



European Union



# **Final Evaluation Report of the Food Security for the Ultra Poor in the Haor Region**

**January 2014**



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FEMCONSULT, Consultants on Gender and Development  
Nassaulaan 5  
2514 JS The Hague  
The Netherlands  
tel: +31 (0)70 3655744  
fax: +31 (0)70 3623100  
e-mail: [hmajoor@femconsult.org](mailto:hmajoor@femconsult.org)

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## LIST OF ACRONYMS

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ANC	Antenatal Care
ASD	Assistance for Slum Dwellers
BBS	Bangladesh Bureau of Statistics
BDT	Bangladesh Taka
BS	Baseline Survey
CDA	Community Development Assistant
CFW	Cash for Work
CSO	Civil Society Organisation
DLD	District Livestock Department
EKATA	Empowerment, Knowledge and Transformative Action
EMI	Engaging Men Initiative
EU	European Union
EVEM	Ending Violence through Engaging Men
FCS	Food Consumption Score
FSUP	Food Security for the Ultra-Poor
FSUP-H	Food Security for the Ultra-Poor in the Haor Region
GBV	Gender Based Violence
GDP	Gross Domestic Product
GOAC	Guernsey Oversees Aid Committee
GoB	Government of Bangladesh
HH	Households
ICCO	Inter-church Organisation for Development Cooperation
IGA	Income generating Activity
JOAC	Jersey Oversees Aid Committee
M&E	Monitoring and Evaluation
NFP	National Food Policy
NGO	Non-Governmental Organization
UNO	Upazila Nirbahi Officer
OS	Outcome Survey
PCU	Project Coordination Unit
POA	Plan of Action
POPI	People's Oriented Program Implementation
PRSP	Poverty Reduction Strategy paper
QIS	Quantitative Impact Survey
ROM	Results Oriented Monitoring
SETU	Social and Economic Transformation of the Ultra-Poor
SHOUHARDO	Strengthening Household Ability to Respond to Development Opportunities
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
SUS	Sabalamby Unnayan Samity
TBA	Traditional Birth Attendants
TTBA	Trained Traditional Birth Attendants
UDMC	Union Disaster Management Committee
UP	Union Parishad
VDC	Village Development Committee
WFP	World Food Programme



## EXECUTIVE SUMMARY

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### Background

The Food Security for the Ultra Poor in the Haor Region Project (FSUP-H) (implementation period 1 January 2009 to 31 December 2013; targeting 55,000 women and their dependents from extremely poor households; project amount \$ 13.8 million) has been implemented in the districts Sunamganj, Netrakona and Kishoreganj in the haor region in Northeast Bangladesh. At the end of the project, it is foreseen that 84% will have been spent.

25% of the project services were directly delivered by CARE and 75% through 3 partner NGOs (i.e. Sabalamby Unnayan Samity (SUS), People's Oriented Program Implementation (POPI) and Assistance for Slum Dwellers (ASD)).

The evaluation took place between November 2013 and January 2014. Secondary data was collected through an intensive desk review of documents provided by CARE and EU and by accessing CARE documents on the web. Primary data was collected firstly through a qualitative survey. Structured questionnaires were administered to 391 randomly selected households, both in the deep as well as the moderate haors; secondly through qualitative survey. Following CARE guidelines of FGD, group and stake holder interviews, key informant interviews, transect walks were conducted. Based on the evaluation matrix developed by the evaluation team, approximately 26 interviews were carried out in some of the aforementioned locations.

Findings of the surveys were compared with the existing Baseline Survey (BS) results, CARE monitoring data and the PCU Outcome Survey (OS) of May 2012 (and the verbal report of the OS August 2013). For the Quantitative Impact Survey (QIS) a shortened version, focusing on impact related data, of the existing CARE baseline questionnaire was used, both to facilitate comparison between QIS findings and CARE baseline survey and to cater to the travel problems related to the continuous hartal situation. The selection of target communities was entirely driven by feasibility as the team was seriously hampered in their movements.

The evaluation was mostly constrained by time loss and travel problems related to hartals, oborodhs and occasional violence; the lack of accommodation in certain districts added to that constraint because the team had to travel from accommodation in neighbouring districts. The late start of the mission and the late availability of a number of background documents complicated the progress of the evaluation. Data collection was hampered by the fact that the partner organisations, whose contract finished by the 30<sup>th</sup> of November had already left, were on the verge of leaving or had laid off their project staff. During field mission, the team found that interviewees had sometimes given socially acceptable answer, for instance reflecting women's empowerment and men's input in household tasks. Therefore, the team decided to invest additional time in-depth interviewing a number of participants.

### Context<sup>1,2</sup>

The haor region or the wetlands make up the north-eastern part of the Bengal basin; its characteristics are heavily influenced by the presence of two large rivers. The area is prone to heavy rainfall, flash floods and seasonal flooding. Development indicators for the region are

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<sup>1</sup> GoB Ministry of Water Resources, Bangladesh Haor and Wetlands Development Board, Master Plan of Haor Area Vol. III Investment Port Folio April 2012.

<sup>2</sup> Parliamentarians can make the differences, Neglected Haor Livelihoods, Oct. 2013, Concern Bangladesh

very poor with extreme poverty standing at 21.9%. The average monthly income of BDT 9,648<sup>3</sup> is below the average nationwide income. 55.2% of children under-five were found moderately underweight and 48% moderately malnourished; 17.8% were severely malnourished in 2010. Infant mortality rate (57) and under-5 child mortality rate (76) are much higher than the national average of 49 and 67 respectively; in 2011 the maternal mortality rate stood at 424/10,000 in Sunamganj, compared to a national level of 194. The average literacy rate is 38% for the haor area with a lower rate for women than men.

54% of the population depend on agriculture, but more than 90% of them are very small landowners, sharecroppers or agricultural labourers. 20% of Bangladesh's inland fish production originates from the haor area. 22% of the cattle and 24% of the duck population of the country come from the haor.

Safe drinking water is available in more than 90% of the cases but the use of sanitary latrines is low at around 40% and quality of latrines is constantly threatened by submersion.

Poor communication networks and difficult infrastructure aggravated by regular submersion hamper transportation and development in all sectors. Annual floods allow only one crop per year, complicate irrigation and sometimes destroy standing crops. Women and children often suffer most as a result of restricted mobility, social stigma, wage discrimination, limited access to resource and services.

The haor area was found more patriarchal and conservative than the rest of Bangladesh. Gender-based discrimination has led to a weaker social, economic and political status of women, aggravated by lack of confidence and capacity of livelihood diversification as well as the reduced health and nutrition status of the poor.

Government officials in interview appeared highly educated and knowledgeable, but their presence when invited to meetings and interview was not guaranteed; partners confirmed that this presence was variable and depended on the commitment of the leading government official. The non-involvement of the government officials is often exacerbated by their constant transfer to other areas and or positions. Khas land, which should be distributed to landless according to 1987<sup>4</sup> legislation, is available throughout the haor area. It is difficult though to get a reliable picture of the available area, because of constant land accretion and diluvion and even more difficult for the ultra-poor to get access to it due to the local power structure and dynamics.

### The Engaging Men Initiative EMI

The EMI was also evaluated, since it is intertwined with FSUP-H and thus extends and builds on the results that would have been achieved by FSUP-H only. A full report has been handed in separately. The relevance of the design of EMI with the developmental context was found high as EMI addresses the attitudes of men (and women) and the gender equitable behaviour. these are all areas in need of improvement in Bangladesh and particularly in the haor area.

CARE, through EMI, addresses engagement of men into women's empowerment and gender equality from a global perspective. Even though the initiative was found very relevant, it is still fairly new and lightly struggling with teething diseases. The start-up of specific activities was

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<sup>3</sup> BBS, Preliminary Report on Household Income and Expenditure Survey, 2010

<sup>4</sup> On 1st July 1987 the government adopted the "Policy for Distributing Khas Land Among the Landless"

slow. Age targeting in the groups was found sometimes incorporating adolescent boys and coordination with the Ministry of Women's and Children's Affairs was lacking.

Still, the project managed to encourage men to participate in the activities, and to at least think and discuss gender related issues, which is not a small feat in a conservative area like the haors. As a result, men became more supportive to women working outside the house and they allowed women more freedom to take decisions at various levels; on the other hand, they became less accepting towards violence against women.

It is yet to early in time to report hard data on issues like decrease in violence and men really involving themselves into household chores, but it is clear that EMI as part of FSUP-H has planted a seed of gender equality in the minds of men as well as women.

### Relevance

The relevance of the FSUP-H was found very good. The integrated approach matched perfectly with most of the existing needs and issues of the target catchment areas. The income diversification tackles the seasonality and unavailability of work for the target population. Food availability considered reasonably good in the haor area but access and utilisation more severe constraints, and these were addressed by FSUP-H. The focus on crosscutting issues affecting food security like gender inequality and women's empowerment, social marginalisation and chronic vulnerability has helped consolidate the impact.

FSUP-H was found consistent with all relevant policies and strategies, including those of the EU. With regard to the Government of Bangladesh (GoB) FSUP-H was in line with national policies but also with the Haor Master Plan. FSUP-H fits in well with CARE's own framework to address poverty as well as its long-term vision to address gender and CARE Bangladesh's Gender Policy.

The FSUP-H design was based on some of the experiences of CARE'S Strengthening Household Ability to Respond to Development Opportunities (SHOUARDO) I, which was withdrawn from the region during the FSUP-H which had unplanned implications on project costs, resources and infrastructure. Nutritional data were not collected at baseline and impact level and therefore, a similar impact could not be proven. The organisation of FSUP-H around VDCs has ensured the participatory approach and ownership of the community and prioritisation of key problems identified by the community.

FSUP-H was part of an EU food security for ultra-poor programme, implemented by four organisations in different districts of Bangladesh. The one-off project grant of BDT 4,700 to each beneficiary household of FSUP-H was the smallest among the four FSUP implemented projects. Still, subsequent FSUP outcome surveys have brought out this part of FSUP-H as best performing among the four partners. The money was often invested by the households in existing small business, which appears to have brought about more positive result than in the case of other FSUP implementers.

The selection of the haor area was found relevant. During field visit observations, some of the communities and beneficiaries in the moderate haor area were found poor but not ultra-poor. Selection of 55,000 beneficiaries was compromised as care had to be taken to not duplicate SHOUARDO covered areas and ensuring beneficiaries were not participating in another program or project. As a result, there were more well-off beneficiaries than intended and they

exerted an influence in the group dynamics, which may have slowed the empowerment progress of poorer members.

Disabled persons benefitted from the project services by virtue of being members of the targeted households- Though the natural selection process yielded only 4% female headed households, by default (out migration of husbands during work lean periods of the years) this figure rose to 35%.

Even though CARE uses a strategic programming framework, the approach of FSUP-H was found to be project based. The new log frame was effectively used as management, monitoring and evaluation tool. By targeting the same beneficiaries with income generation, empowerment, nutrition and health, a good coherence and mutual influence between result areas was achieved. This clearly matched the overall project objective.

Partnership reported as not optimal by the three partner organisations; they shared that they often felt more like project implementers and had had little strategic input; also exchange and cooperation within districts and between districts was limited, with partners as well as with other stakeholders working on similar issues.

#### Project management

The jobs of the majority of the project staff, both of partners organizations and CARE were tied to the project's duration as usual and as no severance pay was foreseen, some of them left the project even before it had officially ended on the 30<sup>th</sup> of December 2013. The handover of equipment to partner organisations was described in the contract with EU but due to the partner's ignorance regarding the contents of the contract and insufficient communication, the partner organisations found themselves still unsure about the status of the equipment.

Even though all partners had been involved with CARE whilst implementing the SHOUHARDO project, the difference in implementation quality was significant. During the project as well as at the time of the evaluation some of them performed very good, whilst others were weaker in their reporting and implementation. At the time of evaluation, two organisations were still working in the area and doing their utmost to offer assistance, whilst one had closed the office almost entirely, complicating access to beneficiaries and project documents.

#### Efficiency

Efficiency of project implementation in general and use of financial resources was found to be good and CARE in most cases made considerable efforts to replace staff as soon as possible. Project resources have been used in a transparent manner and payments were mostly on time. Regarding human resources, at the onset of the project a delay was faced and other issues regarding project management led to frequent change of Team Leaders. Both CARE and its partners suffered from high turnover of staff, which is a regular problem at district level and below in Bangladesh. Most of the activities were implemented in a timely manner.

#### Effectiveness

Most of the outputs have been delivered as planned to all of the 645 communities; the quality of outputs was found good in general. Food security was improved through positive contribution of the four result areas of the project. 645 VDC groups were established and trained; all beneficiaries were members, and field level observations showed that one or two members had become leader in the group as planned by FSUP-H. In total 645 EKATA groups were formed, but out of these 195 were formed only by mid-2012. Though the quality was not measured,

according to M&E data, 87% of the beneficiaries were involved in development activities. 86% of beneficiaries had used government extension services at least once on a yearly basis and involvement with local institutions (mainly NGOs) had increased to 94%.

It was not always easy to create government linkages due to their lack of presence and weak communication by the project. The project made an impressive progress regarding Khas land and there was a particular increase in the use of the Department of Livestock Services (from 0%<sup>5</sup> to 12.8%), also primarily as a result of FSUP-H's activity with community vaccinators.

Though 95% of beneficiaries had a government safety net card, it is difficult to isolate the number of cards acquired during the project period or the contribution that FSUP-H made to the acquisition of these cards; probably the empowerment set in motion by the project has helped. The literacy level increased from 6.6% to 18.9%, which is on the one hand a good achievement but on the other hand has a limited value, since the logframe indicator defines literacy as being able to write one's name.

FSUP-H facilitated 257 households in getting access to Khas land and 377 households with access to private land ownership. The Khas land process is long, expensive and tiresome. The fact that 257 applications materialized, even if it were from a total of over 5,000, is groundbreaking, since possession of khas land by the poor is a challenge. The donation of private land was an unforeseen benefit of the project. The lease of water bodies was more difficult, the beneficiaries would not become owners because upfront payment was high and lease periods short.

190 vaccinators were trained and provided with materials in cooperation with the District Livestock Department in order to contribute to safeguarding the livestock of not only the project beneficiaries but also of the community as a whole, and obtain a secondary income. According to the information documented by CARE 87% of the trained vaccinators remained active, a number of them being women. Other Income Generating Activities (IGAs) were also supported by FSUP-H, of which small business with 45% was the most frequent one. A target of 60% was set<sup>6</sup>, but only 25-30% of the household income was provided by project-initiated IGAs, though varying financial inputs (depending on IGA, between BDT 135 and 3,155) yet a considerable additional income was created, larger than the increase found among the other FSUP-H partners. Fishing was a very frequent occupation in the deep haors and income and expenditure (on fishing gear) were found to be highest here. Even though the value chain study had come up with only fishing and duck eggs as viable IGAs, FSUP-H was right in expanding the possibilities and allowing free choice to the participants.

95% of beneficiaries participated in the savings groups, which was more than the 90% indicator required. The savings amounts varied between BDT 604 and 2,088 and investment percentages were on average low at only 18% of the total savings, but since the savings were meant as contingency fund and fall-back in times of need, the objective was achieved.

In the area of resilience and disaster management, members of 87 Union Disaster Management Committees have been trained by the project and a large number of them are still regularly active; also a number of other stakeholder groups have been trained. 422 flood protection

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<sup>5</sup> Food Security for the Ultra Poor – Haor Baseline Study Report

<sup>6</sup> FSUP grant application form Ref. 126636, Part B 1.4 (estimated result 2) and page 15 (1.7) result 2

structures have been built by beneficiaries and land raising for homestead plinths has been implemented by over 13,000 women in exchange of Cash for Work.

The OS 2012 found that the number of beneficiaries using risk reduction measures around the house had increased by 30%; the number of coping strategies had increased and far more beneficiaries are involved in a second occupation, all adding to an increase in resilience.

In the areas of health, nutrition and education, beneficiaries were linked up with the relevant government services and awareness raising was carried out. 645 community vegetable gardens were established involving adolescent girls to work on them. Some of the produce was consumed and some was sold; the profits were to be used for girls' education.

Hand washing before meals (91.2%) and after toilet use (94.3%) was already in practice at the time of the BS, but hand washing at other moments (like before food preparation (49.8%) and cleaning of babies (37.4%)) had not improved according to the QIS, but this was not specifically part of the project design. The use of safe water has been sufficient throughout the project; a considerable improvement of the use of hygienic latrines has been achieved at 34.5% (QIS ) from 2.6% in the BS even though it is below the logframe indicator of 40. CARE built 184 latrines under the project. Other awareness raising activities were also considered successful: in the field of visiting antenatal care facilities more than three times (14.0% to 50.0%), using folic acid during pregnancy (35.5% to 63.9%), having children immunized (81.8% to 93.8%). Provision of Vitamin A (31.8% to 82.4%) and anthelmintic (47.3% to 71.7%) to children. Positive behavioural changes and attention to women's and children's health needs may be reflected in the better health of the mother and child resulting in the overall well-being of the household.

#### Monitoring and Evaluation

Even though a Mid-Term Evaluation was planned, in consultation with EU it was not conducted itself. There were two ROM monitoring missions conducted though and the findings were used to make adaptations to the projects.

The development of an M&E framework had been started expeditiously in 2009, but in 2011 these had not been fully finalized. The partner organisations reported to have too little financial and human resources to conduct M&E in the field. CARE had one designated M&E officer in each implementation centre, who developed plans and worked accordingly. Data was collected but no reports were found reflecting changes to the project activities based on M&E findings and interviews with staff confirmed this finding. CARE informed the evaluation team that this was partly due to the delay by the donor in approving the changes in the logframe.

#### Constraints to the implementation

The project implementation was complicated by a number of issues, even though staff tried to make the best of it. The remote project areas are very hard to reach, communication and infrastructure are poor and distances are vast. Furthermore, there is little accommodation available. The frequent occurrence of hartals and oborodhs seriously aggravated this issue. By the end of the project, there was a continuous hartal of 3 weeks. CARE's security policy understandably forbids the use of motorized vehicles (including CNGs) during hartals but this complicates regular field visits by project staff.

Undue political influence and corruption, which people are afraid to report, are still widely prevalent and hard to address /and or circumvent; project participants are not yet in a strong enough position to fight it. Necessary upfront payments (both official and unofficial) are difficult for the ultra-poor beneficiaries, even if they are official payments like in the case of lease of water bodies.

## Impact

Overall, based on the findings from the various available surveys and the QIS, FSUP-H has had a positive impact on the life of its participants; the impact on food security has been larger than on empowerment, but also easier to measure.

The community-led approach has led to greater community cohesion. Economic empowerment has certainly been achieved and is very visible, women's empowerment social empowerment have been achieved to some extent but political empowerment much less so. Women are allowed to make more decisions at household level, but they are mainly on small issues; still this is an improvement. Mobility of women and control over assets has also improved to some extent.

FSUP-H has been most successful in addressing livelihood and food insecurity. Changing gender inequality, women's empowerment and social inequities has been more difficult in view of the project's duration. Nutritional impact could be neither proven nor compared for lack of data in the baseline survey.

Even though it is difficult to determine the extent to which the increase in income can be attributed to FSUP-H, the average monthly income has increased by more than 40%; the OS reports that 30% of that may have been earned by the IGA. This achievement was higher than any of the other FSUP activities though the grant was smallest and the income at the time of BS highest. Integrated CARE approach expedited the process of development and income generation of FSUP-H beneficiaries. One of the facilitating factors is assumed to be the investment in existing activities; the beneficiaries were left fairly free in their choice of IGA. This assumption needs to be justified and elaborated by an in-depth study.

The IGA of vaccination not only created an income for the vaccinators themselves, but also helped other beneficiaries reduce losses through a positive effect on animal health. Livestock has become more popular as a second occupation (0.1% to 11.1%), which also added to income diversification and resilience building.

An important observation regarding this activity is that a total of 185 (30% women beneficiaries and 70% male dependents) beneficiaries were trained as vaccinators. A number of them are not practicing the trade (the evaluation team was informed by partner organisations' staff in tow districts that only a handful them were plying the trade even though CARE figures were more positive) due to a number of reasons (including the non-availability of vaccines, corruption of GOB officials in making vaccines available, restrictions on women's mobility and loss of earnings while travelling to the upazilas to procure vaccines. Thus the full economic potential of this investment has still not been realized. FSUP-H could have offered more support for the women and their mobility as vaccinators. The constraints of the public service system are external but more advocacy on this issue might have contributed positively.

The possession of Khas land has improved empowerment as well as income generating activities. The project has helped in raising donated fallow land from the wealthy members of the community while the constructed flood protection infrastructure by the project has already had multiple positive effects: it enabled beneficiaries to save money on these expenditures, it provided CFW to women, it has protected homesteads from flood and has made creation of more homestead gardens possible.

Savings in general add to resilience and are used as a coping strategy. Even though all VDC have savings' rules and policies, the majority of participants did not understand what was going to happen to the savings and the groups may be too large to come to a unified decision on

investment. Thus, even though numbers of participants involved in saving were higher than aimed for, the process needs improvement.

Food intake had improved: both PCU OS (95%) and QIS (65%) confirmed that now the majority of people had three square meals per day most of the time. A large number of people had added new food items to the diets and M&E data showed 100% of people report eating vegetables almost daily. The FCS, which varied between 7.6 and 9.1 at the time of BS, now stands between 8.2 and 14.1. Sunamganj appeared to have done particularly well whereas Netrakona did not improve. No difference was found between deep and moderate haors. Even though this increase is also influenced by better harvests and perhaps independent improvement of the socio-economic climate as a result, we may safely assume that FSUP-H has contributed to the improvement. Since no anthropometric data were collected, it was not possible to say whether the nutritional status of beneficiaries had changed during the FSUP.

### Sustainability

The community approach is beneficial for sustainability, since communities have been able to identify their own needs and may be willing to follow up on them, for instance the repair and maintenance of flood protection infrastructure.

The income from IGAs is sustainable; the income has been steadily increasing over the project's duration and since a number of IGAs already existed, there is no reason why the participants would stop the activity now. The same may be said about vaccinators.

Not all participants of saving groups had a clear idea on the purpose and possibilities of the savings' amounts; some of the groups reported they contemplated giving their savings to the union parishad chairman to invest on their behalf, which could perhaps have been improved by more and/or more targeted awareness raising.

There have been positive changes in the awareness of the group members regarding their rights and responsibilities, and a small number of the exceptionally strong women have been elected to local council positions in the less conservative non-Muslim areas. Regarding Khas land, it may be difficult to acquire new plots but the ones that have been secured provide a sustainable source of income and empowerment to the FSUP-H households.

Knowledge and awareness on nutrition and health are sustainable and homestead gardens may continue to be used, provided the beneficiaries have access to seeds. Linkages with the government need to be strengthened for sustainability.

Many of the stakeholders were imparted trainings, as well as refresher trainings on multiple subjects both in class and through cross-learning visits. In general participants were positive about the quality of the training and the learnings; there was an overall training plan/schedule and some documentations on the actual numbers of participants attending each training session, however, no attempts were made to analyse the KAP (knowledge, attitude and practice) of the beneficiaries relevant to the skills obtained.

The sustainability may have been negatively influenced by the late timing and the quality of the exit strategy. Many stakeholders including a number of government partners were not aware of any strategy. Since follow-up to of the beneficiaries was not reflected in the project design, partner organisations shared that it was highly unlikely to take place.

Both the partner organizations and the beneficiaries strongly felt that follow-up is needed: because many of the VDCs still have not developed the capacity and capability to continue functioning on their own, it is also not certain whether all of them will be able and willing to support Community Development Assistants (CDAs) out of their own resources. One VDC out

of 6 interviewed informed the evaluation team that they were considering paying the CDA out of their VDC savings, if she was willing to accept a reduced monthly salary of BDT 1000.

### Crosscutting issues

Regarding the environment, FSUP-H has addressed the consequences of flash flooding and encouraged extensive fishing. Regarding good governance, the project has been implemented in a transparent manner and efforts were made to encourage the government to do so as well.

The visibility of EU and the project has been addressed from various angles. Brochures and newsletters as well as caps and T-shirts have been produced and various articles have appeared in national and international newspapers; among others, the Guardian has covered the FSUP-H success. The national round table advocacy event on Khas land has received widespread media attention and managed to evoke government's commitment to focus on the haor area.

There were a couple of observations on the suitability of messages at community level, which were at times controversial or too long and complicated.

### Lessons learned

- Future projects need to better understand the incentives that could improve participation by government officers. Political influence and engrained corruption have a major impact on the implementation of projects in Bangladesh
- Empowerment, achieving gender equality and involving men in achieving gender equalities are long term goals. A five-year project may be too short to a period to bring about significant behavioural and attitudinal changes and produce a measurable impact,
- Opportunities to improve gender equality exist in practical situations like involving women in CFW and as vaccinators.
- The expected increase of the literacy rate under FSUP-H may have been unrealistic, even though addressing illiteracy is important as it links to many developmental outcomes.
- No matter how well the latrines were constructed, they are always the first structures to be washed away by the annual flooding, flash floods and natural disasters if they occur.
- In remote areas, women appeared more mobile than in moderate haors.
- In cases where the project had been successful, project staff had built upon an existing strong rapport with local government officials.
- Strong relationships with government are have proven to be necessary to achieve certain accomplishments like acquiring access to and registering Khas lands.
- Even though the FSUP-H project grant was lower, this has not led to a lower impact helped by CARE's focus on integrated approach.

### Conclusions

The FSUP-H design links very well into the problems and needs of the Haor region and the policies and strategies of CARE, The EU, The Government of Bangladesh and National and International policies regarding the improvement of the quality and standard of life of the disadvantaged groups. The project design also took into consideration the necessity of empowering the community, especially the women, enhancing their financial security through increased earnings and advocating for their rights and access to public services and assets.

Interviews and field observations showed that the individual beneficiary selection in many cases had been good, but the approach to community selection may not always have been as rigorous as tried, as field observations pointed towards inclusion of communities who stood outside the predetermined parameters, even though there was no time to do a full scale socio-economic research to support that observation. Female headed households were given priority but the

screening process yielded only about 4% of such households; the total number of female headed households in haor areas is unknown. The numbers were probably higher by selecting households where the women became household heads by default (as a result of outmigration of the male head of household).

Better coordination and cooperation with stakeholders, both within and without the project, could have strengthened impact and sustainability. Money was spent efficiently but human resource management was not always optimal, especially in the first two years as a result of interpersonal issues in project management. There was frequent staff turnover in general; CARE did their utmost to take appropriate action but in Bangladesh it is difficult to identify staff for district level positions.

The project's impact on livelihood and food security, which was the main goal of FSUP-H was found to be the greatest. Positive changes were achieved regarding women's empowerment, gender equality and social equity but it was difficult to find a measurable impact and the project's duration was too short to fully address these deeply engrained issues.

Beneficiaries took part in development activities like linkage workshops and committees, but the quality of participation was not assessed. Linkage with the Livestock Department improved and training vaccinators had multiple benefits for the community as well as for the individual.

