

## Economic Empowerment of the Poorest (EEP)

EEP (Economic Empowerment of the Poorest), also known as ‘shiree’ – the Bangla word for steps, is a joint DFID and Government of Bangladesh initiative mandated to support over 1 million people in rural and urban areas of Bangladesh to lift themselves out of extreme poverty and achieve sustainable livelihoods. Shiree currently supports 30 projects with 26 different NGOs under the Scale Fund and the Innovation Fund. Shiree also undertakes a programme of lesson learning and research into extreme poverty, and conducts local and national advocacy to achieve pro-extreme poor policy change.

## The Change Monitoring System (CMS)

The Change Monitoring System (CMS) is shiree’s unique integrated Monitoring and Evaluation System. The purpose of CMS is to deliver the informational requirements necessary to manage the shiree programme, to support programme delivery and to gauge success across key measurable outputs contained in the shiree logframe. The CMS can be broken down into 5 key components:

- **CMS 1:** Household Profile
- **CMS 2:** Dynamic Monthly Snapshot
- **CMS 3:** Annual Socio-economic and Anthropometric Survey
- **CMS 4:** Participatory Review & Project Analysis
- **CMS 5:** In depth qualitative life histories and intervention tracking studies

## CMS 4 Report

This document collates information from the 4-monthly participatory review & project analysis which constitutes the fourth element of shiree’s monitoring system, termed CMS4. CMS4 takes the form of a facilitated group discussion which is guided by a series of voting exercises where participants rank the significance of good and bad changes in their life across a number of key areas (indicators) including income, asset accumulation, empowerment, food security, health, water and sanitation.

CMS4 is conducted with shiree’s Innovation Fund Partners - projects which are testing innovative and unproven approaches to poverty reduction. The CMS4 process has a dual purpose. Firstly the forum yields valuable beneficiary feedback which forms



An NGO field officer facilitates a CMS4 participatory review

the basis of a process of internal reflection and review by NGO staff on project progress, part of an important feedback loop to ensure that project managers respond to field realities as they emerge. Secondly the tool generates quantitative and qualitative insights for analysis enabling trends to be discerned at the programme, project and regional levels.

NGO Name	Location	Key Intervention	Total BHH	CMS4 Participants	Innovation Round
GUK	Gaibanda	Skill training on garments production and job placements with private sector factories	1160	71	3
BOSS	Pabna	Support marginalized households in developing sustainable IGAs. Advocate on khasland, provide savings scheme and conduct community led total sanitation	400	158	3
PUAMDO (IF2)	Joypurhat	Support Adivashi households to develop sustainable livelihoods	775	156	2
SSS	Pabna	Working with households to create a diversified agricultural system with high value crops	600	167	3
STC Tanisha	Barisal	Empowering adolescent girls by supporting the development of sustainable livelihoods	900	140	3
ADD	Dhaka	Supporting people with disabilities to develop microbusinesses or develop garment and textiles skills. Facilitating job placement in the private sector	700	139	3
HelpAge Bitá	Kuriagram	Working with abandoned elderly on remote chars where the economically active are prone to migration	500	60	4
HelpAge Pidim	Ramgoti	Working with abandoned elderly on remote chars where the economically active are prone to migration	500	-	4
EcoDev	Bandarban	Supporting indigenous tribal communities to introduce high value medicinal crops and to develop market linkages	750	93	4
iDE	Barisal	Conditional cash transfers for marginalized women including widows and abandoned mothers	1000	99	4
GreenHill	Bandarban	Conditional cash transfers for indigenous community households in the CHT. Transfers encourage IGA development, education, WATSAN	1300	160	4
Tarango	Bandarban	Provide skill training on handicraft production. Facilitate access to relevant markets.	750	93	4

## **List of Abbreviations**

EEP – Economic Empowerment of the Poorest Programme (shiree)

DFID – Department for International Development, UK Government

GoB – Government of Bangladesh

NGOs – Non Governmental Organisations

CMS – Change Monitoring System (EEPs Monitoring & Evaluation system)

CMS4 – Change Monitoring System 4 (participatory beneficiary review)

IGA – Income generating activity

CHT – Chittagong Hill Tracts region

DPS – Deposit premium scheme

DRR – Disaster risk reduction

WATSAN – Water and sanitation (amenities)

VGD – Vulnerable Group Development programme (government safety net)

VGF – Vulnerable Group Feeding programme (government safety net)

UP – Union Parishad

SSN – Social Safety Net

BHH – Beneficiary Household

## **Innovation Fund Rounds:**

Innovation Fund Round 2: October 2009 – Dec 2012

Innovation Fund Round 3: October 2010 – Dec 2013

Innovation Fund Round 4: October 2011 – Dec 2014

## Limitations

A level of bias may be apparent as beneficiary accounts have been elicited and recorded by NGO staff. The quantitative information yielded here is only indicative of how the participating group felt at the time of the exercise and cannot be considered to be a wholly representative account of the status of all beneficiaries. The voting exercise is not strictly controlled and is primarily intended to act as a *stimulus for discussion*. Further, the insightfulness of the reports used to write this overview, was closely related to how well written they were and therefore they may not have always adequately captured the views of participants. The CMS 4 findings are limited in their effectiveness for drawing generalised conclusions and inferring implications, as vast differences in impacts observed under each category are expected given the diversity of project designs, beneficiary groups and locations within the portfolio.

However, CMS4 has consistently flagged up issues which are repeatedly experienced across the Innovation Fund portfolio, often ahead of other monitoring tools. It remains a useful dataset giving broad insights into the lives of Innovation Fund beneficiaries. In addition, significant value is derived from the process of CMS4 itself and the accompanying self-review workshop for project staff. This process creates a reflexive space for internal self-reflection that is an important opportunity for staff to better understand the impact of the intervention and how this can be optimised. For the purposes of drawing insights into the nature of extreme poverty, this document should be seen as a complementary resource to other available qualitative CMS outputs, particularly CMS5. Other elements of CMS can be explored on our website <http://www.shiree.org/extreme-poverty-monitor/>

## Overall Findings

Across a portfolio of 11 Innovation Fund projects (rounds 3 &4) which are geographically and demographically disparate there is a mixed picture of results. However a number of clear trends can be seen across NGOs during this period. Many are positive:

### + Positive Trends:

Income	Assets/Savings	Food Security	Access to Services / Safety Nets	Health / WATSAN	Empowerment
Increased income	Increased savings	Diversified food consumption	Increased support from UP offices (agri / health / livestock)	Increased awareness of health and hygiene	Enhanced confidence in future path out of poverty
	Increased opening of savings accounts	Increased food security with 3 meals per day	Many children and adolescents attending school and rec' centres	Increased provision of improved WATSAN facilities	Strengthened social support networks
	Re-investment from sale of assets				Improved relations between beneficiaries and non-beneficiaries

