# BENEFICIARY BASED SURVEY (BBS) 2021
# FINAL REPORT



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



DATA MANAGEMENT AID (DMA)
HOUSE 8A/Ka, ROAD 13 (New)
DHANMONDI R/A, DHAKA-1209
www.dmabd.com

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## Acknowledgment

The history of all great works is to witness that no great work was ever done without the active and passive supports of our surroundings. It was undoubtedly the endless support and actions from the SHOUHARDO III program team that helped the Data Management Aid (DMA) to conclude the Beneficiary Based Survey (BBS) in the year 2021. DMA appreciates the way that program staff took quick initiatives to address the needs and challenges that could prohibitively impact the execution of the survey. Some of the program staff went above and beyond to ensure the quality and completeness of BBS 2021 including Eyasin Ali Sarker, Biswajit Banik, and Zakiruzzaman from CARE Bangladesh. It is essential to note the continuous guidance and support from Marc Nosbach, the Chief of Party, Afrhill Rances, Deputy Chief of Party, and Raquibul Hasan, Senior Team Leader, Monitoring and Evaluation of SHOUHARDO III program while conducting this survey.

DMA is greatly indebted to the field team for their support and sincerity during the data collection. DMA feels obliged to them as they dedicated their time and supported the completion of field work irrespective of the COVID-19 pandemic. DMA also acknowledges the contribution and SHOUHARDO III program staff who facilitated the process of ensuing all logistics support for the survey and worked as one team to ensure the smooth implementation of it.

Last but not the least, DMA is thankful to the survey respondents for their patience, time, and dedication while responding to the survey questions. Their welcoming attitude and willingness to share invaluable information made the survey possible.


DMA Team

## List of Acronyms

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

| | | |
|---|---|---|
| VDC | : | Village Development Committee |
| VSLA | : | Village Savings and Loan Association |
| WASH | : | Water Sanitation and Hygiene |
| WE | : | Women Empowerment |

## Executive Summary

The United States Agency for International Development's (USAID) Bureau for Humanitarian Assistance program awarded a grant to CARE Bangladesh to implement, Strengthening Household Ability to Respond to Development Opportunities III (SHOUHARDO III) to build on the successful predecessors SHOUHARDO I and SHOUHARDO II. The program goal is to achieve:  Improved gender equitable food and nutrition security and resilience of the vulnerable people living in the Char and Haor in Bangladesh by 2020. SHOUHARDO III is a program designed to transform the lives of women and men of 384,000 Poor and Extreme Poor (PEP) households in eight of the poorest and most marginalized districts in Bangladesh. The program is focused on five purposes including addressing the availability, access, utilization, and stability of food insecurity as well as the underlying causes that include social injustice and discrimination, lack of participation and voice, and heightened vulnerability to natural disasters and climate change.

Data Management Aid[1] was outsourced by the SHOUHARDO III program to conduct the annual survey for the last few years. Amid the COVID-19 pandemic, DMA served its best to complete the BBS 2021 with appropriate quality measures. This year the questionnaire on health and nutrition was revised and a new tool for the non-poor survey respondents was developed to assess the service provision context. DMA also developed qualitative checklists for focus group discussions and key-informant interviews. After translating all tools in Bengali, DMA conducted residential training for 28 enumerators and supervisors. It commissioned three separate surveys in this reporting year. The analysis was done with both weighted and un-weighted data and finally, the weighted results were used while writing this report as per the guideline from BHA. Throughout the survey process, the DMA team was fully compliant with CARE and USAID's 'do no harm' approach.

The 2021 annual monitoring survey (BBS) was conducted to measure the progress of the annual monitoring indicators for FY2021 targets. The annual monitoring survey information was compared to the targets for the respective year. The survey also did a comparative analysis of the achievement for Baseline (Year 1), and FY21 results including succinct and pertinent information of program performance.

SHOUHARDO III program developed a Monitoring and Evaluation (M&E) plan to track progress and outcome of the program regularly and periodically. Out of 82 Annual monitoring indicators, 38 annual monitoring indicators were measured by this year's survey. These 38 indicators are monitored each year to generate data for annual reporting to BHA/USAID and to provide timely information for program management decisions. Additionally, the non-PEP survey collected contextual information related to service provisioning, which was not directly associated with IPTT indicators but had significant importance for management decision to sustain the service provisioning models, i.e., strength, limitations of LSPs, challenges, opportunities, and recipients' opinion/suggestion. The qualitative findings also complimented and contributed to a holistic understanding and interpretations of results from the quantitative survey.

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[1] http://www.dmabd.com, cited on 1 October 2021.

During the COVID-19 outbreak in Bangladesh, the rural household economy experienced several adverse impacts of the containment measures, such as a delayed harvest, difficulties in selling farm produce, labor, and non-labor input disruption, and cost increases, and reductions in remittance receipts and non-farm business sales. COVID-19 exposed the underlying risks, vulnerabilities, and inequalities at the system level. One of the many damaging side effects of the COVID-19 pandemic in Bangladesh was blocking critical agricultural inputs, such as seeds and fertilizers, from reaching smallholder farmers. The health was strained with unprecedented pressure from the rising number of cases and the limited number of health care providers and facilities. The strict restriction imposed on the mobility of people and transportation also disrupted businesses and the daily life of mass people. The program could not implement several interventions that required in-person presence in the community and had to be selective and cautious while interacting with community people.

The BBS 2021 survey findings suggested that the program had significant achievements in several of the result areas including increased yields for targeted crops and livestock assets, improved sanitation facilities, women's mobility, reduced prevalence of gender-based violence, and intrahousehold work distribution, and better access to public services. The program may need to drive efforts to improve a few result areas including farmers' application of improved management practices and technologies, access to market and market information, number of income sources, dietary intake of 6-23 months children, and women's decision making.

The program participants showed a great length of resilience and survived through the difficulties. The yield and annual sales showed impressive growth in the reporting year. The program also exceeded its target in women empowerment indicators and a few health and nutrition indicators including pregnant women receiving extra care. In terms of women's empowerment, a greater sense of awareness among the community was noticed. The program participants also reported significantly increased access to improved sanitation facilities which remained a long-term agenda in the implementing areas. SHOUAHRDO III's focus on strengthening the service system was reflected in the results as more and more program participants stated that their access to services increased.

The program has been going through a transition from direct implementation to relying more on the service providers. SHOUHARDO III has a vital contribution in ensuring food and nutrition security, however, the program needs to ensure that the participating households are retaining good practices and technical knowledge. The results showed the need to focus on child nutrition and hygiene. There is still scope to mobilize the community to enhance women's mobility.

The findings on the LSPs and CLFs suggested that the program has been successful in addressing local service gaps to a great extent. The community people also reported that there was an improvement in service provision in terms of accessibility and affordability. Some challenges identified by the LSPs and CLFs include a further need of building their capacity and strengthening linkages. If the program can put more effort into these areas, the service models may significantly improve and become sustainable.

Table 1 includes the key findings with significant changes noticed in the p-value. The p-value was used to examine whether the statistically significant change (increase/decrease) was observed or not for an indicator in the current survey compared to the previous year's survey. The p-value<0.05 indicated that the change occurred at a 5% level of significance, whereas the p-value<0.10 reveals the fact that the change was observed at a 10% level of significance. The summary findings are presented in Table 1 below:

## Table 1 Summary findings including P-value

| Ind. # | Indicator Description | Base Value | Result FY20 | Target FY21 | Result FY21 | % of Target Achieved | p-valueFY21 | Remarks |
|---|---|---|---|---|---|---|---|---|
| PM14 | BHA-PM14. INDICATOR: Number of farmers who practices the value chain activities with USG assistance (RiA) | | 98.5 | 124351 | 91.8 | 92% | <0.001 | Decreased significantly |
| PM16 | BHA-PM16. INDICATOR: Number of individuals in the agri-food system who have applied improved management practices or technologies with USG assistance (RiA) | | 99.3 | 139879 | 93.8 | 93% | <0.001 | Decreased significantly |
| Custom 5 | Percentage (%) of beneficiary households with increased food production | 8.9 | 61.4 | 75 | 36.5 | 49% | <0.001 | Decreased significantly |
| Custom 12 | % of poor & extreme poor (PEP) households accessing markets | 42.20 | 92.1 | 93 | 76.2 | 82% | <0.001 | Decreased significantly |
| Custom 103 | Custom: Percentage of pregnant women who received pregnancy care support (day-time rest, extra food) during pregnancy period | | 66.9 | 75 | 39 | 52% | <0.001 | Increased significantly compared to FY19 |
| Custom 28 | Custom: Prevalence of children 6–23 months receiving a minimum meal frequency | 24.8 | 67.2 | 69 | 51.2 | 74% | <0.001 | Decreased significantly |
| Custom 137 | Custom: Percentage of people in target areas with access to improved sanitation facilities | | 65.7 | 70 | 86.9 | 124% | <0.001 | Increased significantly |
| Custom 31 | Custom: Percent of mothers who feel it is important to wash hands at five critical times | 1.14 | 27.7 | 32 | 18.2 | 57% | <0.001 | Decreased significantly |
| Custom 43 | Custom: Average Coping Strategy Index of the targeted households | 163.1 | 93.15 | 80 | 81.17 | 99% | <0.001 | Decreased significantly |
| Custom 61 | Custom: Percentage of respondents who know a neighbor or friend who has experienced domestic violence (includes: child marriage, physical abuse, sexual harassment, emotional oppression) in the last month | 48.38 | 90.1 | 40 | 60.3 | 66% | <0.001 | Decreased significantly |

| Ind. # | Indicator Description | Base Value | Result FY20 | Target FY21 | Result FY21 | % of Target Achieved | p-value FY21 | Remarks |
|---|---|---|---|---|---|---|---|---|
| Custom 63 | Custom: Percentage of program participants aware of cost and consequences of Gender Based Violence | 12.5 | 67.9 | 75 | 51.5 | 69% | <0.001 | Decreased significantly |
| Custom 71 | Custom: Percentage of respondents who are satisfied with overall services provided by local govt. (Union Parishad). | 18.55 | 57.2 | 63 | 61.2 | 97% | <0.001 | Decreased significantly |
| | Percent of physically improved sanitation facilities with feces visibly present on the floor, wall, or area immediately surrounding the facility | 75.30 | 19.1 | | 26.7 | | <0.001 | Increased significantly |
| | Percent of households using an improved sanitation facility (BHA BL 41) | | 65.7 | | 86.9 | | <0.001 | Increased significantly |
| | Percent of married women aged 15-49 who need to seek permission to visit a certain location | 72.0 | 61.1 | | 61.1 | | <0.001 | Increased significantly |
| | Percent of married women aged 15-49 whose husbands help with household tasks. | 36.9 | 70.3 | | 85.1 | | <0.001 | Increased significantly |
| Custom 140 | Custom: Percentage of farmers who reported to get market information in last 12 months | | 85.2 | 88 | 61.5 | 70% | <0.001 | Decreased significantly |
| Custom 98 | Custom: Mean number of income sources (farm and off-farm) for households in project areas | | 2.74 | 2.9 | 2.52 | 87% | <0.001 | Decreased significantly |
| PM38 | BHA-PM38. INDICATOR: Number of participants who reported increased access to targeted public services (RiA) | | 74.9 | 129500 | 132142 | 102% | <0.001 | Increased significantly |
| | Percentage of households livelihood/income affected your household's livelihoods/income? | | | | 63.7 | | <0.001 | Decreased significantly |

**Introduction**

The United States Agency for International Development's (USAID) Bureau for Humanitarian Assistance (BHA) program awarded a grant to CARE Bangladesh to implement, Strengthening Household Ability to Respond to Development Opportunities III (SHOUHARDO III) to build on the successful predecessors SHOUHARDO I and SHOUHARDO II. The Project goal is to achieve: Improved gender equitable food and nutrition security and resilience of the vulnerable people living in the Char and Haor in Bangladesh by 2020.

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



**Purpose 1:** Increased equitable access to income for both women and men, and nutritious food for men, women, boys and girls

**Purpose 2:** Improved nutritional status of children under five years of age, pregnant and lactating women and adolescent girls

**Purpose 3:** Strengthened gender equitable ability of people, households, communities and systems to mitigate, adapt to and recover from man-made and natural shocks

**Purpose 4:** Increased women's empowerment and gender equity at family and community level

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

The program is implemented through six national Partner Non-Governmental Organizations (PNGOs) with technical and operational guidance from CARE. The program partners with the GoB through Project Advisory and Coordinating Committees (PACC) at multiple levels as well as through government provision of technical training provided to field staff and beneficiaries on key topics related to agriculture, livestock, fisheries, health, and disaster risk management.

The program is in its sixth year of cost-extension and conducted the Beneficiary Based Survey (BBS) in August 2021. The 6th year's BBS was challenging compared to previous years due to the restrictions and protocol of the COVID-19 pandemic. A sharp increasing trend of new variant infection rates continued to spread in Bangladesh which added additional challenges in conducting in-person interviews at the community level. SHOUHARDO III conducted last year's PaBS (FY20) in a similar context (e.g., during the pandemic) and gained extensive experience in managing such a process. The experience was

utilized to ensure the successful completion of the process this year. Given the context remained the same, the program was able to complete the survey according to the timeframe. The project continued the survey activities, carefully maintaining COVID-19 safety protocol and guidelines in line with USAID and CARE's "Do no harm" approach.

CARE outsourced DMA to conduct the BBS including a separate sample survey of non-PEP households in the program targeted communities. In addition, to the quantitative study, a qualitative component of the survey was added this year with specific objectives. The survey included sample beneficiary/participant households to ascertain progress against predefined annual monitoring indicators. In the first year i.e., in 2016, BBSS was commissioned to generate/set base values and helped develop targets that the program can compare its progress against the out-year targets. Thus, the first-year BBSS was primarily considered as the baseline of the annual monitoring indicators. In 2017, 2018, 2019, and 2020 the Annual Monitoring surveys (titled BBSS 2017 and 2018; PaBS in 2019 and 2020) were carried out to ascertain progress against the target of FY17, FY18, FY19, and FY20 respectively. Similarly, the 2021 Annual monitoring survey (BBS) was conducted to measure the progress of the annual monitoring indicators for FY2021 targets. The annual monitoring survey information was compared to the targets for the respective year. BBS 2021 contains a comparative analysis of the achievement for Baseline (Year1), and FY21 results,[2] including succinct and pertinent information of program performance.

SHOUHARDO III has developed a Monitoring and Evaluation (M&E) plan to track the progress and outcome of the program regularly and periodically. Out of 82 Annual monitoring indicators, 38 annual monitoring indicators were measured by this year's BBS. These 38 indicators were monitored each year to generate data for annual reporting to BHA/USAID and to provide timely information for program management decisions.

## 1.1  Objective

The BBS 2021 aimed to compare changes in indicators set by the SHOUHARDO III program over 11 months, starting from October 2020 to August 2021. This report offers a detailed overview of the progress on the impact and outcomes indicators of the program. The data was collected to foster the monitoring of the program activities implemented in the last year and evaluation of the program at various stages. The BBS results are expected to help the SHOUHARDO III program not only to assess its outcomes but also help to identify areas of future emphasis for the program.

## 1.2  BBS Methodology

The BBS 2021 including the non-PEP survey was completed at the end of August 2021. Although it was conducted by DMA, the SHOUHARDO III M&E staff led the survey in each

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

step. Following are the Annual Monitoring Indicators (Table 2) that were assessed through the BBS 2021:

*Table 2 Indicators for Annual Monitoring*

| SL | Indicator | Sampling frame population for FY2021 |
|---|---|---|
| **Indicators with TOTAL Values** | | |
| 1 | BHA-PM15. INDICATOR: Yield of targeted agricultural commodities among program participants with USG assistance (RiA) | Total 149,157 (15,419 Maize, 6,596 Chili, 4,105 Sweet Gourd, 95,232 Goat and 10,602 Duck, Agri-Others- 17,203) |
| 2 | BHA-PM14. INDICATOR: Number of farmers who practices the value chain activities with USG assistance (RiA) | Total 131,954 VC (15,419 Maize, 6,596 Chili, 4,105 Sweet Gourd, 95,232 Goat and 10,602 Duck) |
| 3 | BHA-PM09. INDICATOR: Number of hectares under improved management practices or technologies with USG assistance (RiA) | Total 43,323 (15,419 Maize, 6,596 Chili, 4,105 Sweet Gourd, Agri-Others COG - 17,203) |
| 4 | BHA-PM16. INDICATOR: Number of individuals in the agri-food system who have applied improved management practices or technologies with USG assistance (RiA) | Total 149,157 (15,419 Maize, 6,596 Chili, 4,105 Sweet Gourd, 95,232 Goat and 10,602 Duck, Agri-Others- 17,203) |
| 5 | BHA-PM33. INDICATOR: Value of annual sales of producers and firms receiving USG assistance (RiA) | Total 149,157 (15,419 Maize, 6,596 Chili, 4,105 Sweet Gourd, 95,232 Goat and 10,602 Duck, Agri-Others- 17,203) |
| 6 | BHA-PM24. INDICATOR: Number of live births receiving at least four antenatal care (ANC) visits during pregnancy (RiA) | 5,297 Mothers with children 6-23 Months age |
| 7 | BHA-PM11. INDICATOR: Number of people using climate information or implementing risk-reducing actions to improve resilience to climate change as supported by USG assistance (RiA) | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 8 | BHA-PM38. INDICATOR: Number of participants who reported increased access to targeted public services (RiA) | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| **Indicators with PERCENT Values for COG & Other Beneficiaries** | | |
| 9 | Custom: Percentage (%) of beneficiary households with increased food production | 149,157 (131,954 VC+17,203 Agri-Others COG ) |
| 10 | Custom: % of poor & extreme poor (PEP) households accessing markets | 149,157 (131,954 VC+17,203 Agri-Others COG ) |

| | | |
|---|---|---|
| 11 | Custom: % of PEPs HHs received health and nutrition services from community level health facilities | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 12 | Custom: % of households reporting understanding of elements of disaster preparedness in project defined criteria | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 13 | Custom: Percentage of household reporting receiving risk and early warning information | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 14 | Custom: % of households that report that health, gender, and disaster preparedness by actors build on each other are well-coordinated and focus on most critical needs. | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 15 | Custom: Percentage of respondents who know a neighbor or friend who has experienced domestic violence (includes: child marriage, physical abuse, sexual harassment, emotional oppression) in the last month | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 16 | Custom: Percentage of program participants aware of cost and consequences of Gender-Based Violence | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 17 | Custom: Percentage of respondents who are satisfied with overall services provided by local govt. (Union Parishad). | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 18 | Custom: Percentage of farmers who reported to get market information in last 12 months | 149,157 (131,954 VC+17,203 Agri-Others COG ) |
| 19 | Custom: Percentage of HHs using health and nutrition services in past 12 month | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 20 | Custom: Percentage of farmers received support from GoB institutions/ public services | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 21 | Custom: Percentage of producers who used improved inputs during the past 12 months | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 22 | Custom: Percentage of PEP who reported improved pro-poor financial products in past 12 months | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 23 | Custom: Percentage of people received service from USG supported Local Service Providers | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) + 130,000 Non-PEP HHs |

| | Indicator with PERCENT Values for MCHN | |
|---|---|---|
| 24 | Custom: Percentage of Mother-who received pregnancy care support (day-time rest, extra food) during the pregnancy period | 5,297 Mothers with children 6-23 months |
| 25 | Custom: Percentage of households satisfied on Community Clinic services | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 26 | Custom: Prevalence of children 6–23 months receiving a minimum dietary diversity | 5,297 Mothers with children 6-23 months |
| 27 | Custom: Prevalence of children 6–23 months receiving a minimum meal frequency | 5,297 Mothers with children 6-23 months |
| 28 | BHA-PM04. INDICATOR: Percent of households with soap and water at a handwashing station on-premises (RiA) | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 29 | Custom: Percentage of people in target areas with access to improved sanitation facilities | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 30 | Custom: Percent of mothers who feel it is important to wash hands at five critical times | 5,297 Mothers with children 6-23 months |
| 31 | Custom: % of children immunized against 8 diseases under GoB protocol by 12 months of age | 5,297 Mothers with children 6-23 months |
| 32 | Custom: Percentage of people received health and nutrition services from private sector | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| | Indicators with MEAN Values for all Beneficiary Households | |
| 33 | Custom: Average Coping Strategy Index of the targeted households | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 34 | BHA-PM36. INDICATOR: Index of social capital at the household level (RiA) | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 35 | Custom: Mean decision making score (Index) for woman in household level | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |
| 36 | Custom: Mean number of income sources (farm and off-farm) for households in project areas | 164,765 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm) |
| 37 | Custom: Mean satisfaction score of Local Service Providers' service quality | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) + 130,000 non-PEP HHs |

| Indicators with MEAN Values for Women & MCHN participant | | |
|---|---|---|
| 38 | Custom: Women's Dietary Diversity Score (WDDS) | 167,447 (131,954 VC+17,203 Agri-Others COG + 15,608 IGA-Off Farm+ 5,297 Mothers with children 6-23 month ) |

The survey for non-PEP households collected data on LSP-related indicators for 23 and 37 listed in Table 2. The non-PEP survey also collected other contextual information related to service provisioning, which was not directly associated with IPTT indicators but had significant importance for management decision to sustain LSPs service provisioning, i.e., strength, limitations of LSPs, challenges, opportunities, and recipients' opinion/suggestion, etc.