Improving access to Khas land, even though a tedious process, has appeared empowering and acquired land has been fully registered and transparently handled but it remains to be seen whether more land can be accessed in the absence of the project's backstopping services to the beneficiaries. The capital and upfront expenses required for leasing in small water bodies coupled with the local political and social power play far out-weighed the short term profits accrued through access to such water bodies. Hence no head way was made in this direction. CARE concept notes submitted to the EU in July 2008, stated that the project will facilitate the use of literacy, numeracy and life skills curriculum with EKATA groups. Activities related to result 4 projected that 70% of EKATA women members will have achieved literacy and numeracy skills by EOP. When asked the purpose of the literacy sessions the project staff informed the team that the exercise was intended to make the group members proficient enough in reading so that they could access and read simple books from the 'reading room' which each area was to have already created. No such 'reading room' facilities were seen by the evaluation team. On conducting on the spot reading (from posters which they themselves are supposed to have written) the evaluation team found them lacking in those particular skills. They could not read their own signatures. When asked, they said that they have drawn a picture of their names. They could neither recognize the Bangla alphabets nor read the numbers in their deposit books. What they could do very well was count in the traditional, rural method using '20' as gateposts. Given the social barriers which these women have to overcome just to be 'allowed' to come to the meetings, it has been very ambitious of the project to expect that they will be able to read and write by EOP (given only limited inputs, starting with approximately 10 hours a month reduced to only one hour per month at the tail end of the project. The literacy activity was squeezed in between 'other important matters' being discussed at group meetings) and the achievement was found poor.

Savings groups were a valuable concept but probably not sustainable as a result of too large groups and too little understanding among the group members. It is understandable that the amount of savings per group is variable because of the staggered group start up dates. There was however also no clear understanding among the group members regarding the ways and means through which they will invest their savings. Some said that they will hand over their

savings to the UP chairman who will invest it on their behalf. The project was designed in such a way, that people were free to use their savings, but they may need a bit more guidance regarding the possibilities and feasibilities.

Nutrition activities were built upon the success of SHOUHARDO but since no anthropometric measurement was done, it was unsure whether the nutritional status had improved. CARE had tried to pay specific attention to vulnerable nutritional groups like under-two year olds in the logframe, but this was not approved by EU.

The project lacked a timely and qualitative exit strategy; the strategy was shared late and a number of aspects were missing, which may negatively influence the sustainability.

### Recommendations

1. A comprehensive exit strategy should include clearly described roles of stakeholders. Aspects like follow up after the project's phasing out, handing over of responsibilities and equipment and project staff positions should be included. If possible, severance pays can contribute to encouraging project staff to support CARE until the last moment.
2. Coordination and cooperation with development partners inside and outside the project should be strengthened through increased sharing of information and more joined input into activities like workshops and seminars. Opportunities for joint advocacy on the rights of the ultra-poor, especially the women and use of each other's resources (such as transport and M&E facilities) for access to remote areas should be exploited.
3. The savings process needs to be better structured, documented and guided, until investments have been properly planned. Operational guidelines must be finalized and adhered to, to create standardization within each project.
4. CARE and others should use the data available from the project to help design and upscale activities in future projects and programs. Successes and constraints to bringing activities up to scale in future need to be closely researched.
5. Incorporating community vaccinators into future similar project designs is recommended. In order to make the system function optimally, a continuous supply of vaccines needs to be guaranteed; and a communication system set up between the vaccinators and the DLD.
6. A staff member position should be created to offer more and continuous support to donor relations and improvement of communication and PR in general.
7. Results and lessons learned from projects including FSUP-H itself should be documented in a detailed structural manner and used for internal advocacy and coordination within CARE and in the design of new projects.

# 1. INTRODUCTION

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## 1.1 BACKGROUND OF THE PROJECT

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The Food Security for the Ultra Poor in the Haor Region Project (FSUP-H) was implemented from 1 January 2009 until 31 December 2013 in the districts Sunamganj, Netrakona and Kishoreganj in the haor region in Northeast Bangladesh, reaching 55,000 ultra- poor households with a focus on women and their dependents. The implementation of the project took a two-pronged approach: one was direct delivery of services by CARE and another the delivery of services through three partner NGOs (Sabalamby Unnayan Samity (SUS), People's Oriented Program Implementation (POPI) and Assistance for Slum Dwellers (ASD)).

The overall objective of the FSUP-H project was to reduce extreme poverty, food insecurity, and vulnerability in the haor region of Northeast Bangladesh and its specific objectives were to sustainably improve food access and utilisation whilst reducing the vulnerability of women and their dependents in ultra-poor households in the target districts.

The EU required CARE to co-finance FSUP-H with a contribution of 20% of the total budget, and to that end funds were acquired among others from the Guernsey Overseas Aid Committee (GOAC), the Jersey Overseas Aid Committee (JOAC), Mrs Andrews and the Engaging Men Initiative (EMI). The latter is an initiative financed by Care Norway/Telethon and it is implemented in many other countries as well. A separate concise evaluation report on EMI accompanies this report.

## 1.2 PURPOSE AND OBJECTIVES OF THE EVALUATION

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The evaluation has collected and analysed quantitative data as well as qualitative data. For the quantitative data, the evaluation has built on the same basic structure used by CARE for the baseline survey (BS) and it has measured as far as possible and feasible the achievement of the project's logframe indicators. A comparison with quantitative data from CARE's internal monitoring as well as from the PCU's outcome survey (OS) of May 2012 and the verbal report of the PCU's outcome survey of August 2013 has been undertaken.

The global objectives of this final evaluation were to:

- make an overall, independent assessment about the performance of the project/ programme, paying particular attention to the impact of the project actions against its objectives;
- identify key lessons learned and propose practical recommendations for follow-up actions;
- provide input for future CARE programming to learn lessons and improve practice for future projects.

More specifically, this evaluation assessed the major activities of the project through the evaluation criteria of relevance, efficiency, effectiveness, sustainability and impact.

## 1.3 TARGET AUDIENCE FOR THE EVALUATION

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The targeted audience and potential users of the evaluation are:

- CARE and partners organisations SUS, ASD and POPI
- The EU delegation
- NGOs and CSOs working in the same geographical area and/or on similar subjects and with similar target groups
- Relevant government authorities

- Grassroots beneficiaries
- All other stakeholders involved in the project

## 1.5 EVALUATION METHODOLOGY

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### 1.5.1 Inception phase

The preparatory activities for the evaluation included:

- Compilation and review of documents and reports produced by and for and in relation to the project and other documents relevant for this evaluation. This review provided input to the design of the data collection and analysis. The documents included the project proposal, progress reports, the BS and approach, monitoring reports, studies, background documents and technical and training reports. Furthermore newspaper articles and advocacy materials and CARE strategies and policies were studied. A full bibliography is presented in Annex 5.
- An identification of priority issues with assistance of the CARE staff in Bangladesh;
- A close review of the issues and questions outlined in the TOR and the project logical framework in order to develop an Evaluation Framework and QIS (QIS) methodology for the project, showing the intended causal pathway, key objectives and result areas.

### 1.5.2 Methodology of the qualitative survey

Interviews have been conducted in Dhaka with CARE current and former staff and stakeholders from various backgrounds. The findings from the desk review have been triangulated with the outcome of these interviews. As a result of late access to documents, only part of the available information could be used in developing the inception report. During the field mission most of the other information was read and the available information has been used to the full extent in developing the draft final report.

For the qualitative approach, an evaluation matrix was developed, which served as a basis for semi-structured questionnaires for various stakeholders. The evaluation matrix has been included in Annex 2A.

The methods used for the qualitative data collection were key informant interviews, focus group discussions, one-on-one interviews with individual beneficiaries, transect walks and observation of field activities. The field visit phase covered 12 working days; further collection of information from the field has been conducted after the field visit by telephone and email. On the day of arrival in each district or the next day, before starting field visits, a meeting was held with the CARE staff in the field office and with representatives of the three implementing partners. The team visited Kishoreganj, Netrakona and Sunamganj to interview stakeholders from various backgrounds. Each day in the field (except for travel days) 1 group discussion was carried out, and two face-to-face interviews with key informants in two villages completed. In each of the villages, a transect walk was made to collect field observations. In Dhaka, 20 interviews were conducted with key informants and stakeholders.

### 1.5.3 Methodology of the quantitative survey (QIS)

The objective of the QIS was to compare the data on food insecurity, poverty and vulnerability situation of the FSUP-H target group to the benchmark values collected in the baseline assessment of January-February 2010. Since the baseline evaluation had not made use of a control group, and because of the limited time available, it was decided to also forego the use of a control group in the QIS. The time frame of the QIS was slightly different, as it was conducted

in November, which may have had an effect on issues like food availability and disaster susceptibility.

To overcome hartal and oborodh related travel constraints, the teams collecting quantitative data have been stationed in preselected upazilas for a number of days and have collected data each day within one community.

The QIS consisted of a detailed household-level survey. The qualitative evaluation which was carried out simultaneously utilized mixed tools. The QIS and qualitative assessments methods are in part complementary, and each type of information will contribute to an overall understanding of households whilst at the same time a scope for triangulation is created.

The quantitative data together with the information collected in the qualitative analysis as well as the existing two PCU OSs have provided a good overview of the impact and outcome the FSUP-H project has had from 2010-2013 in the three target districts. It has also helped to support recommendations and lessons learned with quantitative proof.

The survey was undertaken from November to December 2013. Contrarily to the BS, paper questionnaires are used since Personal Digital Assistants appeared no longer available. Furthermore, no anthropometric data were collected; CARE shared that these will be collected at a later stage. The baseline questionnaire was shortened to collect only those data relevant to measuring impact and outcome of FSUP-H.

The household questionnaire was divided into ten sections, each subject being relevant to CARE FSUP- H programming objectives. Data were collected on the following topics:

- A: Identification – area identification, religion and ethnicity.
- B: Household demographics, education, disabilities, marital status, primary and secondary occupations
- C: Economic Security – includes housing characteristics, ownership of assets, household expenditures, income and employment, and loans.
- D: Food intake and diversity, months of food sufficiency, and household food access.
- E: Water and Sanitation.
- F: Health Practices and Illness –hand-washing behaviours, illnesses.
- G: Participation in development processes and access to services and common property
- H: Natural Disasters – types of disasters and their effect on the household.
- I: Family Authority and Decision-making at household level
- J: Child nutrition, Antenatal Care and Family Planning – information on breastfeeding practices, food consumption during antenatal care, child food consumption, antenatal care and family planning and immunizations.

Between 12 and 20 November, three pairs of two enumerators (one male and one female to facilitate discussions with both male and female respondents), two note takers and a translator were selected for the qualitative field work and quantitative data collection. On 20 November the final selection of enumerators took place and on 21 November an orientation workshop was organised, to familiarize the field team with:

- The outline, objectives, results and activities of FSUP-H
- The administrative and financial rules and procedures
- The questionnaires and interviewing method
- The method of random sampling of household heads to be interviewed

All members of the field team were provided with a package containing 65 questionnaires, receipt forms for financial transactions, time sheets, part of the TOR displaying the main background information related to FSUP-H and an ID card, specifically produced for this task to facilitate their field work. An example of a questionnaire is included in Annex 2B.

The enumerators travelled to their respective districts on 23 November, collected data during the next 10 working days and travelled back to Dhaka on 4 December. Upon their arrival in Dhaka, the completed questionnaires were handed to the data entry team.

A multi-stage sample design was used for the household survey. The first stage was a stratification based on three districts – Kishoreganj, Netrokona, and Sunamganj - where FSUP-H is implementing its program. Each pair of enumerators has covered one of these three FSUP-H target districts.

The first sampling stage also included a second stratification into two types of haor – moderate and deep, to be found in each district. The enumerator pairs have worked in both a deep haor Upazila and in a moderate haor Upazila. Within each Upazila, minimally two unions were selected and within each union, maximally five communities, so as to form a total of 10 target unions. Since a major part of the survey took place in hartal and oborodh situation, the team could not do a full random selection but had to settle for a somewhat purposive sampling to confirm accessibility and also limiting of traveling distance. Annex 10 provides a list of visited target upazilas, unions and communities.

Per community, six households were randomly selected from lists provided by CARE district offices, leading to a total sampling frame of 360 + 31 HHs. This number is not scientifically significant, but it was the maximum number that could be achieved under the time and transport constraints. The heads of households having participated in the project were interviewed.

Six interviews per person in one community per day turned out to be a good workload for person on one day. The enumerators were tasked to carry out the interviews at or in the vicinity of the respondent's house. They were also asked to reflect any of the observations they had outside the scope of the standard questionnaire on the back of the questionnaire form.

Difficulties in travelling in the haor areas coupled with the frequent calls for hartals and oborodhs, compelled the teams to keep travelling to a bare minimum; using the time thus saved to collect as much data as possible.

The translator and note takers have supported the Team Leader and Gender Consultant in their qualitative data collection. They have also been instrumental in the process of quality control, supporting the Team Leader and Gender Consultant who had daily contact and conducted physical visits with the enumerators in order to ensure good quality data collection and solve problems or unexpected issues that emerged.

Upon return to Dhaka, two data entry operators entered the collected data into SPSS, cleaned the data and controlled the data entry twice. A local SPSS data analysis expert was hired to support the analysis and ensure that optimal analytic use was made of the wealth of available data.

## 1.6 REPORT WRITING AND DEBRIEFING

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Part of the data of the QIS was analysed whilst the Team Leader was still in Dhaka; the qualitative data have been analysed to the maximum extent possible before she left Bangladesh. The preliminary results and recommendations after the field visits have been

summarized in the form of a Power Point Presentation, to be submitted to CARE Bangladesh to serve as input for a future stakeholder workshop.

Upon return to the Netherlands, the Team Leader has prepared and finalized the draft final reports based on further information and feedback received from the debriefing. The Team Leader has developed and presented the report in line with the requirements of the ToR. The draft report was submitted to CARE before 20 January 2014. In Annex 3, the report which was developed based on the QIS has been incorporated. The quantitative findings have been incorporated integrally with the qualitative findings in the report.

After receiving the consolidated comments from CARE (which include those of other stakeholders), these were incorporated into the reports. The Final FSUP-H Report has been submitted by the Team Leader within a week after receiving CARE's consolidated comments. Rough data collecting tools during field visits will be provided to CARE in case this is needed.

### *1.6.1 Deliverables*

The main products of the Evaluation consist of:

- The Inception Report - ready on 28 December 2013;
- Draft Final Evaluation Report EMI submitted by 7 January 2014;
- Draft Final Evaluation Report FSUP-H submitted by 9 January 2014;
- Final Evaluation Report FSUP-H and EMI submitted one week after having received comments and suggestions by CARE and other stakeholders (planned ultimately 20 January 2013)

A time table with the most important dates and a table reflecting time allocation have been included in Annex 6 of the report. The background of the Team Leader and the Senior Gender Expert has been incorporated in Annex 9. Annex 4 contains a list of people met.

## 1.7 CONSTRAINTS TO THE EVALUATION

The political situation in Bangladesh, in particular frequent hartals and oborodhs, formed the main constraint to the evaluation. The Evaluation Team managed to get the major part of the data collection completed, using local transport (CNGs and rickshaws) even for faraway distances, but this was time consuming and hampered the selection of target location, as distance and feasibility to reach a location became the major selection criteria. This may have prevented the team to have obtained a fully objective and sufficiently broad perspective.

Furthermore the Evaluation Team was hampered by lack of time. Not only did the evaluation start more than two weeks later than planned as a result of administrative issues, also part of the documentation was only made available after the field mission had already commenced. The Team felt that having had access to all documents at an earlier stage i.e. beforehand at the time of preparing the inception report would have changed their design of questionnaire. Furthermore, as they were already at the analysis stage, it was difficult to find sufficient time to pay attention as required to studying all documents.

The limited availability of CARE approved accommodation (or total lack of accommodation) was another issue which led to loss of time and created practical problems. The team at times had to travel from an accommodation in a neighbouring district on a daily basis. In some cases the accommodation appeared too small to house the entire team and in Netrakona, there was no accommodation at all and the Team had to travel from Mymensingh, which was very time consuming especially when using local transport, due to the prevailing political situation and unrest.

The partner organisations were officially involved until 30 November. Especially in the case of ASD, and to a lesser extent SUS, a large number of project staff had been laid off and had already left the area, so it was difficult to interview relevant staff members, who had been involved in FSUP-H. Thus, a valuable resource appeared not accessible. In spite of having completed their contracts and the time not conducive to travelling, individual PNGOs staff members made themselves available for sharing information and to assist the team in identifying interview sites and people and organizing meetings with community elites and the UNOs.

A further constraint worth mentioning, and one that is inherent to every evaluation, is the tendency of interviewees to give socially acceptable answers. In the QIS, it was difficult to weigh the truth value of the answers, as the questions in the survey had to be compared to those of the BS. The enumerators have put their utmost effort into triangulating these findings with field observations; the Team Leader and the Gender Expert have done the same by probing more in-depth in the qualitative survey, by field observations and by collecting information from different sources.

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## 1.8 OUTLINE OF THE REPORT

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The report starts with an outline of the evaluation methodology and tools and the further background to the evaluation itself. It continues with a description of the developmental context in which the project has had to operate, including the most recent information available. Annex 8 contains a more in-depth and detailed overview of the situation and indicators in the FSUP-H target area.

The remainder of the report has been constructed along the lines of the usual evaluation criteria. Under each heading, the findings of the QIS, the qualitative survey, the FSUP OS and various other documents are combined.

In the section on relevance the extent to which FSUP-H has addressed the developmental needs are discussed, as well as its link to various government, EU and CARE policies and strategies, the internal coherence of the design, the adequacy of the institutional and management set-up and the adequacy of the time frame are addressed.

In the next section the report looks deeper into the implementation, particularly into the efficiency and effectiveness, elaborated for each of the four result areas. Subsequently the report pays attention to the quality of programme management and the monitoring and evaluation.

Impact and sustainability of the intervention are extensively addressed, and the views of the evaluation on the capacity development shared. The report finishes with lessons learned, conclusions and recommendations.

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## 2. CONTEXT OF THE PROGRAMME

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### 2.1 DEVELOPMENTAL CONTEXT

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The Sylhet haor basin covers approximately 1.99 million ha (this is 13.5% of the total surface area of Bangladesh). It spreads over 47 upazilas of the 7 North Eastern districts (Sylhet, Sunamganj, Hobiganj, Maulvibazar, Kishoreganj, Netrakona and Brahmanbaria). 373 haors cover 858,460 ha taking up 43% of the total haor region.

The haor region or the wetlands make up the north-eastern part of the Bengal basin, which is situated between the Indian and the Eurasian Plates. Subsidence (30-40 feet over the past several hundred years), has led the rivers to change their courses a number of times. As a result large areas are submerged, the lowest depth being 10 ft. and the deepest being 20-25 ft. below sea surface level.

Situated just below the hilly terrain of the Himalayas and having an annual rainfall of 5800 mm in the north east corner, the area is extremely vulnerable to climate variability. The haor region is part of the broad Indo-Gangetic plains entry into Bangladesh, together with 23 trans-boundary rivers. Some of the catchments areas have an annual rainfall of 1200 mm.

Under these conditions the haor region is on the one hand enriched with mineral and energy resources, but on the other hand disadvantaged as a result of its regular submersion and the consequences for infrastructure and communication. Agricultural output is also affected, since crops are affected by floods, often only one crop per year is possible and irrigation in the dry season is difficult to set up.

In 2010 the haor region's contribution to GDP was BDT 263 billion, which was 6% of the total GDP with an annual average growth rate of 5%. With females outnumbering the males, the Bangladesh Bureau of Statistics (BBS) 2001 census estimated the haor population at 19.37 million and the number of households at 3.66 million. The overall population growth rate stands at 1.069% and the density at 987/km<sup>2</sup>, both of which are lower than the national average. 19.6% of the population live in urban settlements.

A study (IRRI 2004) identified Sunamganj, Netrakona, Kishoreganj as one of the country's three main poverty hot spots, having a poverty concentration of 49%, including an extreme poverty incidence of more than 21.3%. On average 29.56% of the population live below lower poverty line as compared to the national average of 29.26%. Netrokona has the highest (39%) percentage, followed by Kishoreganj (34%), of population living below the lower poverty line. Poverty and vulnerability vary between haor and non-haor locations. Approximately 35-40 % of haor located households are extremely poor while 35-40% are moderately poor (HISAL 2011).

Another report<sup>7</sup> states that the majority of households in the haor region, including some of the FSUP-H catchment areas in the poor and extreme poor categories, suffer from significant shortages of food. As shown in Table 1 below over half of all children aged under five years are under-weight, and the RIMS sample survey (Mitra, 2010) also found that 61% of all households report some period of food shortage, with 18% having at least five months of shortages each year (Table 2) below. Two-thirds of food-short households often buy food on credit (or borrow food from other households) and over 90% at least sometimes reduce the quantity consumed in a meal, with almost 60% sometimes skipping a meal (Table 3) below.

**Table 1. Distribution of households in different well-being categories (%)**

Region	Districts	Rich	Middle Class	Poor	Extreme poor	All poor
Haor upazilas	Sunamganj	5.2	22.0	37.9	34.9	72.8
	Habiganj	5.8	19.9	37.7	36.6	74.3
	Kishoreganj	5.9	21.5	43.6	29.1	72.7
Beel upazilas	Brahmanbaria	6.1	32.3	30.8	30.8	61.0

Source: Socioconsult, 2010

<sup>7</sup> IFAD, Enabling poor rural people to overcome poverty, Bangladesh, CALIP and HILIP Design completion report Feb 2013

**Table 2: Food security**

Number of hungry months experienced	Number of households	Percentage of households
None	348	38.7
01 – 02	200	22.2
03 – 04	187	20.8
05 – 06	106	11.8
07 – 12	59	6.6
Total	900	100.0
Mean number of hungry months	2.38	

Source: RIMS survey, Mitra Associates, 2010

**Table 3: Actions when household short of food**

How food is managed	Percentage of food-short households (n=552)			
	Often	Sometimes	Never	Total
Eat a grain other than rice	8.2	51.6	40.2	100.0
At least some household members skip a meal	-	58.9	34.1	100.0
Eat smaller quantity of food in a meal	17.6	73.2	9.2	100.0
Buy food on credit	43.3	46.0	10.7	100.0
Borrow food from relatives or neighbours	24.3	61.1	14.	100.0

Source: RIMS survey, Mitra Associates, 2010

Though there is no data available for the total number of female headed households in the haor regions in Bangladesh, a World Bank indicators states that in 2008 the percentage of FHH for the whole of Bangladesh was 12.8%.

53.67% of the haor population depend on agriculture as their main source of income. 68% of the people own agricultural land, 25% are owner cum tenant. Compared to the national figure of 14%, only 7% of the haor population are wholly tenants, having no agricultural land of their own. 51% of farm households are small farmers and 34% are marginal farmers. 12.52% are engaged in business, 6.13% are non-agricultural labour, 5.65% are service holders, 2.39% are transport workers, 2.59% are fishermen. The fish habitat area is estimated to be 967,000 ha and production stands at almost 20% of the country's total inland fish production. 73.7% of this is capture fishery and 26.3% is culture fishery. 3.41% are totally remittance from home or abroad (source: Haor Master Plan 2012). The average monthly income was BDT 9,029 in 2012 (approximately Euro 86 at December 2013 exchange rates). This is below the average national monthly income of BDT 9,648. Detailed haor related information including tables with indicators per district is displayed in Annex 10.

Living standards are one of the lowest in the country and as WFPs 2004 Food Security Atlas of Bangladesh has identified, it is one of the highly food insecure regions. Living on small raised platforms locally known as 'hati', the population density is very often even higher than in urban slums. People are engaged in agricultural activities for a maximum of 5 months per year. Overexploitation of the fishing areas and environmental degradation is continually depleting the aqua resources.

22% of the cattle and 24% of the duck population of the country come from the haor. Poor communication networks and difficult infrastructure transportation has hindered the development of the livestock sector and the access to the far away markets. Electricity coverage, access to safe drinking water and use of sanitary latrines are low.

Annual floods pose threats to the livelihoods; flash floods destroy standing crops every 2-3 years. Women and children suffer most as a result of restricted mobility, social stigma, wage discrimination, limited access to resource and services.

A strong family culture is prevalent in the haor region and the family size is comparatively lower than the national average. Local government and religious institutions play a key role in community life. A large number of international and national NGOs service the population.

Gender-based discrimination has led to a weaker social, economic and political status of women, aggravated by lack of confidence and capacity of livelihood diversification as well as reduced health and nutrition status of the poor. The roles and responsibilities of women and men are still strictly divided and mobility of women is often severely restricted. Early marriage is still widely practiced; no specific data for the haor region were identified, but at the national level in 2011 (UNICEF SOWC 2011) one-third of women aged 20-24 were married by the age of 15 and about two-thirds by the age of 18.

55.2% of children under-five were found moderately underweight in 2010 (Mitra 2010) against 41% for Bangladesh in 2007 (BDHS 2007) as a whole. Moderate chronic malnutrition was identified as 48% and moderate acute malnutrition at 17.8%. Infant mortality rate (57) and under-5 child mortality rate (76) are much higher than the national average, which stand at 49 and 67 respectively. In 2011 the maternal mortality rate stood at 424/10,000 in Sunamganj, compared to a national level of 194.

The average literacy rate in the haor areas is 38% as opposed to the national average of 54.8%; Men are more literate than women. Sunamganj has the lowest (33%) number of literate population, followed by Netrakona (34%) and Kishoreganj (37%). Enrolment in primary schools is 71% (national average for boys is 93% and girls is 96%), the dropout rate stands at 44%. The primary school completion rate is 34% (national average is 65%). Seasonal variability in school attendance is significant. Government provisions for free books and stipends covers an average of 45% primary students and 27.8% secondary students (PPRC 2011).

Approximately 50% of haor households are dependent on river/pond/haor water for domestic purposes and 10% of the population have no awareness regarding safe drinking water (Haor Master Plan 2010). Approximately 44.25% of the haor people use sanitary latrines. Netrakona has the lowest usage rate (35%). On average, 11 people use 1 latrine. Almost 99% latrines are constructed without any skilled supervision. Around 60% are made of surki/khola or sand or brick. 28% of pits do not have any prepared base. Furthermore, in the flood season the haor region is mostly submerged causing almost all sanitation systems to be washed away.

The government system has not been well structured and is highly centralised. Transparency and accountability of duty-bearers are not guaranteed. Even though educational background of government officials has been identified as very good, in districts they are often not present in their workplace and a transfer to a district position is seen as a punishment. Extension services and health facilities are available at district capitals, but in the remote areas they are sorely missing.

Khas land is still available for distribution among the functionally landless, more in some haor areas than in others. According to the Khas Land Distribution Policy 1997, this land should be distributed to the landless who are dependent on agriculture for their livelihood. Due to the constant accretion and disappearance of land as a result of changes in the rivers' flow, it is difficult to even estimate the amount of available land. Absence of figures combined with skewed power relations, corruption, illiteracy and ignorance about the relevant legislation on the part of the poor make it next to impossible for the ultra-poor to access the Khas land.

The impression the team had from the Impact Survey Result (when looking at food consumption score and certain health indicators), was that the development in Sunamganj had been relatively fast over the project's duration whereas Netrakona was lagging behind, which was

confirmed from QIS findings and analysis,. From Table 16 in Annex 3, it appears that Netrokona is the most traditional and conservative district with regard to gender related assumptions.

## 2.2 IMPLEMENTATION MODALITY

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The implementation of the project was done partly by direct delivery of services by CARE and partly through 3 partner NGOs, which are Sabalamby Unnayan Samity (SUS), People's Oriented Program Implementation (POPI) and Assistance for Slum Dwellers (ASD). The 3 partner NGOs together were responsible for 75% of the implementation. CARE in each of the districts was responsible for 25% of the implementation and the regional office in Kishoreganj had the responsibility for supervision and technical assistance.

The total amount of the project was \$13.8 million and 20% of that amount had to be co-financed by CARE as a result of EU requirement, which was done among others through JOAC,GOAC and EMI as matching funds. Following its commitment to EU, CARE has ensured that these funds matched with the objectives and defined activities of FSUP-H.