However the process has also highlighted a number of underlying challenges:

**- Challenges:**

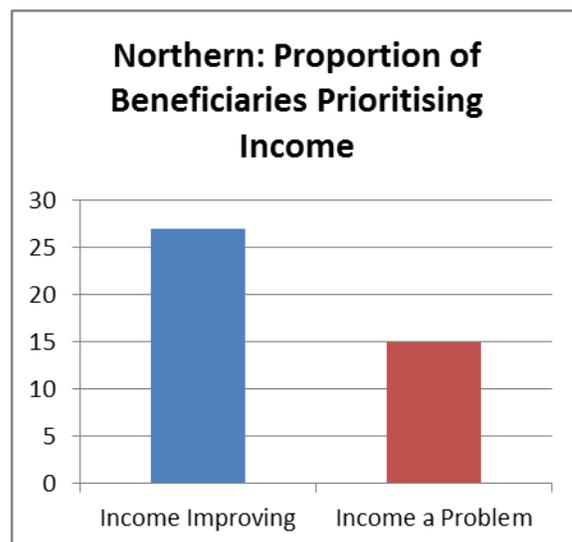
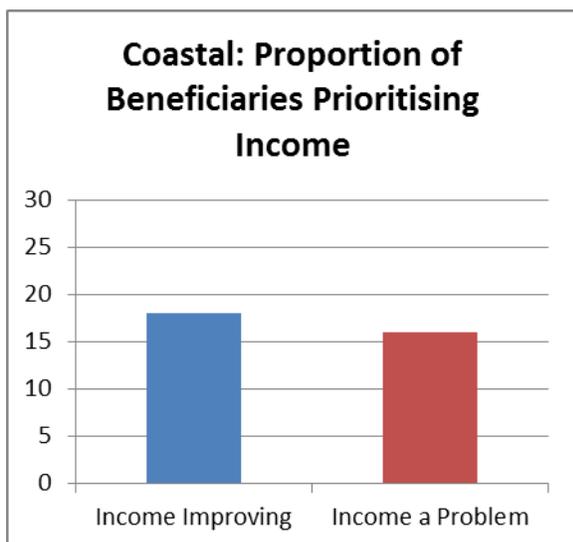
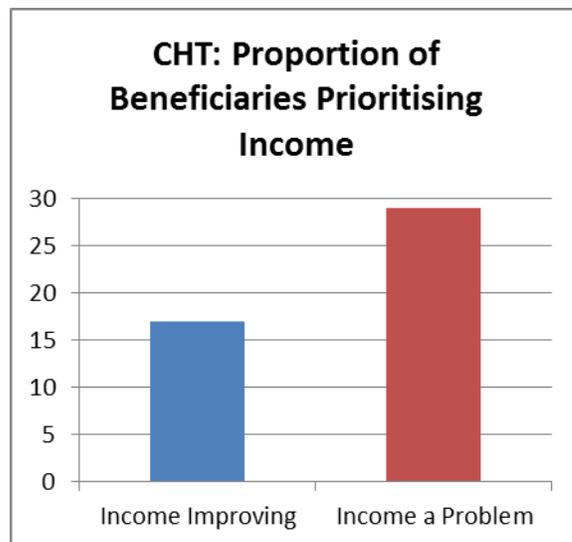
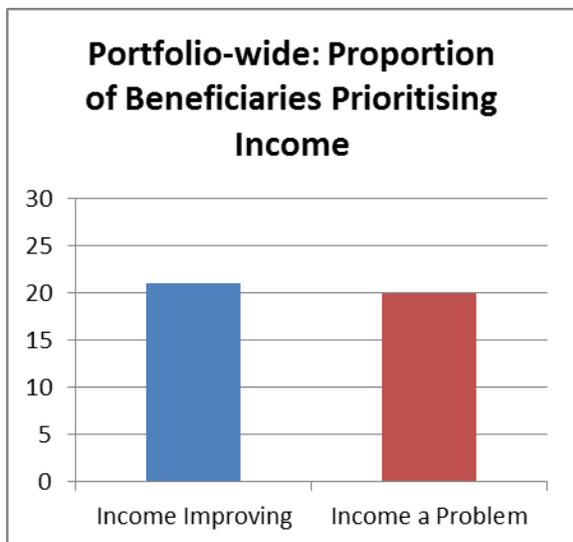
Income	Assets/Savings	Food Security	Access to Services / Safety Nets	Health / WATSAN	Empowerment
<i>Continuing vulnerability to shocks, particularly natural disaster (e.g heavy rainfall)</i>					
Lack of immediate return is a challenge for land cultivation	Frequent reports of livestock dying (disease, wild animal attack)	Poor consumption of protein rich foods (especially meat / fish) due to affordability	Poor access to Government safety nets is still a concern. Bad practices including corrupt SSN allocation continue	Lack of adequate WATSAN facilities, (many share)	Women, adolescent girls and people with disabilities report social marginalization and exclusion from community meetings
	Poor returns reported from sale of livestock	Food price fluctuations pose a challenge	Many beneficiaries are 'unable' to send children to school	Child illness and malnutrition common	

## Income and Expenditure

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### Numbers

Across the portfolio an approximately equal number of beneficiaries prioritise income and expenditure as an aspect of their life that is either improving or a problem, giving a mixed picture of perceptions in this area. However, regionally some trends can be observed. For example, in comparison to a portfolio average of 20%, 29% of respondents in the Chittagong Hill Tracts ranked income and expenditure as one of the most significant difficulties in their life. Conversely, in the Northern region, the majority of beneficiaries prioritising income and expenditure as an area of change in their life have observed a positive difference over the last four months with income improving.



## What the beneficiaries are saying

Many beneficiaries are reporting small increases in income following the transfer of assets and establishment of at least one income generating activity (IGA). Beneficiaries report an improved ability to support themselves which they attribute to having a more regular income source. For some beneficiaries the development of a new, project supported IGA means that they no longer have to rely on begging for income. Indeed many beneficiaries report that they are no longer struggling to meet their needs on day-to-day basis.

However, discussions suggest that economic returns are still limited. Given that most income generating activities (IGAs) were only established a maximum of six months prior to survey, households are often still in the position of waiting for an investment to come to fruition. For example, they are waiting for livestock to fatten or calf, land to be ready for harvesting, businesses to become profitable and adolescent children to send back remittances from their new employment in the city.

The majority of beneficiaries report that their additional income has allowed them to increase their food consumption to three meals a day and to eat a more balanced diet. Similarly, beyond increased food consumption, increases in income have permitted expenditure on purchasing household assets, expanding houses, school fees, the purchase of new clothes and educational materials for children. Several NGOs report that beneficiaries now have sufficient income to have opened savings accounts. Related to this, beneficiaries are reporting diversified income streams associated with new investments and asset building, as well as more than one family member becoming an income earner.

