Report Prepared on July 2016 by:

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List of donors: CARE gratefully acknowledges the support provided by the 48 different donors for providing generous support to CAREBD for implementing 101 projects during 2010-2015 and for preparing the report, DFID fund (PPA-IV) was used to pay for the consultant cost.

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CONTENTS

PREFACE .............................................................................................................................................. 5
GLOSSARY ............................................................................................................................................... 6
EXECUTIVE SUMMARY ......................................................................................................................... 7
CARE’S PROGRAM IMPACT: BANGLADESH HIGHLIGHTS ............................................................... 9
INTRODUCTION ..................................................................................................................................... 11
  CARE-BD Program and Focus Areas ................................................................................................. 11
CHAPTER 1: METHODOLOGY ............................................................................................................... 12
CHAPTER 2: CARE’S CONTRIBUTIONS TO THE SDGS ................................................................. 14
  GOAL 1: ZERO POVERTY .................................................................................................................. 14
  GOAL 2: ZERO HUNGER .................................................................................................................. 16
  GOAL 3: GOOD HEALTH & WELL-BEING ..................................................................................... 19
  GOAL 5: GENDER EQUALITY .......................................................................................................... 21
  GOAL 6: CLEAN WATER & SANITATION ...................................................................................... 23
  GOAL 8: DECENT WORK & ECONOMIC GROWTH ................................................................... 23
  GOAL 10: REDUCE INEQUALITIES ............................................................................................... 26
  GOAL 11: SUSTAINABLE CITIES & COMMUNITIES ................................................................. 27
  GOAL 13: CLIMATE ACTION ......................................................................................................... 28
  GOAL 16: PEACE, JUSTICE & STRONG INSTITUTIONS ................................................................ 29
  GOAL 17: PARTNERSHIPS ............................................................................................................. 30
CHAPTER 3: CARE’S GLOBAL AND NATIONAL PRIORITIES ......................................................... 32
  3.1 GENDER EQUALITY AND WOMEN’S EMPOWERMENT PROGRAM ..................................... 33
  3.2 EXTREME RURAL POVERTY PROGRAM ............................................................................... 35
  3.3 URBAN POVERTY AND VULNERABILITY ............................................................................ 37
  3.4 HUMANITARIAN ASSISTANCE ............................................................................................... 37
CHAPTER 4: VALUE FOR MONEY ..................................................................................................... 39
CONCLUSIONS ..................................................................................................................................... 40
LIST OF DONORS ............................................................................................................................... 41

PREFACE

Message from the Country Director (for the CAREBD Impact Report 2016)

CARE is a global leader within a worldwide movement dedicated to ending poverty. Placing women and girls at the center of our work enables us to tackle the root causes of poverty and inequity amongst Bangladesh’s rural and urban populations. CARE Bangladesh creates lasting change by strengthening marginalized, excluded and extremely poor communities, building their resilience to shocks and amplifying their voices to influence governance, public policy, and development planning and practices. We work with the government, non-government organizations, civil societies and the private sector to implement a holistic program that encompasses Food & Nutrition Security, Women Economic Empowerment and Dignified work, Ending Violence against Women & Child Marriage, Health System Strengthening, Sexual-Reproductive-Maternal Health (SRMH), Inclusive Market systems and Emergency response.

I am pleased to share with you the CARE Bangladesh Impact Report 2010-15. Over the last five years, CARE has provided support to over 29.4 million people through our development work made up of a large number of projects. In addition, we also have provided support to about 1.4 million people through our emergency response efforts. This Impact Report shows the cumulative results, impacts and major accomplishments of CARE Bangladesh over the last five years. This report highlights how our work has contributed to efforts towards meeting the sustainable development goals for Bangladesh (SDGs). It is important to note that CARE’s work has contributed to 11 SDH goals of the 17 SDG goals.

Over the last five years, we have continued to make significant progress towards achieving our mission and program goals. These achievements have helped many people graduate out of extreme poverty which has been highlighted in this impact report. This has only been possible with the continued support of the impact population groups we work with, our partners from civil society and the private sector, the Government of Bangladesh, and our donors. On behalf of CARE Bangladesh I would like to thank all for their extraordinary commitment over the last five years for their ongoing contribution to fighting poverty and defending dignity.

I would like to congratulate the PEARL Team, Assistant Country Director Program and the Program Directors Teams for their commendable effort in preparing this report. In addition, I would like to thank Jay Goulden for providing guidance and distant editing inputs to finalize this report.

Jamie Dimitri Terzi
Country Director, CARE Bangladesh
# GLOSSARY

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>BC CM</td>
<td>Bangladesh Country Coordination Mechanism</td>
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<tr>
<td>CATS</td>
<td>Implementation of Community Approaches to Total Sanitation and Hygiene Promotion</td>
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<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<tr>
<td>CIDV</td>
<td>Citizens Initiative against Domestic Violence</td>
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<tr>
<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<tr>
<td>CmSS</td>
<td>Community Support System</td>
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<td>COVAW</td>
<td>Costs of Violence Against Women</td>
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<td>CS G</td>
<td>Community Support Group</td>
</tr>
<tr>
<td>CVCA</td>
<td>Climate Vulnerability and Capacity Assessment</td>
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<tr>
<td>DFT</td>
<td>Digital Fat Testing</td>
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<tr>
<td>EKATA</td>
<td>Empowerment, Knowledge and Transformative Action</td>
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<tr>
<td>EMPHASIS</td>
<td>Enhancing Mobile Population Access to HIV &amp; AIDS Services Information and Support</td>
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<td>ERPP</td>
<td>Extreme Rural Poverty Programme</td>
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<td>FSUP</td>
<td>Food Security for Ultra Poor</td>
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<tr>
<td>GEWEP</td>
<td>Gender Equality and Women's Empowerment Program</td>
</tr>
<tr>
<td>GSK</td>
<td>GlaxoSmithKline</td>
</tr>
<tr>
<td>GWEEI</td>
<td>Global Women's Economic Empowerment Initiative</td>
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<tr>
<td>HDDS</td>
<td>Household Dietary Diversity Score</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HNFS</td>
<td>Health, Nutrition and Food Security</td>
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<tr>
<td>IGA</td>
<td>Income Generating Activity</td>
</tr>
<tr>
<td>INI</td>
<td>Improving delivery and uptake of essential nutrition interventions through the health and food system and in the community</td>
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<tr>
<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<tr>
<td>JATRA</td>
<td>Journey for Advancement in Transparency, Representation and Accountability</td>
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<td>JNA</td>
<td>Joint Needs Assessment</td>
</tr>
<tr>
<td>NYAP</td>
<td>Multi Year Assistance Program</td>
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<tr>
<td>N@C</td>
<td>Nutrition at the Center</td>
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<tr>
<td>OST</td>
<td>Opioid Substitution Therapy</td>
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<tr>
<td>P-SCBA</td>
<td>Private Community-based Skilled Birth Attendant</td>
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<tr>
<td>P.A.C.E.</td>
<td>Personal Advancement and Career Enhancement</td>
</tr>
<tr>
<td>PEP</td>
<td>Poor and Extreme Poor</td>
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<tr>
<td>PRODUCE</td>
<td>Pro-poor initiative for Disaster risk-reduction and understanding Climate change for Economic development</td>
</tr>
<tr>
<td>PW ID</td>
<td>Persons who inject drugs</td>
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<tr>
<td>RIMMSE</td>
<td>Regional Integrated Multi-Hazard Early Warning System for Africa and Asia</td>
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<tr>
<td>RGM</td>
<td>Ready Made Garments</td>
</tr>
<tr>
<td>SDVC</td>
<td>Strengthening the Dairy Value Chain</td>
</tr>
<tr>
<td>SETU</td>
<td>Social and Economic Transformation of the Ultra-Poor</td>
</tr>
<tr>
<td>SHERIKA</td>
<td>Sustainable Healthcare by Enabling Improved Knowledge and Access</td>
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<tr>
<td>SHIFT</td>
<td>Strengthening Poorest and Vulnerable Households Capability to Improve Food Security in Northwest Bangladesh</td>
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<tr>
<td>SHOUHARDO</td>
<td>Strengthening Household Ability to Respond to Development Opportunities</td>
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<tr>
<td>SMPP</td>
<td>Safe Motherhood Promotion Project</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
</tr>
<tr>
<td>UP</td>
<td>Union Parishad</td>
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<tr>
<td>VAW</td>
<td>Violence against Women</td>
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EXECUTIVE SUMMARY

This review of CARE’s work in Bangladesh over the last five years aims to provide greater accountability to those with whom we work and to those who entrust CARE with resources, as well as contribute to discussions in Bangladesh on assessing the impact of efforts to promote development and respond to humanitarian crises. The development of this Impact Report also aims to improve our knowledge and evidence base, to make our future programs and partnerships more effective, and to highlight where we need to improve our internal systems.

This report does not set out to the totality of CARE’s work in Bangladesh, nor does it synthesize all the lessons captured in project and program evaluations, both positive and negative. Rather, it aims to better understand the overall impact of our work in the country over the last five years, as a basis upon which to build, and strengthen our impact, into the future. The report is based on evaluations and other assessments of CARE’s programs and projects undertaken with partners and allies in all 64 Districts of Bangladesh, from 2010–2015. It outlines CARE’s principal strategies for achieving positive impact, and summarizes the data on the main achievements across our work, presented within the framework of the Sustainable Development Goals (SDGs), which outline many of the principal targets and priorities for Bangladesh over the coming decades.

Limitations of the process include the difficulties of pulling together data on outcomes from a diverse range of projects and indicators, and the inability of a desk-based review to capture and interpret every change achieved in varying dynamic contexts across. We were also only able to draw on solid information for projects representing 86% of the value of our total portfolio, as some projects were only just beginning, and others had limited information of outcomes or impacts.

The analysis shows that CARE Bangladesh’s work has made a positive impact on the lives of millions of poor, marginalized and vulnerable people across the country, reaching over 30 million people in all 64 Districts of the country, nearly one in five of the population. The report outlines how CARE’s innovative and effective approaches have improved lives, in at least 11 of the 17 SDGs, with a particular focus on empowering women and girls. Illustrative highlights of CARE and our partners work include:

- Enabling over 810,000 households to increase their monthly incomes by 78%, a total increase of US$290 million in annual incomes, predominately amongst the poor and extreme poor. 113,000 people have formed or joined community savings groups, collectively saving a total of over US$1.4 million.

- Helping over 41,000 children escape from malnutrition (stunting or underweight). Over 370,000 households (1.7m people) reported that they no longer had no food in their house, and 58,000 children were enabled to have a minimum acceptable diet.

- CARE Bangladesh’s Community Support System (CmSS) model for community participation in health has been adopted by Government and scaled up across the country. A new model of Private Community-based Skilled Birth Attendants for geographically remote areas is now proving successful, significantly increasing skilled attendance at birth (12% to 50%), as well as antenatal and postnatal care.

- Nearly 600,000 households reported that women’s participation in household decision making was inclusive. Women are increasingly participating in groups outside the household: nearly 1,500 women’s solidarity groups (ERATA groups - Empowerment, Knowledge and Transformative Action) have over 110,000 women and girl members, while 3,840 women gained positions in community or local government structures.

- CARE and partners helped reduce violence against women or girls for over 130,000 households. Our evidence that domestic violence costs Bangladesh 2.1% of GDP was an important part of successful advocacy efforts to get enactment of new legislation.

