



# Impact of food aid in SHOUHARDO Program

SHOUHARDO III

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## 1. Background:

Pregnant and breastfeeding mothers require additional nutritional needs during the expectant and nursing phase. Although many government and non-governmental organizations have undertaken various awareness-raising activities to shed light on the added nutritional needs for pregnant women; for the poor and extreme poor segment of the society – spending more money on this additional food is sometimes impossible. To reduce added pressure the poor households, USAID’S SHOUHARDO III program, implemented by CARE Bangladesh has a monthly food ration packages of wheat, vegetable oil, and yellow split peas to expectant women for 1,000 days, or until their child reached two years old. In total, more than 56,000 women have received this ration to date.

With a fifteen-year track record of successful commodity management, CARE continued to use proven tools such as Commodity Accounting and Management Software (CAMS) and Beneficiary Tracking Software (BTS) to minimize leakage and to ensure intended program participants benefit from the distribution of food rations. CARE selected commodities based upon several factors including:

- 1) findings from the USAID BEST Analysis (for monetization);
- 2) macro-nutrient and micro-nutrient deficit calculations;
- 3) appropriateness for the local context (based upon previous SHOUHARDO experience); and
- 4) ease of storage, transport, and management throughout the supply chain

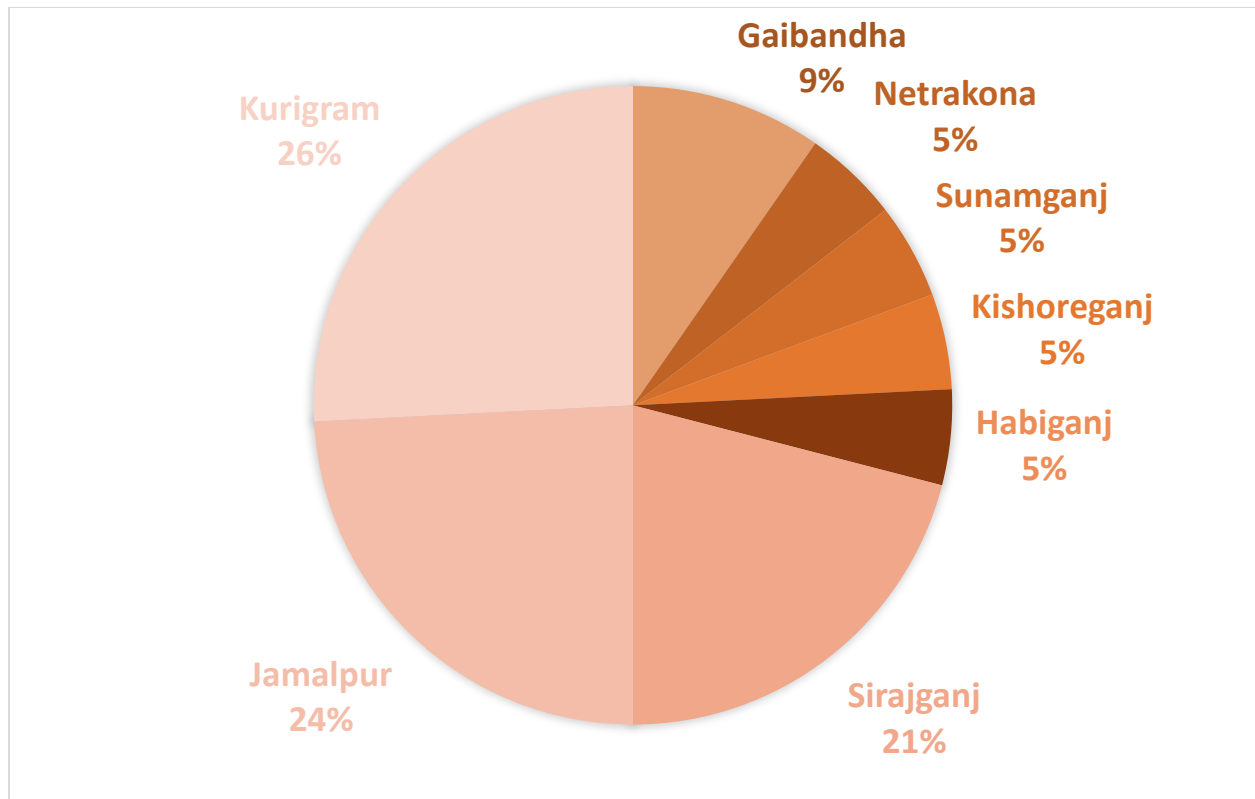
## 2. Ration Calculations

The Poor and Extreme Poor (PEP) Pregnant and breastfeeding women in target districts received 7 kilograms of Rice, 1 kilogram of Lentil, and 1-liter vitamin A-fortified soybean oil each month, based on careful macro- and micro-nutrient deficit calculations by CARE Bangladesh health and nutrition experts. This equates to 1,187 kcals per day approximately, with 800 kcals targeting pregnant and breastfeeding women and 387 kcals per day of supplementary family rations.

## 3. Intervention closing and its impact

After its five years-long journey, SHOUHARDO III wrapped up the ration distribution intervention for the pregnant and breastfeeding mothers in August 2020. At its closing, a remote survey was conducted with 62 women from the deep haor and char areas to understand the recipient’s perception of the ration and its impact.

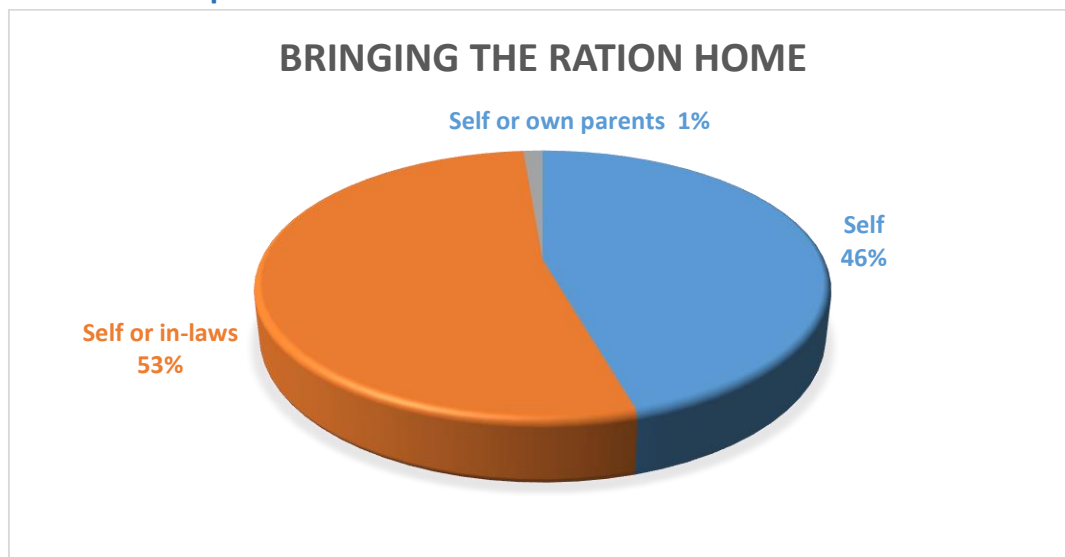
The survey was conducted to understand the accessibility, consumption, and empowerment aspect of the ration. The survey results are as follows;



