* (Village Agent), 49 percent [665 out of 1545] mentioned collectors, and 41 percent [539 out of 1545] cited the services from latrine producers. Figure 20 suggests that the availability of several service providers increased in FY22 compared to FY21.

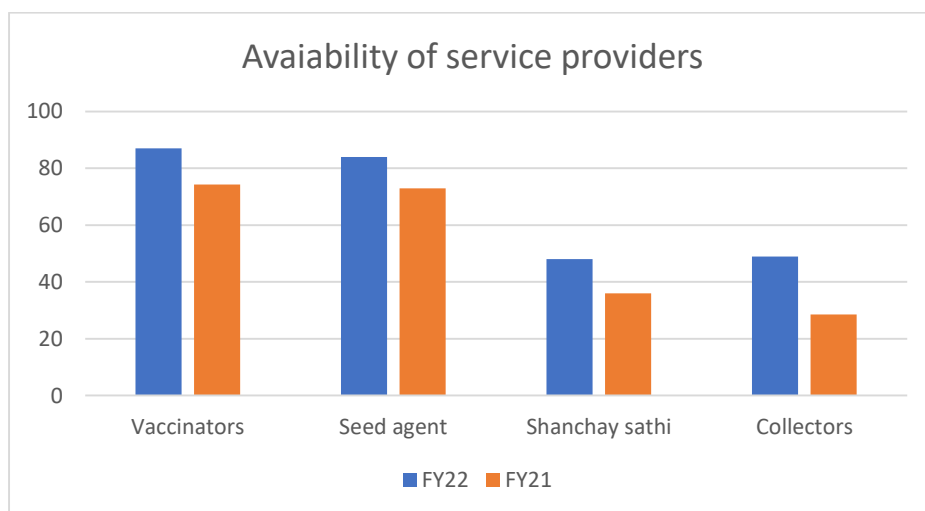


Figure 20 Availability of community-based service providers

While asked if they received services from the above LSPs in the last 12 months, they spoke about purchasing seeds from seed agent [82.70% of 1115], receiving tube well maintenance support from [74% of 563] latrine producer, selling agricultural produce to collectors [57.80% of 386], vaccination services for livestock and poultry [75.50% of 1185] from vaccinator. About 47 percent [354 out of 683] shared that *Shanchay Sathis* collected savings from them. Around 93 percent [886 out of 948] mentioned that they received messages on using organic fertilizer and IPM practices, using a local variety of seeds, and using registered pesticides and chemical fertilizers with safety measures from the seed agent.



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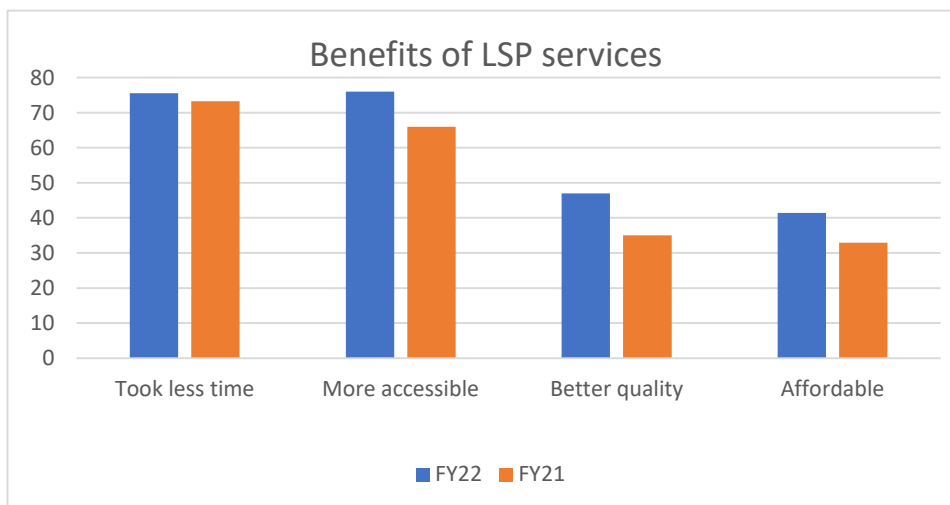


Figure 21 Benefits of LSPs' services

The respondents in the BBS 2022 shared several benefits of receiving services from LSPs as reflected in Figure 21. For example, 75.60 percent [1038 out of 1374] stated that taking services from LSPs requires less time and 76 percent [1011 out of 1374] said that services became more accessible. Around 47 percent [637 out of 1374] thought that the quality of services was better whereas 41.40 percent [585 of 1374] respondents shared that the cost of receiving services was affordable. The survey respondents shared their level of satisfaction during the data collection. Around 35.80 percent [458 out of 1374] of them were fully satisfied and 61.20 percent [871 out of 1374] were moderately satisfied.

SHOUHARDO III program developed Community Level Facilitators (CLFs) in the implementing areas. The most commonly found CLFs were Village Development Committee (VDC) leaders according to 91.20 percent [1396 out of 1545] participants. The others included Women Empowerment (WE) leaders [82% of 1545] and DRR leaders [78.60% of 1545]. From the VDC leaders the community received a range of services, for example, they facilitated village development activity according to 88.7 percent [1210 out of 1396] respondents. They also assisted and advised community members on different issues [72.5% of 1396] and supported community-led initiatives [47.7% of 1396].

The WE leaders mostly mobilized the community and promoted women empowerment [88.4% of 1279]. They supported the community to seek services during Gender-Based Violence (GBV) cases [66.3% of 1279] and provided direct support [48.7% of 1279] for the same. The DRR leaders had a significant contribution in reviewing and updating risk reduction, adaptation, and contingency plans according to 75.1 percent [904 out of 1224] survey respondents. In the middle of the COVID-19 pandemic, the business actors provided online services according to 87.4 percent [82 out of 95] respondents. The Business Skill Development providers helped program participants to do business planning [82.9% of 49] and linked youth in different training facilities [60.8% of 49].

Nearly 93 percent [1467 out of 1544] surveyed respondents stated that their households received services from the CLFs in the last 12 months. They received advice and assistance



[78.5% of 711] and could access UP and NBD services [32.9% of 1327] with support from VDC leaders. Around 90.5 percent [1218 out of 1327] respondents shared that they received assistance and advice from VDC leaders.

Around 55.3 percent [731 out of 1220] respondents shared that the WE leaders built awareness in the community to reduce the incidents of Violence Against Women (VAW). A significant number of the respondents [44.2% of 1220] stated that they also took initiatives to stop child marriage. The DRR leaders helped the participating households to prepare risk reduction and contingency plans [41.2% of 1171] and disseminated DRR-related information [77% of 1171]. The e-business actors, although at a small scale, helped people to access online services [55.8% of 95] while the BD&VSTS assisted the program participants in business planning [75% of 46].

While asked about the benefits of receiving services from the CLFs, nearly 79.5 percent [1145 out of 1467] respondents referred to reduced time in receiving services, 69.4 percent [978 out of 1467] thought that the availability of the services improved, and 45.6 percent [658 out of 1467] perceived that the quality of such services was better. The level of satisfaction regarding the CLFs' services was recorded by the BBS 2022. About 36.8 percent [491 out of 1467] respondents shared that they were fully satisfied with the quality of services whereas 59.6 percent [923 out of 1467] were moderately satisfied with the service. Around 97 percent [1514 out of 1545] of the survey participants said that they received services from the USG supported LSPs. The mean service satisfaction score was 62.37 against the target of 60 in FY22.

Price Hike:

Due to the Russia-Ukraine war, the imposition of various economic sanctions on Russia by the Western world and Europe, the world market system was severely disrupted. On the one hand there is instability in the money market, on the other hand there is a jump in commodity prices due to disruption of supply chain.⁴⁷ The BBS 2022 captured the extent and impact of price hike among the survey respondents. Data from the survey revealed that most households are experiencing a significant increase in the price for oil and rice and almost one-third of participants indicated that vegetable prices were increasing significantly. In addition, smaller number of respondents highlighted price increases in pulses, sugar, flour, meat, and fish. The food consumption of the poor and extremely poor households is mainly dominated by rice, oil and vegetables and therefore these price increases are having an adverse impact on the well-being of these households.⁴⁸

Around 99.8 percent [1049 out of 1050] that the price of essential food commodities increased significantly. While asked about three such commodities whose price increased the most, they named oil [99.15% of 1049], rice [76.6% of 1049], and vegetables [35.38% of 1049].

⁴⁷ chrome-

extension://efaidnbmnnnibpcajpcglclefindmkaj/https://mof.portal.gov.bd/sites/default/files/files/mof.portal.gov.bd/page/f2d8fabb_29c1_423a_9d37_cdb500260002/12_BER_22_En_Chap03.pdf, cited on 24 August 2022.

⁴⁸ <https://shouhardo.carebangladesh.org/wp-content/uploads/2022/07/The-impact-of-commodity-price-hikes-on-poor-and-extreme-poor-households.pdf>, cited on 9 October 2022.



The impact of this price hike was mostly noticed in failure to meet non-food expense [80.4% of 1049] and food expense [58% of 1049]. The survey respondents referred to the several coping strategies that they had adopted to minimize the impact of the price hike including reducing the quality of food [76.9% of 1049], curtailing non-food expense [63.4% of 1049], reducing food purchase [32.8% of 1049], and unusual consumption of either livestock or poultry [30.4% of 1049]. Around 16.6 percent [152 out of 1049] of female respondents shared that they experience mental torture due to the price hike.

Sustainability of the service provisioning model in SHOUHARDO III:

During the extension phase SHOUHARDO III focused on two key principles including (1) the testing, identification, and promoting of service provision models by public, private and community-based organizations, and (2) mobilizing communities to engage with service providers to ensure sustained benefit. As part of this, the program rolled out interventions that were targeted to sustain resources, capacity, motivation, and linkages in the implementing communities. Findings from the BBS 2022 suggest that the program has remained successful in sustaining these for the long-term development of the program participants as well as eliminating poverty from the targeted communities.

Around 74.4 percent [489 out of 660] of the survey participants stated that they noticed increased production in farming and livestock rearing after adopting improved technologies and management practices. Nearly 19 percent [16.8% of 660] thought that using these technologies and management practices was cost intensive.

Almost half of the respondents [52% of 660] observed significant increase in accessing quality input while 51.7 percent noticed a moderate improvement. Majority of the respondents [80.5% of 660] shared that they received services from the public and private sector service providers for agriculture and livestock. They mentioned increased production [412 out of 552], increased efficiency in agriculture management [65.7% of 552], and increased sales [36.5% of 552] as benefits of receiving such services.

More than half of the respondents [56% of 660] stated that they made linkages with buyers and collectors to market their agricultural products. They benefitted from this marketing as they got a fair price [81.8% of 442], their negotiation capacity increased [74.7% of 442], and they could sell produce as and when they needed [64.3% of 442].

SHOUHARDO III program disseminated WASH related messages in the implementing communities. Nearly all the survey respondents [99.4% of 1050] shared that they received hygienic latrine-related messages from the program and 98.8 percent received messages on the importance of drinking safe water. About 69.5 percent [728 out of 1050] respondents received messages on how to overcome water-borne diseases and 61.4 percent [668 out of 1050] received messages on the demerits of open defecation. When asked about their practices related to WASH, they mentioned drinking safe water [89.6% of 1050], using hygienic latrines [86.35 of 1050], washing hands during five critical times [90.8% of 1050], and maintaining personal hygiene [51.7% of 1050]. More than two third [78.5% of 1050] of the survey respondents stated that they access to WASH related services from UP/DPHE/LSP.