- CARE Bangladesh has worked with 80 Ready Made Garment factories and other private companies to ensure safe and favorable work conditions for more than 122,000 workers (80% women). Our workforce empowerment model has proven results in increasing confidence and skills, reducing absenteeism and attrition, and increasing productivity.
Four Social enterprises developed out of CARE Bangladesh’s programs are providing livelihood opportunities for thousands of women and men, and providing access to health, nutrition and agriculture inputs and services, as well as to markets, for millions of clients.

CARE and partners provided emergency support to nearly 1.4 million people, from 32 districts. The Joint Needs Assessment methodology and tools, whose development was led by CARE, has been used to provide the evidence base for most humanitarian responses in Bangladesh, since 2011. CARE and partners provided flood-tolerant houses to 3,045 households.

Over 14,000 infrastructure schemes were implemented to improve infrastructure for communities, in particular to be less vulnerable to flooding or other effects of climate change. Over 700,000 project participants adopted improved farming practices.

Governance has been made more inclusive and transparent: 90% of the 276 Union Parishads where CARE and partners were working held open budget sessions, and 80% held citizen gatherings (ward shara). 72% increased their budget allocations for the poor and extreme poor, by a total of US$1.1 million. Access to safety net programs was increased for 420,000 households (1.9 million people).

While we have not been able to include a consistent measure for cost-effectiveness or value for money across all our work, evidence from individual projects suggest significant value is being generated for participants for each Taka or dollar spent in CARE’s programs. This is reinforced in initial analysis of the economic value of some of the impacts highlighted above across all our portfolio over the last five years.

Lessons from this report will inform our future strategies in Bangladesh. CARE will continue to explore ways to effectively scale-up its impacts, to reach larger numbers of people. We will carry on our focus on identifying, testing and documenting effective models and approaches, and supporting Government, the private sector and civil society to adapt and scale these up. We will put further emphasis on using the learning and evidence from our projects as part of advocacy campaigns to influence the policies and programs of others. Partnership will remain at the heart of our work, so that CARE can link with and support like-minded organizations, social movements, the private sector, government and others to pursue progressive visions for development and change.

Experience from developing this report has also shown the need for improving CARE Bangladesh’s impact measurement systems. This will need more consistent methods for measuring and analyzing achievements, which will help better aggregation of data in the future. CARE is addressing this through strengthening its systems, methods and practices in monitoring and evaluation and knowledge management, including through adopting a set of consistent indicators and methodologies to measure these, over the life of our projects. Further efforts will also be developed to measure the cost-effectiveness and social return on investment in our work.
CARE'S PROGRAM IMPACT: BANGLADESH HIGHLIGHTS

**SHEBIKA** improved the health of factory workers, with a 44% reduction in family health expenditure per month, and 70% reduction in the average days of illness per month. 96% of workers were satisfied with the health services provided by the Private Community-based Skilled Birth Attendants.

**SETU II** helped 45,000 households increase their monthly incomes seven times, by over 700%. 95% of participating households successfully across North Char, Char, Haor and Coxs Bazar regions. **SHOUHARDO II** enabled over 25,000 children under 5 to escape stunting, reducing rates from 51.7% to 48.8%. The percentage of households with hunger was more than halved, down to 42.4% from 91.4% at the start of the project, lifting 300,000 households (1.35 million people) out of hunger.

**Pathways-Samnow** contributed to an average 25% increase in female day wages in Kurigram, from US$1.27 to US$1.59, generating an increase of US$33,636/month for over 3,500 women day labourers.

**SDVC** helped transform the dairy value chain, enabling 36,000 households to increase incomes by 28%. Private shops have increased sales of food and other inputs, while sustainable services are provided by private milk collectors, livestock health workers and artificial insemination.

**EMPHASIS** increased use amongst migrants of condoms while having sex with non-consensual partners to 63%, more than twice the rate in a control group. Participants also had much greater ability to discuss issues related to HIV with their spouses (58.5%, compared with 21.5% for the control).

**FSUP** helped 55,000 households in the Narayanganj region to increase incomes and food security. Households ensuring 3 meals a day jumped from 17% to 93%, community groups also stopped 1,429 cases of violence against women, 522 cases of early marriage and 935 cases of dowry.

**P.A.C.E.** worked to improve literacy and life skills of 650 female migrant workers, with large increases in those reporting high self-esteem (35% to 52%). It also led to a sixfold increase in feeling of being respected in their families (13% to 72%), and nearly doubled those showing a high level of influence in their workplaces (32% to 64%).

CARE led the development of the Joint Needs Assessment (JNA) methodology and tools, used providing the evidence base for most humanitarian responses in Bangladesh, since 2011.

Evidence from **COVAN** that violence against women costs Bangladesh 2.1% of GDP was an important part of successful advocacy efforts to get enactment of the Domestic Violence (Prevention and Protection) Act in 2010.

Overall, CARE Bangladesh and our partners have provided support to 30.9 million people, nearly one in five of the country's population (18.5%), across all 64 Districts in Bangladesh.
WHY A CARE BANGLADESH IMPACT REPORT?

CARE Bangladesh and our partners work to see lasting, positive changes in the lives of excluded and vulnerable communities, across the country. By working with women, men, girls, boys, community groups, local organizations, partners and governments, CARE seeks to address the underlying causes of poverty and social injustice. While measuring the impact of this work is not simple or straightforward, CARE believes it is important to demonstrate our achievements, and tell the story of where and how our work is making a difference.

Following similar efforts over recent years to report on CARE’s overall collective impact, in Latin America and the Caribbean and in Asia, this report aims to provide a consolidated analysis of CARE’s overall achievements in Bangladesh over the last five-year period, based on aggregating data and analysis from different projects and programs. This CARE Bangladesh Impact Report seeks to:

- Ensure CARE Bangladesh is accountable to those with whom we work, and to the donors and agencies who entrust CARE with resources to do this work, as well as to our own staff.
- Provide a strong evidence base for CARE’s future programs, partnerships and advocacy, and understand where successful approaches can be promoted or expanded.
- Provide insights into critical issues facing the Bangladesh, and how CARE’s lessons and evidence can contribute to the work of others – in Government, civil society and the private sector - to address these problems collectively.
- Contribute to the development of improved internal systems for impact measurement and knowledge management and learning, helping to understand the role CARE and partners are playing and how to make greater contributions to impact into the future.
INTRODUCTION

CARE-BD Program and Focus Areas

At CARE, we recognize that poverty is injustice. Our programming strategy works to eradicate poverty everywhere by tackling its root causes: marginalization, discrimination and inequality. In Bangladesh, our mission is to amplify voices of the poor and marginalized in ways that influence public opinion, development practice and policy at all levels. This happens as knowledge drawn from our grass roots and global experience is channeled through purposeful relationships with civil society, government and private sector.

Guiding goals

In all of CARE’s work, our underlying approach aims to:
• Strengthen gender equality and women’s voices
• Promote dialogue and inclusive governance
• Build resilience and provide humanitarian relief

Focus for Bangladesh

Drawing on our extensive experience in Bangladesh, we specifically focus on:
• Enhancing food and nutrition security
• Diversifying and strengthening livelihoods
• Promoting sustainable agriculture and inclusive markets
• Strengthening health systems and developing new service models
• Reducing violence against women and ending child marriage
• Promoting dignified work and economic empowerment for women
• Community-based climate adaptation and disaster risk reduction in rural and urban settings
• Cultivating access to basic services
• Integrating inclusive business approaches and social enterprise development

Our role

Alongside providing humanitarian assistance in emergencies, we use our world-class expertise in programming to implement innovative, long-term solutions. We do this by:
• Building solidarity groups
• Community-led total development
• Engaging with men and boys to promote women’s empowerment
• Creating solutions with the private sector through inclusive business interventions
• Using social accountability tools
• Advocacy and Policy Influencing
• Generating evidence and learning
• Working in partnership
• Promoting innovations, scale-up & coordination
CHAPTER 1: METHODOLOGY

This report is an analytical review of CARE’s programs and projects undertaken with partners and allies in Bangladesh over the period 2010-15. It explores CARE’s principal strategies for achieving positive impact by drawing on a broad range of evaluations and other studies and assessments produced over the period. The report aims both to support learning and accountability within CARE Bangladesh and beyond, and to contribute to developing better systems into the future for monitoring and measuring impact.

The report was developed by CARE Bangladesh’s PEARL (Program Evidence, Advocacy, Research and Learning) Team, along with the support of an external consultant. Literature review of secondary information was carried out from 100 different CARE Bangladesh projects over the period 2010-2015. The team primarily reviewed external evaluation reports, carried out by researchers or consultants commissioned by donors, partners or by CARE ourselves, but also reviewed other sources such as final project reports and progress/donor reports to obtain additional data and information.

Of the 100 projects reviewed, 25 were in the area of emergency and humanitarian response, while 75 were focused on long-term development. These projects cover all 64 districts in Bangladesh, with a total budget of US$ 242 million. Of these, 40 projects had good change information from solid evaluations or reports; but while a minority of CARE’s projects, these represent the vast majority of CARE’s spending (86%, or US$208 million). 14 projects had been implemented for less than a year, and so would not be expected to have data on outcomes or impacts, and the 25 emergency projects had information primarily focused on outputs and coverage of activities. The remaining 21 projects were largely smaller initiatives, without sufficiently solid information or evaluation systems.

Project data from these reports were analyzed, processed and validated, including through discussions with key project and program staff. The indicators chosen were those that reflect higher level changes, such as outcomes and impacts, rather than indicators of results (such as numbers of people being trained, or of participation in project activities). In general, the report highlights those indicators where more than one project had solid and reliable information, and which address the main areas of change where CARE Bangladesh’s programs seek to generate impacts. Data on these indicators were compiled across different projects, to enable total figures across all CARE’s work, along with average levels of change from baseline to end of project, to show the scale of change achieved.

Many project evaluation systems did not have control groups or experimental designs, so where possible, these aggregate figures of change are compared with national average changes in these indicators over the same period, to compare CARE’s achievements with what would most likely have occurred even without CARE and partners’ interventions. Also, given the wide range of indicators used in different CARE projects - sometimes due to those chosen by donors, and sometimes due to different choices made by CARE and partners as new initiatives were developed to respond to specific local needs and contexts - it was not always possible to combine information from different interventions into summary figures on higher-level outcomes.

Although the report covers the final period of the Millennium Development Goals, the information is presented in Chapter 2 using the framework of the Sustainable Development Goals (SDGs), with achievements presented on 11 of the 17 goals. We believe this makes the evidence and learning more relevant to future efforts to tackle the problems of inclusion, justice and sustainability in Bangladesh, which will require the collaboration, knowledge and creativity of many actors, from international and local civil society organizations, from Government, and from the Private Sector.

Therefore, while looking back over CARE’s work of the last five years, this report is also focused forwards, on how we can use the learning from our work to help accelerate efforts in Bangladesh to meet new challenges ahead. To that end, the table below shows how the main sections of this report relate to national priorities, as outlined in the 2010-2021 National Sustainable Development Strategy, and the 2016-2020 7th Five Year Plan.

