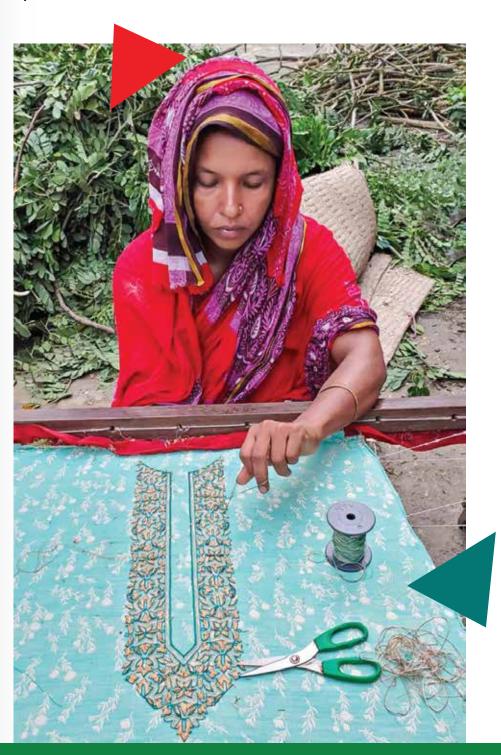


Progress Report Pathways to Prosperity for Extremely Poor People (PPEPP)

April 2019 to March 2023









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Palli Karma-Sahayak Foundation (PKSF)

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Abbreviations

AIS Accounting Information System

ANC Ante-natal Care

ATO Assistant Technical Officer
ATOM Activity to Output Monitoring
BBS Bangladesh Bureau of Statistics
BCC Behaviour Change Communication

BD Bangladesh

BDHS Bangladesh Demographic and Health Survey

BDT Bangladeshi Taka (currency)

BM Branch Manager

BRRI Bangladesh Rice Research Institute

CC Community Clinic

CCMC Community Clinic Management Committee

CLP Chars Livelihoods Programme
CPP Cyclone Preparedness Programme

CRI Climate Risk Index

DFID Department for International Development

DID Disability Inclusive Development
DNI Direct Nutrition Interventions

DRR Disaster Risk Reduction

EAP Emergency Assistance Programme

EP Extreme Poor

ERD Economic Relations Division

EU European Union

FANTA Food and Nutrition Technical Assistance

FCDO Foreign Commonwealth and Development Office

FID Financial Institutions Division

FWC Family Welfare Center

FY Financial Year

GBP British pound sterling

GIS Geographic Information System
GMP Growth Monitoring and Promotion
HDDS Household Dietary Diversity Score

HFIAS Household Food Insecurity Access Scale

HH Household

HIES Household Income and Expenditure Survey

HYV High-Yielding Variety

IEC Information, Education and Communication

IFA Iron and Folic Acid

IGA Income Generative Activities
IIS Integrated Information System

IPM Integrated Pest Management
IYCF Infant and Young Child Feeding

LREAP Livelihoods Recovery Emergency Cash Assistance

MA Managing Agent

MAM Moderate Acute Malnutrition
MFS Mobile Financial Service

MIS Management Information System MUAC Mid-Upper Arm Circumference

NID National Identity Card NNS National Nutrition Services

NSSS National Social Security Strategy

ODK Open Data Kit

PCR Programme Completion Review

PCU Project Coordination Unit

PEPIT Participatory Extreme Poor Identification Tool

PHC Primary Health Care

PIU Project Implementation Unit
PKSF Palli Karma-Sahayak Foundation
PLW Pregnant and Lactating Women

PMU Project Management Unit

PNC Post-natal Care
PO Partner Organization

PPEPP Pathways to Prosperity for Extremely Poor People
PRIME Programmed Initiatives for Monga Eradication

PSC Project Steering Committee
PVC Prosperity Village committee

PWD Persons with Disability
RBM Results-based monitoring

RO Reverse Osmosis

SAM Severe Acute Malnutrition

SBCC Social Behavioral Change Communication

SDG Sustainable Development Goals

SEAH Sexual Exploitation and Abuse and Sexual harassment

SOP Standard Operating Procedure

SSN Social Safety Net
TO Technical Officer
TT Tetanus Toxoid

UDMC Union Disaster Management Committee
UFWC Union Health & Family Welfare Centre

UHC Upazilla Health Complex

UHFWC Union Health and Family Welfare Center

UK United Kingdom

UNCC Upazila Nutrition Coordination Committee

UP Union Parishad

USAID U.S. Agency for International Development

VAWC Violence Against Women & Children WDMC Ward Disaster Management Committee

Message



Dr. Qazi Kholiquzzaman Ahmad Chairman

Palli Karma-Sahayak Foundation (PKSF)

I am delighted to present the final progress report of the Pathways to Prosperity for Extremely Poor People (PPEPP) project, which highlights our endeavours to alleviate extreme poverty to drive forward the overall development of Bangladesh and help it achieve the Sustainable Development Goals (SDGs).

Despite Bangladesh's commendable strides in socio-economic development, we face numerous challenges. A large number of Bangladeshis still live in poverty, as inequality and discrimination continue to persist. Since 1990, PKSF has been working to tackle these challenges by implementing various core programmes and time-bound projects that promote economic empowerment, entrepreneurship, social mobilisation, gender equity and climate awareness. Through its vast network of trusted partner organisations, PKSF supports as many as 1.9 crore households across the country to ensure their sustainable development.

Indeed, the PPEPP project (April 2019-March 2023), funded by the UK government's Foreign, Commonwealth and Development Office (FCDO) and the European Union, has made significant contribution to this end. Aligned with SDG 1 (No Poverty), SDG 2 (Zero Hunger), SDG 3 (Good Health and Wellbeing), SDG 5 (Gender Equality), SDG 10 (Reduced Inequality) and SDG 13 (Climate Action), the project was formulated on the basis of PKSF's three decades of experience gained from successful implementation of poverty reduction projects in some of the most challenging geographical regions of Bangladesh. In particular, the insights gained from the human-centric multidimensional integrated ENRICH programme have been very helpful. Having recognised the multidimensional nature of poverty, the project significantly improved the capabilities of the extremely poor people by enhancing their financial capital, human capital, physical capital, natural capital and social capital so that they can move on to a pathway towards sustained progress and prosperity.

This report documents the project's final progress made during April 2019-March 2023 amid challenges posed by the Covid-19 pandemic, a series of climate shocks, and funding disruptions. Despite these, the project achieved most of the milestones along the pathway underpinned by a progressive improvement in lives and livelihoods of the participants at a time when they were passing through difficult times.

Findings from the project's Results-Based Monitoring show that per capita income and expenditure, health and nutrition status, access to private and public services, ability to cope health and climate shocks, and women's engagement and participation in household decisions have all increased significantly in the participating households, which invariably were classified as extremely poor, across the 145 unions under the PPEPP coverage.

There is no denying that much work remains to be done, and we are determined to continue our efforts to advance sustainable development of the poor. Already, PKSF has partnered with the EU to support most of these households for three more years under a new project, styled PPEPP-EU, to make sure they do not slide back into poverty. I am confident that this new project will be successful in achieving this goal.

I extend my gratitude to the Economic Relations Division and the Financial Institutions Division of the Ministry of Finance, our development partners FCDO and EU, and the downstream partner organisations for their continued support and commitment to our cause.

Message



Dr. Nomita Halder ndc Managing Director

Palli Karma-Sahayak Foundation (PKSF)



Higher growth and poverty reduction go hand in hand, one propelling the other. Thanks to its steady economic growth, Bangladesh has made outstanding progress in raising income, alleviating poverty and improving human development indicators such as food security, education and healthcare over the last three decades. According to Household Income and Expenditure Survey 2022, the poverty rate has declined from around 48.9% in 2000 to 18.7% in 2022. During the same period, the extreme poverty rate

dropped from 34.3% to 5.6%. This progress can be attributed to several factors, including targeted poverty alleviation programmes.

PKSF is pleased to have contributed to this journey towards progress and prosperity with its limited resources. Established in 1990 as a specialised institution for poverty alleviation through employment generation, PKSF over the years has come to be known for its impactful yet low-cost projects that cater to the needs of the specific target groups. While many non-PKSF poverty programmes adopt the 'threshold graduation' model of poverty alleviation costing over USD 1,000 per household, PKSF adopts a 'sustained pathway out of poverty' approach which costs less than USD 100 per household.

Pathways to Prosperity for Extremely Poor People (PPEPP) was one such project. It was designed to lift the target households out of poverty and connect them with the mainstream economic growth and job markets. Launched in 2019 to accelerate the pace of poverty reduction efforts in Bangladesh, the project supported nearly 1 million extremely poor people (2,15,000 households) in 12 poverty-prone districts of Bangladesh. During the three years of successful implementation, the project delivered a carefully designed package of financial and nonfinancial services to these people.

Despite numerous challenges in the field, the project in just three years reached most of the milestones, including employment generation, improvement in nutrition and health status, empowerment of women and persons with disability, and building climate resilience – each of which is critical to sustainable poverty reduction efforts.

I am delighted to present this progress report, which summarises the overall progress amid the Covid-19 pandemic and a series of climate shocks, including Cyclone Amphan and Cyclone Yaas.

I take this opportunity to thank the Government of Bangladesh, especially the Financial Institutions Division (FID) of the Ministry of Finance, for its support in implementing the PPEPP project. My sincere thanks and gratitude to our development partners FCDO and EU for their continued support to ensure food security for extremely poor households in rural Bangladesh. Finally, I thank all my colleagues at PKSF for their contribution and guidance in advancing the cause of poverty reduction.

Foreword



Golam Touhid

Senior Deputy Managing Director and Team Leader, PPEPP Palli Karma-Sahayak Foundation (PKSF)

In recent years, there has been a growing momentum around the world, including in Bangladesh, to strengthen economic inclusion for the most

vulnerable communities. Key actions are being taken in line with the

Sustainable Development Goals (SDGs) with an aim to end poverty in all its forms everywhere by 2030 and to ensure that no one is left behind.

At PKSF, we strongly embed the 'leave no one behind' agenda in all our interventions and make conscious efforts to include vulnerable poor and extremely poor households in

interventions and make conscious efforts to include vulnerable poor and extremely poor households in our programmes and projects. We believe a poverty-free world is possible; we only need to make it a priority and work towards inclusion of the poorest and the most disadvantaged in the mainstream growth and job market.

Guided by this principle, PKSF has been working to tackle poverty and extreme poverty through employment generation since its establishment by the government in 1990. Over the last three decades, PKSF evolved as a leading development agency, implementing high impactful and low-cost poverty reduction projects and programmes with the assistance from the Bangladesh government and other bilateral and multilateral development partners.

Pathways to Prosperity for Extremely Poor People (PPEPP) was one such project that addressed the specific needs of the extremely poor households in climate-vulnerable rural Bangladesh. The project predominantly contributed to the SDGs concerning poverty alleviation, ending hunger, ensuring good health and wellbeing, gender equality, reducing inequality and climate action.

During the three-year tenure of the project, target households saw significant income gains and improved food and nutrition security even amid the Covid-19 pandemic. The IGA support -- designed based on livelihoods mapping, regional hazard mapping and household capacity -- included appropriate financial services, grants, skills training, vocational training and micro-enterprise development. Our built-in services for linkage establishment acted as a catalyst for project participants to gain access to public and private services crucial for their income gains and better living conditions.

Poor nutrition and health, when left unaddressed, leads to lower productivity and income erosion on the one hand and higher medical cost on the other. The project tackled this challenge by adopting a life-cycle approach, with special focus on under-5 children, pregnant and lactating mothers, and adolescent girls, women of childbearing age, elderly people and persons with disabilities. The project's wide-ranging nutrition and primary healthcare and WASH services, delivered in line with the 16 DNIs promoted by the GoB, were designed to tackle intergenerational malnutrition and health problems.

Despite the many challenges in the field due to the pandemic and bouts of climatic shocks, the project has been successful in building functional relations between service seekers and service providers through awareness building and linkage establishment. Through community mobilisation, the project built a collective force in the community to bring positive changes to the societal and familial norms and practices that hinder inclusive growth. The linkage-building support meant inclusion of a significant number of project participants, including elderly persons, widows and persons with

disabilities, in social safety net programmes, thus helping ensure food security in these households. Additionally, the project delivered a range of interventions around climate resilience building, disability inclusion and women empowerment at the 145 working unions in 12 poverty-prone districts.

All of these were made possible by the commitment of our development partners FCDO and EU, our downstream partner organisations, PKSF management and the project teams at PKSF and PO levels. I thank them all for their support and hard work.

We will not stop rest until poverty has been eradicated in all forms in the country.

PPEPP PROGRESS AGAINST THE LOGFRAME INDICATORS

Baseline

Observed in RBM-II

Indicator: The proportion of people exit from international poverty line (SDG1)

52.6% Target: 10% of participant HHs **77**%

Indicator: Prevalence of stunting and wasting reduced among the children U-5 years (SDG 2)

Stunting- 49.7%, Wasting - 18.6% Target: 2 per cent point below the baseline Wasting 10.7%

Indicator: Proportion of HHs with increased resilience to climate change and other shocks (SDG 13)

Target: 5% of Participant HHs 21.3%

Indicator: Proportion of participant HHs whose mean monthly expenditure have increased

BDT 8,995 Target: 10% of Participant HHs BDT 9,244 (40%)

Indicator: Mean financial value of physical and financial assets of participant HHs increased

Physical BDT 218,140
Financial BDT 3,589

Target: 30% above the baseline Financial BDT 4,894

Financial BDT 4,894

Indicator: Proportion of participant HHs with awareness of climate related shocks and better able to cope with climatic events (floods, droughts, salinity, and cyclones)

23.5% Target: 45% above the baseline **68.1%**

Indicator: % of HHs food secured according to Household Food Insecurity Access Scale (HFIAS)

63% Target: 30% above the baseline 90%

Indicator: Mean Household Dietary Diversity Score (HDDS) increased

Target: 1% above the baseline **6.6**

Indicator: Percent of children under two years of age were exclusively breastfed

76% Target: 5% above the baseline 89.7%

Indicator: Proportion of programme participant women demonstrating increased empowerment and household decision making authority (food purchasing, children's education and marriage, control over resources)

20.6% Target: 10% above the baseline **68.1%**



Executive Summary

1.1 The Project

Karma-Sahayak Foundation (PKSF) implemented Pathways to Prosperity for Extremely Poor People (PPEPP) project with joint funding from the UK government's Foreign Commonwealth and Development Office - FCDO (about 81% of the budget) and the European Union – EU (about 19% of the budget). Originally, the project aimed to enable two million people to exit from extreme poverty in a period of 10 years in two phases. In the first phase (2019-2025), the objective was to directly support one million extremely poor (EP) people, and then another one million in a slightly overlapped second phase (2025-2029). The project was mandated to support the targeted households to graduate out of poverty through four interconnected interventions - (i) asset grants/soft loans, skills, risk management, nutrition services, (ii) market development, (iii) social mobilisation, and (iv)GoB (Government of Bangladesh) funding for effective system of poverty reduction including graduation, basic services and lifecycle grants. On the PKSF part, the project interventions were organised under three core components and three cross-cutting ones. The core components were (i) livelihood and micro-enterprise development, (ii) nutrition, community mobilisation. cross-cutting components were (i) women empowerment leading to gender equality, (ii) disability inclusion, and (iii) disaster and climate resilience. It was expected that these interventions would lead to higher income and consumption gains for the households, leading them to a sustained pathway out of poverty.

1.2 PPEPP's Original Placement

PPEPP project was designed to support one million EP people (appx. 250,000 households) living in 188 climatically vulnerable Unions (the lowest unit/tier of the local government structures in Bangladesh) under 15 districts of north-western, south-western, north-eastern regions and selected ethnic minority areas of Bangladesh. The project was implemented by PKSF through its 19 downstream Partner Organisations (POs).

1.3 PPEPP After Change in FCDO's Commitment

Reported economic downturns in the UK triggered by the Covid-19 pandemic, the war in Ukraine, and the global food and energy crises led the FCDO Bangladesh to initially downsize PPEPP project and eventually to an early closure, in March 2023. The funding commitment in effect had reduced by almost 70%. The EU Bangladesh stepped up to continue the project in response to a request from the GoB, but with much reduced resources.

1.4 Adjustment of PPEPP Mandate

The changed funding arrangements led to drastic changes in the original mandate of the project. The revised targets for FCDO were - (1) up to 160,000 extremely poor people (i.e. 40,000 households) exit extreme poverty and make significant progress along a pathway towards prosperity; (2) 14,000 women and children have better nutrition, and women of childbearing age and adolescent girls reached with a package of nutrition-related interventions; (3) 5,000 women experience a significant change in their social status and level of empowerment within the household and community; and (4) increased resilience to climate change and other shocks for 160,000 extremely poor people. It dropped the issue of policy support for the development of stronger national institutions and systems to deliver the public and private services required by extremely poor people to become resilient and to prosper. The original theory of change was no longer valid, requiring revisions to adjust to the new reality.

1.5 EU's Takeover of 215,000 PPEPP HHs

Due to the FCDO's revised commitment to serving only 40,000 HHs up to March 2023, the remaining 175,000 HHs (or roughly 700,000 extremely poor individuals) were not included in the PPEPP. In response to requests made by the Government of Bangladesh, EU came forward to assist (40,000 + 175,000) 215,000 EP HHs with a new project PPEPP-EU. Before launching the PPEPP-EU

project until September 2022, EU financed EP HHs under financing agreement with FCDO for PPEPP project and from October 2022 EU started PPEPP-EU project which will complete on September 2025. About 0.86 million extremely poor people in Bangladesh's target regions will benefit from the PPEPP-EU's effort to reduce poverty and build stable livelihoods. It has three primary goals: (a) sustaining livelihoods and income generation for target households (SDG1, SDG2, SDG10 and SDG13); (b) improving nutritional wellbeing for households, particularly for women and children (SDG2 and SDG5); and (c) enhancing target households' access to socially and nutritionally sensitive agriculture extension services. This transition from PPEPP to PPEPP-EU shows EU and PKSF's commitment to supporting those in need and ensuring that the project's beneficiaries are not left without support.

1.6 Achievement of PPEPP Project

1.6.1 Setting Project Instruments

For implementation of PPEPP project, PPEPP successfully completed its structural set-up with required manpower both at PKSF downstream PO level. It also completed identification of the targeted EP households (HHs) with over 82% accuracy. Over 215,888 EP HHs were organised under 6,743 Prosperity Village Committees (PVCs) in 145 Unions under 128 PPEPP units (branch offices). On its three components and three cross-cutting issues, PPEPP established conceptual and operational frameworks. It established the delivery chain risk mapping framework, the risk and safeguarding strategy, the Integrated Information System (IIS), the geographic information system (GIS), the Results-Based Monitoring (RBM) system, the logframe, and other project monitoring tools.

1.6.2 Resilient Livelihood

PPEEP has completed GIS-based hazard and IGA mapping in all 145 working Unions. This served as the basis of Income Generating Activities (IGA) selection. From April 2019 till March 2023, PPEPP implemented 1,36,975 farm and non-farm IGAs, of which 35,579 were grant-based and remaining 1,01,396 IGAs were loan-based. Most (55%) of the

IGAs were related to livestock (75,335) farming, followed by crop cultivation (25%; 34,244), fisheries 16% (21,916) and non-farm activities 4% (5,480). To ensure that the HHs use proper technologies, the technical team extended support to member HHs in IGA selection, input sourcing, implementation, post-harvest management/storage, and market linkage establishment. All IGA implementing HHs received technical support and over 42,985 **PPEPP** members received farm and off-farm-related skill training. Some of these small-scale IGAs are already showing promises of flourishing into micro-enterprises with value-chain interventions from the project. **PPEPP** provided input (grants) for demonstrations among 26% of the total IGAs implemented, and the remaining 74% was invested by the project members, using soft loans from the POs and/or some sort of self-financing. this case. ΕP HHs with potential change-makers were selected for IGA demonstrations. Under the financial services, PPEPP members borrowed BDT 4435.10 million (GBP 41.07 million) from April 2019 to March 2023, with an average loan size of BDT 25,823. Most of the loans belonged to a financial service called 'Buniad", a soft loan which has flexible repayment schedule -- weekly, fortnightly, monthly or even a balloon payment depending on the cash flow of the IGAs implemented, with a variable grace period. However, some 3,064 HHs (about 1.78%) started using microenterprise loan, already showing signs of microenterprise development. The project extended value chain interventions including training and market linkage establishment for such budding enterprises.

1.6.3 Climate-smart Farming

PPEPP households live Most climate-vulnerable areas, especially in southwest coastal region, northwest flood-prone region and the northeast haor regions. Guided by livelihood and hazard mappings, the project implemented a wide range of farm and off-farm IGAs that are able to withstand various adverse climatic conditions. These include introduction of salinity-tolerant crop varieties (field crop, vegetables, fruits), water logging/salinity-preventive agricultural practices (mini-pond-based integrated farming, sorjan farming system, brackish

aquaculture (fish, crustaceans), climate-neutral livestock farming (commercial layer, broiler, duck, goat, sheep and cattle), and environment management practices such as composting (especially vermicompost, trichocompost, normal compost), optimal use of chemical fertilizer, use of IPM for pest control.

1.6.4 Nutrition Support

Through referral services, 125,398 U5 children received vitamin-A supplementation, 125,450 adolescent girls and boys consumed deworming tablets, women of child bearing age received 55,227 TT vaccines, women [adolescent girls, pregnant and lactating women (PLW)] and women aged 20-49 years received 115,329 Iron and Folic Acid (IFA) supplementation, and 14,070 pregnant women received four ANC services and 11,631 lactating women received four PNC services.

Under nutrition-sensitive services, **PPEPP** ensured institutional linkages between PPEPP HHs and grassroots-level health providers (community clinics, UHC, UFWC, UNCC, etc.), It nutrition-sensitive has promoted homestead-level farming interventions such as livestock farming, backyard homestead subsistence fish farming and homestead gardening for all member HHs. During the project period, the project established 275 Mother & Child Forums (comprising 9,181 members) and 263 adolescent clubs (224 adolescent girls' clubs and 39 adolescent boys' clubs). In addition to implementation of the 16 DNIs, these forums acted as nutritional information dissemination platforms for the local communities. They held specific sessions on nutrition of pregnant and lactating mothers, children U5 and adolescents. Using IEC materials, field-level technical staff demonstrated basic nutrition, infant and young child feeding practices (IYCF), food preparation, maternal nutrition, gender-based feeding practices, monitoring of nutritional status, safe drinking water, early identification of children with disability, and personal hygiene (hand washing, use of sanitary napkin, use of toilet, etc.)

1.6.5 Community Mobilisation

PPEPP community mobilisation interventions focused on economic empowerment, social empowerment, and access to services and

markets. Activities involved grassroots-level advocacy to foster working relations with the accountable entities to promote meaningful changes which include ensuring greater and more equitable access to resources by extremely households for their sustainable development. During the project period, PPEPP conducted 68,410 BCC sessions under different PVCs, awareness raising events through street theatres, rallies, cultural events, different day observances, etc. It supported 11,081 extremely poor HHs to apply for inclusion into the GoB's Social Safety Net schemes and managed to register 5,533 EP HHs while the rest 5,548 HHs were in the process of being registered.

1.6.6 Disability Inclusion

For empowering PWDs, 63 PWD forums were established and organised with 1,130 members. The project supported 1,775 PWDs to obtain 'Suborno Nagorik Card' and 982 PWDs to avail assistance from the social safety net programmes of the GoB. PPEPP provided assistive devices to 1,389 PWDs. For mainstreaming the disability issue, PPEPP arranged 9,598 sessions.

1.6.7 Gender Equality

PPEPP largely used gender-transformative approach in mainstreaming gender issues. It worked both independently and in tandem with other components. The project mainly focused on gender relations at individual, household and community levels, involving both men and It included Behaviour women. Change Communication (BCC) activities with male, female, religious and traditional leaders to influence gender attitudes and practices. In different forums and groups, PPEPP conducted over 14,161 awareness sessions on gender issues such as - access to and control over resources, violence against women and children (VAWC), equal decision making, child marriage, men's role in child care and gender discrimination in food distribution. For family-level sensitisation, the project organised 158 batches of 'role model father' campaigns. It also organised 12,320 sessions in PVCs on gender-related issues.

1.6.8 Disaster and Climate Change

Four broad approaches were adopted under the project to build resilience against climate change:

(i) improving institutional knowledge of target households and community people on climate change, (ii) helping people cope with climate change and other shocks, (iii) supporting those facing risks posed by specific climate-induced hazards, and (iv) linking vulnerable people with other support systems. This being a cross-cutting issue, PPEPP introduced 16 different interventions under the five other components of the project. For example, the project developed GIS-based hazard maps for all of its 145 working unions under FCDO component, and this was later used for livelihood mapping in these areas to ensure climate-smart livelihood options for EP HHs.

1.6.9 Potable Water Supply

The south-western coastal region reels from a dearth of safe drinking water. The crisis here is much worse than elsewhere in the country because both surface and ground water in the region is plagued by an acute and high salinity intrusion. PPEPP distributed 1,621 rainwater harvesting tanks (each with 1,500-litre capacity) along with necessary fittings for rainwater harvesting in the coastal working areas. The project also set up 18 Reverse Osmosis (RO) desalination plants¹ each of which produces around 8,000 litres of potable water daily that can potentially serve 350-400 extremely poor HHs. Following the super cyclone 'Ampan', PPEPP distributed 1 million litres of potable water among over 2,800 extremely poor HHs over a span of 60 days.

1.6.10 Capacity Building

PPEPP trained all its staff on different project-related issues. Nearly 46,000 PPEPP members or a member of their HHs received training on livelihood skills and issues related to community mobilisation, gender integration and climate change.

1.6.11 Response to Covid-19 and Other Shocks

To mitigate the adverse effects of Covid-19 pandemic, the project in FY 2020-21 disbursed a total of BDT 274.85 million (GBP 2.64 million) among 30,721 households in 17 Unions under an

Emergency Assistance Programme (EAP). Under the scheme, each member received BDT 9,000 in grants in three tranches - BDT 3,000 per tranche. The extremely poor families used the cash assistance for food, health or other emergency expenses. To combat economic hardship following price hikes in 2022, PPEPP also distributed BDT 68.07 million (about GBP 0.591 million) to 11,350 most vulnerable extreme poor HHs to support promotion of resilient livelihoods. Here each HH received BDT 6,000 at one shot along with technical services. To further accelerate the growth of those HHs who have minimum endowment (e.g., working member of household), PPEPP provided another BDT 61.45 million (about GBP 0.534 million) in early 2023.

1.7 Monitoring and Evaluation

PPEPP's internal monitoring system worked at two levels – PIU level (at PKSF) and downstream PO level, using both on-site and off-site options. Financial issues were monitored through the Accounting Information System (AIS) on a monthly basis. Integrated Information System (IIS) managed the official reporting of the overall operational issues of PPEPP on a monthly basis. Quality control of the information was centrally coordinated and both the PIU and downstream POs took corrective actions as and when needed.

1.7.1 Baseline Study

PPEPP conducted baseline survey during May-June 2022. Delayed start of this survey was due to pandemic-induced circumstances. This baseline study provided base values of indicators for output, outcome and impact parameters of the log frame, against which the project will be evaluated.

1.7.2 Results-Based Monitoring (RBM)

PPEPP used RBM tool as its core M&E system. It not only provided project progress over time but also identified the potential bottleneck that needed to be addressed during the course of project implementation. The 1st round of RBM was conducted on 1,959 HHs from September to December 2021 in 20 piloting unions of the PPEPP working areas, using an Open Data Kit (ODK)

¹ Here 17 RO plants were funded by PPEPP and one plant was funded through Extended Community Climate Change Project – Flood (ECCCP-Flood) of PKSF

based platform. The 2nd round of RBM was conducted during September–December 2022 in 20 unions covering all four regions of the PPEPP working areas, involving around 2,000 EP HHs.

PPEPP activity to output monitoring (ATOM) score in the 1st round of RBM was 28% after around 650 days of interventions. In the 2nd round ATOM value was 52% in around 900 days of intervention. Both of them is within the normal confidence interval of the 'S' curve². This means that the PPEPP is on track despite the pandemic, multiple natural disasters and erratic fund flow.

Overall, the outcome score is 3.3 on a 5-point scale, showing the progress is more than halfway there. Compared to that of the census (on 20 unions), values increased in RBM II for all outcome indicators such as the monthly per capita household expenditure (BDT 2,201 vs. BDT 1,197), savings (BDT 6,882 vs. BDT 2,275), value of saleable assets (BDT 32,650 vs. BDT 9,613), and monthly employment (22 days vs. 20.3 days). Higher employment rate may be due to increased self-employment where about half (52%) of the EP HHs had more than one source of income, and day labour as the main occupation reduced to 51% at the time of RBM II from about 63% at the time of census. Food security level was around 59% during the PPEPP census in 2019 and it increased to 90% during the 2nd round of RBM in 2022.

At the impact level, the average per capita monthly income of the PPEPP HHs in 2022 was BDT 2,496 (about \$2.6 per head/day), which is higher than the international poverty line (about \$2.15 per

head/day³). The median value for RBM II is BDT 2,368 (about \$2.47 per head per day). Prevalence of stunting and wasting among U5 children in the participant HHs were 40.6% and 10.7%, respectively, both of which were higher than the national average of 31% and 8%, respectively (BDHS, 2020). However, compared to RBM I, prevalence of both stunting (43.1 vs. 40.6 per cent) and wasting (13.7 vs. 10.7 per cent) of U5 children have reduced among the PPEPP HHs in RBM II.

1.7.3 Annual Review

Since inception in April 2019, the FCDO commissioned four Annual Reviews - in 2019, 2020, 2021 and 2022 - and the PKSF component of PPEPP scored A (Outputs met expectations), A+ (Outputs moderately exceeded expectations), A+ (Outputs moderately exceeded expectations), A++ (Outputs substantially exceeded expectations), respectively.

1.7.4 Annual Progress Review

PPEPP has commissioned an independent assessment of PPEPP annual progress review (APR) against its set programme during FY 2021-22. Currently second round of APR for the FY 2022-23 is underway.

1.8 Progress Against the Logframe Indicators (FCDO)

PPEPP has mostly met the log frame indicators set for March 2023 as shown in *Table 1*.

Table 1. PPEPP pros	ss against the	log frame indicators
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Indicators	Baseline	Target for Mar 2023	Observed in RBM-II
Impact Level			
1. The proportion of people exit from international poverty line (SDG1)	0%	10% of participant HHs	64%
2. Prevalence of (a) stunting and (b) wasting reduced among the children under five years (SDG 2)	Stunting- 49.7%, Wasting - 18.6%	2 per cent point below the baseline	Stunting 41.0%, Wasting 11%

² An s-curve is a mathematical graph that depicts relevant cumulative data for a project—such as IGA initiation by EP HHs —plotted against time. The reason it's called an s-curve is because the shape of the graph typically forms a loose, shallow "S." An s-curve in project management is typically used to track the progress of a project against time.

³ Adjustment to Global Poverty Line (World Bank, September 2022): The new extreme poverty line of \$ 2.15 per person per day which replaces the \$1.90 poverty line, is based on 2017 PPPs.

Indicators	Baseline	Target for Mar 2023	Observed in RBM-II
3. Proportion of households with increased resilience to climate change and other shocks (SDG 13)	18%	10% of Participant HHs	32%
Outcome Level			
Proportion of participant HHs whose mean monthly expenditure has increased (in BDT)	8,995	10% of Participant HHs	44.6%
2. Mean financial value of physical and financial assets of participant HHs increased	(a) physical BDT 218,140 (b) Financial asset BDT	30% above the baseline	(a) physical BDT 223,431 (b) Financial asset BDT 4,894
	3,589		DD1 4,034
3. Proportion of participant households with awareness of climate-related shocks and better able to cope with climatic events (floods, droughts, salinity, and cyclones)	23.5%	45% above the baseline	45.4%
4. Percent of households food secured according to Household Food Insecurity Access Scale (HFIAS)	67.3%	30% above the baseline	90%
5. Mean Household Dietary Diversity Score (HDDS) increased	5.87	15% above the baseline	The mean of household dietary diversity score (HDDS) is 7.10 (21% above baseline)
6. Percent of children under two years of age were exclusively breastfed	69%	5 percentage point above the baseline	89.8% (20.8 percentage point above the baseline)
7. Proportion of programme participant women demonstrating increased empowerment and household decision making authority (food purchasing, children's education and marriage, control over resources)	20.6%	10% above the baseline	68.1%

1.9 Value for Money (VfM)

Economy: Use of an existing office setup, existing operational services, financial services (soft loan, savings, risk mitigation) and monitoring services of downstream partners reduced the need for new infrastructure and equipment, resulting in cost savings of the project. Up to March 2023 total cost of PPEPP was about £19.84 million. In addressing multidimensional poverty and building resilient livelihood for over 215,888 EP HHs this cost was largely minimized by the complementary flexible soft loan services of over £41.07 million from PKSF and its downstream partners. It is difficult to estimate the unit cost of PPEPP due to a) erratic fund supply b) changing case load and c)

sudden termination of the project, but initial estimates appear to be less than £100 per beneficiary.