The survey participants shared the changes that they observed in the services provided by the DRR leaders, UDMC, and UP related to disaster risk reduction and climate change adaptation in their community including the availability of disaster information [94.3% of 1050], active disaster volunteer [50.3% of 1050], and active disaster leaders [50.1% of 1050]. They were able to get services from UP [90.1% of 1050], Upazila Health Complex [50.9% of 1050], the Department of Disaster Management [42.1% of 1050].

When asked about the platforms, community groups, and LSPs that were working in the program implementing areas for reducing VAW, the survey participants referred to WE/GBV leaders [75% of 1050], VDC [73% of 1050], and UPNNPC [48.3% of 1050]. More than half of the respondents [55.6% of 1049] thought that the platforms, community groups, and LSPs that were working in the program implementing areas for reducing VAW were fairly active and 41 percent [337 out of 1049] thought that they were very active. About 93.3 percent [973 out of 1049] shared that they were able to raise voices to these platforms and service providers relating to VAW.

Almost all the survey respondents [98.9% of 1050] stated that they observed changes in health service provisioning in their communities. According to 79 percent of them the health service quality improved in their communities.

3. Qualitative survey Findings

The qualitative survey (28 KIIs and 20 FGDs) were conducted in 4 districts i.e., 2 districts (Gaibandha and Jamalpur) in Char Area and 2 districts (Netrokona and Habiganj) in Haor Area. 2 Upazilas were taken in each district. Respondents for KII included Local Service Providers (LSPs), Community Level Facilitators (CLFs), and FGD participants, including PEP and Non-PEP community people.

3.1 Qualitative Survey Sample

Table 4 Qualitative sample

| Haor Area | | | | | | |
|-----------|------------------------------------|--------------------|----------|-------------------|----------|-------------|
| Method | Respondent category | Gaibandha District | | Jamalpur District | | Total units |
| | | Upazila | | Upazila | | |
| | | Shaghata | Fulchari | Bakshiganj | Islampur | |
| KII | Local Service Providers (LSP) | 3 | 1 | 2 | 3 | 9 |
| KII | Community Level Facilitators (CLF) | 1 | 2 | 1 | 1 | 5 |
| FGD | PEP Participants | 2 | 2 | 2 | 2 | 8 |
| FGD | Non-PEP Participants | | 1 | | 1 | 2 |
| Char Area | | | | | | |



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| Method | Respondent category | Netrokona District | | Habiganj District | | |
|--------|----------------------------------|--------------------|-------|-------------------|------------|---|
| | | Upazila | | Upazila | | |
| | | Kalmakanda | Madan | Ajmeriganj | Baniachang | |
| KII | Local Service Providers (LSP) | 4 | | 3 | 2 | 9 |
| KII | Community Led Facilitators (CLF) | | 3 | | 2 | 5 |
| FGD | PEP Participants | 2 | 2 | 2 | 2 | 8 |
| FGD | Non-PEP Participants | | 1 | | 1 | 2 |

3.2 Findings (Qualitative Assessment) of LSPs

The following section contains findings from the interviews conducted with the LSPs. The interview findings are organized under several thematic areas, including LSPs' profile, resources, motivation, linkages and capacity, and challenges. In line with USAID's sustainability framework, the program focused on sustaining resources, capacity, motivation and linkages in the implementing communities. The program developed the capacity of LSPs in a way that they are capable of retaining it by maintaining linkages with public and private sector actors and institutions. While they are able to earn a regular income by using knowledge and resources provided by the program and keep their motivation intact. Social recognition from community people also works as a motivation for them.

LSP profile:

The initiative and promotion of a different type of LSPs by the project were to ensure that community people, both male and female children had access to and could avail need-based services at household and village levels. The project identified and trained LSPs involved in other occupations like crop and vegetable cultivation, poultry and livestock rearing, fish farming, tailoring etc. to provide certain services as LSPs and also linked existing service providers to provide services to the community as LSPs. Some existing service providers already had established businesses. Altogether nine types of LSPs were found in Char and Haor area including Vaccinators, Seed Agent/Seller, Collector, Latrine producer, LSP WASH (Water Quality Tester), PCSBA, Blue Star Provider, Fish Fry Hawker, and Sanchay Shathi.

The LSPs offered a variety of services. Such as the vaccinator provided vaccines to poultry and livestock, the latrine producer sold sanitary latrines and helped or advised people on how to install sanitary latrines, LSP WASH (WQT) tested arsenic in tube-well water and provided tube-well maintenance services, the collector bought vegetables produced by community and sold them in the market, the PCSBA provided ANC, child delivery and PNC for 6 weeks to address post-delivery complications and provided referral as required, advised on breastfeeding, immunization and offered family planning services as well. The Blue Star Provider also provided general health services, including GMP services, to monitor the growth of children. The fish fry hawker sold fish fries and advised people on fish farming. The seed agent sold seeds to the people and advised them about cultivation. Shanshay Shathi formed



female groups particularly those who were poor and extremely poor and motivated them to save money in groups so that the group members could use the savings in the form of loans at the time of an emergency.

A LSP WASH (Water Quality Tester) in Gaibandha said, *“Previously, most of the people in my village did not think that Arsenic testing is important. During the court-yard meeting, I discussed with them the consequences of Arsenic water. How Arsenic water creates health problems and why it is important to test Arsenic in tube-well water. Now they get Arsenic test done by me.”*

A Seed-agent in Jamalpur said, *“I worked as an agriculture volunteer in the SHOUHARDO project from 2017 to 2020. After my job term was over, I started to sell seeds as an LSP. I love my job. I go from door to door to sell seeds. This has encouraged people, and they have bought seeds from me and have started vegetable gardening in their homestead.”*

A Vaccinator in Habiganj said, *“I am a Village Doctor (Palli Chikitschok). My main occupation is to provide treatment to animals and give the vaccine. I have been providing service in my village as a SHOUHARDO Vaccinator for 3 years. I was introduced by SHOUHARDO and my acquaintance in the village has grown. I do not have a pharmacy or shop. I provide treatment either at my house or in the village. Due to SHOUHARDO, cattle and poultry rearing has increased in the village, and therefore my demand as a vaccinator has also expanded. Earlier, people did not realize the importance of the vaccine, but now they do because I provide them advice on poultry and livestock rearing. Because of vaccines less, domestic animals die of diseases in my village. Their health condition has improved, and people earn more money by selling their livestock and poultry.”*

The Fish Fry Hawker of Netrokona previously sold big fishes in the market. Now fish fry selling is his main occupation has been working as an LSP for four years. He has been a member of SHOUHARDO for 7 years. When SHOUHARDO approached him and asked him to sell fish fries to its members as he was already involved in the fish business, he agreed to become an LSP, *“I have started to sell fish fries and fish pollen and also advice on how much fish fries need to be released in how much water. I advise them to put lime and medicines in pond water to protect the fish from diseases. I sell fries of different types of fish like “Rui”, “Mrigal”, “Katla”, “Sharputi” etc. Since I provide door-to-door service, I have now become well known, and people respect me. People also call me when they need my service. This makes me feel important.”*

The Blue Star provider of Habiganj, who has been working for SMC since 2002, has an established pharmacy. He has been selected by SMC to work as an LSP for SHOUHARDO. He received training from SHOUHARDO on maternal and child health. As an LSP, he has been providing services for last year. 75% of his patients are women and children. They come for ANC, birth control, GMP, and micro-nutrients. He has 50 – 60 patients daily.

In general, the PCSBA and VSLA LSPs were female. Among the other LSPs, most of them were male. However, some females opted to become LSP to provide services that were usually done by males.



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Case Study: Nurjahan, Female LSP WASH (WQT)

Age 37, LSP working experience – 9 months

Kachuahat village, Shaghata union, Shaghata upazila, Gaibandha district.

I was a member of SHOUHARDO III. Previously I was a teacher in a private school. During Covid-19, when the school closed down and I lost my job, I expressed my desire to become an LSP so that I could earn money. They selected me and trained me to become a Water Tester. I received training for 5 days from the SKS office in Bharatkhal. They taught me how to test arsenic in water and how to repair tube-wells. They also showed me how to use tools such as Renj, Screw-driver, and Plus to repair a tube well. As an LSP, I have been providing services in my village for last 9 months. I visit people's home and test arsenic in their tube-well water. I also know how to open different parts of a tube well and fix them. I also make ring slabs for latrines. My husband also helps me. I received an Arsenic-testing kit during the training, and later I bought the kits online. Tools and tube-well parts I usually buy from Shaghata Bazar. I charge 200 Taka for Arsenic testing. For tube-well repairing, I only charge for the necessary tube-well parts, and if I do not have them, the customers buy those. For repairing I take some service charge whatever they give me. I also educate community people on health problems caused by Arsenic water in tube wells. Sometimes when they are not able to pay me, I still provide them the service and ask them to pay me later. I also face problems in convincing people because I am a female. People are doubtful of me, particularly in repairing a tube well. They tell me that men have a difficult time doing such work, and as a female, if I am able to do men's work. I tell them, you take my service and see if I am capable or not. I am gradually getting recognition. I have a good source of income working as an LSP, and my business is expanding slowly. This has been helpful to my family. I will continue to provide service to the people in my village and wish to extend my services in other villages.

Duration as LSP and Motivation:

Each LSPs had a distinct period as SHOUHARDO III LSP. Some LSPs were found to be working for 1-4 years, while others were found working less than a year. LSPs were primarily motivated by the source of income, social identity, and respect, as well as a sense of self-esteem and responsibility for the benefit of the village people.

“Providing service as a PCSBA is my only source of income. I am divorced and live with my parents. I had no source of income. Khaleda's sister and Chaina sister selected me to become a PCSBA. When they saw my distress, they came and told me that if I took a 6 months' training, then I should be able to earn money. So, I took the training and decided to become a PCSBA to offer my services to women and children in my village. I have gained a lot of respect in my village, and my family values me. I never thought that I shall have this self-esteem.”

The Collector of Jamalpur said, *“I have been involved in vegetable wholesale business for a long time. But becoming an LSP for SHOUHARDO has benefited me a lot. My acquaintances have grown largely. My customers have increased so has my income. Village people are also benefited because selling them produces collectively has saved them from transport cost”.*



The Latrine-maker in Gaibandha, working as an LSP for 2 years said, “Since I know the work of a mason (Raj Mistry), I thought why not work as a latrine producer and start a business. So I started my business and established this shop. Now almost everyone knows me for running this shop. I gained a lot of familiarities and earned enough money to support my family”.

“I already treat poor patients for free. So, when I was asked to work as LSP, I did not want to miss the opportunity to provide free services to expectant mothers. I have been working as LSP for 12 months. My customer has increased. Sell in my pharmacy has multiplied and my earnings improved. My popularity and respect have grown. I love to serve and benefit people”. Blue Star health provider, Habiganj

The Latrine Producer of Netrokona said, “I was the president of DRR committee for 7 years. I am well known in my area. So, I thought since I am providing services to community people, then why not provide service and earn money. I expressed my desire to SHOUHARDO people and started to provide service as a latrine producer LSP for 3 months. I already have a grocery shop where I sell tea and biscuits. Recently I started a business selling ring slabs for latrines. When people come to my shop to have tea, I tell them to stop defecating in open spaces because it is harmful to the environment and health. I advise them to use sanitary latrine. I make ring slab myself and sell them.”