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1 Those wanting to evidence related to MDG 1 (ending poverty & hunger) can find that in the sections in Chapter 2 on SDG 1 (poverty), SDG 2 (hunger), SDG 8 (decent work & economic growth), and SDG 10 (inequality), and Chapter 3.2 on CARE Bangladesh’s Extreme Poverty Poverty: for MDG 3 (gender equality and women’s empowerment), see Chapter 2 on SDG 5 (gender equality), and Chapter 3.1 on CARE’s Gender Equality & Women’s Empowerment program; for MDG 4, 5 & 6 (child mortality, maternal health, and HIV & AIDS, malaria & other diseases), see Chapter 2 on SDG 3 (health); for MDG 7 (sustainability), see Chapter 2 on SDG 6 (water & sanitation), SDG 11 (sustainable cities) and SDG 13 (climate action), and Chapter 3.3 on CARE Bangladesh’s Urban poverty programs and for MDG 8 (partnership for development) see Chapter 2 on SDG 10 (peace, justice & strong institutions) and SDG 17 (partnership).
<table>
<thead>
<tr>
<th>Impact Report sections</th>
<th>National Sustainable Development Strategy 2010-2021</th>
<th>7th Five Year Plan 2016-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDG 1: No poverty</td>
<td>4.1 Agriculture &amp; rural development, 6. Social security &amp; protection</td>
<td>2. Pro-poor &amp; inclusive growth, 4. Poverty &amp; inequality reduction, 2.7 Local government &amp; rural development, 2.13 Social protection</td>
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<td>SDG 2: Zero hunger</td>
<td>4.1 Agriculture &amp; rural development, 4.5.4 Improved nutrition, 4.5.5 Food safety</td>
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</tr>
<tr>
<td>SDG 3: Good health</td>
<td>4.5.1 Population planning, 4.5.3 Quality health &amp; sanitation services</td>
<td>2.10 Health, nutrition &amp; population services</td>
</tr>
<tr>
<td>SDG 5: Gender equality</td>
<td>6.3 Women’s advancement &amp; rights</td>
<td>14.6 Gender equality</td>
</tr>
<tr>
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<td>4.5.3 Quality health &amp; sanitation services, 5.3 Water supply &amp; sanitation</td>
<td>2.7 Local government &amp; rural development</td>
</tr>
<tr>
<td>SDG 10: Reduced inequalities</td>
<td>6.9 Arrest marginalization</td>
<td>4. Poverty &amp; inequality reduction, 2.13 Social protection, social welfare &amp; inclusion</td>
</tr>
<tr>
<td>SDG 11: Sustainable cities &amp; communities</td>
<td>5. Urban environment</td>
<td>2.9 Urbanization</td>
</tr>
<tr>
<td>SDG 13: Climate action</td>
<td>5.6 Urban risk reduction, 7.5 Natural disasters &amp; climate change</td>
<td>2.8 Environment &amp; climate change</td>
</tr>
<tr>
<td>SDG 16: Peace, justice and strong institutions</td>
<td>8. Good governance</td>
<td>2.1 Strengthening public administration, public institutions and governance, 2.7 Local government &amp; rural development</td>
</tr>
<tr>
<td>SDG 17: Partnerships for the goals</td>
<td>9. Institutional framework</td>
<td>5.6 Synergistic development partnership</td>
</tr>
<tr>
<td>Humanitarian response</td>
<td>7.5 Natural disasters &amp; climate change</td>
<td>14.4 Disaster management</td>
</tr>
</tbody>
</table>
CHAPTER 2: CARE’S CONTRIBUTIONS TO THE SDGs

GOAL 1: ZERO POVERTY

Introduction

Bangladesh made significant progress in reducing poverty over the last two decades: extreme poverty (equivalent to US$1.90 a day) fell from 72.2% in 1991 to 43.7% in 2010, a reduction of 40%, which put the country on target for meeting the Millennium Development Goal of halving poverty between 1990 and 2015. However, levels of moderate poverty (US$3.80 a day) fell more slowly, from 93.3% to 77.6% (a reduction of just 17%), illustrating how much further the country will need to progress over the period of the SDGs to meet the goal for the 2015 to 2030 period, to eradicate poverty in all its forms.

While the last twenty-five years has seen sustained economic growth in Bangladesh, averaging over 5.3% in annual GDP growth from 1990-2014, many households have been left behind, particularly in northern and southern districts, and chronic disaster-prone areas, where CARE’s work focuses in Bangladesh. Our programs target the most poor and marginalized, including socially excluded groups such as female-headed households and smallholder or landless farmers. CARE and partners work to strengthen the capacities of individuals, families and communities to ensure that women and men have secure and sustainable livelihoods. We promote greater participation by marginalized communities in decisions that affect their lives, to enable them to create lasting social and economic change.

CARE’S Program Impact

Increase in per capita incomes: Over the last 5 years, CARE Bangladesh and partners in 10 projects have enabled 810,082 households to increase their monthly incomes by 78% from an average of BDT 2,965 at baseline to BDT 5,289 at the end of the project (US$38 to US$568). Benefiting nearly 3.6 million people, mostly Poor and Extreme Poor (PEP), CARE and partners’ work has contributed to an increase of US$290 million in annual incomes.

SETU-II (Social and Economic Transformation of the Ultra-Poor Phase II) for example, helped households increase their monthly incomes seven times, by over 700%, and FSUP (Food Security for Ultra Poor) doubled average monthly incomes. Other projects saw still significant increases in incomes of nearly 50% or higher. SHOUHARDO II (Strengthening Household Ability to Respond to Development Opportunities) enabled female-headed households to increase incomes by 62.2%, higher than that seen for male headed households (38.5%). A composite asset index used by SHOUHARDO, counting non-productive assets, such as jewelry and household goods (furniture, radios and TVs, etc.), also saw a significant increase of 55% (from 25.1 to 39). While most projects did not have control groups or randomized in-

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1 In 2011 US dollars, at Purchasing Power Parity (PPP).
2 Figures here and elsewhere in this chapter come from the World Bank World Development Indicators, the 2015 Bangladesh MDG Progress Report and the 2015 Global Nutrition Report.
3 As can be clearly seen in the 2010 poverty maps, showing extreme poverty to Upazila (sub-district) levels.
did not have control groups or randomized intervention strategies, these increases in income are significantly higher than would be expected from growth in national incomes over this period (GDP per capita increased 22% from 2010 to 2014).

Social, political & economic empowerment to enable the ultra-poor to escape poverty

SETU promoted collective responsibility and action to address the underlying causes of poverty affecting the ultra-poor. Using community led total sanitation (CLTS) as an entry point helped generate wider social support from the whole community, as well as identifying natural leaders with potential to successfully lead action and negotiate with authorities on behalf of the ultra-poor. Awareness raising around political needs and rights, and linking them with the local elected bodies, created support from service providers and authorities, that complemented strengthened economic activities, such as cash transfers, social enterprise and livelihood support.

The project evaluation showed that 95% of participant households had successfully come out of poverty, and significantly increased income, expenditure on food and non-food items, and savings. Before the project, none of the households had savings, but by the end more than 73 percent households had positive savings, averaging 4,494 TK (US$58). Household incomes increased over seven times, and household spending went up five folds.

Amongst the strategies CARE and partners have applied to enable this increase, two are particularly important: promoting access to public and private services, and mobilizing savings:

- 680,000 households participating in four projects were able to access services to support their livelihoods, such as agricultural inputs, markets or financial services;
- Over 3,000 savings groups were organized by CARE and partners, enabling participants to meet regularly to pool their savings, for lending to support their economic and social activities. Overall, 113,000 savings group members saved a total of 110,833,772 TK (over US$1.4 million).

Improving access to services and markets in the dairy value chain

SDVC (Strengthening the Dairy Value Chain) has enabled over 36,000 households to increase incomes from milk production and related activities, by 68%. Private shops have increased sales of feed and other inputs, while milk collectors, livestock health workers and artificial insemination workers are making an average profit of US$ 292, US$367 and US$448 per month, respectively. Working closely with Bangladesh’s second largest dairy processor, BRAC-Dairy, the project’s digitalized fat testing system, with payments made based on the fat content of the farmer’s milk, has been scaled up to 22 chilling plants and 47 remote collection points, across the country.
GOAL 2: ZERO HUNGER

Introduction

Bangladesh met the MDG target of halving the prevalence of underweight children under 5 years of age, from 66% in 1990 to 32.6% in 2014. Stunting (being too small for their age) was also reduced, if not as significantly, from 63.4% to 36.1%. However, less than half of children under five avoid stunting or wasting (being too thin for their height), and large inequalities remain in Bangladesh: Children whose mothers are in the lowest wealth quintile are two and a half times more likely to be stunted (50 percent) than children whose mothers are in the wealthiest quintile (21 percent). Bangladesh is on track to reach two of the five World Health Assembly nutrition targets for 2025 (stunting, and overweight children), but is off course against three (anemia, exclusive breastfeeding, and wasting).

Over the last five years, CARE Bangladesh has focused significant efforts on contributing to food security in rural Bangladesh. Larger scale projects, such as SHOUHARDO II, SETU-II, JSUP, SDVC, Juice Value Chain, Khushi Ulsha, reached over 800,000 households, providing comprehensive livelihood support, linking to markets, technology transfer, and value chain strengthening. Other projects, Ekhnoy Shomoy, INI, N@C, and HNFs, focused on contributing to better nutrition through facilitating access to better health and nutrition support, information, motivating access to low cost nutritious food, supplementary distribution, capacity building of local actors, and advocacy.

CARE’S Program Impact

Reduction of malnutrition: SHOUHARDO II achieved phenomenal success in terms of reducing rates of stunting and underweight. Through SHOUHARDO II, CARE and partners helped reduce stunting by 12.9 percentage points amongst nearly 200,000 children under 5. The normal large increase seen in the prevalence of stunting amongst children as they age from the 6-18 month age group to 18-60 months, was not found for the group of children whose households participated in project interventions. SHOUHARDO II and Ekhnoy Shomoy projects also reduced the prevalence of underweight (low weight for age), from 42% to 34.9%. Overall, CARE and partners helped over 41,000 children escape from malnutrition.

The average annual decline in the stunting prevalence among eligible project households (3.2 percentage points per year) was far higher than that of rural Bangladeshi households in recent years (0.6 percentage points) SHOUHARDO II Impact Evaluation Report

'SHOUHARDO II’s multi-sectoral nutrition convergence approach, visible in all its project areas, permitted synergetic effects among nutrition-specific and nutrition-sensitive activities resulting in highly impressive stunting reductions' Multi Year Assistance Program (MYAP) Bangladesh Qualitative Evaluation Report

*Stunting is a height-for-age measurement that is a reflection of chronic under-nutrition. This indicator measures the percent of children 0-59 months who are stunted (a height for age Z score < -2). Given the costs of anthropometric measurement, only two of CARE Bangladesh’s larger projects have evidence of their impact on nutritional impacts.
Reduced Hunger: The percentage of households with hunger in SHOUHARDO II dropped to less than half (42.4%), down from 91.4% at the start of the project. Similarly, only 16.8% percent of households reported having no food in the house at the end of the project, a huge fall from the more than three-quarters (77.6%) who reported this at baseline. In all, 300,000 households no longer suffered hunger, and 370,000 households no longer had no food in their house.

Acceptable and diverse diets: Several projects (SHOUHARDO II, Ekhony Shomoy, & INI) implemented Infant and Young Child Feeding (IYCF) tools, to ensure the correct nutrition of children under two years of age. Through CARE’s integrated programming, final evaluations of those projects shows that over 58,000 children were enabled to have a minimum acceptable diet, increasing from 9.4% to 56.1%. SHOUHARDO II also saw a near doubling of average Household Dietary Diversity Score (HDDS). Over 350,000 households (1.58m people) were enabled to provide 3 meals a day throughout the year, who had not been able to do so beforehand (ISUP, SHIFT & SHOUHARDO II).

In these and other projects CARE Bangladesh has been successfully promoted sustainable farming and improved care practices, which hundreds of thousands of households to improve their food and nutrition security:

- Nearly a million households were supported to produce more nutritious foods, leading to greater consumption of diversified foods;
- Over 700,000 farmers adopted sustainable farming techniques (see below, under SDG 13: Climate Action);
- SHOUHARDO II enabled an increased in children immunized against 8 diseases by 12 months, from 58.6% to 73% Children under two receiving Oral Rehydration Solution (ORS) for diarrhea also increased from 61.1% to 97.7%.