The GOAC fund has supported two communities in Netrokona district with regular project activities, namely constructing flood protection walls. Additionally, the GOAC fund has provided 215 women with business management training and seed money to establish their small businesses. The JOAC fund has supported four communities in Kishoreganj district to construct flood protection walls and has provided 250 women with business management training and seed money to establish their small businesses. Between April 2011 and March 2012 Mrs Andrews' Fund has provided support to 1,100 extremely poor women in establishing small businesses by providing business management training and a small grant to invest in their chosen business. Additionally, the fund has provided training to women and adolescent girls in nutritional and homestead gardening techniques. The fund also provided seed packets to allow the women to begin growing vegetables.

The EMI project fitted very well into the design of FSUP-H and it also added a new focus: the involvement of men into improving gender equality and women's empowerment. As the design of the action had mostly concentrated on women, this was found a valid addition.

## 3. CONCEPT AND RELEVANCE

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### 3.1 RELEVANCE OF THE PROGRAMME AND ITS ACTIVITIES

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The relevance of the project design of FSUP-H was found good. By using an integrated approach, a large number of needs in the field of food security, livelihoods, health, water and sanitation, disaster management and nutrition could be addressed simultaneously. Even though the integrated approach was very relevant, the very broad focus may have diluted the impact to some extent.

FSUP-H has been most successful in addressing livelihood and food insecurity. A serious effort has been made to address changing gender inequality, women's empowerment and social inequities, however, the project's duration has is deemed too short to influence inequities that have been engrained into society over the past decades. Nutritional concerns have been addressed but insufficient data are available to show the impact in this regard.

From the QIS it becomes clear that the population is poor and the income is low and irregular; almost half of the respondents indicated that the seasonality of their work and the impossibility of finding alternative employment were the main reasons underlying the occurrence of food

insecurity and out migration during lean periods. Activities enhancing income diversification and resilience are therefore very valid.

Food availability in the haor region at a macro level is considered reasonably good, but the main factors contributing to food insecurity of the ultra-poor in the haor region are more connected to issues of access and utilisation, and therefore the project rightly does not address food availability. Furthermore, the project had a significant focus on other important cross cutting issues that impact on food security, including gender inequality and women's empowerment, social marginalisation and chronic vulnerability and DRR.

The project is in line with GoB poverty reduction policies (PRSP), the National Food Policy (NFP, 2006) and the NFP Plan of Action (PoA, 2008-2015). FSUP-H fits within the required multi-sectorial set of actions focused on women's skill development, access to productive assets and participation. In the Haor Master Plan, GoB acknowledges that citizens have a right to fulfil their basic necessities. Providing the basic benefits to the haor population is specifically emphasized in the haor management plan wherein 17 out of 81 projects are devoted to developing and enhancing the socio-economics and health/nutrition conditions of the population. The objectives of project design are thus in line with this Haor Master Plan.

The project is consistent with EU policy regarding food security, which is a non-focal but highly important sector in the CSP 2007-2013, which aims at strengthening the capacities of decentralized government institutions for participatory planning and implementation of FS interventions with a focus on extremely poor and food insecure women, who have not benefited from poverty reduction programmes in the past.

The project also fits very well into CARE's strategic framework with regards to addressing poverty. According to CARE's strategic framework, the poorest part of the population should be the primary focus of development intervention, and a reasonable effort was made to address this issue.

CARE's long term strategic vision emphasises gender equity as a major focus; this is laid down in the Gender Policy for Bangladesh (2009) and supported by CARE's efforts towards achieving gender equality at the international level and the establishment of gender focal points in Bangladesh as core staff members and gender sub-focal points as project staff. Women are well represented among CARE's core and project staff including at management level. The gender focus has translated itself in the design of projects such as FSUP-H.

Improving women's empowerment can have many beneficial effects on the women themselves but also on their families and the community at large. Already under the Strengthening Household Ability to Respond to Development Opportunities (SHOUARDO) I project, women who participated in empowerment related interventions appeared to use more nutritious food and received better antenatal care. FSUP-H has incorporated empowerment as well as access to health and provision of nutritious food through homestead gardens, which may have had a mutually reinforcing effect. Unfortunately, a similar impact like the one generated by SHOUHARDO could not be proven, as insufficient data were collected to support this result.

The intervention has evolved around the establishment and functioning of Village Development Committees (VDCs); Union Parishad (UP) beneficiaries and influential pro-poor community members participate in the VDCs. The VDCs have developed community action plans to identify and prioritise key problems. This process has ensured that the project focuses on the issues, which are found most important by the target beneficiaries themselves.

FSUP-H was part of an EU food security for ultra-poor programme, implemented by four organisations (WFP, Islamic Relief and ICCO) in different districts of Bangladesh. Even though BDT 4,700 was the smallest grant among the FSUP Implementing partners and was criticized by some for its paucity, the results in increase of income have still been larger than those of the other three implementing partners. One of the reasons brought up was, that the participants were not forced to start a new Income generating Activity (IGA) but often did additional investment in their already existing business, enabling them to gain just the extra bit of income they needed to scale up and diversify their livelihood. It should also be mentioned here, that according to the PCU OS CARE beneficiaries were financially best off, but also politically more marginalized and more restrictive for women among the four implementing FSUP partners at the onset of the project, which makes the above described achievement even more positive.

### 3.2 TARGET GROUP SELECTION

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Even though the haor region is vulnerable when it comes to seasonal flooding, it is not identified in the vulnerability mapping of WB/WFP. During the last 5 years, no major disasters have taken place and overall, the vulnerability situation has improved. At the time the project started, the region was highly vulnerable and the selection of the three target districts was found very relevant.

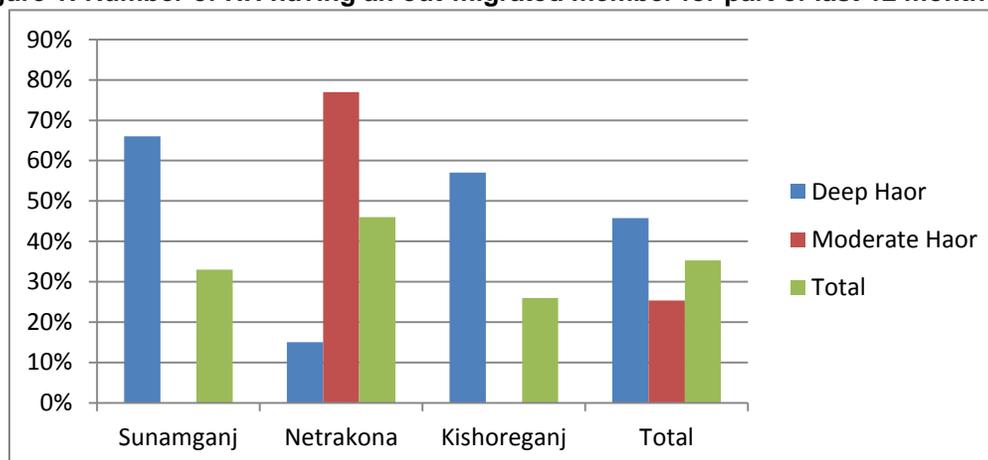
The selection of villages was done in consultation with local government. CARE and partner staff reported that especially in the moderate haors the villages looked poor but not always ultra-poor, even though no landownership was found in the QIS. Villages that had been covered by SHOUHARDO I could not be selected, which is a valid point of view to prevent target beneficiaries benefiting from more than one intervention; it also complicated the selection process since identifying 55,000 beneficiaries is a herculean task. It was shared by a number of key informants, that the selection of ultra-poor had been compromised sometimes by the sheer scale of identifying such a large group.

The EU required the selection of beneficiaries, who had not benefited from previous developmental activities. Looking at the historic coverage of NGOs throughout Bangladesh including in the haor region, this is an almost impossible task. In the Upazila Mohanganj (Netrakona) for instance, 26 NGOs were active so it is next to impossible to find beneficiaries, who have not been involved with one of them. It was also found, that even though people at first will deny membership of other NGOs or microfinance institutes, in a large number of cases they later admit to it, a fact that was confirmed by the QIS (94.4% of the respondents was involved with NGOs and CSOs) and also by the implementing organizations..

A small percentage of the selected target households had disabled family members (Annex 3; Table 4; 1.2%) but no specific effort was undertaken to select disabled beneficiaries or beneficiaries with disabled household members.

Concept wise, some people voiced doubt about the target group of “women and their dependents”. In practice, the project focused on households and not only female headed households, which is what such a concept would imply. It was found on the other hand that even though “officially” only 13% of the households are female headed, from the QIS this percentage appeared as high as 35%, a result of extensive outmigration of the husbands, looking for an alternative income source. On average, earning members in 35% of the families (according to the QIS) had out-migrated and in the moderate haor of Netrakona this percentage was as high as 77%. This leaves the woman practically head of the household, meaning that in practice FSUP-H comfortably achieved its target regarding female headed household.

**Figure 1: Number of HH having an out-migrated member for part of last 12 months**



Almost all respondents of the QIS appeared functionally landless and even though Khas land is available to varying extents in the three districts, it is almost impossible for the ultra-poor to access it; the support of the project in this regard was therefore found extremely effective.

### 3.3 COHERENCE WITH CONSISTENCE BETWEEN OBJECTIVES, OUTCOMES AND OUTPUTS

There is a good coherence and mutual influence between the various result areas of FSUP-H. By targeting the same beneficiaries with income generation, empowerment, nutrition and health a difference can be made in their lives. There is a good coherence between the result areas where community empowerment is at the basis of economic improvement; activities towards resilience and disaster management help to ensure longer term benefits.

CARE uses a strategic programming framework to cater for the inadequacy of regular project durations of 3-5 years, especially where it comes to sustainability. In the case of FSUP-H, it has appeared difficult to embed the project into a program structure and a follow-up project has not yet been identified. This problem is aggravated by the fact, that Ending Violence through Engaging Men (EVEM) groups and 195 Empowerment, Knowledge and Transformative Action (EKATA) groups have only been started in the last year of the project. Since empowerment and change of mind-set regarding gender equality are very long-term processes, this may prove the timeframe to have been inadequate.

The design of FSUP-H was built on CARE's robustly documented and impressive results with the SHOUHARDO project. This project was able to reduce undernutrition by 30% in four years. Following this design, the FSUP-H incorporated an even more integrated approach including linking to government safety nets, disaster risk reduction, and focus on livelihood building. Among CARE regular staff though, FSUP-H has not always been internalized as part of a programme approach. A number of core staff admitted to having no direct relation with FSUP-H and little knowledge about it.

After a ROM monitoring mission was carried out in March 2010, the EU observed that CARE's logframe indicators were insufficiently SMART and CARE worked on developing a new logframe and new indicators. Approval of the new logframe by the donor took a considerable amount of time and for some time, CARE worked against both logframes. Even though the (new) logframe was never officially approved, and the first one was still used as the official tool, CARE has used the new one alongside the other with unofficial consent of EU and the quality, coherence and consistence of this new logframe was found good. From 2010 onwards, the logframe has been

used in a sufficient manner as a management and monitoring tool to guide the implementation of the project.

FSUP-H is part of the EU FSUP program. Other organisations working or having worked under the same umbrella but in different districts are ICCO, Islamic Relief and WFP. The Project Coordination Unit (PCU) is an independent unit, which collects data for monitoring and OSs and is supposed to play an intermediary role between the EU and the implementing organisations.

EU FSUP has the following set of four results, which are not identical to those of FSUP-H:

1. Increased productive assets and sustainable household income
2. Improved knowledge and practices in nutrition, health and sanitation
3. Increased access to public services, and community resources
4. Improved disaster preparedness and crisis coping capacity at household and community level

The results of FSUP-H are as follows:

1. Increased inclusion and capacity of 55,000 women and their dependents from ultra-poor households, to actively engage with development processes with greater support from their communities and local level institutions.
2. 55,000 women from ultra-poor households have additional economic opportunities and income.
3. 55,000 ultra-poor households have reduced vulnerability to food insecurity and poverty and improved resilience to quick and slow onset disasters.
4. Improved and equitable utilisation of food as well as reduced malnutrition among women and their dependents in 55,000 ultra-poor households

The FSUP-H results are more focused towards empowerment than the FSUP programme in its entirety. The fact that the results are not similar makes it difficult to compare the results, which have been achieved by the various implementing organisations.

### 3.4 INSTITUTIONAL AND MANAGEMENT SET-UP

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The selected partnership with the implementing partners was overall good. All partners had cooperated before with CARE under SHOUHARDO I and felt ownership of FSUP-H to a certain extent. The coordination, management and financial arrangements were based on previous CARE experience and guidelines are clear, well understood and transparent. Coordination and cooperation between CARE and the partners at district level could have been improved through more exchange of information and reports (including monitoring reports) and better sharing roles and responsibilities in joint events, to secure an even better ownership. CARE and the partner organisations worked in the same districts and Upazilas but in different unions and there was very little exchange of information, even though the activities implemented were exactly the same in all the districts. There was no cooperation even between the partner organizations.

The partner organisations shared that they felt more like implementers rather than equal partners. A number of issues that led to frustration from the partners' side, like the significant differences in salaries for the same functions, have been solved during the project's implementation. The partners found the relationship often hierarchical and missed the mutual exchange and learning experience. The achievement of the partners was not always clearly highlighted in progress reports and articles in the media.

The relationship with EU suffered at certain points due to a number of issues including quality in the construction of protection walls. Personal frictions appeared to have played a role as well.

The differences seem to be overcome and a solution found which is acceptable to both CARE and the EU.

Even though information was exchanged and lessons learned and good practices used from CARE projects such as SHOUHARDO and the Social Economic Transformation of the Ultra Poor (SETU) Project, other opportunities were missed. There were a number of similar interventions ongoing in the project area and many NGOs and CBOs were working on related subjects, but even though efforts took place, there was room for more coordination, cooperation and joint advocacy. Apart from the occasional monthly coordination meeting, which rarely led to consequential joint action, there was little involvement with other non-FSUPH related development partners.

## 4. IMPLEMENTATION

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### 4.1 PROJECT MANAGEMENT AND COORDINATION

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As mentioned before, CARE has implemented FSUP-H with three partner NGOs, one in each district ASD, SUS and POPI. CARE tried to follow a consensus building process regarding planning with the partners but the learning process has received less attention.

Partner staff were provided with computer equipment, office space and motorbikes to allow them to travel to (remote) project sites. Staff turnover with CARE as well as the partners hampered the project to a large extent. Some posts were difficult to fill and remained vacant for a long time. Towards the end of the project, staff understandably started looking for new jobs and more job security and some left the project before it had ended; no severance bonus had been planned to ensure their involvement until the end date of FSUP-H. CARE FSUP-H Kishoreganj management staff visited the partner implementation areas on a regular basis and supported the partners in ensuring high quality implementation. All partner NGOs report directly to the CARE “haor head office” in Kishoreganj.

The partner NGOs reported that sharing of project related documentation like monitoring and progress reports could be improved. Especially regarding the monitoring reports, the partners would submit the raw data but did not have access to the analysis and monitoring reports, unless they requested them on a personal relationship basis.

Even though in the partnership statement annexed to the original proposal all three partners appear to have substantive experience in food security, in cooperating with CARE and in the project target areas, at the time of the evaluation considerable quality issues were observed, which were confirmed by findings on the achievements gained throughout the project’s duration.

Among the partners, according to data below POPI has performed very well on obtaining Khas land and collected the highest amount of savings (see table 4) and the staff were still fully present; ASD’s showed commitment during the evaluation was less than desirable and the results much lower. During the evaluation team’s field visit, POPI staff were almost all available for interaction, even though they had officially finished their contract on the 30<sup>th</sup> of November and had to travel a long way to come and meet the team. In the case of ASD, when the team visited their office on the 27<sup>th</sup> of November, 3 days before the end of their contract, they were not only unable to share documents; also no staff was available for interview except the M&E officer and the PO, who were waiting for the final disposal of equipment. The PO was hardly able to provide any project related information since, as he shared, he had only worked in the project for 7 months. A contributing factor maybe that ASD had set up office in this particular site specifically for implementing this project, thus they did not have an institutional history in the area which made it more difficult for them to build up a rapport with the local administration, this

also resulted in their absence even before the EOP date, all staff had already left and office was packed up and empty. ASD visibility in the field was limited and beneficiaries were not exactly aware of what the role and significance of ASD was. SUS performed reasonably well, though not as well as POPI, but was no longer available for follow-up.

**Table 4: Ranking of achievements of partner organisations**

		# HHs	HH Receiving land		Savings in BDT by the FSUP-H savings groups				Participants in committees
			Khas	Private	Total	Investment	% invested	Amount/beneficiary	
Kishoreganj	CARE	4,585	6	61	8,835,801	5,012,204	56.7	2,088	370
	POPI	15,275	33	56	20,961,642	2,847,755	13.6	1,434	547
Netrakona	CARE	4,585	73	49	8,492,487	3,959,133	46.6	1,895	252
	SUS	15,275	93	183	14,945,589	2,783,747	18.6	906	417
Sunamganj	CARE	4,580	52	26	3,916,488	110,000	2.8	921	437
	ASD	10,700	0	2	5,863,267	30,000	0.5	604	185
Total		55,000	257	377	63,015,274	14,742,839	23.4	1,186	2,208

Source: Care Monitoring Data

Table 4 above shows the achievements of each of the partner NGOs and of CARE, related to Khas land and savings. CARE itself appears to have performed best in all areas, even though they were only responsible for 25% of the implementation. No explanation was found for the difference in quality of implementation.

At field level, FSUP-H activities are managed by Community Facilitators (who are project staff) and Community Development Assistants (CDAs, who are volunteers but receive a small honorarium and are supposed to work 5 hours a day). None of the interviewed communities but one were ready to pay for these services but many of them wanted the CFs and CDA to continue servicing them free of cost.

#### 4.2 EFFICIENCY OF FINANCIAL RESOURCE USE

Efficiency of project implementation in general and use of financial resources was found good. CARE has benefited from its long term experience on a world-wide scale and in Bangladesh, particularly regarding the SHOUHARO project. Management of human resources has not been optimally efficient though, even though CARE made considerable effort to replace staff as soon as possible. Some interpersonal issues as well as the difficulty to find staff willing to be based at district level presented complications. The fact that positions were vacant for some time forced a higher workload on other staff members but has not visibly impacted the quality of implementation.

Financial resources were sufficient to implement the project as planned and in most of the cases funds were disbursed on time. Partners shared that occasionally funds would come late, leading to the necessity to postpone payments (including staff salary) for one month on average. Project resources however have been managed in a transparent and accountable manner. The expectation is that by the end of the project, 81% of the funds will be spent.

At the onset of the project (the first six months of 2009), a delay was faced in the start-up of activities related to recruitment, procurement and the signing with partners. The EU funding came in time but, for instance, the Team Leader only started work in July 2009. Most of the delay was made up for in the second half of 2009. The ROM evaluation reported that in January

2011 all delays had been absorbed and resources had been utilized according to planning. In the last two years though, some activities were implemented more towards the end of the project than planned.

The fact that the first Team Leader started late and that Team Leaders had to be replaced a number of times during the course of the project has been reported by other CARE staff and partners to have had implications on the speed and quality of implementation. The project is complex by its nature and each Team Leader had to invest a considerable amount of time to get to know the details and the staff and stakeholders involved. The partner organisations also had problems identifying their staff at the onset of FSUP-H, and both CARE and its partners suffered from a considerable staff turnover. This however is a regular problem for projects in Bangladesh, since most people prefer not to work at district level.

Furthermore a number of the Team Leaders (the project has been led by 5 consecutive Team Leaders and Interim Team Leaders) preferred to be positioned in Dhaka notwithstanding the fact that virtually all of the activities of FSUP-H took place at district level. CARE tried to solve this constraint by creating a position for a Deputy Team Leader to be placed at district level, but this decision was undone after a number of interpersonal relationship issues hampered the smooth implementation of the project.

Throughout the duration of the project, most of the outputs have been delivered as planned to all of the 645 communities, which is a commendable feat looking at the size of the project. The quality of outputs was found good in general.

### 4.3 EFFECTIVENESS OF THE PROJECT

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The effectiveness of FSUP-H, i.e. the extent to which the outcomes/results have been achieved by FSUP-H, will be discussed below, detailed by result area.

#### Result 1 Increased capacity for 55,000 women to actively engage with development processes

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645 VDC groups have been formed as planned and all of the 55,000 beneficiaries participated in them. The groups met regularly and were trained on all sorts of subjects including group management. Still group dynamics were very important; in the groups observed, one or two women, who were probably the designated leaders, often dominated the group process. The capacity of VDC to advocate improved but the strong group members did most of the advocacy for their personal benefits and requirements.

645 EKATA sub-groups were formed as well; this was 195 more than was planned and the latter 195 were formed by mid-2012. Even though formed late, the groups may have had some positive results for the beneficiaries, however the delay resulted in a lower quality results of related activities, for instance on literacy and the amount of money saved by group members..

According to monitoring data of 2013, 87% (logframe indicator of 80% well passed) of beneficiaries were involved in at least one development activity such as serving on local government committees or attending linkage workshops with government service providers. Even though quantitative involvement is known, qualitative involvement and the benefit for the beneficiaries of such involvement remains unclear.

According to the PCU OS May 2012, only 14% of CARE beneficiaries had not used any GO/NGO services in the past year, and 56% had used 4 or more services. 86% had used government extension services at least once, which was already above the logframe indicator of

80%. In the QIS, the involvement with local institutions other than NGOs and CBOs (which accounted together for 94.4%) was still very low (see Annex 3, Table 13). Visits to the UP Chairman, Counsellor and Standing Committee remain well below 1%.

FSUP-H has made an effort to engage with local government by advocating for the rights of the ultra-poor and trying to build linkages between the project participants and government service providers. This has not always succeeded though for reasons within the project (lack of effective communication, and sometimes outside the project (lack of government commitment or even presence). A number of government officials were not aware of the exit strategy or what was expected of them after the project's end. Government officials were very often absent from the offices at the upazila levels) and even if they were, often the relevant government officials were either not recruited for long periods of time

The main increase in service provision to beneficiaries was with the Department of Livestock, related to requirements for vaccination and technical assistance for livestock IGAs. This is interesting since there had been almost no involvement with the Department of Livestock before implementation of the FSUP-H project activities. The table below gives a comparison between the use of government extension services between the time of BS (BS, May 2009) and OS (OS, May 2012).

**Table 5: The use of GO services by beneficiaries at the time of BS and OS**

<b>Government service</b>	<b>BS</b>	<b>OS</b>
Department of Agriculture Extension (DAE)	0.4%	7.3%
Department of Livestock (DLS)	0%	12.8%
Govt. Land Office	0.1%	8.2%
Govt. family planning	18%	37.9%
Govt. Immunization Services	45.7%	49.3%
Union Parishad	57.6%	59.4%
NGOs	0%	21.5%
Grameen Bank	0%	5.5%
BADC seed department	0.1%	0.5%
Union Health Services	7.5%	36.5%
Upazila Health Services	17.3%	29.2%

Source: OS May 2012

As reflected in table 6 below, from monitoring data, it was found that 52,596 ultra-poor women and their dependents in 2013 had had access to government social safety nets. Though this means that 95% of beneficiaries had a government safety net card (logframe indicator 80% well achieved), it is difficult isolate the contribution that FSUP-H made to the acquisition of these cards because many of the card holders informed the evaluation team that they had had these cards for many years; it is true that some of the beneficiaries received the cards during the time that they have been FSUP-H beneficiaries, but whether this was a result of FSUP-H efforts or it was a result of the natural process of the rotating nature in the safety net card distribution system is difficult to say. Being group members of FSUP-H does provide an identity and empowerment which may contribute positively to card acquisition, but which is also difficult to measure.

**Table 6: Number of households benefiting from social safety nets as of June, 2013**

	VGD Vulnerable Group Development	VGF Vulnerable Group Feeding	Widow allowance	Old age pension	CFW Cash for Work	Disabled allowance	Total
Jan-Sep11	3,911	10,359	723	1,252	3,198	133	19,576
Oct11 - Jun12	1,422	6,777	543	658	2,600	210	12,210
Jul12 - Jun13	4,269	13,678	454	634	2,053	82	21,170
<b>Total</b>	<b>9,602</b>	<b>30,814</b>	<b>1,720</b>	<b>2,544</b>	<b>7,851</b>	<b>425</b>	<b>52,956</b>

Source: CARE monitoring data

Illiteracy has been identified as a major problem (with illiteracy for women higher than for men) hampering the population in their daily life. Literacy classes are therefore a very useful activity, provided the participants are able to at least read and write to a certain extent after having finalized the training. The indicator for literacy classes however was set at a very low level (drawing own name) and field visits revealed, that hardly any of the women were able to read even simple words, apart from those that had had several years of education as a child. The majority of EKATA groups had had literacy training on a weekly basis (even though it was normally part of a group meeting were also other topics were also addressed) over the entire project duration, so the result was rather disappointing. Sub-optimal quality of training material including too much use of written texts, short duration of actual time within the meetings actually dedicated to literacy as compared to time spent on other topics all have contributed to this.

Logframe indicator 1.5 is “incidences of violence against women (e.g. early marriage, dowry, beating,) were prevented/avoided in at least 40% of communities” but this was not measured by the project or captured in community logbooks and it is very difficult to obtain reliable figures, also since no baseline data were available.

## Result 2 Additional economic opportunities and income.

Khas land and water bodies are productive resources, meant by law to be used by the ultra-poor population. FSUP has been successful to help the beneficiaries getting access to Khas land as well as private land. Private land donations were not originally planned in the FSUP-H design and the achievement therefore may be seen as very positive. As a result of advocacy and involvement of communities by FSUP-H, wealthy community members have also given ultra-poor families lease-free access to agricultural land and fishing ponds, donated money to dig tube wells and latrines and paid for secondary education for extremely poor children.

**Table 7: Number of plots and land size of Khas and private land acquired by beneficiaries**

Implementers	Private land received		Khas land received		Total	
	Number of HHs	Land size (acres)	Number of HHs	Land size (acres)	Number of HHs	Land size (acres)
CARE Kishoreganj	61	4.18	6	4.05	67	8.23
POPI	56	1.26	33	12.68	89	13.94
CARE Netrokona	49	1.25	73	47.87	122	49.12
SUS	183	6.33	93	15.64	276	21.97
CARE Sunamganj	26	0.675	52	7.32	78	7.995
ASD	2	0.04	0	0	2	0.04
<b>Total</b>	<b>377</b>	<b>13.735</b>	<b>257</b>	<b>87.56</b>	<b>634</b>	<b>101.295</b>

Source: CARE Monitoring data

Table 7 above shows, that 377 households have received private land and 257 have received Khas land (the combination still well below the logframe indicator of 900); the size of Khas land

on average being considerably larger. Water bodies are not included as beneficiaries have no ownership of those.

The results per district are very different, but also the number and types of common property like Khas land and ponds, grazing land and rivers and canals per district and Upazila are very different. Khas land for instance is far more available in Netrakona (104 acres) than in Sunamganj (10 acres). Respondents find themselves able to at least use one of the mentioned types of common property.

The Khas land study<sup>8</sup> revealed, that 5,141 applications for Khas were ongoing; of these a total of 281 (5.46 %) applications have so far been successful. Though the number of successful applications are insignificant, the achievement itself is ground breaking, because it must be remembered that, in the light of the local and social power dynamics, possession of khas land by the poor is a challenge. Having overcome the barriers and actually getting the land registered in the name of the female project participant's deserves to be commended.

The project has also supported the lease of water bodies. Even though the beneficiaries were able to generate an income from fishing in these waters, they also had to face high upfront and corruption related payments and high leases. Furthermore, the lease period is usually limited to about 4 years.