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

### 1.3   Survey Design/Sampling Plan (Quantitative)

The 38 annual monitoring indicators are representative of several individuals and combined sampling frames. Some of the indicators are measured as total values; some are with percent values (proportions of the sample) and some with mean values. Hence, the decision on the sampling frame and sample size estimation process needed to consider the indicator types and their representativeness. The following sections have a detailed discussion on deciding the sampling frames, final sample size, and sampling methodology for the 2021 BBS and Non-PEP sample survey.

## 1.3.1 Sampling Frame of the BBS

SHOUHARDO III intends to work with 164,765 households of Core Operational Group (COG) for all activities, through different subgroups over the LOA. The project reached all targeted 164,765 COG beneficiaries in 2018. The COG includes 131,954 value chain farmers, 17,203 other farmers (IGA-on Farm, CHD, Fisheries, and FC), and 15,608 IGA-Off Farm beneficiaries. Total 5,297 MCHN beneficiaries overlapped 1.4% with the COG beneficiaries. Other farmers and IGA-off farm beneficiaries are mutually exclusive with each other and the value chain beneficiaries, but they have very little overlapping with MCHN beneficiaries (0.1% off-farm beneficiaries, 0.1% other farmers, and 1.2% value chain farmers). Given the relative mix of programming activities and the indicators selected to monitor program progress, four



major sampling frames: i) Value chain beneficiaries, ii) Agri-other COG, iii) Off-Farm IGA iv) mothers of children 6-23 months of age (MCHN) were sufficient to capture the information necessary to track all annual monitoring indicators Table 2.

The program is adding new beneficiaries[3] in the extension phase. SHOUHARDO III will continue with the existing and new beneficiaries to provide supports through the LSP model. Therefore, the same FY20 sampling frames, estimated sample sizes, and sampling procedures were applied in the FY21 BBS.

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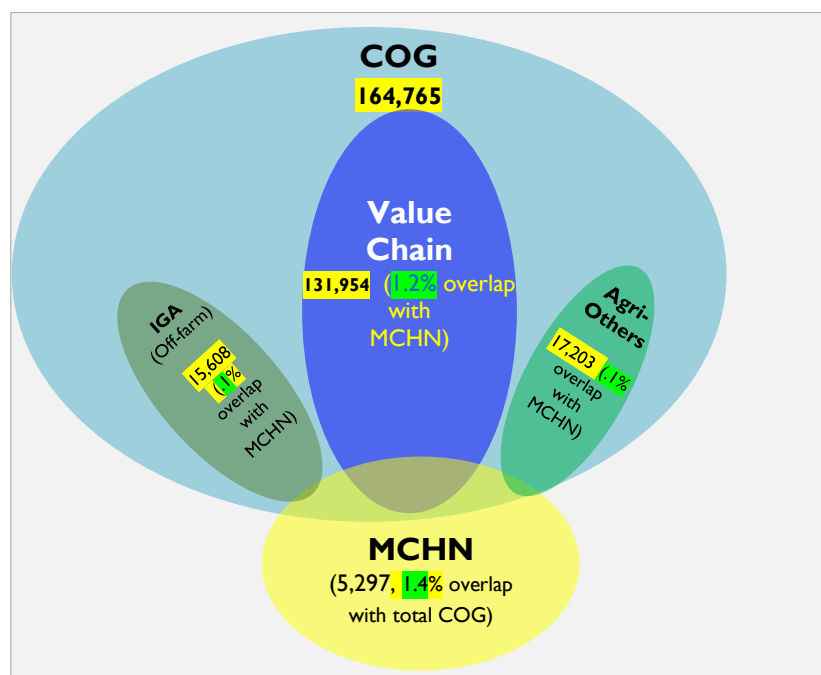
[3] During the first five years of the SHOUHARDO III program (from FY16 to FY20, five years), it only intervened and supported 168,535 PEP households in 947 villages. However, in the sustainability extension phase (from FY21 to FY22, two years), the program defined its sustainability strategy and service provisioning/delivery model as a core focus. The program developed and capacitated some Local Service Providers (LSP) and Community Level Facilitator (CLFs) through this approach. These LSPs and CLFs have been providing support to all households irrespective of their Well Being Category. Initially, at the time households listing (in WBA exercise) in 2016, the program staff listed all households living in the program selected 947 communities and categorized them as Extreme Poor, Poor, Lower Middle, Middle, and Reach using a participatory exercise based on their Well-being status (named WBA, a participatory process). Using this list, the program developed a database that is at the core of intervention tracking. As an outcome of WBA, the program listed 170,000 (Poor and Extreme Poor) households and 130,000 households as non-PEP (middle or rich households). In the sustainability extension phase, the program is envisioning to reach these 130,000 households directly in addition to earlier reached 170,000 PEP households. Altogether, the number of targeted households for the sustainability extension phase are 300,000 in all program working communities.

Around 130,000 non-PEP households from 947 SHOUHARDO villages (who did not receive services from the program in the earlier phase) are receiving services in the extension phase from the LSPs, mainly for agriculture (On-farm IGAs), Livestock (veterinary), Health, and Savings/credit services (*Shanchoy Sathi*). The list of these 130,000 non-participating households is available in the SHOUHARDO III project MIS database system[4]. The sample households for the non-PEP survey were drawn from this sampling frame.

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

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

A. *Sample Estimation formula for the indicators (M15, M14, M9, M16, M33, M24, M11, and M38) with* <u>*TOTAL*</u> *value*[5]:

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

Where,

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

N = total number of beneficiaries in the respective sampling frame

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

MOE = margin of error (p * target value of indicator)

p = Acceptable percentage of error 7.5%[6] for all indicators

B. *Sample size estimation formula for the indicators (custom indicators 9 to 32 and M4) with* <u>*PERCENT*</u> *value:*

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

Where,

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

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

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

$Z_\alpha$ = is the critical value for normal probability distribution at 95% confidence level = 1.96

    P   = Proportion of population with desired attribute

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

C. *Sample size estimation formula for the indicators (custom indicators 33 to 38 and M36) with* <u>*MEAN*</u>[7] *value:*

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

Where,

$Z_\alpha$ = is the critical value for normal probability distribution at 95% confidence level = 1.96

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

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

In addition to the above formula of estimation of a sample size of the total value, proportions, and mean value, a design effect 2.0 for two-stage cluster sampling and 10% non-response were also added for calculating the final sample size. Using the above three formulas and parameters the minimum required samples for the BBS 2021 indicators with values totals, proportions, and mean are given in Table 3.

The sample frame for BBS 2021 remained the same as 2020. The estimated sample sizes were representative to estimate the 38 survey indicators for Round-6 BBS. The alternative strategy of applying a combined sampling frame would be more complicated for the sampling of representative samples to estimate indicators values accurately. Also, applying a combined sampling frame would require inflating the sample size to ensure an adequate number of samples for each of the intervention categories. Under the combined sampling strategy, the total required sample size would be much larger, possibly double, than that of the sampling strategy stratified by intervention category. Thus, conducting three separate surveys was less expensive, because smaller sample size is required. In addition, the same indicator analysis syntax and sampling weights for 2020 PaBS were used for BBS 2021 analyses to be able to estimate indicator values consistent with the prior PaBS.

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

Where,

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

$Z_\alpha$ = is the critical value for normal probability distribution at 95% confidence level = 1.96

    P   = Proportion of population with desired attribute (access to agriculture LSP 28.7%, access to veterinary LSP (On-farm) 41.6%, access to health LSP 21.8% and access to *Shanchoy Sathi* (savings/credit) 7.8%)[8]

    ε   = Maximum desired sampling error (margin of error) = 6.5% = 0.065[9]

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[7] Department of Statistics, Western Michigan University: http://www.stat.wmich.edu/s216/book/node80.html
[8] Percentages were obtained from the recent (January 2021) FLAIRb Round-6 survey.
[9] Considered lower for non-project participants and separate sampling frame.

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

Table 3 Sample size for 2021 SX3 BBS and non-PEP Sample Survey

| Survey | Sampling Frame | Population | Sample Size | Sample per cluster/Village | No. of clusters/Villages |
|---|---|---|---|---|---|
| 1. COG Beneficiary Survey | A. Value Chain Sampling Frame: | | | | |
| | 1. Maize | 15,419 | 156 ≈165 | 15 | 11 |
| | 2. Chili | 6,596 | 65 ≈75 | 15 | 5 |
| | 3. Sweet Gourd | 4,105 | 100 ≈ 105 | 15 | 7 |
| | 4. Goat | 95,232 | 114 ≈ 120 | 15 | 8 |
| | 5. Duck | 10,602 | 120 ≈ 120 | 15 | 8 |
| | *Total of VC* | *131,954* | | *15* | *39* |
| | B. Other Agriculture | 17,203 | 41 ≈ 45 | 15 | 3 |
| | C. Off-farm IGAs | 15,608 | 29 ≈ 30 | 15 | 2 |
| *Total for COG* | | *157,145[10]* | | *15* | *44* |
| 2. MCHN Beneficiary Survey | D. MCHN (mother of children 6-23 months) | 5,297 | 380 ≈ 390 | 15 | 26 |
| TOTAL SAMPLE SIZE | | 167,447 | 1,050 | | |
| Additional Sample Size for non-PEP Sampling frame | | 130,000 | 495 | 15 | 33 |

1.3.2 Sampling Procedure

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

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

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[10] 4.625% overlapped beneficiaries of MCHN sampling frame are eliminated

Selection of Survey Respondents: In each selected cluster (PPS clusters), the survey respondents were selected randomly from the respective sampling frame before the fieldwork starts.

The FY2021 BBS sampling frame was constructed from the SHOUHARDO III Program's MIS database system. The MIS database has been designed to identify households by beneficiary types (COG, MCHN being the most dominant) with unique identifiers both for households and individuals in those households, such as, the list of 130,000 non-PEP households that are part of the extension period is available in the MIS database system. This list was updated for cluster and household sampling. DMA with the support from a statistician and Senior Team Leader - Monitoring and Evaluation of SHOUHARDO III prepared the sampling plan and sampling frame. DMA deployed several survey teams in line with the field data collection schedule and number of survey locations. Movement from one district to another was also considered during the survey planning. The M&E team monitored the data collection process and conducted a data quality assessment throughout the survey period.

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

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

1.3.3 Sampling Weights & the Treatment of Non-Response

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

*1.4    Quantitative Survey Questionnaire(S)*

1.4.1 Quantitative Survey Tools and Survey Questionnaire

A structured questionnaire was used based on the Participant Based Survey (BBS) indicators and other Environment Monitoring and Mitigation Plan (EMMP) Indicators and other information required as per CARE and BHA requirements. In 2017, a questionnaire was used for BBS (former BBSS) and approved by BHA (formerly FFP), and the same instrument which was used in 2021, adjusting/adding questionnaire or module as per indicator requirement. In the meantime, some indicators were revised, and some new indicators were added/proposed, in that case, the specific questionnaire or module was revised/added based on indicators definition and program requirement. In addition to that, an additional module for the non-PEP survey was included in the existing questionnaire for 2021 BBS. DMA worked with the SHOUHARDO III M&E team on revision/updating of questionnaire/outline following the Feed the Future[11] and BHA guidelines.

1.4.2 Translation of Quantitative Questionnaire

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

1.4.3 Pre-Testing and Finalization of Quantitative Questionnaire

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

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

*1.5    Survey Team Training and Field Testing*

DMA organized training for enumerators and M&E Field staff for the household interview. The training sessions were divided into two parts. In the first two days, the participants

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

received theoretical lessons on the general rules of conducting surveys, sampling, and a hard copy of the questionnaire. In the next three days, the participant practiced using the actual ODK/web-based (online and offline) questionnaire forms on the tablets including role-plays and mock tests. After five days of classroom training, the participants did field practice. After the field practice and the tools were finally adjusted on the final day of the training.

To protect the spread of the COVID-19 in the training venue, some precautionary measures were strictly followed. In the training venue, the infrared thermometer was used to detect the unusual temperature every morning for each enumerator, a safer distance was maintained according to protocol while the seating arrangement was finalized, the standard mask was ensured for every enumerator, and there were sufficient hand washing facilities including portable hand sanitizer for every enumerator. On the contrary, during field test/data collection, in the beginning, informed consent was obtained, a safer distance was ensured while interviewing the respondent. DMA also provided reusable masks to the enumerators and the respondents that were interviewed as part of the BBS FY21.

The training was scheduled for the first week of September 2021. Following topics were covered in the survey training:

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

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


### 1.6    Data Management and Analysis

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


### 1.7    Data Quality Assurance

There were six data collection teams where each team comprised of five enumerators and one supervisor/quality control officer from the contracted survey firm. The team supervisors were mainly responsible for monitoring data collection and quality control. These field supervisors reviewed data from the mobile device daily to ensure data quality. The supervisors utilized additional data quality monitoring controls. One such control was to re-interview one household per day using tablets, based on a condensed survey limited to a subset of critical questions. Supervisors verified that non-response households were unavailable or truly opted out of participation. During re-interview with participants

supervisors adhered to 'Do No Harm principle' and followed all COVID-19 precautionary measures.

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

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

Data Quality was a critical part of the overall survey. As the BBS FY21 survey was conducted through physical/in-person interviews, there was no major effect on data quality. CARE staff could not frequently move in regular intervals due to restrictions imposed for the COVID-19, but they ensured data quality through limited field visits following all safety measures. During a limited field visit, the SHOUHARDO III M&E team re-interviewed a certain percentage of participant households on critical questions and also verified that non-response households are unavailable or truly opted out of participation.

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

## 1.8    Qualitative Study for the Annual Survey in FY21

The SHOUHARDO III Extension Proposal (S3X)/CARE Bangladesh[12] (2019) contains the key sustainability strategy, pathways, and necessary preconditions for the ongoing program cost-extension period. In the extension period, the SHOUHARDO III program has been

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[12] 1) testing, identifying, and promoting service provision models by public, private, and community-based organizations and service providers; and 2) mobilizing communities to engage with these local service providers (LSPs) to ensure sustained benefit.
The focus areas of extension period are five result areas that were jointly identified with USAID/FFP and contain the desired outcomes for sustainability (see Table 7): 1) on-farm livelihoods, 2) non-farm livelihoods, 3) health and nutrition, 4) water, sanitation, and hygiene (WASH), and 5) disaster risk reduction (DRR)
The program will continue to facilitate, as opposed to directly intervene with market-led development. This means that the program will work towards activities that leverage the greatest engagement between local communities, the market, the public, and civil society—with a goal of eventually leaving behind a system that functions on its own without future programmatic support.

working with the local service providers (LSPs). The intent is to sustain the local service provisioning systems so that the community people have adequate access to quality services after the phase-out of the program. In line with the SHOUHARDO III extension, M&E measured the strengths and capacity of service providers, and functionality of the service system through quantitative survey BBS, where both PEP and non-PEP participants were interviewed. As suggested by BHA/USAID, the project conducted a separate qualitative survey in FY21 and FY22 as well at the same project implementation areas in addition to the regular annual quantitative BBS. The qualitative survey provided a contextual overview of the demand of LSPs[13] and their social acceptance/recognition at the community level. Moreover, the survey focused on some of the critical aspects of sustainability, for example, resources, linkage, capacity, and motivation of the LSPs. The specific objectives of this qualitative survey were:

- To generate high-quality information for measuring efficiency and effectiveness of local service provider and service provisioning system
- Triangulate the qualitative findings with quantitative data to better interpret the survey results.
- To explore some challenges and opportunities for the LSPs so that the program can have made a necessary adaptation in light of new learning.

## 1.8.1 Qualitative methods

The survey team applied Focus Group Discussion (FGD) and Key informant Interview (KII) to administer the qualitative survey. The qualitative study was designed to interview with LSPs of 5 program focus result areas and their direct beneficiary i.e., poor and extreme poor (PEP) and non-PEP participants. Since this was a qualitative survey, the sample of LSPs and villages for FGD will not be chosen randomly.  These were selected purposively by the study team so that the study team can get a better insight into most of the contextual variability. Checklists were used to guide the facilitator to conduct key informant Interviews and focus group discussions.