Efficiency: PKSF used mobile banking to distribute cash to EP HHs affected by Covid-19 and used integrated information system (IIS) in service provision. All these mechanisms facilitated instant payments, saved collection time, helped prevent fraud, and ensured efficient monitoring, which ultimately ensured efficient service delivery.

Effectiveness: Being a semi-government organisation, PKSF not only has greater credibility within GoB organisations but also has better access to GoB services/facilities. This has made PKSF an effective partner in establishing an

effective network with local and central government.

Equity: 'Leave no-one behind' is central to PPEPP's design. Over 97% of its primary members are vulnerable women. Other member groups include female-headed HHs, elderly, ethnic minority, PWDs, dalits and transgender people. If left behind, these groups would have growing inequality contributed to aggravated inter-generational cycle of poverty. By focusing on these groups and ensuring they are not left behind, PPEPP contributes to inequality reducing and breaking inter-generational cycle of poverty. It is important to address the root causes of poverty and exclusion, and provide support that is tailored to the specific needs and challenges of these groups. By doing so, PPEPP helped to create more inclusive and equitable societies, where everyone has the opportunity to thrive.

1.10 Lessons Learned

Policy Issues: Due to changes in international development strategies, multilateral commitments of the development partners are increasingly becoming less consistent. Such a situation is not conducive to accomplishing the desired goal of sustainable alleviation of poverty of the world's most marginalised people. For an extreme poverty project like PPEPP, a strong

national commitment along with strategic partnerships with development partners is essential.

Development Issues:

- (i) Despite repeated shocks (Covid-19, natural disasters, fund cuts and fluctuating fund flows), the extremely poor households showed a remarkable resilience. In some cases, they made rapid progress towards sustained growth when they received customised support from the PPEPP, even if for a brief period. However, many are likely to slip back into their previous conditions in case of pre-mature withdrawal of the project's support.
- (ii) Situation of undernutrition of U5 and adolescent girls of PPEPP EP HHS are particularly critical. PPEPP has introduced supplementation of nutrient dense fortified food at least for vulnerable Moderate Acute Malnourished (MAM) children of PPEPP households.
- (iii) Although the Covid-19 pandemic is over, its impacts are far from over. Those pushed further below the extreme poverty line due to income loss and rising inflation remain vulnerable. Many of them require a financial push along with sustained support to return to their previous conditions, before they can prosper.



Description of the project

2.1 Context of PPEPP Project

Pathways to Prosperity for Extremely Poor People (PPEPP) was designed in the context that despite achieving significant progress in eradicating poverty in Bangladesh, a large number of the population still live-in extreme poverty as per the international poverty line (lower poverty line of \$1.90 per household member per day; Anon., 2017). PPEPP in this context was designed to tackle several challenges that underpin extreme poverty in Bangladesh. These are:

2.1.1 Intergenerational Poverty Trap and Multidimensional Poverty: Extreme poverty exacerbates undernourishment among the children in the extreme poor households who are also less likely to go to school leading to lifelong impacts on earnings and savings.

2.1.2 Regional Disparity in Poverty: Although there are considerable numbers of extremely poor people in all districts, there are higher concentrations in certain areas of the country that the Government of Bangladesh (GoB) calls "pockets" of extreme poverty.

2.1.3 Disproportional Impact on Women:

Women are disproportionately affected by poverty. As per Household Income and Expenditure Survey (HIES 2016), an estimated 11% of the rural households are female-headed but around 28% of these households are extremely poor. The socio-economic status of these female-headed households also tends to be much worse than that of male-headed households. Girls in extremely poor households are more likely to drop out of school than boys. Also, the nutritional status of extremely poor women and girls tends to be worse than that of men and boys. Stunted growth as a result of poor nutrition during childhood is associated with a 20% reduction in adult earnings. Moreover, stunting can result in cognitive and physical development delays, decreased immune function, and an increased risk of chronic diseases such as diabetes, hypertension, and heart disease later in life.

2.1.4 Climate Vulnerability: As per the Global Climate Risk Index 2021, Bangladesh is number 7 in the world in Long Term Climate Risk

Index (CRI). According to World Bank (2016), Bangladesh accounts for 70% of all storm surges in the world. Also, as per World Bank estimates, around 80% of the population is potentially exposed to floods, earthquakes and droughts, and 70% to cyclones. Extremely poor people are more sensitive to such events due to their geographical location (often in more marginal areas), poor housing infrastructure, fragile livelihood and weak entitlement to support.

2.1.5 Constrained Economic Growth of the Extreme Poor: The extreme poor households are often dependent on informal labour. They lack the land or capital to engage in farm or off-farm income generating activities as production enterprises or in the forward or backward linkages of the value chains. Their income is often highly seasonal and are prone to both economic and natural shocks.

2.1.6 Weak Capacity of the Government to Tackle Extreme Poverty: Assessment undertaken as part of the design process for PPEPP showed that even though the Government of Bangladesh (GoB) has ambitious plans to tackle extreme poverty, it lacks the capacity to tackle multidimensional poverty which requires integrated response and multi-sectoral engagement. The government is yet to embrace programmes to support sustainable livelihood and graduation pathway of the extreme poor. The assessment also showed that social security system is fragmented with insufficient coverage. The assessment also suggested delay in implementation of the 2015 National Social Security Strategy (NSSS).

2.1.7 Scope to Synergize UKAid Funded Graduation Models: UKAid has funded several graduation programmes in Bangladesh which includes CLP, PRIME and BRAC Ultra poor Programme. PPEPP built on the experience of these programmes to develop a 'graduation model' which can provide a sequenced package of support designed to enable extremely poor people to break out of a cycle of deprivation and poverty, through providing life skills and technical skills training, asset transfers (such as livestock or tools of a trade) or cash grants to start a business, building savings and planning for the future.



2.1.8 PPEPP Landing: PKSF has been working on eradication of extreme poverty since early 2000 (Figure 1). 'Pathways to Prosperity for Extremely Poor People (PPEPP)' is the latest project which was jointly funded by the UK's Foreign, Commonwealth and Development Office (FCDO) and the European Union (EU). The project aimed to enable two million people to exit from extreme poverty in 10 years in two phases. In the first phase (2019-2025) it intended to cover one million extreme poor and another one million slightly overlapped second phase (2025-2029). The programme envisioned to achieve this goal by connecting the extremely poor people with mainstream development activities and economic growth. In this context, the programme undertook activities to advance economic policy reforms, poverty alleviation and social mobilisations as well as inclusion initiatives that are targeted towards the women-headed households, elderly people, persons with disabilities and people from the ethnic minority communities. PKSF started implementing PPEPP in April 2019, under an overarching MoU between the Economic Relations Division (ERD) of the People's Republic of Bangladesh and the DFID Bangladesh (presently FCDO).

2.2 Description of the Original PPEPP

The PPEPP project was mandated to support the targeted households to graduate out of poverty through four interconnected interventions - (i) asset grants/soft loans, skills, risk management, nutrition services, (ii) market development, (iii) social mobilisation, and (iv) GoB (Government of Bangladesh) funding for effective system of poverty reduction including graduation, basic services and lifecycle grants. On the PKSF part, the project interventions were organized under three core components and three cross-cutting ones. The core components were (i) livelihood and enterprise development, (ii) nutrition, and (iii) community mobilisation. The cross-cutting components were (i) women empowerment leading to gender equality and, (ii) disability inclusion, and (iii) disaster and climate resilience. It was expected that these interventions would lead to higher income and consumption gains for the households, leading them to a sustained pathway out of poverty.

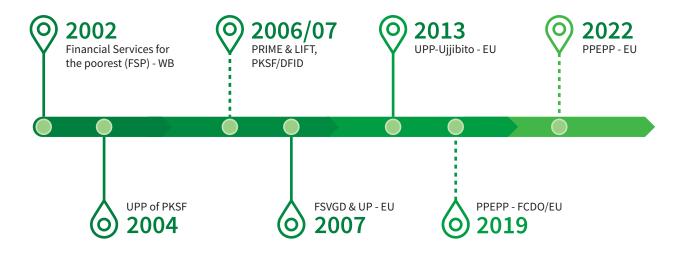


Figure 1: PKSF's extreme poverty reduction programme since early 2000

2.3 Objectives and Results

Originally, the PPEPP project had two **specific objectives** to be achieved during 2019-2025 as follows:

- 1. to enable one million people to exit from extreme poverty for good; and
- to support the development of stronger national institutions and systems to deliver the public and private services required by extremely poor people to become resilient and to prosper.

However, with changing context of FCDO's funding arrangement and early closure of the project, the second objective of the project was omitted.

The expected **results** were:

- Up to one million extremely poor people (i.e. 250,000 households) exit extreme poverty and make significant progress along a pathway towards prosperity;
- 357,000 women and children have better nutrition and women of childbearing age and adolescent girls reached with a package of nutrition-related interventions;
- 125,000 women experience a significant change in their social status and level of empowerment within the household and community;
- Increased resilience to climate change and other shocks for one million extremely poor people.

2.4 Original Theory of Change

PPEPP programme was designed as multi-dimensional poverty alleviation programme involving push and interventions. The Theory of Change (ToC) for PPEPP embraced 'pathways out of poverty' approach instead of graduation approach from poverty. In this context, the original ToC of PPEPP focused on four pathways of which PKSF was mandated to work on pathway 1 and pathway 3 while a separate management unit was expected to deliver pathway 2 and pathway 4 (Figure 2).

Pathway 1- Asset grants/soft loans/skills/ risk management/ nutrition services: This pathway involved supporting targeted households to engage in a range of improved, durable, climate-smart and nutrition-sensitive livelihood options, including financial and technical support for setting up their own income-generating enterprises. It was expected that the intervention would lead to higher income and consumption gain for the households. In PPEPP, this was considered the first step towards a sustained pathway out of poverty.

Pathway 2- Market Development: The second pathway of PPEPP involved interventions to improve extremely poor households' access to value chains and promote downstream market development which can contribute to increase the income of the households and/or job opportunities for target households. This can also support livelihood diversification of the households which can lead to economic resilience.

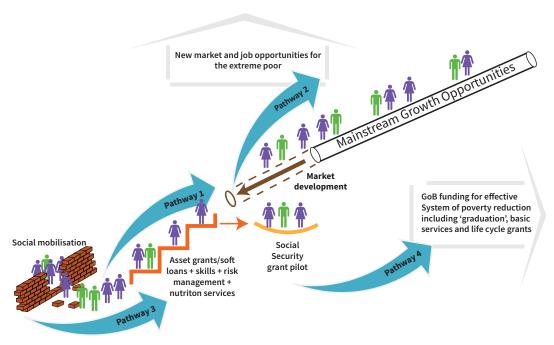


Figure 2: Original theory of change of PPEPP

Pathway 3- Social Mobilisation: The community mobilisation and national advocacy is expected to amplify the voice of extremely poor people and marginal communities leading to increased GoB spending on basic services and wider access.

Pathway 4- GoB funding for poverty reduction: PPEPP programme was mandated to support testing of the introduction of comprehensive social security initiatives to add momentum to the social safety net reform process. This would contribute to generating political support and a wider scale-up of government-funded social security systems for poverty reduction in the long

2.5 Revised Theory of Change

run.

In consideration of the changing contexts of original PPEPP, PKSF revised the ToC as shown in Figure 26 and the amendments made on the revised ToC are as follows.

Pathway 1: Start-Up--A consolidated and fast tracked start-up stage to build critical mass of enterprises: To ensure that the programme is able to accelerate the graduation out of extreme poverty for the targeted households, the push interventions will involve climate adaptive livelihood interventions, nutrition sensitive livelihood interventions, nutrition specific supports, grant support for shock mitigation and access to social safety net supports from the

government. The programme participants will then receive interventions to build their livelihood activities into enterprises. These will include, appropriate soft loan, enterprise loans, additional asset grants, soft, technical and vocational skills development support and market linkages. Pathway 1 will be further strengthened with cross-cutting interventions on women's economic empowerment, disaster and climate resilience and disability inclusion.

Pathway 2: Resilience--Supporting households to access markets: As PPEPP-members begin to realize higher and better-quality production, it is expected that forward and backward linkage actors will crowd in to trade with the households. PPEPP will support this process by facilitating trade between local, regional and national traders in the model followed under the PRIME programme where a market linkage support officer was engaged by the programme to support programme participants to have access to markets. Here, the programme assumes that the increase in production of selected farm and off-farm outputs because of Programme support under the start-up stage will be enough to crowd in the local, regional and national traders which will eventually support households to enter pathway 3- growth and sustainability.

Pathway 3: Growth and Sustainability-Households access growth markets: Pathway 2 will support households to sustain their

production and trade with increasing number of buyers. As their income increases it is expected that the households will venture into more trades or invest in expanding the base of their existing IGAs that were supported by PPEPP. Pathway 3 will come into effect as an outcome of the programme support under pathway 1 and pathway 2 interventions. PPEPP will provide small nudges in the form of dissemination of the knowledge about PPEPP production clusters so that the interested market actors from the demand side and support market systems are attracted to these clusters.

In the revised ToC, pathway 1 will be achieved through direct push interventions from the programme while pathway 2 and pathway 3 will be achieved due to market forces crowding in and pulling up (pull interventions) the households to more diversified markets. As explained, the programme's support for pathway 2 and pathway 3 will be in the form of small nudges for market linkages and disseminations. The programme will not get into any formal partnerships with national market actors to build systems as was originally envisioned under the market development component of the PMU.

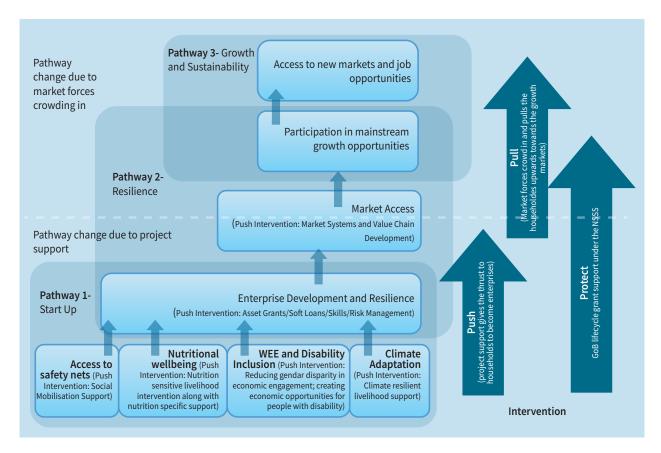


Figure 3: Schematic- Revised Theory of Change of PPEPP

In the original ToC, the programme through the Project Management Unit (PMU) was supposed to gradually transfer the programme activities to the government by supporting the government to develop and implement a lifecycle grant. The government has already started several major interventions in implementing the National Social Security Strategy (NSSS) 2015 of Bangladesh. This includes digitization of the database of the safety net recipients. PPEPP will

operate an advocacy unit, which will be tasked to integrate the members to the government's social security strategy. The PIU will primarily work at the central level while at the regional and community level it will be supported by the livelihood component which is inheriting the community mobilization unit of PPEPP. These activities will be undertaken under the umbrella intervention 'Protect' as presented under the revised theory of change.



2.6 Target Population

PPEPP identified its targeted members based on some mandatory criteria and some complementary criteria as shown in *Table 2*.

 Table 2. Selection criteria of extreme poor households under PPEPP

	Occupation	Wage-based (manual labour) earning	
Main criteria	Land holding	Landless households (HH) or household having less than certain amount of land (Northern area- 10 decimal, southern area-20 decimal, Haor-10 decimal) or HH living in government land.	
	Income	Per capita monthly income of BDT 2,045 maximum (Satkhira- BDT 1,869, Patuakhali and Bhola- BDT 1,982, Rangpur- BDT 1,913, Kishoreganj- BDT 2,045, Sunamganj-BDT 1,966).	
	Housing type	Mostly thatched/tin roofed and mud floor	
	Earning member	Single earner or no earner	
Complementary beneficiary criteria	 Female headed households Household dependent on child labour Households with consumption rationing Households with disable member(s) Households of ethnic minority, Dalit and third-gender 		

2.7 Geographical Coverage

PPEPP was implemented in three climatically vulnerable regions of Bangladesh: (i) the northwest (ii) the southwest coastal belt and (iii) the northeast. The northwest represents the riverine chars and districts along the banks of the Teesta and the Brahmaputra rivers (e.g., Kurigram, Nilphamari, Rangpur and Gaibandha districts. Southwest coastal belt represents districts that face periodic cyclones, tidal surge,

salt water intrusion and chronic waterlogging (Patuakhali, Satkhira, Khulna, Bagherhat and Bhola) while the northeast represents the Haor region (Kishoreganj districts) that has a specific ecosystem presenting very limited livelihood options as it remains under water for nearly six months of the year. Additionally, the project intervened in Thakurgaon and Dinajpur districts which have concentration of ethnic minority, dalit and other disadvantaged extreme poor households (*Figure 4*).

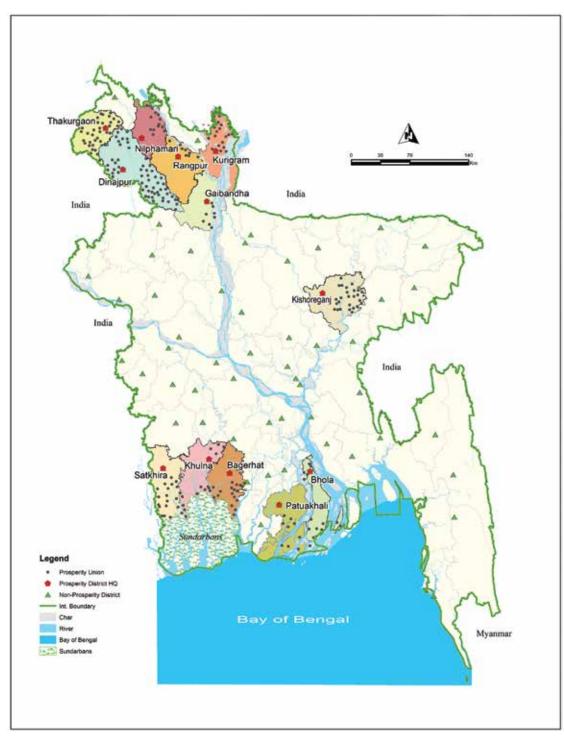


Figure 4: PPEPP working area

2.8 Project Interventions

There were six project interventions and three cross-cutting components (Figure 5). The PKSF component of programme interventions were organised under three core components and three cross-cutting components. The core components were (i) livelihood (ii) nutrition and (iii) community mobilisation. The cross-cutting components were (i) women empowerment leading to gender equality (ii) disability inclusion and (iii) disaster and climate resilience. These interventions were intended to address some of the challenges explained earlier. Market development, policy advocacy, and the lifecycle grant pilot were the three main responsibilities of the Project Management Unit (PMU). The latter three elements, however, had never been put into practice because PMU was never founded.

2.9 Downstream Partners

From among its 223 POs, PKSF selected 19 downstream partner organisations (POs) with decades of experience in tackling extreme poverty and offices in remote areas to efficiently deliver programme services to extreme poor households. The POs were selected based on a set of stringent criteria, which include, but are not limited to, their financial depth and commitment to and experience of working with the extreme poor (including socially excluded communities and persons with disabilities), operational presence in the working area, their knowledge and expertise in climate resilience building, operational efficiency, growth indicators, risk management indicators and their acceptability to the local administration and the wider community. These POs also have long history of works on livelihood and nutrition services specific to their geographic and socio-economic context.

2.10 Operational Setup

The operational arrangement of PPEPP programme implementation is shown in Figure 6, which is driven by the design outcome and the method of implementation employed by FCDO, PKSF and downstream POs. At FCDO level, PPEPP

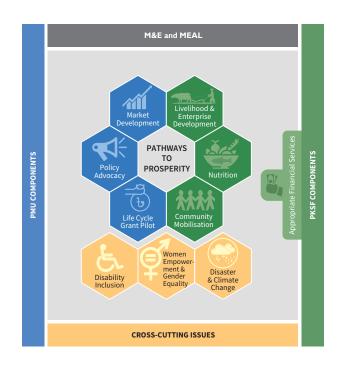


Figure 5: PPEPP project components

affairs was dealt by Prosperity & Economic Growth Team. At PKSF level, PKSF established a Project Implementation Unit (PIU) and at downstream level, POs set up Project Coordination Unit (PCU) of PPEPP. The PIU and PCU coordinate the management of PPEPP, which is reported back to Prosperity & Economic Growth Team of FCDO. EU was updated about PPEPP progress either directly by FCDO or through coordination meetings among PKSF, FCDO and EU.

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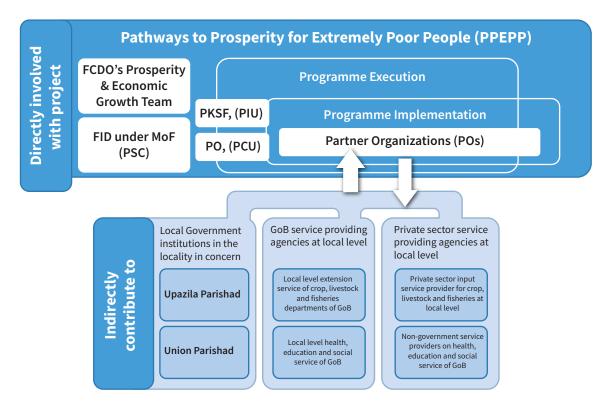


Figure 6: PPEPP's Operational setup

2.11 Changes in FCDO's Commitment and Changed Context of PPEPP Project

PPEPP was designed to serve one million EP people (appx. 250,000 households) living in 188 climatically vulnerable Unions (the lowest unit/tier of the local government structure in Bangladesh) under 15 districts of north-western, southwestern and north-eastern regions of Bangladesh. The project was implemented by PKSF through its 19 downstream Partner Organizations (POs). Reported economic downturns in the UK triggered by the Covid-19 pandemic, the war in Ukraine, and the global food and energy crises led the FCDO Bangladesh to initially downsize PPEPP and eventually to an early closure of the project, in March 2023. Decreased funding commitment to GBP 19.84 million from GBP 63.5 million (about 70% cuts) and pre-mature project termination by the FCDO had numerous detrimental effects on the outcome and impact of the PPEPP.

2.12 Covid-19 and Changed Context of PPEPP

The Covid-19 pandemic increased extreme poverty by almost three folds4. It was imperative in this context to assess the impacts of COVID-19-induced poverty on extreme poverty interventions. Firstly, if PPEPP households have become poorer than they were before COVID 19 then it means they would take longer to graduate. Empirical studies show that extreme poor households have depleted savings and increased exposure to informal credit due to COVID 19. This means the households will try to use any additional income to pay off their credit or to replenish their savings. Secondly, for about 1.5 years, Covid-19-related restrictions precluded the delivery of the majority of the PPEPP services to the targeted extremely poor households. This has slowed the growth of these HHs' assets (human, financial, physical, natural, and social capital).

⁴ Raihan, S., Bidisha, S.H., Uddin, M., Ahmad, M.T., Nahar, M.A., Naher, J. (2021) Covid-19 fallouts on poverty and livelihoods in Bangladesh. Results from Nation-wide households survey (November to December 2020). Paper presented by South Asian Network on Economic Modelling (SANEM), in collaboration with the General Economic Division (GED), Planning Commission of the Government of Bangladesh.

2.13 Reduced Scope and Early Closure of PPEPP

2.13.1 Budget Cut

The original budget for the PKSF component of PPEPP as per the approved Business Case was £63.5 million over six years, of which FCDO commitment was £51.5 million and that of EU £12.0 million. After two successive revisions by FCDO for early closure of PPEPP (in March 2023 ahead of the scheduled end in March 2025), it came down to £13.4 million for FCDO and £6.44 million for EU. The impacts of budget cut on PPEPP have been massive, affecting overall outcome and impact of the project in addition to reputational damages. Following are some identified key impacts:

2.13.2 Fewer Programme Components

PPEPP had six components: a) Resilient Livelihoods; b) Nutrition; c) Community Mobilisation; d) Life-cycle Grants Pilot; e) Market Systems Development; and f) Policy Advocacy. The budget cut led to the dropping of three components - Life-cycle Grants Pilot, Market systems development and Policy Advocacy. A Managing Agent (MA) was responsible for managing the three components and to provide an overall coordination among the six components. The procurement of the MA was stopped at the final stage of the process and the three components did not start. PKSF is implementing partner for the three components -- Resilient Livelihoods, Nutrition and Community Mobilisation. In the absence of three key policy components, expected impacts of operational components (resilient livelihoods, nutrition and community mobilisation) may be less effective and may not have national-level relevance. This also means that PPEPP has abandoned its second objective -- "support the development of stronger national institutions and systems to deliver the public and private services required by extremely poor people to become resilient and to prosper".

2.13.3 Shattered Theory of Change (ToC)

The ToC of PPEPP was built on a key adjustmentit shifts from 'graduation' to 'pathways out of poverty' approach. Accordingly, it was presented as four separate but connected causal pathways and associated assumptions. But the budget cut significantly weakened "Pathway 25" and has completely removed "Pathway 46" of the original ToC. As a result, the downsized PPEPP expected to be less effective compared to its original design in supporting the extreme poor households for their sustained income and human development gains, in reducing their vulnerability to shocks, or in enabling households to access a sustained upward trajectory.

2.13.4 Reduced Geographical Areas

The programme was initially designed for covering the northwest river basins, north-east haor, southern coastal belt and areas of ethnic minority concentration. Though HHs from all these areas are included in the current caseload, a large number of HHs got excluded due to reduction in the scope of PPEPP. These areas are climate vulnerable and economically lagging and therefore poverty is more extreme than in other parts of the country.

2.13.5 Reduced Targeted Households

The impact on the number of beneficiaries has also been massive. The approved Business Case had 250,000 HHs or 1,000,000 beneficiaries to be supported under PPEPP. PKSF targeted 250,000 HHs following an elaborate approach of targeting during the one-year inception period and in the first year of implementation phase. To accommodate the budget cut, the number of HHs had to be reduced from 250,000 to about 40,000 HHs (160,000 beneficiaries; see *Table 5*). The Covid-19 pandemic increased the extreme

⁵ Combined interventions to improve extreme poor households' access to value chains and promote downstream market development increases the income and/or job opportunities for target households and supports livelihood diversification

⁶ A combination of new delivery channels and models, sustained national policy and advocacy and targeted investment will lead to a stronger, nationally funded system for extreme poverty reduction

poverty by almost three folds⁷ and presented a need to support the increasing number of extremely poor HHs outside the government social protection coverage with food and nutrition security and non-food support. In this context, the reduction in beneficiaries was a challenge that contributed to further economic hardship for the poor.

2.13.6 EU's Takeover of 215,000 PPEPP HHs

Due to the FCDO's current commitment to serving only 40,000 HHs up to March 2023, the remaining 175,000 HHs (or roughly 700,000 extremely poor individuals) were not included in the PPEPP (see *Table 3*). In response to requests made by the Government of Bangladesh, the EU came forward to support 215,000 EP HHs. The EU finance these HHs under the existing agreement

with FCDO up to September 2022 and from October 2022 launched a different programme (PPEPP-EU) to assist (40,000 + 175,000) 215,000 EP HHs through September 2025. About 0.86 million extremely poor people in Bangladesh's target regions will benefit from the PPEPP-EU's effort to reduce poverty and build stable livelihoods. It has three primary goals: (a) sustaining livelihoods and income generation for target households (SDG1, SDG2, SDG10 and SDG13); (b) improving nutritional wellbeing for households, particularly for women and children (SDG2 and SDG5); and (c) enhancing target households' access to socially and nutritionally sensitive agriculture extension services. This transition from PPEPP to PPEPP-EU shows EU and PKSF's commitment to supporting those in and ensuring that the project's beneficiaries are not left without support.

Table 3. Current distribution of PPEPP households in 12 districts of Bangladesh

Main criteria	Original PPEPP	Revised distribution after May 2021		
		PPEPP-FCDO	PPEPP-EU	Present PPEPP
Total HHs	250,000	40,000	175,000	215,000
Total unions	188	28	117	145
PPEPP Units	159	24	104	128
Districts	15	10	12	12
Upazila	43	13	33	34

2.14 Project Funding Arrangement

Originally the total project grant made available to PKSF for the PPEPP project was up to £63.05 million over the six years from 2019 to 2025. Following earlier closure and reduced funding allocation by FCDO, the total PPEPP fund was GBP 19.84 million, of which GBP 6.44 million came from the EU and GBP 13.40 million from the FCDO (*Table 4*).

Table 4. Fund allocation in PPEPP from Inception to March 2023 (amount in million GBP)

Developmen partner	t PPEPP total original fund		Revised fund allocation for PKSF after fund cut in May 2021	Revised fund allocation for PKSF in June 2022 for early closure of PPEPP
FCDO	80.0	51.5	18.80	13.40
EU	29.6	12.0	6.10	6.44
Total	109.6	63.5	24.9	19.84

⁷ Raihan, S., Bidisha, S.H., Uddin, M., Ahmad, M.T., Nahar, M.A., Naher, J. (2021) Covid-19 fallouts on poverty and livelihoods in Bangladesh. Results from Nation-wide households survey (November to December 2020). Paper presented by South Asian Network on Economic Modelling (SANEM), in collaboration with the General Economic Division (GED), Planning Commission of the Government of Bangladesh.







2.15 Operational Tools

2.15.1 Operational Framework for Resilient Livelihood

The livelihood component was designed to boost the income of the extreme-poor people (mainly targeting women) by engaging them in a range of IGAs. The support for IGA development, based on hazard and livelihoods mapping, included appropriate financial services, technical services, and skills training for farm and off-farm activities, vocational training and microenterprise development. livelihood component intends to increase the five capitals of the EP HHs -- financial capital, human capital, physical capital, social capital, and natural capital, by promoting resilient livelihoods. interventions under the component were designed taking into account the other core components (nutrition and community mobilisation) and cross-cutting issues (women empowerment, disability inclusion, disaster and climate resilience) to help extreme poor HHs develop nutrition-sensitive, climate-smart disability-friendly IGAs. In addition, the programme aims to grow and transform some of the potential livelihoods into business clusters through providing selective value chain interventions in efforts to support income and consumption gains and reduce their vulnerabilities to shocks (See Figure 7)



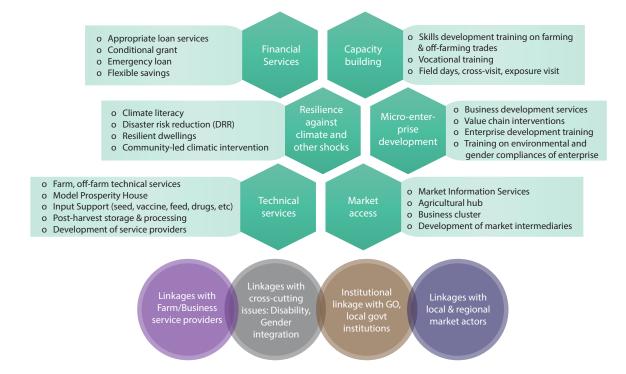


Figure 7: Operational framework of Livelihood component of PPEPP

The PIU at PKSF identified 92 potential IGAs (68 farm and 24 off-farm) with an aim to develop some of them as successful business clusters and microenterprises with the help of the programme's value chain and market access support. Crop, livestock, and fisheries-related nutrition-sensitive farm activities were

implemented, taking into account the affordability, resource availability, agro-ecological position of the region, and livelihood mapping of the extremely poor members of the working area, who only have a homestead. Experimental off-farm activities were also launched through some selected POs.



LIVELIHOOD INTERVENTIONS/ACTIVITIES OF PPEPP

Crop-related IGAs: All extreme poor HHs were provided with seeds and saplings for homestead vegetable production to fulfil the food and nutrition needs of the families. To increase income and productive assets, HHs were engaged with climate resilient, year-round crop-related IGAs appropriate for the area. It ensured required financial and technical services along with marketing support.

Livestock-related farm activities: In order to assist with nutrition resources of the extremely poor households, livestock-related farm programmes were implemented in the working area. Some were also provided with layer birds or native chickens to supply eggs to support family nutrition. Semi-commercial farming activities involving layer, broiler or native chickens, layer ducks, meat-type ducks, pigeon, goat, sheep and cattle rearing were introduced along with required value chain interventions. Both preventive (deworming, vaccination) and curative veterinary services were provided through PPEPP's technical team. Necessary input services to ensure quality chicks, feed, drugs and additives both from public and private sectors were provided.