Resource and motivation:

Primary beneficiaries of LSPs were the poor and extreme poor (PEP) village people. Besides the PEP, non-PEP people also took services from the LSPs. It was easier for them to access LSP services, particularly for female members, as they were readily available in the community as well as outside the community. One of the primary reasons people liked to avail themselves services of LSPs were that in time of financial crisis, they could take the service on credit and pay later. In comparison, if they obtained services from a local market or shops, they needed to pay immediately and with more money. Most of the LSP's service coverage were within their village, but some LSPs provided services in other villages also within their respective union. But service coverage of established service providers like the Blue Star, and Fish Fry Hawker, was more than one union.

“I am an L.M.P. doctor and have been working for the last 15 years as a Blue Star Health Provider, of SMC and treat patients in this pharmacy. My patients come from 3 unions. As an LSP I have been providing service for 12 months. Caring for people is the aim of a doctor. This is why I got involved with SHOUHARDO. When Musharraf brother and Trishna sister of SHOUHARDO told me that they would work with pregnant mothers and children and required my support, I agreed to work for them. This is how I got to know SHOUHARDO. Previously my patients were mostly male. But now, females also come to me to take health services. This makes me feel good”. Blue Star Health Provider, Gaibandha

The Fish Fry Hawker of Jamalpur has been in this business since 1990 and has a shop in Bakshiganj. He has been working as an LSP for 6 years. He provides services in 7 unions of Bakshiganj Upazila. With his advice, many people have become involved in fish fry cultivation in rivers, canals and ponds. He also advises them on how to prepare the water body before cultivation.



The VSLA-LSP has been working for 3 years. *“I am a widow. My husband died 19 years ago. I work hard, and people trust me. Therefore, they selected me as Sanchay Shathi. I have 5 groups under me. 3 are female groups which have 25 members in each group. All are poor and extreme poor. I also have 2 Non-PEP groups. One is an adolescent female group, and the other is an adolescent male group with 15 members in each group. I conduct 2 meetings every month. During the meeting each member save 20 – 50 Taka. My responsibility is to observe if the group president, leader, and cashier are performing their duties properly. We also provide loans to members. If any member has savings of Taka 1000/- then she/he can take a loan up to Taka 3000/- which needs to be paid back within 3 months”*

The PCSBA usually played the role of a doctor in the community and provided ANC, PNC and conducted normal delivery. She also conducted pregnancy tests, checked blood pressure and diabetics, GMP of children, and sold medicine for fever, cough, and cold, dysentery as well. The PCSBA of Gaibandha and Habiganj provided services in 3 villages and 2 villages, respectively. The LSPs also arranged court-yard meetings and provided health-related messages to community people. *“I have been working as a SHOUHARDO PCSBA since 2017. I conduct normal delivery and ANC for pregnant women, pregnancy tests, BP, and diabetics. I also provide advice on breastfeeding and the importance of extra food for children after 6 months. I also advice adolescents to take iron tablets. I conduct courtyard meetings and discuss health issues and care for 14-49 years old females. I am also aware pregnant women of the 4 danger signs during pregnancy”*. PCSBA of Habiganj.

The Collector of Jamalpur bought crops and vegetables from the farmers in 6 villages, while the Collector of Habiganj bought chicken and ducks from 5 villages and sold them in the market. According to both the Collectors, since they have been involved in their respective trade for a long time, SHOUHARDO people linked them with the beneficiaries and asked them to buy their products collectively in their respective villages. *“I buy products from poor and extreme poor people in 6 villages. In each village, SHOUHARDO beneficiaries collect their produces and crops and call me. I fix the prices, weigh the produces and crops, and buy from them. Usually, the farmers sell jute, rice, corn, eggplant, chili, and other vegetables. I also buy vegetables grown in homesteads by the female members and from people who are not SHOUHARDO beneficiaries.”* Collector of Jamalpur

Most of the LSPs purchased their inputs from the local markets or from the company dealers. This is an advantage for them as they do not need to travel far and can quickly obtain supplies. To ensure quality they usually bought products from well-known companies, e.g. the latrine-maker bought RFL products the seed agent bought seeds of Lal Teer, ACI and Cococola brand etc.; the vaccinator bought vaccines from companies like ACI, ACMI, FNF, ETHICAL etc.; the Blue Star health provider sells birth control injection and Moni-Mix micronutrient manufactured by SMC and other medicines produced by other pharmaceutical companies; the PCSBA buy products like medicines, birth control pills, saline from local pharmacies. However, in some cases, LSPs received inputs from SHOUHARDO, such as the Blue Star provider and PCSBAs received weight and height scale, and the LSP WASH (WQT) received the arsenic testing kit. The PCSBA also received a delivery Kit, BP machine, and diabetics checking machine from SHOUHARDO.



A Seed Agent of Jamalpur said, *“I buy seeds from seed dealers in Bakshiganj market. Usually, I buy Lalteer and Cocacola brand seeds. To ensure the quality of seeds, first, I grow that seed on my land. If yield is good, then only I sell them”.*

Different LSPs take service charges according to their respective service or sell their products with minimum profit. When people, particularly the poor, did not have money to pay them, the LSPs also provided their services or sold their products on credit, and people paid them later. All the LSPs mentioned that they were earning good money by working as LSP. The PCSBAs also received a monthly honorarium of Taka 3000/-. Each LSPs earned a minimum 5,000 - 10,000/- taka per month. However, LSPs who already had an established business earned much more. But their income was also seasonal.

The PCSBA of Habiganj said, *“Rate for Normal Delivery including medicine is Taka 1000/- which has been fixed by the Union Parishad. But I charge within the range of Taka 500/- to 1000/- depending on how much people can afford to pay me. For BP checking I charge Taka 20/-, Diabetics taka 50/-, Pregnancy Test taka 50/-, ANC and PNC taka 30/- and GMP taka 20/-. I do not take any money for giving advice. With my SHOUHARDO salary and service charge, I earn around Taka 10,000/- per month.”*

The vaccinator charged Taka 5/- for poultry vaccine and Taka 10/- for livestock vaccine. The LSP WASH charged Taka 200/- for Arsenic testing, the latrine producer charged Taka 1750/- for the latrine, and a minimum of Taka 200/- for installation. The seed sellers did not have any particular service charge. They sold products like seeds, fertilizer, and pesticides as per government fixed price, which they bought from dealers at a less price.

A latrine producer of Gaibandha said, *“Those who take my service, more or less pay me. Sometimes when they cannot pay me for the latrine, I sell on credit, and they pay me later. But there are many who cannot afford it, particularly the day laborers or PWDs. Some pay me Taka 20 – 30/- for installation, and there are some who cannot pay me at all. But I still install the latrine. I earn around 10,000 – 15,000/- Taka per month. During floods I also earn up to taka 30,000/- per month. Due to the use of sanitary latrine, illness in people has reduced.”*

One of the Blue Star health providers of Gaibandha said, *“My visit is Taka 50/-. But there are many extreme poor females who pay me Taka 20/-. I don't mind. They are so poor that during pregnancy, they cannot afford extra food, so how can they afford to pay my visit”.*

A seed Agent of Netrokona said, *“My customers are mainly farmers. I sell my products according to the company and government rate mentioned in the packet. Different companies come to me and sell their products. I buy pesticides from Pesticide Dealer Point. But they give me 10-30/- taka less than the government rate. If a government rate is taka 470/- per packet, they give it to me for taka 440/-. I also use Apps. “Krishoker Janala, to get information and share with my customers.”*

Shanchay Shathi said, *“I have an agreement with each group that at the end of each year, each member will pay me taka 100/-. Accordingly, I earn Taka 7500 – 8000/- Taka. I don't take any money from the adolescent groups”.*



LSPs reside in rural communities with little network connection, which prevents them from accessing or using applications or internet services. Only mobile communication and face-to-face communication are more practical for them. However, few LSPs have been given mobiles to use Apps. Such as, the PCSBA calls the number 0961200900 to get free health advice/treatment from Doctor Sahara Khatun.

The Seed Agent said that he used the App “Krishoker Janala” and “Fosholi”, *“I get various information related to agriculture which I share with the farmers and is also helpful for me”*.

The Shanchay Shathi said, “SHOUHARDO has given me a mobile to maintain an account. There is an App named Shanchay Shathi where the account is maintained. I have not used it yet, but I shall do so from next month.”

On the other hand, the Blue Star provider said, *“I do not use any online apps. Because face-to-face interaction is more convincing for providing health advice and treatment to the poor.”*

Linkages and capacity:

Almost all the LSPs received skill development training in their respective field from SHOUHARDO. According to them, the training helped them to deliver their services to clients consistently and efficiently. Training duration varied from LSPs to LSPs. Those who were already engaged in the profession received 2 days of training, while those of other occupations who were trained to become LSP for a certain service received 3-5 days of training. However, the PCSBA received 6 months of training which was held in the Civil Surgeon Office at the district level. None of them had to pay any money for the training, rather, SHOUHARDO provided them with financial support for the training. Some LSPs also got some financial support to start their business.

“I have been in this business for a long time. But the 3-days training from SHOUHARDO has helped me a lot. It has taught me per decimal of pond, how much fish should be cultivated, what feed should be given and what care should be taken. For example, previously, I used to give 20 kg of feed to 10,000 fish fries. Now I know that 8 kg of feed should be given to 10,000 fish fries 30 kg of fries should be released per decimal of pond, but earlier, I released 100 kg of fries. So now I have become more experienced. They also gave me some money which I invested in the business. My business has become profitable. I can provide adequately to my family and my children are going to school.” Fish Fry Hawker, Jamalpur.

As reported by KII respondents, the project created government and market linkages for the LSPs by inviting relevant resource persons from the local level public and private sectors during the capacity-building training. *“I received 2 days training from POPI office, Kalmakanda SHOUHARDO program. Officers from Upazila Livestock Department and marketing officers from ACME and ACI companies were also present during the training.”* Reported by the seed agent of Netrokona.

LSPs were found to be often in contact with the public and the private sector for technical advice and inputs. The PCSBAs contacted the UP chairman and members if required, and the Blue Star had contact with the SMC and other pharmaceutical representatives. Some of them



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like the seed agent and collectors, mentioned having market linkage with other traders/companies. *“During the training, they provided linkages with big traders in the market. They gave us mobile numbers of the traders/crop dealers, such as traders who have storage for crops. This has been very helpful. For my business, I keep in contact with these dealers. Whenever I call any of them, in most cases, they send the transport to collect the crops from me.”* Collector, Jamalpur. Some LSPs had contact with relevant government officials and departments (E.g., livestock department, Upazila Livestock Hospital, Upazila Health Complex, Community Clinics, etc.). The Vaccinators who were already in the same profession before being selected by the program received training from the government. A Vaccinator of Habiganj said, *“Besides SHOUHARDO, I also have linkage with the Government Livestock Department. At Union level, I have been selected as an AI Vaccinator”*.

However, LSPs, in general, had limited connections with other NGOs. Some occasionally communicated with local NGOs or INGOs (E.g., BRAC, ESNO, IDE, Recall UNDP) operating in their area and some also received training from other NGOs like the Latrine producer of Gaibandha got training from IDE and Recall.

Specific LSP profile:

According to the LSPs, in the last year, their clients/service recipients have increased, and their businesses have grown. Most of them mentioned that during the last year, their businesses had not been hampered by COVID-19. They are optimistic that they will be able to expand their business in the future. *“Due to SHOUHARDO, my patients have increased, and I have got the opportunity to conduct GMP. Sometimes there is a lot of rush in this shop. The mothers bring their children to have their weight and height to be taken. I have a future plan to buy land and establish my own chamber, where I shall have a separate room for the check-up of pregnant mothers. I also plan to have a separate female toilet and a play area for children”*.