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*The minimum acceptable diet indicator shows whether a child aged 6-23 months has consumed the minimum dietary diversity and the minimum meal frequency during the last 24 hours. Dietary diversity identifies whether a child has consumed at least four foods from the following seven food groups: grains, roots and tubers, legumes and nuts, dairy products (milk, yogurt and cheese), flesh foods (meat, fish, poultry and liver/organ meats), eggs, vitamin A rich fruits and vegetables, other fruits and vegetables. Minimum frequency is 2-4 times a day, depending on age and whether the child is breastfed.

*HDDS is measured on a scale of 0-12, capturing the diversity of the diets of members of a household over a given time. Twelve food groups are included in the measure, including cereals, roots and tubers, vegetables, fruits, meat/poultry/offal, eggs.
Vegetable Cultivation in the Plastic Bag drives women towards better livelihoods at Nikli

By cultivating vegetables in the plastic bag, vulnerable and marginalized women of Chatiarchar union in Kishoreganj district fought back against food insecurity for better livelihoods and lasting change. After adequate consumption for family nutrition, excess was sold in local market; earning Tk.500-600 per month (~$8). The struggle has been constant, with males of the household being the sole earner mostly and usually as day-labour, meaning inconsistent employment and earning; leading to frequent hunger in household. The accommodations are on such tiny spaces that cultivation of any kind was unfeasible. FSUP-I introduced the idea of homestead gardening as an alternate. To further enable them, FSUP-I organized training on how to cultivate vegetables in plastic bags within their homestead. It is notable that no additional spaces are required where seedlings, composts, soil need to be mixed. In addition, the project also provided seeds which include Cucumber, Red Amaranth, Stem Amaranth, Sweet Gourd, Bitter Gourd, Ridge Gourd, Snake Gourd etc. Awareness on nutritional needs and habits resulted in better nutritional security around the year by this method of cultivation – while increasing the quality of food intake as well.

Like many women in the locality, Parveen, Aachiya and Anwara gained influence and respect in their respective families and in their community to some extent, by cultivating “Plastic Bag vegetables”. Achiya also opined, “I can now help my family, educate my kids and have something to eat no matter what.” Considerable impact of this intervention has been seen on nutrition, income and unemployment. Food security has been improved through innovative agricultural technique and offered a model to other haor communities who may also grow vegetables in plastic bag. The experience of the women of Chatiarchar shows that tailoring agriculture practices to contextualised needs can create quick adoption and results.
GOAL 3: GOOD HEALTH & WELL-BEING

Introduction

Bangladesh met the MDG target for reducing child mortality by two thirds (from 151 per 1,000 live births in 1990 to 41 in 2013), with infant mortality (under 12 months) also falling from 94 to 32 over the same period. Maternal mortality was also cut significantly, from 574 per 100,000 live births in 1990, to 194 in 2010 and 170 in 2013. Skilled attendance at birth rose from 5% in 1991 to 42.1% in 2014, but this is still one of the lowest rates in the Asia region, and much greater progress is needed, particularly in remote, rural districts (skilled attendance was only 26.2% in Sylhet Division). The contraceptive prevalence rate rose from 40% in 1991 to 62% in 2014, but not enough to meet the MDG target of 72% by 2015. HIV prevalence is below 0.1% in the general population, and interventions targeting most at risk populations have had a positive effect: for example, HIV prevalence declined among people who inject drugs in Dhaka from 7% to 5.3%.

To improve maternal & child health, CARE Bangladesh works directly with women and communities, empowering them with resources and information, while also affecting policies and national programs to ensure that safe pregnancy and birth are a basic human right. CARE and partners train community health workers, carry out educational campaigns, and work with school children, mother groups and school committees to promote sanitation and hygiene practices. CARE Bangladesh also works with populations vulnerable to HIV/AIDS, and advocates for healthcare facilities for HIV/AIDS positive people.

CARE’S PROGRAM IMPACT:

Scaling up successful model: CARE Bangladesh created the Community Support System (CmSS) in 1999, as a community-led structure which tracks all pregnant women, and provides need-based support for making their pregnancy safer. The community forms a committee—a Community Support Group (CSG)—and establishes linkages with the health system and local government. Based on evidence of its contributions to reduced wealth disparities for key maternal health outcomes, CmSS been adopted by the Government as a key part of its efforts in health system strengthening, and scaled up throughout the country. CARE Bangladesh also uses the CmSS model in many different projects. CARE’S SAPP-II project, supporting the institutionalization of this model in the Government health system, has contributed to achieving the national target of reducing the Maternal Mortality Rate and Neonatal Mortality Rate by 2016 (on track, as of 2015).

Public-private model for vulnerable areas: CARE-GSK Community Health Worker Initiative is an innovative public-private partnership (PPP) to address the human resource and health services gap for 1.4 million people in 50 unions of 10 underserved sub-districts of remote Sunamganj district. 168 Private Community-based Skilled Birth Attendants (P-CSBA) were trained over 6
months, and provide maternal and child services in 150 remote wards in Sunamganj District, along with 2,112 Community Health Volunteers. Access to skilled attendance at birth increased significantly, from 12% to 50% in just 2 years, with also large increases in access to antenatal and postnatal care. Government, donor and NGO stakeholders have been involved developing the model, and are closely following implementation, with a view to ensuring further support and replication.

“The outcome of the initiative is quite noticeable. Now we need to capture all the learning and best practices of the initiative and scale up in similar type of remote and underserved districts to address the geographical and wealth disparity issues in health.” - Syed Mohammad Islam, Honorable Secretary, Ministry of Health and Family Welfare

Case study of a P-CSBA

Nishad* lives in Dowarabazaar Upazila. A widow and a mother of two children, she was trained as a P-CSBA in November 2013. Although her catchment area is big (three wards of Nannargon Union with 1,673 women of reproductive age), her average monthly income was stagnant, at around BDT 1,133. As a part of internal and external assessment of P-CSBA, JITA (a sister social enterprise organisation of CARE Bangladesh, that have provided business training for P-CSBAs) identified the reasons for the lack of growth in Nishad’s income to the desired benchmark of BDT 5,000 per month. These included a lack of support from her extended family, her own feelings of insecurity when visiting new areas, and a lack of awareness about the services she provides in the community. To address these, JITA developed an action plan that focused on engaging her family members and getting their support for child care while she goes to work, engaging local decision-makers and community leaders to ensure her security in the areas where she works, and introducing her to community members and building her credibility through yard meetings. JITA also helped Nishad to develop a list of health, hygiene and nutritional products that she can sell in addition to her skilled maternal and neonatal child health services. As a result of these efforts, her monthly income increased to BDT 7,500 by February 2015.

*T name changed for the purpose of anonymity

Tackling HIV epidemic: Since 1998, CARE Bangladesh has been implementing harm reduction programs focusing on persons who inject drugs (PWID). These include providing needle/syringe exchange, condom promotion, health education, and Opioid Substitution Therapy (OST). Drop-in centers were also set up specifically for female intravenous drug users, with referrals for reproductive health services. Dhaka old town has been the center of the HIV epidemic among PWID, but after rising from 4% in 2002, to 7% in 2006/7, HIV prevalence fell to 5.3% in 2011. As the main implementer of programs focused on PWID in Dhaka old town, CARE Bangladesh has been a significant contributor to this national HIV response.

Other achievements in the fight against HIV/AIDS include:

- CARE leads countrywide coverage of services for intravenous drug users, reaching 53% of estimated PWID in Bangladesh (12,517 of 23,800).
- Models and approaches developed by CARE Bangladesh have been recognized as best practices by others. The community-based detoxification camp was recognized by the Prime Minister of Bangladesh, the outreach model of Dhaka has been selected as best practice in “Preventing HIV/AIDS among drug users case studies from Asia” published by United Nations Office on Drugs and Crime (UNODC), and the Needle/Syringe Program was taken by UNODC to develop a standardized Needle Syringe Exchange Program (NSEP) protocol for South Asian Countries.
- CARE’s community-based OST program launched in 2013 at Dhaka was the first such intervention in Bangladesh, with clients able to reintegrate with their families, get back into work, and live a normal life.
- Advocacy and awareness raising with officials, such as law enforcement agencies, hospital staff, vocational trainers and community leaders, have reduced harassment of PWIDs.
- Promoting risk-free behavior practices amongst migrant populations: 63% respondents in the EMPHASIS project reported using condoms while having sex with non-regular partners, 32% higher than a control group. Participants also reported being able to discuss issues related to HIV (and safe mobility) with their spouses: 58.6% at the end of the project, compared with 28.6% at baseline (and 21.5% for the control group).

GOAL 5: GENDER EQUALITY

Introduction

Bangladesh has achieved gender parity in education at primary and secondary levels, if not tertiary (university) levels. Women’s participation in economic activities increased, from a low base of 19.1% of wage employment in non-agricultural sectors in 1990, to 31.6% in 2013, but overall, women’s labor force participation rate is nearly 50 percentage points below men’s (33.5% compared with 81.7%). Women’s political participation increased, with the women’s share of Members of Parliament rising from 12.7% in 1991 to 20% in 2014. Key areas of gender inequality, however, were not addressed in the MDGs, including very high levels of gender-based violence, and the unequal division of unpaid care and domestic work. 53.3% of women in Bangladesh reported having experienced physical and/or sexual violence from an intimate partner during their life, in a national survey in 2007. A pilot time-use survey in 2012 by the Bangladesh Bureau of Statistics found that women spend over four times as much time as men on unpaid domestic work and caregiving (5.3 hours, compared with 1.25). These will need to be priorities for the period of the SDGs.

All CARE’s work in Bangladesh seeks to contribute to women’s empowerment and gender equality. Empowerment is not just about giving women training or a loan. Empowerment means building women and girls’ confidence, skills and aspirations, as well as changing the relationships and social structures that shape their lives. Women’s empowerment can also only be achieved when we include men and boys. CARE Bangladesh’s programs are focused in particular on: women exercising greater choice in decisions affecting their lives; reduced violence against women; and the emergence of strong social movements, built on women’s solidarity and participation of men (see also Chapter 3.1, below).

CARE’S Program Impact

Joint decision making at HH: Typically, women’s participation in decision-making is limited, either at household or community levels. More than 10 projects have intervened carefully to break these socially, deeply-rooted rules, and leading to changes in women’s ability to take decisions, on their own or along with their partner or other family members. Project evaluations show that, across these projects, nearly 600,000 households (70%) reported that women were participating in household-level decision making processes, a significant shift from baseline scenarios.

• Tackling violence against women: CARE programming in Bangladesh is developed based on an understanding of gender dynamics and an analysis of the underlying causes of marginalization, discrimination and forms of violence against women. Violence Against Women (VAW) is the most extreme expression of male power, with debilitating, dehumanizing and disempowering effects on women. CARE Bangladesh started working in collaboration with others on preventing and reducing VAW, adopting a broader approach of not only addressing this ‘symptom’ of a deeply patriarchal society, but also its causes and enabling factors, such as early marriage, dowry, and the undervaluing of education for girls. Several projects (including COVAW, EMAT-FSUP, SETU, SEEMA, & SHOUHARDO II) enabled communities and households to increase their awareness and take actions to prevent violence against women.