Nutrition-sensitive fisheries activities: To ensure nutrition supply of the extremely poor households, suitable ponds and reservoirs were utilised for fish culture and crab fattening. While the interventions were expected to support households to engage in IGAs, the primary goal was to address household undernutrition and strengthen immunity of the household members.

Appropriate financing: PPEPP offered appropriate financial services such as conditional grants, flexible savings, customised soft loan ('Buniad'), emergency loan, other customised loan products for extreme poor ('Jagoron', 'Shufolon', 'Agrosor') to initiate and/or expand different farm or non-farm-related IGAs.

Value chain interventions: PPEPP technical team assisted extreme poor HHs in their gradual establishment of IGAs leading to microenterprise establishment. It included assisting EP HHs in their selection of appropriate resilient IGAs, providing hands-on door-step technological support; assisting in sourcing quality IGA inputs; providing preventive and curative veterinary services; providing other required value chain interventions including market linkage; and assisting extreme poor HHs in liaising with public and private extension services. Financial services required for value chain interventions came from PKSF/PO's mainstream credit programmes.

Non-agricultural skills program: To create alternative earning sources for the extremely poor households, different non-agricultural programmes (skills training) were provided in different sectors through affiliate organisations (e.g., Bangla-German Shampriti, ADAMs, Muslim Aids). In some cases, training was conducted by local trainers who bought back their products.

Prosperity House: Selected ultra-poor members were supported with at least seven types of agricultural and off-farm activities in order to diversify their income and increase productive assets. The objective of establishing the Prosperity House was to support the household to be self-sufficient and to become a role model for other poor people of their community. Also, this programme connected the 'Prosperity House' with the local market.

Capacity Building: To increase the technical knowledge of the programme participants, the livelihood component undertook various capacity development activities such as farm- based skill training, field days and day observations. Farm-based skill training included two-three day-long training on specific crops, fisheries, and livestock production and post-harvest management activities. These training helped members to gather practical knowledge on various income generating activities that can accelerate growth towards the pathways to prosperity.

Field Days: 'Field Days' and 'Farm Days' are usually arranged under the livelihood component to demonstrate crops, fisheries and livestock activities implemented by the programme participants. These demonstrations on successful livelihoods activities encourage poor people to replicate these and boost their confidence.

2.15.2 Operational Framework for Nutrition

The nutrition framework took a lifecycle approach, with both nutrition-specific/Direct Nutrition Interventions (DNI) and nutrition-sensitive/indirect nutrition interventions to ensure direct impacts on lowering the immediate causes of malnutrition, resulting in improved nutritional status at the individual level and a conducive environment for ensuring household and community food and nutrition security. Both nutrition-specific and

nutrition-sensitive interventions were designed in line with the three cross-cutting themes: women's empowerment for gender equality, disability inclusion, and disaster and climate resilience (*Table 5*). The nutrition component aimed to improve nutritional status of targeted people including pregnant and lactating women, adolescent girls and children under 5 (U5) by focusing on the first 1,000 days approach breaking the intergenerational cycle malnutrition. The nutrition component conceptually focused on three thematic areas as follows (Figure 8).

Table 5. Activities under nutrition-specific and nutrition-sensitive interventions under PPEPP

Nutrition-Specific Interventions

(address immediate causes of undernutrition)

- 1. Strengthening National Nutrition Services (NNS) in programme areas (16 direct nutrition interventions under 7 domains)
- 2. 1000 days focused services for U2 children, pregnant/lactating mothers, adolescent girls, etc.
- 3. Infant and Young Child Feeding (IYCF)
- 4. Maternal, Child Health & nutrition (MCHN) services

Nutrition-Sensitive Interventions (address underlying causes of undernutrition)

- 1. Homestead farming and sustained IGAs
- 2. Primary health care and family planning services
- 3. Water and sanitation
- 4. Nutrition-focused gender issues
- 5. Nutrition-related grassroots advocacy (NRA)
- 6. Participation, coordination and sensitisation of district and sub-district level nutrition coordination committees
- 7. Contribution in root level multi-sectoral nutrition approach implementation through local level advocacy
- 8. Strengthen nutrition and health services through coordination with local government

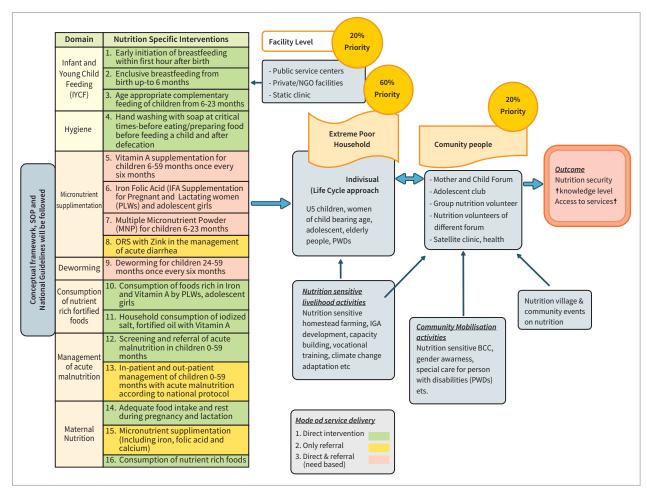


Figure 8: Operational modality of Nutrition component of PPEPP



NUTRITION INTERVENTIONS

Targeting and nutrition service delivery mapping based on lifecycle approach: Soon after participant selection, PO level nutrition team started door to door nutritional and health status screening of U5 children, pregnant women, lactating women, adolescent girls/boys, elderly and Person With Disability (PWD). Through this screening process golden 1000 days households (households having pregnant and lactating women, U2 children) were segregated and priority nutrition services were delivered in those households. Other target groups also received basic nutrition & PHC services through Prosperity Village Committee (PVC) platforms.

Household-level nutrition activities: The programme undertook several household-level activities to address the nutritional challenges. These are:

- Nutritional status measurement by using different anthropometric tools for pregnant and lactating women, children U5, adolescent girls & adolescent boys
- Antenatal care (ANC) checkup and Postnatal care (PNC) for pregnant and lactating women
- Basic health checkup for pregnant and lactating women, U5 children, adolescent girls, adolescent boys and elderly people
- Nutrition counselling based on nutritional and health status addressing gender issues
- Referral to nearest community clinics, union health & family welfare center (FWC), upazila health complex (UHC) based on nutritional and health status
- Promoting household-level nutrition-sensitive activities e.g., small scale agriculture, livestock, fisheries for ensuring diversified food source which also falls under the livelihood component

Community-level nutrition activities: At the community level, the programme organised three different social platforms - mother and child forum (platform for pregnant, lactating women and mothers of U5 children) and adolescent girls club/boys club and Prosperity Village Committee (PVC). These platform or forum/club members received nutrition counselling, nutrition/health service, referral services based on screening status. The project also trained members as nutrition and health promoters for their own households and nearby communities. In addition, the project promoted nutrition-sensitive gardening at different forums & club levels, and health facility levels (Community Clinic/FWC). Besides, the programme introduced age-specific diversified food selection and food preparation demonstration considering Infant and Young Child Feeding (IYCF) practices at mother & child forums and PVC levels. Objectives of this demonstration was to raise mass awareness on importance of diversified food consumption and the methods for reducing nutrient loss during food preparation.

Organisation level nutrition service integration: The project initiated coordination among different stakeholders in project areas. This involves linkage meetings with different GoB facilities management committees such as meeting with Community Clinic Management Committee (CCMC) and UH&FWC operation committee, sensitisation meeting with Upazila Health Complex (UHC) etc. As a result of these linkage meetings some partner organisations have already got membership on Upazila Nutrition Coordination Committee (UNCC) and are participating in UNCC's regular meetings.



2.15.3 Operational Framework for Community Mobilisation

The theoretical foundation of Community Mobilisation component of Prosperity followed the 'Service Delivery to Rights' approach, in which all stakeholders were mobilised and engaged through participation, allowing them to speak up and assert their rights. The three most important of the Community aspects Mobilisation interventions were: (i) economic empowerment (ii) social empowerment and (iii) access to services and markets. The activities involved grassroots advocacy to foster working relations with the accountable entity to promote meaningful changes, which include ensuring greater and more equitable resource allocation for extreme-poor households for their sustainable development. The activities of the component were designed to build social support and change the social norms that exclude women, girls, people living with disabilities and others, limiting their access to basic services and employment opportunities. The component activities also involved establishing linkage with public and private service providers

so that extreme poor HHs have access to them (*Figure 9*). Community Mobilisation component activities were (i) capacity building (BCC sessions, awareness raising sessions, advocacy meeting/workshops and day observations etc.) (ii) formation of platforms (iii) building collective force (youth forums, people, forum etc.) (iv)Ensuring access to services (inclusion of the beneficiaries into social safety net schemes) (v) integration with other components of PPEPP.

The three most important aspects of the Community Mobilisation interventions were: (i) economic empowerment (ii) social empowerment and (iii) access to services and markets

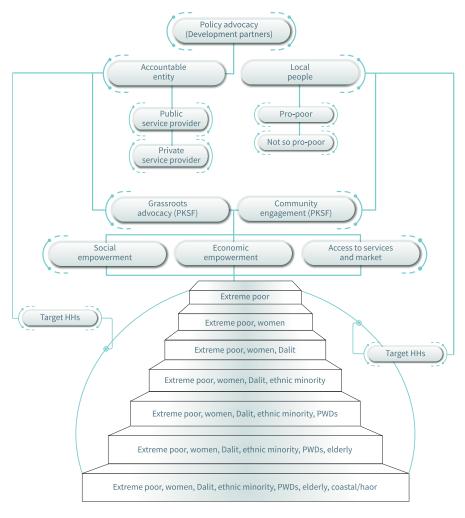
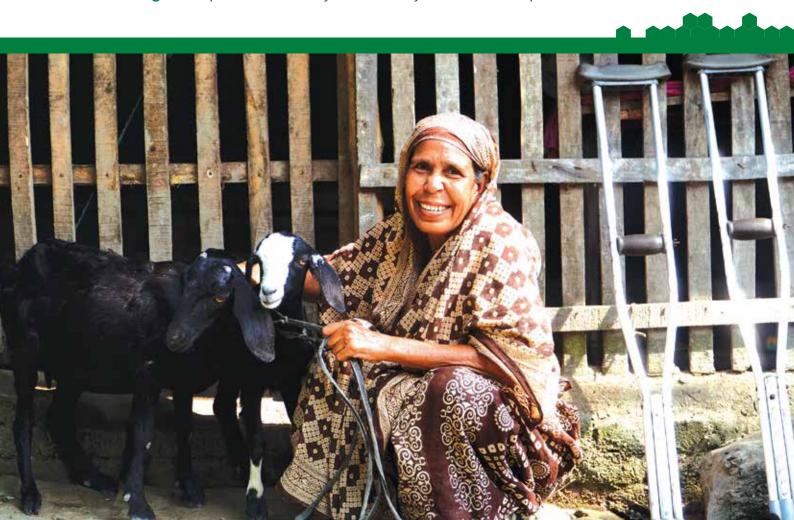


Figure 9: Operational modality of Community Mobilisation component of PPEPP









2.15.4 Operational Frameworks for Cross-Cutting Components

2.15.4.1 Women Empowerment Leading to Gender Equality

To address gender inequality and the unique obstacles encountered by extremely poor women and female-headed households, gender as a mainstreaming issue were integrated both organisationally and programmatically in PPEPP. This component included activities to impact attitudes and practices through behaviour change communication with men, women, religious, and traditional authorities. The theoretical framework of Women Empowerment focused on 'de-feminisation of poverty' approach. This component followed the 'Gender Transformative' approach where it worked at four levels-individual level, household level, community level and structural level (Figure 10). The reason for this was that gender norms and values influence behaviour in all of these areas,

and these levels have multidimensional and interactive consequences.

- At individual level, behavioral change communication focused on individual knowledge, attitudes, motivations, skills building, and behavioral change.
- At household level, behavioral change communication and social change communication focused on interpersonal communication engaging men and boys.
- At community level, social change communication focused on enabling groups of individuals to engage in a participatory process to determine their needs, demand their rights, and collaborate and transform their social system.
- At structural level, it focused on policy environments and sought to develop or change laws, policies, and administrative practices.



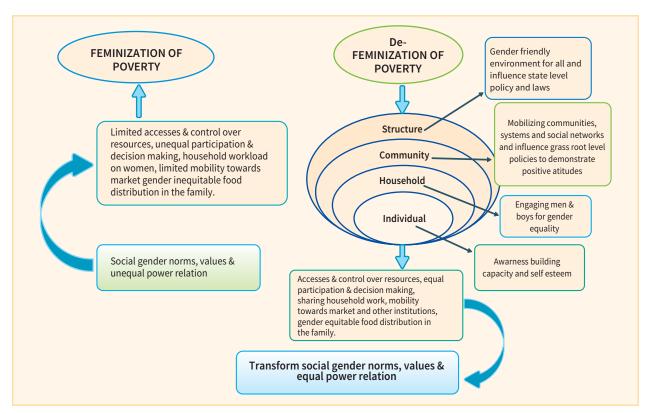


Figure 10: Conceptual framework for gender related activities under PPEPP

2.15.4.2 Disability Inclusion

For mainstreaming the rights of Persons with Disabilities (PWDs), the programme adopted Disability Inclusive Development (DID) approach that includes awareness, participation, non-discrimination, accessibility and universal design, gender equity and the twin-track approach (*Figure 11*). In view of the Twin Track Approach to Disability Inclusive Development, the inclusion process in the PPEPP program involved two steps: (i) through collaboration and integration, components and other cross-cutting issues were designed in a disability inclusive way (ii) initiation of disability specific/focused

interventions for addressing their diverse needs such as supporting empowering persons with disabilities, their families, representative bodies increased through access support to services, health care, livelihood, education, and social and political activities are all examples disability-specific interventions.

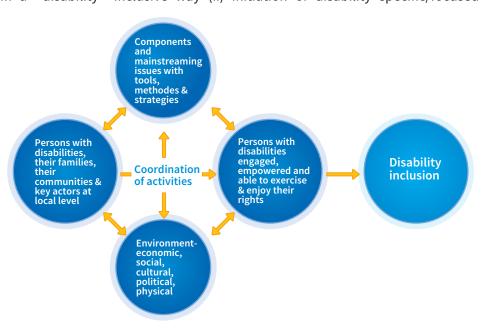


Figure 11: Operational framework of PPEPP for disability inclusion



2.15.4.3 Disaster & Climate Resilience

PPEPP was implemented in climatically vulnerable regions of Bangladesh. Climate shocks often have a disproportionate impact on those who are already extremely poor, pushing them further below the poverty line. To lessen the impact of climate change, the programme used a climate lens in all of its key components and cross-cutting issues. The Disaster and Climate Resilience framework of the PPEPP programme explored how the programme can create examples of climate resilience building, to prevent damage to the livelihoods of participant households in future and enhance their capacity for long-term adaptation to climate change. The programme adopted four broad approaches to build resilience against climate change: (i) improving institutional knowledge of target households and community people on climate change; (ii) helping people cope with climate change and other shocks; (iii) supporting those facing risks posed by specific climate-induced hazards; and (iv)linking vulnerable people with other support systems.

The programme adopted four broad approaches to build resilience against climate change: (i) improving institutional knowledge of target households and community people on climate change; (ii) helping people cope with climate change and other shocks; (iii) supporting those facing risks posed by specific climate-induced hazards; and (iv)linking vulnerable people with other support systems.



Achievement of PPEPP Project

3.1 Achievement on Operational Issues

3.1.1 Establishing PPEPP Structural Setup

PPEPP established its programme management and required service delivery systems within 1st year of operations. It includes establishment of a Project Implementation Unit (PIU) at PKSF with 39 staff; selection of working areas in 34 upazilas under 12 districts based on poverty incidence of HIES 2010 and 2016 data for conducting HH census; selection of 19 downstream POs; formation of PPEPP cells at the PO level; recruitment and trained **PPEPP** staff. establishment of management systems and protocols individual roles and (e.g. responsibilities, communication protocol, knowledge management protocol, etc.); and development of the downstream service delivery structure, PPEPP unit.

3.1.2 Development of Programme Instrument

The PIU developed conceptual and operational frameworks for the three core components (Livelihoods, Nutrition, and Community Mobilisation) and the three cross-cutting issues (Disaster and Climate Resilience, Disability, and Women Empowerment Leading to Gender Equality) during the PPEPP's inception phase. The frameworks were prepared in an integrated way, linking interventions under one component with the rest of the components to achieve maximum results (See *Chapter 2*).

3.1.3 Development of Project Monitoring Tools

The PIU developed the PPEPP log frame, Management Information System (MIS), Accounting Information System (AIS); Integrated Information System (IIS); Geographic Information System (GIS); Results-Based Monitoring System (RBM), frameworks for livelihoods, nutrition, community mobilisation, disability, disaster, delivery chain risk mapping framework; and Risk and Safeguarding Policy. These tools were used for project implementation and monitoring especially for intervention mapping and service delivery, hazard mapping, field monitoring as well as for ensuring financial integrity.

3.1.4 Capacity building of staff

PPEPP trained all staff both at PIU and at PO levels especially on PPEPP design, its operational procedure, M&E systems including RBM, financial management, fraud & sexual harassment, technical and operational issues of livelihood, nutrition, community mobilisation, women empowerment leading to gender equity, disability inclusion and disaster & climate resilience components of PPEPP. In addition, all staff members were provided with a copy of Standard Operating Procedure (SOP), covering all operational aspect of the PPEPP.

3.2 Targeting the Extreme Poor HHs

Using Participatory Extreme Poor Identification Tool (PEPIT) and ODK-based digital platform PKSF identified 236,232 extreme poor (EP) HHs out of total 709,169 HHs under 145 unions of 12 districts (Table 6). Some features of targeted EP HHs in different regions of PPEPP are shown in Table 7. Rate of extreme poverty here was 33%, much higher than the extreme poverty at national level of 9.7% in 2019 (BBS, 2019). Selecting appropriate proxy indicators (see Table 2; section 2.5) following different participatory process (e.g., PEPIT for identification and validation; Figure 12) especially the community people, was found to be effective for targeting EP HHs. Community was involved in the social mapping & FGD and finally in the community referencing of identified EP HHs. Independent study shows that overall targeting efficiency is in this case was 82% (Khalegue, 2022). From these identified 709,169 EP HHs, until March 2023, over 2,09,622 HHs were organized under 6,658 Prosperity Village Committees (PVCs) in 128 branches of the PPEPP by 19 downstream POs. These PVCs were the focal points of different PPEPP services mentioned earlier. Intersectional groups of extreme poor households in different regions of PPEPP working area consists 26% of total extreme poor households (Table 8).

Rate of Extreme Poverty

national level

Table 6. Targeting extreme poor households under PPEPP

Region	No. of	No. of	No. of	Total	Identified		Enrolled HHs	
	District	Upazila	Unions	HHs	EP HHs	FCDO	EU	Total
North- West	04	10	29	2,83,477	86,411	14,011	58,487	72,498
South- West	05	14	64	3,28,096	1,11,020	24,488	83,557	1,08,045
Haor	01	04	20	67,979	28,297	4,007	18,749	22,756
Ethnic*	02	06	32	14,211	10,504	2,870	5,686	8,556
Total	12	34	145	6,93,763	2,36,232	45,376	1,66,479	2,11,855

Table 7. Selected features of identified EP HHs of 126 unions in different working areas of PPEPP (outside 20 piloting unions)

Particular	Southwest	Northeast (Haor)	Northwest	Ethnic	Overall
Average household size (number)	3.90	4.40	3.56	3.71	3.84
Access to social safety net (%)	58.7	23.6	58.7	23.6	47.0
Income per capita (BDT/month)	1,555	1,058	1,294	1,182	1,388
Expenditure per capita (BDT/month)	1,659	1,209	1,427	1,359	1,511
Savings per capita (BDT/month)	836	613	358	773	64810
Household dietary diversity (out of 7)	4.20	3.90	3.87	3.83	3.87
Food secured HHs (%)	56	80	82	55	79
Assets value of HHs (BDT)					
Land value	75,157	55,529	56,131	66,831	65,789
Housing	14,584	14,856	10,260	9,637	12,913
Livestock	9,978	10,690	7,791	14,991	9,503
All assets	117,016	91,641	82,852	98,320	101,256

Table 8. Intersectional groups of extreme poor households in different regions of PPEPP

Region		Intersectional group in enrolled HHs				
	Women headed	Elderly	PWD	Dalitl	Ethnic	Total
Northwest	9,335	7,663	2,529	820	0	20,347
Southwest	11,133	9,155	4,089	675	278	25,330
Northeast (Haor)	2,907	1,483	547	466	7	5,410
Ethnic	550	322	301	2,166	0	3,339
Total	23,925	18,623	7,466	4,127	285	54,426
Proportions	11%	9%	3%	2%		26%

¹⁰ This is a kind of flexible savings instrument of PPEPP under which an EP HHs can save any amount of money at any time, which they can withdraw especially during an emergency. This may not necessarily linked to the regular household expenditure.



Component-wise Achievement of PPEPP Project

4.1 Resilient Livelihoods

The objective of resilient livelihood component was to connect impoverished people to economic growth and set them on a sustained path out of poverty. Livelihood interventions involved EP HHs with different farm and off-farm-based IGAs by ensuring financial services, technical skill development, technical services, value chain interventions, market linkages and by building their resilience against climate and other shocks.

4.1.1 Categorising Extreme Poor HHs

Although all EP HHs of PPEPP are vulnerable, but their degree varies depending on the nature of challenges (humanitarian or natural) these HHs face. After three years of services PPEPP HHs at large can be categorised into – (a) vulnerable, those who are labour constraint and mostly non-bankable (about 5-10%); (b) transient, those

who can work and are bankable (about 65-80%); progressive, these HHs have already made progress towards sustainable pathways out of poverty (about 15 to 25%). PPEPP has been to designed to address all these categories of HHs by offering different packages of livelihood and other services (See *Figures 13*).

4.1.2 Livelihoods Mapping

PPEPP prepared GIS-based livelihood maps for 145 PPEPP unions of its working areas. This provided resilient livelihood options for EP HHs and their community considering topography, soil-type, existing hazard(s), local natural resources, communication networks, business opportunity and local infrastructure of the union concerned (*Figure 14*). Potentials for any given IGA were determined based on the 11 points as shown in the box. However, the final selection of an IGA was made by the members themselves.

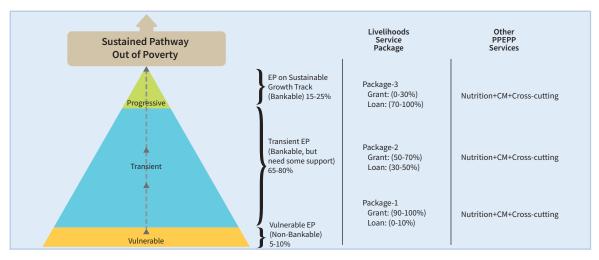


Figure 13: Extending PPEPP services to EP HHs according to their financial status

The key criteria considered for livelihood mapping

Seasonality: Which season is suitable for what types of IGAs?

Suitability/adaptability of the areas concerned: IGAs suitable to the geographical location.

Environmental benefit: Potential climatic hazards and potentiality of given IGAs for a particular geographic region.

Growth potential and unmet market demand: Explore the growth potentials of a commodity to meet the unmet market demand.

Simplicity of implementation: Opportunity for transforming existing IGAs into cluster forms.

Replicability: IGAs successfully implemented in other areas will also be included as livelihood opportunities for Prosperity participants.

Health/nutritional benefit: IGAs that can meet the nutrition demand of the households, both directly and indirectly.

Input availability: Explore the necessary input availability for specific IGAs in an area.

Market opportunity: Opportunities of the IGAs in the local market under the PPEPP working areas.

Income potentiality: IGAs are selected on their income potentials.

Poverty reduction: IGAs proven to be easily implemented by the extreme-poor households and have the potentials to be a sustained source of income.

4.1.3 IGA Implementation

Organised EP HHs were involved with different farm and off-farm IGAs that were assigned to individual HH based on their interest, resource base, human capacity, and market opportunity. The number of IGAs implemented by PPEPP EP HHs during April 2019 to March 2023 is shown in *Table 9.* Nearly 26% of PPEPP HHs received IGA-grant for demonstration, while the rest of

nearly 74% used soft-loan from the downstream POs to initiate IGAs. Among 47 different types of IGAs, there were 17 types of crop, 15 types of livestock, 12 types of fisheries and three types of off-farm based IGAs. PPEPP members, though mostly landless, implemented 34,244 (25%) crop-based IGAs, 75,335 (55%) livestock related IGAs, 21,916 (16%) fisheries-related IGAs and 5,480 (4%) off-farm-related IGAs.

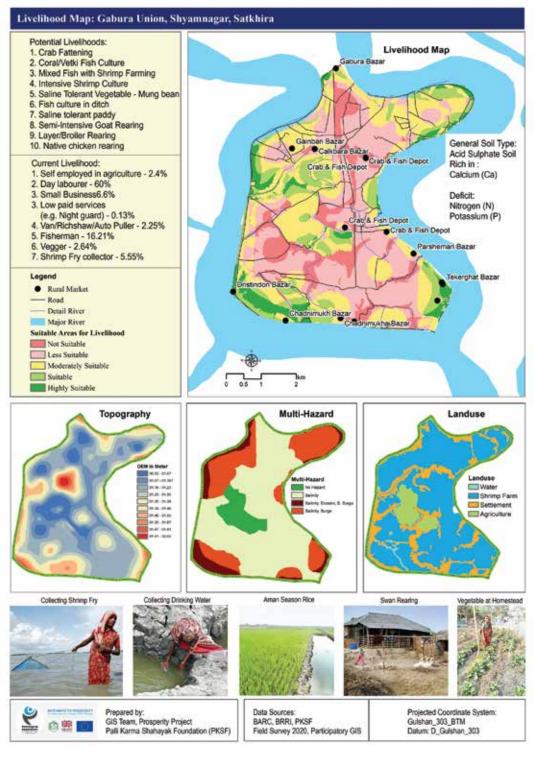


Figure 14: Livelihood mapping of Gabura union of Shyamnagar Upazila of Satkhira

Table 9. PPEPP extreme poor HHs implemented farm and non-farm IGAs during April 2019 to March 2023

	Types of demo	Grant-based IGA	Loan-based IGA	Total IGA
1.	Crop related (17 types)	10,281	23,963	34,244
2.	Livestock related (15 types)	19,189	56,146	75,335
3.	Fisheries related (12 types)	5,788	16,128	21,916
4.	Off-farm related (3 types)	321	5,159	5,480
	Total	35,579 (26%)	1,01,396	1,36,975

4.1.4 Homestead Nutrition-sensitive Farming

In addition to these commercial-scale IGAs, almost all PPEPP households were also engaged in nutrition-sensitive homestead farming, especially with year-round vegetable and fruit gardening, subsistence level of native chicken, goat, duck (10-20 birds), layer (5-10 birds), broiler (20-50 birds) rearing, 10-20 pairs of pigeons, mini-scale aquaculture in ditches, ponds or tanks.

4.1.5 Technical Services and Value Chain Interventions

PPEPP had dedicated technical persons (Technical Officer, livelihoods, and Assistant Technical Officer, livelihoods) to extend technical and value-chain services for IGA implementation. It included ensuring quality inputs (seeds, chicks, pullets, fingerlings, feed, fertiliser, vaccines, deworming bolus, minor equipment & utensils, essential drugs, etc.) preventive veterinary services, technology demonstration, market linkage, linking with appropriate loan services. An example of broiler value chain interventions followed in PPEPP is shown in Figure 15.

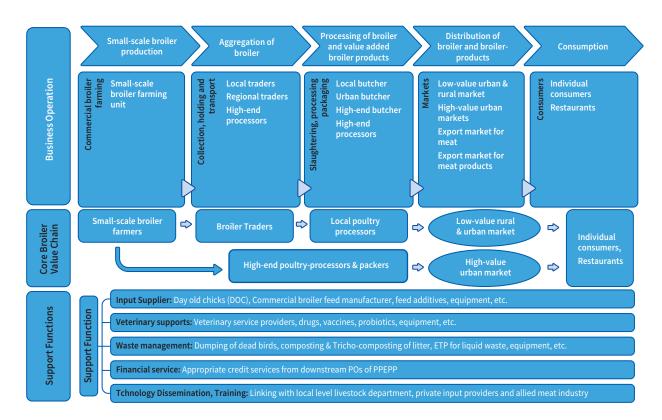


Figure 15: Typical broiler value chain intervention followed in PPEPP

4.1.6 Financial Services

In addition to grant services for livelihood, PPEPP also extended other financial services including flexible savings and appropriate (soft) loan to its members. Most of the organized EP HHs had flexible savings programme where they could save any amount of money on weekly or fortnightly basis. Until March 2023, PPEPP members saved BDT 156.60 million (GBP 1.45 million; *Table 10*). Members can withdraw their savings at any time from the respective downstream PO.

At the onset of the project, most of the PPEPP members were non-bankable. With active PPEPP support, these members are gradually becoming borrowers of PO's microfinance services, which

they use mostly for IGA implementation. Initially member-borrower proportion was 100:0, which gradually increased to 97:3 in March 2021, and in December 2022, it stood at 45:48. Up to March 2023, PPEPP members borrowed BDT 4435.10 million (GBP 41.07 million). Most of the borrowers use a soft loan product called 'Buniad' which has flexible repayment schedule - weekly, fortnightly, monthly or even a balloon payment depending on the cash flow, with a variable grace period. As these members grow, they gradually move to microfinance products (Jagoron¹¹, Shufolon¹² or Agrosor¹³) that offer bigger loans. This ensures sustainable cash flow to the PPEPP members with increasing investment demand to scale up their IGAs, even in the absence of the project.

Table 10. Financial services to PPEPP members during April 2019 to March 2023

Financial Product	Number of HHs	Amount (BDT million)	Amount (GBP* million)	
Savings (Outstanding)	1,90,084	510.80	4.73	
Appropriate loan (Outstanding)	86,943	1459.20	13.51	
Total loan disbursement	1,71,748	4435.10	41.07	

^{*1} GBP = BDT 108

4.1.7 Prosperity House







Extreme-poor people often fail to sustainably graduate out of poverty as they depend on a single income source for livelihoods. When these households (homestead area 10-39 decimal; average 14 decimal) have multiple sources of income, they can graduate faster, build assets quickly and scale up

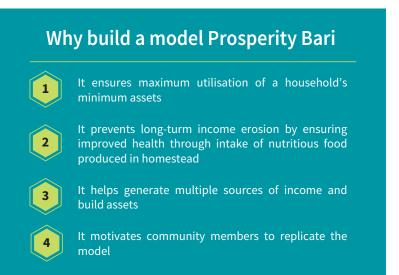
¹¹ Jagoron, a credit instrument of PKSF, seeks to ensure household-based enterprise development in rural and urban areas of Bangladesh.

¹² Sufolon is a unique financial product of PKSF for investment in different agro-based IGAs covering crop cultivation and processing, livestock, fisheries, agro-forestry and agro-processing sectors.

¹³ Agrosor is a financial product of PKSF for progressive members of other credit programmes to undertake economic activities that require bigger amounts of capital. Any business activity that has an investment of up to BDT 1.5 million (excluding land and building) is considered a microenterprise.

their successful income-generating activities for uninterrupted income gains. This in turn increases their ability to absorb shock and be resilient and prosper.

Based on hazard and livelihoods mapping, a combination of at least seven different farm-based (such as livestock, fisheries and vegetables) and off-farm based IGAs were set up for diversifying livelihood options in Prosperity Houses. Each of these Prosperity House HHs had at least seven types of IGAs, aimed at generating home-based food production and uninterrupted income from multiple sources to break the poverty cycle. Like all general HH's 'Prosperity House' also received different technical, financial and market support from the PPEPP, but at a higher scale. One short



(n = 34 HHs, 17 general HH and 17 Prosperity HHs) study of PPEPP conducted in August 2022, shows that 'Prosperity House' makes 5.83 times higher income (BDT 237 vs. BDT 1619) than an average HHs that uses single IGA-based traditional livelihood approach (Figure 14). Thus this model 'Prosperity House' were replicated both among the PPEPP HHs and their neighboring community, without PPEPP investment except some technical and market support.