In collaboration with the District Livestock Department (DLD), poultry and livestock vaccination training and refresher training has been provided to 190 beneficiaries; DLD promised to provide vaccines at a fixed price but in most cases this did not happen. Participants received training on animal health, animal diseases, vaccination techniques and practical vaccination sessions. On completion of the training the new community vaccinators received vaccination kits including a cool box and vials to begin vaccination. A survey, conducted in March 2013<sup>9</sup>, showed that approximately 13% of vaccinators were no longer vaccinating or did not vaccinate after receiving the training. The evaluation team were informed by the beneficiaries themselves though and a number of CDAs that very few were actually plying the trade mainly because of the 'costs' of accessing the vaccines. FSUP-H could have supported by advocating more with DLD but it would have remained difficult to assure a stable price supply of vaccines.

The participants of FSUP-H were trained in IGAs, which helped them to generate more income and diversify their livelihood. A value chain study had been conducted in November and December 2010 to identify the value chain based opportunities and options for the target population, taking into account suitability for women, feasibility regarding impacts and larger scale participation. Only fisheries and duck (eggs) came up as feasible IGAs but this recommendation has not been followed by FSUP-H. This looks like a good decision, since fishing is not particularly suitable for women, and other IGAs have been found very useful, especially poultry and livestock related ones.

Table 8 below shows what percentage of beneficiaries involved in IGAs were active in each IGA and what was their average income. The participants of FSUP-H were trained in IGAs, which helped them to generate more income and diversify their livelihood. A value chain study had been conducted in November and December 2010 to identify the value chain based opportunities and options for the target population, taking into account suitability for women, feasibility regarding impacts and larger scale participation. Only fisheries and duck (eggs) came up as feasible IGAs but this recommendation has not been followed by FSUP-H

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<sup>8</sup> FSUPH Project. Assessing Khas Land and Water Bodies for the Ultra-Poor: A qualitative Study

<sup>9</sup> FSUP-H CARE Project for Bangladesh. Analysis: Community Vaccinators. March, 2013

**Table 8: Average monthly income from different type of IGAs**

IGA	Average Income	% beneficiaries in IGA
	BDT	%
Beef fattening	484	2.3
Livestock (Cow)	320	13.4
Livestock	135	3.7
Livestock (duck/hen)	851	8.3
Agriculture	962	11.5
Tailoring	3100	2.3
Handicrafts	660	0.9
Rickshaw/van pulling	3155	7.8
Boat/net/fishing	2203	13.4
Small business	2372	45.2
Rice husking	633	1.4
Bamboo made goods	1700	0.9
Vocational activities	2575	0.9

Source: PCU OS May 2012

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IGAs account for 25 – 30% of the total household income. Before the start of FSUP-H, beneficiaries were involved in activities such as agricultural (39%) and non-agricultural (53%) labouring, sharecropping (30.7%) and poultry raising (30%). The Monthly Subsistence Allowance and Cash-for-Work also provided small but significant income.

Fishing was supported by FSUP-H for 13.4% of the participants and it was mentioned as the most important activity in the deep haor. Apparently people are now also able to invest money into

productive assets like fishing gear, which was less so before. Unfortunately, women are not directly involved in catching fish their involvement is limited to mending the nets and where possible in drying the fish and preparing the left over catch for the market.

Incomes have gone up considerably from the time of the BS, a fact that is confirmed by both OSs, the QIS and monitoring data. The 10% annual inflation dampens the actual increase to some extent.

In spite of the financial constraints under which each group has to struggle, 645 savings groups were functioning at the time of this evaluation with an overall participation of 54,480 (95% of total participants, log frame indicator 90%) women who were regularly contributing to savings, which amounted to a total of BDT 63,015,274. FSUP-H monitoring revealed that 18% of the community savings group members have invested their own savings related to developing their IGAs, with the most popular investments being in land leasing for crop cultivation, community duck rearing or livestock raising. A handful of them were involved in money lending to other community members, their rationale being the rate of interest they charge is much lower than that charged by the 'mohajon' (traditional village money lender).

The savings amounts are very different though, they vary on average per district between BDT 604 and 2,088 reason for this was stated firstly to be the staggered start up dates of the different groups and the time they have been saving and secondly the amount of saving itself. The older groups started saving at the rate of Tk. 20 per week while the members of the newer groups decided to save Tk. 5 per week because they said Tk. 20 per week was too much for them to spare from their household income. (Table 9 on the next page).

Not only are the average savings amount different, there is also a large variation in the pattern of investment, percentage of total investment, varying from 0.5% to 56.7%, often in land lease. On both subjects, Sunamganj is particularly poor and CARE performs better than its partners. Most of the money saved by the group members is kept in the bank, which was encouraged by the project

**Table 9: Current Savings status as of August 2013 by implementing organization**

District	Implementer	FSUP HHS	FSUP HHS in savings group	Total savings (BDT)	Savings investment (BDT)	% invested	Cash in bank (BDT)	Amount per beneficiary
Kishoreganj	CARE	4,585	4,443	8,835,801	5,012,204	56.7	3,522,881	2,088
	POPI	15,275	14,618	20,961,642	2,847,755	13.6	17,881,074	1,434
Netrokona	CARE	4,585	4,481	8,492,487	3,959,133	46.6	4,488,215	1,895
	SUS	15,275	14,503	14,945,589	2,783,747	18.6	12,027,501	906
Sunamganj	CARE	4,580	4,208	3,916,488	110,000	2.8	3,798,795	921
	ASD	10,700	9,706	5,863,267	30,000	0.5	5,801,062	604
<b>Total</b>		<b>55,000</b>	<b>51,959</b>	<b>63,015,274</b>	<b>14,742,839</b>	<b>23.4</b>	<b>47,519,528</b>	<b>1,186</b>

Source: CARE monitoring data.

### Result 3 Reduced vulnerability to food insecurity and improved resilience to disasters

In this result area, FSUP-H has worked towards improved resilience of the participants against flooding and other natural hazards. Members of 87 Union Disaster Management Committees (UDMCs) have received training and have produced Disaster Risk Management plans. 50 of them meet and coordinate on a regular basis. School teachers, school management committees and VDC groups have been trained on similar issues. Fortunately, in recent years no major disasters have taken place so the trained beneficiaries have not had to put their learnings into practice. This maybe the reason why some of the school teachers who had received the training were less interested to talk with the evaluation team. Some of them couldn't remember even the basic contents of the training module.

275 FSUP-H communities have completed 422 different flood protection infrastructure schemes and constructed 20 flood protection walls through Cash for Work (CFW) provided by the project. Over 13,000 FSUP-H women participants have now benefited from CFW schemes earning between 4,500 and 5,250 BDT. The PCU OS August 2013 revealed that 66.4% of the CFW income was used for the procurement of food. This is a positive contribution of the FSUP-H activities and in line with its prime objective i.e. the ultra-poor households are able to access food. With the cash earned through CFW these households are now able to increase not only the amount of food accessible to them but also reduce the number of 'hungry months' for the families.

The flood protection structures were selected based on the Community Action Plan, which ensured that the needs identified by the community were addressed. On average, beneficiaries spend 5,000 to 10,000 BDT annually on flood protection. As a positive consequence of the flood protection structures, they could spend the money saved for other more pressing needs and it explained their willingness to get involved in such activities.

Additionally, 147 CFW schemes were implemented, involving more than 3,534 female participants, receiving up to 30 days CFW with amounts between 4,500 and 5,250 BDT. The CFW helped to protect participant's homesteads and livelihoods against localised flooding by raising homesteads and communal land.

The May 2012 PCU OS reported, that the number of respondents undertaking risk reduction measures in and around home had increased by 30%. Savings and a larger number of coping mechanisms as well as the considerable increase in involvement in second occupation has made the beneficiaries more prepared in the face of shock and disaster. 33% of households had taken at least two risk reduction measures.

## Result 4 Improved utilization of food and reduced malnutrition

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Under this result area, an effort was made to contribute to improving the nutritional and health status of the beneficiaries as well as to bring about changes in their sanitary behaviour. Awareness raising was one of the activities planned and implemented. The beneficiaries were linked up with the relevant government services with that aim.

A total of 645 vegetable gardens were set up under EKATA groups for adolescent girls. Approximately 4,380 beneficiaries were trained to setup and maintain these gardens. Each garden is managed by 10 adolescent girls, who distribute the vegetables and fruits among themselves as well as pregnant and lactating women in the community. The excess produce is sold and the benefits used for girls' education. Even though this was found a useful activity, it was nowhere justified why particularly adolescent girls were selected as beneficiaries of this activity.

The nutrition gardening activity, initiated by FSUP-H coupled with the training imparted to the adolescent girls has borne fruit not only in financial terms but also in utilizing the participants time productively. This is reflected in the monitoring results of a group of 2,080 adolescent girls. It shows, that the average production per garden for three months was 65 KGs of vegetables, of which 37 KG was consumed and 28 KG sold; the related average income from three months was 830 BDT. Additionally, having access to their own money has empowered the girls.

The number of square meals in general increased under FSUP-H but especially the Food Consumption Score (FCS) was found to have increased considerably; overall the FCS increased with 43%, and whereas in Netrakona, it stayed the same, in Sunamganj it increased with 89%. Even though this increase is not totally attributable to FSUP-H but also influenced for an important part by better harvests and perhaps independent improvement of the socio-economic climate as a result, we may safely assume that FSUP-H has contributed to the improvement.

As was the case in the BS, virtually 100% of beneficiaries wash their hands before eating and almost everybody does so after defecation. Awareness raising on this issue was therefore not even necessary, but regarding other times for necessary hand washing awareness raising was needed and appeared less successful: hand washing behaviour has not improved: before food preparation the overall percentage decreased from 49.8% to 39.6% ( Annex 3, Table 11).

The sources of drinking water have remained more or less the same from the time of the BS; all drinking water was and is safe; no project input was needed. The use of sanitary latrines is a different matter. The use of hygienic latrines such as ring slab/offset latrines (with the seal intact), septic latrines, covered pit latrines and locally adapted hygienic latrines is low in the project area, but has significantly improved from the BS from 2.6% to 27.7% at the time of the first OS and to 34.5% now (Annex 3, Table 10). The current use of safe latrines is still low though according to the evaluators' field observation and interviews, since there is a space limitation in overcrowded "hatis" for adding safe latrines. The PCU OS reports 87% of safe latrine use, which seems rather high compared to the other findings – this seems to be caused by the fact that PCU had counted the non-water sealed ring slabs and pucca as safe. A real barrier to the population using sanitary latrines is that no matter how well the latrines were constructed, they are always the first structures to be washed away by the annual flooding, flash floods and natural disasters as and when they occur.

Awareness raising on health issues like breastfeeding and antenatal care (ANC) visits were also a successful part of the project. 96% (M&E data) or 92% (QIS) of respondent mothers who had given birth in the last year admitted to initiating breastfeeding within the first hour of birth, which

is a major increase over the 45.5% of the BS. In the QIS, the percentage of women ever having breastfed their children was high, it varied between 96.4% and 100%, which was more or less the same in the BS. 63.9% of pregnant women took folic acid supplements during pregnancy compared to a former 35.5%.

Furthermore, 50% of women stated to have completed three or more antenatal care (ANC) visits in 2013 compared to 14% in 2010. Whereas during the BS the average number of visits was smaller than one, now roughly a quarter of pregnant women go once, one quarter of pregnant women go twice and another quarter go three times to the ANC clinic.

93.8% of children have received one or more immunizations, up from 81.8% in the BS; the proportion of parents possessing an immunization card was slightly down though, from 72.85 to 62.3%. Provision of Vitamin A and anthelmintic were sharply up, from 31.8% and 47.3% to 82.4% and 71.7% respectively. These increased, positive behavioural changes and attention to women's and children's health needs and requirements may be reflected in the better health of the mother and child resulting in the overall well-being of the household.

#### 4.4 MONITORING AND EVALUATION

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No Mid-Term Evaluation (MTE) was conducted, even though one had been planned, but this was approved by the EU also in the light of the work done by the PCU on outcome surveys. Still it is unfortunate, since the recommendations of such an MTE in a project the size of FSUP-H could have led to a number of valuable adaptations. Opportunities for improvement and necessary modifications in the approaches (as for example in the delivery approach of the literacy and numeracy component) in implementing project activities and impact of FSUP-H were therefore missed. The current evaluation takes place at the end of the projects and thus, recommendations can only be useful in the design of new projects.

Two ROM monitoring missions conducted and the findings were discussed with the EU and were used to make adaptations to the projects.

FSUP-H started developing an M&E framework in 2009 and CARE and partner NGO staff have been trained in a 2-day workshop on how to use it. A Management Information System has been developed, that used Well Being Analyses and Household Profiling to contribute to already existing monitoring data.

By the end of 2011 however, the M&E plan had not yet been fully finalized and results based management was not in place; no modifications were found in reports or interviews with staff that were made to the implementation based on M&E findings. CARE informed the evaluation team that this was partly due to the delay by the donor in approving the changes in the logframe. Data may still be used though to analyse in-depth the result of FSUP-H to be used in further programming.

Partners shared that they had a lack of financial and human resources to adequately monitor the project and also with CARE itself, the few monitoring offices were spread very thinly over the vast and often difficult to access catchment areas so that the efforts at monitoring effectively was compromised. By the end of the project, a wealth of M&E data had been collected, but little practical action had resulted from it.

At the start of the project, a large scale BS was conducted, only collected data on project participants. Whilst the data were useful and confirmed the relevance of the target group, a lot of data had no practical value for the implementation of FSUP-H as such and no actions were taken based on the findings of the BS.

The role of the PCU was also to obtain a statistically valid measurement of progress made by partners in the achievement of indicators in their log frames. As well as countercheck and confirm the monitoring data of the implementing partners. Apart from two OSs though, the task of M&E seemed to be entirely on the shoulders of CARE.

#### 4.5 CONSTRAINTS TO IMPLEMENTATION

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The most important constraint to the project was formed by hartals, oborodhs, violence and resulting travel limitations. The frequency of these increased throughout the project's duration and at the end, there were weeks of almost continuous hartals. Since the recent CARE security policy prohibited travel with motorized vehicles, it was next to impossible for the staff to ensure high quality implementation. The distances between project sites are vast and coverage on foot or by rickshaw is only rarely possible.

Transport and communication were brought up as a major constraint by many of the stakeholders. Part of the area is submerged for almost 7 months per year; the quality of infrastructure is poor and it is very difficult and time consuming to reach the remote areas; furthermore, accommodation is often not available so that staff are worried about the return journey and barely have the time to supervise and monitor activities adequately. Future project design should take this into consideration and make sure safe and secure accommodations are available for staff in remote areas on monitoring and supervising visits.

The project has made a considerable effort to stay away from political influence as much as possible. Political influence sometimes made the life of project staff hard and it is hard to grasp and battle and never openly reported for understandable reasons.

Project staff had to go through a lot of effort to keep beneficiaries interested, as the duration of the process of accessing Khas land was very lengthy and registration took a long time. Also, sometimes there was violence and the involvement of "muscle men" in acquisition of Khas land, since there are many interested parties.

### 5. CONTRIBUTION TO OBJECTIVES

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#### 5.1 IMPACT

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The strategy employed in FSUP-H focuses on community led approaches to support the ultra-poor. This approach has led to greater community cohesion and has triggered a spin-off reaction in some villages where wealthy community members have come forward to donate plots of land and give other support to the ultra-poor.

Empowerment was one of the goals FSUP-H aims to achieve, which may relate to social, economic empowerment and political empowerment of the community as a whole and women's empowerment both inside her home and outside in particular. Economic empowerment has certainly been achieved and is very visible through the improvement in the quality, quantity and variety of their food intake, in their asset building, diversification in their sources of income and in the pattern of family investments; but because concepts of social empowerment and women's empowerment are intangible and can be measured only through behavioural and attitudinal changes occurring over a period of time, they currently appear to have been achieved to a much lesser extent. Between the two, women are involved in social processes in a limited manner and only through the project activities, visible examples are an increase in women's mobility outside the home, seeking health care and participating in CFW activities, but in the political arena their participation has been even slower; to date only one female beneficiary has been elected as a Union Parishad ward counsellor. Though as yet insignificant, these changes cannot be ignored as they are the first steps in the right direction.

The VDC groups helped women in their empowerment process and enabled them to act as a group to defend their rights and interests. Group dynamics however were sometimes counterproductive. During the group meeting the evaluators had to repeatedly hold back one or two of the more literate women (read up to class VIII before their marriage and joining the FSUP-H groups) and from slightly better off background from dominating the proceedings. These stronger group members voiced their personal interests, leaving the rest of the group somehow silent and afraid to fully participate.

The impact of the literacy classes conducted within the EKATA groups was found negligible. Unless the women were educated already before the project, all they could do was draw their name; they could not even read basic alphabet. This lack of achievement will not help fulfil related needs such as Khas land acquisition or access to social safety nets. This may even turn out to be counter-productive for them because now they can 'draw' their names on a legal document but still cannot read its contents. The project design did not reflect the true objective of the literacy/numeracy component and did not separate it from other important but distracting issues.

Depending upon personal characteristics and enthusiasm of the UNO, the linkage workshops which were conducted with government have had limited effect. In many cases, the evaluation team found that government officials were not aware of what was expected of them and could not recall what was discussed in those events. As long as working in the districts is still seen as a punishment for government officials, it will be difficult to encourage them to play a role in this process. Another important reason identified for such an outcome is that other stakeholders in the community, including the government officials, are treated as 'guests' and invited to 'events' organized by the project. Therefore, they attend as a part of their social or official 'duty'.

IGAs had the most significant and visible impact of all the FSUP-H activities, even if it is difficult to determine the precise contribution of the project. The PCU OS of May 2012 showed an increase in average monthly income of 41.3% (from BDT 3,680 to BDT 5,200) and reported that 31.2% (BDT 1623) of this increase had been contributed by IGA activities. The PCU OS of August 2013 even reported a monthly income of BDT 1,044, an increase of 200% over the BS value.

The table below shows a comparison between the four implementing organisations under the FSUP umbrella. The result of CARE comes out best, which is all the more impressive when looking at the fact that the CARE grant was the smallest and the average income at the onset of the project the highest.

**Table 10: Average monthly income from all IGAs by partner**

	FSUP Implementing partner				
	WFP	IRW	ICCO	CARE	Total
<b>Average Monthly Income from IGA (BDT)</b>	<b>1159</b>	<b>858</b>	<b>762</b>	<b>1623</b>	<b>1215</b>
<b>Contribution to HH Income (%)</b>	<b>23.6</b>	<b>28.6</b>	<b>27.7</b>	<b>31.2</b>	<b>27.8</b>
<b>Income Range %</b>					
Up to BDT 500	30.3	50.0	72.5	39.7	49.1
501 to 750	21.2	7.5	5.9	2.3	7.4
751 to 1000	14.1	20.0	3.2	5.5	7.4
10001 to 1500	15.2	7.5	12.5	24.2	17.4
1500+	19.2	15.0	5.9	28.3	18.6

Source: PCU OS May 2012

The higher contribution to income of CARE's relatively smaller grant may be explained by the fact that around 45% of CARE's beneficiaries have used their grant to nurture existing small (shop/hawker/trader) businesses (Table 9), which was apparently easier for the beneficiaries

than starting up from scratch and entirely their own choice. In the other three projects, new IGAs (many livestock related) were started up to invest the grant. The FSUP grant represents an additional injection of capital into existing business, and thus cannot claim 100% contribution. The majority of beneficiaries could not have survived to date solely on the income from their FSUP-H related IGA but the IGA provides the possibility for improved diversification, resilience and disaster preparedness. The impact is good and free choice of the beneficiaries highly respected. The assumptions behind the better performance needs to be justified and elaborated by an in-depth study.

The second PCU OS of August 2012 showed an average increase of the monthly income of the FSUP-H participants of BDT 11,044; the contribution of FSUP-H to this increase was not provided, even though the report stipulated that the IGA contributed on average 48% to the household income. Consecutive good harvests were reported to have a major influence on these incomes. FSUP-H must have partially contributed to this improvement, by enabling income diversification and involvement of women in work outside the home.

161 vaccinators were trained by the project and their impact was good, with regard to animal health (and consequently protecting the ultra-poor against income loss through death of their livestock). It also enhanced income generation and in the case of the two practicing women vaccinators, increased mobility. The fact that only 30% of the trained group was female may be seen as a missed opportunity. The generated income is very variable: whilst the average monthly income is BDT 633 per month, half of the vaccinators earn less than BDT 300 per month and women earn less than the average at BDT 491. Some vaccinators also faced other problems; 48% of the vaccinators informed the evaluation team that vaccines were not always available at the District Livestock office and that procurement rarely occurred at their first visit thus causing loss of their days earning.

Livestock husbandry, also promoted as an IGA by FSUP-H, according to the QIS has become popular as a secondary occupation (6.7%-11.1%), far higher than in the baseline (0.1-1.7%) because it offers opportunities for income diversification and resilience building; it is also seen as a form of savings through asses building, since livestock usually survives drought or floods and can be sold during lean periods.

The possession of (Khas) land improved the status and empowered the beneficiaries. The possession of land offers them security and made them better able to raise livestock and grow crops. The beneficiaries no longer had to pay rent and be exploited by landlords.

The financial benefit of leasing water bodies is high, in the land study beneficiaries reported to be able to make 6,000-10,000 profit in the first year. The initial "investments" are high though and have to be paid up front, which sometimes forces the beneficiaries to take a loan and become more vulnerable, especially since the duration of the lease is limited, sometimes even to 1 year only.

The group savings concept is a valuable one but to achieve impact, some hurdles need to be overcome. The beneficiaries find the concept of investment difficult and see the savings as a buffer for times of crisis. To use the savings like that will be very difficult, since the groups are very large (100+) and unified decision-making will be difficult. The organisation level of the savings groups is too low and the majority of members, even though they know that their money is part of the total savings, do not understand what will be done with it and how they will benefit individually. Even though all VDCs have rules/policies for savings (97.5%), field interviews showed that most of the beneficiaries did not know about these or understand them. Only a very small number of beneficiaries understood what would happen to their savings and how the group investment would work for them.

Table 6 in Annex 3 shows, that large amounts of money are spent on loan repayment, far more than in the BS. Loans from NGOs are in some cases used as a coping strategy (Annex 3, Table 8). The percentages of involvement with CBOs and NGOs have increased from a total of 20.3% to 94.4%. It may be possible that the beneficiaries, by their involvement in FSUP-H, now have become eligible for microcredit and loans. More research is needed into the suitability of this development.

Savings have improved resilience. The PCU OS of May 2012 shows that savings are mainly used to cope in crisis time and to become self-dependent by increasing income. From Table 8 in Annex 3 it is clear, that the beneficiaries cope with lean periods and shocks mainly by using savings, followed by adjusting meals and purchasing goods on credit. Selling poultry appears a good coping strategy, occupying the fifth place, and when added to selling livestock even a fourth place. Most of the respondents (81.5-100%) had taken at least one loan in the last 12 months. The using of the various coping strategies and the ranking has not changed considerably from the time of the BS.

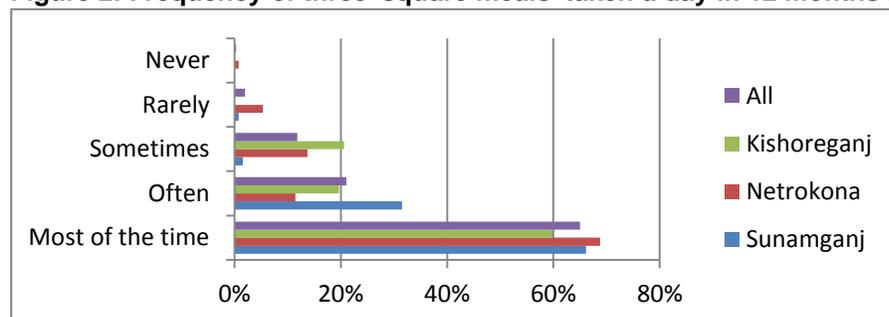
At the time of this evaluation 97.9 % of the beneficiaries said that they have a second occupation (in the deep haor 0.2% and in moderate haor 1.9% of the beneficiaries aid that they did not have a secondary occupation. Annex 3, table 5), whereas in the BS this figure stood between 64.8% and 89.2%. The PCU OS of August 2013 also shows, that the average number of income sources now is 5.18, increased from the OS of May 2012 (3.5). The project appears to have contributed considerably to this livelihood diversification.

Alongside the donation of land, FSUP-H has contributed by raising the land above the floodwaters that inundate this area of Bangladesh. As the donated lands are mostly fallow, this increased the impact of the land donations by making the land flood resistant. In some instances these donated pieces of fallow land increased the area of the nutrition garden strips by 50 ft.

The flood protection schemes already have multiple positive effects. Behind the protection walls homestead gardens can be created, providing ultra-poor with healthy vegetables in their diet and additional income from selling. The savings they made from not having to take costly flood protection measures by themselves can be invested alternatively. Obviously, in case of flood the protection related infrastructure will protect the homes of the ultra-poor and prevent them from having to face major losses.

Food intake had improved during the duration of FSUP-H. The first PCU OS showed that intake of three square meals per day had increased from 17% to 95%, and this was confirmed by the findings of the current QIS. Figure 5 below gives a slightly less positive overview, but still much better than at the onset of FSUP-H.

**Figure 2: Frequency of three 'square meals' taken a day in 12 months by district**



A large number of beneficiaries had added new items to their regular food consumption list, such as vegetables (48.4%) eggs (25.1%), milk (19.1%), fish (40.6%) and meat (22.8%). These additions may be a result of the homestead garden (the vegetables) or of the increase in income in general; raising nutritional awareness from various sources may also have contributed. A recent monitoring survey found that 100% of respondents reported consumption of vegetables in comparison to 55% at the baseline in 2010. The QIS data confirmed what the evaluators learnt through discussions during KII, group meeting and through own observations regarding the changes in food consumption and food intake patterns of the beneficiaries. Though no data on market prices of food items were collected, the availability of food items (quantity and variety) was clearly visible in the abundance of the nutrition gardens, livestock and poultry. Fish catch (quality and quantity) was not observed mainly because the it was not the right time for the catch to have come in. Fish availability in the village market was observed though.

**Table 11: Average total FCS per district and haor type on 24 hours' recall**

District	Sunamganj	Netrokona	Kishoreganj	Deep Haor	Moderate haor	Total
<b>Baseline</b>	7.6	8.2	9.1	8.5	8.0	8.3
<b>QIS</b>	14.4	8.2	13.2	12.2	11.7	11.9
<b>Change</b>	89%	0%	45%	44%	46%	43%

Table 11 above shows, that the FCS in the QIS was found to be considerably higher than in the BS, where levels varied between 7.6 and 9.1. The relative outcomes per district have changed though. Sunamganj, which was lowest at 7.6, is now highest at 14.4 whereas Netrakona has remained the same at 8.2. This observation was confirmed by the qualitative field visit, where the team found the situation in Netrakona worst among the three target districts. There was no difference in food consumption score between deep and moderate haor. Among the food groups, similar to the BS, the score on eating fish was very high (73% of total) and 99% of people had eaten cereals.

Even though the Food Consumption Score has improved, people perceive their food situation as less positive (many interviewees, especially women, felt that they could not afford 'good' food because they were poor. 'Good' food in this case means bi' fish, mutton and sweets like "rich" people eat. In the BS in a 12-month recall, in the peak months October/November more than 60% of people reported having enough to eat (now 59%) and in March-April this decreased from above 80% to 49% Annex4, Figure 4).

Unfortunately, anthropometric data could not be collected during the current evaluation and it is therefore impossible to reflect the true impact on the nutritional situation. Even though the results regarding food consumption score and intake of square meals are positive, it is not clear as to how far the nutritional status of vulnerable groups like children under 2 has changed; the nutrition focus of FSUP-H has been of a more general nature. Still, the FCS is seen as the most efficient single indicator of improved nutritional behaviour, so from a general point of view one can say that the nutritional situation has improved.