Focus group discussion (FGD) was conducted with PEP and non-PEP participants to understand the in-depth perspective of diverse groups about the access of local service, service quality, the effectiveness of service system, and the challenges and lesson learned. Focus Group Discussions (FGDs) were organized with five to no more than ten persons. They were called focus groups because all of the members of the group had a common feature and FGD facilitators ensured that participants meet the desired common criterion, i.e., poor and extreme poor (PEP) participants and non-PEP participants. FGDs were not extended beyond two hours.  The topical outline of the FGD was prepared based on the roles of LSPs in the five focus/result areas and meeting the study objectives. The FGDs were done in all eight SHOUHARDO III implementing districts. In each of the districts two FGDs were conducted, all together a total of 16 FGDs were done across the program areas.

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[13] Community-based vaccinator (CBV), Micro Seed Retailer (MSR), Micro Seed Dealer (MSD), Fish Fry Hawker, Collector/A localized business actor, Shanchoy Sathi/Village Agent (VA), Private Community Skilled Birth Attendants (PCSBA), Blue Star Provider, LSP Water Quality Tester (WQT), Latrine Producers (LP), DRR Leader, e- Business actor, Business development and vocational skills training service Provider

Key Informant Interview (KII) was administered to know local service providers' opinions to a greater extent, their acceptance in the community, and challenges. This helped me to understand the functionality of LSPs, opportunities, and constraints. Key informant interviews were held with LSPs and these interviews typically lasted no more than one hour. In each region one LSPs from each LSP category was interviewed, thus 13 LSP were covered in each region and a total of 26 KIIs were done with the LSPs across the program areas.

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

1.8.2 Topical Outlines or Checklists

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

1.8.3 Qualitative team composition

The qualitative study was implemented by a team of development professionals. The quantitative and qualitative team was different and did not comprise the same people. The research coordinator was responsible for all field management and qualitative data collection matters. The team is comprised of qualitative investigators with previous experience in conducting qualitative studies.

1.8.4 Qualitative Training

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

1.8.5 Qualitative Field Test
A field test on the topical outlines of the qualitative survey was done. The qualitative investigators did field practice for one day to give them exposure to a real-life situation as

well as to find out the gaps in discussion guideline and their data collection techniques. The performance of the qualitative investigators was reviewed, and necessary measures were discussed to overcome the weaknesses among the trainees. DMA organized a session for the supervisors focusing on-field management, monitoring, and quality control.

1.8.6 Data quality control

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

1.8.7 Qualitative data analysis

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

### Findings: (Quantitative)

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

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

There has been tremendous progress on the food security front in Bangladesh. The Government of Bangladesh is looking to produce 42 percent higher corn at 56.93 lakh tonnes in the current fiscal year to meet the growing demand for grains in the feed industry[14]. Bangladesh produces 0.14-0.15 million[15] tonnes of green chili annually, according

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[14] https://www.thedailystar.net/business/news/target-set-42pc-higher-corn-production-1997393, cited on 30 September 2021.
[15] https://thefinancialexpress.com.bd/trade/chilli-import-process-eased-1628567680, cited on 25 September 2021.

to the Bangladesh Bureau of Statistics (BBS). On the livestock side,[16] the production of goats has seen a steady rise in the past couple of years, starting from 26,100,000 in 2017-18 to 26,400,000 in 2019-20. The duck population was 558.53lac in 2017-18 which increased up to 597.16 lac.
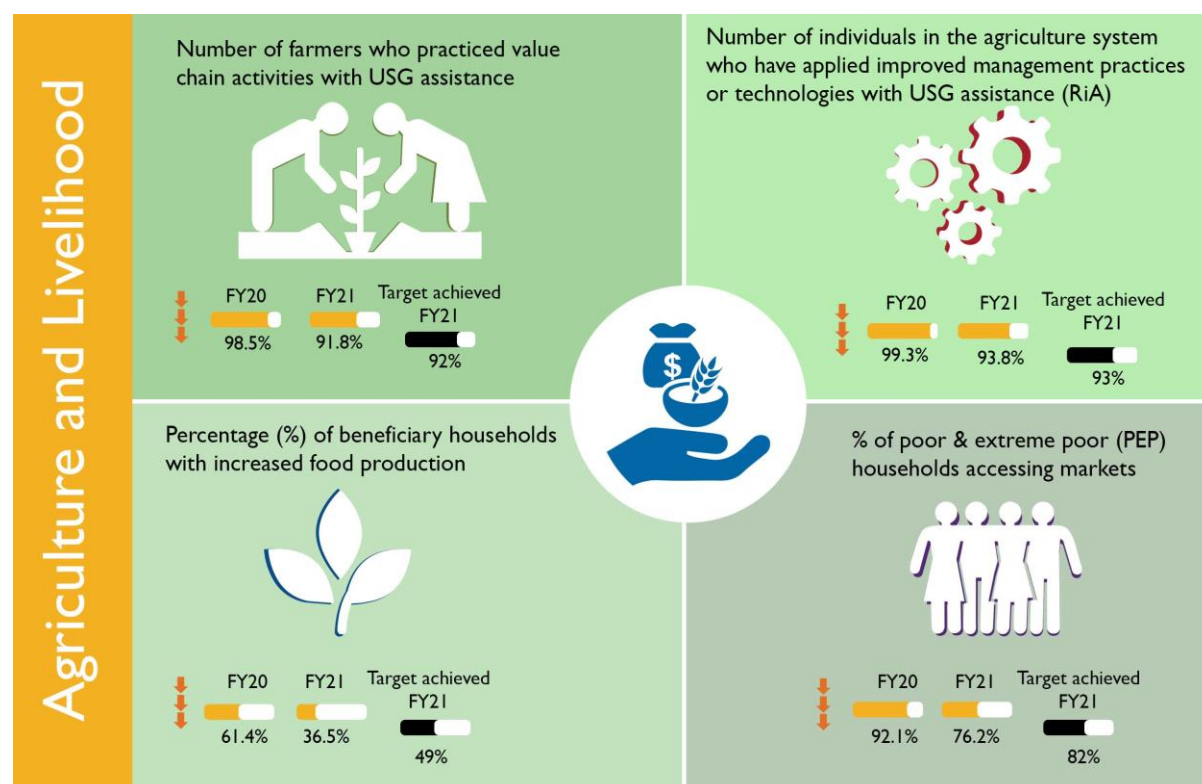


Figure 1 Key results on agriculture and livelihood

Figure 2 illustrates the yield of targeted commodities in Fiscal Year 21 (FY). The program participants had the highest yield from producing vegetables [121% achievement against the target] and sweet gourd [115% achievement]. The participants who produced maize [107% achievement' and rice [108% achievement] also had a good yield. The yield from chili decreased to 8.01MT/Hectare compared to the previous year [8.57 MT/Hectare]. The goat yield was impressive with a 115 percent achievement against the target.

**Value of annual sales of producers and firms receiving USG assistance:** This indicator measured the value in U.S. dollars of the total amount of sales of products and services by USG-assisted producers and farms during the reporting year within USG-supported agricultural commodity value chains or markets. This indicator collected additional data points on the value of sales in local currency, the number of activity

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[16]http://dls.portal.gov.bd/sites/default/files/files/dls.portal.gov.bd/page/ee5f4621_fa3a_40ac_8bd9_898fb8ee4700/2020-07-22-19-34-e4cd5ed65f45419ee038e00b8939c1a0.pdf, cited on 20 September 2021.

participants, including the number of producers and the number of assisted private sector firms, and, if applicable, the volume of sales [in Metric Tons] for agricultural commodities [e.g., seed; food, non-food and feed crops; livestock and livestock products; fish].

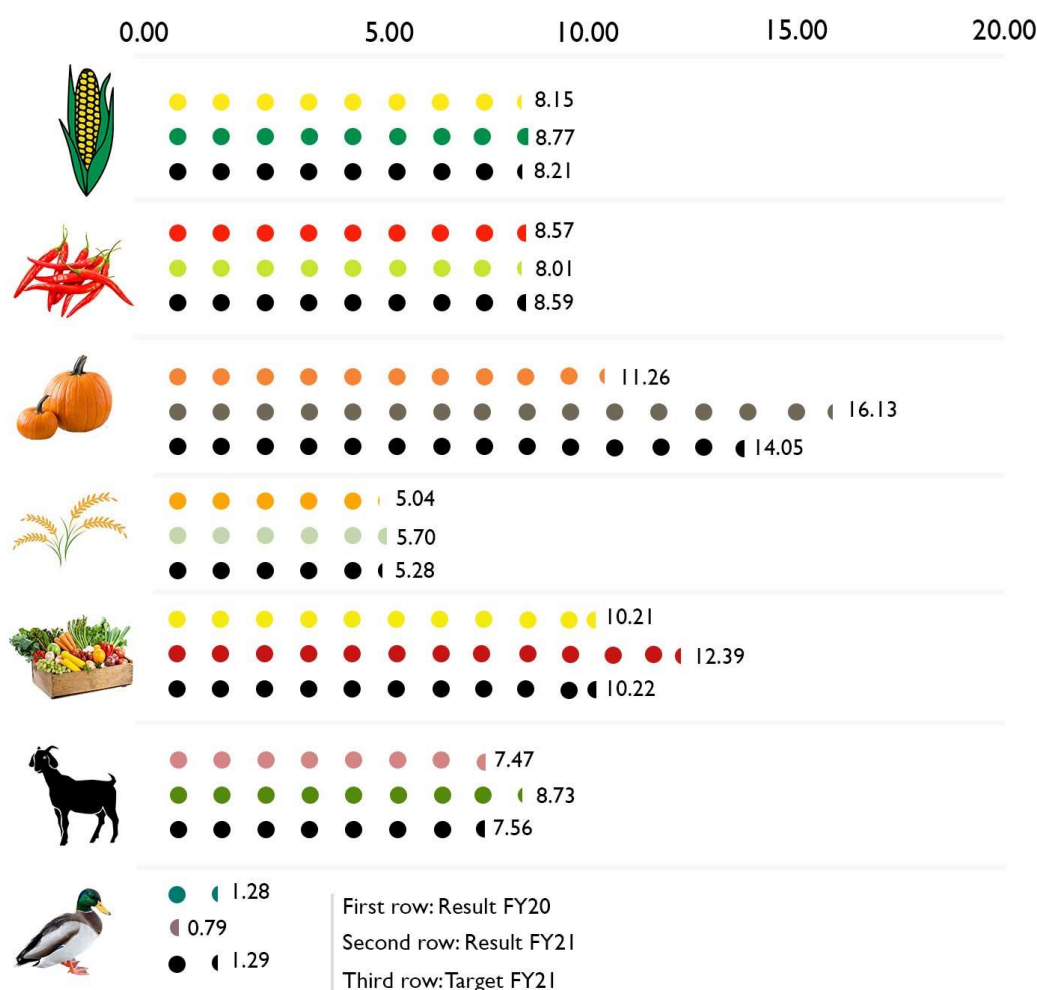Yield of targeted agricultural commodities among program participants



Figure 2 Yield of targeted agricultural commodities

Figure 2 suggests that the goat farmers benefitted the most in FY21 as the results showed around 115 percent achievement against the annual sales target. The targeted sell value for vegetables was US$20.98 whereas the actual sell was worth US$35.38 per beneficiary [169% achievement]. The rice and maize producers also earned notable income in the reporting year. They received 152 percent of the targeted value [US$213.64] for rice and 125 percent for maize [US$218.88]. Although the yield for sweet gourd was relatively higher, the sell value was not up the expectation as the achievement was only 27 percent [of US$195.74/beneficiary].

**The number of farmers who practiced value chain activities with USG assistance:** This indicator counted farmers as value chain participants if his/her primary purpose of the activity is to enhance the commercial value of a commodity to sell to/in the market. In FY21, 92 percent [of 124,351] farmers practiced value chain activities with support from the US government. The percentage decreased significantly [P=<0.001] compared to the previous year [98.5% achievement of the target].

**The number of hectares under improved management practices or technologies with USG assistance:** This indicator measured the area in hectares in which USG-promoted improved management practices/technologies were applied in the reporting year and were managed/cultivated by producers participating in the SHOUHARDO III program. In FY21, the percentage of achievement for the number of hectares that were brought under improved management practices was 85 [11141.16 hectares] in response to the target of 13155.79 hectares. On average, the land size was highest for rice [51.41 hectares/farmer] and maize [35.61 hectares/farmer].

**The number of individuals in the agricultural system who have applied improved management practices or technologies with USG assistance:** Agri-food systems in Bangladesh have been impacted by COVID-19 at the farm, value chain, and market levels and COVID-19 has exposed the underlying risks, vulnerabilities, and inequalities of these systems.[17] This indicator measured the total number of agriculture system actors participating in the USG-funded activity who have applied improved management practices and/or technologies promoted by the USG anywhere within the food and agriculture system during the reporting year. The number of such individuals decreased significantly [P=<0.001] in the reporting year. The program achieved 93 percent of its target [139879 individuals]. The percentage of male individuals was 95.7 compared to 88.1 percent female.

**Percentage of beneficiary households with increased food production:** During the first three months of the COVID-19 outbreak in Bangladesh, the rural household economy experienced several adverse impacts of the containment measures, such as a delayed harvest, difficulties in selling farm produce, labor, and non-labor input disruption and cost increases, and reductions in remittance receipts and non-farm business sales.[18]

The percentage (%) of households under the SHOUHARDO III project who have demonstrated an increased level of household food production through agriculture. This will cover homestead vegetable production, cereals, fish, poultry & livestock production, etc. through BHA assistance. As shown in Figure 3, in FY21, 36.5 percent [230 out of 660] beneficiary households had increased food production compared to the target of 75 percent. It decreased significantly [P=<0.001] in comparison to 61.4 percent of households in FY20. The percentage of males [37.3%] and females [36.1] did not vary.

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[17] https://www.sciencedirect.com/science/article/pii/S2666049021000098#, cited on 27 September 2021.
[18] https://www.adb.org/sites/default/files/publication/689246/adbi-wp1235.pdf, cited on 24 September 2021.

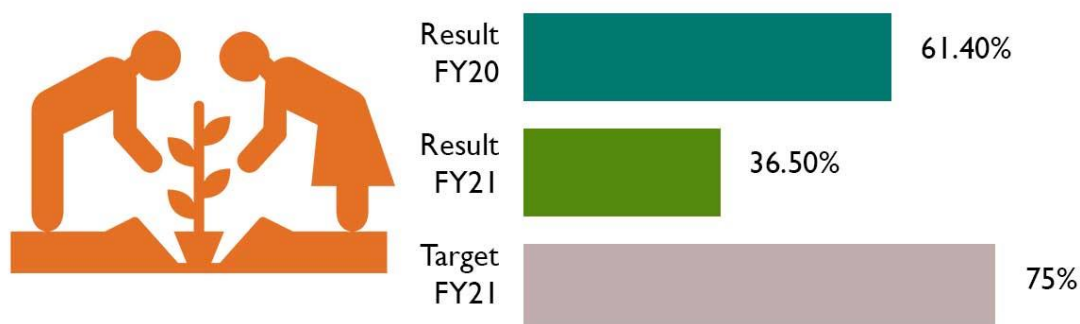Beneficiary households with increased food production

Figure 3 Households with increased food production

**Percentage of Poor and Extreme Poor (PEP) households accessing markets:** The Novel Corona Virus (COVID-19) has created tremendous negative impacts on the livelihood of the marginal population in Bangladesh. The success in economic growth in the last few decades could not save poor people to become extreme poor because economic prosperity was not inclusive in Bangladesh.[19] It also reduced people's access to the market[20] drastically.

This indicator measured the percentage of PEPs accessing any local markets to sell products or purchases inputs (seed, fertilizer, raw materials, etc.). According to Figure 4, the percentage of such households in the program implementing areas in FY21 was 76.2 [540 out of 660] while the target was 93 percent and it significantly decreased [P=<0.001] compared to 92.1 percent in the last fiscal year.

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[19] https://journals.sagepub.com/doi/full/10.1177/0971523121995072, cited on 24 September 2021.
[20]https://reliefweb.int/sites/reliefweb.int/files/resources/COVID_NAWG%20Anticipatory%20Impacts%20and%20Needs%20Analysis.pdf, cited on 26 September 2021.

Poor & Extreme poor (PEP) households accessing markets
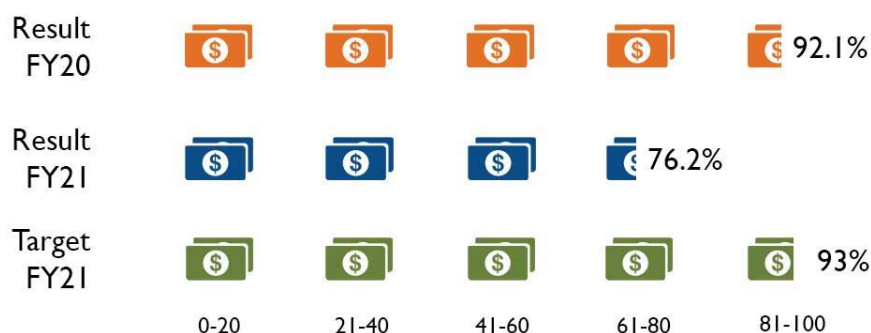
Figure 4 PEP households accessing the market

**Percentage of producers who used improved inputs during the 12 months:** One of the many damaging side effects of the COVID-19 pandemic in Bangladesh was blocking critical agricultural inputs, such as seeds and fertilizers, from reaching smallholder farmers. Input companies and their sales and distribution channels faced enormous challenges.[21] For one, a sudden government-imposed restriction on travel constrained many companies from distributing their products before and during the growing season. Retailers who normally procured inputs on a cash basis each week experienced cash flow problems without their normal supply.



Used improved inputs & improved pro-poor financial products

Figure 5 Use of improved inputs and financial products

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[21] https://www.acdivoca.org/2021/04/supporting-farmers-access-to-inputs-in-bangladesh-during-covid-19/, cited on 25 September 2021.

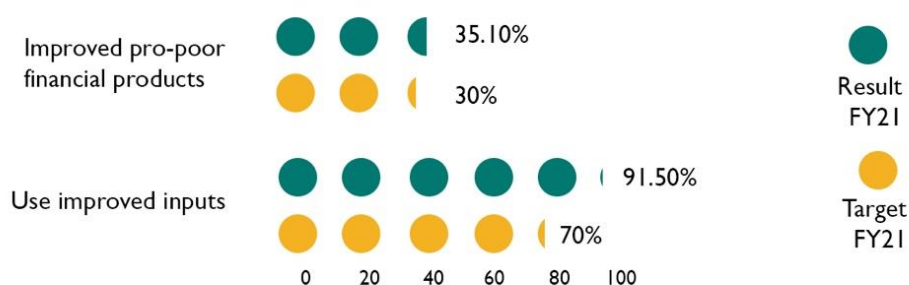This indicator measured the extent of use of improved inputs by the farmers in the program area in the past 12 months. For this indicator, the program counted the percentage of farmers who used improved seed/sapling, fingerling, fertilizers, and pesticides in their production business in the past 12 months. Figure 5 suggested that around 91.5 percent of producers [323 out of 361] used improved inputs in FY21 which is a 131 percent achievement against the target [70%].