Panchu Banu shows off the title to the farmland she owns with her husband. Joint ownership of land by wives and a husband, promoted through SHOUHARDO II, has helped bolster women’s decision-making power. Banu, for instance, convinced her husband that they should continue to send their 16-year-old son to school.
Overall, these projects helped reduce violence against women or girls for over 130,000 households, including:

- In FSUP, community groups were involved in stopping 1,429 cases of violence against women, 922 cases of early marriage and 955 cases of dowry;
- In SETU II, households reporting experience of violence against women fell from over 15% to 7.8%;
- In SROMHARO II, households in which women were yelled at or struck during the last year fell from 27.7% to 7.2%;
- In COYAW, all project sites reported a reduction in physical violence and early marriage;
- Working with lawyers and activists to fight for the basic rights of sex-workers at the high-court level, CARE and partners successfully got a verdict overturning the eviction of sex-workers from the Tangail brothel, one of the oldest and largest in the country.

**Promoting women’s mobilization:** CARE Bangladesh and partners have formed different groups to promote women’s organization and solidarity, following the EKATA model (Empowerment, Knowledge and Transformative Action). Despite the persistent male dominance of social and political power relations, women’s mobilization through these groups is bringing positive results contributing to women’s agency, with some changes in relations and social norms. Across 7 different projects over the last five years, CARE Bangladesh and partners have formed nearly 1,500 EKATA groups, with over 110,000 women and girls.

**Increasing women’s leadership:** Building on the process of raising awareness among women about their voice, rights and entitlements in EKATA and other groups, CARE also facilitates engagement with structures and leaders at the community and local government levels, to open up greater space for women’s voices and participation. This has helped women to become more accepted and valued in the household, community and higher levels. Across five projects, 3,840 women gained positions in community or local government structures, including Union Parishad committees, and community committees on education or disaster management.

**Raising wages:** Economic empowerment is an essential part of women’s empowerment, and so CARE has worked in several projects to reduce wage discrimination between male and female workers. Pathways-Samnow, for example, helped increase the wage rate for female agriculture day labor by around 12 Taka per day (or 300 Taka per month – US$ 3.85). SETU-II was also successful in reducing the conventional wage discrimination between male and female workers in the agriculture sector, with 73% of participants interviewed in the final evaluation saying that wage differences between women and men had been reduced.

**Increasing working women’s self-esteem and efficacy:** P.A.C.E. (Personal Advancement and Career Enhancement) worked with 650 marginalized female migrant workers, employed in the formal and informal sectors, in urban areas. P.A.C.E. worked to improve their literacy and life skills, enabling them to advance in the workplace and in life, achieving significant increases in those with high self-esteem (35% to 52%) and confidence in their abilities to accomplish tasks at home or work (26% to 65%). It also led to a six-fold increase in feeling of being respected in their families (13% to 72%), and nearly doubled those showing a high level of influence in their workplaces (32% to 64%).

“I never thought that I could contribute to the development of my village being a woman. EKATA training has boosted my confidence and helped me to earn a lot. It is a great achievement to receive the ‘Joyeeta’ Award’.”

Tashima Akhter, an EKATA volunteer of Sunamganj District.
**GOAL 6: CLEAN WATER & SANITATION**

**Introduction**

The MDG target of halving the proportion of people without access to safe drinking water has been met in Bangladesh, with access increasing from 68% in 1990 to 84% in 2014 (with figures adjusted for arsenic contamination levels). Access to improved sanitation increased, from 34% to 57%, although not by enough to meet the MDG target. However, open defecation has seen a remarkable decline, from 33% in 1990 to 6% in 2009, due to community-based approaches such as Community Led Total Sanitation (CLTS).

CARE Bangladesh has included a strong focus on water, sanitation and improved hygiene (WASH) as an essential component of multi-sectoral approaches to food and nutrition security. CLTS has also been used as an entry-point to community development work, as an important strategy through which natural leaders amongst vulnerable members of the community emerge and start demonstrating their leadership potential and capacities.

**CARE’S Program Impact**

**Access to WASH:** CARE Bangladesh worked with four different projects to ensure improved drinking water and sanitation facilities in the project areas (CATS, FSUP, SETU, and SHOUHARDO II). Over 570,000 households in the project area accessed improved drinking water facilities (81% of population), and nearly 370,000 households accessed improved sanitation facilities (55%).

CARE projects also enabled 465,272 households to live in Open Defecation Free (ODF) environments. Over 85,000 community members in the CATS project are effectively washing their hands with water and soap after using the toilet.

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**GOAL 8: DECENT WORK & ECONOMIC GROWTH**

**Introduction**

Strong economic growth over the last decades has not been accompanied by significant increases in the labor force participation rate (51.2% in 1990, and 57.1% in 2013). Women’s economic participation remains low (33.5% in 2013), and returns from labor force participation for female wage earners are lower than those of males, which partially explains their low participation rate. SDG8 aims to “Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.” It firmly establishes the pivotal role of decent work for sustainable development, including the inter-linkages between the economic, social and environmental factors that contribute to growth. The concept of a green economy is also being increasingly promoted as one of the pathways to sustainable development, with a goal of social inclusion and the creation of employment and decent work for all.

CARE Bangladesh has been working for more than a decade to promote the economic growth of the poor and extreme poor, facilitating the process of having a decent working environment and job creation by creating new diversified entrepreneurial activities, including bringing them to formal job sectors.

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*CLTS was pioneered in Bangladesh by Dr Kamal Kar, and has since been expanded as a successful sanitation approach throughout the world.*
CARE has been successful in developing models for how to work with formal sectors (such as Ready Made Garment factories and other private companies), as a part of its workforce empowerment and private sector engagement strategies. These approaches are resulting in improved outcomes for workers, such as fair wages, safe working environments, and women’s empowerment. At the same time, employers have also benefited through reduced attrition and absenteeism, increased efficiency and productivity, and overall a positive return on investment.

**CARE’S Program Impact**

*Systemic changes in the dairy value chain:* CARE Bangladesh has been working with BRAC through Strengthening the Dairy Value Chain (SDVC) project since 2012. The aim has been to reach a tipping point in the dairy sector, through introducing a transparent, structured milk collection system and an integrated service provision model for farmers, anchored around a network of input supply shops and dairy collection points. Getting the adoption of Digital Fat Testing (DFT) technology has been game-changing, for increasing the quality of milk and linking payments farmers receive to levels of quality. Since adopting DFT, ARONG-Dairy has increased business by 31% (over USS 1 million in value). Nearly 16,000 dairy producers have benefited from this significant change in market structure and operations, increasing milk fat levels from 4.2% to 4.5% in the last 3 years, and significantly increasing their incomes.

“We are happier than ever before” - how Digital Fat Testing (DFT) improves lives

Bottabanga union in Bogra district is a relatively underdeveloped and neglected union. Dairy producers used to face many obstacles, such as poor quality treatment facilities, feed and medicine. Moreover, the pricing and market management was not structured. About 80% of the families in Baithavanga village produce milk and are linked to the milk-selling business. As it is a very remote village and transport communication is poor, getting a fair price for the milk they produce was a big challenge. Local collectors used to buy the milk at a very minimum price, an average of BDT 28 per liter (USS 0.36).

The SDVC-II project established a DFT collection point, along with an intensive program of awareness and linkages with market actors, to ensure prices paid to the producers would be based on milk fat levels. CARE also improved dairy practices to help producers to increase the fat levels in their milk, and so their earnings. Such systemic change of milk transaction and dairy management practices have led to producers now receiving on average BDT 38 (USS 0.49) for per liter of milk, an increase of over a third (36%). Milk collection increased from 23 liters to 315 liters, as increased profits and transparency led to greater investments by producers in dairy management.

“DFT is like a blessing for us and we are very happy to have such facility in this poor community of ours” - Baithavanga milk producers group of Bogra district.

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*Part of the BRAC group, and Bangladesh’s second largest dairy processor.*
Developing sustainable social business models: CARE Bangladesh has been actively involved in co-creating social entrepreneur-led business models with the private sector, to deliver essential commodities and services to the poor and the marginalized, while also creating employment and income opportunities for women as social entrepreneurs. Examples include:

Living Blue, a social enterprise evolved from CARE’s development work, and has created a world class Bangladeshi brand, promoting high quality natural indigo dyed products throughout the world. Living Blue has a network of 25 international buyers, and is planning to spin-off from CARE in 2016.

Krishi Utsha is an Agro-input Micro-franchise network, developed under the SDYC project. It focuses on rural communities, supplying quality products for the dairy value chain to 25,000 producer households, with the collaboration of more than 15 private sector suppliers.

JITA, a social enterprise of CARE Enterprise Inc. with Danone Communities (France), focuses on rural sales through 3,000 women sales representatives, known as ‘Aparajita’ (the indomitable). These agents sell food items, toiletries, footwear, and personal hygiene and nutrition products from a range of private sector partners (including Unilever, Bata, and Danone), to as many as 2 million rural households.

Private-CSRBs have been developed and trained under the CARE/GSK community health worker initiative, and are earning 131% more within just 1 year, serving remote areas of Sunamganj district.

Promoting dignified work: CARE Bangladesh has worked with 80 Ready Made Garment factories and other private companies (through GWEET, P.A.C.E., and P.A.C.E. @ Community) to ensure safe and favorable work conditions for more than 122,000 workers (80% women). These engagements aim to increase well-being, potential, optimism and resilience, have brought win-win results for both workers and employers, including:

- For workers:
  - 92% female workers and 82% male workers claimed that the food they eat has changed for the better, as a result of training.
  - A nearly six-fold increase in participants who felt family members highly respected their opinions (13% vs. 72%).
  - A more than four-fold increase in women who said their family would look to them for advice (17% vs. 74%).
  - 14% of P.A.C.E. participants achieved promotions, new jobs, or salary increments.

- For employers:
  - Attrition declined by 14.9%, and absenteeism reduced by 10.2%.
  - Efficiency increased by 3.5%, and productivity increased by 5.1% (by number of pieces produced), with the rejection rate down 25%.
  - Efficiency increased by 3.5%, and productivity increased by 5.1% (by number of pieces produced), with the rejection rate down 25%.
“P.A.C.E. created a new dimension to my family life. Before P.A.C.E., I could not clearly discuss problems with my husband. Now I do not hesitate to talk to him and can clearly express any idea or problem” - P.A.C.E. Graduate, Bangladesh

“Empowering women not only improves their lives but it is also good for customers and business across the industry. By educating and empowering women in factories and creating a stronger supply chain, suppliers realize greater efficiencies in their factories, which should result in higher quality products, lower prices and more reliable product availability for customers” - Michelle Gloeckler, Senior Vice President of Home for Walmart

“At first they were resistant but they noticed the change in work quality and production” - Female Factory worker (when asked how managers supported the training program)

Over the last five years, nearly two out of every five of CARE Bangladesh’s development projects (39%) included Private Sector Engagement (PSE) as a focus. These focused on health, literacy & communications, market access, and increasing skills. CARE worked with nearly 200,000 beneficiaries through 29 long term development PSE projects. These initiatives have helped participants either gather marketable skills and/or access markets, generating increased incomes amongst the poor and extreme poor through having sustainable market linkages.

![Projects % and participants reached, by PSE focus area](image)

**GOAL 10: REDUCE INEQUALITIES**

**Introduction**

SDG#10 aims to ‘Reduce inequality within and among countries’, raising the priority of an issue that had been overlooked during the MDGs. In fact, the share of the poorest quintile in national income fell from 6.52% in 1991/2 to 5.22% in 2010. Ensuring that greater benefits from economic growth can reach the poorest quintile is essential for limiting increasing inequality. This SDG goal also covers the targets of achieving inequalities amongst people, irrespective of gender, age, disability, race, ethnicity, origin, religion or other status. This fits closely with CARE’s programming principle of addressing discrimination, and CARE Bangladesh’s focus on working to strengthen the rights of poor and extreme poor populations, especially for women and girls, and youth, in all its work. In this, we work closely with Union Parishads, local NGOs and Community Based Organizations (CBO), and different civil society platforms to make our collective voices for equality louder and more effective.
CARE’S Program Impact

Increasing incomes for poorest quintile: CARE’s work to increase incomes of marginalized urban and rural households focuses mainly on the poor and extreme poor, who make up the bottom two quintiles in Bangladesh. In that sense, the 78% increases in incomes achieved by CARE Bangladesh and partners in recent years – outlined under SDG 1 above – are critical improvements for over 3.6 million people, mostly from the poorest quintile.