“I am a real fisherman (Jele). Earlier I had 7 ponds. In the last year, I have taken a lease of another 4 ponds. Now I have 11 ponds. I have also bought some land. I have a plan to have my own hatchery. I will employ people to work in my hatchery”. Fish Fry Hawker, Jamalpur

“My earnings have increased in the last year. Earlier I used to come once or twice a month to the village to buy crops. But now, I come thrice or even four times to the village to buy crops. I plan to expand my business in the future and buy crops collectively from other villages also. There are two more collectors like me. But I have no problem because from SHOUHARDO I am the only Collector. I pay a little more for the crops than the other Collectors”. Collector, Jamalpur.

“In last one year, my business has grown. Now I sell twice the number of seed as I sold before. I plan to expand my business of selling seeds. I want to sell seeds to extreme poor people at a cheap rate. There are other seed sellers like me. But no one sells seeds door-to-door like me. During a flood I cannot do business for 1-2 months. But rest of the months I do very good business” Seed Agent, Jamalpur

Some, besides working as LSP, also provide other services. *“Apart from working as an Arsenic Tester, I also work as a tailor and produce latrine ring slabs,”* said Female LSP WASH (WQT), Gaibandha. Shanchay Sathi of Netrokona said, *“I also sell condoms and sanitary pads, which I*



bring from Shurjer Hashi Clinic in Nasibpur Bazar every week. I also bring vaccine for poultry from Government Veterinary Hospital.”

Most of the respondents stated no other similar LSPs (of the same service) were currently working in their villages and therefore, they have not experienced any such competition while offering services. However, a few mentioned that similar LSPs were providing services in their area as well. Some perceived this as a competition. The PCSBA of Gaibandha said, “Another PCSBA like me comes to my union. I go through some kind of competition with her. If she does 3 deliveries in one month, I target to conduct 7 deliveries in one month. If she conducts 10 ANC, I target to conduct 15 ANCs”. On the other hand, the Fish Fry Hawker said that there are many people providing similar services in his union. He said, “I don’t take this as a competition because they come from the fisherman (Jele) community. We coordinate with each other and provide services to people.” The vaccinator said that there were other vaccinators in his area, but he did not face any competition because he was a senior. He had a good relationship with them. They often went to him for information and advice.

Requirement for gender-specific capacity:

Most LSPs, to some extent, have developed gender-sensitive qualities. According to most of them, anybody, regardless of gender, can become and work as an LSP. They stressed that the LSP needs to be educated at some level and have sufficient training in that skill. However, they had some reservations considering cultural values and physical strength to do the work. Such as only the female can play the role of PCSBA because community women would never accept the service of a male PCSBA. They also perceived female LSPs could better play the role of Shachay Shathi as they could convince other women easily to form groups as women have more interest in saving money. On the other hand, though male LSP could perform the same work, they would have to invest more time as the job is time-consuming.

For other types of services even though they felt both males and females could do the job but for a certain type of services, they felt that male support was necessary. As for example, a female can become a LSP WASH (Water Quality Tester), but it will be difficult for her to repair tube wells and produce latrine because it needs strength. During this BBS, one LSP WASH (Water Quality Tester) in Gaibandha was found to be a female who also did tube-well repairing jobs and made latrine ring slabs. She informed that she could do her work, and people have started to accept her as LSP now for these services, though initially, they were apprehensive about her ability. She has been working as an LSP for the last nine months. Some also viewed that a female can be a Latrine producer and employ male laborers for installation. Regarding seed selling, a female can also sell seeds door-to-door or in the shop. However, she will require extra support to pull/carry heavy sacks of fertilizers.

Challenges:

The main challenge for most of the LSPs was the inflation rate of their product. Moreover, people also questioned the quality of their products if they did not get the result as expected. The Seed Agent of Netrokona said, “If the price of my products goes up, it will be a challenge. I shall not be able to sell products to farmers at higher prices”. The Seed seller of Jamalpur said, “If the yield is less than expected, the farmers accuse me of giving low-quality seeds.”



Another challenge for some LSPs was that people wanted proof of their expertise in the form of certification. One of the LSPs WASH of Gaibandha said, *“Since I am a female, people sometimes question my ability. They ask if I have any certificates from the UP Chairman or Member. Then I try to convince them that I am trained by SHOUHARDO and show my ID and explain to them my work. Sometimes they say that the ID is fake. But when I get introduced during VDC meetings, people become convinced and take my services. I still face this challenge sometimes, but gradually I am overcoming this problem as my familiarity is growing”*

“It was a big challenge for me initially while forming groups. Everyone thought it was fake and I shall run away with their money. But when they saw that their savings were kept in a box with group members, then they gradually started to trust me. Now I don’t face any problems. But some are not regular. Then I fine 5/- taka for being late, and this helps to maintain their regularity”. Shanchay Shathi, Jamalpur

For the female LSPs, particularly for the PCSBA, their main challenge is mobility at night and their client’s unwillingness to pay them for their service. PCSBA of Gaibandha expressed her concern, *“If I get a call at night, then people say bad things about me because I am divorced. There is no solution to this problem. I do my job. Some people tell me not to pay me as I get my delivery kit from the government, and so I do not have any expenses. I explained to them that I am trained and work like a doctor. I wear gloves, maintain cleanliness, and conduct delivery to ensure that the mother and the baby remain well. Now people in my area have come to know about me, and these challenges have reduced to a great extent.”*

The Fish Fry Hawker faces problems during rain and storm. *“When there is too much rain, it is difficult to catch fish due to less oxygen in the water. Again, if too much fish feed generates gas and lead to lack of oxygen. When there is a problem with oxygen, I bring an oxygen tank from Mymensingh.”*

Some LSPs mentioned about the difficulty in delivering services at the household level during the flood. The Vaccinator said, *“When there is a flood, I have to go on a raft to provide the vaccine. It takes an entire day to provide 2/3 of services, whereas else, on a normal day, I can provide 10 services in a day. So, farmers who are willing to vaccinate their livestock, I tell them to bring all their livestock in one place to save time”*.

Some LSPs were concerned about their limitations in providing services and not meeting their client’s expectations. Blue Star Provider faced a challenge in treating people injured in road accidents. *“My chamber is on the side of the road; every few days, an accident happens. Many die instantly. For the injured, except for primary treatment, I cannot do anything further because I am not a surgeon. So, I refer many accident victims to government hospitals. I explained to them that I had nothing else to do, and they take my advice”*. The vaccinator known as “Palli Chikitschok” (Village Doctor/Veterinary) faced a similar problem. *“I can provide primary treatment to animals, but my biggest challenge is that I cannot perform any operation. Because for this skill, a surgeon is needed. People do not understand my limitations and often make negative comments. So when I cannot provide the required treatment, I send them to a surgeon. They don’t take this positively. They think I should be able to give all types of treatment. I have no solution to this problem. Because except for a surgeon, a Palli Chikitschok can never operate on an animal.”*



One LSP, the Blue Star provider of Habiganj, mentioned having problems with weighing equipment provided by the project for GMP, “SHOUHARDO has given me a Height Scale and a Weighing Machine. The Height Scale is of good quality, but I could not use the weighing machine for more than 15 days. It is China brand and has broken.”

The LSPs took several initiatives to address and minimize their current challenges. These included conducting meetings to raise awareness at the community level and one-to-one communication to explain the problem. These have proved to be worthwhile because none of the LSPs mentioned that they were losing clients or that people were not interested to take their services. Rather they said that working as SHOUHARDO LSP has increased their reputation and clients.

3.3 Findings (Qualitative Assessment) Community Level Facilitators (CLF):

The following section contains the findings from the interviews with the Community Level Facilitators (CLF). The findings are presented in the following broad areas – CLFs’ profile, resource and motivation, linkages and capacity, and challenges. USAID’s sustainability framework is focused on four key areas including resource, motivation, linkage and capacity⁴⁹. SHOUHARDO III’s work around follows the same areas as the program invested in building capacities of CLFs in ways in which they can sustain in the future as well as strengthened their linkages with public and private sector actors so they can still offer voluntary services to community people. Findings below are indicative of the fact that CLFs are functioning as expected by the program.

CLF profile:

A wide range of CLFs was found including Village Development Committee (VDC), Women Empowerment (WE), Disaster Risk Reduction (DRR), E-Business, and Business Skill Development (BSD). Besides functioning as CLFs, respondents were found to be involved in a wide range of occupations, such as working as farmers, students, homemakers, computer shop proprietors, tailors, web page developers, etc. CLFs main focus was to provide services to community people. CLFs did not get any monetary benefit for their role. Instead, they volunteered their time to assist community members in need of services, in addition to their routine livelihood activities. In most cases, community members who were involved in social work, well known and respected in the area, have been selected to work as a CLF.

The VDC leader of Gaibandha said, “Everyone in my village knows me because I also work as a BRAC community skill birth attendant (CSBA). This is my main occupation and source of income. When a group was formed by SHOUHARDO, group members selected me as a VDC leader because I can talk openly with people and help them when necessary. I help poor people in my area to get a different type of cards from the Union Parishad, such as VGD card, VGF card, old age allowance, widow allowance, and disability allowance. I conduct meetings adults and adolescents to stop child

⁴⁹ <https://www.fantaproject.org/sites/default/files/resources/Exit-Strategies-Synthesis-ExecSummary-Jan2017.pdf>, cited on 26 October 2022.



marriage. I have been serving people as a SHOUHARDO VDC leader for last 6 years. I get a lot of respect as a VDC leader”.

“I am basically a farmer. I have been involved in SHOUHARDO, DRR for 4 years. In my DRR group, there are 2 more female members. We call 1090 and get an early warning about flood, rain, and cyclone and inform people through miking”. Male DRR Leader, Netrokona.

Motivation and resources:

Each respondent had a distinct period working as a CLF. Some, like the VDC and WE leaders had a great deal of experience and had been working from the beginning of the project i.e., up to 6-7 years. Since most of them were already involved in other social work, they had strong linkages with the local government/Union Parishad. CLF, like the DRR leader, were found to be been working for 2-4 years and E-Business-related CLF recently started their role i.e., less than a year.

The CLFs providing free services are inspired by their reputation and respect in the community. Some CLFs were destitute women who had experienced hardship in life, and therefore their sense of social responsibility to help people was the driving force behind it. To them, commitment and assisting people in their area were more important than money.

“I am a widow. I lost my husband 2 years ago. SHOUHARDO has provided me with tailoring training and money to buy a sewing machine. I now work as a tailor, and this is my main occupation and source of income. I have been providing my service as a DRR leader in Belgacha village for the last two years. I advise people what to do to cope with natural disasters”. DRR leader, Jamalpur

WE leader, aged 31 years, Habiganj was inspired to become a CLF because it will give her the opportunity to work to stop child marriage. *“I agreed to work for SHOUHARDO because I shall be able to work for women's development and against child marriage. I was only 12 years when I got married and my husband divorced me when I was 20 years. I understand the effects of child marriage because I learned my lesson from my own experience”.*

Service recipients of CLF services were community people, including the poor, middle class, and lower-middle class. Both males and females communicate with them for necessary services. According to the CLFs, SHOUHARDO beneficiaries reach them more. In addition, the poor and the destitute, elderly, widows, and disabled people took their services often. Except for E-business, other CLFs did not charge any money for their service. CLFs interacted with the Chairman and Members of Union Parishad, and primarily assisted poor and extreme poor individuals in obtaining monetary support from government Social Safety Net Programs (e.g., VGD card, VGF card, Old Age Allowance, Widow Allowance, Disability, and Children Allowance) without difficulty. In addition, they worked on preventing child marriages, gender-based violence incidents, domestic violence, and encouraging parents to send their children to school. Some provided multiple CLF roles and provided services as LSP as well.