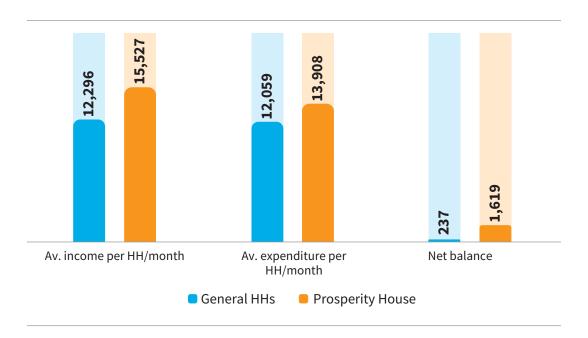


Figure 16: Performance of 'Prosperity house' compared to that of a traditional IGA based HHs (BDT)

4.1.8 Climate Smart Farming IGAs

Most of the PPEPP households are in climate vulnerable areas, especially in southwest coastal region, northwest flood-prone region and northeast haor regions. Guided by livelihood and

hazard mappings, PPEPP implemented a wide range of farm and off-farm IGAs that were able to withstand various adverse climatic conditions. The following farming techniques particularly contributed to the food and nutrition security of the target households covered by the project.



- ➤ Vegetable cultivation in sacks: To address high salinity level in coastal homesteads, the project promoted vegetable cultivation in sacks. With technical and financial support from the PPEPP, they then grew various seasonal vegetables including gourd, snake gourd, bitter gourd, pumpkins, beans, and chili in sacks that can meet their household demand.
- ➤ Mini-pond based salinity prevention: To prevent salinity intrusion in crop-field during dry periods, a 12 x 12 x 3 m3 deep pond was excavated at one end of a plot of one hector size. Besides, a one-meter wide and one-meter deep cannel was excavated around the plot boundary, which is connected to pond. Alternatively, one-fifth of the total land was excavated by about three meter deep with a similar (a one meter wide and one meter deep) canal along the boundary line. During the rainy season the pond and cannel store rain water, which acted as a shield against the capillary intrusion of under-ground saline water due to evapotranspiration loss of surface
- water during the dry period. During Aman season, HYV Aman rice was cultivated in the main cropping area and summer vegetables were cultivated along the bank of the dyke. Water body of the pond were used for fish culture. During Rabi season, Rabi crops were cultivated in the main cropping area and winter vegetables were cultivated along the bank of the dyke. This technology is now being used by PPEPP members and their communities in saline-prone Ashashuni, Kaliganj, Shayamnagar Upazilas of Satkhira districts.
- ➤ Sorjan method of crop cultivation for water-logged area: To bring water-logged marshy land of Bhola and Patuakhali area under cultivation, alternative canals and raised beds were built for year-round vegetable cultivation in the raised beds, and fish in the canals.
- ➤ Salt/flood-tolerant rice varieties: Coastal and haor regions face challenges in growing rice due to high salinity and for flash floods or

- waterlogging conditions, respectively, for nearly half of the year. The project promoted salt-tolerant rice verities like BRRI Dhan 67, BRRI Dhan 97 and BRRI Dhan 99 developed to withstand such hazards. Participants living in flash flood-prone haor regions were introduced to short-duration high-yielding rice varieties such as BRRI Dhan 79 and BRRI Dhan 80 that can cope the unique climatic conditions there.
- Climate-resilient commercial chicken production: Small-scale commercial broiler or layer farming under intensive management helped the extreme poor households in generating regular income even under harsh environmental conditions. PPEPP ensured availability of quality inputs (e.g., day-old chicks, pullet, feed, drugs and vaccines) and technical services to run these farms. It also extended marketing support through local-level market intermediaries.
- Promoting brackish-water aquaculture: To make best use of brackish-water of coastal region, PPEPP promoted small-scale

- commercial culture of Vetki/Coral, Crab (both hard & soft shell), shrimp and other high-value native fish (Parshya, Vangon, Tengra). The project also ensured availability of quality inputs (e.g., fries/fingerlings, feed, aqua-medicine), and technical services to the farmers. It also extended marketing support through local-level market intermediaries.
- Crab fattening: Fattened crabs have high demand on global market, and can fetch four to six times the price compared to immature or half-grown crabs. To tap on this opportunity to ensure income growth in participant households, PPEPP promoted fattening in coastal belt salinity-prone areas, especially in Khulna, Bagerhat, Satkhira and Patuakhali districts. Participants received hands-on training and support in land technical selection. infrastructure development, crab collection and preservation, feed management, water management in the pond or enclosure, and post-harvest management and marketing of crab.



4.1.9 Skill Development Training

To improve technical knowhow and skill about farm and off-farm IGAs of participant households, PPEPP organised two-day long (for farm IGAs) to 12-45 day-long (for off-farm IGAs) skill development training, demonstration and other necessary technical services. Besides, project's technical staff supported PPEPP HHs in selecting IGAs, sourcing quality inputs, linking with public and private service providers, assisted in value chain interventions for supporting farm and off-farm microenterprises and, more importantly, in building linkage with local markets. In addition to project staff, EP HHs were also linked with government agricultural extension services

where they received not only technical services but also had access to different other public services. The project trained 4,3464 members in crop, livestock fisheries and off farm-related IGA establishment (*Table 11*).

Additionally, the project enhanced IGA skills of unemployed youths of PPEPP HHs through vocational training and subsequently supported them to establish their own startups. As many as 169 youths of PPEPP HHs received vocational training on household electrical installation and maintenance, motorbike repairing, mobile phone servicing and artificial insemination related services.

Table 11. Skill development and vocational training provided to PPEPP members until March 2023

Types of IGA training	Total number of PPEPP member trained
Crop-based IGA	12,075
Livestock-related IGA	22,485
Fisheries-related IGA	5,241
Off-farm	3,663
Total skill development training	43,464





4.1.10 Off-farm Based IGA

Over one thousand EP households were involved in off-farm income-generating activities (IGAs) through PPEPP. These IGAs include tailoring, bamboo-craft, embroidery, mat-making, and fishing gear production. It is worth noting that these IGAs can provide a valuable source of income for households, especially in areas where traditional sources of income, such as agriculture, may be vulnerable to climate shocks or other challenges. The fact that the income from these IGAs varies from BDT 2,000 to over 5,000 a month suggests that they can be viable and sustainable sources of income for participating households. The provision of training and input support for these off-farm activities is also important, as it can help ensure that households have the necessary skills and resources to operate their businesses effectively.

The involvement of trainers as market representatives who provide design, input materials, and quality control services, as well as buy-back finished goods, can also help facilitate market linkages and ensure that households have a reliable market for their products. This support for off-farm IGAs helped diversify income sources for participating households and built resilience in the face of economic and environmental challenges.

4.1.11 Involvement of Intersectional Vulnerable Group with Income Generation

PPEPP identified 10,763 intersectional vulnerable HHs (about 24% of total EP HHs) with varying categories/levels of vulnerabilities. Until March 2023, PPEPP involved 10,179 of them with different kinds of IGAs. Almost all of them received grant support for IGA establishment.



Rudra Biswas

The face of resilience in climatevulnerable coastal community

Rudra Biswas was born into an extremely poor family in the climate vulnerable district of Khulna in southern coastal belt of Bangladesh. Her father, a marginal farmer, was the only income-earner in the family living in Kamarkhola union in Dacope upazila that faces frequent climate shocks due to its proximity to the Bay of Bengal. When her mother got paralysed in her adolescent years, the responsibility for all household chores fell on her shoulder, as she was the eldest among three siblings.

Despite the family responsibilities, she pursued her education and passed SSC exam. But soon after, she was married off to a man from Sutarkhali, also in Dacope upazila. The man was a day labourer, working mostly in farmland. Their first child, a boy, developed chronic pneumonia and other diseases during infancy.

The poor parents were worried about his health, but had no means to afford his treatment. So they started borrowing from neighbours, relatives and local money lenders for their son's treatment. In three years, the loan amount stood at BDT 1 lakh, pushing the family further down the poverty line.

In 2020, cyclone Amphan struck her village, rendering them homeless. Like many others, she built a small home on their ancestral land on the other side of the embankment. This was when she became a member of PPEPP, looking to build everything anew. Project officials decided to maximise the utilisation of her ancestral land. They turned it into a Prosperity Bari, a flagship intervention under the project's livelihood component.

Under the package, Rudra, aged about 40, received grants to establish eight farm and off-farm IGAs, most of which have now become regular sources of income. The IGAs she received are homestead vegetable gardening, fish farming in mini pond, native chicken rearing, duck rearing, pigeon rearing, goat rearing, vermicompost and sewing machine. According to Rudra, her average income from these IGAs is BDT 10,000, give or take. She will soon be able to sell fish and goat worth over BDT 40,000. Her income growth has also led to some physical asset building as she has bought 2 kathas of land with the money she saved from her profit.

Today, Rudra is known as an empowered women in her community. As her acceptance in the community grew, she has recently become a member of a standing committee on sanitation of Kamarkhola Union Parishad, where she is promoting WASH services for the community people.





A startup some Bhola people want to replicate

Arju Begum lives in the remote village of Charfassion upazila in Bhola with her husband, two sons and a daughter. Her husband, a day labourer, is the sole earner of their family. His income is not regular, and he shifts between one menial work to another to make their ends meet. Besides financial hardship, the fight against natural hazards like flood, river erosion and cyclone is a constant reality in this coastal region.

As a PPEPP member, Arju received a two-day training on poultry rearing. After the training, she received twenty layer chickens required medicines and other inputs in grants. Subsequently, she took a loan worth BDT 25,000 to bear the cost of feed and build a chicken shed. Initially, the startup earned her up to BDT 3,000 a month.

A few months later, she bought 50 more layer chickens using parts of her savings and a BDT 40,000 loan from a partner organisation of PKSF. After she scaled up the farm, her profit jumped to over BDT 10,000 a month. With the money she saved from this earning, she bought a goat and some native chickens, ducks and pigeons to further diversify her income and meet the household's nutritional needs at the same time.

Her income diversification initiatives have not only enhanced her own household income, but also inspired some fellow villagers to start their own IGAs.

"I want to further expand my farm after I have repaid my current loan," said, Arju, now a confident woman determined to overcome poverty.

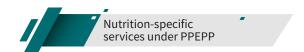


I want to further expand my farm after I have repaid my current loan ??

4.2 Nutrition Component

PPEPP's nutrition component rolled out all planned activities in the field, keeping lifecycle approach at the core of its implementation modalities which has been gained through proven field experiences of PKSF projects. The project's nutrition component intervention modalities were developed based on evidence and consultation with different stakeholders which is in line with National Nutrition Services and Second National Plan of Action for Nutrition.

Nutritional intervention at field level can be categorised into three types such as household level, community level and institution level. Two types of interventions – nutrition-specific and nutrition-sensitive activities, were implemented at household level.



1,60,913

U5 children were screened for nutritional status measurement

68,125

pregnant and lactating women (PLW) were screened for nutritional status

46,736

children received growth monitoring and promotion (GMP) card and services

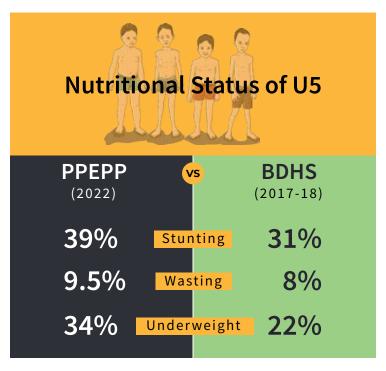
25,701

pregnant and lactating women received complete four ANC/PNC services Prior to the intervention, the project started targeting and nutrition service delivery mapping based on lifecycle approach conducted at household level. Following selection of project participant households, PO level nutrition team started door to door nutritional and health status screening of U5 children, pregnant women, lactating women, adolescent girls/boys, elderly and person with disability (PWD). Through this screening process golden 1000 days households (households having pregnant and lactating women, U2 children) were segregated and priority nutrition services were delivered at those households. From Implementation Year 2 onward, adolescent girls & boys were also prioritized for service delivery. Other target groups received basic nutrition & PHC service through Prosperity Village Committee (PVC) platforms. Before starting the component activities on the ground, PIU developed necessary SOP/technical guidelines for each activity. Since inception, basic nutrition and PHC services were delivered the doorstep of the EP households.

4.2.1 Nutrition-Specific Intervention

PPEPP's nutrition-specific services covers all the 16 DNIs (direct nutrition interventions) promoted by the National Nutrition Services (NNS) of the Bangladesh government. They include Infant and Young Child Feeding (IYCF), hygiene, micronutrient supplementation, deworming, consumption of nutrient-rich fortified food, management of acute malnutrition (referral and community level management) and maternal nutrition.

A total of 1,60,913 U5 children were screened for nutritional status measurement of extreme poor household members who received nutrition and primary healthcare counseling services either directly from PPEPP programme or from nearby government health facilities through referral services. Based on MUAC measurement a total of 14,253 wasted (SAM/MAM) children were found, which is approximately 8% of the total U5 children screened. Based on GMP card records (MUAC measurement) a total of 61,129 stunted U5 children were identified, which is approximately 31% of the total children screened. Similarly, 53,055 underweight U5 children were identified, which is approximately 33% of the total children



screened. A total of 68,125 pregnant and lactating women (PLW) were screened for nutritional status, where 14,879 (approx. 22% of total screened) identified as undernourished and provided counselling service.

A total of 46,736 children (approx. 35% of the total referral) received growth monitoring and promotion (GMP) card and services from PPEPP's referral/linkage service from nearest public health facility such community clinics/family welfare centre or upazila health complex.

Through PPEPP's referral services, a total of 1,25,398 U5 children received vitamin-A supplementation, 1,25,450 adolescent girls & boys consumed de-worming tablets, 55,227 women of child-bearing age received TT vaccines, 1,15,329 women (adolescent girls, pregnant and lactating women (PLW) and other women aged 20-49) received and Folic Acid (IFA) supplementation, 14,070 pregnant and 11,631 lactating women received complete four ANC/PNC services. The detailed nutrition-specific services are presented in Table 12.

Table 12. Nutrition-specific interventions received by PPEPP HHs from inception till March 2023

Activities	PPEPP
No. of pregnant and lactating women screened for nutritional status and counselling	68,125
Identified undernourished pregnant and lactating women (numbers) and provided counseling service	14,879
No. of pregnant women received 4 ANC services	14,070
No. of lactating women received 4 PNC services	11,631
No of women of child bearing age received TT vaccine	55,227
No of adolescent girls, pregnant and lactating women (PLW), and other 20-49 aged women received IFA	1,15,329
No of U5 children received nutritional status screening	1,60,913
No of wasted children identified based on MUAC measurement	14,253
No. of stunted children identified as per GMP card (U5)	61,129
No. of identified underweight children as per GMP card (U5)	53,055
No. of under 5 children referred for GMP card	1,32,609
No. of under 5 children received GMP card	46,736
No of U5 children received Vitamin-A supplementation	1,25,398
No of adolescent girls received nutritional status screening	94,785
Identified undernourished adolescent girls and received counseling services	35,307
Adolescent girls & boys consumed de-worming tablet	1,25,450

4.2.2 Nutrition-Sensitive Intervention

- Limited curative services/primary health care: Extreme poor people living in remote areas in Bangladesh often cannot access healthcare primary services due unavailability of required medicines or specialised doctors at government health facilities. Also, some areas face frequent climate shocks that make the existing health services and facilities inaccessible. PPEPP project took the primary healthcare services to the doorsteps of the target population through specialised health camps and satellite clinics in hard-to-reach areas, where healthcare facilities such as Community Clinics and Upazila Health and Family Welfare Centres are non-existent or the existing facilities are underequipped or understaffed. A total of 108,695 extremely poor people received primary healthcare services
- through 5,009 satellite and static clinics organised at PVC level. On top of that, a total of 11,610 extremely poor people received primary healthcare services from 251 health camps (eye, gynecological and general).
- Homestead farming: PPEPP promoted nutrition-sensitive agricultural interventions such as livestock rearing, fish farming and homestead gardening for all members to make nutritious food more accessible to everyone in the household. The interventions are primarily aimed at meeting the extreme poor households' need for food and nutrition, but they also support income generation as they can sell the surplus production in the local market. A total of 4,079 HHs received support for homestead livestock farming, 1,150 HHs for fish culture, 1,847 HHs for agriculture.



- Group-based activity: Nutrition component organised two different social platforms named Mother and Child forum (platform for pregnant, lactating women and mothers of U5 children), adolescents girls/boys club for ensuring both nutrition-specific nutrition-sensitive interventions at community level. The project established 275 Mother & Child Forums (comprising 9181 members) and 263 adolescent clubs (224 adolescent girls' clubs and 39 adolescent boys' clubs). These clubs operated independently and generally stationed at a poor elderly person's house. These platforms offered nutritional/health status screening for its members, extended necessary nutrition counselling, and referral services for nutrition/health issues. They also conducted awareness raising sessions on social issues, academic issues and climate change and disaster-related issues. The project also promoted childhood development by creating safe play zones and breast-feeding corners at Mother and Child Forum. PPEPP also promoted nutrition-sensitive gardening at different forums and club level and also at institution level (Community Clinic/FWC). The project has established 66 'Pushti Bagan' (Nutrition Garden) under Mother & Child Forums. PPEPP is demonstrating age-specific diversified food selection and food preparation for Infant and Young Child Feeding (IYCF) both in Mother & Child Forum and also at PVC level. Objective of this demonstration is to raise mass awareness on importance of diversified food consumption and way of reducing nutrient loss during food preparation. It is expected that all this awareness raising education or demonstration will have spillover effects in the nearby community on nutrition & health. The project also observed Nutrition Weeks by participating in different activities undertaken by the government at district and upazila levels.
- Linkages with Government facilities: To ensure access to public services for extreme poor households, the project initiated coordination among different stakeholders in project areas as part of nutrition grassroots advocacy. Under this coordination activities, the project held linkage meetings with different GoB management committees such as

Community Clinic Management Committee **UH&FWC** operation committee, and sensitisation meeting with Upazila Health Complex, etc. During the project period, a total 527 linkage meetings were organized with Community Clinic Management Committee (CCMC) & Operation Committee of UH&FWC. Besides linkage meetings and sensitisation organised the project meetings, coordination meeting with Upazila Health Complex (UHC) authority and 11 coordination meetings with Civil Surgeon Office. As a consequence of these linkage meetings some partner organisations already got membership position on Upazila Nutrition Coordination Committee (UNCC) and are participating in UNCC regular meetings. So far PPEPP project's POs got membership of 12 UNCC. Inclusion process for the rest of the partner organisations in the UNCC in other PPEPP upazilas is underway.

The project undertook the following activities to support GoB's vitamin A plus campaign and other health and nutrition-related issues and coronavirus vaccination campaign:

- Field staff made sure that all project participants are aware of these campaigns and in some cases accompanied them to the nearest health facilities for their children to take vitamin A capsules and other vaccines
- Disseminated information related to the importance of good health practices, nutrition and vaccination of children through regular sessions in clubs and forums formed under the project
- Project participants and community members were given the exact location and time of vaccination
- Project staff assisted government health workers in administering vaccines
- The project communicated with local mosques and religious leaders to involve them with these campaigns and they disseminated the information after daily prayers

During vaccination, project staff and volunteers made sure that service seekers follow the Covid-19 health safety protocol.



A 15-year-old Santal girl from Khanpur, Birampur aspires to break the intergenerational poverty of her family

Magdalina Soren is a 15-year-old Santal girl who dreams to become a nurse and break the intergenerational poverty of her family. She lives with her parents, her elder sister Golapi Soren and her brother Pranto Soren in a traditional thatched Santal house in Khanpur, a small impoverished union in the Birampur Upazila in Dinajpur District in North-West Bangladesh. The story of Magdalina and her family explains the deeply entrenched social and economic vulnerability of the Santals, an ethnic Christian minority group. Around 771 Santal families currently live in Khanpur.

Magdalina's father Jihiskel Soren is a poor farmer and an agricultural labourer. Unlike other men in his community, Jihiskel is supportive of education of his children. Magdalina's elder sister Golapi is a first-year student at Saint Phillips High School and College. She passed her Secondary School Certificate (SSC) exam with GPA 2.94 from the arts and humanities group. Golapi is the general secretary of the School Kishori Club, an adolescent group formed by Gram Bikash Kendra (GBK), a Partner Organization (PO) of PKSF as part of the PPEPP programme. Both Magdalina and her brother Pranto are students of Class 10 in Saint Phillips High School and College. Magdalina also plays football in her school. Many of the girls from her community play at the highest national and international level.

Magdalina's mother Sokhina Tudu has two sisters and she is the eldest in her family. Her father did not work and was addicted to drinking like most men in the Santal community. Her mother also did not work.

Sokhina grew up in abject poverty but her condition slightly improved after her marriage with Jihiskel. Her sisters however have not been lucky. Her immediate younger sister has three sons and a daughter. All her sons are unemployed and addicted to drinking. They at times migrate to Dhaka for seasonal labour. The youngest sister has two daughters and her family lives from hand-outs.

We can observe that Magdalina's family has been through two transitions. First, her father made a transition from being addicted and unemployed to being a responsible parent. Even with his meager earning he continued to support his children's education and inspired them to dream about being independent. Secondly, Magdalina and her siblings are now transitioning towards that aspiration as they have become vocal and active citizens through their participations in activities like the school adolescent club. We can observe that the family is now in a critical juncture in breaking the intergenerational poverty trap. Their fate now relies on the ability of Magdalina and her siblings in realizing their aspirational jobs; in case of Magdalina, it is to become a nurse. However, Magdalina does not know how and where she would study to become a nurse.

The case of Magdalina Soren shows that PPEPP needs to support families of the ethnic minorities like the Santals help their children to realize their aspirational jobs. Here, the adolescent clubs as well as the generic interventions like the Prosperity Village Committee (PVC) could work as a support center if these are capacitated to support families connect to the relevant public and private institutions. Otherwise, the livelihood development support that her family currently receives from PPEPP might not be enough to lift her family out of poverty if she is married off to an unemployed man in the Santal community.



4.3 Community Mobilisation

The three most important aspects of the Community Mobilisation interventions are: (i) Economic empowerment (ii) Social empowerment and (iii) Access to services and markets. The activities involved grassroots advocacy to foster working relations with the accountable entity to promote meaningful changes, which include ensuring greater and more equitable resource allocation for extreme-poor households for their sustainable development.

Activities of the component were designed to build social support and change the social norms that exclude women, girls, people living with disabilities and others, limiting their access to basic services and employment opportunities. This component's activities also involved

establishing linkage with public and private service providers so that extremely poor HHs had access to required services.

Community Mobilisation component activities were (i) capacity building (BCC sessions, awareness raising sessions, street theaters, training and orientation. advocacv meetings/workshops, and day observations, etc.); (ii) formation of platforms; (iii) building collective force (youth forums, people, forum, etc.); (iv) ensuring access to services (inclusion of the beneficiaries into social safety net schemes, government vocational training, and other opportunities); and (v) integration with other components of PPEPP. Progress on different activities of Community Mobilisation of PPEPP from inception to March 2023 in Table 13.

Table 13. Achievement on different activities of Community Mobilisation of PPEPP from inception to March 2023

SI.	Community Mobilisation Services	Number	Persons
1	BCC and awareness raising sessions in the PVC, clubs and forums	68,410	
2	BCC and Awareness raising events (street theater, rally, cultural events, day observation etc.)	295	
3	Participated health related campaign organized by the Government (Vitamin A+, Hum-Rubella, Deworming, Polio, Nutrition week, etc.)	3507	2,41,925
4	Meeting with the religious and community leaders	14	301
5	Advocacy related initiatives at the government level		
a.	District level	13	
b.	Sub-district level (* govt. dept.)	836	
c.	Union level (UP and Standing Commi. UHFWC,CC, UDMC and others)	1650	
	Sub-total Sub-total	2499	
6	Issue based advocacy meeting	61	
7	Advocacy planning workshop	46	
8	Inclusion to social safety net schemes		
a.	Support to apply to the social safety net schemes	11,081	
b.	Support to apply to the social safety net schemes of intersectional groups	816	
c.	Inclusion to the social safety net schemes	5,533	
d.	Inclusion to the social safety net schemes of intersectional groups	53	
9	Inclusion to the government capacity development initiatives		
a.	Inclusion to the technical and vocational training of government institutions	22	
b.	Inclusion of intersectional group members to the technical and vocational training of government institutions	6	
10	Inclusion to the Union Parishad Standing Committee	17	
11	Capacity development on Community Mobilisation		
a.	Training of street theater group	9	278
b.	Training on facilitation skill development of the members of adolescent club	8	130
c.	Training for UDMC/CPP volunteers	9	150

4.3.1 Behavioral Change to Claim Services

Through SBCC sessions in various platforms, forums and clubs formed under the project as well as through social campaigns, the project made significant progress in this front. The approach was to create awareness among participants about their rights, entitlements and available services and then support them to claim those rights and services.

During the project period, PPEPP conducted 68,410 BCC sessions under 6,658 PVCs, organised 295 awareness raising events through street theatres, rallies, cultural events, different day observances, etc.

Under the initiatives, the project supported labour-constraint households (e.g., households

with elderly, PWDs and widows) to register and avail allowance under safety net programmes. Support for this included:

- Collection of necessary documents (NID, birth certificate, etc.) from eligible participants
- Filling up the online forms or hard copies of the prescribed forms after collecting them from relevant government offices
- Linking the eligible participants with the relevant government offices
- Following up with the participants as well as the government offices for any updates on the status of the application
- Holding linkage meeting with local social welfare department office and the union council for inclusion of the project members in the safety net programme

 It helped 11,081 extremely poor HHs apply for inclusion into the GoB's social safety net schemes for intersectional groups and managed to register for 5,533EP HHs and waiting for the results of the remaining 5548 HHs.

4.3.2 Facilitating Government Initiatives to Maximise Coverage

At grassroots level, the project collaborated with local government institutions and other local level government service providers, actively supporting various social, agricultural extension, disaster risk reduction and health campaigns taken up by the GoB. During the project period, partner organisations across the working unions focused on Vitamin A Plus campaigns, Measles and Rubella campaigns, Deworming campaigns, Breast-feeding week campaigns, Nutrition week campaigns and Covid-19 vaccinations among other things.

The project first sensitised the participant households and the wider community on the positive health impacts of participating in these campaigns. Various platforms such as PVC, Mother and Child Forum, Adolescent Girls/Boys Club, PWD Forum, etc. were used to hold awareness-building sessions. The project also carried out social campaigns through issue-based street theaters, posters and loud speakers to disseminate information related to Vitamin A Plus campaign and other health and nutrition-related issues and Covid-19 vaccination campaigns.

4.3.3 Behaviour Change Communications

The project selected 18 BCC issues to work on during the project tenure. The project followed two approaches for BCC: a) inter-personal communication and, b) group communication. For greater impacts, the project worked in a community-based approach and reached out to the larger community with BCC messages. The project staged 118 issue-based street theatres, which is an effective tool to build community messages that benefit the target extreme poor households.

4.3.4 Linkage Building through Grassroots Advocacy with Service Providers

The project worked closely with local level government service providers to ensure that all

eligible elderly people, persons with disability, widows and people of third gender receive social safety net allowance. To facilitate this, field staff established effective linkage with the local government institutions and other sub-district level government offices to ensure that project participants have an easy access to services such as agricultural extension, fisheries, livestock, health and nutrition.

Through awareness building among the community members, the project also delivered service-related information to the project participants as to where and how to claim those. In addition, the project established working linkage with local market players such as input suppliers and traders to facilitate project participants' easy access to necessary input services (seeds, fertiliser, pesticides, vaccine, etc.) in remote areas.

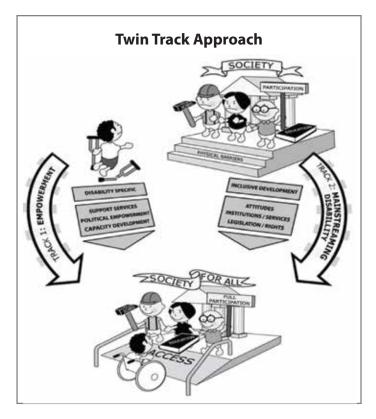
- PPEPP project worked with the Union Parishad and its standing committees and 10 women from the extremely poor community have been included in different standing committees of Union Parishad as members. They have been attending the meeting of standing committees.
- Project also directly worked Community Clinic (CC), and Union Health and Family Welfare Center (UHFWC) to activate the management committee and enhance service quality for community people including extremely poor people and other intersectional groups.
- The project supported the Union Disaster Management Committee (UDMC) and Ward Disaster Management Committee (WDMC) to organise these committees and their meetings.

4.4 Cross-cutting Issues

4.4.1 Disability Inclusion

Disability Inclusion is a cross-cutting issue of PPEPP project that worked in integration with other components and cross-cutting issues. Among the 6,658 PVCs, there were 7,413 persons with disabilities (PWDs) which is 3% of the organised population (see *Table 8*). Around 9% households have PWDs. Major forms of disabilities are physical (40%), followed by speech (17%)

mental (11%), visual (10%), intellectual (9%), hearing (8%), autism (3%) and rest (2%) (see Figure 17). In implementation of disability inclusion strategy PPEPP uses 'twin track approach' i.e., empowerment of person with disabilities and mainstreaming disability. Project initiated interventions to cover both the tracks which empowerment of person disabilities and mainstreaming disability. PPEPP services towards empowerment and mainstreaming of PWDs are presented in Table 14.



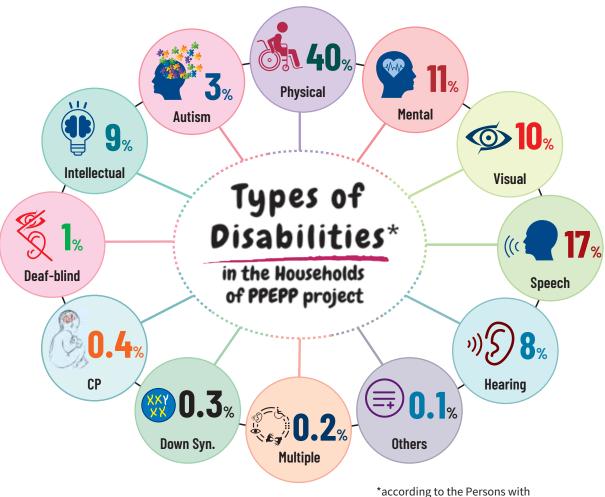


Figure 17: Proportion of different kinds of disability among the persons with disability (PWD) of the PPEPP HHs.

Disabilities Rights and Protection Act 2023, GoB

Table 14: Empowerment and mainstreaming of PWDs with different social platforms and activities under the PPEPP since inception till March 2023

SL	Initiatives	Number
1	PWD* as Prosperity Village Committee (PVC) member	7,466
2	PWD Forum organized	63
3	PWD included in Mother & Child Forum	102
4	PWD included in Adolescent Club	142
5	PWD involved in farming and Off-farming based IGAs	790
6	PWD received farming and Off-farming based IGA training	612
7	PWD received Vocational training	04
8	Grants received by the HH with disabilities	8,489
9	PWD received nutrition specific and sensitive services	3,773
10	PWD received Assistive Devices	996
11	PWD linked with Disability Identification Card by the govt.	1,775
12	PWD linked with social safety Net	1,258
13	Day observing events (Int. Day of persons with disabilities)	34
14	Develop BCC materials on Disability (Poster, Billboard)	04
15	Disability awareness sessions in different platforms	9,595
16	Inclusive Mock drill on Disaster preparedness	01

^{*}PWD=Persons with Disabilities

For the empowerment of persons with disabilities, 63 PWD forums were established with 1,130 PWDs. They organised monthly meetings where they discussed their needs and priorities, challenges they face to access the services required at household level, community level and institutional level and promote grassroots advocacy. Common members also held separate sessions on various types and aspects of disabilities, disability-inclusive health & nutrition, safety net, IGA implementation, and disaster risk reductions.

The project helped 1,775 PWDs obtain 'Suborno Nagorik Card' and 1,258 PWDs to avail assistance from the social safety net programmes of the GoB. PPEPP provided assistive devices to 996 PWDs. For mainstreaming the disability issue, the project arranged 9,595 sessions. Besides, the project focused on disability-related behaviour change communication (BCC) issues, observed International Day of PWDs, organised street theaters for raising community-level awareness about PWDs, organised disability inclusive mock drills on disaster risk reduction focusing on cvclone. earthquake and fire. through collaboration with Union Parishad (local disability focused government), developed posters on rights, including access to public

services and developed a flip chart on common causes and prevention of disability.



Poster on Disability



PPEPP supports economic rehabilitation of people with disability

Md. Abdullah (38) lives in Gabura Union of Shyamnagar, Satkhira. Gabura is an island union on the outskirts of the Sundarbans, the world's largest mangrove forest. Most of its inhabitants are poor fishermen who depend on informal fishing and extraction of natural forest resources. They also suffer from severe lack of clean drinking water and regularly experience cyclones.