## 5.2 SUSTAINABILITY

Flood protection schemes are expected to be sustainable. Maintenance and repair of flood protection schemes has been addressed by CARE and communities showed their willingness and capability to follow up on this issue. The community led approach in general will benefit sustainability, since communities and individual households have been able to identify and address their own needs. Flood protection schemes themselves are expected to last 25 years

and thus may be identified as highly sustainable. The walls have made the homestead area more stable, which has led to increased investment in livestock, planting of trees and vegetable gardens<sup>10</sup>.

The sustainability may be compromised by the quality of the exit strategy and its late implementation and in one instance no implementation. The strategy does not clearly mention handover of goods and equipment, or handover of responsibilities to government partners. A number of exit workshops with stakeholders including government had been organised at Upazila and union level, but many government officials appeared unclear about what was expected of them.

By mid-November, the strategy had not yet been shared with the stakeholders and many appeared unaware of its contents. Since the contracts with the partner organizations ended on 30 November 2013, it was impossible for them to sensibly implement the exit strategy.

In the "Deed of Agreements" that CARE has signed with the partner organizations, there is no specific mention of follow-up where necessary with the beneficiaries after FSUP-H has phased out. The partner organizations admitted that it was highly unlikely that such support would be extended. It is even unlikely that CARE will offer such support, also because CARE only worked with 25% of the FSUP-H beneficiaries at field level and offering after-project support will be practically impossible without available funding.

Still, follow-up may be needed. Not all VDC groups are strong enough yet to continue independently; even though most of them have developed a Community Action Plan for the first year after the project's ending, there appeared to be little awareness and interest in these plans by anybody, the beneficiaries because many of them don't know what it is and how it will be operated and the implementing organizations because they firstly feel no ownership of the project and second, more importantly because they have no budget line to pay for the resources to continue the services even with reduced inputs. As described above, issues are foreseen with savings. Community Development Assistants (CDAs) are supposed to continue their input and the VDC is expected to pay them for that, but without external guidance this may not materialize. Government linkages are still weak and advocacy and personal communication from project side may be needed to make government support available in the long run.

The grants provided to establish and improve IGAs has led to expected impact. The beneficiaries have been involved in these IGAs long enough for them to be able to carry on after EOP; a large proportion of the grant money was invested in already existing IGAs. The increase in income has been impressive and steady and holds a promise for the future. The PCU OS of August 213 reports, that 92.8% of the IGAs are still active.

IGAs in itself provide sustainable additions to daily income and food security, but would have been even more sustainable if market linkages would have been created. CARE planned to establish a network of private sector buyers and sellers, especially women, in order to establish commercially viable and sustainable economic activities but this activity was not implemented; planned workshops with the private sector did not take place.; it should also be noted that so far only one market has been established wherein women have been provided their 'corner' but its utilization by the women has been negligible due to the difficulty in accessing it.

The future of the savings groups and its mechanism was not sufficiently clearly documented and explained. As a result, savings may not be properly invested or used and may even get lost. VDC members may feel powerless and lose interest, giving stronger people in the group the

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<sup>10</sup> CARE Bangladesh FSUP-H Project. Eusuf, M.A.. Impact and Evaluation Study of Community Protection Walls and Nutrition garden Approach of the FSUP-H Program

opportunity to lay their hands on the money. It was even suggested that they may provide loans against interest to community members.

The involvement of project-trained vaccinators is sustainable provided a solution will be found for access to vaccines. The links with livestock extension services at the union level have been more successful than with the others because the beneficiaries could actually see the benefits in financial terms and took the initiative to establish stronger linkages. The effect on animal health and household incomes should be long-lasting.

The Khas land study<sup>11</sup> pointed out that to continue the process of Khas land acquisition, a persistent building of strong relationships and advocacy with relevant government bodies will be needed. Also, the fact that often bribes need to be paid to acquire Khas land will constrain ultra-poor to get access to more Khas land. The Khas land acquired by beneficiaries under FSUP-H has been registered in their name and will provide them with income and empowerment for many years to come. The lease of water bodies may be less sustainable; since the lease periods are only one year, it is unsure whether the same beneficiaries will be able and/or allowed to lease the water body again after the lease has ended.

Regarding nutrition and health, the homestead gardens may be sustainable provided the beneficiaries will be able to acquire seeds for the next season. Awareness and knowledge on health and nutrition will not be lost; it is unsure-how far beneficiaries in future will benefit from the newly created linkages with the relevant government departments. The community nutrition gardens were successful in creating an income as well as nutritious food for participants. The income was reinvested in schooling as well as seed and livestock. There is yet insufficient experience though on sustainability of community gardens and additional supervision may be needed to ensure their continuation.

Sustainability at policy level may be limited. The project has not extensively worked on exploiting opportunities for joint advocacy with partner organisations and other relevant stakeholders. Some national level policy dialogues have been initiated, but it is unsure whether this process will continue.

### 5.3 CAPACITY DEVELOPMENT AND TRAINING

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Capacity building has been a major component of the project. Trainings-have been carried out on multiple subjects for participants with various backgrounds including CARE and partner organization staff, CDAs, government officials and beneficiaries.

Training was conducted on organizational and management issues, on community consultation and on gender empowerment and IGA diversity. Beneficiaries were trained on how to implement IGAs, on homestead gardening and on savings and fund management. TOTs and community trainings were conducted on nutrition, health and sanitation. Furthermore, trainings were conducted on community risk assessment and disaster risk reduction with various stakeholders. Annex 8 contains the entire list of trainings and participants.

Cross-learning visits at community level have been carried out for 339 VDC or EKATA groups (2,289 participants), where experience was shared regarding savings, sanitation, Khas land and homestead gardening. Whilst this was identified as an effective way to generate cross learning. So far only 5% of the total FSUP-H beneficiaries have participated in such visits that too on an ad hoc basis as these visits have not been planned or conducted in a regular or structured manner.

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<sup>11</sup> FSUP-H Project. Assessing Khas Land and Water Bodies for the Ultra-Poor: A qualitative Study

In general, many training sessions were held but the approach to training could have been better structured. There was no clear overall training plan. Results of training evaluations were often not documented and little effort was put into finding out if and how the acquired knowledge and skills were actually used. The training of government officials was often at an individual level and not institutionalised.

#### 5.4 CROSSCUTTING ISSUES

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FSUP-H has addressed a number of cross-cutting issues. Regarding the environment, FSUP-H has tried to address the consequences of regular (flash) floods in a sustainable manner. The project has encouraged fishing and lease of water bodies in a non-intensive and hence environment friendly way.

FSUP-H has addressed good governance by acting transparently and by making an effort to encourage the government officials to act likewise without turning bribes and corruption. A focus of FSUP-H has been the active promotion of pro-poor governance.

From a human rights point of view, FSUP-H has been actively engaged in eradicating negative discrimination against women, violence against women and dowry. One of the project's aims has been to promote equal rights and opportunities for women.

The visibility of FSUP-H and EU as a donor has been addressed from multiple angles. 94 project billboards have been constructed and placed at strategic places and a FSUP-H project brochure has been printed and distributed. An FSUP-H newsletter was printed and distributed four times a year. A number of case studies have been published and used in donor reporting and for fundraising as well as to inform media. A number of newspaper articles have been published on employment opportunities for disadvantaged women, on workshops, on self-reliance through vegetable cultivation, and on eradicating violence against women. A total of 6,000 t-shirts and 2,000 caps were produced displaying the logo of the EU, CARE and its partners.

At the international level, experience with the homestead gardens in FSUP-H has been used in UK policy documents presented to the UK Parliament and in international food security policy work related to the 'Committee on World Food Security' and reflected by the press and media; also, the Guardian has covered the FSUP-H success.

The national round table advocacy event on Khas land received widespread media attention. The FSUP-H study focusing on access to Khas land and water bodies for the ultra-poor has increased visibility and attention for this problem. FSUP-H project staff and participants have attended the Haor Advocacy Platform and the Second Haor Convention.

The evaluation team observations related to the materials on display in the VDC meeting rooms, on banners and posters in front of the CARE office revealed that community level messages were not always correct. The texts sometimes contained confrontational and negative texts like "my husband's home" (it indicates that the home belongs only to the husband and it is inherent that the wife is an appendage without any rights). Communication materials hanging on walls displayed lengthy messages, in too small print, which is not appropriate for an almost illiterate target group. Even CFs and CDAs sometimes found the posters hard to understand.

## 6. LESSONS LEARNED, CONCLUSIONS AND RECOMMENDATIONS

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### 6.1 LESSONS LEARNED

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- Future projects need to better understand the incentives that could improve participation by government officers. Politics and corruption have a major influence on the implementation of

projects in Bangladesh and are hard to circumvent. The fact that government officials attend their offices once a week or sometimes even less makes it almost impossible to involve them fully in the project activities and threatens sustainability. Perhaps better information sharing and more practical involvement may contribute positively.

- Future projects need a realistic time frame for behavioural change. Empowerment, achieving gender equality and motivating men to recognize gender equalities are very long term goals. The position of women in society reflected by male dominance and the relationship between men and women has been engrained into Bangladeshi society over centuries; some of the haor regions are even more conservative than other parts of Bangladesh. It is therefore unlikely that a five-year project (where the FSUP-H activities were actually implemented for four years and EMI activities for only 18 months) will bring about a major impact. This does not mean however, that no effort should be made.
- Opportunities to improve gender equality and in many instances gender equity, exist in practical situations like involving women in CFW and as vaccinators.
- In remote areas, women appeared more mobile than in moderate haors. As a result of even more severe poverty, their contribution to family income was needed desperately, that it was acceptable to have them leave the house to work.
- The literacy level is low and the expectation of a considerable increase under FSUP-H may have been unrealistic. Improved literacy has shown to have many positive effect in many aspects of development. Increasing the focus on improving literacy and not addressing it as a part of other activities but to have it linked to other activities for instance in the form of functional literacy may increase the achievements and would fit in well with CARE's integrated approach.
- Strong linkages with local government are vital. The FSUP-H study focusing on access to Khas land and water bodies for the ultra-poor found that in cases where the project had been successful, project staff had built a strong rapport with local government officials.
- Improving access to Khas land for project beneficiaries turns out to have been a more feasible and sustainable choice with a bigger success chance than increasing access to water bodies.
- Involvement of local elite helps with making private land available. Further establishing relations government and local elite may be beneficial to ultra-poor population but more time is needed to accomplish that.
- No matter how well the latrines were constructed, they are always the first structures to be washed away by the annual flooding, flash floods and natural disasters if they occur.
- Cooperation, coordination and exchanging information, findings and lessons learned with partner organisations need a strong focus in order to ensure the optimal impact of interventions; this is all the more important since CARE supposedly will move even further into the direction of working with local partner organisations.
- Careful planning and flexibility are needed to ensure implementation is the best way possible. Hartals are frequent occurrences with disastrous effects on the quality and speed in the implementation of project activities. Even though it is seen as very positive that CARE gives a high priority to the safety and security of its staff, too strict CARE security rules may bring the project activities to a standstill.
- A lower grant has not led to a lower impact. Making use of already existing IGAs has probably decreased the risk of failure and led to the absence of start-up costs and a higher acceptability to beneficiaries.

## 6.2 CONCLUSIONS

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The haor area is very poor and often subject to natural disasters including floods and flash floods and their consequential seasonal vulnerability, scoring low on a number of development indicators; its society is more traditional than elsewhere in Bangladesh. The FSUP-H design with its integrated approach linked very well into this situation. The various result areas addressed the different problems and created some form of mutual benefit in impact. Even though the grant amount was smaller than that of the other FSUP implementing organisations, the result and impact of FSUP-H have been found similar.

Target communities were poor and the fact that many households as a result of frequent migration of the husbands are in fact female headed has made the selection sufficiently relevant.

Better coordination and cooperation, inside and outside of the project, could have strengthened the impact and sustainability further. The project is consistent with the various policies and strategies of CARE itself, of the GoB and of the EU

The evaluation identified some selection issues. Having the government select the target communities presented a trade-off between participatory approach and ownership on the one hand and sub-optimal selection on the other.

The project's impact on food security and livelihoods was found to be the largest. Even though the income of the project IGA was insufficient to sustain the family, it has certainly improved the households' situation and resilience. The impact on empowerment, gender and social equality was less; not only is it more difficult to measure but it is also a much longer term process in an area where the more conservative values have been engrained into society for millennia.

Even though money was spent in an efficient way, human resources use was not optimal. Changes in staff structure, interpersonal issues and delay in filling vacancies have hampered the implementation quality of the project activities.

Many beneficiaries took part in development activities like linkage workshops and committees, but the outcome of such involvement is still unclear. Most of the involvement was with NGOs. It was hard to establish links with government to the full extent but the increased use of government extension services (especially the Department of Livestock) may have brought beneficial effects to livelihoods.

A limited number (among them 2 female) of trained vaccinators were active in the community and their input was found to be beneficial to animal health, and to their own livelihood as well as that of others. Even though according to M%E data 87% (the figures quoted by the communities met and the beneficiaries themselves were far below the official numbers) of them had continued working, the extent of their activity varied a lot for unassessed reason and supply of vaccines was not guaranteed. Also, only 30% of the trained vaccinators were female.

Literacy training was a very relevant activity but opportunities have been missed. The indicator required women to be able to draw their names and that was what most of them appeared able to do. In order to contribute to any of the other requirements, like applying for social safety net cards or Khas land, this is not very useful.

FSUP-H's involvement in helping the ultra-poor acquiring Khas land was found very successful. Even though the land and legislation are in place, there are too many hurdles for ultra-poor to actually access that land, and these were overcome by the help of the project. Additionally, FSUP-H staff managed to convince private landowners to donate some land to the beneficiaries. It may be difficult to continue to free up land after the project's ending, but at least the land that has been acquired provides sustainable empowerment and income. The lease of water bodies was found less successful. The upfront payment is very high and sometimes forces people to borrow money; furthermore a lot of corruption is involved. Since the lease period is often only 1 year, the profits may be good to start with but it is questionable whether they are sustainable.

Even though most of the beneficiaries took part in savings groups, the approach was insufficiently structured and not well understood by many of the participants. The groups were too large to guarantee a smooth and transparent management and choice of the investment process. Savings amounts as well as investment percentages were highly variable between groups, for reasons stated before, and the average investment percentage was low. The fact that investment or use of the money had not been sufficiently planned or performed yet has made sustainability doubtful and misuse of the funds possible.

The construction of flood protection infrastructures and raising land was found to be valuable; not only did it protect FSUP-H households from losses caused by floods and other natural calamities, it saved families money, which they would otherwise have spent on flood protection, it provided women with additional income, the opportunity to work outside the house and it created space for homestead gardens. A recent impact evaluation<sup>12</sup> found that the former need of participants to protect their houses against flood had often not only forced them to take loans at high rates and face severe losses, but also hampered them to go out and find paid employment in seasonal migration.

Even though nutrition activities were built upon the success of SHOUHARDO 1, in the case of FSUP-H it was difficult to prove its impact, as there were insufficient data available. In the BS anthropometric data were collected but this data collection could not be repeated. There was no clarity about which group was most nutritionally vulnerable and why, so nutrition activities were implemented in a less targeted manner. The FCS and number of square meals per person per day did improve considerably which was important, but the effect on the nutritional status was not assessed.

There was an exit strategy under FSUP-H but it was implemented and shared only towards the end of the projects and certain issues, like end-of-project arrangements for staff, equipment handover and responsibility and planning of follow up activities with beneficiaries were not laid down in the strategy. As a result, partner organizations did not have time to implement the strategy; for reasons explained before follow up activities with beneficiaries is highly, even by the government, which seriously endangers the sustainability of the project.

## 6.3 RECOMMENDATIONS

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### 1. Design and incorporation of exit strategy

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<sup>12</sup> CARE Bangladesh FSUP-H Project. Eusuf, M.A.. Impact and Evaluation Study of Community Protection Walls and Nutrition garden Approach of the FSUP-H Program

An exit strategy should be developed and incorporated into project designs from the very beginning. The exit strategy should be comprehensive and contain subjects like without project follow up, handing over of responsibilities, equipment and other resources. The role of partners and stakeholders in the exit strategy should be clearly stipulated and shared with them for their information and approval even before the start-up of project activities so that the activities leading up to it are uniform, coordinated and wherever possible cooperation and collaboration between the partners can be organized. A severance bonus for project staff may be included to ensure their quality involvement until the last day of the project.

## 2. Improved coordination and joint advocacy

Looking at the extensive coverage of the haor area and Bangladesh in general by development partners, there is ample scope for coordination and cooperation. Many NGOs and CSOs work on similar issues and coordination and cooperation will lead to mutual benefits; joint advocacy with government and donors will improve the strength of all development actors and create an opportunity to better defend the rights and needs of the ultra-poor population. Working together with small NGOs and CSOs may offer additional possibilities to reach remote areas since they may already be working there. Especially in case of hartals significantly reducing access, this is a solution worth pursuing.

## 3. Improve structure of savings component of projects

The savings process needs to be better structured, documented and guided, and support needs to be provided for some time after the project has ended, or at least until all money has been invested or a spending plan is ready and approved and understood by all. Whilst saving in itself is a worthwhile activity with many opportunities, the lack of structure and governance threatens to negatively influence the positive impact. Planning of spending or investment needs to start at an early point in time, at least a year before the project will end, to ensure plans will be fully developed, implemented and understood by all participants at the time the project ends. Operational guidelines need to be finalized and adhered to, to create standardization within each project, improving the governance, services, and external linkages of the savings groups<sup>13</sup>. Articulating the objectives of savings groups will help in developing realistic goals and clearer strategy.

## 4. Expand the use of project data and studies for future programs and projects

FSUP-H has generated a wealth of (monitoring and survey) data and conducted a large number of studies. CARE and others should use these data in the design and scaling up of activities in future projects and programs. One of the subjects worth looking into is why certain activities have worked in some areas or with some beneficiaries, and less so in others. In this regard one may think of some vaccinators being much more successful than others, or the fact that in some areas much more Khas land has been registered. Successes and constraint to bringing activities up to scale in future need to be closely researched. The community led approach is commendable, but the group dynamics and how to influence this positively needs in-depth assessment.

## 5 Involvement of community vaccinators.

Training and employing community vaccinators has proven to be an interesting and successful concept in many countries. Also under FSUP-H, the vaccinators were able to generate an income and at the same time successfully influence animal health and protected the assets of the ultra-poor livestock owners. Incorporating community vaccinators into future similar

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<sup>13</sup> CARE/COADY: Community Based Microfinance Emerging Approach and Models in CARE Bangladesh

interventions may be commendable. In order to make the system function optimally, a number of constraints need to be addressed. A continuous supply of vaccines needs to be guaranteed; if this is not possible through government sector then the private sector should be involved, providing the government remains responsible for quality control. A robust and accurate communication system needs to be set up between the vaccinators and the District Livestock Offices. Vaccinators should be assisted in planning and carrying out community vaccination campaigns.

#### 6. More focus on communications and donor relations

A staff member position should be created to offer more and continuous support to donor relations and improvement of communication between donors and clients in general. As funding on a world-wide scale is generally predicted to reduce, it is only a matter of time before less funding will be available for Bangladesh as well. With the existing extent of coverage by NGOs and UN, it is all the more important for CARE to have an excellent relationship with donors and have an optimal quality communication – which may relate to PR materials but also to communication and visibility materials used inside projects.

#### 7. More structured documentation of data and learnings

Results and lessons learned from projects including FSUP-H itself should be documented in a detailed structural manner and used for internal advocacy and coordination within CARE and in the design of new projects. Lessons from SHOUHARDO I were used in the design of FSUP-H but opportunities were missed, including experience from other projects and available experience and expertise among core staff of CARE, who have been involved in multiple projects. The FSUP-H has provided a wealth of data through monitoring, which have not been used but may help designing and optimising future interventions.

## ANNEX 1 TOR

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Will be submitted separately.

## ANNEX 2 DATA GATHERING INSTRUMENTS

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During the inception period, an evaluation matrix was developed to serve as a framework for both the quantitative and the qualitative survey (Annex 2A). For the QIS, a questionnaire was developed based on the existing BS questionnaire. The questionnaire was shortened for various reasons. First of all, questions that were not related to impact, that could have been achieved by FSUP-H, were not included. Furthermore, to factor in the limited time available and the harsh access and travel conditions the questionnaire was designed as concisely as possible. The questionnaire is reflected in Annex 2B.

## ANNEX 2A EVALUATION MATRIX

<b>Final Evaluation</b>				
<b>Food Security for the Ultra Poor in the Haor Region (FSUP – H)</b>				
Key Issues	Key Questions	Sources of Information	Respondents	Data collection method
<b>1. RELEVANCE</b>				
<ul style="list-style-type: none"> <li>•Relevance to the country/haor area priorities</li> <li>•Coherence with other initiatives, policies and strategies</li> </ul>	<ul style="list-style-type: none"> <li>•How relevant has FSUP-H been towards the                             <ul style="list-style-type: none"> <li>•Country needs?</li> <li>•Haor area needs?</li> </ul> </li> <li>•What are the most important needs of the target community?</li> <li>•Have the needs changed since the start of FSUP?</li> <li>•How far has the project has been consistent with and supportive of                             <ul style="list-style-type: none"> <li>•The EC Bangladesh Country Strategy Paper and</li> <li>•The Government of Bangladesh’s development policy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>•Background documents on the project and development situation in Bangladesh</li> <li>• EU and Government policies and strategy papers;</li> <li>•Interviews with different categories of respondents;</li> <li>•Field observations;</li> </ul>	<ul style="list-style-type: none"> <li>•CARE Staff members</li> <li>•Implementing partners’ project staff</li> <li>•EU Delegation</li> <li>•Target beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>•Desk review</li> <li>•Semi-structured interviews</li> <li>•Focus Group Discussions</li> </ul>
<ul style="list-style-type: none"> <li>•Quality of partnership</li> <li>•Partnership and management arrangements</li> </ul>	<ul style="list-style-type: none"> <li>•What was the quality of identification of key stakeholders and target groups and of institutional capacity issues?</li> <li>•Were stakeholder participation in the design and management/implementation of the project, the level of local ownership, absorption &amp; implementation capacity sufficient and of good quality?</li> <li>•How appropriate were management, coordination and monitoring and evaluation arrangements?</li> <li>•Was establishment of community platforms relevant and was there a need for both EKATA and VDCs?</li> <li>•What is the quality of partnership and management arrangements?</li> <li>•How relevant and complementary was the contribution of the partner NGOs?</li> </ul>	<ul style="list-style-type: none"> <li>•Background documents on the project</li> <li>•Interviews with different categories of respondents;</li> </ul>	<ul style="list-style-type: none"> <li>•CARE Staff members</li> <li>•Implementing partners’ project staff</li> <li>•EKATA and VDC members</li> </ul>	<ul style="list-style-type: none"> <li>•Desk review</li> <li>•Semi-structured interviews</li> </ul>
<ul style="list-style-type: none"> <li>•Quality of project design</li> </ul>	<ul style="list-style-type: none"> <li>•What are the observations on the project design re:                             <ul style="list-style-type: none"> <li>•Logframe</li> <li>•Objectives, results, indicators and activities and the internal consistency thereof</li> <li>•Institutional, coordination &amp; partnership arrangements</li> <li>•appropriateness/adequacy of overall activity plan and budget and resource allocation (technical, human,</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>•Background documents on the project particularly proposal, logframe and progress reports;</li> <li>•Interviews with different categories of respondents;</li> </ul>	<ul style="list-style-type: none"> <li>•CARE Staff members</li> <li>•Implementing partners’ project staff</li> </ul>	<ul style="list-style-type: none"> <li>•Desk review</li> <li>•Semi-structured interviews</li> </ul>

	<p>financial)</p> <ul style="list-style-type: none"> <li>•The risks and assumptions?</li> <li>•The inclusion of lessons learned for past experience</li> <li>•Adequacy, appropriateness and timeliness of transfer amount.</li> </ul>			
•Flexibility	<ul style="list-style-type: none"> <li>•Was the programme flexible to changing contexts?</li> <li>•What changes have been made as a result of changing contexts and were they timely?</li> <li>•What changes/adaptations have been made following M&amp;E findings and the BS</li> </ul>	<ul style="list-style-type: none"> <li>•Background documents on the project</li> <li>•Interviews with different categories of respondents;</li> </ul>	<ul style="list-style-type: none"> <li>•CARE Staff members</li> <li>•Implementing partners' project staff</li> </ul>	<ul style="list-style-type: none"> <li>•Desk review</li> <li>•Semi-structured interviews</li> </ul>
•Cross-cutting issues	<ul style="list-style-type: none"> <li>•Have relevant cross-cutting issues been adequately mainstreamed in FSUP-H design? Specifically: <ul style="list-style-type: none"> <li>•Has a gender analysis and analysis of vulnerable groups been conducted?</li> <li>•Was good governance observed?</li> <li>•Were environmental issues taken into account?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>•Background documents on the project and development situation in Bangladesh/haor areas</li> <li>•Interviews with different categories of respondents;</li> <li>•Field observations.</li> </ul>	<ul style="list-style-type: none"> <li>•CARE Staff members</li> <li>•Implementing partners' project staff</li> <li>•Target beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>•Desk review</li> <li>•Semi-structured interviews</li> <li>•Focus Group Discussions</li> </ul>
<b>2. EFFECTIVENESS</b>				
•Achievement of specific outputs and outcomes	<ul style="list-style-type: none"> <li>•How well has the FSUP-H achieved its planned objectives, outputs and outcomes in the target areas?</li> <li>•To what extent has the achievement been thus perceived by stakeholders?</li> <li>•What was the level of participation in and ownership of the intended beneficiaries?</li> <li>•Was the balance of responsibilities between the various stakeholders appropriate?</li> <li>•How far has the capacity and social capital of the target group been increased?</li> <li>•How far have homestead IGA and production systems increased?</li> <li>•How far has health status improved?</li> <li>•How far has food intake improved?</li> <li>•Have the establishment of CDC and EKATA groups led to better access to services or status/position of the beneficiaries?</li> <li>•Has there been improvement in food security, incomes and overall productivity of the beneficiaries in the target communities?</li> </ul>	<ul style="list-style-type: none"> <li>•Background documents on the project, particularly progress and monitoring reports</li> <li>•Interviews</li> <li>•Field observations;</li> </ul>	<ul style="list-style-type: none"> <li>•Target beneficiaries</li> <li>•CARE Staff members</li> <li>•Implementing partners' project staff</li> </ul>	<ul style="list-style-type: none"> <li>•Desk review</li> <li>•Semi-structured interviews</li> <li>•Focus Group Discussions</li> <li>•QIS;</li> </ul>