“My main occupation is working as an In-charge in Ayesha Foundation Cottage Industry, BRAC. As WE leader, I conduct the meeting to protest child marriage and prevent domestic violence. I am a victim of child marriage, so I do not want others to make the same mistake and suffer the consequences of child marriage. I have been working as a CLF for the last 84 months. My name is



also on the list of women leaders of Union Parishad. I am well known in my village. I am also the president of DRR, VDC, and work as a Vaccinator and Shanchay Shath". WE leader, Habiganj.

CLFs involved in DRR attempted to raise public awareness for community resilience and coping before and after disasters and shocks. When they received an early warning about a calamity, they informed people in the village through miking and also went from door-to-door to contact as many people as possible and warn them about the upcoming catastrophe.

The DRR leader of Jamalpur said, *"We get an early warning through mobile from RIMES. We are also told about the upcoming disaster in meetings held by the Union Disaster Management Committee (UDMC). After I get the news, I inform people about the upcoming cyclone, rain, and flood in the area through miking. I tell people to keep money aside and also to buy medicine for fever, dysentery, cough, etc. I also tell them to keep a portable stove for cooking. Through this work, I became aware that people free of charge. Because of this work, people respect me and greet me (give me salam) when they pass me on the road"*.

"When we observe that river water is rising, then we call 1090 to get information about the weather. After I get the information, I use the mike of the Mosque and inform everyone. I also give the news to people in the tea stall in the market. I tell everyone to store dry food. I tell them not to boil paddy. I ask them to gather the crops in advance. We also hold meetings with VDC and help people to get support like Old Age allowance, VGD, and VGF card, and support from the UDMC during flood" Male DRR Leader, Netrokona

CLFs engaged in E-Business were the only ones who charged for their services. *"I have a computer shop in the market. I do various types of online work in my shop. In addition, I also sell mobiles. This is my main occupation. As a CLF, I provide service to people in the area. Sometimes I take the money, and sometimes I don't. Such as, when people come to me to send electricity bill through BIKASH, then I do not charge them. But if the bill is more than Taka 400/- then I charge Taka 10/- as a service fee for BIKASH. I also make online job applications, take out results, and other internet-related work. For a job application, I charge 120/- taka, which is an on-line charge, and to print out results, I charge Taka 30/-. I have been engaged in this work for quite some time, but people did not know me much then. After I started working as a CLF for SHOUHARDO, my acquaintances grew as everyone came to take my service. I also cash BIKASH and flexiload. I earn about 10,000 – 12,000/- taka per month"* E-Business, Gaibandha.

Linkages and capacity:

CLFs received capacity-building training arranged by SHOUHARDO. In addition, some of them received training from other local NGOs, and their years of experience in social work and acceptance in the community also helped to do their work. All CLFs received some kind of training allowance. Some also received financial support from SHOUHARDO to start a business. According to them, meetings and training have decreased due to COVID-19. Besides working with SHOUHARDO, some CLFs are engaged in other projects of other NGOs/INGOs.

The E-Business CLF of Gaibandha, an Honor's Final Year student, mentioned that 3 years ago, he received one month of training from SHOUHARDO, which was not enough to develop computer skills. So, he took a one-year computer course with his own money. *"I have gained*



some ability, but not fully to earn more. I want to expand my business. SHOUHARDO people come to my shop. They said they will initiate the online service in my shop soon.”

The VDC leader of Gaibandha said that 5 years ago, she had received Leadership Training from SHOUHARDO. The training was for 7 days. In the last 5 years, she had received training from SHOUHARDO 7-8 times. These included goats rearing and vegetable cultivation. She had also received 10 days of training on tailoring. Most of the training was held at the Union Parishad. *“At the end of the tailoring training, I received Taka 8000/- from SHOUHARDO and I bought a sewing machine with that money. After that training, I have been earning about 5000 – 6000/- Taka every month by tailoring. Every year the training were conducted very efficiently. The training has been adequate for me.”* Regarding linkages, she mentioned that different government departments and NGOs contacted her to work in their area. She did not require to do anything but only attended their meetings. She felt that leadership opportunities helped women to avail rights to they are entitled to. *“All women should get the opportunity for leadership like me. Then only they will be able to get their due rights”.*

“I received many trainings from SHOUHARDO. The last training, I got was 2 months before. The training was for 5 days. The training was provided by SHOUHARDO and DAM. The training was about VSLA group formation and leadership. I have very much benefited from the training. It has created scope for me for income generation by becoming a Shachay Sathi. I work with many organizations on women's development. I like to be busy working for women”. WE leader, Habiganj

The DRR leader of Jamalpur said that she received 2 days of training twice from SHOUHARDO. The training was held in ESDO CRC. The training was about flood preparedness and coping mechanisms. *“The training was very useful. They taught us what to do before and after the flood. Whatever I learned from the training, I shared with the people in my area. There was no flood last year. However, if there is a flood, there will be less damage because people have become more aware now. I am also involved in two other projects of World Vision.”*

Specific CLF profile:

Except for E-Business, other CLFs worked in groups and provided free services to community people, which was valuable to them. CLFs sense of social responsibility has made them committed to doing their job. They have earned respect from people with their service quality. The number of people taking their services has increased each day. CLFs appreciated that individuals came to them with concerns with the expectation of finding a solution. Due to the overall increased contact, their relationship with the local government was also improving.

The VDC leader of Gaibandha said, *“In our VDC, there are 15 members. 6 are male and 9 are female. My responsibility has increased more than before. I work with the help of my group members. From the Union Parishad, last year, we arranged 3 widow allowances, 2 disability allowances, 9 VGD cards, and 5 VGF cards for extreme poor families. When I am in trouble people, help me, and I also try to help them in their need. I called 1090 during the flood and informed everyone in advance. We let the people of the area know by miking how much the water would rise. Regarding service provision, I give priority to women because they are most vulnerable”.*



“Every year, my work and responsibilities are increasing. Because my popularity and acquaintance in my village has grown much more due to SHOUHARDO. Last year I distributed Taka 3500/- to the extreme poor families which was given by SHOUHARDO due to Corona. I arranged 45 latrines from the Union Parishad. My future plan is to form a savings group with adolescent girls and provide them with income generation training. If adolescent girls become self-sufficient then their parents will not marry them off at an early age. There are more women leaders like me in my village. 2 VDC members also work with me. We all work in coordination with one another for the development of our village, and therefore we do not face any problem.” WEE Leader, Habiganj

“In my village, we 3 DRR leaders work in coordination with one another. The loss and damage due to disaster is much less than before. Because everyone now knows well about disaster preparedness and what to do in the aftermath of a disaster. But there are no specific flood shelters in our village. People take shelter in school during the flood.” DRR leader, Netrokona.

The CLFs are efficiently addressing community-level challenges.

**Case Study: Aminul Islam, DRR Leader,
Age 34, Education – Class VIII pass, LSP working experience – 4 years,
Dakhin Dew Shehila village, Fatepur union, Madan upazila, Netrokona**

My biggest achievement since becoming DRR Leader is Beribadh in our village. This embankment was broken. If the dam broke, then the whole village would be flooded. The farmer's crop would be wasted in water all year round. In such a situation, I planned myself and formed a committee in the mosque with ten notable people from the area. We all went to the Thana Nirbahi Officer together. We requested him to fix our dam. He agreed but did not take any immediate action. Meanwhile, the embankment got collapsed. I did not know what to do. Later, with the courage of ten members of the committee, I started collecting money from the villagers. Taka 500/-, 1000/-, 2000/-, according to their ability to give money. At one point, we collected a total of Taka 270,000/- (Two lakhs and seventy thousand), and this entire money was used to fix the blockage. Because of this dam, we farmers are now able to take crops home on time. If I had not taken this initiative, the place where you are sitting today probably would have been underwater. If the villagers did not have trust in me and deposited money, maybe I would not have taken such a big initiative. I have been able to gain their trust because of friendship. I am grateful to everyone for this.

Requirement for gender-specific capacity:

Most of the respondents mentioned that due to SHOUHARDO, there has been no discrimination between males and females. Equality between males and females has been accepted in families considerably, and domestic violence has been reduced to a great extent. They felt that both males and female could do CLF work. Many women are now providing services as a CLF. Some CLFs believed that a female CLF performed better than their male counterpart because men always considered monetary benefits. The WEE leader of Habiganj said, “A male VDC leader will not work actively like us because men usually do not want to work for free. They always look for money in return”.



Challenges:

CLFs stated various challenges and difficulties they experienced while working/providing services as CLF. The most common challenge, particularly for CLFs who arranged Safety Net Program support for the poor people from the Union Parishad, was listing names who required support, because they could not, please everyone. Community people were often skeptical about this list. However, they tried to solve this problem by holding meetings and explaining it to community people.

“We faced great difficulty during Card distribution. When we gave a Card to one person the other got upset and cursed us. They did not want to understand that it was not possible to help and cooperate with everyone at the same time. We held meetings frequently to solve this problem. The people in my area have benefited and therefore, they trust me now.” VDC leader, Gaibandha

“Everyone wants to give their names. It is difficult to make them understand that support cannot be provided at a time for all. This is a big problem for women leaders like us. We hold meetings and try to convince them that the neediest person will get first on a priority basis.” WEE leader, Habiganj

The challenge faced by the E-Business CLF, was that he was often thought by the community people as employed by SHOUHARDO to provide free services. *“Many elderly people took my services but did not pay me. This was due to their ignorance. SHOUHARDO brothers and sisters held meetings and explained to them. I also explain to them that for certain services, we have to pay the government or the companies. Now they understand, and I do not face any problems”*. According to him, people have benefited from his services. Now they did not need to stand in long queue at upazila or union level to get the service; neither did they require to spend money on transport to go to Upazila or union.

3.4 Findings from FGD with PEP and Non-PEP Communities:

The following section presents findings from 8 Focus Group Discussions (FGDs) with the PEP participants for assessing the services of Community-Level Facilitators (CLF) i.e., 4 from Haor and 4 from Char and 8 FGDs for assessing services of Local Service Providers (LSP) i.e., 4 from Haor and 4 from Char. An additional 4 FGDs was conducted with non-PEP participants (2 from Haor and 2 from Char) to assess the services of CLFs/LSPs.

Change in accessing services:

According to FGD with PEP and Non-PEP participants, there have been many positive changes in their area over the last year. The participants observed changes in agricultural activities, women empowerment, establishing good governance, and health-hygiene practices. It was evident from the FGDs that LSPs and CLFs were working actively in the villages, and people were taking their services because they were readily available. There have been changes in market access for farmers. They could sell their agricultural products in their village instead of traveling, which saved time and transport costs. The LSPs helped them to form savings groups and encouraged them to save for the future. The CLFs, like the DRR helped them to prepare for any natural disaster through early warning. They mentioned services from LSPs



like seed seller, PCSBA, collector, fish fry hawkler, vaccinator, latrine producer, WASH and how it has improved the health, nutrition hygiene, and environment in their community. They also mentioned taking computer service for registration and application purposes.