However, a subsection of households report that they are still struggling to sustain their family with perhaps just a single source of income on which they can rely. These households see the highest expenditure on meeting basic needs, a problem which beneficiaries partly attribute to recent increases in the price of basic commodities.

“ **f**ood prices are very high and it is difficult for my family because I am the only earner. I am widow and stay with my old father, he is also sick and depends on me. ”

Health shocks remain a major concern and a number of beneficiaries report decreased income due to illness of an income-earning family member, or increased expenditure on medicine. In addition some beneficiaries report increased expenditure on medicines for the treatment of livestock as a pressure on their income.

## Implications

To some extent the different impacts observed under this category are expected given the diversity of project designs, beneficiary groups and locations within the portfolio. It is clear that different households face different pressures and shocks which can dramatically alter household income and expenditure. Given the difference in experiences observed it is important for us to identify the *root causes* from which major financial shocks can stem. By doing this we can continue to examine ways in which resilience can be built at the project level.

## What is being done/will be done about it

**NGO:** NGOs are continuing to provide support to beneficiaries to manage their IGAs and address the project specific challenges that they face.

**Shiree:** The recently established CMS 2 system is linked with a real-time online visualization that cross tabulates baseline (CMS1) data showing data trends and changes across the entire beneficiary portfolio. This will give managers and NGO staff the capability to more closely monitor the income and expenditure status of households and to prepare mitigation strategies or provide counselling when a household suffers a financial shock.

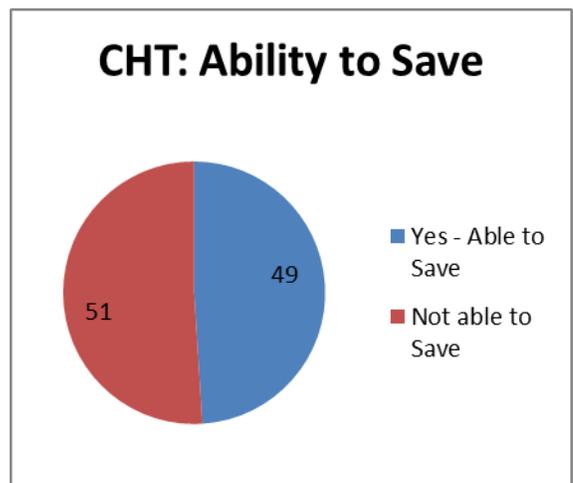
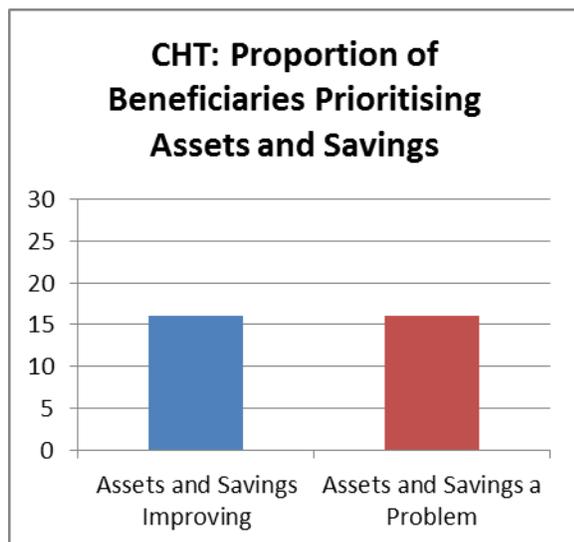
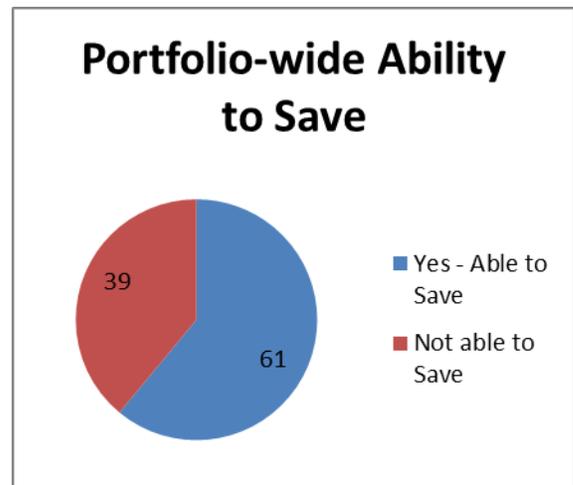
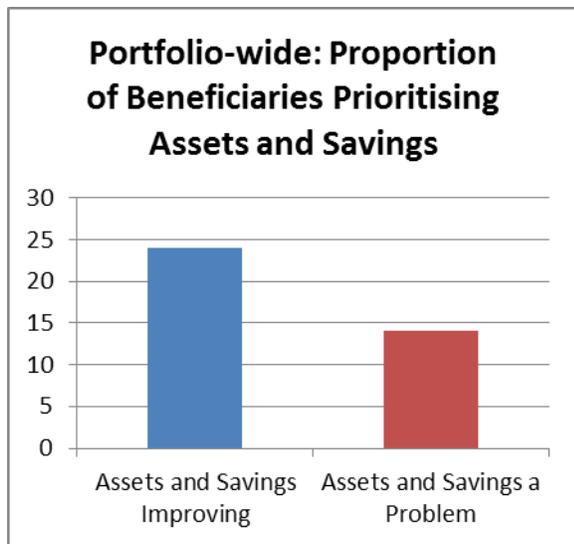
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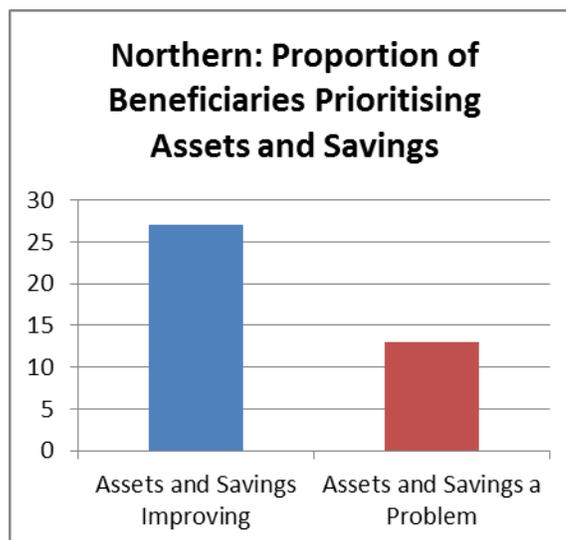
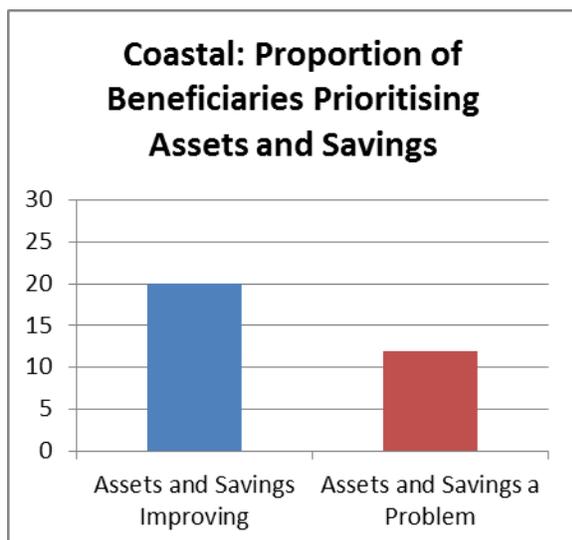
# Assets and Savings