<ul style="list-style-type: none"> <li>• Effects on achievements</li> </ul>	<ul style="list-style-type: none"> <li>• Have there been any (planned or unplanned) negative or positive effects on the target groups or areas which have affected or contributed to the results?</li> <li>• How have these effects been managed?</li> </ul>	<ul style="list-style-type: none"> <li>• Background documents on the project, particularly progress and monitoring reports</li> <li>• Interviews with different categories of respondents;</li> <li>• Field observations;</li> </ul>	<ul style="list-style-type: none"> <li>• Target beneficiaries</li> <li>• CARE Staff members</li> <li>• Implementing partners' project staff</li> </ul>	<ul style="list-style-type: none"> <li>• Desk review</li> <li>• Semi-structured interviews</li> <li>• Focus Group Discussions</li> </ul>
<b>3. EFFICIENCY</b>				
<ul style="list-style-type: none"> <li>• Overall programme efficiency</li> </ul>	<ul style="list-style-type: none"> <li>• What was the quality of day-to-day management re: <ul style="list-style-type: none"> <li>• Management and adequateness of the budget, appropriate financial control and procurement procedures);</li> <li>• Management of personnel, information, property</li> <li>• Risk management</li> <li>• Relations/coordination with local authorities, institutions, beneficiaries, other donors;</li> <li>• Time management and deadlines</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Background documents on the project, particularly BS and progress reports</li> <li>• Interviews with different categories of respondents;</li> <li>• Field observations;</li> </ul>	<ul style="list-style-type: none"> <li>• CARE Staff members</li> <li>• Implementing partners' project staff</li> <li>• Target beneficiaries</li> <li>• Local government staff</li> </ul>	<ul style="list-style-type: none"> <li>• Desk review</li> <li>• Semi-structured interviews</li> <li>• Focus Group Discussions</li> </ul>
<ul style="list-style-type: none"> <li>• Technical quality of implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Have there been delays to implementation and if so, what have been the causes and consequences?</li> <li>• How efficiently have human resources been mobilized and applied?</li> <li>• What is the extent and quality of linkages established with the local institutions and service providers</li> <li>• Was this a cost efficient and effective way to deliver nutrition interventions?</li> <li>• To what extent have the results from the baseline been used during implementation?</li> <li>• How does the efficiency of FSUP-H compare to other approaches to achieve the same outputs?</li> <li>• Has FSUP-H contributed to an increase in human capital?</li> </ul>	<ul style="list-style-type: none"> <li>• Background documents on the project, particularly progress and financial reports</li> <li>• Interviews with different categories of respondents;</li> </ul>	<ul style="list-style-type: none"> <li>• CARE Staff members</li> <li>• Implementing partners' project staff</li> </ul>	<ul style="list-style-type: none"> <li>• Desk review</li> <li>• Semi-structured interviews</li> </ul>
<ul style="list-style-type: none"> <li>• Financial quality of implementation</li> </ul>	<ul style="list-style-type: none"> <li>• What is the current status of expenditure?</li> <li>• How efficiently and timely have financial resources been applied?</li> <li>• Were the costs of the project justified by the benefits whether (in monetary and non-monetary terms)</li> <li>• Have any irregularities or lacks of transparency been observed?</li> <li>• Are the number of beneficiaries who have benefited from the</li> </ul>			

	project sufficient in view of investments made?			
•Organizational quality of implementation	<ul style="list-style-type: none"> <li>•Has the quality of project management and training and technical services provided by the implementing partners been of sufficient quality?</li> <li>•What was the quality of cooperation and coordination between the NGO partners and CARE?</li> </ul>			
•Management of implementation	<ul style="list-style-type: none"> <li>•Has the logframe been used as a management tool?</li> <li>•Have work plans been developed and used by project management?</li> <li>•How well have activities been monitored by CARE and the various partner NGOs and have adaptations been made based upon the results?</li> <li>•Have monitoring results from various partner NGOs and CARE project staff been adequately collated?</li> </ul>	<ul style="list-style-type: none"> <li>•Background documents on the project, particularly logframe, work plans and monitoring reports</li> <li>•Interviews with different categories of respondents;</li> </ul>	<ul style="list-style-type: none"> <li>•CARE Staff members</li> <li>•Implementing partners' project staff</li> </ul>	<ul style="list-style-type: none"> <li>•Desk review</li> <li>•Semi-structured interviews</li> </ul>
<b>4. IMPACT</b>				
•Wider and long-term effects	<ul style="list-style-type: none"> <li>•What impacts have been achieved in the area of: <ul style="list-style-type: none"> <li>•Food security and livelihoods of target communities?</li> <li>•Health status target population?</li> <li>•Children's education</li> <li>•Capacity building and training?</li> <li>•Community empowerment?</li> <li>•Living conditions of target beneficiaries?</li> <li>•Social attitudes of environment of beneficiaries?</li> <li>•Resilience and coping strategies?</li> <li>•Economic and social impact beyond the level of immediate beneficiaries?</li> </ul> </li> <li>•Have there been external factors influencing the impact?</li> </ul>	<ul style="list-style-type: none"> <li>•Background documents on the project, particularly progress and monitoring reports</li> <li>•Interviews with different categories of respondents;</li> <li>•Field observations;</li> </ul>	<ul style="list-style-type: none"> <li>•Target beneficiaries</li> <li>•CARE Staff members</li> <li>•Implementing partners' project staff</li> <li>•Local government staff</li> </ul>	<ul style="list-style-type: none"> <li>•Desk review</li> <li>•QIS;</li> <li>•Semi-structured interviews</li> <li>•Focus Group Discussions</li> </ul>
•Extent	<ul style="list-style-type: none"> <li>•What is the achieved coverage (geographical and estimated numbers) of the impact?</li> <li>•Are their gaps, which have not been addressed?</li> </ul>	<ul style="list-style-type: none"> <li>•Background documents on the project, particularly progress and monitoring reports and visibility materials;</li> <li>•Interviews with different categories of respondents;</li> <li>•Field observations.</li> </ul>	<ul style="list-style-type: none"> <li>•Target beneficiaries</li> <li>•CARE Staff members</li> <li>•Implementing partners' project staff.</li> </ul>	<ul style="list-style-type: none"> <li>•Desk review</li> <li>•QIS;</li> <li>•Semi-structured interviews</li> <li>•Focus Group Discussions.</li> </ul>
•Measurement	<ul style="list-style-type: none"> <li>•Have OVIs been regularly monitored and reported upon?</li> </ul>			
•Cross-cutting issues	<ul style="list-style-type: none"> <li>•Has the programme had any impact on <ul style="list-style-type: none"> <li>•Environment?</li> <li>•Gender equality?</li> <li>•Women's empowerment and shock coping capacity?</li> <li>•Good governance?</li> </ul> </li> <li>•What has been the impact of visibility related activities?</li> </ul>			

<b>5. SUSTAINABILITY</b>				
<ul style="list-style-type: none"> <li>• Financial sustainability</li> </ul>	<ul style="list-style-type: none"> <li>• Are funds needed budgeted and available to for the phasing out and to continue services post-project?</li> <li>• Are the products and services being provided are affordable for the beneficiaries and will they remain affordable?</li> <li>• How well do the project benefits compare to those on similar undertakings?</li> <li>• Can the results be maintained if economic factors change?</li> </ul>	<ul style="list-style-type: none"> <li>• Background documents on the project, particularly progress reports, project proposal and exit strategy;</li> <li>• Interviews with different categories of respondents;</li> </ul>	<ul style="list-style-type: none"> <li>• CARE Staff members</li> <li>• Implementing partners' project staff</li> <li>• Target beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>• Desk review</li> <li>• Semi-structured interviews</li> <li>• Focus Group Discussions</li> <li>• QIS</li> </ul>
<ul style="list-style-type: none"> <li>• Ownership</li> </ul>	<ul style="list-style-type: none"> <li>• What is the likelihood that target beneficiaries will continue to make use of the FSUP-H results?</li> <li>• To what extent will CARE and partner NGOs willing and able to offer support to the beneficiaries post-project?</li> </ul>	<ul style="list-style-type: none"> <li>• Background documents on the project, particularly progress reports, project proposal and exit strategy;</li> <li>• Interviews with different categories of respondents;</li> </ul>	<ul style="list-style-type: none"> <li>• Target beneficiaries</li> <li>• CARE Staff members</li> <li>• Implementing partners' project staff</li> </ul>	<ul style="list-style-type: none"> <li>• Desk review</li> <li>• Semi-structured interviews</li> <li>• Focus Group Discussions</li> </ul>
<ul style="list-style-type: none"> <li>• Institutional sustainability</li> </ul>	<ul style="list-style-type: none"> <li>• To what extent is the project embedded in local institutional structures and will local government offer their services post-project?</li> <li>• Will community structures like VDC and EKATA be capable of continuing the flow of benefits after the project has ended including employment of Community Development Assistants?</li> </ul>	<ul style="list-style-type: none"> <li>• Background documents on the project, exit strategy;</li> <li>• Interviews with different categories of respondents;</li> <li>• Field observations</li> </ul>	<ul style="list-style-type: none"> <li>• CARE Staff members</li> <li>• Target beneficiaries</li> <li>• Implementing partners' project staff</li> <li>• Local government staff</li> </ul>	<ul style="list-style-type: none"> <li>• Desk review</li> <li>• Semi-structured interviews</li> <li>• Focus Group Discussions</li> </ul>
<ul style="list-style-type: none"> <li>• Technical sustainability</li> </ul>	<ul style="list-style-type: none"> <li>• How well do the introduced technology and services fit within culture, traditions, skills, knowledge and literacy levels?</li> <li>• Have alternative technologies been considered?</li> <li>• To which degree will the beneficiaries be able to adapt to and maintain the technology acquired without further assistance?</li> </ul>			

## ANNEX 2B QUESTIONNAIRE QIS

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Will be submitted separately.

## ANNEX 3 IMPACT ASSESSMENT REPORT

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### Tables

- Table 1: Number of interviews per Upazila
- Table 2: Religion of the respondents by Upazila
- Table 3: Average family size by Upazila / haor type
- Table 4: Disability status of HH members by Upazila / haor type
- Table 5: Primary and secondary occupation of households members by Upazila
- Table 6: Item wise monthly expenditure in average taka per Upazila and haor type
- Table 7: Most reported coping strategies of households
- Table 8: Food consumption score
- Table 9: Types of latrines used adult men and women by district and haor type
- Table 10: Hand-washing behaviour among respondent HH by district and haor type
- Table 11: Usual medical treatment source for HH members by District and Haor type
- Table 12: Type of development institution/person that HH members were involved with
- Table 13: Types of property available for use by beneficiaries per Upazila
- Table 14: Household decision making
- Table 15: Agreement with statements related to household attitude
- Table 16: Attendee last delivery by district and haor type
- Table 17: Child health and immunization by district and haor type
- Table 18: Combined statistics of the 6 target Upazilas of the Impact Survey

### Figures

- Figure 1: Estimated average income monthly, in lean and in peak month from the main source for the last month
- Figure 2: Number of HH having an out-migrated member for part of last 12 months
- Figure 3: Average Food Consumption Score per district and haor type on 24 hours' recall
- Figure 4: Proportion of households reporting enough food, by month and Haor type
- Figure 5: Frequency of three 'square meals' taken a day in 12 months by district

## A. Identification

In the districts Sunamganj, Netrakona and Kishoreganj 60 households were randomly selected to be interviewed based on a standard questionnaire (Annex 2B). More details on the methodology of the survey are available in section 1.5.3. The enumerators used their spare time to conduct a number of additional interviews, and after cleaning and checking the data, a total of 391 valid questionnaires were completed. There were 1,986 household members in total. Table 1 below shows in which districts and upazilas the interviews were conducted and whether these were deep or moderate haors.

**Table 1: Number of interviews per Upazila**

Upazila	Deep/Moderate Haor	District			Total
		Sunamganj	Netrakona	Kishoreganj	
Tahirpur	Deep	65	-	-	65
Dowara Bazar	Moderate	65	-	-	65
Kalmakanda	Deep	-	66	-	66
Mohanganj	Moderate	-	65	-	65
Mithamoin	Deep	-	-	60	60
Krimganj	Moderate	-	-	70	70
<b>Total</b>		<b>130</b>	<b>131</b>	<b>130</b>	<b>391</b>

Table 2 shows, that the majority (83.4%) of the respondents are Muslim, with higher percentages of Hindus in the deep haor areas.

**Table 2: Religion of the respondents by Upazila**

Religion	Sunamganj		Netrakona		Kishoreganj		Moderate haor	Deep Haor	Total
	Tahirpur	Dowara Bazar	Kalmakanda	Mohanganj	Mithamoin	Krimganj			
Islam	83.8%	93.9%	77.2%	84.0%	65.8%	91.4%	90.0%	76.2%	83.4%
Hindu	16.2%	6.1%	22.8%	14.7%	34.2%	8.6%	9.8%	23.8%	16.4%
Christian	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%	0.2%		0.20%

## B. Household demographics

The average family size is 5.8, and slightly higher in the moderate haor than in the deep haor. The average ranges between 4.68 and 5.52; the minimum household size is 1 and the maximum 13.

**Table 3: Average family size by Upazila / haor type**

Upazila	Mean	Minimum	Maximum	N
Tahirpur	5.32	1	12	65
Dowara Bazar	5.52	2	12	65
Kalmakanda	4.91	2	8	66
Mohanganj	5.02	1	9	65
Mithamoin	4.68	1	9	60
Krimganj	5	2	13	70
Moderate haor	5.18	1	12	200
Deep haor	4.97	1	13	191
<b>Total</b>	<b>5.08</b>	<b>1</b>	<b>13</b>	<b>391</b>

A small percentage of the respondents had disabled (1.2%) and there were no significant differences between Upazilas or haor types.

**Table 4: Disability status of HH members by Upazila / haor type**

	Upazila						Moderate haor	Deep haor	Total
	Tahirpur	Dowara Bazar	Kalmakanda	Mohanganj	Mithamoin	Krimganj			
Disabled	4	2	2	9	3	3	14	9	23
	1.2%	0.6%	0.6%	2.8%	1.1%	0.9%	1.4%	1.0%	1.2%
Total	346	359	324	326	281	350	1035	951	1986

Table 5 provides an insight into the primary and secondary occupations of household members. Housewife is most often cited as primary occupation (but much lower at 26.1% than 69.8% in the BS), followed by agricultural labourer. Almost none of the respondents owns any land; between 2.1 and 2.9% works as a share cropper. In the deep haor there is a considerable group of respondents working in natural resource collection as primary occupation (8.9%), much more than in moderate haors (2.2%). Livestock husbandry is popular as a secondary occupation (6.7%-11.1%), far higher than in the baseline (0.1-1.7%) also offering opportunities for income diversification.

A high percentage of respondents felt unable to work (up to 17.9%); this was much higher than in the impact survey, where the highest percentage was 6.3%. Almost everybody reported to have a second occupation, whereas in the BS this was still between 64.8% and 89.2%. The project appears to have contributed considerably to livelihood diversification. The number of people working as agricultural labourer come out much lower from around 37% as primary occupation in the baseline to 10.5% in deep haor and 18.5% in the moderate haor.

**Table 5: Primary and secondary occupation of households members by Upazila**

Occupation*	Deep haor		Moderate haor	
	Primary	Secondary	Primary	Secondary
No secondary occupation		0.2%		1.9%
Own agriculture (crop production)	0.3%	0.7%	0.6%	0.3%
Share cropper	2.1%	4.2%	2.9%	3.8%
Own agriculture and share cropper	0.8%	0.5%	1.0%	0.6%
Housewife	<b>26.1%</b>	6.3%	<b>26.7%</b>	3.2%
Livestock husbandry	2.9%	6.7%	1.9%	11.1%
Agricultural labor	<b>10.5%</b>	9.3%	<b>18.5%</b>	6.4%
Non-agricultural labor	<b>6.8%</b>	4.4%	4.1%	6.7%
Maid/servant	1.3%	0.2%	0.4%	0.3%
Professional/skilled labor	4.9%	1.5%	4.2%	1.8%
Salaried employee (govt, non-govt & private)	2.1%	0.3%	3.6%	0.0%
Business (shop, vegetables, betel, fruits etc)	3.4%	1.0%	2.0%	0.8%
Petty business (handicraft, puffed rice, sewing, etc)	4.7%	0.8%	4.5%	0.6%
Rickshaw/van pulling	1.5%	0.0%	1.5%	0.6%
Fishing	8.9%	4.7%	2.2%	3.2%
Natural resource collection	0.6%	0.2%	0.0%	0.0%
Beggar	0.2%	0.2%	0.0%	0.6%
Unemployed	3.9%	0.0%	3.1%	0.1%
Others	1.6%	<b>41.1%</b>	5.1%	42.1%
Not able to work (age, disabled. children)	<b>17.3%</b>	<b>17.9%</b>	<b>17.2%</b>	<b>16.0%</b>

\* Occupations with a maximum of 0.2% or less participation have been removed from the list

### C. Livelihoods and economic security

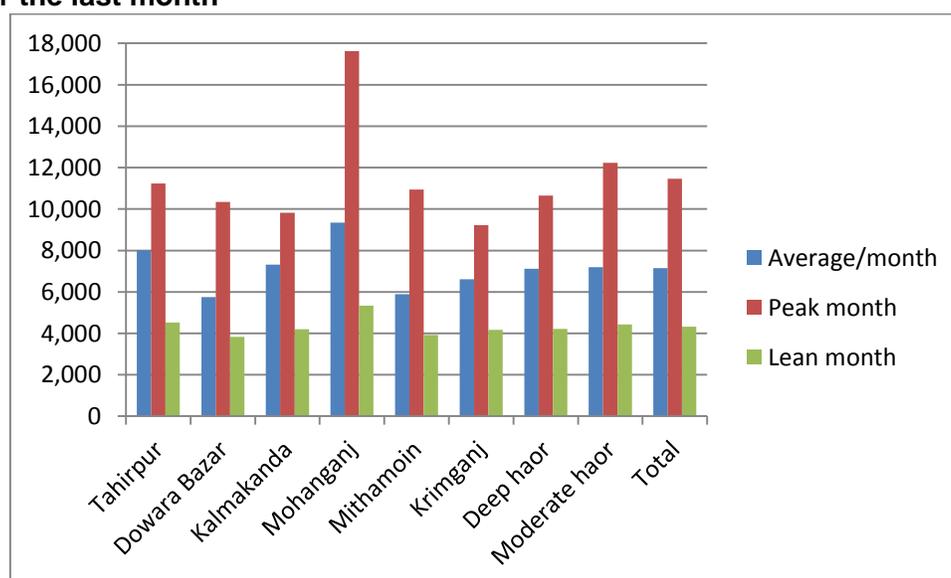
Table 6 below shows, that large amounts are spent on loan repayment, far more than in the BS. The reason behind this is not clear; possibly respondents have been able to acquire microcredit based on their participation in the project. Apart from utilities (electricity often not being available in deep haors) most of the expenditures are higher in deep haors; the second highest expenditure after loan repayment is medicine combined with medical travel. Education seems to have become more expensive since the BS and cell phone cards cheaper.

**Table 6: Item wise monthly expenditure in average taka per Upazila and haor type**

Upazila		Utilities	Education	Medicine	Medical travel	Loan repayment	Cell phone cards
Tahirpur	Mean	242	507	606	106	987	297
	N	22	46	58	38	30	49
Dowara Bazar	Mean	262	265	505	76	1034	156
	N	10	51	60	30	13	44
Kalmakanda	Mean	329	458	348	29	2831	594
	N	8	46	39	29	26	39
Mohanganj	Mean	470	498	207	61	2098	118
	N	24	39	47	31	20	51
Mithamoin	Mean	206	490	510	104	2324	215
	N	39	46	60	38	22	39
Krimganj	Mean	143	451	393	59	1816	138
	N	28	58	69	51	18	53
Deep haor	Mean	232	485	505	84	1979	363
	N	69	138	157	105	78	127
Moderate haor	Mean	289	399	381	64	1727	137
	N	62	148	176	112	51	148
Total	Mean	259	441	440	74	1879	241
	N	262	286	333	217	129	275

The figure below shows the reported average income per respondent per month, in their peak month and in their lean month. June was mentioned most as start peak income month (21.9% of respondents) and March least (1.3%). July was mentioned by most as start of lean period (21.5%) and September least (2.9%). There is a large difference between incomes in peak and lean months (BDT 11,464 in peak months against BDT 4,329 in lean months).

**Figure 1: Estimated average income monthly, in lean and in peak month from the main source for the last month**



**Table 7: Most reported coping strategies of households**

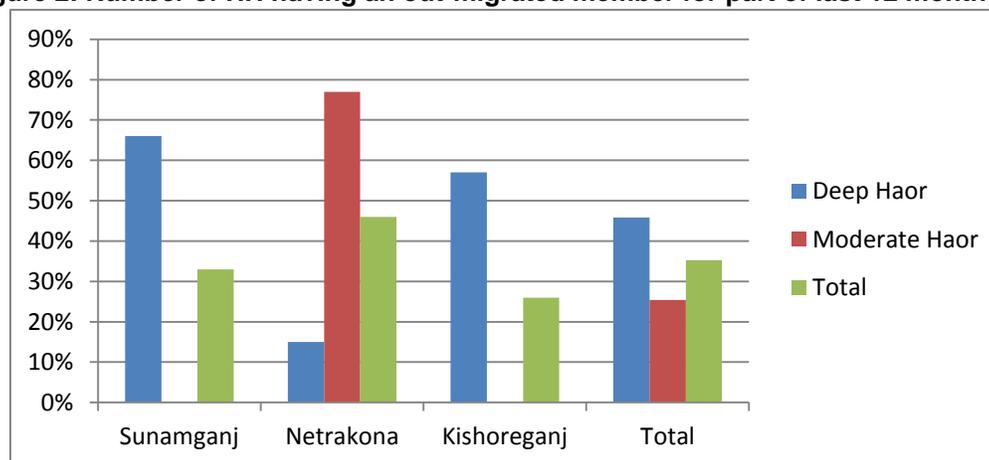
	District			Haor type		Total
	Sunamganj	Netrokona	Kishoreganj	Deep	Moderate	
Utilized savings	86	94	84	128	136	264
Adjustment to meals	77	87	18	99	83	182
Purchased goods on credit	67	7	28	41	61	102
Loan from neighbors/relatives	38	5	38	51	30	81
Sold poultry	35	27	1	36	27	63
Loan from money lender	7	25	6	22	16	38
Loan from NGO	7	26	2	27	8	35
Ate famine foods	5	1	19	5	20	25
Sold livestock	9	7	0	10	6	16
Migrated temporarily	11	2	1	2	12	14
Grain loan from kin	0	6	1	1	6	7

Incomes have gone up considerably from the time of the BS, when lean monthly incomes were between BDT 1,500 and 2,000 and peak incomes between 3,500 and 4,000. Almost half of the respondent indicated their seasonal work and the impossibility to find alternative work as the main reason underlying the occurrence of lean periods.

From table 7 above it becomes clear, that poor families in the target area cope with lean periods and shocks mainly by using savings followed by adjusting meals and purchasing goods on credit. Selling poultry appears a good coping strategy, occupying the fifth place, and when added to selling livestock even a fourth place. Most of the respondents (81.5-100%) had taken at least one loan in the last 12 months. The using of the various coping strategies and the ranking has not changed considerably from the time of the BS.

Outmigration, especially of the husband, is also frequently the solution to increasing the family income, leaving the household at least practically female headed. Figure 2 below shows the percentages per district and haor type. The percentages go as high as 77% (Netrakona moderate haor).

**Figure 2: Number of HH having an out-migrated member for part of last 12 months**



**D: Food intake and diversity, months of food sufficiency, and household food access.**

To calculate the Food Consumption Score (FCS), the method of the BS has been used.

**Table 8: Food consumption score**

Food Group	Score
Cereals	2 points
Pumpkin, squash carrots, sweet potatoes	2 points
White potatoes, white yams	2 points
Dark green leafy vegetables	3 points
Other vegetables	1 point
Papayas, mangoes	3 points
Other fruits	1 point
Meat	4 points
Eggs	4 points
Fresh or dried fish/shellfish	4 points
Legumes/pulses	3 points
Milk/Dairy	4 points
Oil/fats	0.5 points
Sugar/honey	0.5 points
<b>Total possible</b>	<b>34 points</b>

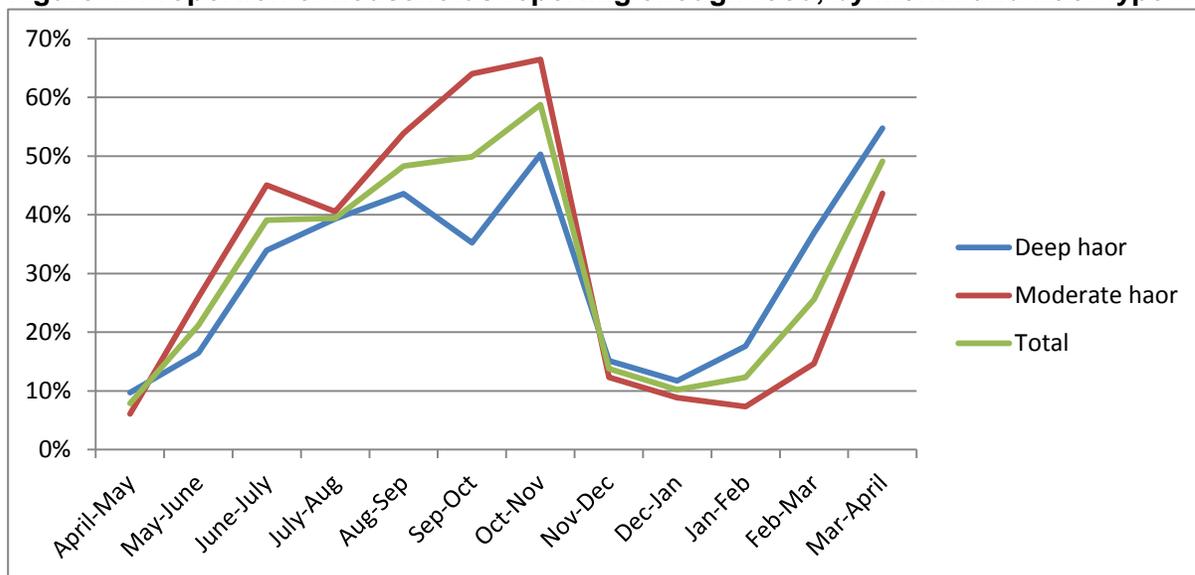
The thresholds used are: 0-4 is poor, 4-8 is borderline food security and 9+ is acceptable food security.

**Table 9: Average Food Consumption Score per district and haor type on 24 hours' recall**

District	Sunamganj	Netrokona	Kishoreganj	Deep Haor	Moderate haor	Total
<b>Baseline</b>	7.6	8.2	9.1	8.5	8.0	8.3
<b>QIS</b>	14.4	8.2	13.2	12.2	11.7	11.9
<b>Change</b>	89%	0%	45%	44%	46%	43%

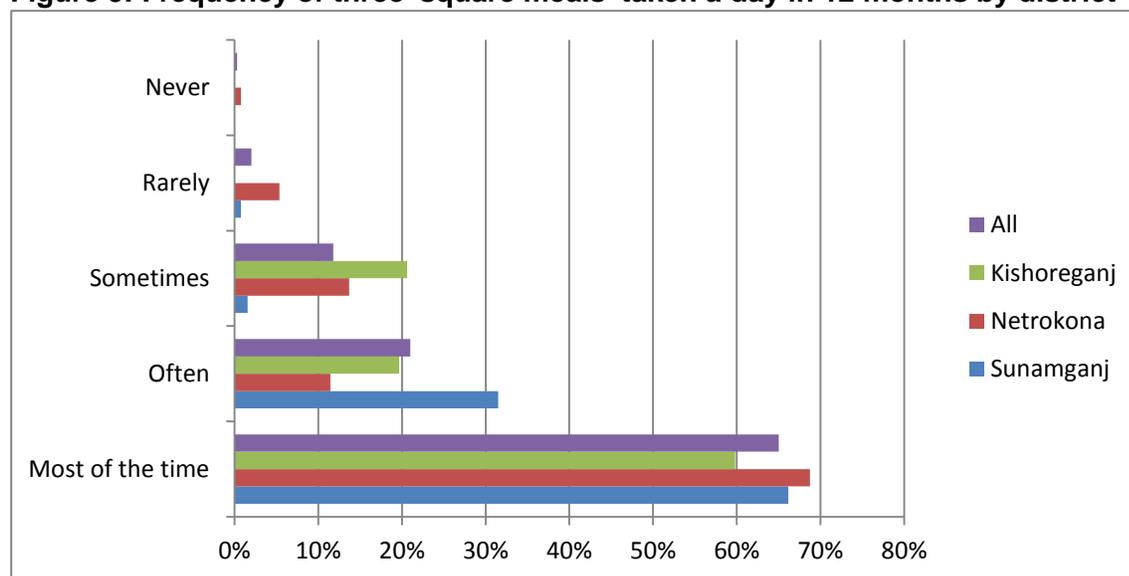
The Food Consumption score was found considerably higher than in the BS, where levels varied between 7.6 and 9.1. The pattern has changed though: Sunamganj, which was lowest at 7.1, is now highest at 14.1 whereas Netrakona has remained the same at 8.2. This observation was confirmed by the field visit to collect qualitative data, where the team found Netrakona worst of among the three target districts. There is no difference in food consumption score between deep and moderate haor. Among the food groups, similar to the BS, the score on eating fish was very high (73% of total) and 99% of people had eaten cereals.