Abdullah is the only earning member of the household of five -- his wife, two infant children and elderly father. He has a dysfunctional backbone and is not able to work standing straight for a long time. He broke his backbone as a young child when a water pot accidentally fell on his back while he was fetching water. Until recently, Abdullah was a seasonal fisherman earning merely around TK 5,000 a month for 6 months during May-October. Pathways to Prosperity for Extremely Poor People (PPEPP) programme helped Abdullah to transform his livelihood despite his disability.

Before he became a member of PPEPP, like most of the households in Gabura, Abdullah earned his living by fishing in the river. However, unlike other fishermen in his community he could not work longer hours because of his disability and earned only half of what others could. While other fishermen

would venture deep inside the Sundarbans, Abdullah would only fish near his home. Other than fishing he had no other source of income for the rest of the year, except a disability allowance of Tk 700 per month. His disability restricted him from selling his labour.

Abdullah and his family were dependent solely on his income, and the family found it difficult to make their ends meet. He had no savings or capital to start any other income-generating activities as well.

On his enrollment in the PPEPP programme, Abdullah received a training on livestock rearing in September 2020. He also received five ducks and two goats from the programme. He has been rearing goats and ducks ever since, following proper rearing practices (raised-bed rearing, vaccination etc.) as suggested by PPEPP technical officers. He now has 25 ducks and 10 goats. Since engaging in the programme, over the last one and a half year, Abdullah earned TK 14,800 from selling duck (TK 4,000), egg (TK 7,800) and goat TK (3,000). Meanwhile, Abdullah continued to work as a fisherman. The additional income from livestock meant that Abdullah is now able to save.

Currently he has TK 11,400 worth savings with Noabeki Gonomukhi Foundation (NGF), a local micro-finance institution. For the very first time, while he needed a loan for purchasing fishing net and rope, he received TK 20,000. Before owning his own fishing net, Abdullah used to lease fishing net from Mahajan (lender). In return, Abdullah had to give a 10% commission. Abdullah felt relieved that he is now able to save the commission money and has his own fishing net.

From the story of Abdullah, we can observe that PPEPP is creating a support system for the households with persons with disability which are unable to engage in diversified income generating activities or earn as much as the other households in the community because of their disability or lack of capital or knowledge about improved cultivation practices. The support system helps them to diversify their income and come out of the poverty trap.

4.4.2 Women Empowerment Leading Gender Equality

Women Empowerment Leading to Gender Equality is major cross-cutting issue of PPEPP. PPEPP mainly focuses on gender relations within individual, household and community level, involving both men and women. It included behaviour change communication activities with men, women, religious and traditional leaders to influence gender attitudes and practices. PPEPP largely used gender transformative approach. In mainstreaming gender issues, PPEPP worked both independently and also with other components. From inception to March 2023, gender focused activities of PPEPP at individual, household and community levels are shown in Table 15. Some gender-specific activities under PPEPP are as follows.

Table 15. Gender focused activities of PPEPP at individual, household and community level

Stage Activities Number of activities Session's on different gender issues • 14.161 sessions in PVC. (access to & control over resources, • 932 sessions in Mother and Child Forum. VAWC, equal decision making, child • 909 sessions in Adolescent Girls/Boys marriage, men's role in child care, club. gender discrimination in food distribution, etc.) Gender sensitization session for PVC Individual level members Couple training & meeting, Couple training (72 batch) Couple Forum Meeting with parents of Mother and Child Forum (171 meetings) Role Model Father Campaign (158 Family level meeting) Gender sensitization session with men & Union Parishad and Meeting with boys (203 meeting) religious leader Meeting with PVC Members on the gendered challenges to be entrepreneur (56 Meeting) Community level

- i) Role Model Father Campaign: The objective of "Role Model Father/Exemplary Father" was to appreciate the fathers who share responsibility in childcare and household chores, encourage children (especially girl child) for their education and refrain from domestic violence.
- ii) Couple Training: PPEPP organised couple training titled "My Family is my Flower Garden" with the objective of sensitising couples on different gender issues. Such as gender discrimination (food allocation, provision of health facility, gender role, decision making, mobility), VAWC, climate change & women.

iii) "We Can" Campaign: The objective of 'We can' initiative was to learn the story of successful women entrepreneurs to gain an understanding of how to overcome gender obstacles.





- iv) Meeting with the guardians of Mother & Child Forum: The objective of this effort was to make the guardians of Mother and Child Forum participants aware about the role of husband and other family members during pregnancy and lactation. The participants include husbands, mother-in-laws and father-in-laws.
- v) Gender sensitisation session with men & boys: The objective of this effort was to make men & boys aware about different gender issues to actively support women empowerment within the family and in the community.
- vi) Meeting with Union Parishad and religious leaders: For community level engagement, PPEPP organised meetings with Union Parishad and religious leaders on VAWC and gender discrimination issues.
- vii) Couple Forum: PPEPP established couple forums to create community-level change-makers. Members of couple forums also took sessions in different platforms of PPEPP.

viii) Gender Sensitisation sessions for PVC Members: Sessions were organised in PVCs mainly on access to & control over resources, violence against women & children, and gender discrimination. Members of couple forum conducted these awareness sessions.

4.4.3 Disaster and Climate Change

All three geographical regions under the programme being in climate vulnerable areas, natural hazards are a regular experience for the target population. Thus PPEPP adopted four broad approaches to build resilience against climate change: (i) improving institutional knowledge of target households and community people on climate change (ii) helping people cope with climate change and other shocks (iii) supporting those facing risks posed by specific climate-induced hazards (iv) linking vulnerable people with other support systems. As a cross-cutting issue, disaster resilience in different PPEPP working areas is shown in Table 116.

Table 16: Cross-cutting issues related to disaster resilience lens under PPEPP

Components		Interventions under disaster
Livelihood and Micro-Enterprise	1.	Improving climate literacy of the beneficiaries while designing targeted livelihood interventions
Development	2.	Disaster risk reduction livelihood interventions
	3.	Resilient dwellings
	4.	Community-led climate interventions
	5.	For mapping the geographic vulnerability of the targeted locations, Geographic Information System (GIS) tools and techniques have been developed for exploring the spatial and non-spatial features of the targeted area and support for planning and monitoring livelihood activities (through livelihood map)

Components		Interventions under disaster
Nutrition	6.	Disaster and climate resilient nutrition service delivery
	7.	GIS tools have been developed to create Nutrition resource map in 145 unions.
	8.	Nutritional focused disaster services especially for U5 children, pregnant and lactating mother during disaster
Community Mobilisation	9.	Helping households to manage common risks such as illness as well as predictable disasters/climate related risks such as floods and cyclones through early warning systems
	10.	Improving institutional knowledge of target households and community people on climate change
	11.	Helping people cope with climate change and other shocks
	12.	Supporting those facing risks posed by specific climate-induced hazards
	13.	GIS tools has been developed to create vulnerability map, cyclone shelter accessibility map, multi-hazard map which describes different types of natural disasters in working area to make the community aware
Women Empowerment Leading to Gender	14.	Linking marginalized women with other support systems to cope with climate change and other natural hazards.
Equality	15.	Awareness raising sessions with women for providing early warning to cope up with different natural hazards and climate shocks.
Disability Inclusion	16.	Linking vulnerable people with union or block level disaster management systems to cope with disaster and other natural hazards.

4.4.4 Climate-smart IGA Establishment

PPEPP used GIS-based hazard map to determine livelihood maps of all of its 28 working unions to ensure climate-smart livelihood options for EP HHs. The three different regions have different

geo-climatic nature, and all IGAs were implemented taking this into account. Before IGA establishment, the project identified the potential shocks and the most suitable IGAs in any given union through GIS-based hazard and livelihood mapping.





A local market trader supports the fishermen to access export market

Gofur Morol (45) is a local small trader (Faria) of crab having a small shop in the local market (Dumuria market) in Gabura Union of Shyamnagar Upazila, Satkhira. He has been doing this trading business for last 12 years. Around 20-25 fishermen sell crab to Gofur regularly. The fishermen generally capture crab during catching fish in the river.

Gofur purchases crab from the local fishermen in small quantity, sort it according to grades (by size and status of unharmed legs etc.), preserve it and sells in bulk in the wholesale market (Kalerbari Depot Market in Shyamnagar, Satkhira). The smallholder fishermen capture crab in small quantity that they cannot bring to the wholesale market. The wholesale market is a one-hour commute from Gabura including a river crossing. In absence of a small trader, fishermen sell their crab in the local market for local consumption. However, since crab exporting companies and their representatives come to the wholesale market, the price there is higher than the local market (e.g. Gofur pays price of TK. 300/KG for 300-gram weighted crab, TK. 800/KG for 400-gram, TK. 1,000/KG for 500-gram weighted crab compared to TK. 100-120/KG for un-graded crab in the local market). Moreover, the wholesale market has specified timing (crab is traded only in the morning), which creates risk of wastage (graded price mentioned above is applicable only for the live crab). Also, the wholesalers do not purchase crab in small quantity. Eventually, Gofur's trading business gives the smallholder fishermen access to a high value export market.

4.4.5 Disaster Response

In recent years, lives and livelihoods in PPEPP working areas have been devastated by repeated cyclones, excessive rainfalls and flash floods. To mitigate different climate shocks the project undertook mass awareness campaigns on "Early Warning System" in the working area, installed billboards with climate change and Disaster Risk Reduction (DRR) messages and sponsored community radio programmes for response and recovery. As part of the awareness building, PPEPP trained community leaders on disaster response, held mock drills on disaster

preparedness and staged street theatres with climate change and DRR messages.

Much of the PPEPP working area is in climate-vulnerable regions. Those living in coastal areas are particularly vulnerable to climate-induced shocks such as cyclone, tidal surge, flooding and salinity intrusion in their homestead and farmland. These shocks undo their gains and keep pushing them below the poverty line. To mitigate the impacts, the PPEPP project undertook a series of actions at three phases *Table 17*.

Table 17: Actions taken as a disaster response services under PPEPP

Disaster Response					
Pre-Disaster	During Disaster	Post-Disaster			
 Send the early warning system/disaster alert received from the upazila office to the unit members through various forums Circulate cyclone alert among mass people in advance Hoist signal flags in line with the weather alert in PPEPP coastal areas Make people aware about going to a safe shelter Update the list of vulnerable people (e.g. PWDs, elderly, children, pregnant women) and take them shelters within shortest possible time 	 Create awareness of cyclone alerts among the mass people through volunteers by megaphones, hand sirens, etc. Help in taking people to shelter centres Provide first aid to the injured Support & coordinate rescue operations in line with Govt & other agencies Make sure no vulnerable people are left behind 	 Assist in taking the affected people to their homes from the shelter List of affected HHs and provide them Emergency support through PPEPPs EAP (Emergency Assistance Program). Distribute necessary relief among the affected people, priotising the most vulnerable groups. Provide first aid to the injured Assist in the overall management of the shelter 			



4.4.6 Potable Water Supply and RO Plant Establishment in Coastal Area

In May 2020 and May 2021, some of the project's working unions in the coastal belt were badly affected by Cyclone Amphan and Cyclone Yaas. Many farm-based IGAs under the project were inundated or otherwise damaged and some participants were left homeless. In some areas, the disaster triggered a serious potable water crisis. In response, the project distributed 1 million litres of potable water to over 2,800 extreme poor HHs for 60 days. Besides, POs extended financial and nonfinancial support to the cyclone victims, including dry food, essential medicines and other relief materials. The PPEPP distributed 1,621, rainwater harvesting tanks (each with a 1,500 litre capacity) to 1,621 EP HHs along with necessary fittings for rainwater harvesting in the coastal working areas. The project also set up 18 Reverse Osmosis (RO) plants each of which produces per day around 8,000 litres of potable water daily that can potentially serve 350-400 extremely poor HHs.

4.5 Capacity Building

PPEPP capacity building operated at two levels -- at staff level and at PPEPP member level.

4.5.1 Capacity Building of PPEPP Staff

Over 5,000 persons (multiple counts) have been trained on 16 types of issues. Initially, all PPEPP staff were given orientation on the project both at PIU and PO levels. Prior to the census for identification of target population, all PIU and PO level PPEPP staff received hands-on training on the extreme poor selection and verification addition, different process. components had specialised training on specific issues. Duration of these training/workshop ranged from one day to five days. During the Covid-19 pandemic, some of these training programmes were conducted virtually but in most cases it was in-person training.

4.5.2 Capacity Building of PPEPP Members

Capacity development of PPEPP members on different PPEPP services from inception to March

2023 is presented in *Table 18*. Over 46,000 persons have received training on different issues. It covers training on livelihoods skills, issues related to community mobilisation, gender integration and climate issues. Most of the skill development trainings were non-residential with a two-day duration. Local level government extension officials, private service providers along with PO-level PPEPP technical staff were

among the trainers. Most of these training programmes were exclusively for PPEPP members only, but for disaster-related training, community people were also involved. Vocational training, on the otherhand, are residential in nature, with the training period ranging from 45-180 days. Only government approved vocational training institutes were used for PPEPP vocational training.

Table 18: Capacity development of PPEPP members on different PPEPP services from inception to until March 2023

Area of training	Participants			
Training - Livelihood skills				
Crop related IGA	12,075			
Livestock related IGA	22,485			
Fishery related IGA	5,241			
Off-farm related IGA	3,184			
Vocational training	515			
Training - Community Mobilisation issues				
Training of street theatre group	278			
Training on facilitation skill development of the members of adolescent club	130			
Training on community leader on disaster preparedness	150			
Training - Gender integration				
Couple training	1,692			
Training - Climate Change and Disaster Management issues				
Community leader training on disaster management	1,040			
CPP and UDMC leader training on disaster management	200			
Total	46,990			

4.6 COVID 19 impact and response

4.6.1 Impact of Covid-19 on the livelihood interventions

PPEPP activities were severely hampered due to COVID 19 and the shutdown. Physical training of the technical officers was not possible due to the pandemic situation. Onsite monitoring was also not possible due to the pandemic situation. Seeds could not be distributed to the members on time due to a delay in the supply chain because of Covid restrictions. Implementation activities for hybrid layer chicken faced problems due to limited number of DOC/pullet distributor/ agent in the working area. Market linkage was planned for handmade products

through a fair, but this was not possible to implement because of the pandemic.

There has been a diverse impact of the lockdown on the members across the regions. The most significant impact has been observed among the ethnic communities. Since they are primarily engaged in informal work and are seen as outcast by many, they were hardly given any opportunity to work during lockdowns. Thus, they suffered the most as they did not have any stable source of income.

The situation was less severe in Char region. Although the people who were involved with agricultural work had the opportunity to work, the situation was different for the people working as informal day labourer such as rickshaw puller, construction worker, etc.

The impact has been comparatively low in the southwest coastal belt as the households are primarily involved in fishing and forestry related activities. It has been found that almost all households had secured source of income and had food security even during lockdowns. However, they were struggling when the government imposed entry restrictions into the forest or imposed movement restrictions in the river.

4.6.2 COVID 19 Impact on the Health and Nutrition

The activities under the nutrition component were interrupted due to Covid. The residential training for the technical team could not be completed due to the sudden lockdown. The foundation training for the technical team was conducted online. Hands-on capacity development sessions could not be done via online orientation which is essential for training on anthropometric measurements. Door-to-door visits were severely interrupted because of Covid-19 movement restrictions. As door-to-door visit was not possible, health screening and relevant essential services was also affected. In addition to that, the project could not initiate Behavioral structured Social Change Communication (SBCC) activities as mass gathering was restricted in working areas due to COVID-19 outbreak. Lastly, it was challenging to organise meetings with GoB health sector officials due to their increased involvement in COVID-19 vaccination/treatment.

People had restricted mobility to go to health facilities during the lockdown. Access to antenatal care (ANC) and post-natal care (PNC) services were disrupted. Also, there was some delay and disruption in the immunisation of the new-born children.

The members who seek medical advice and support from CNHPs and TO/ATOs from the project staff also suffered and could not avail full service during the lockdown as door-to-door visits by field staff was not possible. However, the members were able to avail counselling support from CNHPs and other field staff over the phone.

4.6.3 Impact of Covid-19 on Community Mobilisation

As public gathering was restricted, people could not attend awareness sessions. Limited number of SBCC sessions were conducted with different social platforms (i.e., PVC, Adolescent Girls/Boys Club, Mother and Child Forum). The need-based training, workshop and meetings could not be held. Field visits were restricted and this affected field monitoring activities. Some of the members who applied for the social safety net grants faced delay in getting enrolled.

4.6.4 COVID 19 Response

PPEPP provided cash support of GBP 3.80 million to all project members (FCDO component only) under three programmes, as shown in Table 19, to help lessen the negative effects of the Covid-19 global pandemic and the ensuing economic slowdown. The first programme supported PPEPP HHs' consumption needs and immediate health needs, while the second and third programmes restored and promoted their livelihood activities during the post-Covid period. To promote better transparency and accountability, the major methods of cash transmission to EP HHs for the first and second programmes were Mobile Financial Service (MFS) and Agent Banking. Only in a small number of unusual circumstances, such as where the EP HHs did not have access to electronic transfer methods, direct cash transfers were permitted. The 3rd episode of assistance was in kinds, where livelihood inputs were provided directly to the members.

Table 19: Cash transfer to PPEPP extreme poor households to mitigate Covid-19 impact

Sl No.	Description of Assistance	Number of PPEPP members	Amount (GBP)
1	Emergency Assistance Programme (EAP) during August 2020 to March 2021	30,781	2,636,067
2	Livelihoods recovery emergency cash assistance (LREAP) during December 2022 to February 2023	11,350	591,035
3	Livelihood restoration emergency assistance program (LREAP) during February 2023 to March 2023	21,504	533,522
	Total		3,760,624

PPEPP's internal study for the 1st cash assistance programme showed that EAP helped the extremely poor households to cope through the food crisis amid the Covid-19 pandemic. Extreme poor families used the fund partly on food, health or other emergency expenses and number of other areas. A significant number of HHs also invested some of the money to start small-scale IGAs. (Figure 18). Variations have been observed in utilisation of this grant. In northwest region, most people bought goats. Some of them made profits and

even channeled the profits to other profitable investments; such as buying calves or leasing land. In char regions, it has been observed that almost 90% households used the grant to cultivate suitable high-yield crops like corns or nuts in leased land. Utilization of the grant was a bit different in southwest coastal region. Some households bought chicken, some bought goose, some invested the money to buy or repair fishing boats. To some extent, every household invested a portion of the grant for profitable outcome.

4.7 Communication and Knowledge Management

The PPEPP reached to policymakers, development partners, implementing partner organisations, the media and the public in general through different publications to ensure visibility. The project regularly produced progress reports on annual basis. It published monthly eNewsletter (English) with programme

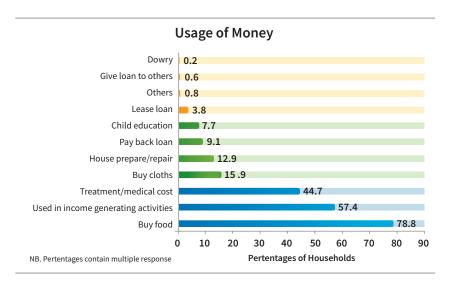


Figure 18: Uses of EAP cash by PPEPP recipients at household level (percentages contain multiple response; PPEPP own study)

updates, special features and case studies since January 2020. Considering the need of the field staff and interest of the general readers, the project also launched a quarterly Bangla newsletter, Agrajatra. Both the newsletters were sent to the mailbox of a vast range of readers, including government policymakers, development partners, development workers, officials of PKSF academicians, partner organisations and the programme staff both at PKSF and PO levels. The project had presence on Facebook and YouTube, and has its own website.

During the lockdown, the programme adopted a Virtual communication strategy to keep up the field momentum. Various social media platforms, including Facebook and Facebook Messenger, proved useful for regular communications with the PO and PIU staffs. This regular communication also served as a fairly effective tool for off-site monitoring. It guided programme officials to assess the ground situation promptly and respond appropriately.



Monitoring and Evaluation

5.1 RBM Results of PPEPP Intervention (FCDO Part)

Under the PPEPP, results-based monitoring (RBM) was done twice. Almost 2,002 households in 20 unions were surveyed for the RBM's first round (2021) and second round (2022) in 2022. All metrics defined in the project's logframe showed significant progress in both rounds of RBM compared to the household census data from PPEPP collected in 2019-2020. With an "Activity to Output Monitoring (ATOM)' score of 52% in the second round, compared to 28% in the first round of RBM (*Figure 19*), the project performed much better at the output level.

Results also demonstrate an increase in the monthly income and expenditures, savings, and asset creation for households. As a result, the per capita income rose from BDT 1,968 to BDT 2,496, while spending rose from BDT 1,585 to BDT 2,201 and savings rose from BDT 2,431 to BDT 6,882 (Table 20). Between the two rounds of RBM, food security of the extreme poor households has significantly improved, rising to 85% from 74% between 2021 and 2022. Also, during this time, the nutritional status of the extremely poor households has improved. For example, stunting in children under five has decreased from 43% to 41%, and wasting has decreased from 13.7% to 10.7%, though both of them is still much higher than the national averages.

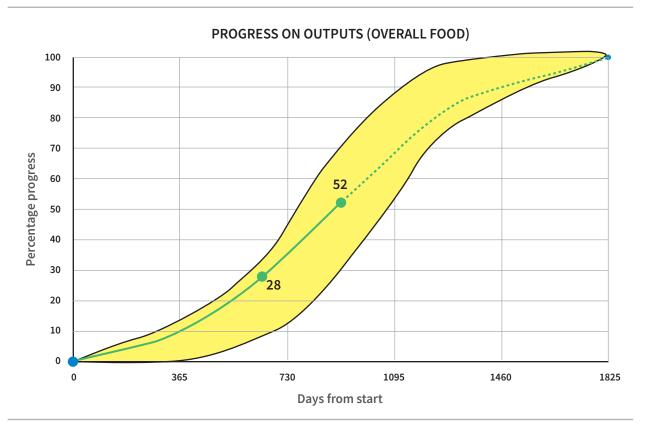


Figure 19: The 'S' curve showing overall progress on outputs in FCDO area

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Table 20: Performance of PPEPP HHs as observed in RBM I and RBM II

Parameter	Census value (2019-20)	RBM I (2020-21)	RBM II (2022-23)
Per capita monthly income (BDT)	1,162	1,968	2,496
Per capita monthly expenditure (BDT)	1,197	1,585	2,201
Household savings (BDT)	2,275	2,431	6,882
Household sellable asset (BDT)	9,613	21,750	32,650
Prevalence of stunting in U5 children (%)	-	43.1	40.6
Prevalence of wasting in U5 children (%)	-	13.7	10.7
Proportion of HHs above the international extreme poverty line (%)	-	49	64
Proportion of food secured HHs (%)	-	74	90
Dietary diversity (Total score 12)	-	6.2	7.1
Number of working days in a month during normal period (d)	-	20.3	22
Number of working days in a month during lean period (d)		11.9	13.3

The average per capita monthly income was BDT 1,162 during the PPEPP census in 2019. The average monthly per capita income is BDT 1,968 and 2,496 respectively, according to the RBM-I (2021) and BM-II (2022) reports, indicating a gradual rise. The income size of PPEPP HHs varies regionally though. (*Figure 20*).

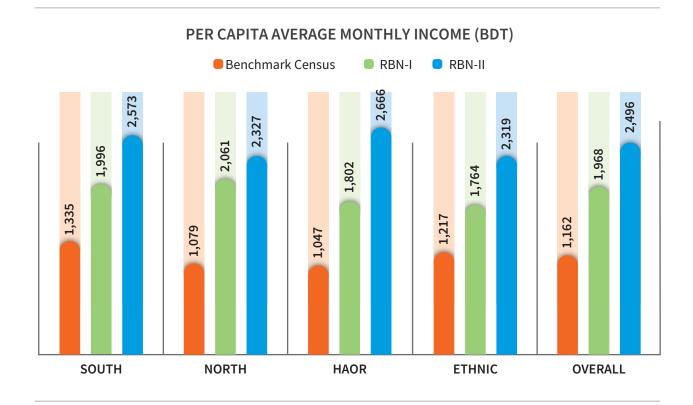


Figure 20: Per capita average monthly income of PPEPP HHs (BDT)

5.2 Income Diversification

In RBM I, the majority of households (54%) had a single source of revenue, but this number dropped to 47% in RBM II. Two sources of income increased from RBM-I (35%) to RBM-II (36%). Multiple sources of income also increased from 9% in RBM I to 16% in RBM II (*Figure 21*).

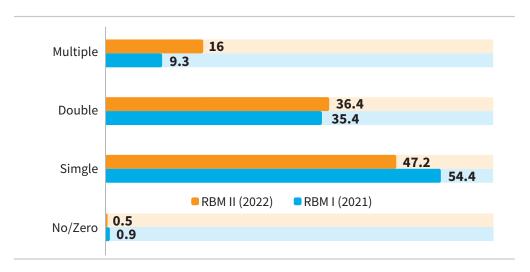


Figure 21: Income source diversification of PPEPP HHs over time (%)

5.3 International Poverty Line

PPEPP project, aimed at reducing poverty, has achieved remarkable success in its first three years of implementation. One of the impact indicators of the project is the proportion of participant households who exit from the international poverty line has seen significant improvement, with approximately 64% of participant households now living above the international poverty line¹⁴ (*Figure 22*) as per the RBM-II data. The success is particularly noteworthy as the project's ultimate target was to exit 40% of households from extreme poverty by 2025. The current figures demonstrate that the project is well on track and has surpassed the target, with still two years left. The project has employed a multi-pronged approach, which includes providing targeted household financial support, training and skills development, and community-level interventions to enhance income generation opportunities. The project's success can be attributed to its focus on addressing the root causes of poverty, rather than merely providing temporary relief.

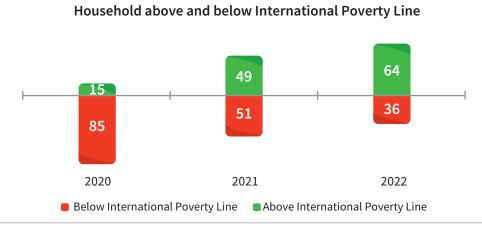


Figure 22: Percentage of PPEPP HHs above/below the international poverty line¹⁶

¹⁴ International poverty line is \$1.90 per capita per day until 2021 and \$2.15 per capita per day from September 2022 at 2017 PPP value (World Bank, 2022)

5.4 Prevalence of Stunting and Wasting

The project has achieved a significant success in reducing the prevalence of stunting and wasting among children under five years of age. According to the RBM-II survey, stunting among participant households decreased from 49.7% during the baseline to 41%, (*Figure 23*). Similarly, wasting decreased from 19% during the baseline to 11%.

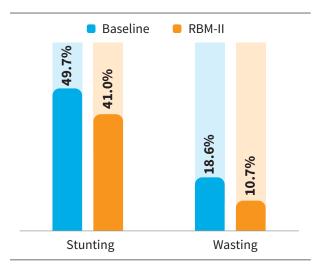


Figure 23: Nutritional status of U5 children

The success of the project can be attributed to several factors. Firstly, the project implemented a comprehensive strategy that addressed the underlying causes of stunting and wasting. This strategy included interventions such as improving maternal nutrition, promoting exclusive breastfeeding, and providing support for

nutrition-sensitive agriculture. Secondly, the project collaborated with community members and local authorities to raise awareness about the importance of good nutrition and hygiene practices.

5.5 Resilient to Shocks

PPEPP project has set a crucial objective of improving the resilience of households towards climate-induced and other shocks, with the ultimate aim of achieving a minimum of 30% resilience among participating households. RBM-II's assessment showed that by the end of the third year of interventions, approximately 32% of households had achieved resilience to climate change and other shocks.

5.6 Per capita Average Monthly Expenditure (BDT)

During RBM-I and RBM-II, the per capita average expenditure in the project areas increased from BDT 1,585 to BDT 2,201. Although this is commendable, given the rising inflation and prices, there is a need for project participants to further improve their livelihoods. The ethnic minority group, although on the lower side, also experienced an increase in average expenditure from BDT 1,390 to BDT 1,998. Meanwhile, the people in the Southern region had a slightly better situation, with an increase in average expenditure from BDT 1,663 to BDT 2,325 (Figure 24).

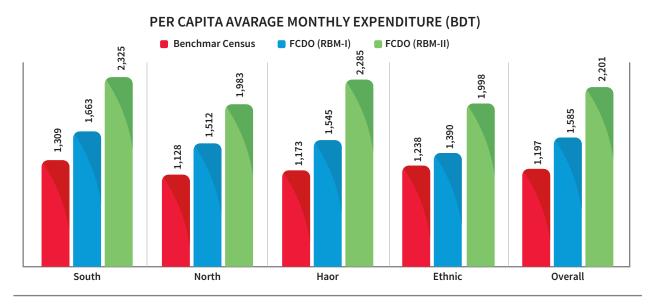


Figure 24: Per capita average monthly expenditure of PPEPP HHs (BDT)

At the implementation year three, households participating in the PPEPP project have been able to increase their average household savings to BDT 6,882, which is almost three times higher compared to the previous year. This remarkable progress can be attributed to the practice of weekly savings by the participants in their respective Prosperity Village Committees (PVCs). The Southern region has achieved the highest average savings gain of approximately BDT 5,000, while the Haor region has recorded the lowest amount of BDT 3,688.

During the PPEPP household survey, the average value of saleable assets, which included livestock like cows, horses, goats, pigs, poultry, fish etc., was approximately BDT 9,613. However, the average value of saleable assets increased to BDT 21,750 in RBM-I and BDT 32,650 in RBM-II. The ethnic group had consistently higher average asset values (BDT 32,523 in RBM-I and BDT 53,335 in RBM-II), followed by the North (RBM-I: BDT 24,606, RBM-II: BDT 38,751). In contrast, households in Haor areas had lower average saleable assets (BDT 16,668 in RBM-I and BDT 21,904 in RBM-II).

5.7 Employment Status of the Participating Households

According to the most recent RBM surveys, there has been a change in the income sources of households in the project areas. Initially, majority of the households (54%) relied on a single source of income, but this decreased to 47% in the second round of the survey. In contrast, the percentage of households with two sources of income increased slightly from 35% to 36%, while those with more than two sources of income increased more significantly from 9% to 16%. In the previous year's RBM survey, the highest proportion of households (64%) with a single source of income were found in the Haor region, but this has since decreased to 51%. The latest

RBM survey indicates that majority of the households (61%) with a single source of income are now located in the North region, which is an increase from the previous survey's findings of 50.5%.

5.8 Dietary Diversity

The Household Dietary Diversity Score (HDDS) has been determined on the basis of 24-hour recall period. The HDDS is calculated on a 12-point scale using 12 food groups. If a household consumes all those food groups in the last 24 hours, they would be scored 12, and if they consume no food, they would get a score of zero (0).

In the FCDO areas, The Household Dietary Diversity Score (HDDS), on average was 6.2 (out of 12) during RBM-I and increased to 7.1 during RBM-II. The ethnic community scored lowest (5.9) in RBM-I but increased to 7.2 during RBM-II. On the other hand, participants from the north scored maximum (RBM-I: 6.2, RBM-II: 7.2).

5.9 Household Food Insecurity Access Score (HFIAS)

The project has used the framework of Food and Nutrition Technical Assistance (FANTA) project of USAID to measure the food security at the household levels. This framework consists of three primary dimensions: access, availability, and utilisation. Following the USAID FANTA project food security measurement approach, the Household Food Insecurity Access Scale (HFIAS) score was calculated (Figure 25). The food insecurity score was then categorised into four groups: (i) Food secure, (ii) Mildly food insecure, (iii) Moderately food insecure, (iv) Severely food insecure. The overall food security has been increased to 90% (RBM-II) of households from 74% (RBM-I), while the extent of severely food insecure HH reduced to 0.9% (RBM-II) from 2.1% (RBM-I).

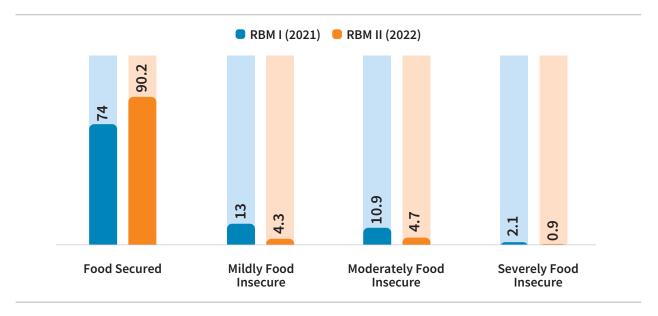


Figure 25: Food security status of PPEPP HHs during RBM I and RBM II (% of HHs)

5. 10 Women Empowerment

In RBM-I, more than one-fourth (30%) of the households exhibited equal participation of women in decision-making for regular expenditures, which has increased to 52% in RBM-II (*Figure 26*). About 29% of the households (in RBM-I) showed equal participation of women in decision-making for an investment of the household which has been increased to 49% in RBM-II. In RBM-I, more than one-fourth (34%) of

the households exhibited equal participation of women in decision-making for child education, which has increased to 54% in RBM-II. Only 12% of the households in RBM-I showed equal participation of male members in household chores and it has almost doubled in RBM-II. The proportion of household exhibiting equal participation of women in decision-making for the marriage of their children has increased over time (RBM-II: 36%, RBM-II: 53%).