**Percentage of PEP who reported improved pro-poor financial products in the past 12 months:** Bangladesh has made significant progress in financial inclusion over the past eight years, with as much as 48 percent of the adult population now under the banking umbrella. In 2013, only 20 percent of Bangladesh's adult population was under the umbrella of formal financial services. Yet, there are many things to do as a large number of people remain out of any formal financial services. Rural markets and people are still outside major banking services.[22] This indicator refers to the percentage of PEP program participants with access to financial institutions (VSLA) and those who received pro-poor financial products (e.g., savings and loan facilities). People who received support from the formal and informal financial institute/service provider were considered for this indicator. As illustrated in Figure 5, nearly, 35 percent [470 out of 1050] of PEP participants reported accessing pro-poor financial products whereas the target was 30 percent. The program had a 117% achievement in this indicator.

*Purpose 2: Improved nutritional status of children under five years of age, pregnant and lactating women, and adolescent girls.* Figure 6 includes the key results on health, hygiene, and nutrition-related indicators.
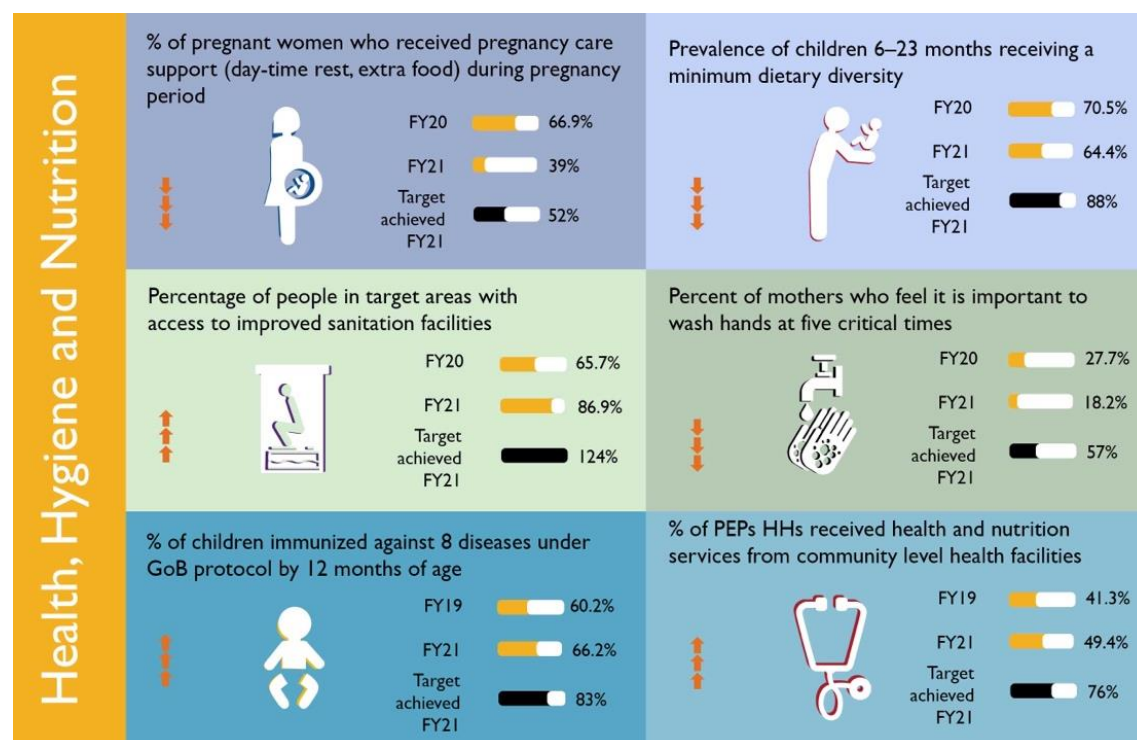


Figure 6 Key results on health, hygiene, and nutrition

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[22] https://thefinancialexpress.com.bd/views/bringing-unbanked-poor-under-financial-services-1579104999, cited on 28 September 2021.

**Percentage of pregnant women who received pregnancy care support during the pregnancy period:** In Bangladesh, an estimated 2.4 million babies will be born under the shadow of the COVID-19 pandemic.[23] Globally, the number is 116 million. These babies are projected to be born up to 40 weeks after COVID-19 – currently straining health systems and medical supply chains all over the world – was recognized as a pandemic on March 11. Bangladesh's government took several initiatives to ensure proper care of pregnant women during the pandemic.[24] This indicator measured the proportion of pregnant women who were provided additional food and daytime rest throughout their pregnancy period. These extra food and daytime rest were either ensured through themselves or other members of the households. In FY21, the percentage of pregnant women who received such support was 39 [152 out of 390] compared to the target of 75 percent.

**Prevalence of children 6-23 months receiving a minimum dietary diversity**: The COVID-19 pandemic is undermining nutrition across the world, particularly in low-income and middle-income countries. The worst consequences are borne by young children. Some of the strategies to respond to COVID-19—including physical distancing, school closures, trade restrictions, and country lockdowns—are impacting food systems by disrupting the production, transportation, and sale of nutritious, fresh, and affordable foods, forcing millions of families to rely on nutrient-poor alternatives.

Malnutrition could exacerbate the effects of COVID-19 in mothers and children. At the same time, more children are becoming malnourished due to the deteriorating quality of their diets, interruptions in nutrition and other essential services, and the socioeconomic shocks created by the pandemic in low and middle-income countries[25]. An additional 3.9 million[26] children in South Asia under the age of five could suffer from wasting – and therefore become dangerously undernourished – in 2020 as a result of the socio-economic impact of the COVID-19 pandemic.

This indicator measured the percentage of children 6–23 months of age who received a minimum dietary diversity. The indicator measures the minimum dietary diversity, as appropriate both for breastfed and non-breastfed children of age 6-23 months.

According to Figure 7, in the reporting year, the prevalence of 6-23 months old children receiving a minimum dietary diversity was about 64.4 percent [251 out of 390] and the target was 73 percent. The prevalence of female children was higher [67%] compared to male children [61.8%].

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[23] https://www.unicef.org/bangladesh/en/press-releases/pregnant-mothers-and-babies-born-during-covid-19-pandemic-threatened-strained-health, cited on 2 October 2021.

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

[25] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31648-2/fulltext, cited on 6 October 2021.

[26] https://www.unicef.org/bangladesh/en/press-releases/additional-39-million-children-under-5-could-suffer-wasting-south-asia-year-due, cited on 5 October 2021.

## Child Feeding Practice

Figure 7 Child feeding practice

**Prevalence of children 6-23 months receiving a minimum meal frequency:** This indicator measured the percentage of 6–23 months old children who received a minimum meal frequency, apart from breast milk. This indicator measured the minimum feeding frequency and minimum dietary diversity, as appropriate for various age groups. When a child met the minimum feeding frequency for his or her age group and breastfeeding status, then the child was considered to be receiving a minimum meal frequency. In this reporting year, the prevalence of 6-23 months old children who received a minimum meal frequency was 51.2 percent [199 out of 389] as illustrated in Figure 7. It decreased significantly [P=<0.001] compared to 67.2 percent in the FY20. For female children, the percentage was higher [54.5%] in comparison to 48 percent male children.

**The number of live births receiving at least four antenatal care visits during pregnancy:** ANC is the most essential care given to pregnant women for their safe pregnancy and sound child. This should be administered at the early stages of pregnancy for rapid diagnosis of pregnancy-related complications. ANC is a crucial element that can provide pregnant women with a comprehensive range of health promotion and preventive healthcare services.[27] This indicator sums the number of women ages 15 to 49 supported by a BHA activity who, after attending antenatal care (ANC) four or more times, delivered a live child during the reporting year. The results from BBS 2021 suggested that this year 38.9 percent [2164 out of 4355] live births received at least four antenatal care visits. The program achieved half of its target.

**Percentage of people in target areas with access to improved sanitation facilities**: Poor sanitation is estimated to cause 280,000 deaths per year worldwide, despite the existence of simple, effective solutions. In Bangladesh subsidies for hygienic

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[27] https://jag.journalagent.com/anatoljfm/pdfs/ANATOLJFM-97269-ORIGINAL_RESEARCH-TALUKDER.pdf, cited on 18 September 2021.

latrines targeted to the poor substantially increased latrine coverage and reduced open defecation. Some studies found that community-based motivation is the most effective way to move households away from open defection and toward basic latrines.[28] Bangladesh has made remarkable progress in advancing access to water and sanitation services by increasing access to drinking water to 98%1 and reducing open defecation practices to almost zero in 2019 (1.5%). In 2018 74.8% of the population had a handwashing station with water and soap on their premises. The major WASH challenge Bangladesh is now facing is to improve practices and quality of WASH services i.e., predominantly water quality and safe disposal of human excreta to fully realize health and wellbeing outcomes for the poorest. [29]

Access to an improved sanitation facility is defined as a flush or pour/flush facility connected to a piped sewer system, septic system, or pit latrine; or a pit latrine with a slab; or a composting toilet; or a ventilated improved pit latrine either single or double pit. If people have access to improved and hygienic latrines (pit latrines with cement liner and water seal/Sato pan and locally innovated hygienic latrines) those are considered as well. Figure 8 suggests that around 86.9 percent [896 out of 1050] people in the program implementing areas had access to improved sanitation facilities which increased significantly [P=<0.001] when compared to the result in FY20 [65.7%]. This year the program had a 124 percent achievement [target was 70%].



Access to Improved Sanitation Facilities

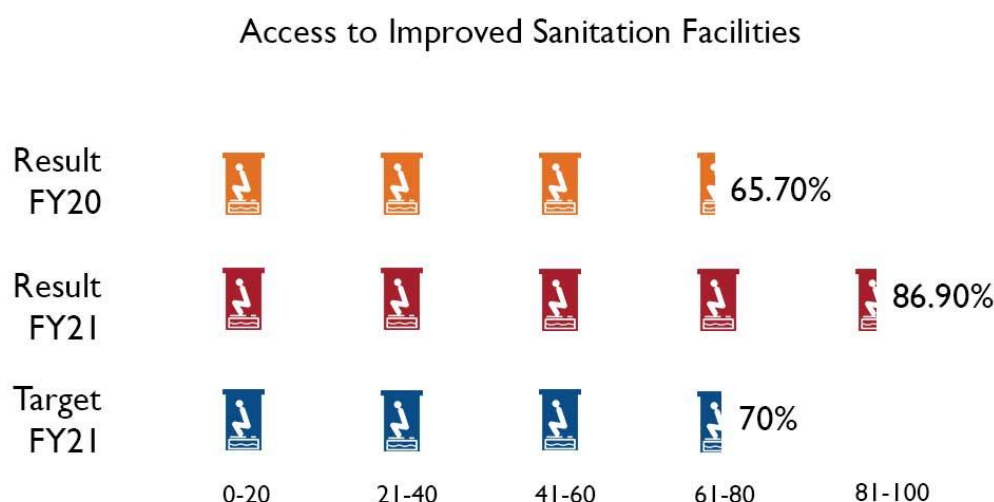| | 0-20 | 21-40 | 41-60 | 61-80 | 81-100 |
|---|---|---|---|---|---|
| Result FY20 | | | | 65.70% | |
| Result FY21 | | | | | 86.90% |
| Target FY21 | | | | 70% | |

Figure 8 Access to improved sanitation facilities

[28] https://www.poverty-action.org/study/bolstering-coverage-improved-sanitation-bangladesh, cited on 3 October 2021.
[29] https://www.sanitationandwaterforall.org/sites/default/files/2020-12/2020_Country-Overview_Bangladesh.pdf, cited on 22 September 2021.

**Percentage of mothers who felt it was important to wash hands in five critical times:**

The WHO estimates that 3.8 million children aged under[30] five die each year from diarrhea and acute respiratory tract infections. Intervention studies consistently demonstrate that communities that received intensive handwashing promotion have less childhood diarrhea and respiratory disease. People in Bangladesh commonly believe that soap is not necessary for handwashing, that water alone is effective in purifying hands, especially when hands appear clean. One of the studies conducted in the Bangladeshi context found that lack of family support, social norms of infrequent handwashing, perceptions of frequent contact with water as a health threat and mothers' restricted movement could work as barriers to hand washing.[31]

This indicator measured the proportion of the mothers or caregivers of children 6-23 months of age who can identify the five critical handwashing times. It is expected that almost all of them practice handwashing properly at five critical times (defined by the SHOUHARDO III project). Before eating, before breastfeeding or feeding a child, before cooking or preparing food, after defecation/urination, and after cleaning a child that has defecated/changed a child's diaper. As indicated by Figure 9, in FY21, 18.2 percent of mothers felt that it was important to wash hands at five critical times whereas the target was 32 percent [71 out of 390]. The practice level of the respondents was higher than their knowledge. The most practiced handwashing behaviors were before eating [100%], after cleaning a child that has defecated [100%], and after defecation [91.8%].
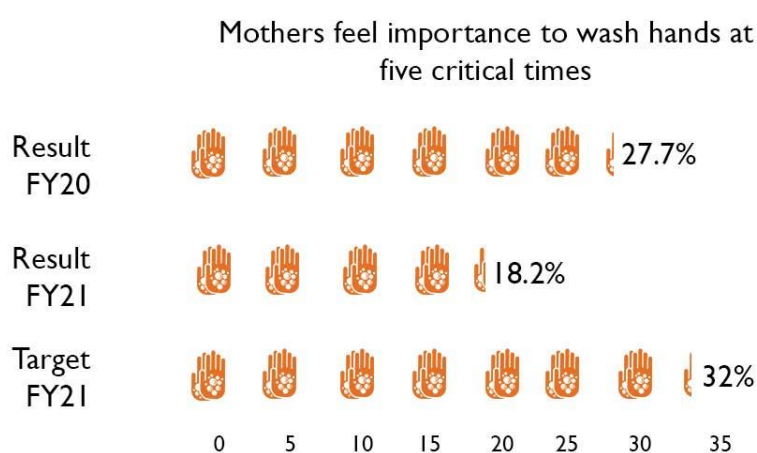


Figure 9 Importance of handwashing

**Women's Dietary Diversity Scores (WDDS):** This indicator aimed to measure the micronutrient adequacy of the diet and reports the mean number of food groups consumed in the previous day by women of reproductive age (15–49 years). The findings from BBS

[30] https://www.researchgate.net/publication/246311631_Handwashing_Behaviors_in_Rural_Bangladesh, cited on 4 October 2021.
[31] https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5365-1, cited on 3 October 2021.

2021 revealed that the WDDS in the program participants was 6.38 which was a 100 percent achievement of the target [6.4].

**Percentage of households using health and nutrition services in the past 12 months:** The COVID-19 pandemic is expected to have profound effects on healthcare systems. The government of Bangladesh has concerns about diminished coverage and quality of maternal and child health services. Not the health care providers were put through a strained situation but also, they had little or no protection measures so they could protect themselves from potential exposure to COVID-19.[32] Through this indicator, the program measured the percentage of households that received health or nutrition services from the local health service providers. The program achieved 99 percent of its target [65% households] as 64.4 percent [648 out of 882] households used health and nutrition services from the local health service providers in the past 12 months.

**Percentage of children immunized against 8 diseases under the GoB protocol by 12 months of age:** The pandemic disrupted the vaccination services across the world, yet, Bangladesh government managed to maintain steady progress on this.[33] Vaccination has important consequences for childhood development, mortality, and inequalities in health and well-being. A study conducted in the Bangladeshi context suggested that to enhance and sustain Bangladesh's vaccination coverage, more attention should be paid to the mother's education, socioeconomic condition, children's age, birth order number, having media exposure, place of residence, and religion. This indicator measured the total number of children 12-23 months that have completed all vaccines as per protocol by 12 months of age). The results of BBS 2021 showed that 66.2 percent [258 out of 390] children within the age of 12-23 months were immunized against the eight diseases under the GoB protocol against the target of 80 percent.[34]

**Percentage of PEPs households that received health and nutrition services from community-level health facilities:** This indicator measured the extent to which households have access to and utilization of health and nutrition services from community-level MoH&FW facilities (like Health &Family Welfare Center, community clinic, and satellite clinic). In FY21, around 49.4 percent [545 out 1050] PEP households received health and nutrition services from community-level health facilities whereas the target was 65 percent. The results suggested that 48.7 percent female and 51.1 percent male received such services.

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[32] https://onlinelibrary.wiley.com/doi/10.1111/mcn.13218, cited on 5 October 2021.
[33] https://www.unicef.org/bangladesh/en/press-releases/child-immunization-services-affected-covid-19-disruptions-millions-children-risk, cited on 30 September 2021.
[34] https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11576-0, cited on 2 October 2021.
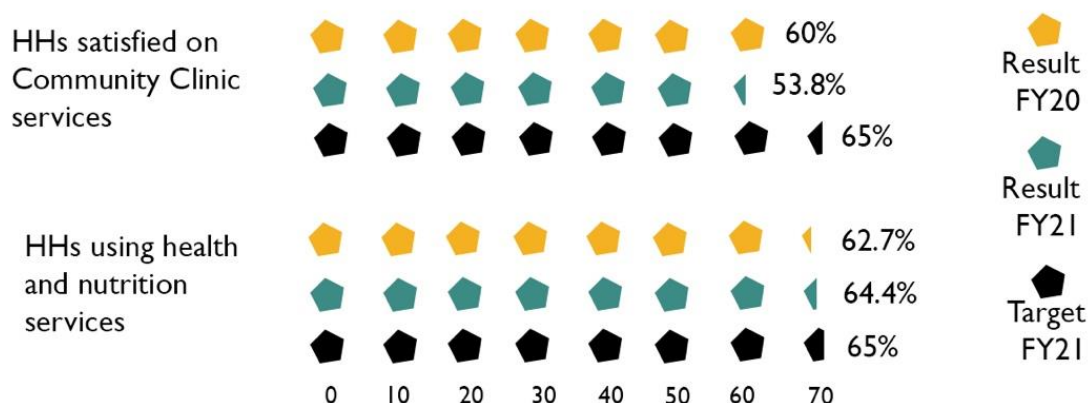
## HHs use health and nutrition services

Figure 10 Households using health and nutrition services

**Percentage of people who received health and nutrition services from the private sector:** This indicator measured the percentage of households that received health or nutrition services from private service providers. Figure 10 illustrates that in the reporting year, 30 percent [117 out of 390] households received health and nutrition services from the private sector against the target of 25 percent. The program had a 120% achievement.

**Percentage of households satisfied with Community Clinic services:** This indicator measured the total number of households satisfied to receive health and nutrition services from the Community Clinic. The results from BBS 2021 suggested that about 53.8 percent [432 out of 882] households expressed satisfaction with Community Clinic services in response to the target of 65 percent.