**Figure 4: Proportion of households reporting enough food, by month and Haor type**



The figure above shows, that even though the Food Consumption Score has improved, people perceive their food situation as less positive: in the BS, in the peak months October/November more than 60% of people reported having enough to eat (now 59%) and in March-April this decreased from above 80% to 49%.. It is not clear why this is the case; part of it may be caused by recall error, since the BS was conducted in the month of May and the Impact Survey in December.

**Figure 5: Frequency of three 'square meals' taken a day in 12 months by district**



The frequency of having three square meals increased considerably. At the time of the BS, only between 5 and 20% of respondents reported to have most of the time taken three square meals a day, whereas in the Impact Survey this is above 60% for all, at the expense of the categories “often” and “most of the time”.

## E: Water and Sanitation

Sources of drinking water have remained more or less equal from the time of the BS; all drinking water was and is safe, even the 1.3% that drinking water that was still fetched from the river has been reduced to 0%. For cooking purposes, the use of river water has been reduced from 25.5% to 7.2% and for washing purposes from 38% to 22%.

11.3% of the respondents have no access to a latrine. Table 10 below shows the use by women and men of the different types of latrines in each district and haor type. The use of hygienic latrines such as ring slab/offset latrines (with the seal intact), septic latrines, covered pit latrines and locally adapted hygienic latrines is low in the project area, but has significantly improved from the BS from 2.6% to 34.5% now.

**Table 10: Types of latrines used by adult men and women district and haor type**

		District			Haor type		Total
		Sunamganj	Netrokona	Kishoreganj	Deep	Moderate	
<b>Hygienic latrine</b>							
Water seal	Men	45.7%	3.1%	23.2%	29.2%	19.1%	24.0%
	Women	48.8%	3.1%	22.3%	30.8%	19.6%	24.7%
Pit latrine covered	Men	7.0%	10.8%	1.6%	3.2%	9.5%	6.5%
	Women	7.0%	10.8%	1.5%	3.2%	9.5%	6.4%
Septic latrine	Men	3.1%	4.6%	0.0%	3.8%	1.5%	2.6%
	Women	3.1%	4.6%	0.0%	3.8%	1.5%	2.6%
Local adopted hygienic latrine	Men	0.0%	3.1%	0.0%	2.2%	0.0%	1.0%
	Women	0.0%	3.1%	0.0%	2.2%	0.0%	1.0%
<b>Unhygienic latrines</b>							
Water seal broken	Men	19.4%	13.8%	62.4%	32.4%	30.7%	31.5%
	Women	19.4%	13.1%	63.1%	35.1%	29.6%	31.9%
Pit latrine uncovered	Men	21.7%	30.0%	8.0%	8.6%	30.7%	20.1%
	Women	21.7%	30.0%	7.7%	8.6%	30.7%	19.8%
Hanging/open latrine	Men	0.0%	16.9%	4.8%	7.6%	7.0%	7.3%
	Women	0.0%	16.9%	5.4%	8.1%	7.0%	7.5%
Open defecation	Men	0.0%	17.7%	0.0%	10.8%	1.5%	6.0%
	Women	0.0%	18.5%	0.0%	10.8%	2.0%	6.2%
N/A	Men	3.1%	0.0%	0.0%	2.2%	0.0%	1.0%

## F: Health Practices and Illness –hand-washing behaviours, illnesses.

As was the case in the BS, everybody washes their hands before food preparation and almost everybody does so after defecation. But for other purposes hand washing behaviour has not improved: before food preparation the overall percentage decreased from 49.8% to 39.6% and the percentages of hand washing before feeding children and after cleaning babies' bottoms remained more or less the same at 34-36%. Overall the hand washing behaviour seems best practices in Kishoreganj and worst in Sunamganj.

**Table 11: Hand-washing behaviour among respondent HH by district and haor type**

	District			Haor type		Total
	Sunamganj	Netrokona	Kishoreganj	Deep	Moderate	
Before food preparation	52.3%	57.5%	61.3%	39.1%	40.1%	39.6%
Before eating	100.0%	99.2%	98.4%	85.9%	90.9%	88.5%
Before feeding children	39.1%	48.8%	62.9%	39.1%	33.5%	36.2%
After defecation	87.5%	98.4%	100.0%	89.7%	97.0%	93.4%
After cleaning babies' bottoms	30.5%	50.4%	61.3%	32.1%	36.0%	34.1%

In case of health issues, the majority of respondents will visit the visit doctor closely followed by the Union Health Centre and the Upazila Health Centre. The percentage of respondents visiting the Upazila Health centre has gone considerably up from an average of 11.2% at the time of the BS to 48.6% on average now.

**Table 12: Usual medical treatment source for HH members by District and Haor type**

	District			Haor type		Total
	Sunamganj	Netrokona	Kishoreganj	Deep	Moderate	
Village doctor	34.9%	60.6%	75.4%	44.3%	68.6%	56.5%
Upazila Health Centre	10.1%	35.4%	75.4%	58.4%	38.9%	48.6%
Union Health Centre	10.9%	36.2%	69.0%	41.6%	45.9%	43.8%
Medicine shop	41.1%	36.2%	7.9%	34.1%	50.8%	42.4%
Private MBBS)	0.0%	0.0%	0.8%	1.1%	4.9%	3.0%
Kabiraj	1.6%	9.4%	10.3%	1.6%	7.0%	4.3%
District Hospital	3.1%	2.4%	3.2%	3.2%	1.6%	2.4%
Private Clinic	0.0%	0.0%	0.0%	0.0%	3.8%	1.9%
Multiple responses	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

### **G: Participation in development processes and access to services and common property**

The involvement with local institutions other than NGOs and CBOs (together 94.4%) is still very low. Visits to the UP Chairman, Counsellor and Standing Committee remain well below 1%. The percentages of involvement with CBOs and NGOs have increased from a total of 20.3% at the time of BS. The involvement in other institutions was already low and has overall further decreased.

**Table 13: Type of development institution/person that HH members were involved with**

Type institution (multiple responses)	Responses	
	N	Percentage
Union Parishad Chairman/ Counsellor	1	0.2%
Union Parishad Standing Committee	1	0.2%
Masjeed or religious Committee	6	1.5%
School/Madrasa Management Committee	4	1.0%
PTA	1	0.2%
Village Court/Salish	9	2.2%
NGO	371	90.3%
CBO	17	4.1%
DNK	1	0.2%

The involvement in collective action has remained similar to the involvement at the time of BS; roughly half of the respondent was and is involved in road repair.

The number and types of property per district and Upazila are very different. Khas land for instance, an important property for the project, is far more frequently available in Netrakona (104 acres) than in Sunamganj (10 acres). Respondents find themselves able to at least use one of the properties, in general in 84% of the cases, which is in the large majority of cases in relation to fishing.

**Table 14: Types of property available for use by beneficiaries per Upazila**

	Upazila						Total
	Sunamganj		Netrakona		Kishoreganj		
	Tahirpur	Dowara Bazar	Mohanganj	Kalmakanda	Mithamoin	Krimganj	
Khas land	10	0	55	49	19	9	142
Khas pond	12	9	9	16	7	5	58
Roadside sloping	9	14	22	25	1	8	79
Embankments	2	0	15	18	16	0	51
Railway grounds	0	0	6	1	0	0	7
Beel/Haor	60	26	47	65	52	42	292
River/Canal	38	52	38	61	28	28	245
CBO water body	4	0	33	8	1	7	53
Grazing land	1	0	2	1	0	0	4

## H: Natural Disasters

The occurrence of natural disasters had been very low in the past year and only a handful of people reported having suffered from a disaster (mostly flash flood and drought), and having undertaken action or faced loss of any kind as a result.

### I: Family authority and decision-making at household level

Apart from decisions on small food items (almost 50% decided by the woman) and jewellery selling or buying and expenses on child marriage (not applicable in 50% of the cases) it is in almost half of the cases still the husband, who takes the final decision. In the BS however, this percentage was in all of the cases well above 60% and in some cases even around 70%, so the decisive power of the woman has increased over the project's duration.

**Table 15: Household decision making**

	Respondent can decide alone	Decide w/husband or other adult male	Husband decides after discussion	Respondent not involved in decision	N/A
Small food items	47.8%	22.2%	27.8%	0.2%	2.0%
Buying clothing	15.6%	23.5%	58.7%	1.7%	0.5%
Spending own money	34.8%	20.8%	42.1%	1.7%	0.6%
Buying/ selling HH assets	13.9%	17.2%	55.6%	0.6%	12.7%
Buying/ Selling jewellery	10.8%	17.6%	24.3%	0.7%	46.6%
Use of loans/savings	14.5%	25.3%	48.2%	0.6%	11.4%
Expense children's education	12.4%	24.1%	49.4%	0.6%	13.5%
Expense children's marriage	7.5%	16.4%	27.0%	0.6%	48.5%
Medical expenses	12.7%	26.5%	58.6%	0.6%	1.6%
Expenses family planning	12.2%	12.8%	39.6%	11.0%	24.4%
Moving shelter in disaster	12.0%	24.6%	44.0%	0.6%	18.8%

The respondents were asked whether they would agree or disagree with a number of statements which are linked to gender equality. From table 16 below, it appears that Netrokona is by far the most traditional district, with high scores of agreement on gender-negative statements and the lowest on gender-positive statements.

Overall the situation has considerably improved. The percentage of respondents thinking that important decisions are to be made by men only decreased from 47 to 21% and the acceptance of wife beating decreased from 78.9% to 51.5%. If the woman works, 74.9% finds her husband should also do household chores against 63.3% before; now 56% finds it acceptable for the woman to work outside the house against 49.7% before and 74.4% find that a woman may express her different opinion against 66.4% in the BS.

**Table 16: Agreement with statements related to household attitude**

	Sunamganj		Netrakona		Kishoreganj	
	Tahirpur	Dowara Bazar	Kalmakanda	Mohanganj	Mithamoin	Krimganj
<b>Statements negative towards gender equality</b>						
The important decisions in the family should be made only by the men of the family	16.9%	0.0%	57.6%	52.3%	0.0%	0.0%
Wife should tolerate being beaten by her husband in order to keep the family together	56.9%	50.8%	93.8%	47.7%	46.7%	15.7%
It is better to send a son to school than it is to send a daughter	4.6%	1.5%	32.8%	38.5%	3.3%	7.1%
<b>Statements positive towards gender equality</b>						
If the wife is working outside the home, then the husband should help her with household	67.7%	83.1%	81.8%	35.4%	95.0%	87.1%
A married woman should be allowed to work outside the home if she wants to	52.3%	55.4%	47.0%	23.1%	88.3%	71.4%
The wife has a right to express her opinion if she disagrees with what her husband says	83.1%	96.9%	60.6%	29.7%	93.3%	82.9%

**J: Child nutrition, antenatal care and family**

The percentage of women having ever breastfed their children was high, it varied between 96.4% and 100%, which was more or less the same in the BS. An average of 92% of women started breastfeeding during the first hour, which is a major increase over the 45.5% of the BS. 63.9% of pregnant women took folic acid supplements during pregnancy compared to a former 35.5%.

The behaviour around pregnancy regarding rest taking and food adaptations stayed largely the same when compared to the BS – in half of the cases the same food was used and the same rest taken.

The pregnant women visited the ANC clinic more often than before: whereas during the BS the average number was less than one, now roughly a quarter goes once, one quarter of pregnant women goes twice and another quarter goes three times to the ANC clinic.

Table 17 below shows who attended the women's last delivery. In 95% of the cases the birth is attended by a traditional (trained) birth attendant, even more than in the BS (89%).

**Table 17: Attendee last delivery by district and haor type**

Attended	District			Haor type		Total
	Sunamganj	Netrokona	Kishoreganj	Deep	Moderate	
Friend/Relative	0.0%	1.7%	10.4%	2.3%	2.0%	2.1%
TBA	43.5%	32.5%	10.0%	53.4%	39.6%	46.0%
TTBA	52.2%	39.8%	75.0%	44.3%	54.5%	49.7%
Doctor	0.0%	0.0%	5.0%	0.0%	1.0%	0.5%
FWV Nurse /Paramedics/FWV	4.3%	1.6%	0.0%	0.0%	2.0%	1.1%

93.8% of children have received one or more immunizations, up from 81.8% in the BS; the proportion of parents possessing an immunization card was slightly down though, from 72.85 to 62.3%. Provision of Vitamin A and anthelmintic were sharply up, from 31.75 and 47.3% to 82.35 and 71.7% respectively. There is not much difference between districts and haor types, except for Vitamin A, which is considerably lower in Netrakona than elsewhere (52.8% against 86.5%

and 82.9% in the two other districts). Compared to the BS, the situation in Sunamganj has far more improved, and the situation in Kishoreganj was already better than in Netrakona.

**Table 18: Child health and immunization by district and haor type**

	District			Haor type		Total
	Sunamganj	Netrokona	Kishoreganj	Deep	Moderate	
Received at least 1 immunization	91.1%	93.6%	100.0%	96.9%	92.9%	93.8%
Has immunization card	51.0%	67.2%	76.5%	60.5%	69.3%	62.3%
Received anthelmintic if needed	78.8%	88.7%	72.1%	82.4%	77.3%	82.3%
Received Vitamin A supplementation	86.5%	52.8%	82.9%	80.5%	67.7%	71.7%

**K: Overview of main statistics in the target districts**

Table 19 below provides an overview of the main statistical data from the Impact Survey per Upazila; in the table, one can easily compare each of the data worked out in more detail in the preceding sections at a glance.

**Table 19: Combined statistics of the 6 target Upazilas of the Impact Survey**

Indicator	Upazilas						Total
	Tahirpur	Dowara Bazar	Mohanganj	Kalmakanda	Mithamoin	Krimganj	
<b>Family size</b>	5.32	5.32	5.02	4.91	4.68	5.00	5.08
<b>Religion %</b>							
Muslim	83.8	93.9	84.0	77.2	65.8	91.4	83.4
Hindu	16.2	6.1	14.7	22.8	34.2	8.6	16.4
<b>Population %</b>							
Female	51.2	51.0	51.5	45.7	47.0	48.3	49.2
Male	48.8	49.0	48.5	54.3	53.0	51.7	50.8
<b>Age %</b>							
21-30	15.3	10.3	14.7	16.0	14.9	15.4	14.4
31-40	14.2	10.6	12.9	10.8	16.4	12.9	12.8
<b>Completed years of Schooling %</b>	4.43	3.81	4.50	3.60	4.05	4.57	4.18
<b>Marital Status %</b>							
Married	39.0	34.5	43.6	46.0	39.5	41.1	40.5
Never married	56.4	59.1	54.0	53.1	55.9	52.6	55.2
<b>Occupation primary %</b>							
Agri. Labour	3.2	10.3	17.0	12.7	6.4	12.4	10.2
Non-agri. Labour	7.7	3.4	7.0	1.4	4.3	4.0	3.7
Small Business	5.0	3.1	2.5	1.4	2.8	3.7	3.2
Fishing	4.7	.6	2.5	7.1	6.8	1.7	3.7
Skilled labour	4.4	2.8	4.3	4.2	1.1	2.0	3.1
<b>Occupation Secondary %</b>							
Animal husbandary	20.2	31.8	11.1	4.8	23.5	32.2	21.8
Sharecropper	13.1	11.4	2.5	8.3	9.4	11.1	9.5
Agri. labour	21.4	12.1	12.3	21.4	24.7	22.2	18.5
Non agri. labour	4.8	28.0	0.0	11.9	15.3	12.2	13.5
Fishing	8.3	1.5	24.7	21.4	4.7	1.1	9.4
<b>Assets %</b>							
Furniture	7.49	7.98	6.46	6.07	5.57	7.7	7.3
Electronics	8.73	5.32	6.68	7.4	8.46	7.78	6.27
Gold/Silver	28.21	22.66	11.48	11.03	31.67	12.32	25.88
Livelihood tools	12.96	10.48	10.01	10.46	10.03	9.0	11.76
Own agri. land	54.80	32.78	42.10	88.64	90.60	17.50	53.35
Lease land	107.67	60.36	49.73	46.73	88.83	61.54	67.76
Stock+ poultry	31.02	22.07	12.87	17.33	20.09	16.31	22.28
Trees (fruit and timber)	12.96	92.02	7.68	10.48	8.7	49.27	44.09
Cash in hand	5008	19428.12	15939.41	20309.91	2455072	14638.58	16437.62
<b>Main income source %</b>							
Selling fish	24.6	6.2	29.0	24.2	34.5	8.6	
Non-agri. labour	33.8	38.5	0.0	3.0	25.9	21.4	
Small business	21.5	16.9	14.5	21.2	31.0	28.6	
Self employed	29.2	15.4	17.7	6.1	10.3	5.7	
<b>Income BDT</b>							
Peak months	11231	10338	17621	9823	10936	9216	11464
Lean months	4515	3823	5339	4195	3921	4168	4329

Indicator	Upazilas						Total
	Tahirpur	Dowara Bazar	Mohanganj	Kalmakanda	Mithamoin	Krimganj	
<b>Expenditure BDT</b>							
<b>Daily</b>							
Food	250	184.85	132.92	162.12	353.37	182.17	209.16
Cigarettes	26.64	24.35	19.07	16.38	9.44	11.04	18.52
Gasoline used for livelihood	266.67	0.00	130.00	3.00	162.14	115.71	141.12
<b>Monthly</b>							
Utilities	241	262	470	329.	206	142	258
Education	507	265	498	458	489	450	440
Medicine	606	504	207	348	510	393	439
Loan repayment	987	1033	2098	2831	2324	1816	1879
Phone cards	297	156	118	593	214	137	241
Transportation	462	292	115	47	672	225	322
<b>Annual:</b>							
Clothing	4264	4624	3846	3769	5426	5029	4480
Livelihood equipment	707	581	328	292	3428	1564	1266
Agri. Inputs	1011	2029	3726	5768	5895	2035	3459
HH goods	362	388	225	362	2578	570	655
Livestock/poultry	1582	1342	687	1019	1158	201	974
Social expenditure	2160	1267	526	899	2980	1557	1538
Dowry	65000	0	2500	4000	0	0	1958
<b>Coping strategies %</b>							
Adj.to meals	66.2	54.8	70.0	69.2	19.0	10.4	
Used saving	49.2	87.1	68.3	81.5	74.1	62.2	
Persons accessed loans (from all sources)	53.8	4.8	6.7	1.5	25.9	34.3	
Buy food on Credit	41.5	64.5	5.0	6.	17.2	26.9	
Sold poultry	33.8	21.0	21.7	21.5	0.0	1.5	
<b>Out Migration %</b>	<b>100</b>	<b>92.6</b>	<b>7.0</b>	<b>58.6</b>	<b>94.4</b>	<b>87.5</b>	<b>81.9</b>
Urban area	87.5	100	53.1	86.2	33.3	75.0	73.2
<b>Took 1 loan %</b>	<b>88.9</b>	<b>100</b>	<b>88.2</b>	<b>81.5</b>	<b>89.5</b>	<b>100</b>	<b>88.9</b>
Men	27.0	28.6	47.4	35.0	22.9	31.0	31.0
Women	73.0	71.4	52.6	65.0	77.1	69.0	69.0
<b>Source of Loans %</b>							
Mohajon	21.6	35.7	42.1	35.9	22.9	24.1	28.7
NGO	40.5	35.7	36.8	62.5	71.4	41.4	51.1
<b>Amount of loan taken BDT.</b>	<b>10743</b>	<b>8600</b>	<b>24736</b>	<b>25125</b>	<b>18571</b>	<b>18059</b>	<b>18202</b>
<b>Outstanding loans</b>	<b>7552</b>	<b>5286</b>	<b>12550</b>	<b>15592</b>	<b>14808</b>	<b>14698</b>	<b>12525</b>
<b>% of N who consumed food items</b>							
Cereals	100.0	98.5	100.0	98.5	100.0	98.6	99.2
Vegetables	10.8	9.2	56.9	54.5	53.3	57.1	40.4
Fruits	12.3	1.5	3.1	6.1	16.7	12.9	8.7
Protein	12.3	10.8	4.6	4.5	6.7	11.4	8.4
Dairy	7.7	3.1	3.1	3.0	6.7	11.4	5.9
Fat	89.2	93.8	0.0	0.0	78.3	80.0	56.8
Sweetener	61.5	70.8	9.2	10.6	18.3	17.1	31.2
<b>Food Security %</b>							
Apr.- Nov.	95.0	41.5	22.00	9.4	22.0	22.0	36.0

Indicator	Upazilas						Total
	Tahirpur	Dowara Bazar	Mohanganj	Kalmakanda	Mithamoin	Krimganj	
<b>Food insecure %</b>							
Dec.- March	23.4	9.2	23.0	31.0	36.2	23.5	24.3
<b>Water %</b>							
Safe	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Latrine</b>							
Access %	90.8	90.6	90.5	84.2	81.7	92.9	88.7
Sanitary	57.0	22.0	00.0	6.3	13.0	31.2	22.0
<b>Hygiene %</b>							
Hand wash	58.8	66.0	88.0	89.0	35.3	39	
<b>Treatment %</b>							
MBBS doc.	0.00	0.00	0.00	1.6	1.8	15.5	
Union Health C	20.3	1.5	71.0	79.7	78.0	46.6	
Upzilla Health C	18.8	1.5	72.6	65.6	38.6	67.2	
Village Doctor	31.3	38.5	83.9	67.2	33.3	86.2	
Kabiraj	3.1	0.0	19.4	1.6	0.0	1.7	
pharmacy	23.4	58.5	12.9	3.1	80.7	82.8	
<b>NGO member</b>	96.9	98.5	96.7	98.4	100.0	95.4	
<b>Committee Member</b>	18.5	3.1	9.7	6.2	21.7	6.1	10.7
<b>Collective Activity undertaken</b>							
Road Cons.	100.0	100.0	27.8	50.0	100.0	50.0	
<b>Training received</b>							
IGA skills	62.4	70.8	38.5	39.4	88.3	50.8	
Livestock mgt.	79.7	90.8	93.8	100.00	51.7	70.8	
Kit. Gardening	92.2	98.5	100.00	100.00	71.7	67.7	
Health & Nutri.	81.3	78.5	47.7	78.8	40.0	41.5	
Gender issues	23.4	26.2	43.1	24.2	38.3	15.4	
<b>Community property available</b>							
Khas land	18.5	13.8	14.3	24.2	11.7	7.2	
Haor/beel	15.4	0.0	87.3	74.2	31.7	13.0	
River/canal	13.8	21.5	34.9	37.9	1.7	11.6	
Road shoulder	13.8	21.5	34.9	37.9	1.7	11.6	
embankments	3.1	0.0	23.8	27.3	26.7	0.0	
<b>Community property accessibility</b>							
Yes	83.1	81.5	90.8	84.8	73.3	88.6	83.9
No	16.9	18.5	9.2	15.2	26.7	11.4	16.1
<b>Community property utilization</b>							
fishing	77.8	98.1	101.7	92.9	100.0	100.0	
Irrigation	18.5	7.5	23.7	37.5	0.0	0.0	
Collect water	20.4	32.1	3.4	0.0	0.0	0.0	
Collect soil	38.9	39.6	1.7	0.0	0.0	1.6	

Indicator	Upazilas						Total
	Tahirpur	Dowara Bazar	Mohanganj	Kalmakanda	Mithamoin	Krimganj	
<b>Decision making</b>							
(Buying food) Wife Alone	33.0	18.1	15.0	18.2	13.0	15.7	18.6
(Child education) Joint	38.5	41.5	76.9	65.2	70.0	64.3	59.3
(Buying clothes) Husband alone	44.6	58.5	64.6	69.7	88.3	82.9	68.0
<b>Use loans and savings</b>	36.9	41.5	75.4	60.6	75.0	70.0	59.8
<b>Health</b>	43.1	55.4	75.4	65.2	85.0	82.9	67.8
<b>Family planning</b>	30.8	26.2	67.7	54.5	48.3	41.4	44.8
<b>Wife beating</b>							
Tolerate/disagree	26.2	47.7	52.3	6.2	51.7	84.3	45.1
<b>4 ANC attended</b>	33.3	30.0	5.1	24.4	11.1	0.0	18.0
<b>Quantity of food consumed during pregnancy</b>							
Same as usual	46.2	81.8	53.3	39.1	36.4	12.5	50.3

## ANNEX 4 LIST OF PEOPLE INTERVIEWED

Name	Designation	Organisation
<b>Dhaka, 18-22 November</b>		
Anowarul Haq	Director Extreme Rural Poverty Progr.	CARE Bangladesh
Marc Nosbach	Chief of Party SHOUHARDO II	
S. Sekhar Bhattacharjee	Team Leader FSUP-H	
Murad Bin Aziz	Action research Coordinator	
Alexandra MacLean	Assistant Country Director Program	
Masreka Khan	Technical Coordinator	
Md. Merul Islam	Program Quality Unit	
Md. Abu Hanif	Technical Coordinator M&E	
<b>Sunamganj 23-28 November</b>		
Md. Sirajul Islam	PM	CARE
Md. Emdadul Hoque	PO	
Md. Abdul Masman	PO	
Md. Nur Abu	FDAO	
Md. Shariful Islam	CARE	
Md. Nur Nabi	EDO	
Ms. Somaiya	M & E officer	
Nasima Akter	Gender Program Officer	
Jobeda Khanom	Manager Support Service	
Khadiza	Member, VDO	
Abdul Malek	Program Manager	
Md. Muttahir Human	PO	ASD
Md. Afiluddin Sonxer	PO	
Nurjahan	CF	
Durul Huda	CF	
Alibur Rahman	CF	
Nasir Ahmed	CF	
Md. Kader	Coordinator	
Md. Sohel Ahmed	M & E officer	
Md. Abdul Kader	Field Coordinator	DASCOH
Md. Abdul Bari	PM	
Moninul Islam	Civil Engineer	Helvetas Swiss Coop
Kazi Mizanur Rahman	PM Shiree Project	
Dewan Z Zakerin	UP Chairman	

Kamruzzaman	Upazilla Nirbahi Officer	Dowara Bazar
Dr. Md. Abdul Kuddus	Upazila Chairman	
Md. Abdul Khalek	Union Chairman	
Shamshun Nahar	Union Parishod member	
Md. Shoebur Rahman	Statistics officer	Union Parishad
Kanailal Roy	Headmaster	Dowara Bazar High School
Samirum Nessa	VDC Members	Dowara Bazar and Mannerza Union
Sultana		
Jasmin		
Aisha		
Roje		
Nurul Islam		
Idris Miah		
Kader		
Rosy		
Asiya		
Ruksana		
Arif		
Irfan		
Shantibal		
Badol		
Anowara		
Laxmi Rani		
Sakhina		
Tajnara		
Sufiya		
Surjoban		
Rehana		
Nil Moti		
<b>Netrokona 30 November - 02 December</b>		
G. M. Talukdhar	Physician	Private Practice
Md. Shofiqur Rahman	Secretary	Upazilla Porishod
Momotaj Begum	Teacher	Rampur Govt. Primary School
Azizul Haque	PO	CARE
Sufiya Khatoon	Project Officer	
Md. Khalilur Rahman	EDO	
Rajib Kumar Sarker	UCO	Ekti Bari Ekti Khamar