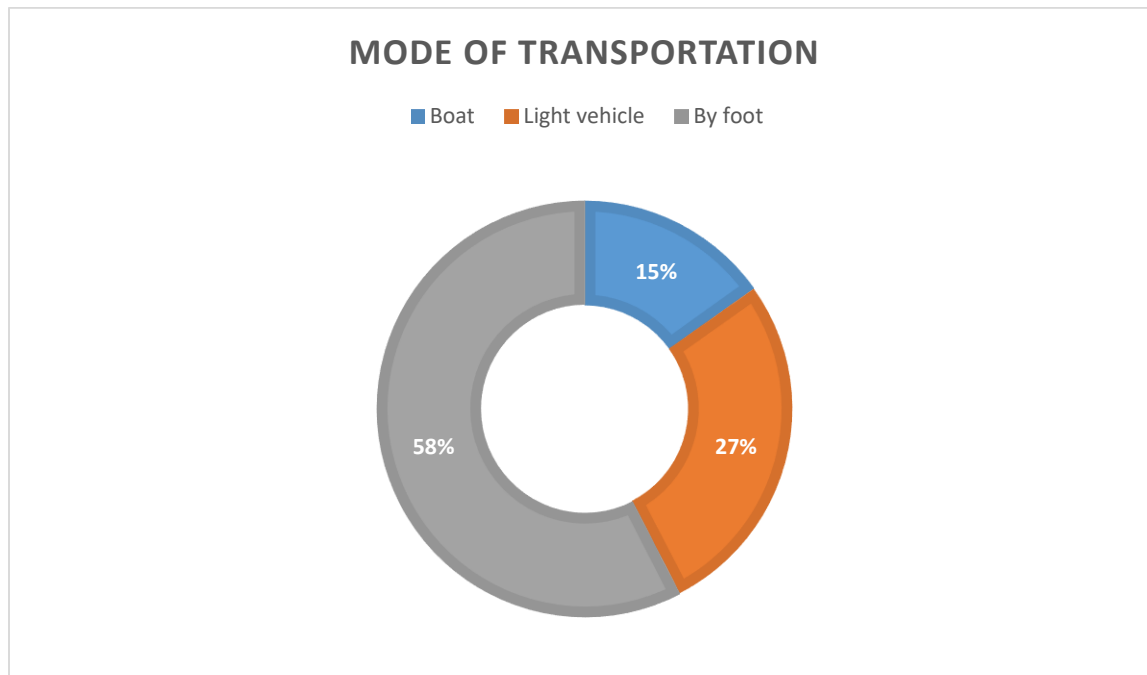
**Geographic distribution of the respondents**

Out of the 62 women surveyed, 26% were from Kurigram, 24% from Jamalpur, 21% from Sirajganj, 9% from Gaibandha, and 5% each from Kutrakona, Sunamganj, Kishoreganj, and Habiganj.

### 3.1 Access and transportation



42% of respondents brought their ration home by themselves from the distribution point, 49% of respondents had their husbands or in-laws help, and 9% of respondents had their parents' help.



Most participants, about 58%, could access the distribution point from their home on foot. 27% of the respondents had to use light vehicles like rickshaw, van, motorized vehicles, and about 15% had to use a boat, especially those who lived in remote locations.

90.3% of the respondents reported that they never faced any problems transporting ration to their home from the distribution point. About four respondents stated that distance or the journey by boat was a challenge with the amount of commodity received.

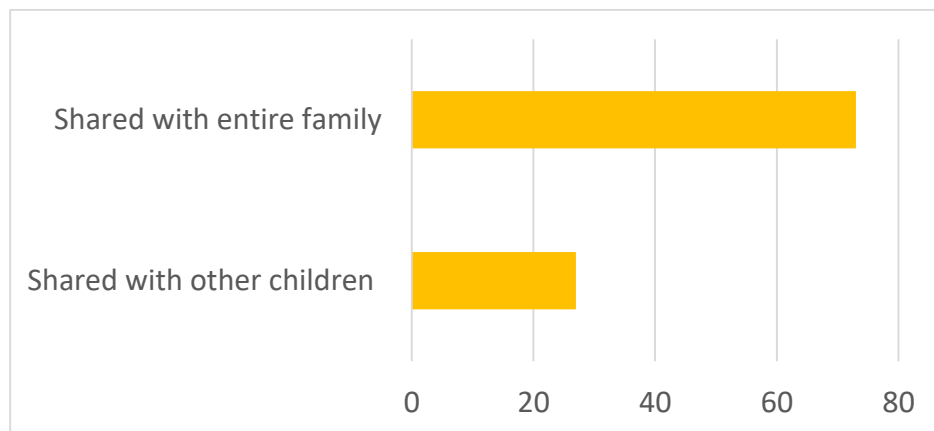
6.5% of the respondents stated they have sold their ration at some point

### 3.2 Environment of the Distribution Point:

When asked about the environment of the distribution point, most mothers painted a positive picture. **88.7%** of the respondents stated that they brought their children to the distribution point. **91.9% of** mothers stated that they felt comfortable breastfeeding their children at these facilities. Out of the 62 respondents, 54 mothers replied to the question about the overall environment of the distribution point. **54** mothers stated the distribution point was clean, with latrine, drinking water, sitting area, and breastfeeding zone. Only one respondent stated there was insufficient sitting space.