Increasing female workers’ wages: As highlighted under SDG 5, CARE Bangladesh has successfully reduced wage differences between women and men. Pathways-Sammow achieved an average 25% increase in female day wages in Kurigram District, from US$ 1.27 to US$ 1.59, generating an increase of US$33,636/month for over 3,500 women day laborers.

Reduction of distress sales: One of the ways the poorest and most marginalized households pay for their vulnerability is when they have to sell scarce assets or household goods to meet urgent cash requirements, to pay for health emergencies, or other shocks – or “distress sales”. Many of CARE Bangladesh’s food and nutrition security support projects (such as FSUP, SETU, and SHOUHARDO II) have worked comprehensively to reduce distress selling, including through setting up community savings groups, Ekata groups, linking to local government social protection schemes, and other solidarity mechanisms. SHOUHARDO II for example was able to demonstrate in its final evaluation that a total of 1,224 households were found to have ended the practice of distress selling, saving around US$60,000 by the end of the project. Poor and extremely poor households reduced the value of assets sold to meet urgent household needs from BDT 15,360 to BDT 12,930 (US$ 197 to US$ 166).

Increasing equality in access to services: CARE helps strengthen government health systems, with a particular focus on remote and vulnerable areas, such as through the P-CSBA model (see SDG 3). SHOUHARDO II increased access for Poor and Extreme Poor households to services, from an average of 5.2 services to 8.3 services at the end of the project.

GOAL 11: SUSTAINABLE CITIES & COMMUNITIES

Introduction

The last 25 years have seen significant increases in the population living in urban slums in Bangladesh. The Census of Slum Areas and Floating Population conducted in 2014 by the Bangladesh Bureau of Statistics found a total of 592,998 households living in 13,938 slums, a 77% increase on figures from the 1997 Census (334,431 households in 2,991 slums). One of CARE Bangladesh’s three programs focuses on urban poverty (Chapter 3.3). CARE also has at the heart of its mandate the commitment to respond to humanitarian crises, which are increasing in severity and frequency with climate change.

This measure counts the urban population living in households with at least one of the four characteristics: (i) lack of access to improved water supply; (ii) lack of access to improved sanitation; (iii) overcrowding (3 or more persons per room); and (iv) dwellings made of non-durable material.
CARE’S Program Impact

Improving infrastructure: Over 14,000 infrastructure schemes were implemented to improve infrastructure for communities. These include repairing rural roads, plinth-raising to make houses, schools or communities less vulnerable to flooding, building multi-purpose cyclone or flood shelters, walls to protect communities against flood surges, early childhood development centers, and improvements to markets.

More timely flood forecasting: The flood-forecasting model was adapted by RIMES to be able to give a 10-days forecast, a significant change from the previous 3-days forecast that was available. Following piloting in the SHOUHARDO II area, the system has been handed over to the Government’s Flood Forecasting Warning Center.

Providing emergency response: CARE and partners provided emergency support to nearly 1.4 million people, from 32 districts. 25 different emergency projects, worth US$ 14.4 million, supported by 8 different donors, were implemented by CARE Bangladesh during this period, mostly in response to flooding.

GOAL 13: CLIMATE ACTION

Introduction

Climate change is a vital factor for Bangladesh in various aspects. It is widely recognized that climate change will affect many sectors, including water resources, agriculture and food security, ecosystems and biodiversity, human health and coastal zones in Bangladesh. Dhaka is one of the five most climate vulnerable cities in the world, according to the Maplecroft Climate Change Vulnerability Index. CARE Bangladesh already has a long history of working on climate change and is well known for its pioneering tools and methods for community based adaptation, such as the Climate Vulnerability and Capacity Assessment (CVCA). CARE promotes gender-equitable responses to climate change, focusing on rights-based approaches and working across the spectrum from humanitarian assistance to longer-term development.

CARE’S Program Impact

Introducing climate adaptive agriculture practices: Historically, flood-prone areas such as Kurigram have faced difficulties with long periods where fields are flooded during the monsoon. The Where the Rain Falls project tested new varieties and cropping patterns, with the most successful pattern adopted being a rice crop (BINA-11), followed by mustard (BINA-4), followed by a further irrigated rice crop (BRRI-28). This has enabled farmers not only to avoid damage of prolonged submergence due to floods, but also allowed an additional crop to be harvested in between rice harvests. Poor farmers can now harvest a viable third high-cash crop (mustard), while still being able to produce adequate rice for maintaining household food security.

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*Regional Integrated Multihazard Early Warning System for Africa and Asia (one of CARE’s technical partner in SHOUHARDO II).*
**Getting adoption of improved farming practices:** Many CARE projects have promoted improved agriculture practices which are environmentally safe and beneficial to producers. Over the last five years, CARE projects such as Agriculture Extension Support activity, Jute Value Chain, SDVIG, SHITF, & SHOUHARDO II, have worked with smallholder farmers to promote improved varieties and sustainable farming technologies. In all, over 700,000 project participants adopted improved farming practices.

**Participatory local level planning:** CARE has promoted and applied the Climate Vulnerability and Capacity Assessment (CVCA) tool for use in local level planning, through the Where the Rain Falls, SHOUHARDO II, and PRODUCE projects. By combining local knowledge with scientific data, the CVCA process builds people’s understanding about climate risks and adaptation strategies. It provides a framework for dialogue within communities, as well as between communities and other stakeholders (e.g., local and national government agencies). The results provide a solid foundation for the identification of practical strategies to facilitate community-based adaptation to climate change.

**Promoting flood-tolerant housing:** CARE has been working in Bangladesh since its independence, starting with relief and then rehabilitation work, before moving into long-term development. Over the last five years, CARE and partners provided flood-tolerant houses to 3,045 households, as a part of emergency response and rehabilitation work.

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**GOAL 16: PEACE, JUSTICE & STRONG INSTITUTIONS**

**Introduction**

CARE believes that poverty and social injustice are created and maintained by unequal power relations. In Bangladesh, despite democratic electoral systems, decision-making power remains in the hands of elites because of the forces that shape the exploitation and marginalization of the extremely poor. This inequality further leads to the unfair distribution of resources and opportunities, between women and men, and between power-holders and marginalized communities. By bringing together the excluded and the powerful and promoting constructive dialogue, CARE Bangladesh creates opportunities for inequality to be addressed. Inclusive governance addresses power imbalances by giving marginalized people a voice in public affairs, and a chance to influence the decisions affecting their lives. CARE’s lengthy experience of working with the lowest tier of local government in Bangladesh shows that poverty reduction is more successful in the long term when it has the support and participation of capable, inclusive and accountable governments, as well as actively engaged citizens, and inclusive spaces in which these two groups can meet to openly discuss and negotiate community issues.

“I’ve always been a victim of trouble, as I did not have any legal papers of the land that I have been rearing my kids. I feel proud that I am no more landless. I have the freedom of using and cultivating my land. This land has given me the opportunity of growing my crops and vegetables of my choice. This is a complete freedom.” - Md. RafiquIslam (51), khali beneficiary of Sujamati Village
CARE’s Program Impact

Increasing local government funding to support excluded groups: CARE and partners worked directly with 276 Union Parishads (UPs) to promote inclusive governance, through five projects (ECNSA, JATRA, PRODUCE, SETU-II, and SHOUHARDO II). Evaluations and reports show that around 72% of the 276 Union Parishads increased their budget allocations by nearly US$1.1 million to support the poor and extreme poor, with special attention to marginalized women.

Ensuring transparency and accountability: UPs are becoming more transparent and accountable, especially to poor and extreme poor households. 90% of the 276 UPs held open budget sessions, and 80% held ward shava (citizen gatherings). The JATRA project, for example, promoted the presence at the ward shava of more than double the mandated proportion of total voters (10.31%, rather than the mandatory 5%). 60% of participants were poor or extreme poor, and 48% were female. Other tools used for local government transparency include digital info centers, and citizen charters, put in place by 100% of UPs in the JATRA project area.

Increased coverage of social safety nets: CARE worked with Union Parishads to ensure increased coverage of safety net support to the extreme poor, marginalized women, and disabled people, through five projects (SHOUHARDO II, JATRA, SETU-II, SHIFT, PRODUCE). Strong facilitation of participatory processes has been key to achieve this goal. EKATA groups and Village Development Committees supported by CARE Bangladesh worked with local CBOs to help vulnerable people to raise their voices and demand support from safety net programs from the Union Parishad. Some CARE projects also directly supported vulnerable people through implementing various infrastructure schemes. These efforts together resulted in an increase of access to safety nets by nearly 420,000 households (1.9 million people), from 14% before the projects started to 66% at the end of project.

Access to land: CARE and partners helped a total of 820 households gain access to either khasland (state-owned land) or private land titles and 1,712 households gained temporary access to government land for their livelihoods.

Meaningful participation: 6,259 poor and extreme project participants (61% women) gained positions in community or local committees, such as Union Parishad standing committees.

Raising their demands: Through CARE’s work with JATRA project, participants were trained to know about their entitlements from local government (UPs). Reports show that 51% of issues or demands to UP were raised by poor and extreme poor and 19% are raised by women, which was unprecedented. Issues raised include accessibility to safety nets, capacity building, infrastructure facilities (water and sanitation, roads etc.), and social service support.

GOAL 17: PARTNERSHIPS

Introduction

One of CARE’s programming principles is to work in partnership. We work with others to maximize the impact of our programs, building alliances and partnerships with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and/or who have responsibility to fulfill rights and reduce poverty through policy change and enforcement. CARE Bangladesh works together in partnership with the Government, at national and local levels, with civil society organizations and communities, and with the private sector, both international and national.

*The word shava is a space in which citizens are informed on UP activities and receive the opportunity to comment on them, as well as to
CARE’s partnerships

CARE has worked over the last five years with 13 Government of Bangladesh Ministries, 276 Union Parishads, 81 Private sector organizations, 29 national NGOs, 17 International NGOs, 23 civil society platforms and 11 different research organizations, to implement 101 development and humanitarian projects.

Notable partnerships include:

• CARE has led the process to develop a contextualized joint approach for post disaster needs assessment in Bangladesh. The Joint Needs Assessment (JNA) approach is now very much institutionalized in the humanitarian architecture of Bangladesh. It is supported at the national level by the Humanitarian Coordination Task Team (HCTT), which is responsible for triggering the JNA, endorsing the report, and developing a joint response plan based on the JNA findings. Since the approach started in 2011, the JNA has provided the evidence base for most humanitarian responses in Bangladesh, whether from CARE or from other agencies. CARE led the development of the JNA methodologies, and has promoted buy-in and ownership amongst wider stakeholders, capacity building of Government and NGO staff, and related preparedness actions. Similarly, CARE has coordinated all six real-time JNA exercises, with participation from all the humanitarian clusters, government, donors, UN agencies, INGOs, NGOs, and the Media.

• CARE worked 81 private sector companies (RMG factories, input suppliers, retailers and buyers) to achieve improvements in both business outcomes, and the lives and livelihoods of workers, customers and clients.

• CARE trained 168 Private Community-based Skilled Birth Attendants in collaboration with the Government of Bangladesh and GSK (GlaxoSmithKline), to ensure sustainable services in hard to reach areas where current health services are inadequate.