They mentioned that due to the SHOUHARDO project there had been significant improvement in people's livelihood in terms of agriculture, fish farming, cattle, and poultry rearing as well as other non-farm activities like tailoring, computer operation, etc., which happened due to awareness, training, and support from the project. *"We were taught that goats have to be kept on the scaffolding and the scaffold should be made 1.5 / 2 feet high from the ground. Due to which goats do not get any diseases,"* said Abdul Gaffar, Hashilkandi village, Shaghata Upazila, Gaibandha. Ratan Begum from the same village said, *"After receiving training from SHOUHARDO, now 8 of us are working as tailors in a mini garments factory in this village. The person who owns the mini garments factory, her husband, sells fabrics in a van and brings tailoring orders for us"*.

Some also received financial support from the project for income generation. Rehana of Madhya Uria village, Fulchari union, Gaibandha said, *"I received 3000/- Taka from SHOUHARDO with which I bought a goat. I sold that goat for 10,000/- Taka, and with that money, I bought 3 goats. Later I sold those 3 goats and earned 18,000/- Taka."*

Regarding accessing services, Eti said, *"Earlier we did not do any arsenic testing. Now Ataul and Khorshed brother tests arsenic in tubewell water and installs sanitary latrines. Now everyone uses stench-free sanitary latrines"*. Khokon said, *"Now we take health service from the Health Complex. Dr. Sanwar gives all types of primary health care"*.

PEP participant, Netrokona reported, *"Earlier, we did not have any Baksho Samity (VSLA). After SHOUHARDO came, Shanchay Shathi sister held a meeting with us and formed a savings group from which we are getting a lot of benefits. When we need money, we can take a loan from the Baksho Samity at less interest rate. A specific time is given, and we return the money within that time frame. Everyone has become conscious about nutrition. Almost every household rear chickens and ducks and earns money from selling eggs. Similarly, those who rear cows and goats also earn from selling milk. By having milk and eggs, they can also fulfill their nutritional needs"*.

FGD Participants in Habiganj mentioned, *"We also have a women group in our village. They have stopped child marriage and protested to prevent domestic violence. They hold meetings and tell us that a girl cannot be married before she turns 18 years. When women face violence; we try to solve it by reporting to the VDC President. But when we cannot, we take the assistance of the UP Chairman to solve the problem."*

Hasina of Hashilkandi village, Shaghata Upazila, Gaibandha, reported, *"During pregnancy I took all services from PCSBA Shumi Apa, starting from the checkup, weight taking, blood pressure measuring until child delivery."* Ratan Begum said, *"In the past one-year, health condition of people and animals have improved. We have a village doctor who treats animals. Chicken, ducks, and goats get fewer diseases due to vaccine."*



Type of required services:

The extent of community poverty was found to be the contributing factor to need of services at the local level. The type of services mentioned included support for livelihood-related activities, health, and hygiene. Community people were highly dependent on crop and vegetable cultivation, poultry and livestock rearing, and fish farming. According to the FGD, PEP and non-PEP participants' access to LSP and CLF services has benefited them in terms of guidance for the application of new agricultural and farming technologies and measures to avoid loss and damage during natural disasters. They also mentioned that hybrid quality seeds sold by the LSPs and advice on fertilizers and insecticides used have resulted in improved yield. It was also found during FGD that pregnant women needed PCSBA services for ANC, PNC, delivery, and GMP for children. They have also mentioned that VDC helped them in obtaining financial support from government safety net programs such as VGD, VGF, widow, old age, and disability allowance from the Union Parishad. The services of WE leaders were necessary because they provided support to stop child marriage and domestic violence. Sometimes WEE leaders and community women took the support of the UP Chairman/Member to address these critical issues.

FGD participants of Habiganj mentioned, *“We who are very poor, we need the service of a skilled birth attendant. Our Runa sister is a trained PCSBA. She provides all kinds of health services. She has taught us to wash our hands in 5 critical times and to use sanitary latrines. We also need agriculture-related services, and that is why we are able to produce good crops and earn money and meet nutritional needs as well. The VDC leaders arrange and distribute VGD, VGF, and old age and widow allowance cards among the poor. Besides, they also arranged 10 Kg of rice during Eid for the poor families”*.

FGD participants of Gaibandha said, *“We take service for women empowerment. Earlier, women were backward, but now they are not. Everyone has become smart and is able to speak up. We together have stopped child marriage and domestic violence. There are no incidents of child marriage now. When we cannot then, we take the assistance of the Chairman to stop a child marriage. PCSBA Shumi sister received training from SHOUHARDO, and now she provides health services. She conducts child delivery and weighs children and also checks diabetics and pressure.”*

FGD Participants, Datta Para village, Baniachang Upazila, Habiganj, *“All services are essential to our lives and livelihoods. Like we're all in a savings group. Parul Apa has formed this group with 18 female members. If we keep money at home, it gets spent, so we save. In time of danger, we can get out of danger by taking a loan from there. If we take a loan from there, the interest rate is Taka 50/- per Taka 1000/-, but if we take a loan from elsewhere interest rate is Taka 100/- per Taka 1000/-. If we take a loan from the savings group, we have to repay it within three months. Accumulating savings has been very beneficial in our life and livelihood.”*

Service providers in critical times:

The LSPs/CLFs serve the communities during natural disasters; they conducted community meetings and informed them about the 1090 hotline for receiving early warning messages. From these meetings conducted by DRR leaders, community members learned about disaster preparedness measures such as storing dry food items, keeping portable stoves, and moving



to shelter centers. They had also learned about coping mechanisms to minimize the negative impact of shocks and save their crops and livestock, such as harvesting their crops when they received the early warning messages. The CLFs helped the communities to receive cash support from the SHOUHARDO III program and relief goods from the Union Parishad during the COVID period.

“We can now cope with disaster. The members of the disaster committee give us early warning of disaster so that we become aware and prepare ourselves. The DRR volunteers taught us to tighten pillars, raise the house floor, and store dry foods. They taught us not to sit near the door and window because we may get hurt from lightning and thunder. They asked us to help one another during the flood. They told us to take children, pregnant women, disabled people, and elderly people to the flood shelter. They guide us during the crisis.” FGD participants, Baniachong Upazila, Habiganj

Knowledge of CLFs/ LSPs:

The FGD participants named several types of LSPs working in their areas. They are named as Community-based Vaccinators, Collectors, Fish Fry Hawkers, Seed Agent, and Private Community Skilled Birth Attendants (PCSBA) working at the community. Among the community-level facilitators, they named the VDC member, WE leader, and DRR leader.

Non-PEP participants also had knowledge on LSPs working in their area and taking their services when required. Non-PEP participants of Uttar Modhya Katlamari village of Fhulchori Upazila, Gaibandha mentioned the following LSPs working in their area: -

- (1) Seed Agent: Jahidul Bhai
- (2) PCSBA: Mahmudul Bhai
- (3) LSP WASH (Water Quality Tester): Atikur bhai
- (4) Latrine producer: Ruhul Amin Bhai
- (5) Collector: Madhu Bhai
- (6) Vaccinator: Aziz and Siraj Bhai

They said, *“Collector Madhu Bhai come to our house and buys vegetables and paddy from us. We don’t have to take the trouble of going to the market to sell our products. We take services from the LSPs we have mentioned about. They are easily available, and their service quality is very good.”*

“We are aware of the LSPs who provide different services in our village. Abdur Razzak provides animal care, Shumi sister is a birth attendant and provides various types of health care. For Arsenic testing, tube well repairing, latrine ring slab making we take the service of Nurjahan sister and take agriculture related advice from Gani.” Mehdi Hasan, one of the FGD participants of Hashilkandi village, Shaghata Upazila

“Josna, Rikta and Jesmin are disaster committee volunteers. Before any disaster, they ask us to raise the floor/plinth of our houses. They advise us to keep dry food, a portable oven, and dry chili. Because if dry chilies are kept in the house during a flood, then snakes do not enter the house. They also tell that we should move to the flood shelter or take shelter in those houses which are situated in high lands. We also have Jakaria Bhai, who sells seeds and provides agricultural advice, Shyamol Bhai makes sanitary latrines, Sanwar doctor gives primary health care, Rasel provides all types of E-business



services, including photocopy, immunization cards, birth registration, etc. Motaleb Bhai is the vaccinator.” FGD participants, Goalor Char village, Islampur upazila, Jamalpur.

Payment for the services:

The FGD participants reported that they paid service charges to the LSPs as per their services or paid money to buy their products. “We pay Parul Apa 5/- Taka for a vaccine for each chicken or duck and 10/- taka for each cow or goat. We don’t face a problem paying for the vaccine.” PEP participants, Datta Para village, Baniyachong upazila, Habiganj.

For some services they did not require to pay any service charge but had to pay for the medicine. PEP participant of Hashikandi village, Shaghata Upazila, Gaibandha said, “Shumi Apa does not take any money for child delivery, but for medicine and check-up, we have to pay”. PEP participant of Kharnoi village, Kalmakanda Upazila, Netrokona said, “The PCSBA charges Taka 50/- for a check-up during pregnancy. But she does not force us to for payment.”

Merina, Gaibandha said, “Nurjahan apa takes 200/- taka for Arsenic testing. But for those who are poor she charges 150/-. For tube-well repairing, her service charge is Taka 50/-“. Tuhina said, “She also provides the service on credit. We take 15 days to pay for Arsenic testing”.

It was also found during FGD that community people, particularly the females, improvised cost-effective ways to buy seeds. When they did not have enough money to buy a packet of vegetable seeds, they bought the packet in groups and distributed the seeds among themselves. Non-pep participants of Jamalpur village, Baniyachong Upazila, Habiganj said, “When we need to buy seed then we each give 2/5 Taka and buy the seed in a group. Then we distribute the seed among us. Then it costs less for us.” Participants also mentioned, if necessary, they take a loan from the VSLA (Baksha Samity).

Service satisfaction:

The participants were found to be satisfied because the service quality was good and available within their reach, and they did not have to go anywhere else. They also said that they preferred to take LSP services or buy their products because it was cheaper. If they went far for any service or to buy products, then they would have to pay transport costs. Moreover, they could also take their service or buy their products on credit which they pay later during a fixed period.

Shahinoor of Jamalpur said, “We can take their service in less amount of money. We need to pay more if we go elsewhere and also have to spend a lot on transport. After we take their service, we try to pay them as much as we can. We pay money to buy seeds. But if we cannot pay immediately, then we buy on credit. Later we make the payment.”

“If we take service from LSPs, they provide the service at a cheaper rate. Such as if we buy seeds from Modon market, we have to pay 500/- Taka. But the same seeds we buy from LSP Apel Bhai at 200/- Taka. We are growing good crops, which is affordable and profitable as well”. FGD participants, Balali village, Modon Upazila, Netrokona



Rehana of Madhya Uriya, Fulchari Upazila, Gaibandha said, *“Habibur and Shabuj provide online services for birth registration, ID cards, and allowance cards. This has now become easy for us. We get services from them at a cheap rate.”*

LSP/CLF bridging:

The respondents shared that the LSPs/CLFs help them contact and receive services from the government service providers (i.e., agricultural workers, health workers at the community clinic, Upazila Health Complex, etc.). *Due to hybrid seeds, the yield has become 2 times more.”* PEP participants of Jamalpur said, *“When we require agricultural advice, we take the help of the VDC, who introduces us to the government Agricultural Officer”.*

CLFs also help them to get support from the Union Parishad in a precarious situation. Some of them played important roles in informing the Union Parishad and addressing critical issues like child marriage and domestic violence. FGD participants of Gaibandha said. *“A few days back, a woman was beaten by her husband, and her child was taken. We went to the Union Parishad, solved this problem, and returned the child to the mother”.* One of the participants said, *“There is a family nearby who wanted to marry off their daughter aged 15 years. When I came to know, I went there and talked to the parents and told them to wait until she was 18 years of age. They did not listen to me and still wanted their daughter to get married. When nothing worked, I took the help of the Chairman and Member and stopped the marriage.”*

The CLFs also informed them about the toll-free hotline numbers (999, 1090), and online healthcare services (Sara platform) through which community people can avail of necessary information/services. *“The DRR volunteers gave us hotline number 1090. Now we can call 1090 to get information about the weather and disaster and prepare ourselves.”* FGD participants, Baniachong Upazila, Habiganj.