**Percentage of households satisfied with Community Clinic services:**
SHOUHARDO III program has been working in 947 villages. So, participants are village-based and receive health services from community-based health facilities. Community-based facilities are Union Health & Welfare Center (UH&FWC), Community Clinic, satellite Clinic led by government and some NGO led. Besides, some local service providers and BRAC *shasthya karmi* and *Shebika* also provide health services to those poor community people. The program mobilizes the community for Community Clinic services and on the other hand, continues advocacy with MoH&FW for strengthening Community Clinic services for poor people. As the community becomes aware of community clinic services, they can understand the service quality that they expect and accordingly become satisfied or not. This indicator measured the proportion of service users who were satisfied to receive services from community clinics among the number of service users receiving services from the community clinic. According to the BBS 2021 results, 53.8 percent [432 out of 882] households were satisfied with the community clinic services in response to the target of 65 percent.

**COVID-19:** Around 98.7 percent of survey respondents shared that they were aware of the Coronavirus. Nearly, 63.7 percent said that their household income and livelihood were affected by the COVID-19 pandemic. The average monthly income of the surveyed participants was BDT8279.17.

*Purpose 3: The strengthened gender-equitable ability of people, households, communities, and systems to mitigate, adapt to, and recover from man-made and natural shocks.* Figure 11 contains the key results related to the resilience activities of the SHOUAHRDO III program.
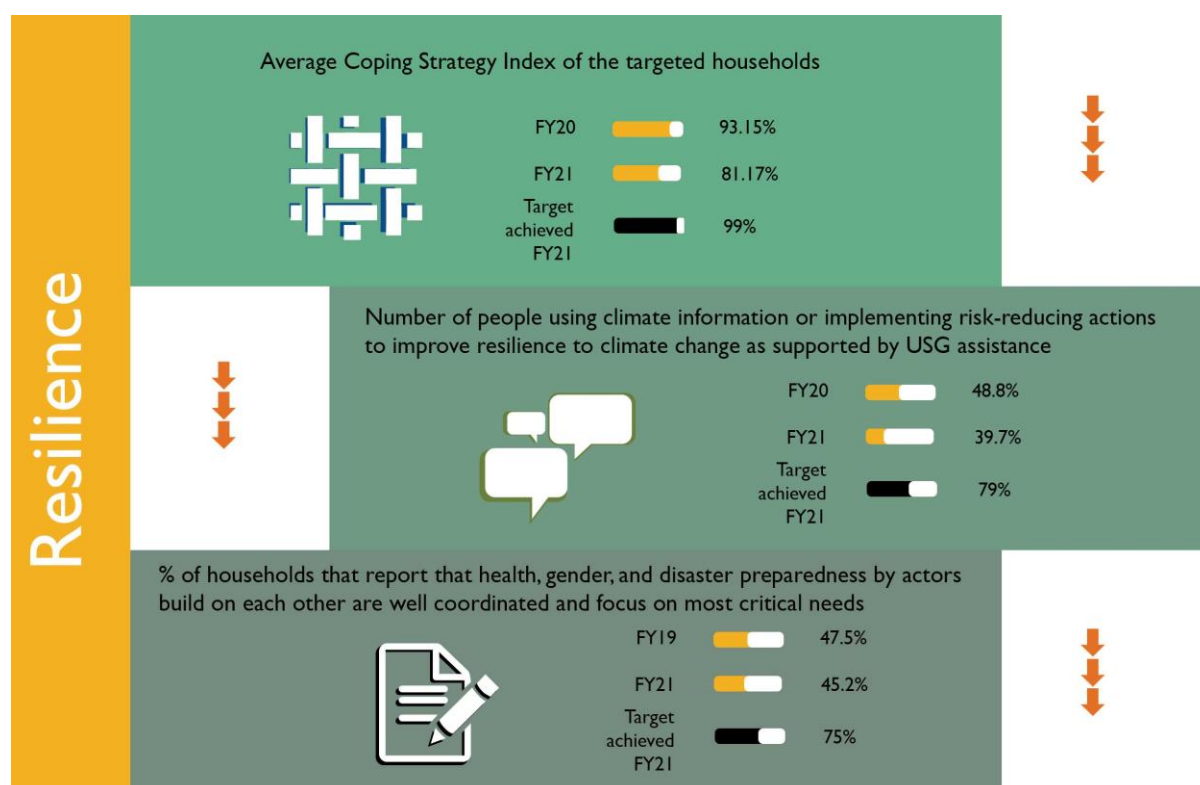


Figure 11 Key results on resilience

**Average Coping Strategy Index of the targeted households**: Coping Strategy is an indicator of household food security about how households manage to cope with a shortfall in food for consumption and results in a simple numeric score. In its simplest form, monitoring changes in the CSI score indicates whether household food security status is declining or improving. In the reporting year, the CSI score for the targeted households was 81.2 and the target was 80. It significantly decreased [P=<0.001] from last year's CSI score which was 93.2. In terms of CSI, the decreasing trend is better.

**The number of people using climate information or implementing risk-reducing actions to improve resilience to climate change as supported by USG assistance:** Sitting in a predominantly low-lying region at the intersections of the Ganga, Meghna, and Brahmaputra rivers and the Ganga-Brahmaputra delta, Bangladesh is one of the most vulnerable countries in the world to a changing climate. Many of the country's densely populated urban centers are susceptible to increased flooding related

to storm surge and sea-level rise, and Bangladesh is acutely exposed to tropical cyclones with one hitting, on average, every three years.[35]

Any individuals using climate information or implementing actions that respond to climate change risks and increase resilience with USG support should be considered under this indicator. The BBS findings showed that 39.7 percent [298 out of 654] respondents used climate information and implemented risk-reducing actions to improve resilience to climate change which decreased significantly [P=<0.001] compared to FY20 [48.8%].

**Percentage of households reporting understanding of elements of disaster preparedness in the project defined criteria:** This indicator refers to the beneficiaries who have awareness about the local hazards that may cause disasters, as well as how to get prepared and be able to respond to that disasters/shocks. In FY21, 33.6 percent [404 out of 1050] households reported having an understanding of elements of disaster preparedness in line with the project defined criteria in response to the target of 40 percent according to Figure 12. The data suggested that 37.5 percent male and 32 percent female reported such understanding.

## Disaster Risk Reduction
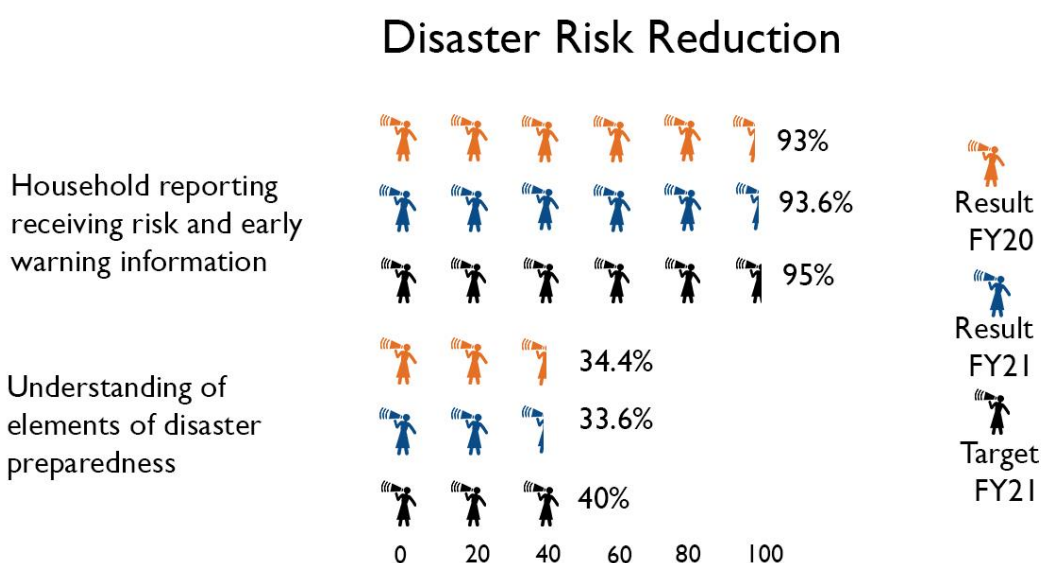


Figure 12 Disaster preparedness

**Percentage of households reporting receiving risk and early warning information:** Bangladesh ranked 7th among the ten countries in the long-term climate risk index that are most affected from 2000 to 2019. Bangladesh, a country particularly vulnerable to tropical cyclones, a dense network of small cyclone shelters, early warning systems, evacuation plans, reforestation schemes, and increased communication has contributed to reducing cyclone-related mortality by more than 100-fold over 40 years (reducing deaths from 500 000 in 1970 to 4 234 in 2007). [36] This indicator refers to the percentage of households receiving risk and early warning information generated by the

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[35] https://www.climatelinks.org/resources/climate-risk-profile-bangladesh, cited on 28 September 2021.
[36] https://germanwatch.org/sites/default/files/Global%20Climate%20Risk%20Index%202021_1.pdf, cited on 22 September 2021.

Bangladesh Meteorological Department (BMD) and Flood Forecasting and Warning Center (FFWC) by various means like Disaster Volunteers, Union Disaster Management Committee members, Village Development Committee (VDC) member, Disaster Risk Reduction (DRR) Leader, Local Service Provider print or electronic media, email, SMS and IVR calling to 1090 of BMD/FFWC. Risk and early warning information include heavy rain, severe cold, flood early warning, etc. As shown in Figure 12, around 93.6 percent [970 out of 1050] households received risk and early warning information and the target was 95 percent. The program had a 99 percent achievement in ensuring early warning information for the respondents.

**Index of social capital at the household level:** The indicator measured the ability of participant households in the target area to draw on social networks to get support to reduce the impact of shocks and stresses on their households. It measured both the degree of bonding among households within their communities and the degree of bridging between households in the area to households outside their community. If the household responses indicated that they had reciprocal, mutually reinforcing, relationships through which they could receive and provide support during times of need, they were considered to have social capital. In FY21, the overall score in the Social Capital Index was 74 against the target of 75. More specifically, in the Bonding Subindex, the score was 80, and in the Bridging Subindex, the score was 68 for the respondents.

**Percentage of households that reported health, gender, and disaster preparedness by actors build on each other are well-coordinated and focus on most critical needs:** This indicator refers to the people living at the household level who have an understanding of the coordination mechanism among actors (local, international non-governmental organizations, government departments such as health, youth and sports, social welfare, public health engineering, relief, and rehabilitation, etc., Private Sectors) on response or preparedness to local hazards focusing on people with critical needs with a special focus on elements related to health, gender and age group disaster preparedness, such as elements related to health for example first aid, pure drinking water, saline, etc., gender, for example, women particularly pregnant and lactating women and age group disaster preparedness, for example, elderly, disable, children, etc. This measured if there was a disaster event and the event was responded to by a coordinated effort among actors in the community (organizations, departments, and/or units). In the reporting year, 45.2 percent of households reported that the health, gender, and disaster preparedness by coordinated actors that were focused on the most critical needs of the community against the target of 60 percent. The prevalence was 42.2 percent for male respondents compared to 46.7 percent for female respondents.

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

could receive and provide support during times of need, they are considered to have social capital. The indicator is constructed from two sub-indices: one measuring bonding social capital and one measuring bridging social capital. According to the survey findings, the social capital index score was 73.98 against the target of 75.

***Purpose 4: Increased women's empowerment and gender equity at the family and community level.*** Figure 13 encompasses the key results areas relating to women's empowerment.



**Women Empowerment and Governance**

Mean decision making score (Index) for woman in household level

| FY20 | 36.38% |
| FY21 | 34.35% |
| Target achieved FY21 | 86% |

Percentage of program participants aware of cost and consequences of Gender Based Violence

| FY20 | 67.9% |
| FY21 | 51.5% |
| Target achieved FY21 | 69% |

Percentage of respondents who know a neighbor or friend who has experienced domestic violence (includes: child marriage, physical abuse, sexual harassment, emotional oppression) in the last month

| FY20 | 90.1% |
| FY21 | 60.3% |
| Target achieved FY21 | 66% |

Percentage of respondents who are satisfied with overall services provided by local govt. (Union Parishad)

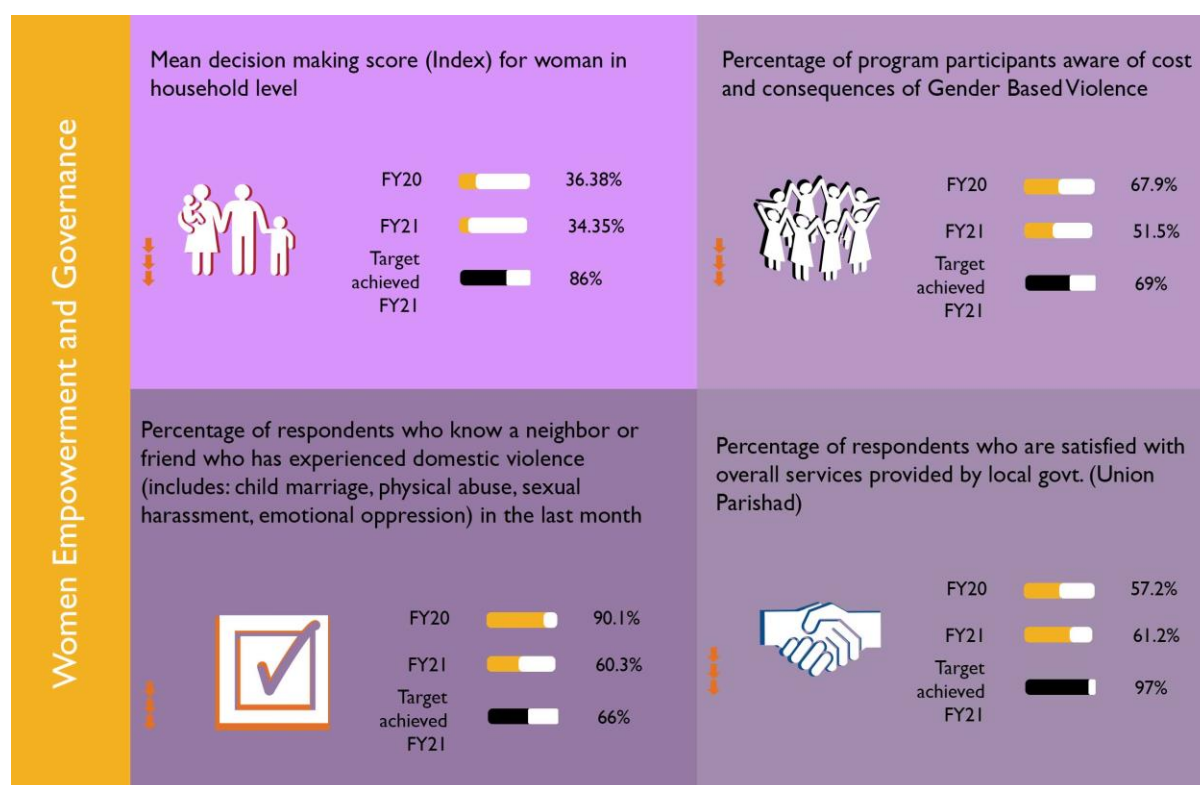| FY20 | 57.2% |
| FY21 | 61.2% |
| Target achieved FY21 | 97% |

Figure 13 Key results on women empowerment and gender equality

**Mean Decision Making Score (Index) for Women in Household Level:** This indicator provides information about women's decision-making choices between several options and women's participation in household-level decision-making. Decision making includes being involved in spending money that has earned by herself, selling of produced crops, buying small food items, groceries, toiletries, buying clothes for herself and children, buying or selling major household assets (land, livestock ), buying or selling jewelry, use of loans or savings, expenses of her children's education. Also, expenses for her children's marriage, medical expenses for herself or children, expenses for family planning (contraceptives), to move to shelter during the time of the disaster, active participation and involvement in *salish* (local arbitration) decision making, investment of credit funds/ savings, childcare, continued education of children (boys & girls), involvement in NGOs activity. According to Figure 14, the findings from BBS 2021 suggested that the mean decision-making score for women was 34.35 [the target was 40] which significantly decreased [P=0.004] from 36.38 in FY20.

Mean decision making score (Index) for woman

Figure 14 Mean decision making the score

**Percentage of respondents who knew a neighbor or friend had experienced domestic violence in the last month:** Women and girls faced widespread violence. According to Bangladesh human rights organization Ain O Salish Kendra, 975 women and girls were reportedly raped in the first nine months of 2020, and 235 women were murdered by their husbands or his family. NGOs reported a marked increase in reports of domestic violence during the nationwide lockdown instituted to stop the spread of Covid-19.[37] Yet, survivors faced further reductions to already limited options for safe shelter or other protection measures as well as significant obstacles to legal recourse. The main objective of this indicator was to measure the extent of Gender-Based Violence (GBV) at the community level. This indicator measured the information of participants about domestic violence (child marriage, physical abuse, sexual harassment, emotional oppression.) that occur with his/her neighbor in the last 12 months. The program had remarkable progress in reducing the prevalence of domestic violence. In FY21, around 60.3 percent [668 out of 1050] respondents reported that they had heard of domestic violence from a neighbor or friend in the last month. More males [61.5%] reported such violence compared to females [59.9%]. The prevalence of reported violence significantly decreased [P=<0.001] compared to 90.1 percent in FY20.

**Percentage of program participants that were aware of the cost and consequences of Gender-Based Violence:** The prevalence of GBV is quite high in Bangladesh.[38]The prevailing gender norms, patriarchy, and socio-economic factors made women of Bangladesh vulnerable to different forms of gender-based violence. Women face different types of gender-based violence such as rape, domestic violence, dowry-related

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[37] https://www.hrw.org/world-report/2021/country-chapters/bangladesh, cited on 3 October 2021.
[38] https://asiapacific.unwomen.org/en/news-and-events/stories/2021/09/taking-strides-to-prevent-violence-against-women-and-girls-in-south-asia, cited on 29 September 2021.

violence, sexual harassment, and stalking. One of the studies conducted recently found that socio-cultural factors and prevailing gender norms played a significant role in the spike of violence against women during the pandemic causing extreme social, psychological, economic, and health harm to women.[39]

This indicator refers to community participants' knowledge (gained through the different program-supported platforms, such as Community Group, EKATA, VSLA, and FFBS) on both the costs and consequences of violence against women.  Costs of violence generally analyze three categories: economic/financial costs, physical costs (e.g., permanent disability), and time costs (e.g., time spent at arbitration or for medical treatment and recovery). This indicator especially emphasizes the analysis of financial costs and consequences of violence that pertain to women. Financial costs include doctor's fees, the cost for medical tests, the cost for medicine, transportation cost, lodging and food involved in travel, bribes for *shalishkars* (local arbitrators), fines lodged against perpetrators, entertainment and food cost for relatives who come to support the victim or perpetrator, loss of wages for the time spent in treatment and adjudication and loss of working capacity in case of permanent injury. As illustrated in Figure 15, in the reporting year, around 51.5 percent [574 out of 1050] respondents shared that they were aware of the cost and consequences of Gender-Based Violence against the target of 75 percent. The percentage of such respondents significantly decreased [P=<0.001] compared to 67.9 percent in the last fiscal year.