### 3.3 Consumption of the ration

Although the ration was provided to a mother, be expectant or breastfeeding, to overcome their nutritional deficit during their pregnancy and nursing stages, it was found that most women shared their ration within the household. **88.7%** of the respondents stated that their family encouraged them to consume the ration by themselves. According to the data, **63% of participants** said that they consumed the ration by themselves.

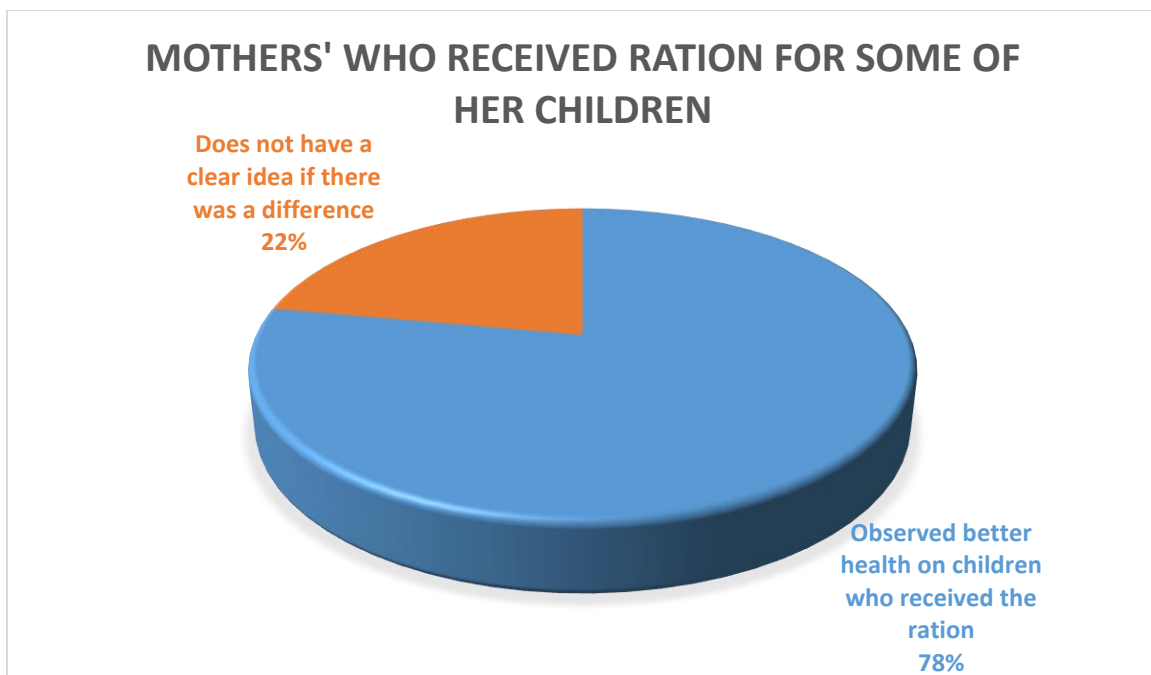


Out of the remaining 37%, about 70% shared the ration with their entire family, while 30% shared it with only their children. 88.7% of women felt their family members encourages them to consume ration.

Furthermore, out of the 62 women interviewed, 88% of women felt their families respect them more for this ration.