*“Due to SHOUHARDO, we have learned to determine the agriculture varieties. Now we apply organic fertilizer instead of chemical fertilizer. Suppress crop weeds. Plant saplings by maintaining distance. We know about natural methods for pest control. We have learned all these from the Farmers APP “**Krishoker Janala**”. By cultivating in this way, we are now getting more harvest. Earlier, we got 20 mands of paddy in one bigha of the land, but now we get 60 mands. (1 mand = 40 Kg.)* PEP participants, Belgacha village, Islampur upazila, Jamalpur

“We call 1090 to get news on weather and disaster. If there is any chaos or fight or if the police is needed, we call 999 and get the service. We also have a village development committee/VDC. We take advice from there too. If after talking to them our problem does not get resolved, then we take the help of the village court or UP Chairman or Member”. PEP participants, Kharnoi village, Kalmakanda Upazila, Netrokona

Challenges in receiving services:

Almost all the FGD participants mentioned that in most cases, they had not experienced any difficulties while getting services from the LSPs/CLFs because they are available most of the time. In times when they are not available, they take the service from another. Non-PEP participants of Uttar Madhya Katalmari village, Fulchari Upazila, Gaibandha said, *“We do not*



face any problems for getting services from the LSPs. When we require vaccination service, and if the Vaccinator is in another far away village, he sends another Vaccinator or refers us to a Veterinary if treatment is required.”

Inclusivity of services:

FGD participants reported that when the CLFs (e.g., VDC, WE leader) serve the communities or conduct any meeting/village court, they equally give priority to men and women. The local service providers focus on the people who need assistance on an urgent basis regardless of their gender. They also serve the communities without discriminating against their financial status. Participants of Islampur, Upazila, and Jamalpur said, *“We never faced any challenges to take services from the CLF leaders and LSPs because they are people from our area. The LSPs provide services to both males and females equally”*.

Availability of LSP/CLF, service quality, and efficacy:

According to the FGD participants, LSPs/CLFs were available most of the time when they needed their services. *“Whenever we require their services, we either go to them or call. In most cases, if they are free, they come to our house and give the service”*. But in times of emergency, if they could not come or be in another village, they either provided advice on what to be done or referred them to another service provider. *“In case of health care for pregnant mother or child delivery, PCSBA Maya Apa is called, and if she is busy then she advises to go to the hospital and what needs to be done to get free service or sends us to another doctor. FGD participants from Goaler Char, Islampur upazila, Jamalpur.*

FGD participants from Hashilkandi village, Shaghata Upazila, Gaibandha said, *“If our animals get sick, we contact the animal doctor, if he cannot come he advises us on what to do immediately to treat the animal”*. However, sometimes community people also face loss when they cannot avail immediate treatment. Merina from the same village said, *“Once my goat got sick. Initially, Doctor Jewel treated the goat. But after half an hour, when the goat became sicker, I called him. By the time he arrived, the goat died.”*

Regarding service quality, most of the FGD participants said that their service quality was good. Because of their services peoples’ awareness has increased, their life and livelihood has improved, and this has helped the advancement in the community. As use of sanitary latrines has made the environment clean and reduced illness.

FGD participants of Goalerchar village, Islampur Upazila, Jamalpur said, *“Hannan Bhai is a whole-seller, and he buys our crops from our house, and we get the right price for our produces.”* Mintu of the same village said, *“Now we get good quality seeds. We buy seeds, fertilizers, and pesticides from Zakaria bhai in our area. We also take his advice on agriculture. Earlier, we had to go to the Upazila for these services. Earlier, when seeds were sown, it took 1.5 months for the seedlings to come out, but now sprouts come out in only 21 days”*.



Requirement for essential services:

In terms of essential services that were presently not available in the area, most of the FGD participants from the Char and Haor mentioned the need of employment/income generation and training opportunities, particularly for the women/girls. They suggested tailoring, handicrafts and computer training. They said this was necessary to become self-sufficient and to reduce poverty. They also mentioned that there was a lack of flood shelters in the area and people took shelter in schools or on the road during the flood. Sometimes the schools also went underwater. Some areas lacked safe water.

FGD participants of Kharnoi village, Kalmakanda Upazila, Netrokona said, *“We are in very many problems, especially in terms of access to safe water as well as our economic condition. There are many unemployed boys and girls in the area, and it would be better if employment through training could be arranged”*.

FGD participants of Belagacha village, Islampur Upazila, Jamalpur, *“What is needed is a shelter. There is no shelter in the area. When there is a flood, we have to stay in faraway schools”*.

“We don't have any shelter center here, which we need a lot. We need employment/ income opportunities, particularly for women and girls. If everyone earns, then poverty will disappear. It would be good if we have an NGO school here”. FGD participants, Katlamari, Fulchari, Gaibandha

“It would be good for us to have tailoring training here for the women. It will create income opportunity for them. We have a VDC house here, and that house can be used for the training purpose”. FGD participants, Datta Para, Baniachong upazila, Habiganj

Child marriage situation:

Almost all the PEP and Non-PEP participants claimed that due to SHOUHARDO III intervention, child marriage had reduced significantly in their villages. According to them, CLFs like the VDC leader and WE leader played an active role in stopping child marriage. They conducted courtyard meetings and role play to raise people's awareness against child marriage and violence against women. The participants also stated that, compared to before, people are now more conscious of the consequences of child marriage, such as early pregnancy, harmful physical effects, death of young mothers, etc. They have also learned about the legal age of marriage and required documents (i.e., birth certificate, voter ID card) to verify the bride/groom's age.

FGD participants of Goaler Char village, Islampur Upazila, Gaibandha said, *“Child marriage is almost eliminated in our area. The VDC and Ekota Dol leaders consult among themselves to take necessary action if any child marriage is about to happen. If they fail to convince the parents, they stop the child marriage with the help of the police. Our Sabina Apa held role-play on child marriage with the adolescent girls so that they could understand the aftermaths of child marriage”*.

FGD participants, particularly the female, expressed their satisfaction that there was no incidence of physical domestic violence. FGD participants of Datta Para village, Baniachong Upazila, Habiganj said, *“There have been a lot of changes in our area regarding child marriage and*



violence against women. Due to SHOUHARDO intervention, these have stopped. In our area, Maleka Apa and Munira Apa are members of women groups (WE). They solve all problems related to child marriage and disputes among husband and wife. If people ignore them, then they take the help of the Chairman and Member. They convince people that a girl should not get married before the age of 18 and a boy should not get married before the age of 21. Otherwise, there will be chaos in the family”. They further added, “Earlier men used to beat their wives a lot. So when meetings were held with men, they became more sensible. Now husbands say verbally whatever they have to say but don't beat their wives. Now men have become more vigilant about not quarreling in front of children because children will learn from them. So even if the SHOUHARDO project is gone, we will be able to continue their guidance”.

3.5 Analysis:

In general, the primary aim of both LSP and CLF was to provide essential services to community. Two categories of LSPs were found. One category of LSPs were local people involved in other occupations such as crop and vegetable cultivation, poultry and livestock rearing, fish culture, tailoring etc., who were trained by the project to become LSP to provide certain services to the communities. The other type of LSPs were existing service providers such as the seed seller, latrine producer, health service providers, etc., who were introduced, further capacitated and linked by the project to provide required services to the community people. Some of these LSPs already had established businesses. LSPs charged for their services or products. Most of the LSPs' service coverage was within their village, but some LSPs provided services in other villages also within their respective union, while some established service providers provided service in more than one union. They bought their inputs locally from the government or private sector.

On the other hand, for the CLFs like the VDC, WE, and DRR leaders, they offered more of a volunteer service to the community members. They did not receive any financial benefit, rather, their reputation and respect were their motivation behind working as a CLF. Some CLFs were destitute women who had been subject to child marriage and had experienced hardship, domestic violence and deprivation, and therefore their sense of social responsibility prompted them to serve the community people. Primary beneficiaries of LSPs and CLFs were the poor and extreme poor (PEP) village people. Besides the PEP, non-PEP people also took their services.

Both the LSPs and CLFs received capacity-building training from SHOUHARDO. Most of them mentioned that the training was adequate and helped them to learn new things and provide services efficiently; like the seed agent of Jamalpur said, “The training I received from SHOUHARDO was very useful to me. Because due to training, I came to know the brand names for good quality seeds. They also introduced us to the dealer companies.” However, some more training would have been better as the seed agent from Netrokona felt, “For me the training was not enough. If there is more training, then we shall learn more and disseminate the messages to the farmers, and they will prosper”.

While LSPs or CLFs faced certain challenges, they took necessary measures to address those challenges and respond to people’s needs. LSPs and CLFs both appreciate their work since



they are respected in society. Community members have now come to know them personally by name. During FGD most of the participants could tell the name of the LSPs and CLFs working in their village. KII and FGD findings also revealed that in the past year, there had not been much of a disruption in LSP or CLF services due to COVID-19, and in most cases, community people could avail their services.

The community people welcomed the LSP and CLF services. Being readily available in the community made access to services easier. As mentioned by the FGD participants, most of the time, they usually contact the LSPs in person or on mobile and got services at home. As for the LSPs outside the community, access became easy for the people due to the linkage created by SHOUHARDO. One of the primary reasons people liked to avail the services of LSPs because it was reasonable, relatively affordable, and could be taken on credit and paid later compared to services from other sources (i.e., market) where the immediate payment was required, and the charge/price was higher. In some cases, the LSPs even charged less amount for the extreme poor people.

The LSP/CLF initiative of the project is no doubt an innovative and appreciable approach that supports the advancement of peoples' health, living conditions, and income by ensuring necessary services. The project also rightfully selected community members who will provide volunteer services to community people as CLF. However, the Char and Haor areas being prone to natural calamity, the much-required essential services for the people were the availability of a disaster shelter center and employment and income generation opportunities.

3.6 Sustainability:

The qualitative survey offered valuable insights regarding the sustainability of LSP and CLF initiative of the SHOUHARDO III project to ensure the availability of essential services to communities. This initiative has made a significant impact in improving peoples' life and livelihood. Such as people reaching out to LSPs for agricultural inputs/guidance (e.g., seeds, fertilizer usage, pest control, modern technology use); for livestock/poultry rearing (e.g., vaccination, animal disease detection, and treatment), and for MCHN services (e.g., treatment for their children, GMP, birth-control methods, ANC check-ups, safe childbirth, and referral assistance to the government health complexes). People reached out to CLFs in critical times like obtaining financial assistance from government safety net programs (e.g., VGD, VGF, old, widow and disability allowance, etc.); for addressing child marriage and domestic violence issues; and for early warning, disaster preparedness and management. When the LSPs/CLFs could not provide sufficient support or the issue was beyond their capacity, they assisted the communities in reaching other local bodies (e.g., Union Parishad, government livestock department and agricultural extension workers, etc.). It was also found that people did not experience any discrimination or inequality while receiving services regardless of gender, age and disability. KII and FGD findings suggested that LSP and CLF services have gained popularity, and it was apparent that these services would continue even after the project was over. The following observations are considered contributing factors for sustaining LSP and CLF services.