## Gender Based Violence
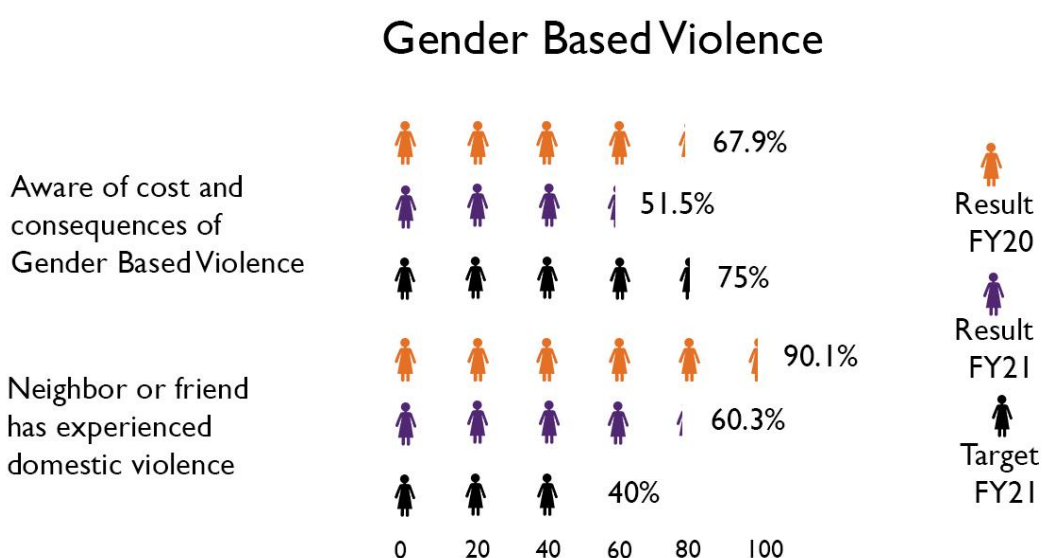


Figure 15 Prevalence of gender-based violence

***Purpose 5: Provision and utilization of public services (i.e., Local Elected Bodies & Nation Building Departments) for communities especially for Poor and Extreme Poor (PEP) increased.*** The key results on this purpose area are shown in Figure 13.

**Percentage of respondents who were satisfied with the overall service provided by the local government (Union Parishad):** The Government of Bangladesh is

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[39] https://www.cribfb.com/journal/index.php/BJMSR/article/view/1113, cited on 2 October 2021.

continuously trying to offer pro-poor services as part of its transition to a middle-income economy. The Government of Bangladesh allocated BDT 603681 (17.83%) of the budget for a wide range of social protection programs in the fiscal year 2021-2022.[40] This indicator refers to the satisfaction of the community people about the overall services such as Social Safety Net facilities (SSNF), tube well, latrine, road, culvert construction, GBV, and any government incentives, etc. provided by the local government (Union Parishad) in the last 12 months. Figure 16 suggests that that 61.2 percent [ 575 out of 1050] respondents were satisfied with services provided by the Union Parishad whereas the target was 63. The female respondents shared a higher level of satisfaction [63.4%' compared to male respondents [56%]. The level of satisfaction regarding services from the Union Parishad significantly increased [P=<0.001] compared to 57.2 percent in FY20.



Participant's satisfaction on overall services provided by local govt.

Result FY20 — 57.20%

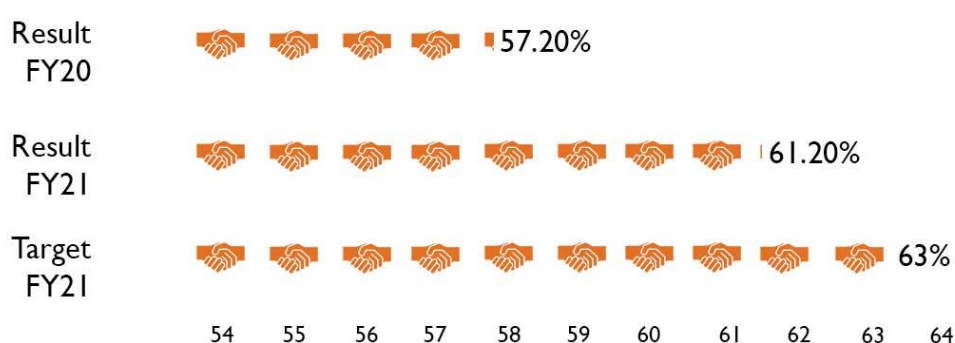Result FY21 — 61.20%

Target FY21 — 63%

Figure 16 Satisfaction on overall public services

**SHOUAHRDO III S3X indicators:** Figure 17 contains the key result areas of SHOUHARDO III's extension phase.

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[40]https://mof.portal.gov.bd/sites/default/files/files/mof.portal.gov.bd/page/672e3d4d_09bb_4205_9afd_843de55481d1/Social%20Protection%20Programs_2021-22_English.pdf, cited on 23 September 2021.
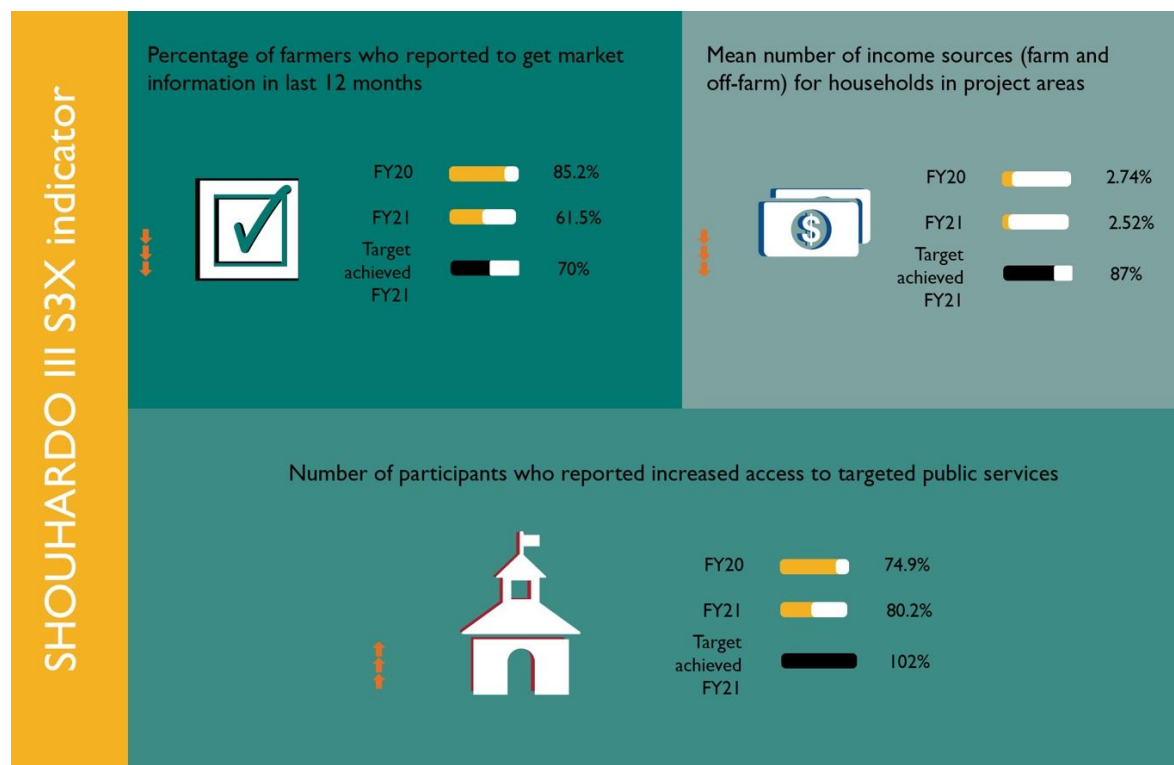
Figure 17 Key results on S3X indicators

**Percentage of farmers received support from GoB institutions/public services:**
The percentage (%) of farmers under the SHOUHARDO III program who have received support on farming from public service-providing agencies. This will cover the Department of Agriculture Extension (DAE), the Department of Livestock (DLS), and the Department of Fisheries including research organizations like the Bangladesh Institute of Nuclear Agriculture (BINA). In FY21, 19.4 percent [129 out of 660] farmers reported that they received support from GoB institutions against the target of 60 percent.

**Percentage of farmers who received market information in the last 12 months:**
Bangladesh, like other countries, faces the daunting challenge of fully recovering from the COVID-19 pandemic which has constrained economic activities and reversed some of the gains achieved in the last decade. The COVID-19 pandemic decelerated economic growth in 2020. The pace of poverty reduction slowed down, exports declined, inequality increased across several dimensions and the poverty rate in 2020 increased to 18.1 percent from 14.4 percent.[41] The program developed local agricultural input providers (micro seed retailers/dealers for seed, fish fry hawker for fingerling, vaccinator for animal vaccine) and formed a village entrepreneur forum with village-level input/service providers related to agricultural production for quality services. Farmers got quality input with technical information along with input and output market from those providers. For this indicator, the program considered farmers who get input and output market information for their production business in the last 12 months from the LSPs. Findings from the BBS 2021 suggested that 61.5 percent [647 out of 1050] farmers received market information in the

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[41] https://www.worldbank.org/en/country/bangladesh/overview#1, cited on 29 September 2021.

last 12 months whereas the target was 88 percent. It decreased significantly [P=<0.001] compared to 85.2 percent in FY20.

**Mean the number of income sources for households in project areas:** This indicator refers to the number of individuals under the SHOUHARDO III program who have been engaged in new income-generating activities or increased income sources compared to the last 12 months, as a result of SHOUHARDO III initiatives. This included all off-farm and on-farm participants through BHA assistance. Results from this year's revealed that the mean sources of income of program participating households were 2.52 [the target was 2.9] which significantly decreased [p=<0.001] from 2.74 in the previous fiscal year. In FY21, around 38.3 percent [337 out of 1050] households' income source increased which was 28.2 percent in the previous year.

**The number of participants who reported increased access to targeted public services:** Around 80.2 percent [868 out of 1050] participants reported increased access to targeted public services which increased significantly [p=<0.001] compared to 74.9 percent in FY20. The program had a 102 percent achievement.

**Percentage of households with soap and water at a handwashing station on-premises:** A handwashing station is a location where household members go to wash their hands. In some instances, these are permanent fixtures (e.g., cement sink), while in others the handwashing devices can be moved for the family's convenience (e.g., tippy taps). The measurement takes place via observation during the household visit, and both soap and water must be available at the station. The soap may be in bar, powder, or liquid form. The shampoo was considered liquid soap. The cleansing product must be at the handwashing station or reachable by hand when standing in front of it. In the reporting year, nearly 54.8 percent [601 out of 1050] households had soap and water at a handwashing station on their premises against the target of 60 percent.

**Mean satisfaction score of Local Service Provider's service quality:** This indicator refers to the mean satisfaction of participants about the overall services provided by the local service providers in the last 12 months. In FY21, the mean satisfaction score of LSP's service quality was 43.87 against the target of 60

**Percentage of people who received service from USG supported Local Service Providers**: This indicator measured the percent of people (both PEP and Non-PEP) who received service from local service providers (LSPs) during the last 12 months. Findings from the BBS 2021 showed that around 76.9 percent [1126 out of1545] people received support from USG supported LSPs whereas the target was 60. The program had a 128 percent achievement.

### *Baseline indicators*

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

and women's empowerment can be defined as a function of relative physical mobility, ability to make various purchases on her own, and economic security. Findings from this year's survey suggested that 61.1 percent [752 out of 1047] women needed to seek permission to visit certain locations.

**Married women were aged 15-49 whose husbands help with household tasks:** This indicator measured the degree to which women are empowered in their households and the degree of inequality between men and women in terms of household workload distribution. Notably, around 85.1 percent [715 out of 804] of married women reported that their husbands helped with household tasks which significantly increased [p=<0.001] in comparison to 70.3 percent in the previous reporting year.

*EMPP indicators*

**Physically improved sanitation facilities with feces visibly present on the floor, wall, or area immediately surrounding the facility:** In this reporting year the percentage of respondent households that had sanitation facilities with feces visible on the floor, wall, and immediately surrounding facility was 26.7 percent [242 out of 896] which significantly increased (p=< 0.001) than 19.1 percent in FY20.

**Percentage of participants who practiced safe management of waste materials and pesticides using Mission/Bangladesh PERSUAP permitted pesticides:** This indicator measured the level of awareness received by IGA participants managing waste (from their selected IGA) and using pesticides. Waste management included cleaning and washing livestock rearing corner and its surrounding, discharging cow dung, a periodical checkup of common diseases with the Government of Bangladesh, and Mission/Bangladesh PERSUAP permitted medicines. In FY21 the percentage of households that practiced safe management of waste materials and pesticides using mission/Bangladesh PERSUAP permitted pesticides was 56.7 [17 out of 30]. The percentage significantly decreased [p=0.013] by 83.3 in the previous reporting year.

**Percentage of households using an improved sanitation facility:** An access to an improved sanitation facility is defined as a flush or pour/flush facility connected to a piped sewer system, septic system, or pit latrine; or a pit latrine with a slab; or a composting toilet; or a ventilated improved pit latrine either single or double pit. If people have access to improved and hygienic latrines (pit latrines with cement liner and water seal/Sato pan and locally innovated hygienic latrines) those are considered as well. In the reporting year, the percentage of households that used an improved sanitation facility was 86.9 [896 out of 1050] which significantly increased [p=<0.001] from 65.7 percent in the previous fiscal year.

**Percentage of households using an improved drinking water source:** More than 2 million people in Bangladesh lack access to an improved water source and 48 million lack improved sanitation. In Bangladesh and around the world, millions are navigating the COVID-19 pandemic with the added challenge of living without access to safe water. Now more than ever access to safe water is critical to the health of families in Bangladesh.[42]

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[42] https://water.org/our-impact/where-we-work/bangladesh/, cited on 30 September 2021.

SHOUHARDO III program raised awareness in the implementing areas so that program participants could increase accessing improved drinking water sources. According to the BBS 2021 results, the percentage of households that used an improved drinking water source was 99.9 percent [1049 out of 1050].

**Percentage of mothers who prepared food that did not cause increased exposure to more because of preparing USG donated commodities:** This indicator assessed the extent of cooking of supplementary feeding commodities by the mothers using improved cooking stove through encouraging and awareness-building sessions with the mother groups. The BBS findings in FY21 suggested that only 5.6 percent [22 out of 390] mothers prepared food that did not involve increased exposure to smoke because of US government donated commodities. It significantly increased [p=0.02] from 2.6 percent in FY20.

### *Findings on the Service Provisioning by LSPs*

The survey findings on the local service provisioning system suggested that about 90.1 percent [446 out of 495] respondents [non-PEP] were aware of the SHOUHARDO III program. Nearly 67.1 percent [953 out of 1425] respondents shared that they received services from USG supported LSPs. They referred to a range of activities that were implemented in their respective community including agriculture [84.3% of 446], input support [54.7% of 446], health [49.1% of 446], women empowerment [38.6% of 446], supplementary food distribution [38.1% of 446], and training [36.3% of 446]. About 36.1 percent [161 out of 446] respondents shared they got new ideas and lessons from the SHOUHARDO III program. About 66.5 percent [of 161] shared that they learned about improved technology and management practices. More than half [60.3% of 161] respondents stated that they started adopting standard health, hygiene, and nutrition practices for mothers and children. Other mentioned women's involvement in IGA [20.5% of 161], improved water and sanitation practices [13.04% of 161], better intrahousehold food distribution [9.9% of 161] as lessons from the SHOUHARDO III program.

Both PEP and non-PEP respondents stated that they could access several services in their respective villages and union. The most found service provider was a community-based vaccinator [74.3% of 1545] according to them. About 73 percent [1069 out of 1545] respondents could receive service from the micro-seed retailer and dealer. Nearly 36.4 percent [560 out of 1545] spoke about the service from *Shanchay Sathi* (Village Agent), 28.6 percent [441 out of 1545] mentioned collectors, and 22 percent [288 out of 1545] cited the services from fish fry hawkers. While asked if they received services from the above LSPs in the last 12 months, they spoke about purchasing seeds from micro-seed retailers and dealers [89.4% of 805], selling agricultural produce to collectors [70.1% of 386], vaccinating livestock and poultry [64.70% of 784]. Around 83 percent [592 out of 700] mentioned that they received messages on using organic fertilizer and IPM practices, using a local variety of seeds, and using registered pesticides and chemical fertilizers with safety measures from the micro-seed retailers and dealers.

The survey respondents shared that they saw *Shanchay Sathis* form the VSLA group [34.3% of 398], collect savings [44.4% of 398], and distribute load [28.3% of 398]. Nearly 27.9

percent [58 out of 158] received child-delivery service from the Private Skilled Birth Attendant. The Blue Star Providers offered growth monitoring services and IFA supplementation to 49.4 percent [8 out of 9] respondents. Water Quality Tester (WQT) conducted an arsenic test for 31.3 percent [18 out of 66] survey participants while the latrine producers sold improved latrines to 23.9 percent [43 out of 195] respondents.

The respondents in the BBS 2021 shared several benefits of receiving services from LSPs. For example, 73.3 percent [690 out of 953] stated that taking services from LSPs requires less time and 66.1 percent said that services became more accessible. Nearly one-third [32.9% of 953] respondents shared that the cost of receiving services was affordable and fair while 35.1 percent [340 out of 953] thought the quality of such services was better. The survey respondents shared their level of satisfaction during the data collection. Around 17.6 percent [178 out of 953] of them were fully satisfied and 56.9 percent [552 out of 953] were moderately satisfied. The prevalence of not satisfied respondents was very low at 1.2 percent [14out of 953].

SHOUHARDO III program developed Community Level Facilitators (CLFs) in the implementing areas. The most commonly found CLFs were Village Development Committee (VDC) leaders according to 77.7 percent [1186 out of 1545] participants. The others included Women Empowerment (WE) leaders [32.7% of 1545] and DRR leaders [26.7% of 1545]. From the VDC leaders the community people received a range of services, for example, they facilitated village development activity according to 76.3 percent [903 out of 1186] respondents. They also provided assistance and advice on different issues [56.7% of 1186] to community members and supported them to access UP and Nation Building Department (NBD) services [24.9% of 1186]. The WE leaders mostly mobilized the community people and promoted women empowerment [73.9% of 540]. They supported the community people to seek services during Gender-Based Violence (GBV) cases [59.7% of 540] and provided direct support [33.3% of 540] for the same. The DRR leaders had a significant contribution in reviewing and updating risk reduction, adaptation, and contingency plans according to 95.1 percent [440 out of 469] survey respondents. In the middle of the COVID-19 pandemic, the business actors provided online services according to 95.4 percent [10 out of 12] respondents. The Business Development and Vocational Skills Training (BD&VSTS) providers helped program participants to do business planning [67.9% of 16] and linked youth in different training facilities [80.4% of 16].