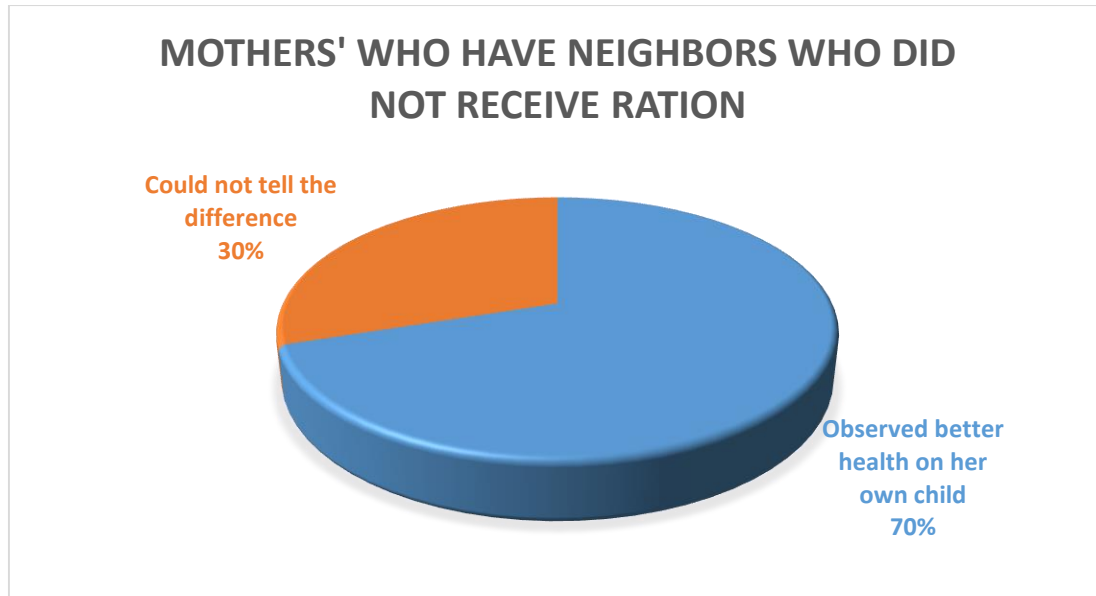
### 3.4 Participants' perception: the ration's impact on health

Women interviewed have stated that this ration made a difference in their children's overall health and upbringing. Out of 62, surveyors found 46 women who did not receive the ration for at least one of their children. This exclusion happened because those children were born before SHOHARDO III started this intervention. That means, they received the ration during her last pregnancies, not the earlier ones.



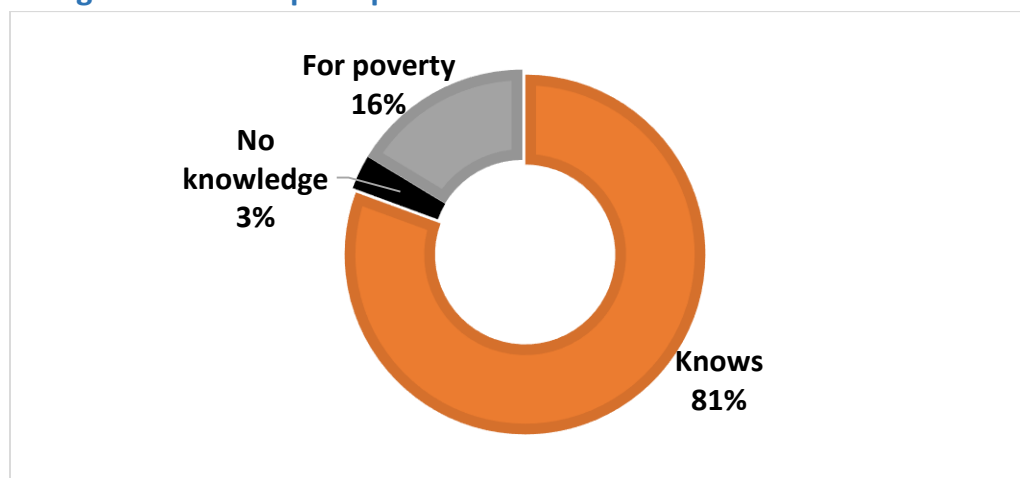
Out of these 46 women, 74% of mothers agreed her child's growth was better than their siblings who didn't receive the ration. Around 21% couldn't tell if there was a difference due to sharing the ration.

Surveyors found 24 women who knew a neighbor who did not receive any ration during their pregnancy and nursing days.