## Numbers

Across the shiree portfolio an average of 61% of beneficiaries participating in CMS4 report that they have been able to make savings during the past 3 months. During participatory ranking exercises 24% prioritise assets and savings as an aspect of their life that is improving. Whilst an average of 14% of participants report that accumulating and sustaining assets and savings is still one of the biggest difficulties they face.

Notably greater numbers of beneficiaries in the Chittagong Hill Tracts report difficulties saving; only 49% of CMS4 participants reported that they are able to make savings whilst an equal number cited assets and savings as an aspect of their life that was either improving or problematic. In other regions the majority of respondents indicated that savings and assets are an aspect of their life which has improved over the previous three months. Most significantly - in the North of Bangladesh, nearly a third of CMS4 participants prioritised assets and savings as improving, while just 13% felt this area was one of the main challenges they face.





## What the beneficiaries are saying

Many households are reporting asset building and active reinvestment in existing IGAs such as livestock and mortgaged cultivable land. Furthermore, some households are reinvesting to diversify their income by establishing secondary IGAs. Investment in aspirational goods that confer status is common with reports of some households purchasing mobile phones, televisions and bicycles. Some beneficiaries are reporting increased confidence in managing and operating IGAs independently after receiving technical training from the NGO. Beneficiaries who are reporting that they have started saving regularly cite a need to prepare for eventualities including dowry money, children's education and emergencies. To facilitate savings many are opening formal Bank Savings Accounts/DPS.

Where beneficiaries report problems with savings and assets they often highlight difficulties in marketing produce due to limited access to fair market prices and their comparatively low bargaining power. Theft of assets and capital remains a problem with reports of stolen livestock and crops. Some beneficiaries report that wild animals and pest species are destroying their land and crops, or that their land is not sufficiently fertile, resulting in poor harvest yields. In particular, beneficiaries in the Chittagong Hill Tracts are frequently reporting difficulties in achieving sufficient yields from the traditional Jhum system of cultivation. High livestock mortality and illness which are coupled with increased treatment costs is reducing the profitability of livestock rearing in some areas. Beneficiaries continue to report having been negatively affected by natural disasters and heavy rainfall.

Some households indicate that returns from assets are insufficient to meet expenditure and therefore erode their ability to save. Those beneficiaries who are able to save are sometimes utilising insecure and informal mechanisms such as local Somitti (cooperatives).

A number of female beneficiaries mentioned a preference for in-kind support instead of cash, citing a distrust of their husbands' choices when spending money – men in Bangladesh are often in charge of household expenditure. Some female beneficiaries also report that their husbands, or male guardians, prevent them from operating IGAs and managing earnings – despite the fact that female beneficiaries have often received IGA and business skill training designed to enable them to effectively manage an IGA.

## Implications

Further investigation is required to explore the factors which determine a household's ability to save and build assets. Where particular successes and challenges are being observed (and it is clear there are many instances of both), further analysis is required asking questions such as: What IGAs are particularly successful? Why are they successful? What combination of household/context characteristics appear to have contributed to the outcome? What NGO activities seem to be having a particularly positive impact on encouraging assets/savings?

## What is being done/will be done about it

**NGO:** NGOs must continue to take practical steps to protect the assets and livelihoods of beneficiaries, following the principles of disaster risk reduction (DRR). Where assets have died, been destroyed or stolen, NGOs need to plan to develop closer monitoring systems and improved linkages and dialogue with local government for support.

Many NGOs highlighted plans to increase overall savings awareness and motivation, encouraging more savings through banks and formal institutions as well as regular community savings groups. Such groups should be monitored and offered support to encourage proper operation, sound reinvestment decisions and to guard against corruption.

Some NGOs plan to increase their advocacy efforts around Khasland provision to beneficiaries via local government authorities. Many NGOs are planning to place a greater focus on improving marketing linkages for their beneficiaries in the hope of enabling them to sell their produce at a fair price.

One NGO is exploring opportunities to place beneficiaries in private sector jobs. Many NGOs are planning to arrange more IGA and income management refresher training sessions and follow-ups with beneficiaries to build confidence and ensure optimal management of IGAs, with a view to maximising economic returns and enhancing sustainability. This training should be provided to both male and female beneficiaries to ensure gender-equal engagement in managing and operating an IGA. One NGO has taken the initiative to facilitate Gender Equity Awareness sessions with both male and female beneficiaries.

**Shiree:** Shiree have compensated some beneficiaries where natural disasters/illness have damaged crops/livestock. Shiree has also developed best practice documents on appropriate IGA selection and management for elderly and disabled beneficiaries. A guidance note on female-friendly IGAs (incl. widows, abandoned women, married women and adolescent girls) is currently under development and will be publicly available on the shiree website soon.

Further, shiree is in the process of designing gender-sensitive modules to be added to the Nutrition Component's beneficiary courtyard sessions which will cover overall issues of gender empowerment including food distribution, division of household tasks, early marriage and family planning, which could have spillover effects into gender-equal IGA management and decision-making.

Shiree has developed best practice guidance on savings on the basis of experiences thus far within the portfolio and wider practice, and is currently in the process of conducting a savings consultancy study investigating the dynamics of savings opportunities, challenges and the best strategies for the extreme