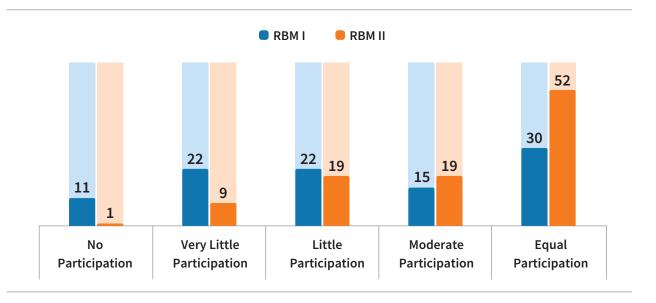


Figure 26: Participation of women in decision-making for HHs' regular expenditures (% HHs)

5.11 Coping with Climate Change

Almost half of the participant households (45%) who are aware about the climate change has reported enhanced ability to cope (*Table 21*). The ethnic minority group has reported less proportion (18%) who has been able to cope climate events.

Table 21: Proportion of HH better able to cope with climate change

Region	Percent	n
South	50%	487
North	42%	182
Haor	54%	115
Ethnic	18%	94
HH category		
Vulnerable	43%	30
Transient	43%	558
Progressive	50%	290
Overall	45%	878

5.12 Safety Net Services

In the project areas, almost one-third (32%) of the participating households used to get safety net services during RBM-I, which has increased to 41.7% during RBM-II. The proportion is highest in the south region (RBM-I: 41%, RBM-II: 51%), while other regions remain behind with a steady increase.



6

Achievement Against Logframe

Achievements against logframe indicators for outcome is presented in *Table 22*. All nine outcome indicators have substantially exceeded the target for 3rd year of the project. This has been achieved in the backdrop of Covid-19, erratic fund cut and number of natural disasters during the implementation period reported.

Table 22: Outcome level progress of PPEPP household's

Outcome Indicator(s)	Baseline	Overall logframe Target up to 5th year (2025)	Logframe target for 3rd year (2023)	Achievements up to 3rd year	Remarks
1. Proportion of participant HHs whose mean monthly expenditure have increased	BDT 8,995	30% of participant HHs	10% of participant HHs (4,538 HHs) goes beyond the baseline value	44.6% of participant HHs (20,238 HHs) goes beyond the baseline value	Based on 35,000 HHs the achievement is around 58%
2. Mean financial value of (a) physical and (b) financial assets of participant HHs increased	a) Physical: BDT 218,140 b) Financial: BDT 3,589	30% above the baseline	10% above the baseline (physical: BDT 239,954 and financial: BDT 3,948)	(a) Physical BDT 223,431 (2.4% increase) (b) Financial asset BDT 4,894 (36.4% increased)	
3. Proportion of participant HHs with awareness of climate related shocks and better able to cope with climatic events (floods, droughts, salinity and cyclones)	23.5% (10,575 HHs)	50% of participant HHs	45% of participant HHs	45.4% of participant HHs (20,601 HHs)	Based on 35,000 HHs the achievement is 59%
4. Percentage of HH food secured according to Household Food Insecurity Access Scale (HFIAS)	67.3%*	70% above the baseline	30% above the baseline	90.2% of participant HHs are food secured (34% above the baseline)	

Outcome Indicator(s)	Baseline	Overall logframe Target up to 5th year (2025)	Logframe target for 3rd year (2023)	Achievements up to 3rd year	Remarks
5. Mean dietary diversity score (HDDS) increased	5.87	40% above the baseline	15% above the baseline (HDDS: 6.75)	The mean of household dietary diversity score (HDDS) is 7.10 (21% above baseline)	
6. Percentage of children under 2 (U2) years of age exclusively breast-fed	69%	15 percentage point above the baseline	5 percentage point above the baseline	89.8% (20.8 percentage point above the baseline)	
7. Proportion of programme participant women demonstrating increased empowerment and household decision making authority (food purchasing, children's education and marriage, control over resources)	20.6% (9,270 of participant HHs)	20% above the baseline	10% above the baseline	68% of female participants (30,856 of participant HHs)	Based on 35,000 HHs the result is 88%
8. Proportion of HHs have access to community clinics (CC) and other local health facilities for primary healthcare services (PHCS)	76.3% (34,335 of participant HHs)	60% above the baseline	25% above the baseline	94% (23% above the baseline) (42,300 of participant HHs)	
9. Percentage of households have access to nutrition sensitive agriculture extension services	9.9% (4,455 of participant HHs)	35% above the baseline	15% above the baseline	73% (33,124 of participant HHs)	
10. Proportion of eligible EP HHs in villages where PPEPP is operating that received Government's social safety net (SSN) supports	22% (9,900 of participant HHs)	20% above the baseline	10% above the baseline	25.8% (17% above the baseline) (11,707 of participant HHs)	

Note: All baseline values are considered from the Baseline Survey control group results, and progress of intervention has been taken from the Results-Based Monitoring (RBM) or baseline survey treatment group results.

Value for Money

PPEPP delivered good VfM over the period as detailed below:

Economy: Using the facilities of existing branch infrastructure, operational services, financial services (soft loan, savings, risk mitigation) and monitoring services of downstream partners have significantly (£1.884 million) reduced the programme delivery cost of PPEPP. Total cost of PPEPP was about £19.84 million. In addressing multidimensional poverty and building resilient livelihood for about 215,888 EP HHs this cost was largely minimised by the complementary flexible soft loan services of over £41.07 million of PKSF and its downstream partners. It is difficult to estimate the unit cost of PPEPP due to a) erratic fund supply b) changing case load and c) sudden termination of the project, but initial estimates appear to be less than £100 per beneficiary.

Efficiency: PKSF used mobile banking to distribute cash to EP HHs affected by Covid-19. PPEPP introduced integrated information system (IIS) in service provision. All these mechanisms enabled instant payments, saved collection time, and helped prevent fraudulent activities; and is a good example of efficient service delivery.

Besides, PPEPP extended capacity building services using GoB's upazila-level extension offices, and fostered good working relationships with the community. Being a GoB established entity, PKSF works in collaboration with the local government institutions, which minimises the cost of household capacity building and technical assistance needed for successful IGA

implementation. This collaborative work also fosters good relations between the community and service providers in the long run, meaning many target households will likely continue to seek and receive public services even after the project's eventual exit. All these helped PPEPP in efficient conversion of inputs into outputs.

Effectiveness: PKSF not only has greater credibility within GoB organisations but also has better access to GoB services/facilities. This has made PKSF an effective partner in establishing effective network with local and central government. PKSF is a frontline GoB agency for poverty-related policy which makes PKSF an effective agency to partner with.

Equity: 'Leave no-one behind' is central to PPEPP's design. Over 97% of its primary members are vulnerable women. Other member groups include female headed HHs, elderly, ethnic minority, PWDs, dalits and transgender people. If left behind, these groups would have contributed to growing inequality and aggravated inter-generational cycle of poverty.

The project's interventions in diversifying household income in hard-to-reach areas for people outside the social safety net mean PPEPP is targeting some of the bottom million, in line with FCDO priority. The project's target population is among the most vulnerable and marginalised. Reaching out to the poorest and marginalised (11% female headed HHs, 7% elderly, 7% ethnic minority, 3% PWDs, and 2% dalits) reinforces the strong focus on equity.

8 Risk

Risk and Safeguarding

The project prepared a risk register matrix to protect against various natural and health hazards as well as to mitigate impacts of political unrest at the local level and prevent financial fraud as well as gender-based discrimination and sexual harassment.

Much of the project areas being in climate vulnerable areas, natural hazards such as cyclone, storm surge, salinity, riverine-flood, flash-flood, river bank erosion, drought and high temperature are a common experience faced by the participant households. The project mitigated the impacts of some of these hazards by a range of initiatives including a) early warning system, and b) response and recovery plan.

Health shocks at participant households and in their communities including post-Covid-19 complication remained a big challenge. The project tackled this through a) preventive healthcare services; b) Social Behavioural Change Communication (SBCC); c) Advocacy for Accessibility to public and private healthcare institution; d) ensuring more secure income sources; e) access to financial services such as emergency loan, and insurance.

The project also put in place a strict safeguarding policy to protect vulnerable groups from all forms of violence, abuse, harassment (sexual or otherwise), discrimination and exploitation. Programme participants, partner organisation staff and volunteers and programme staff at PKSF level were all covered by the safeguarding policy, with special focus on vulnerable groups such as

children, adolescent girls, women, elderly, persons with disabilities, and ethnic minority groups. This policy was formulated in line with FCDO guidelines and PKSF's guidelines against sexual harassments as per the directives of the Bangladesh Supreme Court.

KEY FEATURES OF THE SAFEGUARDING POLICY:

The programme had zero tolerance for all forms of discrimination, abuse, harassment, and violence. PPEPP ensured this through a set of stringent safeguarding policy including:

- Ensuring equal treatment for all programme stakeholders regardless of their gender, religion, age and ethnic identity
- Promoting respectful, professional relations among all colleagues regardless of their gender and position, and with the programme participants irrespective of their gender, class, faith, age and ethnicity
- Orienting all programme staff at PO level and PKSF level on the safeguarding policy
- Maintaining complaint registrar (centrally and at field offices) to record all forms of discrimination, sexual harassment, violence and exploitation
- Ensuring prompt action against any such reported incidents through due process. Time limit for reporting of any such incidence is within 30 working days, and will be reported to chairperson of "Complain Receiving Committee" of respective PO.

Sexual exploitation and abuse and sexual harassment (SEAH): All staff members of PIU of PKSF and PCU of POs have been oriented on workplace sexual misconducts in general, and particularly on 'Sexual Exploitation and Abuse and Sexual Harassment (SEAH)' of FCDO. The project conducted sessions related to SEAH among staff, delivery partners and programme participants. PKSF also put in place a compliant box and set up a hotline number for anyone to lodge complaints in case of such incidents. PKSF also instructed POs to introduce compliant box and hotline number for the same. Furthermore, PKSF has a safeguarding policy and a dedicated safeguarding committee to address such incidents. A hotline number and compliant box are in place to report anonymously.

As of December 2022, PO-level and PKSF-level managers have received no complaints of inappropriate fund management, abuse, discrimination or sexual exploitation.

Visibility

PPEPP has followed both EU and UK aid visibility guidelines by acknowledging the funding from

the UK government and from the EU for the programme. Acknowledgements were made public through written materials and verbal statements, and through use of the UK aid logo programme and logo on communication & knowledge materials, and events associated with the project. Physical items that carry UK aid logo and EU logo for branding include - office equipment (computers, laptops, tablets, printers, photocopiers, scanner, telephone sets etc.); communications equipment (cameras. audio recorders, communications equipment); training and virtual communications material (multimedia, digital multimedia board, television, sound system etc.); furniture (table, chair, cabinet, etc.), and transport; kit box for providing technical services under livelihoods and nutrition components of the project. Non-physical items that carry UK aid logo and EU logo include various reports, i.e. progress report; annual reports, research reports etc., publications, SBCC materials, websites, Facebook page, YouTube Channel, Flickr, press releases, e-newsletters, and other communication or event materials such as invitation letters, event briefs, presentations, banners, signboards etc.



SExit Strategy

a) Background of PPEPP's Exit Strategy

PKSF has been implementing PPEPP project with funding from the UK's Commonwealth and Development Office (FCDO) and the European Union (EU). PPEPP was designed to serve one million extreme poor people (appx. 250,000 households) living in 188 climatically vulnerable Unions (the lowest unit/tier of the local government structures in Bangladesh) under 15 districts of northwestern, southwestern and northeastern (Haor) regions of Bangladesh. PKSF is implementing PPEPP through its 19 downstream Partner Organisations (POs).

Reported economic downturns in the UK triggered by the Covid-19 pandemic, the war in Ukraine, and the global food and energy crises led the FCDO Bangladesh to initially downsize the PPEPP and eventually to an early closure of the project in March 2023. The funding commitment in effect has reduced by almost 70%. The EU Bangladesh has come forward to rescue the PPEPP in response to a request by the Government of Bangladesh (GoB), and initiated PPEPP-EU project which is commenced from December 2022 and will end in November 2025, but with much reduced resources.

This change in funding arrangements led to drastic changes in the original mandate of the PPEPP project. The revised targets are – (1) up to 0.86 million extremely poor people (i.e. 215,000 households) exit extreme poverty and make

significant progress along a pathway towards prosperity; (2) 307,000 women and children have better nutrition, and women of childbearing age and adolescent girls reached with a package of nutrition-related interventions; (3) 107,000 women experience a significant change in their social status and level of empowerment within the household and community; and (4) increased resilience to climate change and other shocks for 0.86 million extremely poor people. The project has dropped the issue of policy support for the development of stronger national institutions and systems to deliver the public and private services required by extremely poor people to become resilient and to prosper. The original theory of change (ToC) is also no longer valid, requiring PPEPP to adopt a new ToC.

Against this background, PPEPP exit strategy has been planned to cope with the curtailed PPEPP in terms of financial and personnel resources without compromising the quality and continuity of the set goal and objectives. PKSF expects that this exit strategy is required so as to not lose what has already been achieved through previous and current endeavors, while ensuring that the unfinished or new but necessary components are achieved.

b) Goal of PPEPP Exit Strategy

The goal of PPEPP exit strategy is to ensure the sustainability of impacts after the programme ends in March 2023. In a broader sense, it is PPEPP project's sustainability strategy.

c) Outcome of PPEPP Exit Strategy

PPEPP exit strategy is expected to ensure programme sustainability by safeguarding better programme outcomes. It is expected that the exit strategy can minimise the impact of early closure of assistance and commitment of development partners to achieve programme outcomes.

Approach to Exit Strategy

The proposed PPEPP exit strategy is mostly 'phasing-over'15 approach where the obligation of continuity of PPEPP services will be reassigned to PPEPP-EU project of the EU using the same delivery modalities of PKSF, PO and extreme poor (EP) households (HHs). The PPEPP design was such that from the onset (i.e., the inception phase) it will inculcate knowledge, skills, tangible assets, and will establish linkages and delivery channels at downstream PO-level within the original period of project funding cycles. Disrupted by Covid-19, this goal was partially achieved, thus during programme design and implementation, emphasis has been placed on institutional capacity building of implementing POs so that the services provided can continue through the existing field-level set-up of downstream POs. It is thus expected that 'phasing-over' of PPEPP project to PPEPP-EU project would be a natural one and transition will ensure safeguarding better programme outcomes.

d) Key Features of Exit strategy

The PPEPP project was officially launched on 1 April 2019. From the starting point on 1 April 2019 to 31 March 2020 was the inception phase, and then the project entered into the main implementation phase in April 2020.

After successful completion of Implementation Year 1, and just as the project stepped into Implementation Year 2, the project was downsized from its original coverage of 250,000 HHs to only 40,000 HHs. Funding commitment was reduced only up to £2.7m annually to ensure continuity of PPEPP support to 40,000 households. Thus only 24 PPEPP units remained functional, and the rest 104 PPEPP units (having about 175,000 EP HHs) had to close down during July 2021 to August 2021, including all its staff. In June 2022, the FCDO further changed its revised position and decided to close its PPEPP programme in March 2023 ahead of the scheduled end in March 2025. Upon request from the GoB, the EU agreed to channel additional fund directly to PKSF to continue PPEPP services in the form of a new project entitled Pathways to Prosperity for People-European Extremely Poor Union (PPEPP-EU). Based on this assurance, PPEPP services resumed once again in September 2021 in 104 PPEPP units that were dropped earlier. As the PPEPP closes in March 2023, all EP HHs (approximately 215,000) under 128 (24 + 104 = 128) PPEPP units will exit from the PPEPP but will continue to receive services under the PPEPP-EU project of EU. Key features of PPEPP exit strategy are as follows:

- i. Intervention/actions/activities: As the field-level design of the new PPEPP-EU project and the original PPEPP remains similar, interventions/activities will also be the same. But, original PPEPP had two specific objectives, which is now reduced to one, i.e., to enable 0.86 million people to exit from extreme poverty. The policy advocacy component of the original specific objective has been dropped.
- ii. Where to start: Latest RBM (PPEPP RBM, 2022) results of PKSF indicate that progress in implementation of PPEPP activities for the FCDO-covered 24 units is about 52% of the target (Figure 27). While similar results for the EU-covered 104 PPEPP units, which were started one year after the FCDO-covered PPEPP units and also had service break during 2021, is about 37% of the target (Figure 28). So the 'phasing over' from PPEPP to PPEPP-EU will have to address this

¹⁵ Exit strategy of development project are three types – "phasing down", "phasing out" and "phasing over". Under the PPEPP context PKSF will use "Phasing over" approach which a sponsor transfers program activities to local institutions or communities or over to another project. During program design and implementation, emphasis is placed on institutional capacity building so that the services provided can continue through the follow-up project.

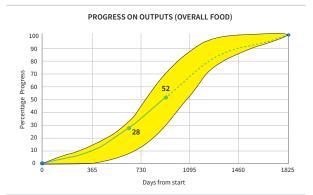


Figure 27: S-curve of activity to output monitoring (ATOM) of FCDO-supported 24 PPEPP units scored 28% in 2021 and 52% in 2022. Output score (FCDO part) considering 31/03/2025 as the end date (starting date 01/04/2019). Solid line indicates the progress made and dotted line is the expected path of progress up to end of the project.

difference to compensate the delayed progress of EU-covered 104 PPEPP units.

iii. Actors (who will implement/manage what): PKSF is responsible for maintaining the continuity of PPEPP services through PPEPP-EU project using the existing 19 downstream POs across the working areas. PKSF will provide operational guidelines and manage overall project implementation, while downstream POs are responsible for direct implementation of the project at the extreme poor HHs level.

- iv. Timelines (what will be done and when):

 The PPEPP-EU has formally been commenced from December 2022. About 175,000 EP HHs, which are now being funded by the PKSF (i.e., outside the FCDO funding arrangement), are expected to be served under the PPEP-EU services from December 2022 onward until November 2025. The FCDO-funded 40,000 EP HHs of original PPEPP project will also be brought under the PPEPP-EU project from April 2023 onward until November 2025.
- v. Resources needed (financial, human, material): To 'phase-over' the PPEPP to PPEPP-EU, it will require about €23.0 million for three years from the EU. The fund will be directly transferred from the EU to PKSF, which will then be transferred to downstream POs as per the allocated budget and work plan. Besides, there will be

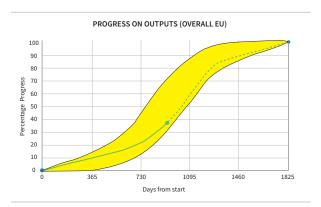


Figure 28: S-curve of activity to output monitoring (ATOM) of EU-supported 104 PPEPP units scored 37% in 2022. Output score (EU) considering 01/04/2020 as the start and 31/3/2025 as the end date. Solid line indicates the progress made and dotted line is the expected path of progress up to end of the project.

provisions for appropriate financial services (loan, savings and grant) for establishing resilient livelihood of the target group. At the PKSF level, PPEPP-EU will have 40 staff members and at downstream PO level there will be 1,336 staff members who will serve under the PPEPP-EU. Most of these staff who are currently working under PPEPP project will take charge of the PPEPP-EU project under the existing set up. Existing materials inherited from the PPEPP project both at PKSF and PO levels will be available for the PPEPP-EU services. All field-level PPEPP units (branches) will also be focal points of field-level PPEPP-EU activities for individual downstream POs.

Source of resources (who will provide human and financial resources): For the 'phase-over' of PPEPP to PPEPP-EU, financial resources will come from the EU. PKSF and the 19 downstream POs. The existing PIU for PPEPP project will continue to implement PPEPP-EU project. With the financial assistance of the EU, 19 POs will provide support to the 215,000 extreme poor households under PPEPP-EU project. Besides, during the project period both PKSF and its 19 PPEPP-EU implementing POs are expected to extend about €50 million in appropriate loan services to extreme poor for their investment in establishment of resilient livelihood.

- vii. Monitoring and Evaluation (what and when): PPEPP-EU monitoring, evaluation and audit will be as per the EU rules and procedures on an annual basis. essentially the continuation of the existing monitoring and evaluation (M&E) system of PKSF will also undertake PPEPP. baseline and independent follow-up (impact) and end-line evaluations using independent evaluator(s). The PIU will conduct the Results-Based Monitoring (RBM) for the actions of PPEPP-EU on annual basis. PKSF will conduct audit of the action as per the existing PKSF and the EU rules, covering the financial year by engaging its statutory auditor and submitting the expenditure verification reports to the EU on a yearly basis.
- viii. Who will monitor the activities: The PIU/PKSF will ensure technical and financial monitoring of the PPEPP-EU actions, generating progress reports and safeguarding internal control. The downstream POs will monitor both day-to-day financial and operational progress of field-level PPEPP-EU actions as per the annual work plan and budget.
- Besides, PKSF will conduct on-site and off-site monitoring of POs' financial and operational progress at regular intervals. **PKSF** will undertake independent third-party baseline and follow-up (impact) PIU evaluations. The will conduct Results-Based Monitoring (RBM) for the actions of PPEPP-EU in collaboration with field-level PO staff. PKSF will conduct audit of the action as per its existing and EU rules, covering the financial year by engaging its statutory auditor and submitting the expenditure verification reports to the EU on a yearly basis.
- ix. Other challenges and how they can be addressed: As working areas of both PPEPP & PPEPP-EU are located in the same climate vulnerable areas, we expect similar types of natural and/or man-made hazards for the PPEPP-EU project. Experiences of PPEPP will be applied to address these issues. However, any further fund cuts or programme squeezing from any stakeholders of the project will leave PPEPP-EU without any effective exit strategy.



Lessons Learned

10.1 Lessons Learned

10.1.1 Policy Issues

- i) Multilateral commitments of development partners are becoming less trustworthy as international development agendas shift. The anticipated outcome of the sustained reduction of poverty among the most disadvantaged individuals on the planet cannot be achieved in such a setting. Strong national pledges and strategic partnerships with development organisations can be successful in this context for programmes designed to combat extreme poverty, such as the PPEPP.
- iii) PKSF, its POs as well as the target extreme poor households had their faith diminished as a result of abrupt fund cuts and the early conclusion of the project. This has a negative influence on the institutional reputation that has been developed over many years of successful service delivery.

10.1.2 Development Issues

- In general, Covid 19 has depleted savings and increased debts of extreme poor households. This has pushed EP HHs to use any additional income to pay off their credits or to replenish their savings. It has affected the household's capacity to invest in expanding and diversifying their sources of income. Eventually, the households will require longer time to graduate, which will increase their exposure to shocks (natural, economic and health) and more households are likely to be stuck in extreme poverty. However, integrated resilient livelihoods and community-based nutrition support of PPEPP has, to some extent, eased the financial hardship caused by the Covid-19 pandemic and contributed to income gains at the extreme poor households.
- ii) Despite repeated shocks, such as the Covid-19 pandemic, natural disasters, and fund cuts, extreme poor households have shown resilience and the ability to fight back. This is a testament to their determination and the impact of the support they have received through PPEPP. However, it is important to note that the progress made by these households may be

- fragile and at risk of being reversed if support is not sustained. This is especially true in cases where households have made progress only for a brief period before being dropped from the project prematurely. Premature withdrawal of project support can have a significant impact on households, as it can leave them without the resources and support they need to sustain their progress. This may result in households slipping back into their previous conditions and undoing the progress they have made. Therefore, it is important for development partners to consider the sustainability of their interventions and ensure that support is provided over a sustained period.
- iii) By taking a more sustainable approach, development partners can help ensure that the progress made by households is not only significant but also enduring, enabling them to build better and more resilient livelihoods for the long term.
 - PPEPP was designed to address SDG 1 (no poverty), SDG 2 (zero hunger), SDG 3 (good health and wellbeing) SDG 5 (gender equality), SDG 10 (reduced inequalities) and SDG 13 (climate action). The project's elegant design coupled with PKSF's delivery model apparently made it possible to address all these issues in a cost-effective manner.
- iv) Effective linkage building through grassroots advocacy with government support system (social safety net, agricultural/livestock/fisheries departments and local health facilities) is already reaping benefits for the target households by ensuring their access to services.
- The emergency cash support of PPEPP not only ensured food and nutrition security at extremely poor households, but also helped them to invest in new livelihood activities.
- vi) Situation of undernutrition of U5 and adolescent girls of PPEPP EP HHS are particularly critical, and PPEPP is yet to make any significant progress there. To improve the situation,
- vii) Although the pandemic is now a thing of the past, its impacts are far from over. Those pushed further below the extreme poverty

line due to income loss and rising inflation remain vulnerable. Many of them require a financial push along with sustained support to return to their previous condition, before they can be graduated.

10.2 Recommendation

 i) When this project completion review was underway, PPEPP was only halfway through (ATOM score is 52%) its targeted intervention. This should be considered

- while assessing PPEPP's contribution towards sustained pathway out of poverty.
- ii) In addressing heterogeneity of PPEPP's extreme poor population, especially the HHs with less asset, should be provided with extended level of grants to bring them on a sustained growth trajectory.
- iii) Stepping into a poverty alleviation programme involves a serious commitment from all stakeholders. Once committed for such a project, every effort should be made to uphold the planned programme.

List of Partner Organizations (POs)



Ad-din Welfare Centre

Dhaka Road, Shekh Hati, Jashore-7400 Contact: (0421) 68820, 68807,01874-075101 Fax: 0421-68807, Email: addinjsr@gmail.com Dhaka Office:

Ad-din Hospital, 2 Bara Maghbazar, Dhaka-1217 Contact: 9353391-3, 01711-532048, 01711-827922 Email: addinjsr@gmail.com, info@ad-din.org

Web: www.ad-din.org



Community Development Centre (CODEC)

CODEC Bhaban, Plot 2, Road 2, Lake Valley R/A, Hazi Zafar Ali Road, Khulshi, Chattogram Contact: 880-31-2566746, 2566747, 01713100230

Email: khursidcodec@gmail.com

Web: www.codecbd.org



Dushtha Shasthya Kendra (DSK)

House-741, Road-09, Baitul Aman Housing Society,

Adabor, Dhaka-1207

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01926-673100

Email: dskinfo@dskbangladesh.org



Eco-Social Development Organization (ESDO)

College Para, Thakurgaon-5100

Contact: (0561) 52149, 01713-149333, 01713-149344

Liaison office:

ESDO House, Plot: 748, Road: 8, Baitul Aman Housing Society, Adabor, Dhaka-1207 Contact: 02-8154857, 01713-149259 Email: esdobangladesh@hotmail.com

Web: esdo-bangladesh.org



Gram Bikash Kendra (GBK)

Haldibari, Parbatipur, Dinajpur Contact: 01713-163500, 01865-063804

Email: gbkpbt@yahoo.com Web: www.gbk-bd.org



Grameen Jano Unnayan Sangstha (GJUS)

Altajer Rahman Road, Charnoabad, Bhola

Contact: (0491) 62169, 01914-059478, 01865-036601,

01714-059479

Email: mohin2010@yahoo.com



HEED Bangladesh

Main Road, Plot 19, Block-A, Section-11, Mirpur,

Dhaka-1216

Contact: 9004556, 9001731, 01713-276463,

01713-276470

Email: heed@agni.com

Web: www.heed-babgladesh.com



Nabolok Parisad

House 163, Road 11, Niralla R/A, Khulna-9100 Contact: (041) 720155, 01745-884488, 01711-840957 Email: nabolok@nabolokbd.org, nabolok@khulna.net



Nowabenki Bazar, Shyamnagar, Satkhira Contact: 01711-218197, 01711-864604

Email: ngfbd1@yahoo.com



Padakhep Manabik Unnayan Kendra (PMUK)

House 548, Road 10, Baitul Aman Housing Society, Adabor, Mohammadpur, Dhaka 1207

Contact: 8151124-6, 9128824, 01713-003166,01730-024515 E-mail: info@padakhep.org padakhep@ymail.com; Web: www.padakhep.org



5/11-A, Block-E, Lalmatia, Dhaka-1207 Contact: 9121049, 9137769, 9122119,

01711-536531

Email: popibd-ed@yahoo.com



People's Oriented Program Implementation (POPI)



Poribar Unnayon Songstha (FDA)

Adarshapara, Ward no 6, Charfassion Pourashava, Charfassion, Bhola Contact: 04923-74511, 01716-185389

Email: fda.crf@gmail.com



Rural Reconstruction Foundation (RRF)

RRF Bhaban, C&B Road, Karbala, P.O Box: 07,

Jashore-7400

Contact: 0421-66906, 0421-65663, 0421-68457,

01713-000926

Email: admin@rrf-bd.org, info@rrf-bd.org

Web: www.rrf-bd.org



Self-Help and Rehabilitation Program (SHARP)

New Babupara, Saidpur-5310, Nilphamari Contact: 05526-73136, 01712-059148

Email: sharpsdp@yahoo.com



SKS Foundation

College Road, Uttar Horin Singha, Gaibandha-5700

Contact: (0541) 51408, 01713-484400,

01713-484404

Email: sks-poes2@yahoo.com

Web: www.sks-bd.org



TMSS

TMSS Bhaban, 631/5, West Kazipara, Mirpur 10, Dhaka-1216 Contact: 55073540, 55073530,

55073586, 9013659

Email: tmsseshq@gmail.com Web: www.tmss-bd.org



Unnayan

House 366, Road 19, Nirala R/A, Khulna-9100 Contact: (041) 732438, 01715-915508

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Unnayan Prochesta

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Contact: 04727-56156, 01711-451908

Email: unnpro07@gmail.com

3/11, Block: D, Lalmatia, Dhaka



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Email: info@wavefoundationbd.org Web: www.wavefoundationbd.org



Photo Gallery



Shahinur Begum, from Galachipa upazila of Patuakhali district, engages in cattle rearing as an additional income opportunity for her household.



Selina Begum, a "Progressive" member from Morelgonj upazila of Bagerhat district, has more than a dozen of goats in her household.



Bipul Mondol lives at Dakope Upazila in Khulna district. Formerly, her husband worked as a fisherman, but due to paralysis, he is unable to continue his work. In response to the family's financial challenges, Bipul took the initiative to generate income. She underwent training and found grants to establish a small sheep farm. She is also engaged in vegetable cultivation. Today, she plays a pivotal role as the primary breadwinner for her family.



Fatima Khatun, a resident of Shyamnagar upazila in the Satkhira district, underwent training and received grants to establish a broiler chicken farm. However, due to the unfavorable conditions caused by excessive heat, broilers were not profitable for her. Subsequently, she transitioned to raising Shonali chickens. Currently, Fatima manages a chicken farm with over 1000 Shonali chickens, earning her recognition as an exemplary microentrepreneur in her community.



Rukumoni Munda resides in the remote Gabura union of Satkhira district. She is a member of the Munda ethnic minority community. Living with her brother, Rukumoni is recognized as an extremely vulnerable individual. She received an emergency cash assistance during the Covid-19 pandemic from the project. In addition, she is engaged in duck rearing for daily egg consumption. She can also sell the surplus to the local community. Alongside, Rukumoni is involved in cultivating vegetables. To ensure a sustainable supply of potable water, she has been provided with a rainwater harvesting tank.



Afroza, from the Fulchhari upazila of Gaibandha district, is partially visually impaired. After receiving grants, she engages in the rearing of pigeons, receiving assistance from her husband and son. Selling pigeons serves the family as an additional source of income to support the household.



Provati Mardi from Nawabganj upazila of Dinajpur district established a fish tank with the financial and technical assistance from the project. She is cultivating high-valued fish including the catfish (Shing and Magur) and Vietnamese koi in her tank. Periodically, she sells the harvested fish, while the fish tank also serves as a consistent source of nutrition for her family.



Mahinur Begum, from Morrelganj upazila of Bagerhat district, poses alongside her husband as they gather their produce from a high-valued vegetable garden they established with both financial and technical support from the project.



Mst. Aleha Begum from Rangabali upazila of Patuakhali district has established a Prosperity House after receiving grants from the project. The household have seven types of income-generating activities, aimed at generating home-based food production and uninterrupted income from multiple sources to break the poverty cycle. Aleha is now implementing various farm and off-farm IGAs that are already contributing to income gains. Project's technical officers visit the Prosperity House periodically to provide hands-on training and technical support on vegetable production, livestock and fisheries-related management and disease prevention.