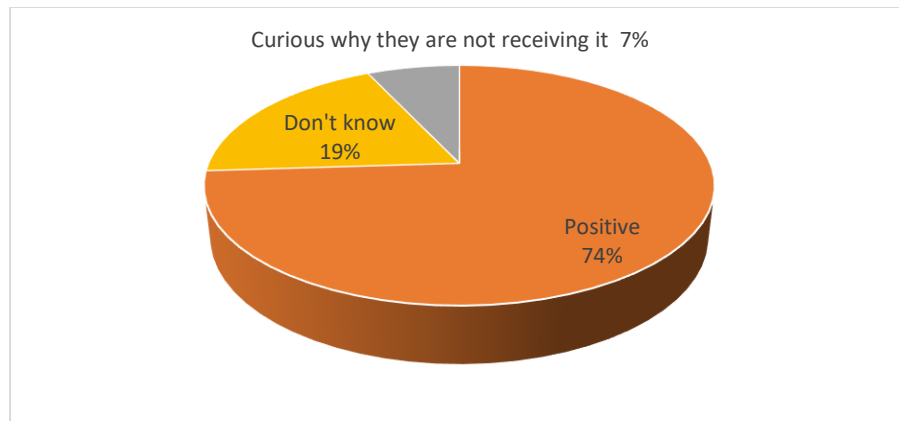


Out of these 24 women, 70% of mothers who received the ration starting from their pregnancy, till her child was two years old, agreed that her child's health and growth were better than their neighbor's child who didn't receive the ration. 30% could not tell the difference.

### 3.5 Knowledge and others' perception



When asked if they knew the reason behind receiving the ration, 81% of the women out of the 62 respondents could tell that it was meant women pregnant and breastfeeding women's nutritional needs. 16% could not specify the correct reason, and stated it was because they were poor and needed some extra food. 3% did not know at all why they were receiving it.



When the 62 respondents were asked how their surrounding neighbors perceived them as the recipient of the ration, 74% stated the attitude was overall positive, 19% did not know how their neighbors took this, and 7% stated their neighbors were curious about why they were not receiving it.

#### 4. Sustainability approach of the intervention

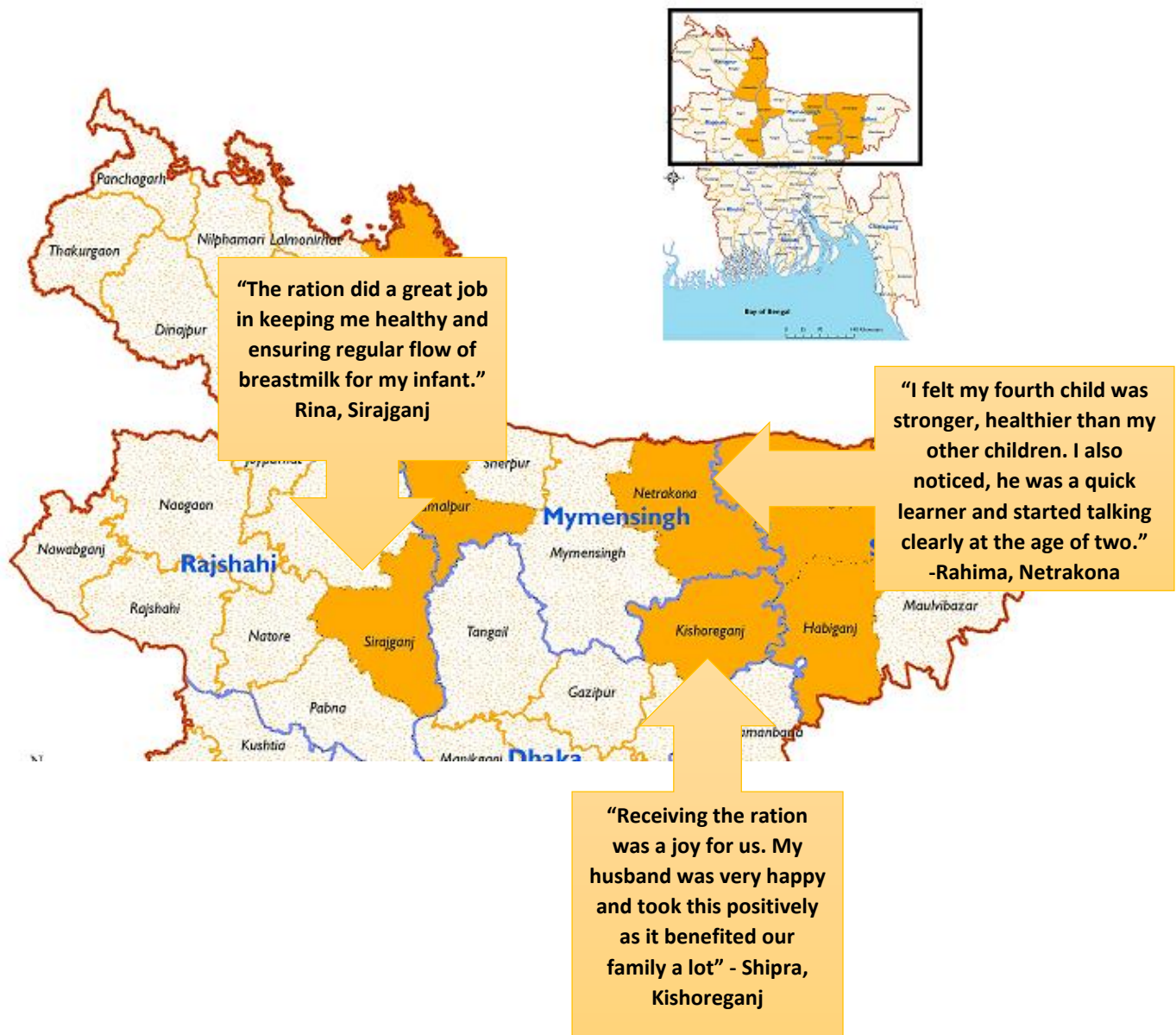
According to this small-scale survey, overall the impression about the ration was found to be positive by the recipients. It is also recognized by the SHOUHARDO III program that such interventions to support pregnant and breastfeeding women's nutritional needs is necessary to help the next generation out of the poverty cycle. However, due to the nature of the distribution, many vulnerable populations remain left out due to them residing in remote places. As a solution, SHOUHARDO III will continue to support pregnant and breastfeeding women through cash support.