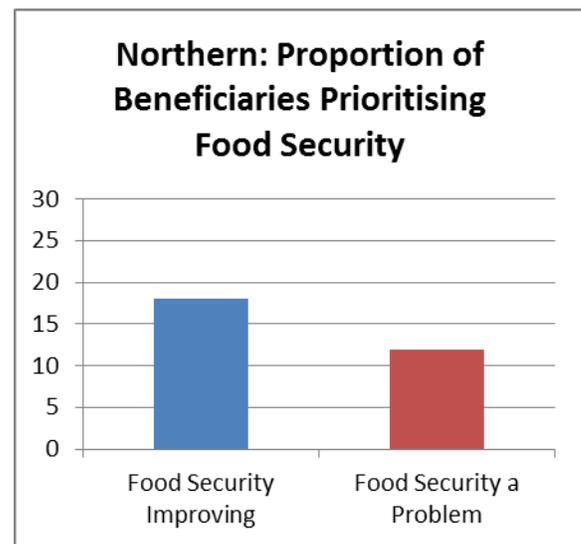
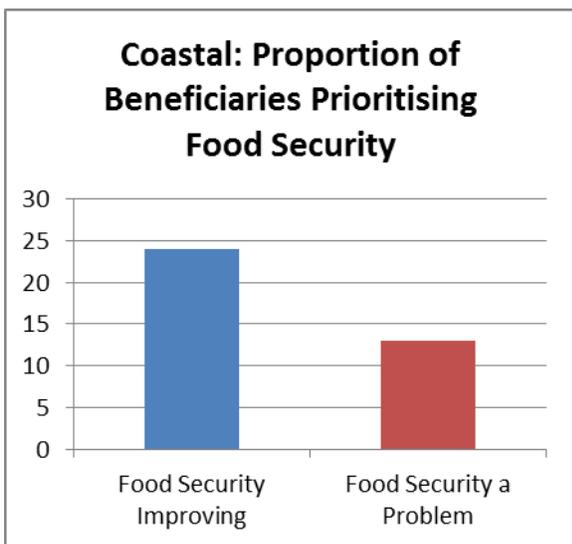
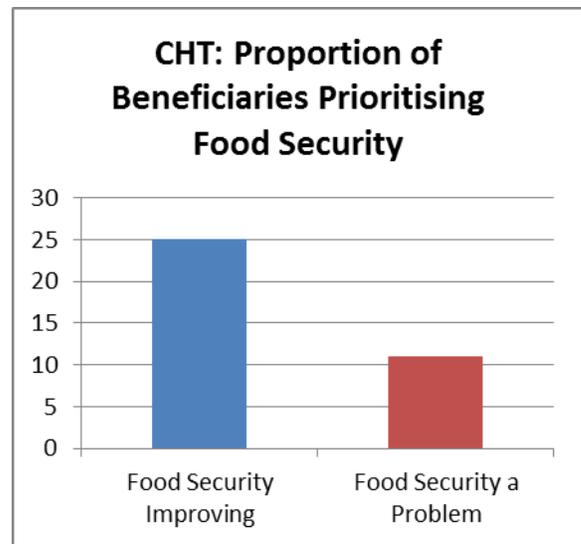
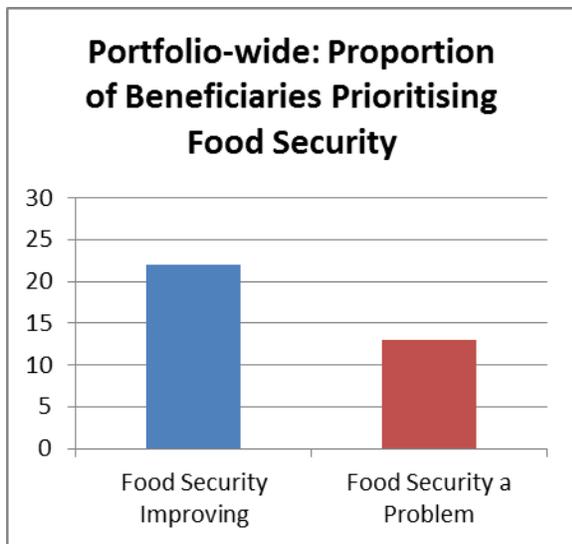
poor and shiree projects in these areas. Shiree is engaging a number of private sector actors to facilitate the placement of beneficiaries into private sector jobs on a pilot basis.

# Nutrition

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## Numbers

A portfolio-wide average of 22% of CMS4 respondents prioritise food security as an aspect of their life that is improving. An average of 13% rank food security as one of the biggest problems in their life. This is a picture which is consistent across regions, with the majority of participants in the CHT, Coastal Belt and North reporting improvements in food security and nutrition.



## What the beneficiaries are saying

There is a clear message from beneficiaries that they are able to afford more food with greater reliability. Beneficiaries report they are better able to afford to eat three meals per day and are consuming an increased amount of vegetables, fruit, milk and eggs when compared to four months ago.

Many beneficiaries are supplementing their diet with their own produce and in several groups beneficiaries report that they have begun to stockpile staples such as rice. A number of beneficiaries also reported an increased awareness of the importance in keeping a balanced diet following NGO facilitated nutrition training. One beneficiary explained:

“ **N**ow we are able to purchase all the types of food we need. We are also eating fruits on a regular basis”

Despite these improvements many beneficiaries continue to exist in a state of food insecurity and are highly vulnerable to economic shocks – especially food price hikes and poor business returns. Notably most beneficiaries still cannot afford to regularly consume meat or fish meaning that many are unable to consume adequate amounts of protein which has significant implications for their nutritional and health status. Some beneficiaries shared that they also continue to suffer from seasonal hunger during the lean period between cropping cycles.

## Implications

The link between economic empowerment interventions and nutritional improvements within the household seem unclear. Evidence from other shiree studies produced during this period – particularly the CMS 3 report – show a mixed picture in terms of nutritional improvements. Further analysis is required to identify how nutritional advances can be made and the specific relationships between nutritional improvements and project activities.

## What is being done/will be done about it

**NGO:** A number of NGOs are encouraging and supporting homestead vegetable cultivation to improve the nutritional status of households. All scale fund NGOs are conducting nutrition awareness sessions with beneficiaries through the implementation of the shiree Nutrition Component whilst many innovation fund partners continue to raise awareness on what constitutes a good diet.

**Shiree:** Shiree’s Nutrition Component includes awareness raising about nutrition as well as maternal and child Health issues via courtyard sessions and individual household counseling facilitated by trained CPKs (Community Pushti Karmi – or local community volunteers), as well as distribution of medicine and nutrition supplements. In response to research that shows an absence of sufficient protein in the diet of the extreme poor, shiree is currently launching a new Nutrition Innovation Fund. This will focus on exploring innovative approaches to enhancing protein intake among key target groups.