Md. Mozzamal Haque	Upazilla Nirbahi Officer	Mohonganj
Md. Mahbubun Nabi Sheikh	Mayor	Mohonganj
Mafizul Islam	Upazila Agriculture Officer	DAE Mohongonj
Md. Mozibur Rahman	Asstt. Fisheries Officer	AFO Mohongonj
Md. Shahidul Islam	Upazila Livestock officer	DLO
Md. Mahbubur Rahman	Upazila Youth Development Officer	Dept. of Youth Affairs.
Miss Joynab Khatoon	In charge social welfare officer)	Dept. Women Affairs
Md. Manik Mia	Social Service officer	Union Social Welfare Office
Md. Mir Kashem	UP Cooperative Officer	Cooperative Society
Dr. Liton Mohon Dey	URDO	BRDB
Md. Humayun Kabir	JFD-iii	The ACME Lab. Ltd.
Md. Arifur Rahman	PID	MODMR
Dr. Abdulla Al Mamun	Medical Officer	UHC
Kamrul Ahsan	Chairman	Boroghoria UP
Shopon Kumar Paul	PD	SUS
Taslima Akhter	F & AO	
Parvin Jahan	CF	
Ahmed Ali Siddiqui	M&EO	
Surajit Paul	PO	
A.K.M. Azizul Haque	FC	
Sukharanjon Paul	PO	
Dipak Roy	PO	
Nargis Akter	PO	
Emdad Hossain	Cf	
Md. Jahirul Islam	CF	
Md. Jashim Uddin	CF	
Md. Khairul Haque	CF	
MD. Kamal Hossain	PO	
Arifur Rahman	PO	
MD. Salem Mia	CF	
Ali Akhtar	PM	
MD. Kamal Hossain	PO	
Surajit Paul	PO	
Rohima Akhter	CDV	
Md. Mushfiqur Rahman	DEO	Dept. of Environment
Shohid Uddin Ahmead	Health Inspector	DPHE
Md. Moniruzzaman	Agriculture Officer	Dept. of Agriculture

Dilruba Yasmen	Assistant Agriculture Officer	Dept. of Agriculture
Alomgir Kobir	Livestock Officer	Dept. of Livestock
Kazi Nurul Islam	Fisheries Officer	Dept. of Fisheries
Md. Pintu	Member of the public	Purbo Dola
Md. Ferdous Rana Anju	Member of the public	Artpara Sadar
<b>Kishoreganj 3-5 December</b>		
Md. Tayeb Ali Pramanik	Program Manager	CARE
Md. Abdul Malek Khan	Program Manager	
Mustabshira Jannat	M & E officer	
Md. Ayub Khan	Head of Operations	
Abu Sufian	Head of Training	
Ashfaque Ahmed	Management Support Services	
Rawshan Rahman	TC-GKA	
Dr. MD Shahabuddin	HE officer	
Jesmin Nahar	CF	
Mahmuda H. Khan	CF	
Nripundra Chandra Dus	CF	
Md. Jamal Uddin	F&AO	
Sufia Khatun	PO	
Jafia Khatun	F&AO-PS	
Shafikul Islam	PO	
Nazmul Huda	CF	
Md. Sabbir Ahammad	CF	
Masduzzaman Haider	FC	POPI
Pinto Gomes	PO	
Md. Nuruzzaman	Acting Program Manager	
Mina Akter	CF	
Md.Kamrunaman	PO	
Md. Mortuza Ali		
Sultana Begum Ahkondo		
Ferdous Ahmed	Teacher	Primary school Manik khali
Shakila Shabnam	Teacher	Primary School Kotiadi
Anowar Hossain	Teacher	Primary School Nikli
Dr. M.K. Pandit	Senior Officer	Education Department
Nirmol Kumar Shaha	Deputy Director	Agriculture Department
Md. Monirul Islam	Fisheries Officer	Fisheries Department
Israt Jahan	Women's Affairs officer	Dept. of WA

Abu Baker Siddique	Livestock Officer	Dept. of Livestock
Md. Helal Uddin	Youth development officer	Dept. of Youth Affairs
Kulsum	Members VDO	POPI
Meherun Nessa		
Khaleda		
Raziya		
Nahar		
Salma		
Rokeya		
Rina		
Tohurun		
Dipali		
Gita		
Mohosin		
Salek		
Ripa		
Jamal	Members EVEM	POPI
Shourov		
Tofazzol		
<b>Dhaka 6-24 December</b>		
Manjurul Alam	Sr Programme Officer Food Security	European Union
Laila Jesmi Banu	Sr Programme Officer Food Security	
João Anselmo	Programme Manager Food security	
Gonzalo Serrano	Second Secretary	
Pradip Shikha Chowdury	Senior M&E Specialist	Programme Coordination Unit FSUP
Kaberi Sultana	Senior M&E Specialist	
Luqman Leckie	Team Leader	
Alexandra MacLean	Assistant Country Director	CARE
Richard Sloman	Consultant knowledge management and learning FSUP	CARE
Masud Alam Khan	Former TL FSUP-H	CARE
Sekhar Bhattarcharjee	Team Leader FSUP-H	CARE
Jamie Terzi	Country Director	CARE
Mr. Masud		BRAC
Mr. Jalil	Director	POPI

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## ANNEX 6 MISSION TIME SCHEDULE

**Table 1: Evaluation mission time schedule and time input of the team**

Phase	Task	Team Leader	Gender specialist	Field & data entry staff (9)
	Contractual arrangements			
	Submission of main documents by CARE; discussion of first arrangements			
1: Inception phase	International travel	1		
	Desk review	3	1	
	Fine-tuning methodology, evaluation tools development of data collection tools and field visit plan (including sampling of Unions/villages to be visited);	3	1	
	Briefing at CARE	0.5	0.5	
	Stakeholder briefings / discussions in Dhaka, hosted/supported by CARE	2.5	2.5	
	Recruitment/orientation enumerators	2	2	
	Inception report finalization	1		
2: Field visit	Travel Dhaka to districts and first meeting with staff of CARE at field level (and possibly of other 3 partner organizations)	1	1	
	Field visit in programme area of CARE and 3 partner organizations.	19.5	19.5	19.5
	First discussion of findings and debriefing district level	0.5	0.5	0.5
	Return from districts to Dhaka	1	1	
3: Data analysis and debriefing	Data entry and cleaning	0.5	0.5	5
	Data analysis by evaluation team	2.5	2.5	
	Developing report by evaluation team	7	7	
	Preparation workshop materials	1		
	Workshop and debriefing	1	1	
4: Report writing	Travel back to the Netherlands	1		
	Completion/revision of Final Report	4	1	
<b>TOTAL</b>		<b>52</b>	<b>41</b>	<b>Approx. 140 total</b>

**Table 2: Time table evaluation related activities including dates**

Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	11-Nov	12-Nov	13-Nov	14-Nov	15-Nov	16-Nov	17-Nov
Week 1			Desk review	Development data collection tools			Travel to Dhaka
	18-Nov	19-Nov	20-Nov	21-Nov	22-Nov	23-Nov	24-Nov
Week 2	Arrival approx. 13:00	Meetings with CARE staff		Finalize recruitment and orientation enumerators		Travel to field	Data collection quantitative & qualitative
	25-Nov	26-Nov	27-Nov	28-Nov	29-Nov	30-Nov	1-Dec
Week 3	Data collection quantitative & qualitative			Finalizing inception report	Data collection quantitative & qualitative		
	2-Dec	3-Dec	4-Dec	5-Dec	6-Dec	7-Dec	8-Dec
Week 4	Data collection quantitative & qualitative			Qualitative data collection		Travel to Dhaka	Meeting stakeholders Dhaka
	9-Dec	10-Dec	11-Dec	12-Dec	13-Dec	14-Dec	15-Dec
Week 5	Meeting stakeholders Dhaka			Quantitative and qualitative data analysis			
	16-Dec	17-Dec	18-Dec	19-Dec	20-Dec	21-Dec	22-Dec
Week 6	Quantitative and qualitative data analysis; develop workshop materials & Aid Mémoire; preparatory work Draft Evaluation Report and Engaging Men Initiative Report						
	23-Dec	24-Dec	25-Dec	26-Dec	27-Dec	28-Dec	29-Dec
Week 7	Debriefing, workshop	Travel to Amsterdam			Finalization Draft Evaluation reports		
	30-Dec	31-Dec	1-Jan	2-Jan	3-Jan	4-Jan	5-Jan
Week 8	Finalization Draft Evaluation reports			Finalization Draft Evaluation reports			
	6-Jan	7-Jan	8-Jan	9-Jan	10-Jan	11-Jan	12-Jan
Week 9	Finalization Evaluation reports			Draft report submitted			
	13-Jan	14-Jan	15-Jan	16-Jan	17-Jan	18-Jan	19-Jan
Week 10						Incorporation comments and suggestions into final evaluation report	
	20-Jan						
Week 11	Final report submitted						

## ANNEX 7 ACCOMPLISHED TRAINING UP TO OCTOBER, 2013

Name of Training	Target Group	Duration	# participants
<b>Staff Training</b>			
<b>Result 1</b>			
Training on Organizational Management / Development	Project Staff	5 days	261 Staff
Training on Engaging Men and Boys (EMB) and Gender, Equity and Diversity.	Project Staff	3 days	261 Staff
Training on EKATA formation and process	Project Staff & CDAs	3 days	30 Staff, 323 CDAs
Refreshers training for core trainer groups on Engaging Men and Boys and Gender, Equity and Diversity.	Project Staff	3 days	23 Staff
<b>Result 2</b>			
Training on Community Consultation and coping strategy	Project Staff	4 days	236 Staff
Capacity building of VDC and EKATA on community savings, fund management, resource mobilization	Project Staff	2 days	261 Staff
Training on IGA business management and different IGAs	Project Staff	2 days	261 Staff
<b>Result 3</b>			
Capacity building training for staff on effective communication from national level early warning systems and disaster risk reduction	Project Staff	2 days	236 Staff
<b>Result 4</b>			
Capacity building ToT on Health Hygiene & Nutrition	Project Staff	5 days	44 Staff
Capacity building on Health Hygiene & Nutrition	Project Staff	3 days	208 Staff
Refreshers Capacity building training on Health Hygiene & Nutrition	CFs and CDAs	2 days	531 CFs and CDAs
Refreshers training for community development assistant	CDAs	2 days	618 CDAs
Capacity building on homestead vegetable gardening	Project Staff	1 day	236 staff
Capacity building on community based Nutrition Garden	Project Staff	1 day	236 staff
<b>Beneficiary Training at the Community level</b>			
Training of VDCs and EKATA Group on Organizational Management / development	VDC & EKATA members	4 days	16,125 participants
Capacity building training for EVEM forum members on Engaging Men and Boys and Gender, Equity and Diversity	EVEM forum members	2 days	12,500 participants
Follow up training for EVEM forum members on Engaging Men and Boys (EMB) and Gender, Equity and Diversity	EVEM forum members	1 day	12,025 participants
Capacity building training to beneficiaries on identified IGAs and business management	Project beneficiaries	1 day	55,000 participants
Capacity building follow / refreshers training to beneficiaries on identified IGAs and business management	Project beneficiaries	1 day	52,920 participants
Capacity building training of VDC and EKATA on community savings, fund management, resource mobilization	VDC, EKATA and savings group members	2 days	16,125 participants
Training on linking community with early warning mechanisms	VDC, EKATA and comm. members	1 days	645 communities * 24 participants
Capacity building training for VDCs, EKATA groups on DRR planning	VDC, EKATA and comm. members	2 days	645 communities * 24 participants
Capacity building for VDC and EKAAT on Community Risk Assessment (CRA)	VDC & EKATA Member	2 days	645 communities * 25 participants
Community Risk Assessment (CRA) review	VDC & EKATA Member	1 day	645 communities * 25 participants

Capacity building on homestead vegetable gardening (winter and summer vegetable cultivation)	Community	1 day	52,702 participants
Capacity building for adolescent girls on Nutrition Gardening	Selective EKATA Adolescent	1 day	6,450 adolescent girls
Capacity building of VDCs and EKATA on availability of better health, nutrition and water/sanitation services.	VDC, EKATA and community members	1 day	15,918 participants
<b>Training for Other Stakeholders</b>			
Capacity building of UP and UDMC on disaster preparedness planning, gender sensitivity and networking	UDMC & UP Members	3 days	94 UDMC * 34 participants
Refreshers Capacity building of UP and UDMC on disaster preparedness planning, gender sensitivity and networking	UDMC & UP Members	1 day	87 UDMC * 27 participants
Capacity building of School teachers and students on disaster management and early warning system	SMC & School Teacher	3 days	112 Schools * 24 participants)
Refreshers Capacity Building of teachers and students on disaster management and early warning system	SMC & School Teacher	1 day	74 Schools * 24 participants
Fee based service development in different sectors (livestock vaccinators, agriculture etc.)	Project beneficiaries community people	5 days	Vaccinators: 190 Agriculture: 94
ToT for core forum theatre groups	Community people	5 days	26 participants
Refreshers training for core forum theatre groups	Community people	5 days	29 participants

## ANNEX 8 BACKGROUND INFORMATION HAOR REGION

The Bangladesh Haor region is bounded in the north by the hill ranges of India–Meghalaya, on the south by Tripura and Mizoram and Assam and Manipur in the east. Cherapungi, in Assam, the highest rainfall area of the world is only 50 km distant to Bangladesh’s Haor region. Situated just below the hilly regions, the area is subject to extreme rainfall. Annual rainfall ranges from 2200 mm along the western boundary to 5800 mm in its north east corner. Given below is the distribution of annual rainfall.

Due to excessive rainfall in the upstream hilly areas, subsequent runoffs and drainage congestion, the haor areas remain submerged for about 7 months in the year, resulting in an underdeveloped and fragile communication infrastructure. The situation is further worsened by development initiatives such as filling up parts of the haors for housing, industrial and agricultural purposes. Over time the haors have also changed through channelization, building of embankments and diversions.

The haor region is divided into nine agro-ecological zones i.e. Sylhet Basin, Eastern Surma Kushiara Floodplain, Old Meghna Estuarine floodplain, Old Brahmaputra Floodplain, Middle Meghna River floodplain, Young Brahmaputra and Jamuna Floodplain, Northern and Western Peidmont Plains, Northern and Eastern Hill and Akhaura Terrace. Of these the Sylhet Basin, Eastern Surma Kushiara Floodplain and Old Meghna Estuarine Floodplain are predominant.

**Table 1: Locations of haors in Bangladesh**

Districts	Upazilas
Sunamganj	Sunamganj Sadar, Jagannathpur, Dharmapasha, Jamalganj, Chhatak, Derai, Salla, Tahirpur, Bishambarpur.
Sylhet	Jaintiapur, Beanibazar, Fenchuganj, Balaganj, Biswanath.
Hobiganj	Ajmeriganj, Hobiganj Sadar, Bahubal.
Moulvibazar	Maulvi Bazar Sadar, Kulaura, Rajnagar, Sreemangal
Netrokona	Atpara, Barhatta, Khaliajuri, Mohonganj, Madan, Kandua.
Koshoreganj	Mithamain, Karimganj, Austragram, Itna, Nikli, Bazitpur, Kuliachar, Tarail, Bhairab, Katiadi.
Brahmanbaria	Brahmanbaria Sadar, Nasirnagar.

Source: Banglapedia (2003)

**Table 2 : Haor areas in hectare at a glance**

Districts	Total area in ha	Haor area in ha	No. of haors
Sunamganj	367,000	268,531	95
Sylhet	349,000	189,909	105
Hobiganj	263,700	109,154	14
Moulvibazar	279,000	47,602	3
Netrokona	274,400	79,345	52
Koshoreganj	273,100	133,943	97
Brahmanbaria	192,700	29,616	7
<b>Total</b>	<b>1,999,800</b>	<b>858,460</b>	<b>373</b>

Source: Haor Master Plan 2010

**Table 3 : Distribution of rainfall in the haor region**

Districts	Average Annual Rainfall (mm)
Sunamganj	3600-7800
Sylhet	3400-7400
Hobiganj	2200-3500
Moulvibazar	2600-3800
Netrokona	3200-4800
Koshoreganj	2000-3400
Brahmanbaria	2000-2500

Source: Parliamentarians can make the difference, neglected Haor livelihoods, October 2013, Concern Bangladesh

**Table 4: Pattern of land distribution in the haor region**

Land Type	Ha	(%)
Agricultural Land	1,310,945	65.55
Homestead, pond and road	372,413	18.62
Hill	133,417	6.67
Forest	66,345	3.32
River	41,872	2.09
Canal/Khal	26,448	1.32
Total	1,999,800	100.00

Source: Haor Master Plan 2010

**Table 5: Distribution of forest**

District	Natural Forest Area in ha
Sunamganj	7293
Hobiganj	13153
Netrokona	739
Sylhet	262832
Maulvibazar	25142
Total	296005

Source: Parliamentarians make the difference, Neglected Haor livelihoods, October 2013.

**Table 6: Population and Density**

Districts	Population (mill)	Density/km2
Sunamganj	2.65	722
Sylhet	3.36	963
Hobiganj	2.28	865
Moulvibazar	2.10	877
Netrokona	2.60	924
Koshoreganj	3.31	1232
Brahmanbaria	3.07	1593
Total	19.37	987

Source: Haor Master Plans

**Table 7: Contribution to National GDP**

Sectors	Contribution
Agriculture	36%
Industry	27%
Service Sector	37%

The haor area has the lowest electricity coverage. Sunamganj per capita consumption is only 17kWh followed by Kishoreganj and Netrokona. In 2010, the national per capita consumption in 2010 was 200kWh; 6740 villages out of 15,374 had electric connections and only 20% of the households in the 7 haor districts were electrified.

Though two major land routes, Asian Highway 1 and 2 enter Bangladesh at Tamabil and mainly cross over the haor region, it has one of the poorest communication networks. 11 out of the 69 (e.g. Mithamoin, Kalmakanda, Dowara Bazar, Tahirpur) haor districts do not have road connections.

It is estimated that there are 282 growth centres, located around the Upazila headquarters, and 992 rural markets in the haor area. 93 rural unions do not have any growth centres or rural markets. Thus people have to travel long distances to fulfil their trading needs.

The Haor Management Plan estimates that 22% of the cattle and 24% of the duck population of the country come from the haor region. Netrokona and Sunamganj have the highest number of duck population. In 2010 the haor districts produced 0.62 million metric tons of milk, 0.14 million metric tons of meat and 989 million pieces of eggs.

The main tea processing industry of Bangladesh are located in the haor regions. But the main industries are fertilizer, cement, liquefied petroleum gas, food, beverage, textiles leather. Plastic, chemical etc. An estimated 1.33% of the haor population are engaged in the industry.

Compared to the national average of 58.74%, the HMP estimates that in the haor region economically active population over the age of 15 years is 61.84% and only 28.5% are totally unemployed.

Living standards are one of the lowest in the country and as WFPs 2004 Food Security Atlas of Bangladesh has identified, it is one of the highly food insecure regions. One study conducted by Concern Worldwide Bangladesh found that 61% of haor located households suffer from some period of food shortage (RIMS 2004) of them 18% have shortage for at least five months in the year and that 90% of these households reduce their food consumption, including skipping meals, during the food shortage period.

Infant mortality rate (57) and under-5 child mortality rate (76) are much higher than the national average which stand at 49 and 67 respectively. 5,345 cases of malaria were reported in Habiganj, Maulvibazar, Netrokona, Sunamganj and Sylhet in 2009<sup>14</sup>. In 2010 Sunamganj and Maulvibazar recorded 1,600 cases of malaria. 6 deaths occurred in Netrokona during the same period. 6-15% incidences of HIV/AIDS were reported in 2009<sup>15</sup>

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<sup>14</sup> DGHS 2009.

<sup>15</sup> BBS and UNICEF 2009, Multiple Indicator Cluster Survey

**Table 8 : Detailed Millennium Development Goals**

1. Eradicate extreme poverty and hunger	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day
	Halve, between 1990 and 2015, the proportion of people who suffer from hunger
2. Achieve universal primary education	Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling
3 Health 3.1 Reduce child mortality 3.2 Improve maternal health 3.3 Combat HIV/AIDS, malaria, diseases	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
	Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
	Have halted by 2015 and begun to reverse the spread of HIV/AIDS
	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Source: A.R. Bhuyan, Millennium Development Goals: A Review of Bangladesh's Achievements

**Table 9: Types of facilities used for defecation by households.**

	Types of Latrine	% of Respondent families	
		Deep Haor	Moderate Haor
Modern Devices	Septic Tank	2.2	10.4
	Slab Latrine	12.5	33.5
	Pit Latrine	37.2	47.2
Traditional Devices	Hanging Latrine	17.8	1.5
	Open Latrine	26.3	7.4
	Bush/field/yard	4.1	0.0
<b>Total</b>		<b>100</b>	<b>100</b>

Source: Data Management Aid study 2012.

**Table 10: Use of sanitary latrine per district**

Districts	Use of sanitary Latrine (%)
Sunamganj	40
Hobiganj	41
Netrokona	35
Kishoreganj	49
Sylhet	55
Maulvibazar	57
Brahmanbaria	46
<b>Total (average)</b>	<b>44</b>

Source: Data Management Aid study 2012

The following constraints to development in the haor region have been identified:

- Economic insecurity and lack of livelihood options.
- Erosion of homestead land due to wave of floodwater and often destruction of crops by flash flood.
- Food insecurity resulting from low agricultural production and lack of access to and control over land and unequal power structure in fishing areas.
- Poor access to and use of government service, particularly education and health services.
- Investment in enterprise virtually unknown.
- Markets undeveloped and inaccessible.
- GO and NGOs staff posting in the project upazilas is considered as punishment.
- Little attention by government on resource allocation and service delivery.
- Communities not organized or mobilized for development and social welfare

Some provisions contained in acts and regulations such as the Permanent Settlement Regulations 1793, Wakf/Debottar law, State Acquisition and Tenancy Act 1950, Forest Act 1927, Private Forest Ordinance 1950 have been applied to the haor regions with limited success constrained by local power dynamics. Policy coherence and pro poor legislation/regulation are virtually absent and there is a top-down service delivery mechanism. In March 2008, the first National Conference bred the Haor Declaration. This was followed by a number of campaigns and advocacy programs resulting, in late December 2012, in the formulation of a comprehensive Haor Master Plan.

The Beijing Declaration of September 1995, to which the Government of Bangladesh is a party, confirmed that women's empowerment through their full participation on the basis of equality in all spheres of society, including participation in the decision-making process and access to power, are fundamental for the achievement of equality, development and peace. Furthermore eradication of poverty based on sustained economic growth, social development, environmental protection and social justice requires the involvement of women in economic and social development and equal opportunities and the full and equal participation of women and men as agents and beneficiaries of people-centred sustainable development.

Unfortunately, even though the government of Bangladesh is committed under its constitution (1972, articles 10, 19(1), 28(2) and others) and various national and international agreements, very little of the above declarations are reflected in its national policies regarding women; more specifically in documents enshrining the haor development plans and policies. Women are mentioned in passing and as an afterthought. An analysis of the below mentioned sectoral policies will also confirm this fact.

#### **Some Relevant Sectoral Policies and Haor Livelihoods:**

- National Water Policy 1999 provisioned that haor to be preserved by maintaining aquatic environment and facilitating drainage.
- National Agricultural Policy 1999 has emphasised surface water uses for irrigation and development of crop varieties and quality seed.
- National Fisheries Policy 1998 has provisioned for preservation and reviving of haor for fish culture, conservation of biodiversity and others.
- National Education Policy has provisioned stipend facilities to reduce drop out.
- National Health Policy 2010 aims to ensure sustainable health within 2015 in line with the MDG.

- National Land Transport Policy 2004.
- National Land Use Policy 2011.
- National Rural Development Policy 2001.
- National Jalmahal Management Policy 2009
- Comprehensive Disaster Management Act.
- Perspective Plan.
- Sixth Five Year Plan.
- North East Regional Water Management Plan (FAP ^) 1993.
- National Environment Management Action Plan 1995 and many others have direct bearing on that of Haor poverty issue.

## ANNEX 9 THE EVALUATION TEAM

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The team leader, Herma Majoor, is educated as an economist and a nutritionist. She has worked for over 15 years as independent expert and team leader in the area of gender, food security/nutrition and evaluation in developing countries. She is the executive director of Femconsult and works with international organisations, governments, universities, international and national NGOs and civil society. She has conducted numerous long-term and short-term assignments for EU, UN and others. She has worked for 3 years as Team Leader of EU? FSVG in North West Bangladesh and has also conducted various short term assignments in Bangladesh in the areas of food security, nutrition and gender, including a similar project evaluation in December 2012 for ICCO. She has worked on various occasions with Afsana Wahab, the proposed team member, including during the ICCO evaluation. The Team Leader has conducted various quantitative analyses and statistics related tasks, using SPSS and Epi Info.

The senior gender expert, Afsana Wahab, was trained as a lawyer, but has also obtained a PhD in Economic Development and Gender Issues. She has over 25 years of experience as an independent specialist in gender, food security, social welfare, participatory institutional and community development, capacity building of institutions, monitoring, evaluation and poverty alleviation. She has conducted various gender related analyses. She has worked on long and short term assignments for bi- and multilateral agencies, international and national NGOs and civil society as well as for government. She mainly worked in Bangladesh but also has working experience in Nepal and Australia. She is Bangladeshi and hence Bangla is her mother tongue.

## ANNEX 10: LIST OF QIS TARGET UPAZILLAS

	District		Upazila		Union		Village
1	Sunamganj	1.	Tahirpur	1	Tahirpur Sadar	1	Takatokiya
						2	Holholiya
						3	Surjargha
						4	Vati Tahirpur Purbo
						5	Vati Tahirpur
						6	Gobindro Sree
				2	Dokkhin Boro dhol	7	Nolar Badh
						8	Borodhol Puran Hati
						9	Surjar gha
						10	Kukur Kandi
		2	Dowara Bazar	3	Pandargha	11	Pandargha
						12	Radha Nogor
				4	Mannar Gha	13	E don Pur
						14	Jamal pur
						15	Hazarigha
						16	Tul Pusi
						17	Shahebar Goan
						18	Notun Nogar
						19	Azam Pur
						20	Panir Char
2	Netrokona	3	Mohongonj	5	Maghan Saidhar		Monar Kandi
							Perir char
							Kandha para
							Sewratoli
							Chechakhali
				6	Suair		Paulgoan
							Nelyori
							Paboi
							Kulpatak
							Pachora
		4	Kalma Kanda	7	Kalma Kanda Sadar		Montola
							Ishubpur
							Keshabpur
							Chauhalta
							Rajapur
				8	Barakharpan		Baksatra
							Bishara
							Porilake
							Kalihati
							Bora bethem
3	Kishorganj	5	Mita Moin	9	Dhaki		Char Para
							Gobindapur
							Dakipurba Hati

						Atpasha
						Barakanda
			10	Mita Moin Sadar		Islampur
						Sarkar Hati
						Khidir Pur
						Barahati
						Khalia Pur
	6	Karimganj	11	Baraghoria		Dithpur
						Jafrabad
						Boroghoria
						Zahirabad
						Chatal
			12	Gundhar		Barbarta
						Gundhar
						Makambari
						Kadim Maijhati
						Akrampur