• CARE has a place on the Advisory Board to the industry-led ‘Alliance for Bangladeshi Worker Safety’.

• Working with BRAC-Dairy to get Digital Fat Testing scaled up across the dairy value chain. BRAC-dairy has applied this technological shift in two other dairy value chain projects, with Solidarities and Land-o-Lakes.

• Tangail brothel was reinstated to its original place through coordinated efforts of lawyers and like-minded NGOs, after overturning the eviction at the high court.

• CARE is an active part of the national coalition working on gender based violence, Citizens Initiative against Domestic Violence (CIDV).

• CARE Bangladesh is also a member of the Bangladesh Country Coordination Mechanism (BCCM) which is national coordination body for the Global Fund to fight AIDS, Tuberculosis and Malaria. CARE Bangladesh is also a member of National OST Coordination Committee, chaired by the Director of the National AIDS/STD Program under the Ministry of Health and Family Welfare, and of the National STD Network Bangladesh.

• National and international research organizations with expertise in different program areas helped support innovative ideas and research, as well as rigorous evaluation of our results, including:
  ◦ Schulich School of Business of York University in Toronto (on dairy value chain integration and sustainability);
CHAPTE R 3: CARE’S GLOBAL AND NATIONAL PRIORITIES

CARE Bangladesh’s work is structured around three Long-Term Programs – Gender Equality & Women’s Empowerment, Extreme Rural Poverty, and Urban Poverty – along with a continuous focus on humanitarian response and emergency preparedness. This section outlines some of the highlights of CARE’s achievements and the key lessons in these program areas over the last five years.

Our programs also fit within, and contribute to, CARE International’s global program strategy, focused on tackling the underlying causes of poverty and social injustice. As outlined in the figure below, there are three elements of CARE’s approach – strengthening gender equality, promoting inclusive governance, and increasing resilience – which we apply in all of our work, in all three roles we play to contribute to the fight against poverty and injustice: Humanitarian action; Promoting lasting change and innovative solutions; and Multiplying impact. Our global effectiveness will be demonstrated in four main outcome areas, to which the organization has committed to make significant contributions to large-scale change: Sexual, Reproductive & Maternal Health (SRMNH) and the right to a life free from Violence (LFFV); Food & Nutrition Security and Climate Change Resilience (FNS & CCR); Women’s Economic Empowerment (WEE); and Humanitarian Assistance.

Some of CARE Bangladesh’s recent impacts and evidence that contribute to this new global strategy are highlighted below.

The EKATA model for women’s solidarity groups, now involves over 110,000 women in nearly 1,500 groups. CARE’s approach to gender equality also includes a strong focus on engaging men and boys (see Chapter 2: SDG 5, Chapter 3.1).

CARE’s Community Support System (CmSS) model has been adopted by the Government as a part of its approach for health system strengthening, and been scaled up throughout the country (see Chapter 2: SDG 3).

CARE’s governance and social accountability model engages citizens to claim their rights, strengthens government capacity, and promotes dialogue between the excluded and the powerful, to create opportunities for inequality to be addressed (see Chapter 2: SDG 16, Chapter 3.2).

Nearly 0.7m households adopted improved agriculture & farming technologies, appropriate to a changing climate (Chapter 2: SDG 13)

“Cost of Violence against women” was a key document used engage government to change Domestic Violence Laws (Chapter 3.1)

Over US$290m in increased annual incomes of 810,000 households, with over US$1.4m saved by over 100,000 savings group members (Chapter 2: SDG 1).

CARE and partners supported nearly 1.4 million people in 32 districts with emergency response (Chapter 2: SDG 11).

CARE and partners contributed to a 13% reduction in stunting amongst nearly 200,000 children under 5, from 62% to 49% (Chapter 2: SDG 2).
3.1 GENDER EQUALITY AND WOMEN’S EMPOWERMENT PROGRAM

Gender discrimination – or the denial of women’s basic human rights – is one of the most significant underlying causes of poverty in Bangladesh, reinforcing other aspects of poverty and social exclusion. Gender equality is, first and foremost, a human right, but it is also a cornerstone of development and the eradication of poverty. This is why working for gender equality and women’s empowerment is mainstreamed as a cross-cutting goal in every aspect of CARE’s work. The aim of CARE Bangladesh’s Gender Equality and Women’s Empowerment Program (GEWEP) is that the most socially, economically, and politically marginalized women are empowered, through three overall domains of change: Exercise of greater choice in decisions affecting their lives; Reduced violence against women; and Strong social movements based on solidarity between men and women.

CARE’s Gender Equality Framework was developed to provide a framework to assist CARE staff in conceptualizing and planning gender equality work. CARE’s experience is that achieving gender equality and women’s voice requires transformative change, across three domains: agency, relations and structures. Change needs to take place and be sustained in all three domains to achieve this impact, in both private and public spaces (i.e. at individual, household, community and societal levels).

The main achievements of the program over the last five years are highlighted under SDG 5, above, including increases in women’s participation in household decision-making, increased women’s participation in community or local structures, strengthened women’s solidarity groups, reduced violence against women and girls, reduced wage-rate differences, and increased worker empowerment.

One particularly notable initiative was the Cost of Violence against Women (COVAW) study. Research on the national costs of Domestic Violence against Women revealed that around Domestic Violence was costing the country around 2.1% of Bangladesh’s GDP, or 12.5% of the Bangladesh Government’s annual expenditure, predominately for the individual and her family, but also the Government and wider community. This evidence was used as part of advocacy efforts for the enactment of the Domestic Violence (Prevention and Protection) Act, led by the Citizens Initiative against Domestic Violence (CIDV). CARE currently coordinates the Secretariat of CIDV, and promotes justice for survivors of domestic violence. Implementation of the Domestic Violence Act remains a central focus of our work.

<table>
<thead>
<tr>
<th>Cost incurred by</th>
<th>Cost (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual (victim &amp; perpetrator) &amp; their family – healthcare, transport, household expenses and food costs</td>
<td>US$ 1.97 Billion</td>
</tr>
<tr>
<td>State</td>
<td>US$ 19.1 Million</td>
</tr>
<tr>
<td>Non-state</td>
<td>US$ 21 Million</td>
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<tr>
<td>Total</td>
<td>US$ 2.01 Billion</td>
</tr>
</tbody>
</table>
Reducing Gender-based wage gap in Kurigram

More than 2,500 female agriculture laborers, 50 landowners and district government came together in a public event on 20th January, 2016 to formalize the women’s wage increase supported under CARE Bangladesh’s Pathways-Samnoy project. At the event, landowners committed to increase women’s agriculture wage rates, in the presence of government officials. The declaration was the result of a mobilization process over seven months, including gender sensitization, meeting landlords, mobilizing stakeholders, community-level gathering and wage analysis sessions.

Early impacts show that this advocacy effort has been successful beyond the initially targeted impact group of 900 women farmers. Women day laborers, both those working with the project and in other areas, report an average 25% increase, from US$1.27 to US$1.59 – in some cases, increases have been up to US$ 0.64 (including food provided by the land owner). Follow-up with landowners at the event also revealed they are meeting their commitments to higher wages for this harvest season. The value of this total increase of agricultural wage for women laborers of Chinai Union is estimated at US$33,636/month, benefiting 3,543 women day laborers.

Some of the critical lessons that have enabled CARE and partners to achieve these impacts, include:

- **Combining solidarity groups and community platforms:** EKATA groups are essential safe spaces for growing women’s awareness of rights, confidence and capacities, but need to be combined with community mobilization, for addressing mass concerns like VAH and gender-based wage gaps. Greater community engagement also allows women to hone their leadership skills developed in EKATA modules, by practicing them in discussions and negotiations with the broader community, or with local government. Groups are more stable when they are self-selected amongst participants of similar age, education and professional levels.

- **Engaging men and boys:** Given that women bear the greatest part of unpaid domestic and care responsibilities in the household, projects need to engage proactively with men and boys to change their actions. Spousal support to share household work and childcare during meeting sessions not only makes meeting sessions more productive, it strengthens grounds for women’s empowerment processes later. Inclusion of fathers and other men increases their interest and involvement in child-rearing and capitalizes on their strong desires and dreams for children to grow healthy and become well educated for a good future. Working with older women in households is also critical, given their influence to ensure a supportive environment in the household.

- **Financial literacy:** needs to be included in work on women’s economic empowerment, such as savings groups: modules need to embed issues of women’s empowerment. Without this, financial support often transfers to the spouse, with the woman participating in the savings group on his behalf.
3.2 EXTREME RURAL POVERTY PROGRAM

The CARE Bangladesh Extreme Rural Poverty Program (ERPP) is based on the understanding of poverty as powerlessness and the result of inequitable power relations that deprive people of the capabilities and freedoms to achieve sustainable and productive livelihoods, and to live a life free from exploitation. The program works for three domains of change so that extremely poor people in rural areas will be able to overcome barriers that prevent fulfillment of their rights:

- Better access to critical resources and services, including livelihood opportunities and income-generating activities, markets and input services, savings groups and safety-nets, and khas land;
- Active engagement of the poorest in local governance, raising their demands to UP and other levels, and participating in more transparent local government processes, such as ward shava and open budgets; and
- Reduced exploitation and dependence on others, through reducing gender-based wage gap, increasing local government allocations for the extreme poor, and enabling their engagement in market systems.

Driving this change is CARE Bangladesh's Model for Graduation from Extreme Poverty which has been developed over a decade of working in North-east Bangladesh, affected by the chronic seasonal unemployment known as "Monga". The process is as shown in the figure to right. This is an integrated approach of economic empowerment, social and political inclusion, and increased resilience. A sustainable exit from extreme poverty requires work in all 3 areas. CARE Bangladesh’s experience over the last five years, in SETU and other projects, has shown that extreme poor women and men can achieve remarkable improvements in their lives over relatively short timescales (3-5 years), through development projects designed to facilitate pathways out of poverty with a combination of these three factors.

The achievements of the ERPP include the significant increases in income and access to savings (see SDG 1), successful models for social enterprise and market engagement that benefit the poorest (SDG 8), reduced inequality (SDG 10), the promotion of improved and more resilient agriculture and infrastructure (see SDG 13), and more transparent and accountable governance (SDG 16).

In 2011, the Government issued a nation-wide directive to promote better access to public land and water for poor and extremely poor families. This was a direct result of the ‘Campaign for Access to Khas Land and Water Bodies’, to which CARE made significant contributions.

CARE Bangladesh’s projects continue to ensure these policies are implemented effectively and the transformative benefits of this decision are understood and fully realized.
Lessons learned in the ERPP include:

**Empowering from within**: CARE’s Community-Led Development process focuses initially on building community solidarity, a critical starting point for addressing the mental barriers held by the extreme poor, such as low self-esteem and the perception of “being nothing”. This is an essential first step in the process of promoting social inclusion to build strength.

**Basket of choices**: Providing a diverse range of small-scale Income Generating Activities (IGAs), defined by existing local market opportunities, is an effective basis for diversifying income, and a stepping stone towards market-based development. CARE calls this the “baskets of choice” approach.

**Savings for resilience**: Community-based savings and credit groups are a proven mechanism for building resilience amongst extreme poor, providing access to financial services for the most excluded, and reducing dependence on high interest loans. CARE Bangladesh is now looking at ways of expanding its community-based savings model to include micro-insurance, to manage risks relating to health and environmental shocks.

**Amplifying citizens’ demands**: Investment in building the capabilities and confidence of natural leaders from extreme poor groups to establish relationships (social capital) with local government representatives, by means of community-based platforms and spaces for participation in local decision-making processes, is key to strengthening the demands of the extreme poor for accountable and effective local governance.