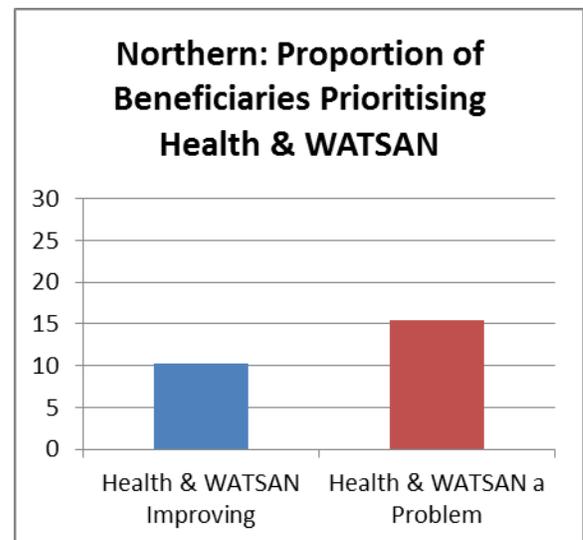
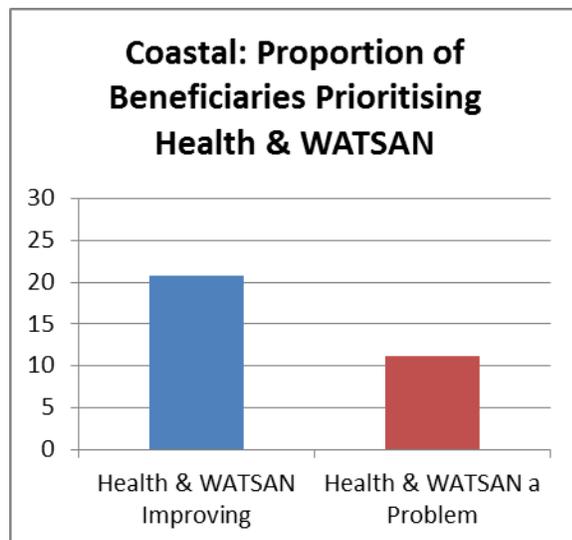
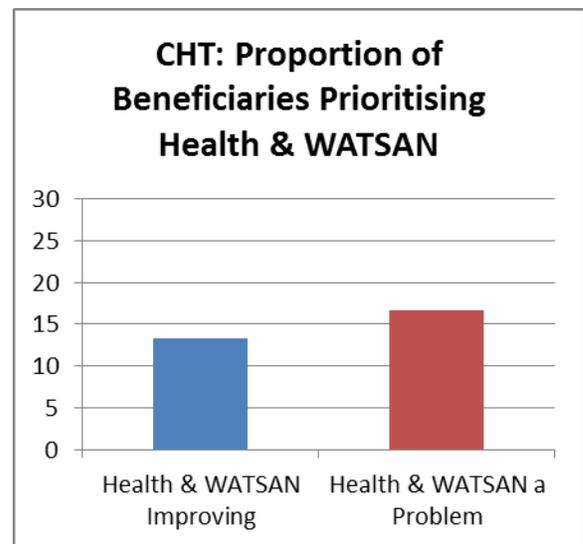
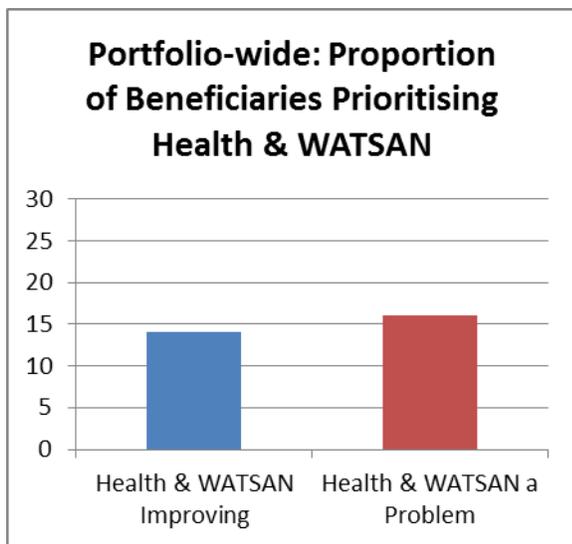
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# Health and WATSAN

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## Numbers

On average an approximately equal proportion (14% / 16%) of CMS4 participants report health and WATSAN variously as either a problematic or improving aspect of their life. Regionally the coastal belt stands out as an area where the majority of CMS4 participants selecting health and WATSAN identify this as an aspect of life that has been improving. In contrast, elsewhere slightly more beneficiaries report that this aspect of their life remains a problem.



## What the beneficiaries are saying

There are mixed responses across the portfolio with regards to Health & WATSAN. The majority of beneficiaries report that WATSAN is still a major concern whilst others do report some improvements, for example new access to tube wells for safe drinking water and sanitary latrines facilitated by local government. Others report increased awareness of hygienic practices (hand-washing, wearing sandals, safe drinking, use of soap, brushing teeth, cooking practices etc) following attendance at NGO led awareness sessions. One beneficiary said:

“ **B**efore the start of the project we did not know about health and sanitation. Now we know what steps to take for good health and hygiene and we are practicing them”.

As shiree is primarily an economic empowerment project, and most partners do not include a direct WATSAN intervention, a significant number of beneficiaries continue to rely on either unsafe water sources (18% - [CMS2](#)) or resort to travelling long distances to reach safe water collection points (50% take longer than 20 minutes to collect water - [CMS2](#)). This is especially the case in remote regions and those with challenging topography, such as the CHT.

Within the portfolio geography clearly plays a significant role here - hygiene is especially critical for slum dwellers living in close confines; access to land is limited for the many beneficiaries living by river and road sides with little or no space for building latrines, and the remote CHT is a particularly problematic area for accessing safe water which results in a higher prevalence of several waterborne diseases (diarrhea, dysentery, jaundice, typhoid). Disabled beneficiaries sought to highlight that sanitary latrines are often not accessible to them. Generally difficult conditions limit the extent to which beneficiaries are able to access water safety and live in sanitary conditions. One beneficiary said:

“ **W**e drink our water from the local supply without boiling it because there are no gas facilities in our residence”

Consistent with previous findings, many beneficiaries continue to report chronic illness and health shocks within families. This is accompanied by negative consequences on income in terms of both lost labour (when income earners are affected) and increased expenditure on medicine. One beneficiary group reports that all members are now registered with a doctor when previously they relied on traditional healers. However this is not the norm and many beneficiaries say that they have no option but to rely on visiting poorly equipped health clinics. It appears that there is confusion among beneficiaries on the subject of family planning and access to family planning services.

## Implications

It is important here to highlight the mixed nature of findings – while it is positive that some beneficiaries reported improvements in health, the number of beneficiaries who reported no change or worsening conditions highlight how susceptible households remain to health shocks which are associated with unsafe water and a lack of sanitary conditions. The very mixed reports related to WATSAN are likely to relate to differences in initial and geographical WATSAN conditions between beneficiaries (CMS 3 shows

very varied conditions) but may also relate to the NGO activities and the extent to which they've demonstrated good practice or established links with NGOs or local government.

## **What is being done/will be done about it**

**NGOs:** A number of NGOs have continuous dialogue with local government to improve services and inform beneficiaries about government health services. Many NGOs are conducting health, water, sanitation and hygiene awareness sessions with beneficiaries. However, given shiree's core mandate around economic empowerment, most projects have no WATSAN component and thus NGOs have little capacity to directly improve water and sanitation facilities for beneficiaries. NGOs should focus on linking households with government services and NGOs who are able to support the development of adequate WATSAN facilities. Wherever possible WATSAN facilities, such as latrines or water points, should have disabled-friendly access. Failure to implement this can mean that people with disabilities are excluded from the proven benefits of robust WATSAN infrastructure.