An estimated price of the monthly ration provided to the PEP households was calculated to be BDT 500 (USD 5.90). This amount will be given to the PEP households with pregnant and breastfeeding women with children under the age of two, through a mobile money transfer platform. The money transfer through mobile banking started in early 2020, during the COVID-19 crisis.



## 5. Selected quotes from the satisfied mothers

### SHOUHARDO III Geographical Coverage



## 6. In Photos: Ration Distribution and Consumption



**Mothers' gathered at the distribution point, where they are also being given a session on the nutritional needs of a pregnant and breastfeeding mother**



**Mothers' taking their rations home from the distribution point**

## 7. Monitoring & Evaluation (M&E)

Commodity Food Monitoring System aimed to inquiry the food rations receiving of eligible registered participants;

- To reduce the risk of potential shortfall/leakage of food rations;
- To investigate the systematic management of food rations receiving of participants, shortage, and distribution of food rations; and,
- To check CARE Bangladesh and Donor compliances and accountability standards through monitoring system implementation.

### 7.1 Types and Category of Commodity Food Monitoring:

1. Addition/ Deletion/ Shifting re-monitoring
2. End-use monitoring
3. On-site (Food Distribution Point) Monitoring

Field Officer- Monitoring, Evaluation and Learning (FO-MEL) (former Food Monitor) conducted Key Informant Interview (KII) with pregnant and breastfeeding women as much s/he could in a month to check compliance and quality in case of new participants' selection. He also conducted monthly end-use monitoring through individual interviews with 900 pregnant and breastfeeding women, randomly selecting 450 participants from each of the char and haor regions, to assess recipients' perception of the food distribution process, quality of food, its use, and immediate effects. Finally, on-site monitoring at all the food distribution points (FDP) was conducted at two months interval by observing food distribution activities at the FDPs through purposive random sampling to determine discrepancies or areas of improvement in the food distribution system.