Dipa Rani, a member of the project, resides in Galachipa upazila of Patuakhali district. With financial and technical support from the project, she has established a high-value fruit garden close to her house.



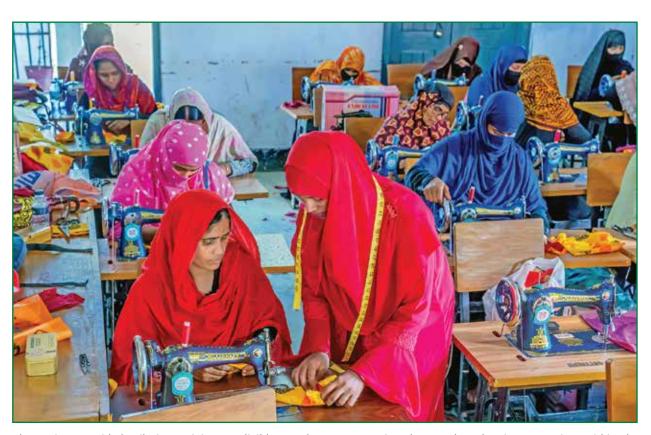
Rejina Halder owns a small piece of land that faces reduced productivity during the dry season due to salinity issues. With financial and technical support from the project, she has transformed her land, cultivating saline tolerant sunflowers during the dry season. To address irrigation needs, she constructed a small reservoir inside the field. Rejina resides in the Mongla upazila of the Bagerhat district.



Mst. Mozeda Begum from Fulchhari upazila of Gaibandha district runs her own buck service center established with the financial support of the project.



The project improved skills of unemployed youths of PPEPP household, offering vocational training in areas like household electrical work, motorbike repair, mobile phone servicing, and artificial insemination services. The training, lasting 45-180 days, empowered participants to establish their own startups with additional financial support. Only the government approved vocational training institutes were utilized for this training programme.



The project provided tailoring training to eligible members, empowering them to launch microenterprises within the community. Upon completing the training, these members were granted sewing machines. Thanks to the financial and technical assistance, many individuals initiated tailoring shops, offering clothing-making services to the locality.



Nargis Begum from Morelganj upazila of Bagerhat district established a microenterprise for bamboo craft production. The project offered training and financial assistance to eligible individuals, enabling them to engage in off-farm income-generating activities such as bamboo craft and fishing gear production.



Round the year, trained and experienced field staff visited participant households to provide hands-on training on IGA development, expansion and replication. They also supported them in IGA selection, input sourcing, microenterprise development and, more importantly, in building linkage with local markets as well as public and private service-providers.



In addition to the grant support for livelihoods, PPEPP also extended other financial services including flexible savings and appropriate (soft) loan to its members. Most of the organized extremely poor households had flexible savings programme where they could save any amount of money on weekly or fortnightly basis.



The PPEPP established Mother & Child Forums across the working areas to serve as a dedicated platform for the pregnant, lactating women, and mothers with children under 5 years old. The aim is to facilitate community-level interventions that address nutrition-specific and nutrition-sensitive needs.



PPEPP demonstrates age-specific diversified food selection and food preparation for Infant and Young Child Feeding (IYCF) both in the Mother & Children forum and also at the Prosperity Village Committee (PVC) level. Objective of this demonstration is to raise mass awareness on importance of diversified food consumption and way of reducing nutrient loss during food preparation.



The technical team assesses the nutritional status of children under five years old from the households. These households then receive nutrition and primary healthcare counseling services, either directly from the project or from nearby government healthcare facilities through referral services.



PPEPP promotes nutrition-sensitive gardening at the Mother & Child Forums through Shonamonider Pushti Bagan (Children's Nutrition Garden). It focuses on nutrition-sensitive agriculture, providing a continuous source of nutrition for the community's mother and children throughout the year.



The project established safe play zones and breast-feeding corners at the Mother & Child Forums fostering a comfortable environment for mothers and children to engage in forum activities.



The project undertook activities to support the government's national level campaigns such as vitamin A+, Hum-Rubella, Deworming and Polio, along with other health and nutrition interventions.



The project collaborates with the local Community Clinics to activate the management committee, aiming to improve service quality for the community people, particularly focusing on the extremely poor individuals and other intersectional groups. The technical staff refers the members to the nearest community clinics according to the nutritional and health status.



The project raises awareness on social issues such as domestic violence, early marriages, dowry, and malnutrition, within participant households and the wider community through the formation of Adolescent Girls Clubs.



PPEPP project takes the primary healthcare services to the doorsteps of the target population through specialized health camps and satellite clinics in hard-to-reach areas, where healthcare facilities such as Community Clinics and Upazila Health and Family Welfare Centres are non-existent or the existing facilities are underequipped or understaffed.



The project appreciates fathers who actively engage in childcare and household responsibilities, support girls' education, and stand against domestic violence. Girls write open letters to their "Role Model father", reading them aloud in the Adolescent Girls Club sessions to recognize their contributions.



PPEPP project organizes the identified extreme poor members under its Prosperity Village Committees (PVCs). These committees comprised of 20-40 extreme poor household members, mostly women, function as a platform of building a collective force in the community. PVCs are the focal point of all project interventions.



The PPEPP project uses street theatre to raise awareness about social, health, rights, and climate change issues. It addresses community problems related to resilient livelihoods, nutrition, disaster management, disability mainstreaming, gender balance, and social issues like child marriage, dowry, and drug addiction.



The project holds linkage meeting with government support system such as agricultural/livestock/fisheries departments and local health facilities to ensure access to public services for extreme poor households.



The project collaborates closely with the local government to ensure that all eligible elderly people, persons with disabilities, widows, and individuals of the third gender receive social safety net allowances. In the photograph, project staff are seen assisting eligible individuals in getting registered for the social safety net programme in the Jaldhaka upazila of Nilphamari district.



Guided by livelihood and hazard mapping, the project implements a wide range of farm and off-farm IGAs that are able to withstand various adverse climatic conditions. These include introduction of salinity-tolerant crop varieties (field crop, vegetables, fruits), water logging/salinity-preventive agricultural practices (mini-pond-based integrated farming, sorjan farming system, brackish water aquaculture (fish, crustaceans), and climate-neutral livestock farming (commercial layer, broiler, duck, goat, sheep and cattle).



PPEPP installs billboards with Climate Change and Disaster Risk Reduction (DRR) messages in the climate-vulnerable working areas to create mass awareness among the locality and mitigate climate shocks.



The project has collaborated with the Union Disaster and Management Committees (UDMC) and Ward Disaster Management Committees (WDMC), actively contributing to their efforts in disaster risk reduction and emergency response.



PPEPP project has set up 18 Reverse Osmosis water plant in Khulna, Satkhira and Bagerhat district where water contains high salinity. Each of the plants produces around 8,000 litres of potable water daily that can potentially serve 350-400 extremely poor HHs.



Following the super cyclone 'Ampan', PPEPP distributed one million litres of potable water among over 2,800 extremely poor HHs over a span of 60 days.



PPEPP distributed 1621, rainwater harvesting tanks (each with a 1,500 litre capacity) to 1,621 EP HHs along with necessary fittings for rainwater harvesting in the coastal working areas.



PPEPP addressed gender disparity by adopting a Gender Transformative approach to promote women empowerment through male engagement. The male engagement at household and community levels for greater gender balance is a key driver of inclusive growth.



PPEPP launched "We Can" campaign to inspire the potential women entrepreneurs in the working area. This initiative aims to spread the stories of successful women entrepreneurs among other members, and help them overcome their financial hardship as well as various social and gender barriers. During these experience-sharing meetings, selected successful woman entrepreneurs share their successful journey.



PPEPP organised couple training titled "My Family is my Flower Garden" with the objective of sensitising couples on different gender issues, such as gender discrimination (like food allocation, provision of health facility, gender role, decision making, mobility), Violence Against Women and Children and Climate Change.



PPEPP organized "PWD Forums" within the project's working area, bringing together PWD members for monthly meetings. These forums provided a platform for PWDs to engage in discussions about their requirements, priorities, and the obstacles they encounter in accessing necessary services at the household, community, and institutional levels. The aim was to foster grassroots advocacy and address the challenges faced by PWDs.



To empower the persons with disabilities (PWDs), the project identified income-generating activities tailored to their needs. It involved them in training and offered financial and technical assistance to help them establish successful income-generating activities.



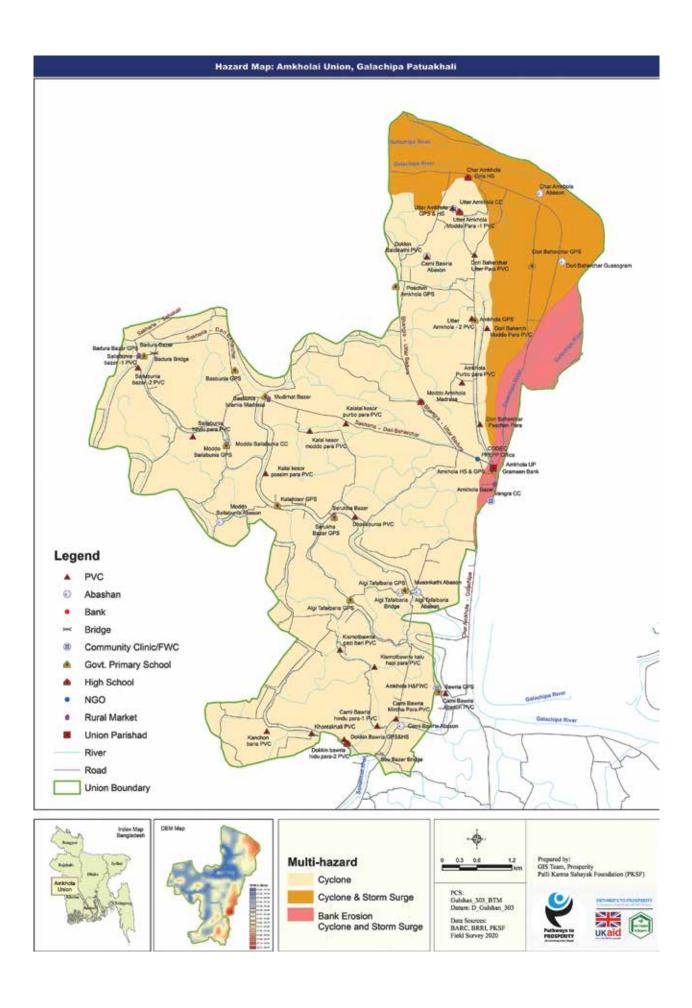
PPEPP provided assistive devices to the PWDs their better mobility and communication.

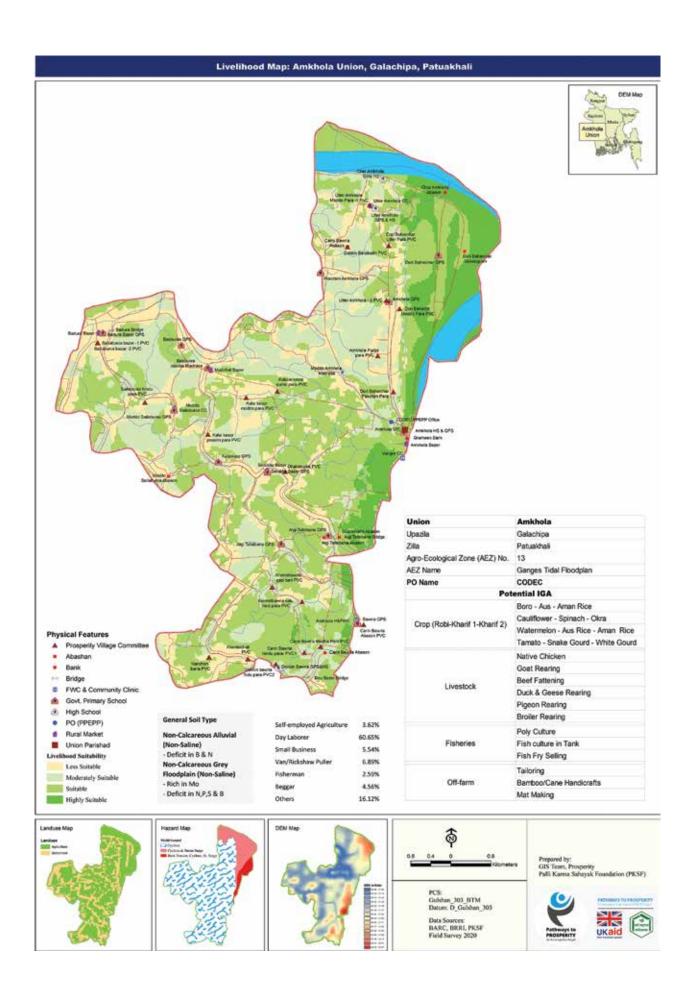


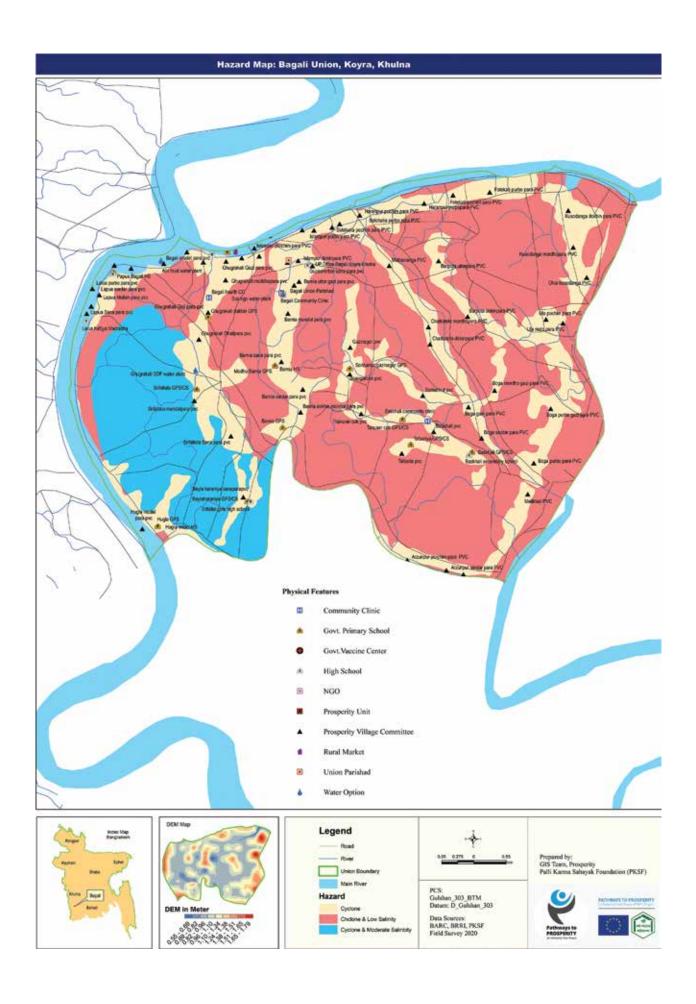
The project supported PWDs to obtain 'Suborno Nagorik Card' and avail assistance from the social safety net programmes of the GoB.