Nearly 63 percent [748 out of 1283] surveyed respondents stated that their households received services from the CLFs in the last 12 months. They received advice and assistance [78.5% of 711] and could access UP and NBD services [45.5% of 711] with support from VDC leaders. Around 40.2 percent [131 out of 321] respondents shared that the WE leaders built awareness in the community to reduce the incidents of Violence Against Women (VAW). A roughly similar percentage [38.2% of 321] stated that they also took initiatives to stop child marriage. The DRR leaders helped the participating households to prepare risk reduction and contingency plans [65.1%] and disseminated DRR related information [33.5% of 315]. The business actors, although at a small scale, helped people to access online services [99.3% of 8] while the BD&VSTS assisted the program participants in business planning [67.5% of 11].

While asked about the benefits of receiving services from the CLFs, nearly 72.5 percent [521 out of 748] respondents referred to reduced time in receiving services, 64.2 percent [464 out of 748] thought that the availability of the services improved, and 26.1 percent [203 out of 748] perceived that the quality of such services was better. The level of satisfaction regarding the CLFs' services was recorded by the BBS 2021. More than two-thirds of the respondents were either fully satisfied [18.5%], or moderately satisfied [51.5%] with the quality of services and support that they received from the CLFs. Around 28.7 percent of survey participants said that they were somewhat satisfied with the service quality. The mean service satisfaction score was 43.87 against the target of 60 in FY21.

### *Findings (Qualitative Assessment) of LSPs*

The following section presents the findings from qualitative assessments on the Local Service Providers (LSP). The interview findings are organized under several thematic areas including the profile of LSPs, service provision and income, linkage and capacity, and challenges.

**LSP profile:** The interviewed LSPs had a wide range of occupations. Most respondents worked as tailors, crop and vegetable cultivation, poultry and livestock rearing, seed sellers, and fish fry hawkers in addition to serving as LSPs. As LSPs, their primary goal was to provide services to the community's people. According to them, community people learned about LSPs and obtained assistance through SHOUHARDO III program staff.

LSPs offered a variety of services, for example, a fish fry hawker sold fish fries to pond owners who wanted to do fish farming, a seed seller sold seeds to farmers, and a latrine producer educated people about sanitary latrines usage and sold latrines to them. The PCSBAs offered ANC and PNC services, child deliveries, GMP services, conducted follow-ups for up to 42 days of delivery to address post-delivery complications, guided on breastfeeding, offered family planning and general health advice. Livestock vaccinators provided vaccination services to livestock owners. A vaccinator from Austagram, Kishoreganj stated, "*Previously, poultry and cattle were not vaccinated. After my training, I informed the livestock farmers of the benefits of vaccinations, stating that their poultry and animals will be less likely to die. I also keep the vaccine at home and provide poultry and livestock rearing advice.*"

Some LSPs worked for up to three years, while others only worked for up to one year. LSPs were primarily motivated by social esteem and income. Vaccinator Sabekun Nahar (27), "*I was unemployed before becoming a vaccinator. Neither my family nor I was in good condition due to my unemployment. If I can earn BDT100 every day, at the end of the month I at least have BDT3000. With this amount, I can run my family expenses and save some money as well!*"

> "*I am now able to secure a source of earning for my family and me. By raising awareness of safe water and testing the quality of tube well water, I help the community people to drink safe water and stay healthy.*" Golam Mostafa (30), Water Quality Tester (WQT), Char Rajibpur, Kurigram.

*"I have been working as a health service provider for seven years. I chose this occupation to serve the community people in their crisis. After involving with this occupation, villagers call me 'Doctor Apa', which made me feel really happy and proud."* Most. Mahbuba Akter (40), PCSBA, Tahirpur, Sunamganj.

**Service provision and income:** The PEP households were the primary beneficiaries of the LSPs. it was easier for them to access their services as LSPs are readily available in the community. One of the primary reasons that the community people liked LSPs was that they could pay after taking their services. The community people mentioned that previously they needed to pay immediately and more money while taking services from the local market. Some LSPs shared that they were facing challenges while collecting service fees, as the communities often thought that they were either paid by the SHOUHARDO III program-paid or, the GoB.

*"Earlier the savings group members perceived that I am paid by the SHOUHARDO III Program. They didn't want to pay my service charge initially. However, I explained to them that I work independently, and they agreed to pay me BDT1500 at the end of the year."* Hajera Begum (24), a *Sachay Sathi* from Kurigram.

*"I earn BDT57000 on an average each month as a PCSBA which is higher than what I had expected. During winter, my income increases up to BDT10,000. I charge BDT1000-1500 for child delivery. When I visit pregnant women, I charge BDT 100 for the first ANC and I charge BDT50 from the second check-up, the same charge applies for PNC check-ups. I charge BDT50 for urine tests, BDT20-50 for GMP services, and BDT20-50 for general services. There are many poor households, who are unable to pay so sometimes I provide free services."* One of the PCSBAs from Tahirpur, Sunamganj.

Some LSPs reported receiving capacity-building training. LSPs who got training emphasized that it helped them to become efficient and deliver quality services to their clients. The LSPs who did not have any such training believed that they needed the training to improve their skills.

The majority of LSPs purchased inputs from the local vendors or dealers. It was an advantage for them as they did not have to travel far and could quickly obtain supplies. LSPs lived in rural communities with little or no network connection, which was a barrier for them in accessing internet services. Using mobile and face-to-face communication was more practical for them.

*"I do not use the internet or mobile apps since most of the savings group members are from poor households. These women do not own any smartphones. It is better to have in-person discussions with them. However, I use my mobile phone's calculator during the loan and savings meeting."* A *Sanchay Sathi* from Kurigram district.

**Linkages and capacity:** LSPs, in general, had limited connection with other service providers. They occasionally communicated with the local or international NGOs (i.e., BRAC, Friendship, iDE) operating in their communities. In addition, some LSPs contacted

the UP chairman and members when needed, though they were not always easily accessible. Some of them mentioned contacting the relevant government officials and departments (i.e., livestock department, Upazila Livestock Hospital, Upazila Health Complex, Community Clinics, DPHE, SAAO, etc.)

The LSPs independently provided services in their respective villages. They sought government support or the SHOUHARDO III program's help in becoming well-known in the community. Some LSPs suggested providing them with some merchandise so that the community could easily recognize them. For example, aprons and bags for *Sanchay Sathis*, visiting cards for LSPs, and banners while providing vaccinations. Some of them suggested further skill development opportunities and training for expanding their client base and income. The respondents suggested that the program could aware community people through community groups, VSLA, and other meetings of their services. They believed it would boost their sales, profits, and reputation.

> "*It would be better if our clients had received training on income-generating activities like tailoring, handicrafts, etc. In that way, their income would increase, and they would be able to pay for our (LSP) services as well.*" One LSP from Char Rajibpur, Kurigram.

**Specific LSP profile:** According to the respondents, their service recipients were increasing gradually. They were optimistic about expanding their business in the future. However, the COVID epidemic disrupted some of the services and resulted in the loss of income and profit. They could not earn or build new connections (with clients, similar service providers, government extension workers, and others) due to the COVID-19 epidemic and the nationwide lockdown. "*It isn't easy to travel and work during the floods. During the COVID, I could not work (tube well water testing) much. Still, I raised awareness on COVID so the community people can stay safe,*" a Water Quality Tester, Kurigram.

Most of the respondents hinted that there was hardly any competition for them in their respective communities. Vaccinator Sabekun Nahar shared, "*In my village, I am the only one who provides vaccinations to poultry at household-level. The livestock owners visit the local market as the vaccinator does not make door-to-door visits. I have no competitors here.*" They perceived that if they could work full-time last year and in the reporting year, their profit and business would have increased.

**The effect of the COVID-19 pandemic and flash flood:** The responders did not discuss their plans extensively. However, everyone intended to increase their income and grow their business in the future. In the previous one and half years, the COVID-19 pandemic reduced their income. They were, however, working hard to make up for the losses they suffered during the lockdown.

> "*As a PCSBA, my plan is to be trained in TR. If the program offers training on TR, I would be able to treat the pregnant mothers, and there will be no need for referrals.*" Mahbuba Akter, PCSBA, Tahirpur, Sunamganj.

**Requirement for gender-specific capacity building:** The LSPs did not appear to have developed sensitivity and responsiveness to gender inequality. Some respondents believed

that men and women had separate societal responsibilities to play and act accordingly. The respondents shared that for some specific types of services there was a requirement to apply gender division of labor. For example, the PCSBAs should be female because the community women would never visit a male PCSBA. On the other hand, latrine producers suggested only male LSPs could do this work since it would be difficult for women to travel frequently and carry such heavy materials. A small number of respondents said that anybody, regardless of gender, could work as an LSP. They emphasized the LSP needed literacy and specific skills training.

The respondents shared that community women had less decision-making capacity while paying service charges to the LSP. They either needed to inform or sought permission from the male members of the house while taking services from LSPs since many women did not earn. The respondents working as *Sanchay Sathi* stated that female LSPs would perform better in forming savings groups. They perceived female LSPs could convince other women easily, while male LSP could perform the same task, but they had to invest more time as the job was time-consuming.

> "*At the beginning, my husband did not allow me to join the training (for becoming LSP), he thought this would not be a good idea. However, I did not give up, I kept trying and convinced him. He realized the training was necessary and he agreed*." Shared by a female LSP from the haor region.

**Challenges:** LSPs perceived they were not properly trained which worked as a barrier to expanding their business. They thought that appropriate training would improve their efficiency and provide them with relevant knowledge. For example, if a local livestock vaccine provider did not have the technical expertise and certification, clients would not trust them. They also did not get any help from the local government. The local government and community members barely succeeded in raising awareness to access vaccination services and LSPs thought that further training would change this situation. Even though some of them received training in the past, they felt that additional training would help them deliver services more efficiently. Another issue for LSPs was that local government officials such as Union Parishad or the Upazila Nirbahi Officer (UNO) were ignorant of their services and they felt excluded from the support system.

Sometimes the LSPs faced challenges and restrictions from the community and traditional service providers who were reluctant to adopt innovation or technology. Mahbuba, a PCSBA from Tahirpur shared her experience, "*Previously childbirth was done by a traditional birth attendant. I observed a child's birth when the child was in the wrong position and the mother was bleeding heavily. I went there and suggested taking her to the district hospital. The traditional birth attendant denied my advice. However, the child died even before it was born. They finally took the mother to the hospital, and her life was saved. The hospital doctors blamed them for delaying. After that incident, villagers started relying on me more!*"

The respondents suggested that raising awareness and conducting meetings at the community level could minimize their challenges (i.e., unwillingness to pay the LSPs). The LSPs took several initiatives to address their current challenges. For example, one *Sanchay Sathi* stated, "*I visited the community households like a hawker. The way British people used to*

*offer complimentary tea and built our habit of drinking tea, likewise, I offered them free services first. I explained how they could obtain loans from their own savings group and invest in farming and other activities. I received the result of my hard work.*"

**Community Level Facilitators (CLF):** The following section contains the findings from the interviews with the Community Level Facilitators (CLF). The findings are presented under a few broader areas including CLF profile, service provisioning and income, linkages and capacity, specific CLF profile, and current challenges.

**CLF profile:** Rather than serving exclusively as a CLF, the respondents were involved in a range of occupations. The respondents mentioned working as farmers, students, homemakers, computer shop proprietors, tailors, web page developers, and other occupations. They volunteered their time to assist community members in need of services in addition to their routine livelihood activities.

> *"I have formed a team as a CLF. There are a total of 11 members in my group. All the members in our group work together to provide various social services to the people, for example: preventing child marriage, family violence, sending dropped out children to the school, ensuring both men and women's participation in the family decision,"* MD Anwar Hossain (56), WE Leader, Fulbari, Kurigram.

Service provision, duration of service, driving factors, and service recipients: As CLFs their main focus was to provide services to community people. By interacting with the Union Parishad chairman, they primarily assisted individuals in obtaining Social Safety Net Programs (e.g., VGD card, old allowance, widow allowance, disability, and children allowance) without difficulty. In addition, they worked on preventing child marriages, gender-based violence incidents, domestic violence, and encouraging parents to send their children to school. Some CLFs took the endeavor to raise public awareness before and after the disasters and shocks. After receiving information about a calamity, they went door-to-door and tried to contact as many people as possible and warned them about the upcoming catastrophe.

> "*There was a broken mud road in our village, the villagers had to suffer a lot while commuting. Six months ago, I took the initiative to inform the UP chairman and fix that road. Moreover, I also support the community to get their VGD and VGF cards by using their NIDs and birth certificates.*" Lucky Akter (40), VDC leader, Austagram, Kurigram.

Some of the CLFs had a great deal of experience and were working for a long time (up to 7-8 years). They had strong linkages to the local government while others had recently started their role as CLFs. Being a CLF was more of a voluntary form of service that they offered to community members, and the respect they received from them was the key driving force. The CLFs were motivated by respect, which they did not receive in exchange for money. They liked being able to assist others, and earning respect was more important to CLFs than money.

> "*I have received computer training from SHOUHARDO III program. As a result, I am working at a computer store now. I think my respect has increased in my village besides I am earning now. I am offering online-based computer services to my community people. I*

*would like to resume my (college) education once the education institution reopens.*" Raihan Mia (22), E-business actor, Dowarabazar, Sunamganj.

CLF services were primarily provided to the poor, middle class, and lower-middle class. The respondents shared that the SHOUHARDO III program beneficiaries reached out to the CLFs more compared to other community people. In addition, the poor and helpless people, day laborers, elderly and disabled people reached out to them from time to time.

**Service provision and income:** The SHOUHARDO III program provided capacity-building training to several CLFs. A few of them received training from local NGOs, while others relied on years of experience. The majority of the CLFs got their supplies from the local vendors in their communities. They were at ease communicating in person or over the phone. The respondents admitted having little knowledge of mobile applications and internet services. Apps and internet services were not required for their work or services. People did not pay the service fees since their profession was voluntary.

> *"After being appointed as a CLF I have received training on DRR for four days from the SKS Foundation. The training was held in a school in Mollar Hut village. Around 10 individuals including me received training on the DRR issues".* Sree Tapan Kumar Roy, a DRR leader, Sundarganj, Gaibandha.

> *"I give business-related advice to people. I don't take money from them. And I won't take any money. If I can be an influential businessman then maybe I can charge money from people."* Nayan Das (19), a CLF from Sundarganj, Gaibandha.

**Linkages and capacity:** Very few CLFs had connections with other NGOs like BRAC. Most of the respondents did not have any connection at all with other NGOs, or similar service-providing bodies. The CLFs wanted to strengthen linkages with other service providers to build a broader network so they could provide more support and facility to the community people.

> "*There are no limits to learning. I would like to learn more and improve my service provisioning capacity from the SHOUHARDO III Program. In this way, my networking capacity will be improved and, I will develop new connections.*" A VDC leader from Austagram, Kishoreganj.

The respondents shared that they learned many new things from the SHOUHARDO III program. They shared that the community people had livelihood opportunities and skill development training due to the program. As a result, they suggested expanding the program duration.

> *"I think till now I am not efficient enough. That's why I feel I should get more training from the SHOUHARDO III Program. Training can be held while forming and coordinating any new group and this is how the program can reach more people in the community."* shared by one of the CLFs.

*"After receiving training from the SHOUHARDO III program I am now able to raise awareness on the disaster. Because of the SHOUHARDO III Program, many things improved in our area. For example, rice cultivation and livestock rearing. More training opportunities will help to improve our situation more". Sree Tapan Kumar Roy, Sundarganj, Gaibandha.*

**Specific CLF profile:** CLFs provided free services to community people, which was valuable to them. The number of people who accessed their services was growing every day because of their service quality. CLF appreciated that individuals could come to them with their concerns and expectations of finding solutions. Their relationship with the local government was also improving.

**The effect of COVID-19 and the last flash flood**: The primary objective of every CLF in the future was to expand their network and connections. They wanted the program's assistance so that more people would be aware of their services and government officials would be acquainted with them. It would make things easier to serve a larger number of individuals. They share that their services were postponed during the COVID-19 lockdown.

*"During COVID, the government offices were closed, we could not submit papers for getting VGD, VGF, or any types of allowance cards in that time. When the offices reopened, we shared the applicants' details with the UP chairman and members. I supported ten households to receive the relief goods from the Union Parishad during the lockdown."* Stated one of the VDC members.

**Requirement for gender-specific capacity:** Some respondents believed that women could work as CLFs and that it was a profession that anybody could choose to do. However, other respondents believed that staying at home and serving their families were the major responsibilities of women. A few male respondents believed that CLFs' work was challenging for women to perform. However, some women were already working as CLFs in their communities.

**Challenges:** The respondents shared several challenges and difficulties that they experienced while working. For example, many government officials were unaware of CLFs' responsibilities. It was difficult to reach and meet with officials for them sometimes. The CLFs wanted to meet with the government officials who operated in their regions for an introduction. The CLFs (DRR leaders), for example, raised awareness and assisted individuals before and after cyclones. They visited from household to household after the disaster to assess the damage. Also, they provided a list of households in need of relief to the chairman. The UP chairman was skeptical of the list's legitimacy and spent a long time checking it. It could have an impact on efficiently providing services.

According to the CLFs, reliability was a critical aspect in such an area of work. Sometimes the community people who received CLFs' assistance felt that they were biased toward specific people. In reality, sometimes the paperwork or official procedures while assisting some people took more time than others.

*"I have to request and meet the chairman and member several times for any particular service and assistance. As a woman sometimes it's difficult to move anywhere anytime. And during the office time, I don't find the chairman and member at their office".* Srimati Dulali Rani (34),Fulbari, Kurigram

Another challenge for the CLFs was that the voluntary service did not help them earn more money. At times, they needed transportation costs which were one of the major concerns for them. They also thought that additional training will help them become proactive in the future.

**Findings from the PEP and non-PEP Communities:** The following section narrates the study findings from four Focus Group Discussions (FGDs) with the PEP participants for assessing the services of CLFs. Two FGDs were conducted in Haor and the rest in char. The narrative below also incorporated qualitative data from nine FGDs (five from haor, four from char) with the PEP and non-PEP participants for assessing the services of LSPs.