Firstly, due to community's awareness and practice increased with regard to LSP and CLF services for improved agricultural technologies, livestock & poultry rearing, fish farming, mother and child health and nutrition, safe water, sanitation and hygiene, environment, climate and disaster coping mechanism, prevention of child marriage, domestic violence and women empowerment.

"The way the service providers are providing the service is tailored to the area. Especially women have changed a lot. Now women are rearing ducks and chickens at home. They are selling and earning money and also meeting nutritional needs. We are benefiting a lot from getting these services close to home. Earlier we had to go to Ajmiriganj to get these services. It used to take a lot of time and transport costs to get there. But now we don't have to do that". FGD participants, Padma Tara village, Ajmeriganj Upazila, Habiganj

"Those who are providing services are very useful for our area. For example, before the flood comes, people from the disaster committee come and tell when the water will enter the area by miking. It benefits us a lot in preparing for the flood". FGD participants, Katalmari village, Fulchari Upazila, Gaibandha

Secondly, in terms of LSP services, it was a win-win situation for both the service providers and the service recipients where monetary value, service quality, and community acceptance was attached. a) LSPs gained respect and reputation, leading to income generation opportunities or expansion of business. For many, this has become their main source of livelihood. b) For the community people, LSPs service quality was good, LSP services were accessible, readily available, and affordable and could also be taken on credit. People faced fewer challenges in obtaining LSP services because getting services at the household/community level saved time, hassle, and transport costs for the service recipient.

Latrine producer of Gaibandha said, "Even after the project is over, people will continue to take my service and more or less will pay for my service because they are benefitted from using sanitary toilets. It is getting rid of germs, and illness in people are reducing."

"Whether there is a project or not, diseases and needs will remain. I believe people will take services from me as long as they need health care because I provide services at a very low cost. Therefore, even if there is no project, they will take my services on payment. This is my livelihood and my dignity. I shall definitely continue my work, and hopefully, I shall not face any problems in providing my services." PCSBA, Gaibandha

"People in the area will buy seeds from me even if there is no project because crop cultivation has now become the main occupation of many people. This was not the case before. If they cannot pay me, I sell them seeds on credit, and they pay me later. The project showed me the way of business. This business is now my livelihood. I will continue this even if there is no project". Seed Agent, Jamalpur

According to *Shanchay Shathi*, in Netrokona and Jamalpur, women would continue to save money in groups even after the project is over. Because of the groups savings, they could take loans with less interest rates. They also viewed women's ability to save as their source of income has increased. Both the VSLA leaders mentioned forming more new groups and



continuing this savings scheme because as many groups as they have, their income will also increase. They remarked VSLA scheme as one kind of women's economic empowerment. *"Women have understood that this accumulated money is their own wealth."*

On the other hand, both PEP and non-PEP participants claimed that LSPs would play an active role to continue providing services because it was their profession and source of income. Expressing their satisfaction with the service quality, availability, and cost-effectiveness of the LSP services, they said that they would continue to take the services of LSPs because it was useful and more or less affordable for them. They also perceived the type of LSP demand according to community needs, such as agriculture, health and sanitation-related LSPs will be more in demand compared to others. According to them, women who have started earning due to project support have now become self-sufficient and, therefore, would be able to pay for LSP services.

"We will take services from LSPs even if there is no project. However, latrine and seed vendors will be in more demand in our area. Both types of LSPs will continue their services without the project because they will get the revenue, and we will take these services seed and latrine are two things that we need very much. If women continue to work, there will be no shortage of funds in the family. They can afford services from LSPs"

Non-PEP participants, Gaibandha. PEP participants of Jamalpur said, *"We can take their service with less amount of money. If we go elsewhere, we need to pay more and have to spend a lot on transport costs. We pay money to buy seeds. But if we cannot pay immediately, then we buy on credit and pay later after harvesting."*

"The service quality of those who are providing services is quite good. Even after the project is over, we will pay more or less money and continue to take their services because we need them. The LSPs will also continue because they are earning money by providing services" PEP participants, Netrokona

Thirdly, while the LSPs reported facing some challenges, e.g., not meeting people's expectation for providing certain services due to limited skill; peoples doubt in female LSPs ability to do the job; refusal to pay for LSP services with the concept that the project project pays them; and communication problem in reaching clients during a natural disaster and bad weather; they took several initiatives like holding community meetings and one-to-one communication with their clients to address and minimize these problems. These have proved to be worthwhile because the majority LSPs did not mention any loss of clients. Rather they claimed that due to SHOUHARDO III their clients/customers have increased, and business has improved.

Fourthly, as for the services of the CLFs, their sense of social responsibility and the community respect they earned was their driving force behind responding to community people's needs towards reducing poverty, strengthening disaster resilience capacity, and ending child marriage and domestic violence in the community. However, it is important to note that CLFs provided volunteer services besides their regular livelihood activities. Therefore, their obligation towards their community is a prerequisite to upholding their services during critical times of the community people.



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**Case Study: Majeda Khanam Mona, WE Leader,
Age 31, Education – Class VIII pass, LSP working experience – 7 years,
Jamalpur village, Uttar Purba Baniachong union, Baniachong upazila,
Habiganj**

I am a victim of child marriage and divorce. I do not want others to make the same mistake and suffer the consequences of child marriage as me. I experienced a lot of hardship for coming this far. I received training in the cottage industry from SHOUHARDO, and later I trained others. Now I earn Taka 20,000/- every month. Due to SHOUHARDO, I got Award from Joyita Foundation under the Department of Women Affairs. I feel courage is the greatest strength. I got the courage to speak only because of my involvement with SHOUHARDO. As a CLF I have been working since the beginning of the project. I provide my services in 3 villages. I am trying to make the women of the area to become a fighter like me. I want child marriage to be eradicated from society and for girls and women to become self-reliant. A woman who can erase the horror of torture is a woman who leads a new life. I want to build such a women's society.

4. Sustained Outcome, Program Implications and Recommendations

The PaBS 2022 showed that the SHOUHARDO III interventions had already achieved their intended outcomes in the lives of the targeted participants and, more importantly, demonstrated a “sustained” outcome to some extent. The results of Agriculture and Livelihoods, DRR, Resilience, Gender, and Social Accountability are quite encouraging and consistently positive despite the global pandemic experienced for two consecutive years. Nevertheless, the impact of price hikes on essential commodities also added new phenomena this year to the ongoing global food crisis.

The program may want to consider effective adaptation strategies to (i) strengthen markets and financial systems and actors to become more resilient and incentivized to create, expand, and diversify livelihood opportunities at scale and to (ii) promote and foster inclusive agriculture growth to sustain the nutritional status of children under five years of age, pregnant and lactating women, and adolescent girls.

Sustaining program outcome: The survey findings suggested that the program is performing well considering several indicators. The pattern of such growth is consistent and promising. It is also indicative that the program implementation strategy was effective and result oriented. It will be critical for the program to sustain these results in the upcoming years. The program may review a few result areas to continue its journey towards a sustainable service provision model, for example, improving pro-poo financial services and increasing coverage, continue to create an enabling environment for women’s mobility, and better access to public services for farmers.

Service provisioning: According to survey findings on LSPs and CLFs, service provisioning results (by both LSPs and CLFs) appeared as functional and encouraging. Along with strengthening the service provisioning model in the following year, the program should also



capitalize on this model to recover key livelihood outcomes and sustain impact in future. The qualitative findings suggested that LSPs were facing challenges, example, lack of access to quality inputs and information, questions raised about their service quality in absence of any official accreditation, trust issues regarding Sanchay Sathi as they deal with VSLA group's money, and lack of opportunities to continuously increase their capacity.

Recommendations: The program may consider the following recommendation for strengthening and sustaining the service provision model in future:

- The CLFs are providing satisfactory services to community people, but they are currently doing it on a voluntary basis. To sustain their motivation in future, the program can provide further training and build their capacity in a way that they are capable of earning income by providing services in the community.
- Both qualitative and quantitative findings are suggestive that LSPs and CLFs are responding to the need of community people. The need for quality service is ever changing and always emerging. The program may consider strengthening the capacity of the LSPs and CLFs by organizing refreshers as well as providing training on emerging service needs.
- Several LSPS reported having trouble in gaining community recognition. Due to the COVID pandemic, the program was not able to run interventions as they were planned so there has been gaps in communities' understanding of the service provision model. The program may consider organizing awareness session in the targeted communities to support the LSPs and CLFs.
- The program may increase its focus on improving nutrition among children, particularly in ensuring minimum meal frequency through strengthening the capacity of LSPs and CLFs as well as through partnership with public and private sector providers.
- The program may also consider continuing its work to reduce violence in the targeted communities and at the same time facilitate women's decision making capacity. None of the service provisioning models have a strong focus on this area so it is likely the current results may not sustain in the long run. One of the ways can be to identify a strong service model around gender-based violence and women empowerment.
- The LSPs are good in terms of technical capacity but it will be good to provide entrepreneurship training for the LSPs beyond technical capacity in order to make them better able to secure more income from other multiple income options.



5. Conclusion

SHOUHARDO III is currently in a cost-extension phase which intends to develop a sustainable service provision model. The annual survey offers the insight for the program to move forward to appropriate direction. DMA was outsourced to conduct this year's BBS which included the annual survey on selective indicators, a separate quantitative survey on LSPs, and a qualitative survey. DMA ensured health and safety measures throughout the survey considering the pandemic situation. The M&E staff from SHOUHARDO III rigorously monitored the survey and its quality. The BBS 2022 results gave a clear notion that the program's efforts of sustaining services for PEP and Non-PEP have been successful considering the rapid increase in several indicators.

The survey findings suggested that the program excelled in several indicators, particularly related to service provision. The program's performance showed a rapid progress despite the interruptions created for the COVID-19 pandemic. For example, farmers' yield and management practices significantly improved. They also had better access to market and increased food production. From the health and nutrition perspective, the program also made good progress. An increasing number of women received pregnancy care while 6-23 months children had an improved diet intake. The program's performance in ensuring better sanitation facilities and improved hygiene was astounding. An increasing number of households had access to improved sanitation facilities and safe drinking water. In addition, a significant rise in the number of people who had access to market and climate risk and early warning information. The prevalence of gender-based violence reduce to a greater extent whereas there a widespread awareness of cost and consequence of such violence. The access to public and private services also increased for the program participants. Respondents also shared that LSPs' services were more accessible, affordable and had better quality. It's unlikely that this progress would have been achieved without extending the PNGO partnerships and allowing for the completion of pending program activities. Despite the disruptions caused by the COVID-19 pandemic, the program continued to achieve promising results. PNGOs played a vital role to ensure the completion of program activities and sustain results in the implementing communities.

The program significantly improved the capacity of local service and input providers and at the same time strengthened the local systems during the extension phase. BBS 2022 findings clearly suggests a rapid progress in several indicators associated with the service provision and community mobilization. The program has successfully addressed the service gap in the implementing communities with a special focus to sustaining services related to food security, health and nutrition, resilience, women empowerment and good governance. SHOUHARDO III has a vital contribution in ensuring food and nutrition security, however, the program needs to ensure that the participating households are retaining good practices and technical knowledge in the long run. The program may continue to build on its success and sustain the service provision model going forward. The program accelerated activities that can leverage the greatest engagement between local communities, the market, government stakeholders, and civil society—to leave behind fully capacitated LSPs and CLFs that can function on their own and without future programmatic support.