### 7.2 Lesson Learned:

- Shifting re-monitoring strengthens the eligibility assessment process of registered participants.
- It also ensures beneficiary eligibility, transparency, and accountability of commodity transfer.
- The end-use monitoring system strengthens the proper use of nutritious food at the household level.
- Supplementary food along with awareness/counseling to mothers greatly contributes to improving child nutritious status.
- The pre-distribution meeting is very effective for the smooth management of commodity distribution.
- Group-wise food distribution helps to strengthen the group approach for learning sharing on HHN issues among the MCHN (Maternal and Child Health Nutrition) participants.
- Help to ensure critical facilities/compliance in Service delivery site i.e. at FDP

### 7.3 Challenges:

- Maximum participants do not preserve/ collect pregnancy-related documents. Thus it was difficult to confirm their pregnancy during re-monitoring
- Reaching some beneficiaries in many remote villages every month was one of the greatest challenges, even in few cases, M&E staff had to travel around 10 hours (round trip) in a day to conduct End-Use monitoring.
- Difficult to reach all of the Food Distribution Points simultaneously since the whole distribution is done within a week but the proportion of M&E staff not aligned with the requirement

#### 7.4 Recommendation:

- The program Health Hygiene and Nutrition (HHN) technical team should monitor and document unusual deletion cases i.e. miscarriage, abortion, stillbirth, etc.
- To improve the quality of intervention, a similar program should integrate the End-use Monitoring approach as an integral part of the program M&E system
- Considering multimode transport and cost, cash support would probably be better than food ration, especially in remote areas.
- Ready packet food for each participant would be easier to manage food ration distribution.
- Senior Management Team should also directly be involved in such Monitoring - not in the form of partial visits, instead of starting to end.

#### 7.5 Key Strength/ Resources on Commodity Monitoring and Evaluation System

- Upazila based M&E staff assigned to conduct regular food monitoring for respective geography.
- Real-time monitoring data collection through web-based data system namely STREAM.
- CBDO and Field Office - based MIS expert to provide continuous support especially on STREAM functioning.
- A comprehensive but precise guideline and structured tools are used for commodity food monitoring.
- Different need base training was conducted for M&E staff to improve their capacity and skill.
- An established mechanism to handle unusual cases i.e. TranAcct

## 8. Monetization

Monetization was the largest source of funding for the program. Primarily, wheat was the monetization commodity, however, CARE also did some monetization of Crude Degummed Soybean Oil (CDSO) in the earlier phase of the program. Following the terms and conditions of the Host Country Agreement sales of the commodity to the government was proceeding.

### 8.1 Challenges

The complex and long process of Host Country Agreement, lengthy sales process, a difference of PREP approved C&F and actual C&F, receiving wheat in monsoon and negotiation with GoB to get higher price (of wheat that imported under monetization than otherwise imported wheat) from the government were some of the big challenges of Monetization.

### 8.2 GoB's perspective on Monetization practice

Since 1995, USAID has helped fund development activities in Bangladesh via the monetization of in-kind food assistance. Monetization programs also seek to support market development and there is no evidence of negative market impact from the current Title II importation.

### 8.3 Monetization from FY2005 to FY2020

. During FY2005-FY2009, both CDSO and Wheat were received for monetization while during FY 2010-FY 2014 and FY2016-FY2020, only Wheat was received for monetization. A total of 527,816 MTs of the commodity was imported during the mentioned period. An amount of \$156,982,232 in local currency was generated from the sales of these monetization commodities.

## 9. Concluding remarks

The food ration for meeting the growing demand for nutrition for pregnant and breastfeeding mothers was one of the most impactful interventions of SHOUHARDO III in ensuring gender equitable food consumption. Providing ration in the remote char and haor areas was at times quite challenging for both, the program and the participants. Some participants had even pointed out that the distribution point was so far away from their homes that sometimes they felt collecting the ration was not worthwhile. To ensure, that the poor and extreme poor pregnant and breastfeeding mothers still get a fair chance of ensuring their nutritional needs, without facing any scrutiny over the family's limited resources, SHOUHARDO III will continue to provide a cash amount of BDT 500 (USD 5.90) per month to this group of participants. SHOUHARDO III will continue to work for the betterment of gender-equitable food distribution in the country.