**Change in accessing services:** Over the last year, the participants observed changes in services offered by the CLFs/LSPs with the community. They mentioned significant progress in agricultural activities, women empowerment, establishing good governance, and health-hygiene practices (e.g., handwashing practices and wearing face masks). "*SHOUHARDO III program has been working in our village for six years. The services we have received from the program have benefitted us and changed our lives and livelihoods*," one of the participants from Majher Hati village, Kishoreganj. The participants reported changes relating to women's empowerment and involvement in income-generating activities. "*Many women received cash support for goat rearing and training from the program, they started poultry farming and earning money. Before the program was introduced, none of these women had any income sources. Now they are earning from their home*," one of the participants from haor. The LSPs helped them to form savings groups and encouraged them to save for the future. There was an increased number of farmers who could access the market. They could sell their agricultural produces instead of traveling to far places, this change mostly benefitted the female farmers.

**Type of required services:** Among the required services, they mentioned supports for agricultural activities, health, and employment opportunities. The communities were highly dependent on farming, crop cultivation, livestock, and poultry rearing. The respondents mentioned that the LSPs sold quality seeds, guided them on using fertilizers, insecticides, new agricultural technology usages, and measures to avoid crop loss during natural disasters. They also mentioned the local vaccinators and their roles in saving goats, cows, chickens, and ducks from diseases and deaths. "*When we face any problems related to agriculture, we approach Makhon Lal Bhai (seed seller). If he fails to help us, he sends us to the government's agriculture office. He ensures that we receive the support we need*," one of the respondents from Kurigram.

**Service providers in critical times:** The LSPs/CLFs provided services to the communities during natural disasters, they conducted community meetings and informed them about the GoB's hotline [1090] for receiving early warning messages. They learned to store dry food items and move to shelter centers as part of disaster preparedness. The community also learned to minimize the negative impact of shocks and save their livestock

and crops, for example, the CLFs advised them to harvest their crops if they received the early warning messages. The CLFs helped the communities receive cash support from the SHOUHARDO III program and relief goods from the Union Parishad during the COVID-19 pandemic. The CLFs helped the community people to register for the COVID-19 vaccine at the cost of BDT20 from the local market.

**Knowledge of CLFs/ LSPs:** The respondents named several types of LSPs working in their areas. They named Community-based Vaccinators, Local business actors/collectors, Fish Fry Hawkers, Micro Seed Retailers, and Micro Seed Dealers, Sanchay Sathis, Water Quality Testers (WQT), Latrine Producers (LP), Blue Star Providers, and Private Community Skilled Birth Attendants (PCSBA) working at the community. Among the CLFs, they named the VDC member, WE leader, and DRR leader. The VDC committees offered them suggestions on vegetable cultivation, business-related advice for the youth, and resolving family disputes with the support of influential community members.

> The respondents from Chinai union of Gaibandha district stated, "*Moin Bhai (CLF) is more involved with the program's activities. Whenever we face any difficulties, we seek his help. At the same time, Amena Apa from our community is actively working on women's empowerment issues. If the CLFs fail to help us, we collectively approach the Union Parishad chairman or call the government's hotline number (109).*"

**Type of services from CLFs/ LSPs:** The CLFs assisted the community in receiving sanitary latrines from the RDRS Bangladesh. As a result, the community could address the open defecation problem. They supported the poor, disabled and elderly community members to benefit from Social Safety Net programs (i.e., widow allowance, elderly allowance), free tube well, and latrines provided by the Union Parishad. The VDC members mobilized and guided the community to run the savings groups. The VDCs also helped to identify the appropriate households for receiving government and program-provided assistance.

The communities received versatile services from the LSPs. A respondent from Adampur village, Kishoreganj district, shared that, "*Zakir Mia in our village bought rice from us, we didn't need to travel in that case. Sabekun Nahar Apa provides vaccines for our poultry birds. Aziz Mia sells sanitary latrine items and offers us suggestions on the importance of building sanitary latrines and how we can build our sanitary latrine at a lower price.*" One of the respondents from Jumar Bari union, Gaibandha shared, "*We call Golap Bhai (fish fry hawker) as the dry fish seller because he sells dry fish along with fish fingerling. The SHOUHARDO III program staff selected him from our community for this work.*"

**Payment for the services:** Some community people received financial assistance and training from the program and started poultry farming and other businesses. Some of them were serving as vaccinators with service fees. The respondents shared that the LSPs charged them according to their service quality and community people's payment capacity. For example, the respondents from the Kishoreganj district shared that the vaccinator (LSP) charged BDT2.00 per chicken/duck (small) and BDT5.00 per chicken/duck (big) vaccination. Another group shared that the LSP (vaccinator) received a small amount of money – BDT3.00 per chicken, BDT30.00 per goat, and BDT50.00 per cow from the community.

They stated, "*Shanta Apa (LSP –Growth Monitoring Promoter) takes BDT20.00 per visit from pregnant women. Seed seller Kader Bhai provides us with hybrid seeds at a reasonable price, as a result, we receive good produce for these quality seeds. However, the service fee is quite affordable for poor people like us.*" Respondents from the char region shared that they could purchase vegetable seeds from the LSPs that would cost less than the local market and were better in quality. Respondents from one of the FGDs in haor shared that the goat vaccination would cost BDT110.00 at the local market, and the LSP charged them BDT100.00, which was cost-effective for them.

**Service satisfaction:** FGD respondents from Rajarhat Union, Gaibandha shared that the cash and food ration supports were effective for the poor communities. One of them stated, "*SHOUHARDO III program staff are doing good works in our community. While my wife was pregnant, they (female staff) visited our home and checked on my wife. My wife received BDT 3,000 and food rations (oil, rice, lentils, soaps) from the program. These supports were beneficial for extreme poor people like us.*" Another respondent from Kishoreganj shared, "*Television channels broadcast early warning messages or news, illiterate people like us sometimes fail to comprehend them. Lucki Apa (VDC) and Shamoly Apa (DRR) conduct meetings and explain important news to us.*" Another participant shared, "*Whether the Program retains or not, we will try to continue the good practices we learned from the SHOUHARDO III.*"

**LSP/CLF bridging:** The respondents shared that the LSPs helped them contact and receive services from the government service providers (i.e., agricultural workers, health workers at the community clinic, and Upazila Health Complex). Moreover, some of them played critical roles in informing the Union Parishad and addressing long-sustained road and bridge construction problems. The CLFs supported the communities in obtaining information on any issues or receiving support from the Union Parishad. For example, the CLFs informed them about the toll-free hotline numbers (109, 1090), online healthcare services (Sara platform), and educated the community about preventing child marriages and other social issues. Sometimes, the CLFs informed the young people about the job circulars and encouraged them to apply.

**Challenges in receiving services:** The community could obtain information regarding any issues from the LSPs. Moreover, they did not experience any difficulties while getting services from the LSPs. The respondents from Kishoreganj shared, "*Siddik Bhai (LSP) provided us with the telemedicine number, we can get free consultations and treatment by calling this number. The poor and extreme poor families from our community have benefitted from these online health services. We need more LSPs in our area*."

**Inclusivity of services:** The CLFs (e.g., VDC) equally served men and women in the community. Rather than focusing on the men or women community, the LSPs/CLFs prioritized the community's problems and their urgency to obtain the required services. The FGD respondents shared that the local service providers focussed on the people who needed the assistance on an urgent basis regardless of their gender. They also served the communities without discriminating against people based on their financial status. The respondents emphasized the need for further works related to women's empowerment. Community-women sometimes sought support from the chairman to resolve any issues but did not receive any response immediately.

**Availability of LSP/CLF and service quality and efficacy:** According to the respondents from Purba Dampara village, Kishoreganj, "*The services provided by the LSPs are useful for us. We have always found them beside us, and they are from our village. They come to our house instantly if we call them over the phone*!" The FGD respondents shared that the CLFs lived close to them and were also available in their communities, and they could reach them anytime without difficulties. They never experienced any challenges in this matter. The FGD participants shared that they could identify several types of LSPs (e.g., seed sellers, health care providers) and CLFs (e.g., VDC, DRR, WE) in their community. Respondents from Bhati Tahirpur village reported that they only had VDC in their community and they could reach the VDC members anytime regarding the needs of the community. Since the local service providers work in their respective villages, the community could contact them anytime or in any situation.

The LSPs/CLFs were efficiently addressing community-level challenges. Participants from Majher Hati village, Kishoreganj, shared that they used to experience frequent accidents due to the poor condition of the unpaved road in their community. The villagers informed the VDC member, with her help, they approached the UP chairman. Later, the UP took the initiative and repaired the road.

**Requirement for essential services:** In terms of essential services, the respondents from the haor region mentioned the unavailability of water quality testers. They stated, "*In our areas, most tube well water is arsenic and iron contaminated. We do not have access to water quality testing services. Long ago, there was a woman from the SHOUHARDO III program who did water quality testing for two tube wells in our village, and we suggested to resume the service in our village.*" The FGD respondents also mentioned the scope of creating more income-generating, livelihood, and skill development opportunities for the community people. Among these works, they recommended training programs on handicrafts, *nakshi kantha* stitching, and tailoring. "*In our community, most of the people are involved in farming activities. In recent days, modern technology and machinery have taken over the role of humans. The people who used to work as sharecroppers or day laborers during harvesting time face difficulties in finding work. We need training and skill development opportunities for this unemployed group of people so that they can become self-reliant,*" they stated.

**Child marriage situation:** The communities were aware of child marriage and violence against women. "*The CLFs work for community development, they raise awareness against child marriage and violence against women. People are more aware now than before, the incidents of child marriage have been almost abolished from our village,*" – respondents from Chinai union of Gaibandha district. The participants stated that they were aware of the consequences of child marriage, such as early pregnancy, harmful physical effects, and the death of young mothers. They also learned about the legal age of marriage and required documents (i.e., birth certificate, voter ID card) to verify the bride/groom's age. Respondents from Bhati Tahirpur village reported that nearly all children were enrolled in school in their village, and the VDC members contributed to achieving this success.

> "*Around seven months ago, we have prevented an incident of child marriage in Sonadighi village with the help of Josna Apa (VDC member). Josna Apa took a few of us with her and attempted to stop the marriage. The parents were reluctant to marry off their 12 years old*

*daughter. Later, we informed the police and UP chairman and stopped the marriage. We are happy that the girl is now studying at class seven*," participants from Majher Hati village, Kishoreganj.

"*Two years ago, there was an incident of child abuse, and the girl was around 8/9 years old. Later, the VDC took the initiative along with other community people to help that girl. Police arrested the perpetrator, and it was decided that the perpetrator's family would bear the expenses till the young girl becomes adult,*" participants from Bhati Tahirpur village, Sunamganj.

**Suggestions:** The communities offered several suggestions that the SHOUHARDO III program should take action about:

- Offering skill development training to farmers so they could be involved in other IGAs farming activities
- Early warning messages could be received from the 1090 hotline, but a disaster volunteer was required in the community
- While the communities had Community Clinics, they were situated far away. In most cases, doctors were not available and the quality of the service was poor. A health service provider was required in the community who would offer basic health facilities (including ANC check-ups, health tips).
- Further work on homestead plinth raising was suggested for flood-prone communities so that they could minimize the asset loos
- Ensuring better engagement of LSPs to address the gender-based violence issues (i.e., family dispute, violence against women) in the communities
- Installing flood shelter centers and sanitary latrines in the remote char and haor areas as many of these communities did not have such facilities and their sufferings increased during the time of floods and other natural disasters
- Resuming the food ration provisioning activity would help the poor pregnant women.

**Analysis:** In general, both LSP and CLF aimed to provide services to members of the community. Both groups were involved with additional livelihood activities - farmers, tailors, web developers, seed sellers, and fish fry hawkers. Irrespective of their occupation they always wanted to serve others. The service beneficiaries for both groups were primarily poor and extremely poor people. CLFs, on the other hand, assisted individuals in accessing the Social Safety Net programs such as old age allowance, widow allowance early, VGD cards, NID card rectification, business advice, official form filling, disaster preparedness, and so on.

Both the CLFs and LSPs were motivated to pursue their services since they were respected in society. In addition, many members of the community knew them personally. They felt that capacity-building training would help them to become more effective in their roles. While the LSPs were rewarded in various ways, the CLFs did not get any remuneration for the services they performed. They required a substantial amount of training on gender-sensitive behavior. Some individuals did not consider women to be in positions of authority.

The LSPs and CLFs' services were disrupted due to the lockdown. However, over the last one and a half years, many more individuals learned about them. The number of LSPs' customers and CLFs' service recipients expanded. However, they required guidance to provide more efficient services. LSPs' business plans, networking opportunities, capacity-building training, and coordination meetings with local government, among other things, might help them become more effective in the future.

According to the FGD respondents, the Community-based Vaccinators, Local business actors/collectors, Fish Fry Hawkers, Micro Seed Retailers, and Micro Seed Dealers, Sanchay Sathis, Water Quality Testers (WQT), Latrine Producers (LP), Blue Star Providers, and Private Community Skilled Birth Attendants (PCSBA) were working as LSPs at the community. They identified the VDC members, WE leaders, and DRR leaders as CLFs. In terms of agricultural services, the majority of groups expressed the need for farming-related support and assistance, because their livelihoods were heavily reliant on agriculture. They reached out to the LSPs for agricultural guidance (e.g., pesticide/fertilizer usage, insecticide control, modern technology use, crop disease detection, and treatment) and to buy quality seeds. The community required treatment for their children, birth-control methods, ANC check-ups, safe childbirth, and referral assistance for the district hospitals in terms of health-related services. It was difficult for them to move outside their communities due to poor transportation. As a result, they demanded community-based doctors and hospital facilities. According to the respondents, the LSPs and CLFs informed them about the government's hotline number (1090).

They benefited from the early warning messages since they could take preventative actions (i.e., fuel for cooking, portable stove, stored dry food, moved to shelter centers, etc.). They noted water quality testing (iron and arsenic testing) services for WASH-related services, as well as the need for more tube wells and sanitary latrines in their communities. The WE leader taught and enlightened the community on the importance of women's empowerment. Child marriage was still prevalent in the respondents' locations. Thus, they believed the communities still lacked strong WE leadership.

Whenever the respondents needed any services at a critical time, they reached out to the LSPs and CLFs besides the government service providers. They mentioned going to the service providers both in person and over the phone. The communities received services relevant to agriculture, health, WASH, DRR, and WE from the LSPs and CLFs. When the service providers could not provide sufficient support or the issue was beyond their capacity, they assisted the communities in reaching other local bodies (Union Parishad, government extension workers, other local NGO representatives, etc.). The community found the LSPs service charges reasonable and relatively affordable than other sources (i.e., local market). In some cases, the service providers even charged less amount for extreme poor people.

The FGD respondents found the services provided by the LSPs and CLFs were effective as their service-providing models were quite simple. For example, they could obtain primary health services, advice for critical times, and learn about toll-free hotline numbers from them. The communities reported not experiencing any discrimination or inequality while receiving services. During floods, sometimes people could not reach the service providers

for specific services as the transportation system was interrupted. The community people recommended increasing the number of LSPs/CLFs in their respective areas. It was hard to find alternative service providers if one LSP traveled or migrated to different regions. They found the impact of the SHOUHARDO III program activities beneficial in their life and livelihood. The couple meeting improved the understanding between husbands and wives, and their family life improved as well. The number of women going outside of their homes and visiting the local has increased than before. They learned to make compost fertilizer from the program and homestead vegetable cultivation method. Among the essential services, the communities required MBBs doctors, improved transportation system, skill development opportunities, and health services for adolescent people, increased initiatives to prevent child marriage, installing and raising awareness on sanitary latrine usage.

## Implications on the SHOUHARDO III program

**Sustaining program outcome**: The survey team sincerely acknowledges the impact of the prolonging COVID-19 pandemic for almost one and a half years starting from March 2020, including several floods. The program needs to strengthen sustainability strategies to sustain key outcomes. The survey results indicated a few areas where the program demonstrated significant positive impact, for example i.e., disaster preparedness of households, resilience capacity, service provisioning by LSPs, women's mobility, and reduced prevalence of Gender-based violence (GBV) compared to the previous year. To succeed with pilots, the program needs to prioritize some areas including service providers reaching maturity through capacity building interventions and maintaining linkages with government and other stakeholders and promote LSPs who are financially viable.

**Service provisioning:** Despite pandemic, service provisioning results by both LSPs and CLFs in many areas appeared as encouraging. Along with strengthening the service provisioning model in the following year, the program should also capitalize on this model to recover key livelihood outcomes and sustain Impact to a greater extent.

**COVID-19 Impact and a recommended extension period to pivot sustainability strategy:** In 2021 (started from early FY20), it is evident that many planned activities/interventions were not implemented due to prolong restriction of field movement of implementing partners. Instead of smooth implementation of a robust sustainability strategy, the program had to undertake cash transfer intervention and adopted a "stop and go approach," which caused significant delays in planned activity implementation. To pivot sustainability strategy and demonstrate the program's impact at a larger scale, it would be worthwhile if CARE gets an extension period approved from USAID/BHA with necessary resources. This would eventually allow CARE to refine and standardize the sustainability strategy, which may be integrated as a practitioner guide into many Resilience Food Security Activities funded by BHA/USAID.

## Conclusion

SHOUHARDO III is currently in a cost-extension phase with an extensive focus on sustaining the service provision models. The BBS 2021 offered greater insights on this aspect including a thorough analysis of the program's performance. DMA was outsourced to

conduct this year's BBS which included the annual survey on selective indicators, a separate quantitative survey on LSPs, and a qualitative survey. DMA ensured health and safety measures throughout the survey considering the pandemic situation. The M&E staff from SHOUHARDO III rigorously monitored the survey and its quality.

The survey findings offered a mixed-scenario on the program's performance. While the program excelled in several indicators, some results revealed the need for further efforts. It is important to note that since the pandemic the economy and poverty landscape deteriorated globally and nationally. For example, excessive strain on the health care system and irregular mobility and movement led to the backward movement of many development indicators. Despite this reality, the program participants showed a great length of resilience and survived through the difficulties. The yield and annual sales showed impressive growth in the reporting year. The program also exceeded its target in women empowerment indicators and a few health and nutrition indicators including pregnant women receiving extra care. In terms of women's empowerment, a greater sense of awareness among the community was noticed. The program participants also reported significantly increased access to improved sanitation facilities which remained a long-term agenda in the implementing areas. Their access to services notably increased compared to previous years. SHOUAHRDO III's priority and focus on strengthening the service system was reflected in the results as more and more program participants stated their access to services increased.

SHOUHARDO III has a vital contribution in ensuring food and nutrition security, however, the program needs to ensure that the participating households are retaining good practices and technical knowledge. The results showed the need to focus on child nutrition and hygiene. There is still scope to mobilize the community to enhance women's mobility. Amid this pandemic, the program also needs to ensure that the participants have diversified income sources.

As the program suffered these set-back, which were beyond the control of the program it's important to make required adjustments in FY22. Where possible, the program will now need to accelerate activities that can leverage the greatest engagement between local communities, the market, government stakeholders, and civil society—to leave behind fully capacitated LSPs and CLFs that can function on their own and without future programmatic support. As the program cannot make up for the full loss of time, the successful completion of the extension period will depend on providing additional time.