**Shiree:** Shiree's Nutrition Component includes awareness raising about hygienic practices and maternal, adolescent and child health/hygiene related issues via courtyard sessions and individual household counseling facilitated by trained CPKs, as well as distribution of deworming medication and micronutrients supplementation for target groups.

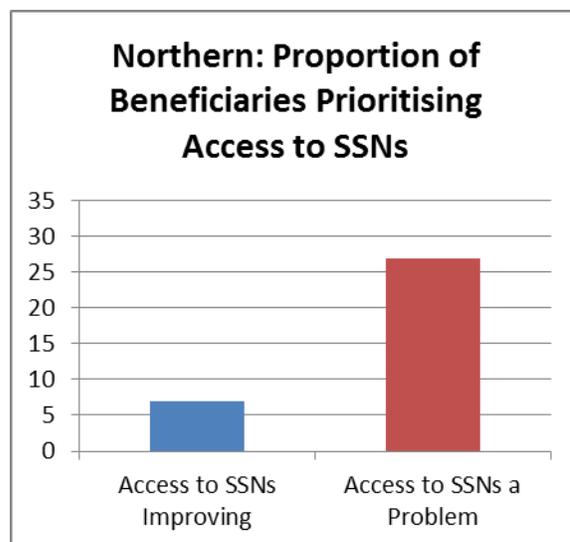
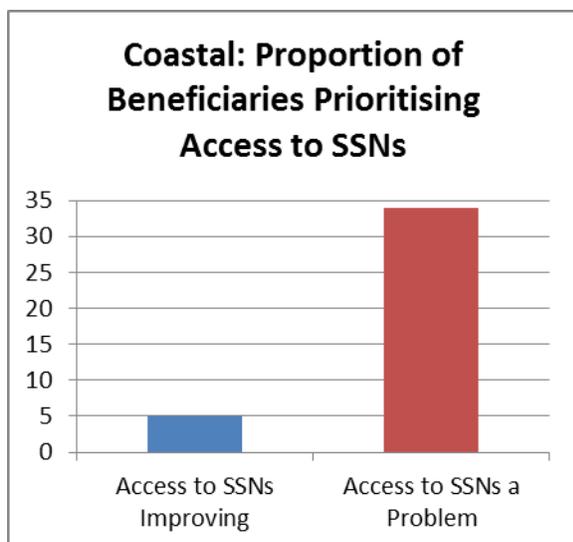
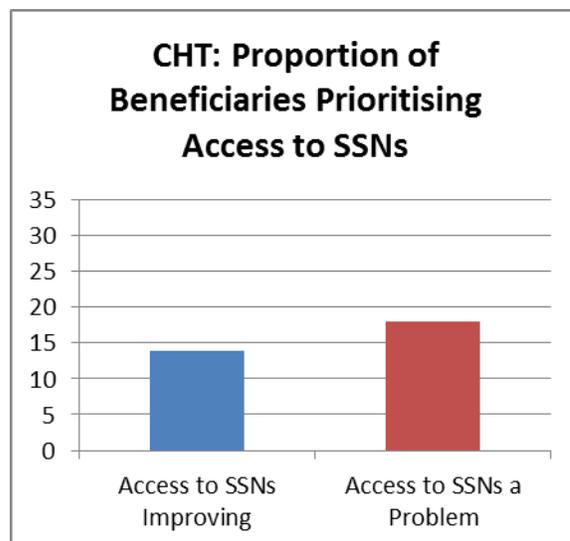
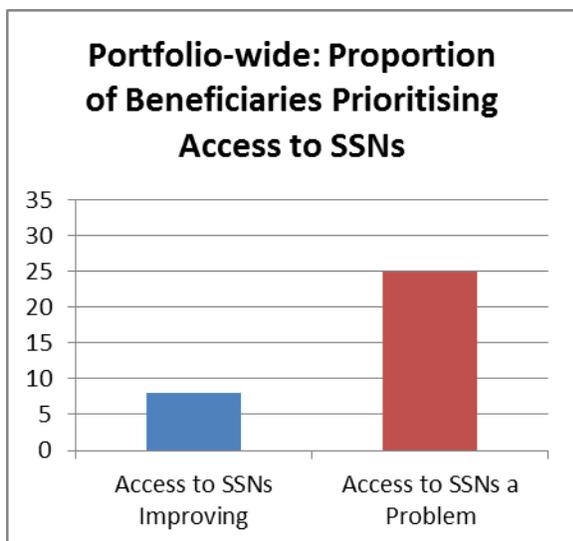
# Access to Social Safety Nets and Government Services

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## **Numbers**

CMS4 data suggests that beneficiary access to social safety nets remains an issue which many perceive as a significant problem. Across the portfolio an average of 25% of CMS4 participants prioritise access to safety nets as a significant problem in their life. In comparison just 8% name access to social safety nets as an aspect of their life which has improved. This corroborates the latest CMS2 data which shows that nearly 75% of shiree beneficiaries are not receiving safety nets, despite widespread eligibility.

Regionally CMS4 data suggests that beneficiaries in the coastal region of Bangladesh feel a lack of access to social safety nets most acutely, with 34% of respondents prioritising this as a major problem in their life. In this region just 5% of beneficiaries report access to safety nets as a notable improvement in their life.



## What the beneficiaries are saying

The small number of beneficiaries who report improvements in safety net support cite small improvements in level of overall support provided by government services such as the UP office, agriculture/livestock office and government health clinics. A handful of respondents report recent enrollment in safety net programmes. Where beneficiaries have received support from the UP this has included food donations, blankets, water and sanitation facilities, VGD, VGF, 40 days employment recreation, old age allowance, widow allowance, disability allowance and education stipends. From the Agricultural and Livestock Department beneficiaries have received vaccinations and veterinary treatment for livestock. On average 52% of respondents visited their local government health clinic during this period for general check-ups for pregnant women and children, vaccinations and provision of contraceptives.

Some respondents discussed that NGO outreach efforts to link and build relationships between beneficiary groups, government officials and health-workers is supporting families to access the services to which they are entitled. Some report less discrimination and bribery when accessing services and an improved route of communication with service providers and government. However, the overriding sentiment is that government services and access to social safety nets remain largely inadequate for shiree beneficiaries.

Beneficiaries complain that safety net support is often insufficient, short-term in nature and that allocation is usually unfair and influenced by nepotism and bribery. Too often the decision on whether beneficiaries receive support is wholly dependent on the ill-informed choice of the UP Chairman. They explain that local government officials hardly visit villages, usually detach themselves after elections and show general disrespect for the extreme poor and an unwillingness to help them because they already receive support from NGOs;

“ **T**he UP does not care about poor people like us because we are not relatives and we are not able to pay illegal fees.”