**Women’s empowerment and resilience**: The experience of CARE Bangladesh has shown that extreme poor households in which women are more empowered and have equitable relations often achieve greater progress in terms of livelihood security and resilience.

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**Sustaining empowerment through facilitating natural leadership**

Many extremely poor rural women have attained sustainable economic development and socio-political empowerment in northwestern Bangladesh during the past couple of years. They have become self-reliant through community solidarity and action groups, collective actions, engagement in income generating activities (IGAs), mainly off-farm, and with local union parishes in particular. These successful rural women are now playing a vital role in their family and community affairs and some of them participating as members in different standing committees of union parishes. They had also organized several successful campaigns for reducing the man-woman wage gap particularly in the agriculture sector.

Natural Leaders like Anufa Begum is one of them. Under her leadership, villagers have used the project’s grants and also mobilized local resources, and taken collective actions to diversify livelihoods, built own organizations and relationship with local union parishad. Besides, the 25-member Ekata group made the village free from child marriage, malnutrition, illiteracy and violence against women. The able couples, pregnant women and adolescent are now aware of health, hygiene and nutrition. The villagers formed community based ‘Women Savings Group’ with 32 members to cope with lean season as they had to sale labour in advance and household goods earlier. They started with saving fistful rice and then turned it into cash group raising capital to Taka 18,000 early 2015 and afterwards SETU project added Taka 20,000 as Seed grant to the savings group to raise its capital when it started providing interest free loans up to Taka 8,000 among its members for IGAs for investing in off-farm businesses.

**For her huge contribution in bringing socioeconomic change in Sarkerpara village, local people elected Anufa as Female Union Parishad** member from reserved wards of Ramnagar union parishad of Sadar upazila of Nilphamari District in recent elections. Anufa were distressed, dependent and quite helpless housewives, have now become dazzling examples of how women empowerment matters.

"Every family is now earning well, our children are going to schools and our members are depositing Taka 20 weekly," said Anufa.
3.3 URBAN POVERTY AND VULNERABILITY

While two thirds of the population of Bangladesh still lives in rural areas, the country has seen significant shifts towards urban areas over the last 25 years. The urban share of the population increased by 69% since 1990, to 33.5% in 2014. Urban population growth has averaged 3.7% over the last 10 years, compared with 0.2% for rural areas. Urban areas of Bangladesh are getting increasingly crowded with limited resources and infrastructure being stretched beyond capacity. Thus, urban poverty and vulnerability is likely to become a growing issue for Bangladesh over the next decade. CARE Bangladesh’s Urban Poverty Program (UPP) aims to enable the marginalized and poor to access to secured life and well-being with equitable social, economic and environmental outcomes, through four areas of change: increased social acceptance and reduced exploitation and discrimination; equitable and distributed access and entitlements to services, resources and livelihood opportunities; enhanced quality and resilience of living conditions; and active engagement in urban governance processes backed by pro-poor urban policy.

CARE’s project of “Building Resilience for the Urban Poor” (BRUP), working in the emerging city of Gazipur, illustrates this well (see graphic to right). Key success factors from CARE’s work in urban areas, including workforce engagement in the Ready Made Garment (RNG) sector, include:

- **Customized Approach, from Rural to Urban:** CARE Bangladesh’s gender-focused community-driven approach has had to be adapted to fit the very different dynamics of urban areas. Urban communities are formed by individuals from a wide economic, cultural and educational spectrum, which makes community cohesion far more difficult to build. In addition, participants are also dynamic, changing jobs and locations regularly, requiring adaptive approaches to project implementation.

- **Literacy:** Literacy levels of female RNG workers significantly influence project impacts, particularly in terms of developing agency and their capacities for additional IGAs. Developing basic literacy can help them get jobs with better environments and higher pay.

- **Sustainability:** Training factory staff and employees for sustainability early in the project is essential, through approaches such as training of trainers, shadow-learning, and close monitoring of efforts in factories to sustain changes. Similarly, follow-up training conducted by trained factory staff/employees have strengthened project impacts and ensured training is put into practice.

- **Community access and engagement:** While community mobilization is more difficult in urban areas, due to higher rates of migration, local NGOs and government institutions have relatively easier reach and access in these areas, so mobilizing them can create greater change and impact. Community engagement work is also essential to follow shortly after, or simultaneously, with training programs, in order to maintain the momentum for longer-term changes.

- **Land Ownership:** In peri-urban areas, whether in slums or low-cost housing, accommodations are owned by landlords and most projects participants are renters. Projects in urban areas need to take care to engage the original land owners, to keep them informed and if possible to engage them actively in bringing positive change in the community.

3.4 HUMANITARIAN ASSISTANCE

Fighting poverty is never more difficult than in times of crisis. In the wake of a disaster, poverty and injustice are magnified, and poor, female, marginalized people suffer disproportionately. A disaster has the power to undermine all our other efforts to create positive change.

And that is why; humanitarian response is at the core of what CARE Bangladesh does.

Bangladesh is one of the most disaster-prone countries in the world, vulnerable to flooding, cyclones, storms and earthquakes. In the regions where we focus our work – the Char, Haor and South West, the effects of climate change are already exacerbating the extreme poverty and inequality that make local communities particularly vulnerable to disaster.
What we have

CARE Bangladesh has access to over 200 highly skilled emergency staff as part of the CARE International network. By working with existing local-level response systems, we have engaged more than 1,200 emergency community volunteers, building their capacity to ensure they are ready to be deployed in an emergency. On stand-by, we have access to food and non-food items for 100,000 people and water purification plants that can meet the needs of 50,000. These factors have enabled us to provide support in emergencies for 4.7 million people through 25 different levels of emergency response.

Women in emergencies

Women face increased vulnerabilities during emergencies. They are more likely to be subject to violence, further limited mobility, thus more limited access to assistance. Thus, CARE Bangladesh has maintained that more than 80% of the recipients of our emergency relief are women.

CARE reaches out to women and girls in a crisis, bringing their experience to the fore and ensuring their voice is heard by humanitarian community. In conducting needs assessments, inclusion of female staff members in all field teams; gathering gender-segregated data for gender-specific action plans, to provide targeted, relevant relief. We also collect gender-segregated data after an emergency, analyzing impacts of both the disaster and relief provided, on women’s lives.

A humanitarian leader

CARE Bangladesh strategy is not based on creating new systems, but strengthening and bridging gaps between existing humanitarian actors. CARE is known as a leader in Bangladesh’s humanitarian community: forging networks and bringing together duty-bearers at all levels to create successful connections and ensuring that emergency response is organized, coordinated, targeted and effective.

A vocal promoter of best practices, we have pushed forward the creation of national humanitarian coordination mechanisms in Bangladesh, by establishing the Network for Information, Response and Preparedness Activities on Disaster (NIRAPAD) in 2008, and more recently by championing the use of Joint Needs Assessments. We also play a leadership role in key networks and clusters, including the Humanitarian Coordination Task Team and the National Alliance for Risk Reduction and Response Initiative (NARRI) Consortium.

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[1] Dr. M. Abu Eusuf, Professor & Chairman of Department of Development Studies and Director of Center on Budget and Policy of Dhaka University.
CHAPTER 4: VALUE FOR MONEY

The previous chapters have shown how CARE Bangladesh’s programs have contributed to changing the lives of vulnerable communities across the country. In this chapter, we explore how CARE’s financial investment in these programs has created social value, and whether this represents ‘Value For Money’ or a good return on investment.

Only one project evaluation, SETU II, included an analysis of social return on investment. The analysis, carried out by an independent consultant, concluded that the cost per participant household in the project was between BDT 26,000 and BDT 30,000 (US$ 333 and US$ 385). The analysis concluded that on average each unit of cost generated a benefit for participant households of 5.83. To determine how long the project would continue to yield benefit over the cost, a discount factor of 6.5% (current bank interest rate) was used, showing that the present value of the benefit of SETU II would exceed the present value of the costs for over 50 years.

As shown in Chapter 2 on SDG 1, ten projects have contributed to a total annual increase of US$ 290m in household incomes for 810,000 households. As the total budget for these projects was US$ 165m, we can say that each $1.00 of spending has generated $1.76 in increases in annual incomes of the poorest households. As many of these increases would be sustained from year to year, whereas project spending was one-off, we can assume actual returns on investment would be much higher. Similarly, SHOUHARDO II enabled 25,249 children under 5 to escape stunting. To determine the value of this, we use figures applied in a cost-benefit analysis on nutrition in Bangladesh carried out for the Copenhagen Consensus. This study concluded that “for the working life of 18 to 60 years old, the total difference in wages earned [between not stunted and stunted individuals] is over BDT 20 million, or an average of over BDT 336,000 per year”. At current exchange rates, for the 25,249 children escaping stunting, each $1.00 of the SHOUHARDO II budget will generate $49.80 in increased future wages for these children once they become adults.

<table>
<thead>
<tr>
<th>Total lifetime wage difference for non-stunted individual (BDT)</th>
<th>20,000,000</th>
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<tr>
<td>Total lifetime wage difference (USD)</td>
<td>256,410</td>
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<tr>
<td>Total lifetime wage difference for 25,249 children escaping stunting, per US$1.00 of project budget (USD 130 million)</td>
<td>$49.80</td>
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Overall, these measures suggest that CARE Bangladesh’s programs are generating positive and significant returns on investment, that more than justify their costs.

\[\text{M. Abu Eisef, Professor & Chairman of Department of Development Studies and Director of Center on Budget and Policy of Dhaka University.} \]
\[\text{Nutrition Direct Package for Stunting in Bangladesh: A Benefit to Cost Ratio Analysis Bangladesh Priorities (Jonathan Rose, Consultant, South Asian Institute of Advanced Legal and Human Rights Studies, 2014). The analysis assumes that: a) a non-stunted child would have an average income in 2033, when turning 18 years old, of BDT 303,819 compared with BDT 567,013 for a child who was stunted; b) they would work from 18 to 65; c) annual wages increase by 5.13% (the average GDP per capita increase between 2005-2014); d) the 65 percent wage difference that was found in an empirical study in rural Guatemala (Hoddinott et al., 2011).}\]
CONCLUSIONS

While developing this impact report, it became clear that various projects and their impact measurement require standardization to be compiled for organizational impact. Numerous projects had innovative approaches and impacts which could not be mentioned as they were not measured in a manner that could be coupled with other projects for an organization-wide view.

Fortunately, as we look through 2010 to 2015, the project impacts have started to align, especially since the CARE International global impact measurement exercise – known as PIIRS – began in 2013. Going forward, the establishment and application of globally standardized program goals and indicators will ensure the works of CARE Bangladesh aligns with goals of CARE 2020 strategy as well as SDG goals, providing better impact measurement and communication for 2016-2020.

With program direction, as CARE Bangladesh commits to its identity as a rights-based organization, framing poverty as an injustice; the new projects are increasingly incorporating evidence-based advocacy and aspects of inclusive governance. Thus, going forward, it is certain that CARE Bangladesh will work towards multiplying its impacts to a greater degree, creating social movements.

Lastly, program approach for CARE Bangladesh began in 2010 and became integrated from mid-2013. As such, the programmatic goals and approaches will only gain clarity with time as our work expands and funding streams adapt to multi-donor strategy to address the complex and dynamic issues related to poverty and marginalization.
### List of Donors

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<tr>
<th>SL#</th>
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Founded in 1945 with the creation of the CARE Package, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. In FY-2016, CARE worked in 94 countries and reached 80 million people around the world. CARE Bangladesh is 2nd highest contributor (13 million) in reaching the people. To learn more, visit www.care.org.