Very few beneficiaries are registered with cooperatives and health workers usually do not travel to remote rural villages, especially in the CHT. Notably there is a further layer of discrimination against the disabled extreme poor. Many do not receive disability allowance, often simply because they are denied entry to local government offices. Overall many beneficiaries continue to lack awareness of either their entitlement to social safety nets, or how they can take steps to claim them.

## **What is being done/will be done about it:**

**NGOs:** NGOs have been liaising with UP Chairman and other union stakeholders and local government officials, providing them with lists of entitled beneficiaries disaggregated by safety net type. In addition NGOs have been working on the demand side of SSN issue, conducting awareness programmes encouraging beneficiaries to go to local offices for safety net support. Most NGOs have established support group networks to build communications between beneficiaries and local government offices. One NGO has prepared a safety net guidance note.

**Shiree:** Shiree continues to advocate for access to SSNs - for which nearly all our beneficiaries are entitled. The CMS2 visualisation allows for trends of SSN access to be discerned – shiree is actively investigating regions of relative success (where many households have secured an SSN) to understand how strategies to engage local government can be replicated. Shiree has previously produced a detailed operational guidance note on promoting social protection for the extreme poor, available on the website <http://www.shiree.org/promoting-social-protection-for-the-extreme-poor>

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# Confidence and Empowerment

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## Numbers

On average 32% of beneficiaries from all 12 NGOs said life has become much better during this period, while 35 % say it has become slightly better – yet these figures fall to 7-19% for the CHT based beneficiaries who are still struggling due to meet basic needs due to difficult cultivation and marketing conditions.

On average 23% of beneficiaries in each NGO say that their life situation has remained the same and they have seen no change – this figure is especially high in the CHT and Rajshahi areas, where it increases to 35-54%. Only 6% say life has become slightly worse, and only 4% on average say it has become much worse – while these figures again go up to 26% for the CHT based beneficiaries.

On average 13% of beneficiaries from each NGO said their levels of empowerment and confidence have been improving in their lives, while 11 % say it's still a problem – yet with some variation; in one NGO 31.9% say it's still a problem.

## What the beneficiaries are saying

Beneficiaries often articulate the transformative effect that the maturity of an IGA has had on their lives, linking increased income and the ownership of an asset to improved social status, positioning, respect and voice within the household and wider community. Other members of the community or family now afford beneficiaries more respect because they are pursuing an independent livelihood and are no longer begging or 'sitting idle'. This sentiment was most strongly expressed by the elderly and people with disabilities who had previously felt neglected by community members. Notably operating shops and other similar small businesses appear to be especially empowering as IGAs, bringing beneficiaries into frequent contact with other community members while also meeting a core need of the community.

Many beneficiaries report that since the intervention they are more frequently invited to attend community social events such as cultural programs, marriage ceremonies and festivals. Others reveal that they now receive more visits from relatives, friends and neighbours. Those beneficiaries who state they are now able to send their children to school say that this has made their children feel more accepted in the community and able to make friendships.

Beneficiaries often reported improved relations with key market actors and local government officials enabling them to get information about market prices, as well as improved access to cultivable land. In many cases beneficiaries are now members of village committees, school committees, recreational centres and community support groups. For some, as they have become more aware of their rights and entitlements, and sought to access these, they have also become more central and active in union level dialogue. This has resulted in localised instances of increased provision of safety nets. One beneficiary said:

“ **O**ur voice is louder due to our increased income and ability to work in groups”

It should again be stressed that this is not the experience of *every* beneficiary; a significant number still report that they are afraid of local community leaders and government authorities. These beneficiaries identify a lack of support and respect from elected delegates.

Many beneficiaries expressed increased confidence in their future path out of poverty, they feel empowered as they now have a plan for how to deal with their problems, and feel more able to make decisions to improve their livelihoods and enhance their life opportunities. One beneficiary said:

“ **M**y life has started changing, and I am hoping for a brighter future.”

Generally though, there seems to be no clear trend in empowerment. Many beneficiaries report that women generally have a lower social status and are less empowered and confident than men. Women are generally still excluded from decision-making by husbands at both household and community level, and some reported facing sexual harassment when moving outside their village. Women undertaking work in the garments industry expressed that their choice to migrate to the city has not been taken positively by family members. Yet some women also say they now feel more listened to and are participating in joint decision-making with their husband in the household, attending community meetings, and that they feel more confident in taking ownership of and managing their family's livelihood after receiving IGA support. Many women and adolescent girls are now also attending school and education centres which has added to their level of confidence.

## **What is being done/will be done about it**

**NGOs:** All NGOs facilitate awareness sessions and Family Development Plans (FDP) helping each beneficiary plan their route out of poverty before livelihood support is given to ensure that beneficiaries themselves identify their preferred type of IGA and support. A few NGOs are making an extra effort at working more closely with female beneficiaries, and are giving special emphasis to making all beneficiaries aware of gender equity and empowerment issues. However, it is evident that more support is needed in this area. Many NGOs are making sure to involve non-BHHs in project group sessions to improve links between BHHs and non-BHHs which has proved helpful. Seeing that children's school enrollment greatly affects the overall social status of the family, some NGOs are making efforts at promoting children's school enrollment.



Increased empowerment	■											
Enhanced confidence in future path out of poverty	■											
Increased happiness								■				
Increase awareness of health and hygiene		■	■									
Increased use of sanitary latrine, hand washing, soap for personal hygiene and dishwashing, use of toothbrush/toothpaste		■	■				■					
Reduced use of open defecation place		■				■	■					
Provision of improved WATSAN facilities	■	■				■	■			■	■	
Increased support from UP office, agriculture/livestock office and government health clinic	■	■	■	■	■	■	■		■	■	■	■
Few are receiving VGD, old age allowance, widow allowance and education stipends		■		■						■		
Improved communication and linkage with government officials to demand safety net entitlements	■	■	■	■	■	■	■		■	■	■	■
Increased support network, social acceptance and friendship within communities	■	■	■	■	■	■			■	■	■	
Stronger village bond between beneficiary and non-beneficiary households		■	■	■	■	■			■	■	■	
Children and adolescents attending school, recreational centres	■		■	■		■	■		■	■		
Women able to take greater part in household decision-making and feel more listened to				■		■						
Many women beneficiaries express their confidence to improve their lives through utilize their skills they received from NGO training and equipment support											■	
Husband reduced addiction to alcohol				■								
Increased awareness about rights and entitlements										■		
Purchased TV, bicycle, mobile phone						■						
Women participating in non-formal school and educational centres						■						
Women feel more engaged in financial decision-making from their involvement in running small businesses and grocery shops						■						
Other community and family members pay them more respect now because they are involved with income generating activities, and no longer begging or sitting idle	■			■			■	■				