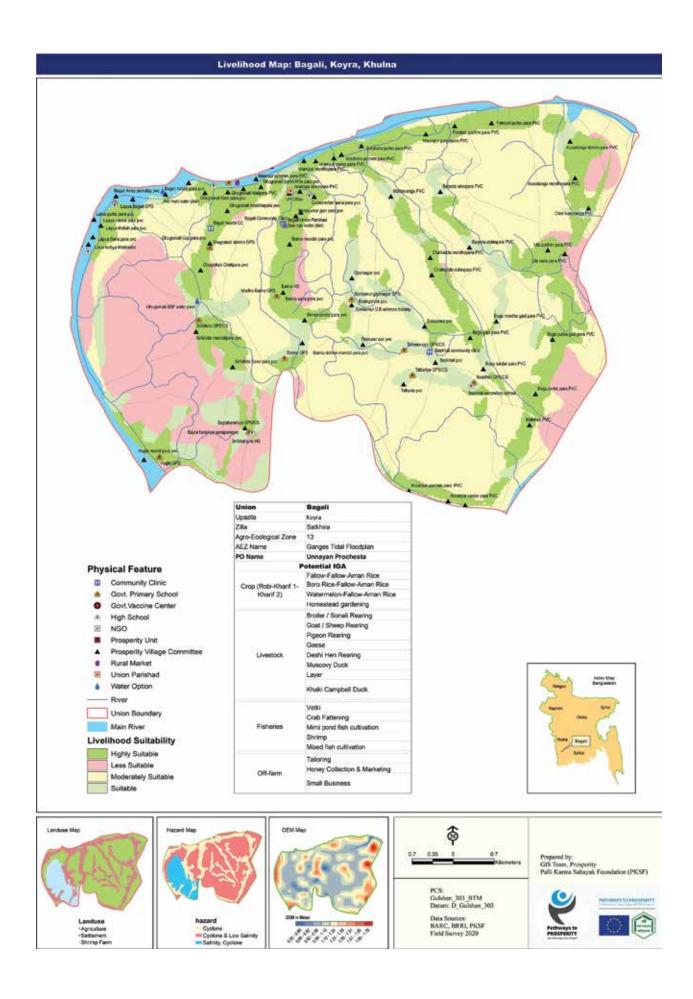


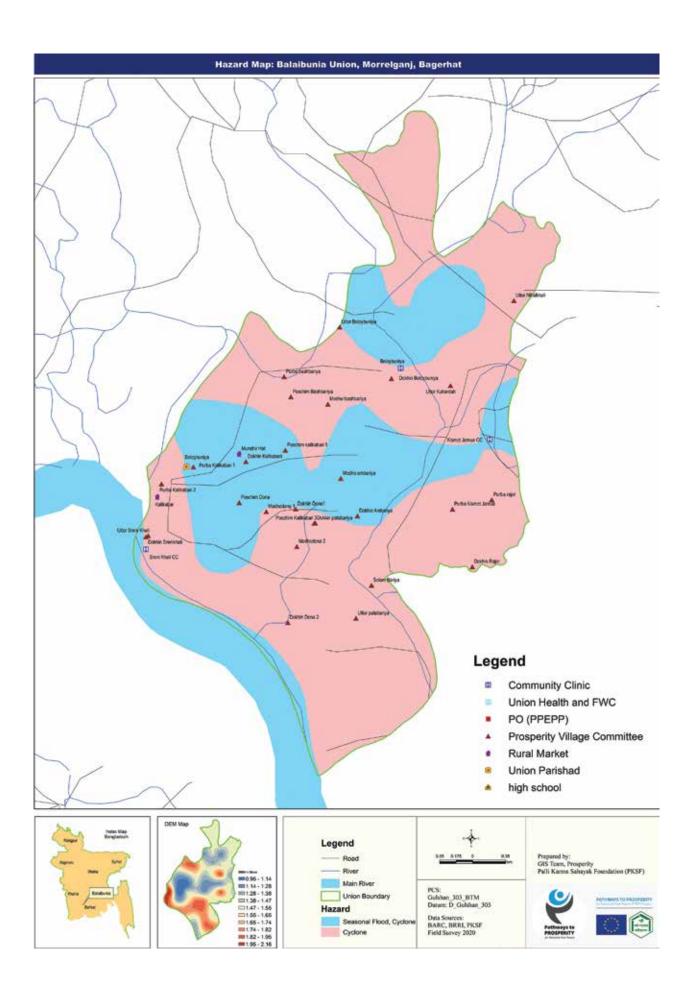
GIS Maps

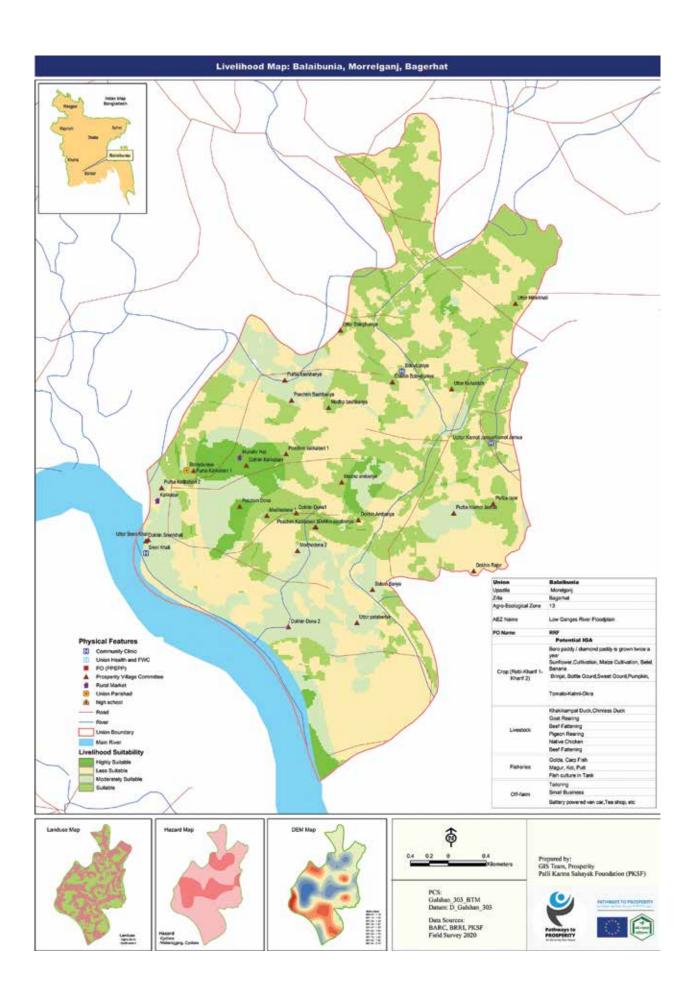


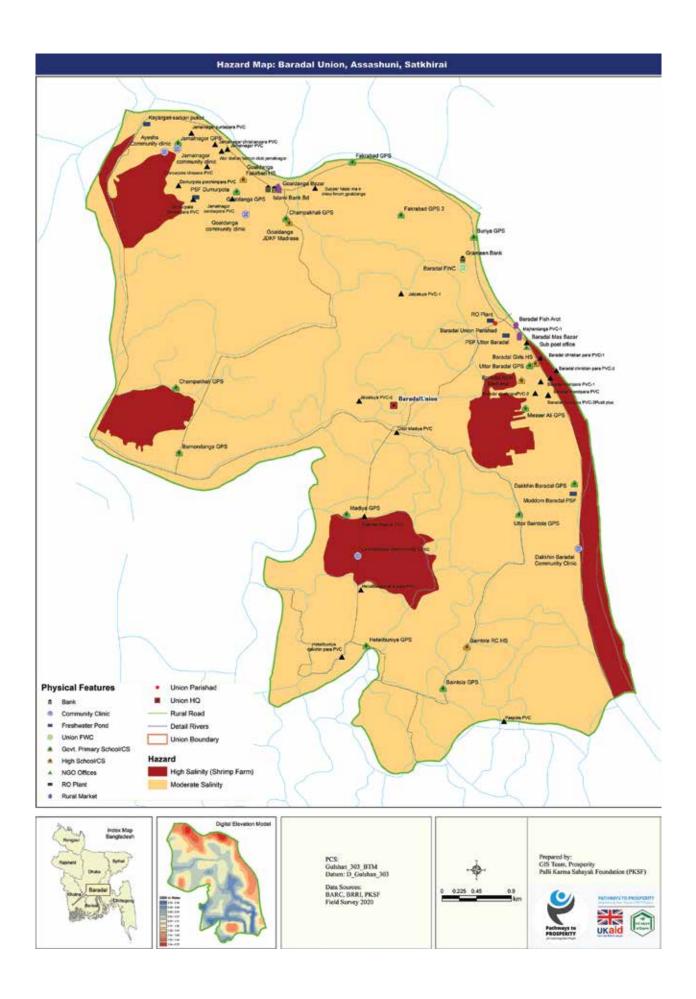


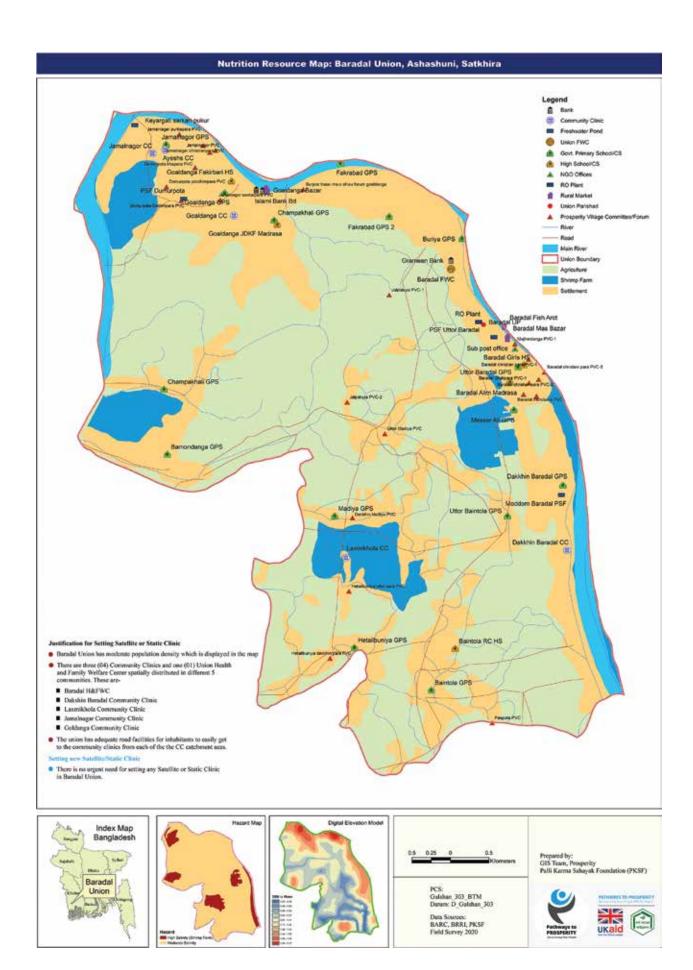


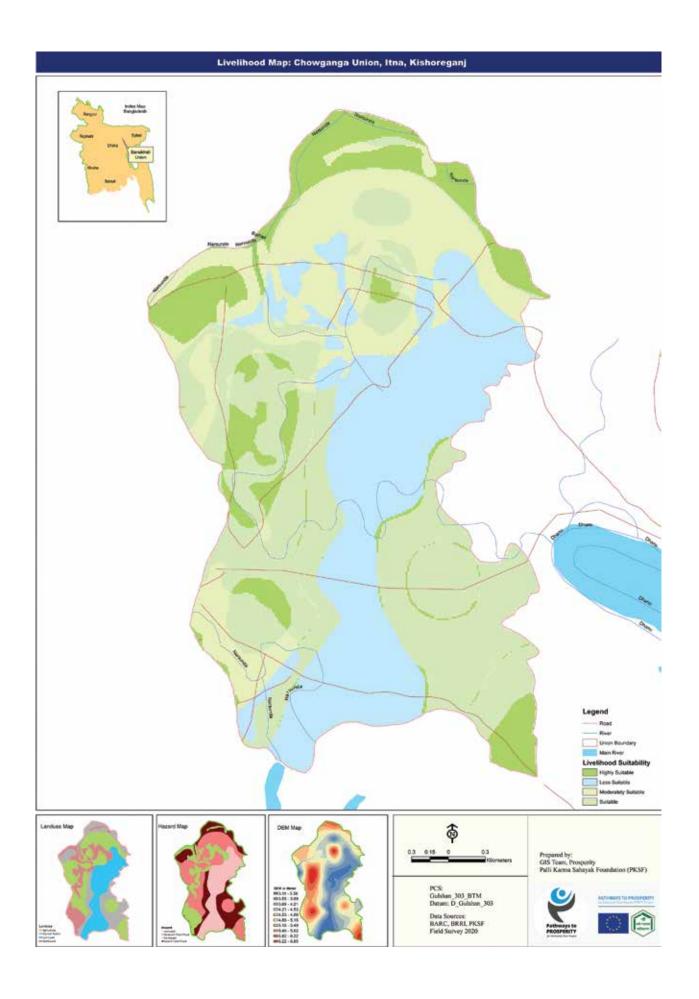


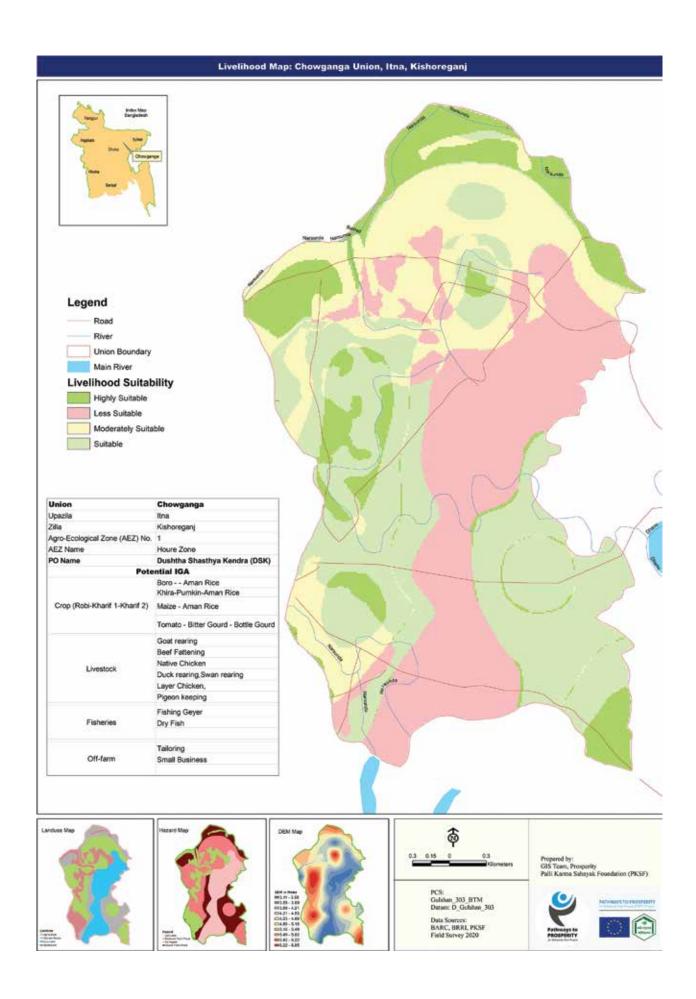


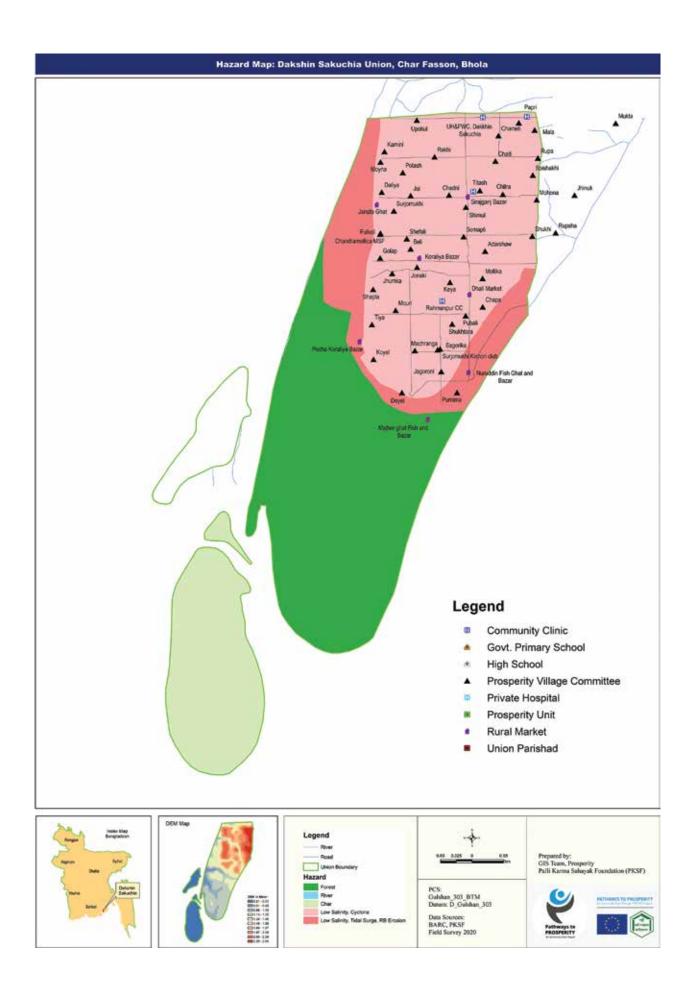


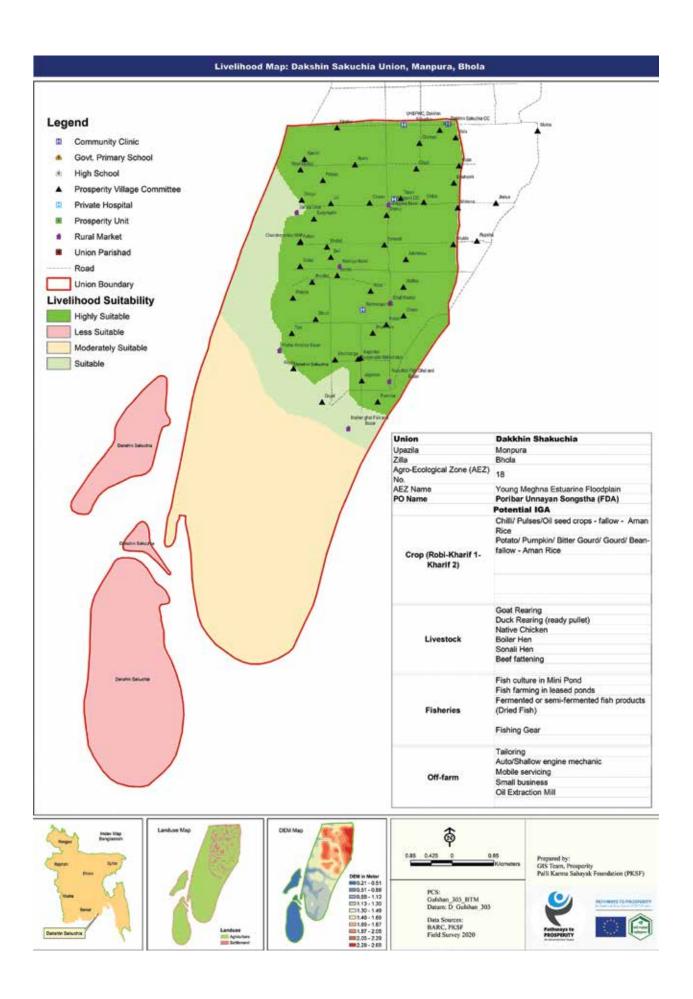


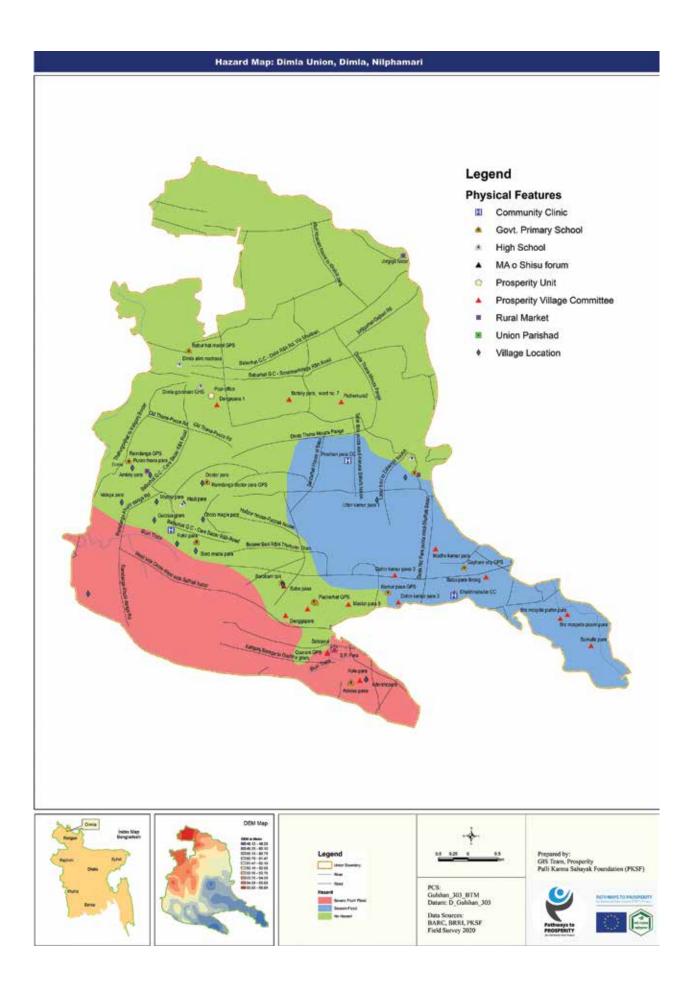


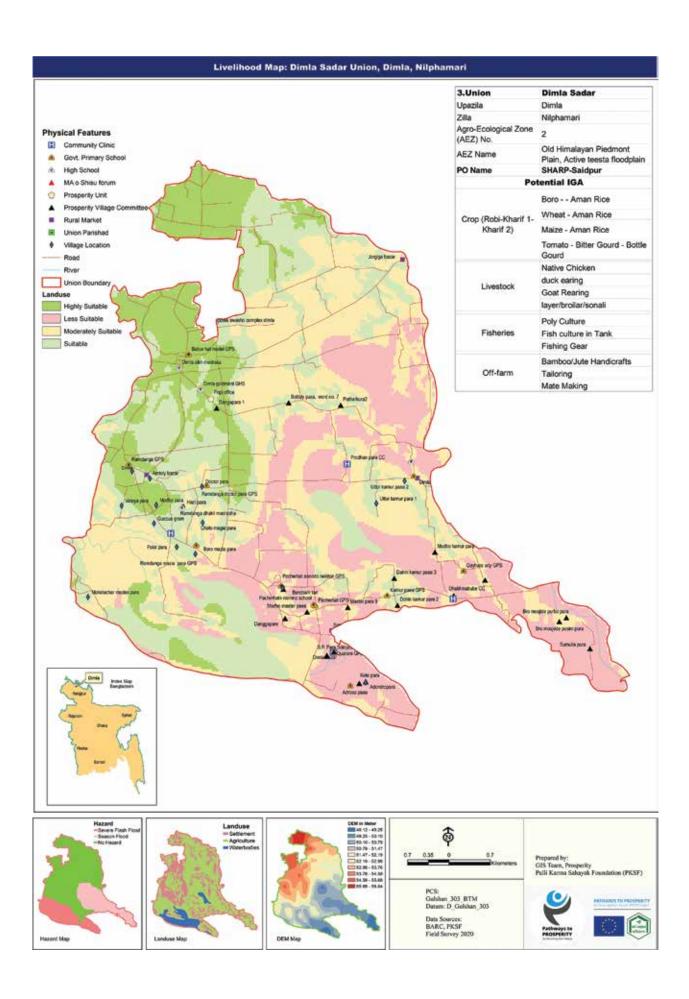


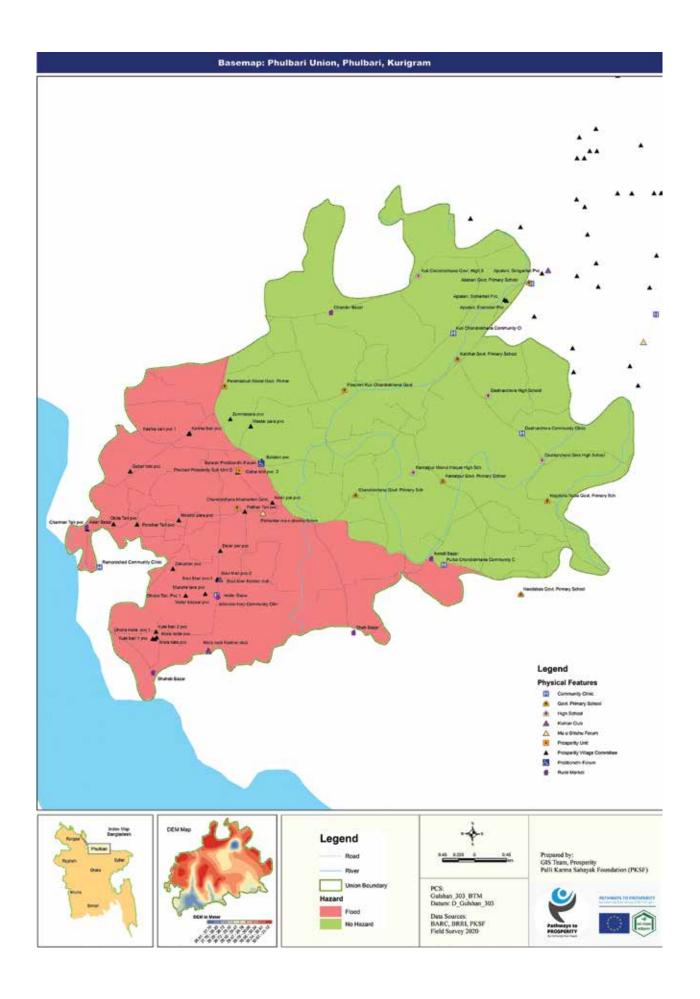


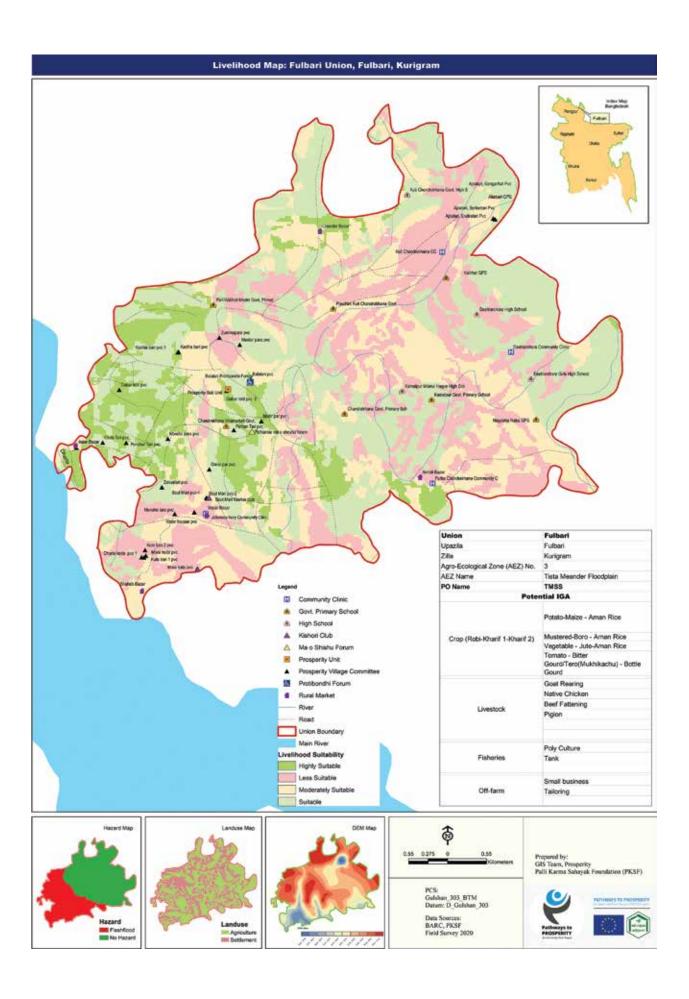


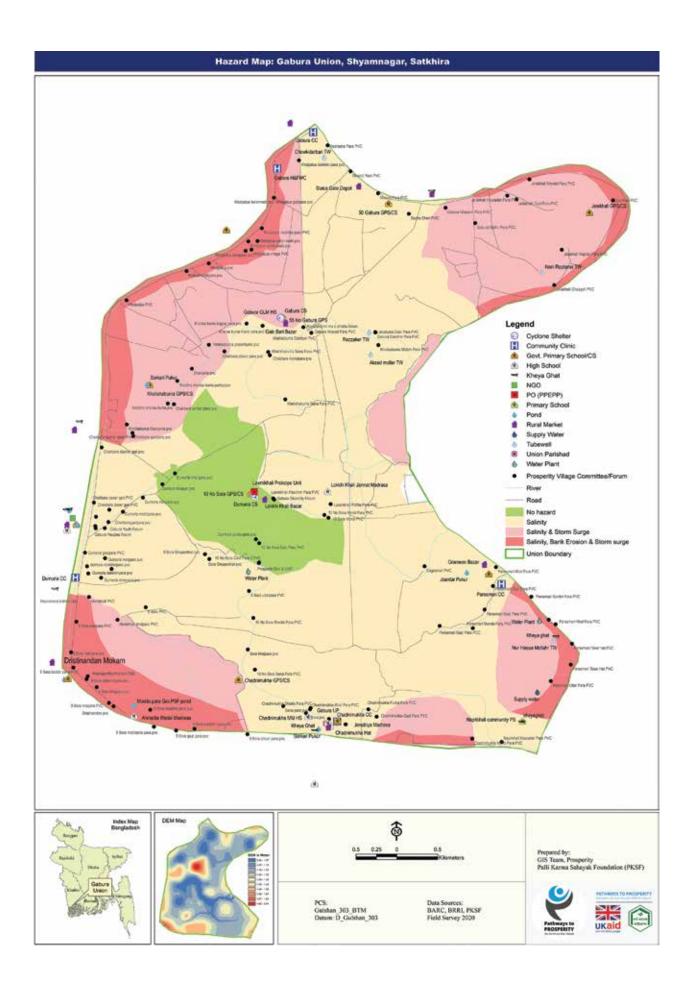


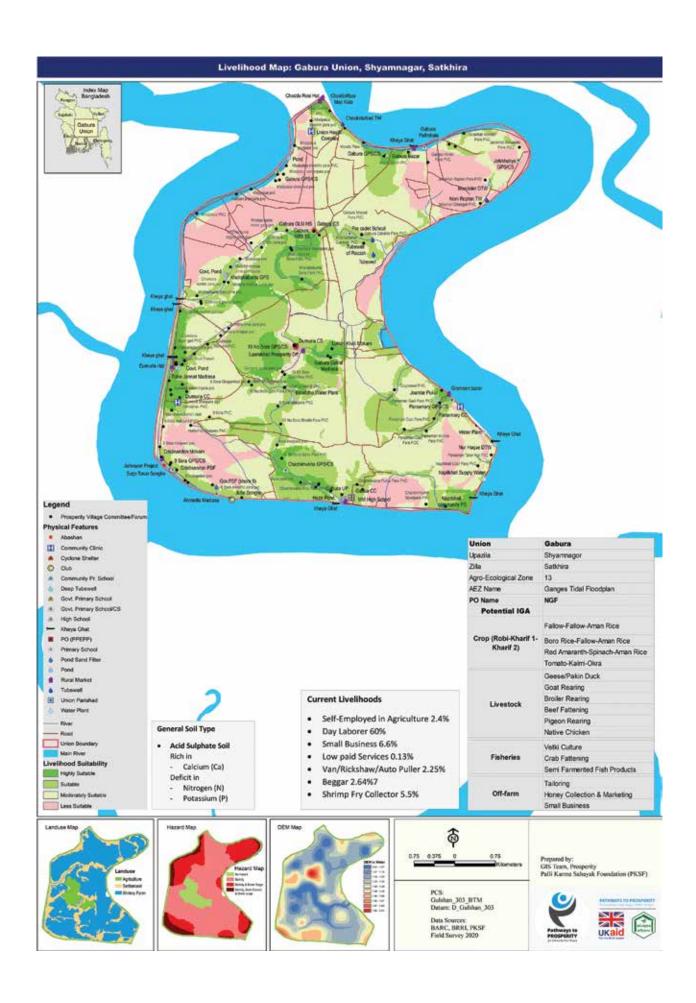


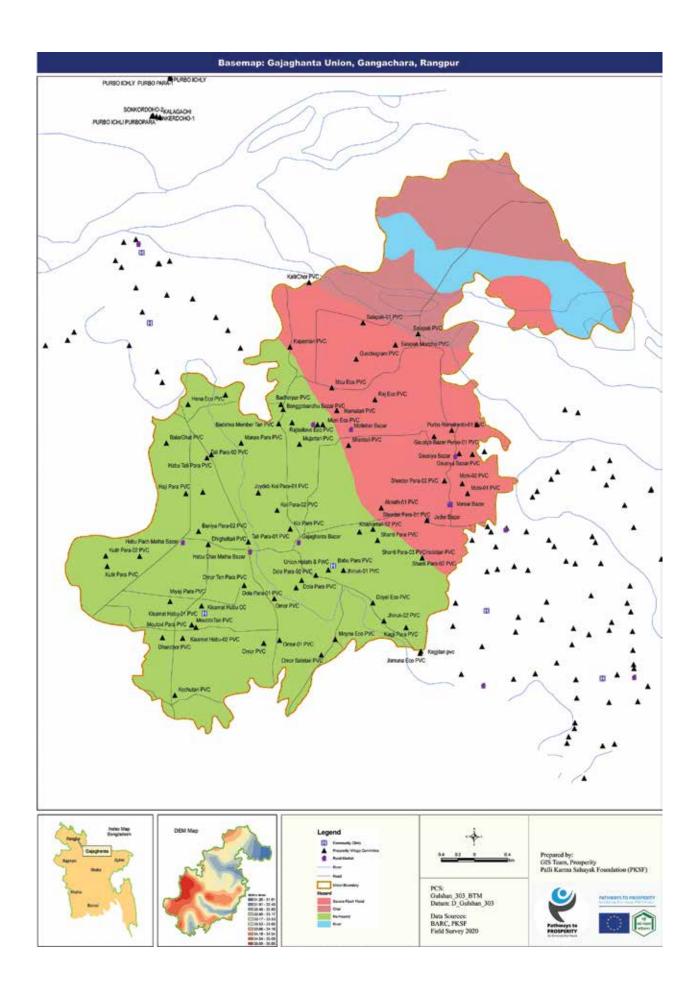


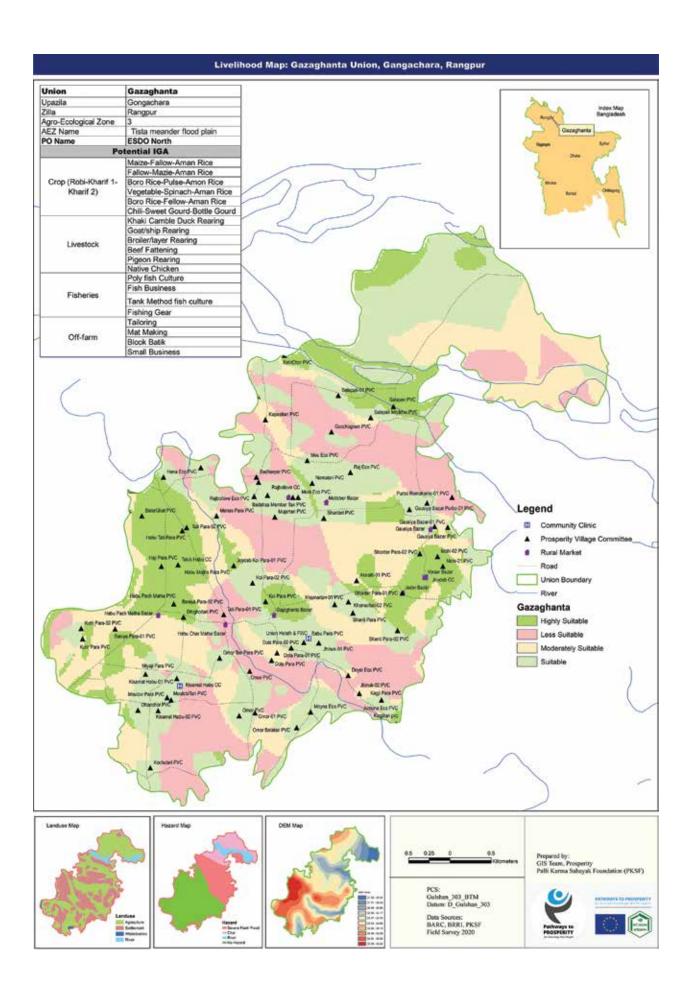


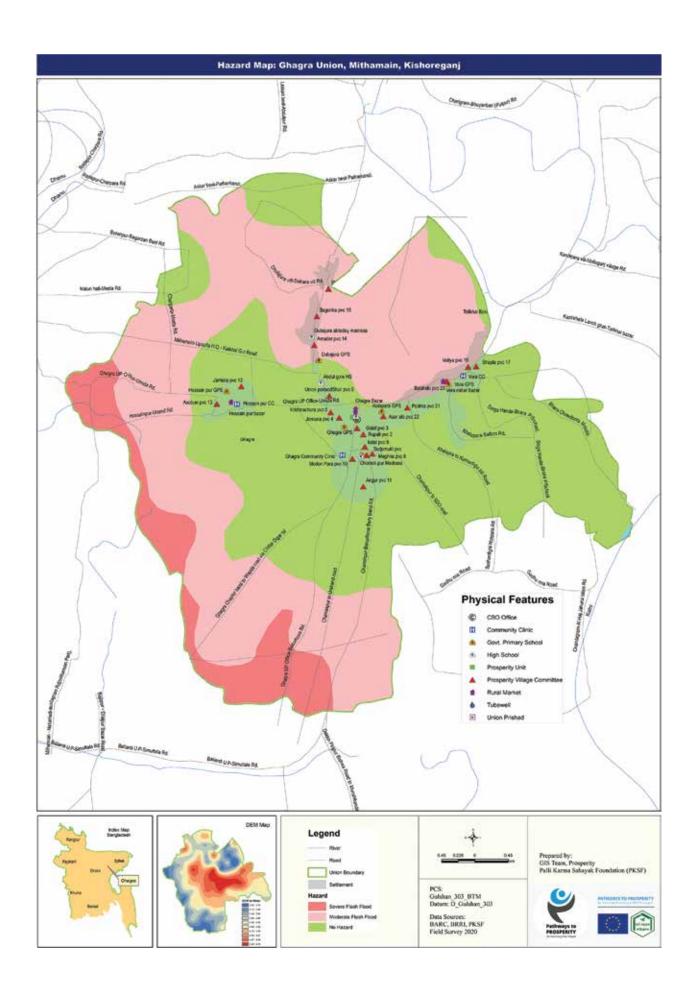


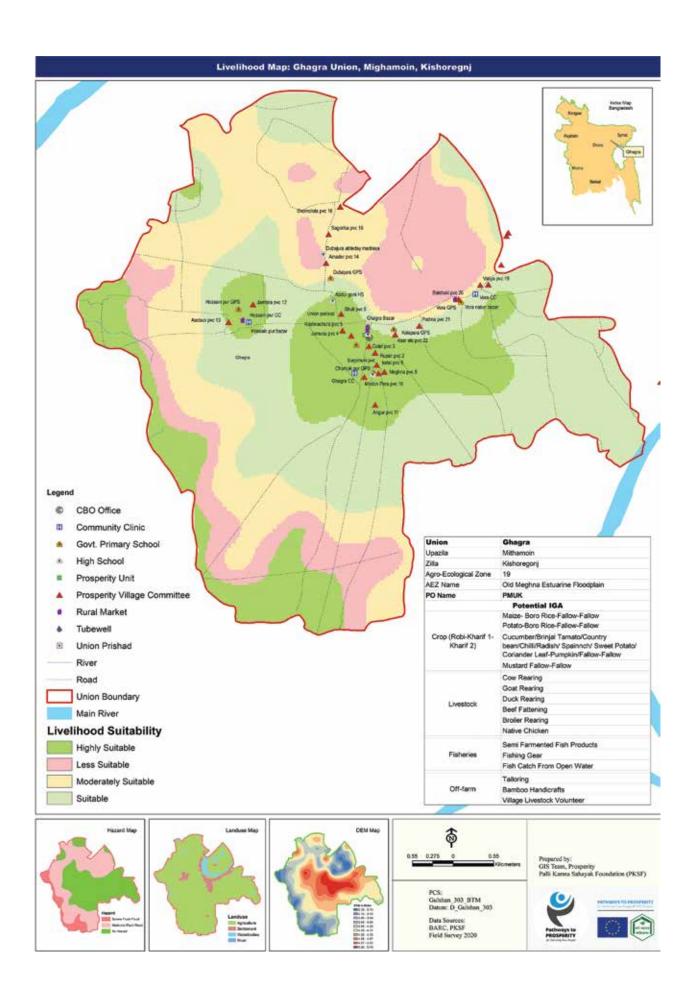


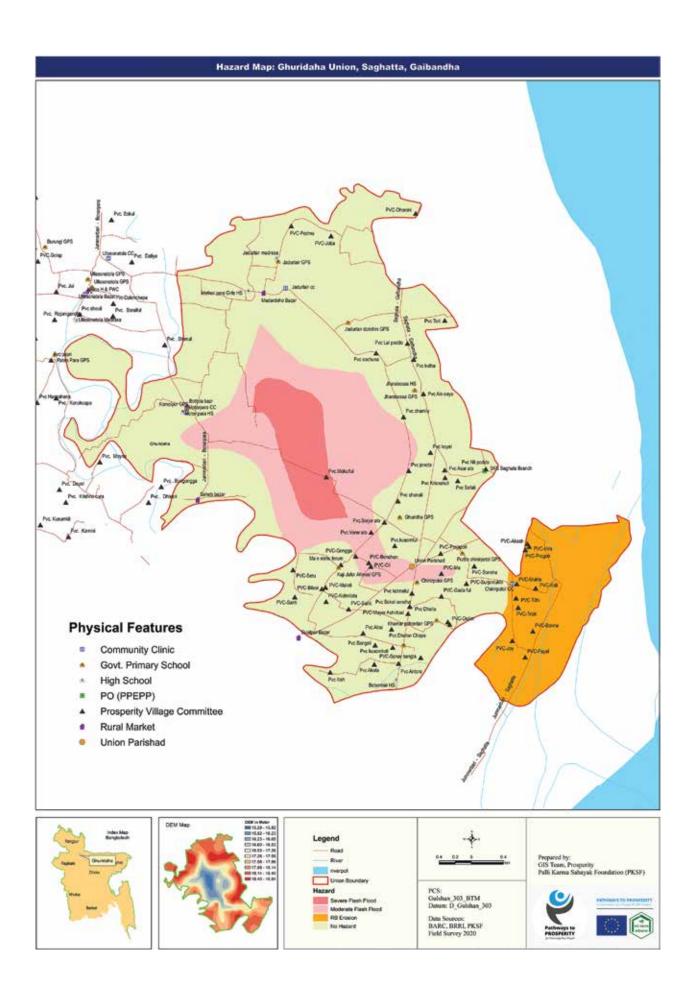


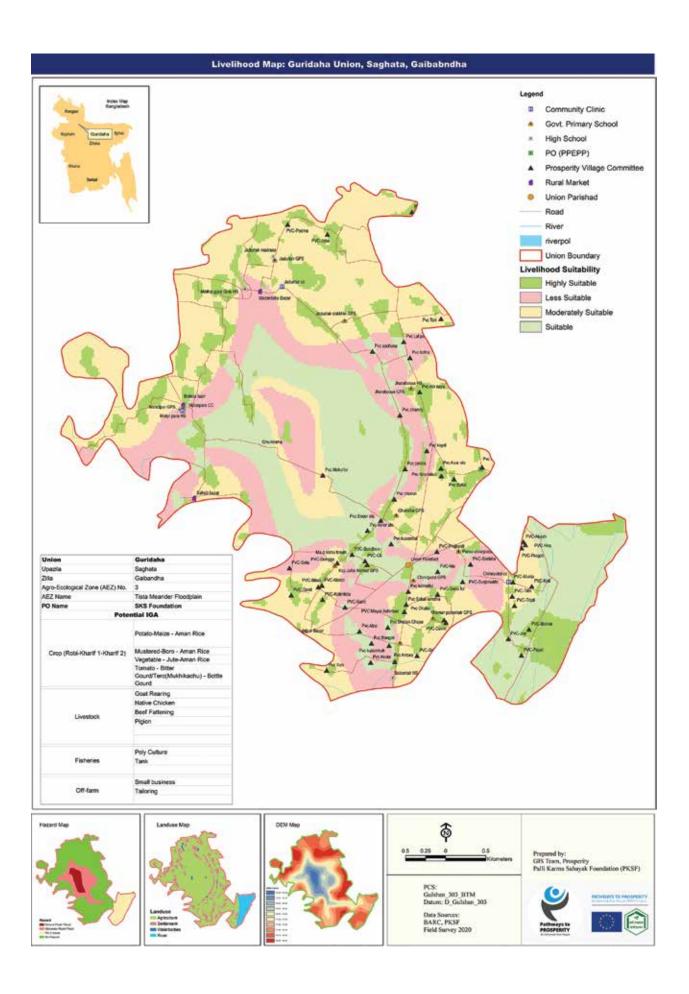


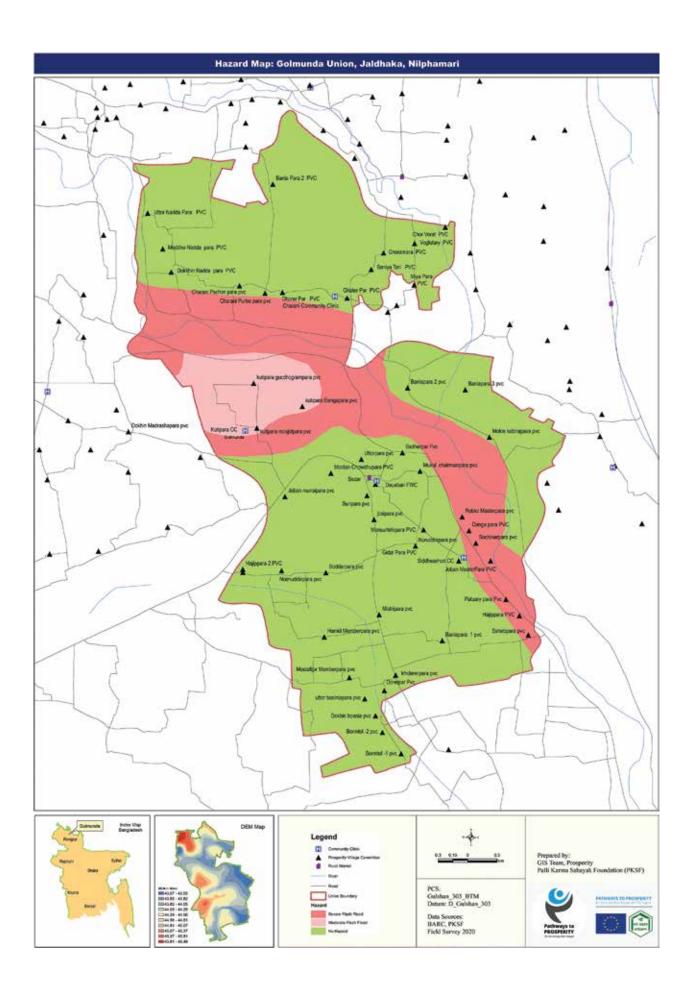


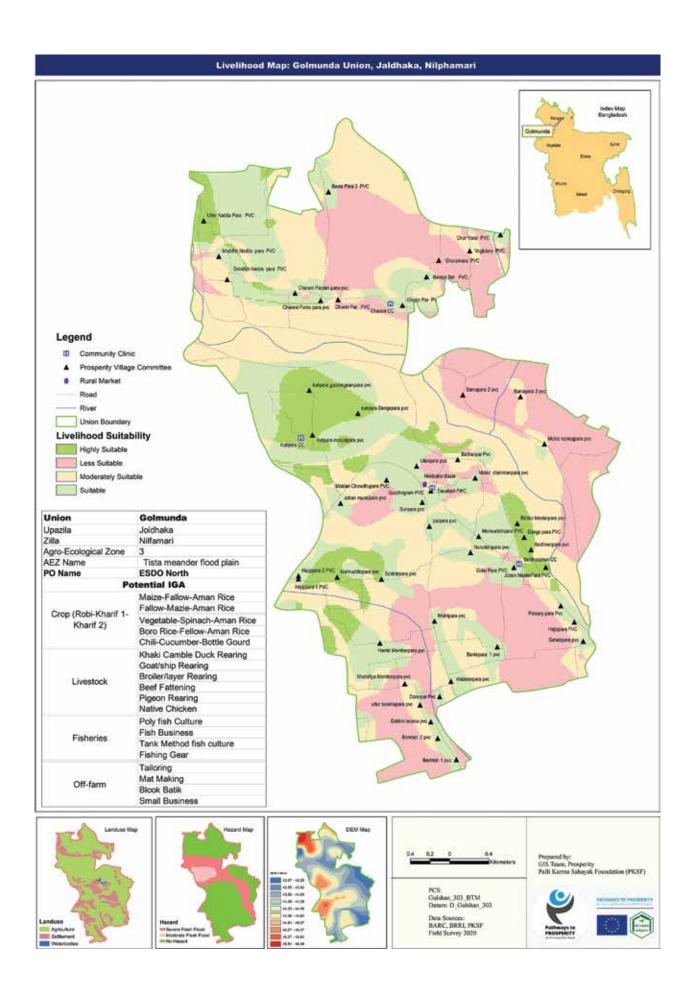


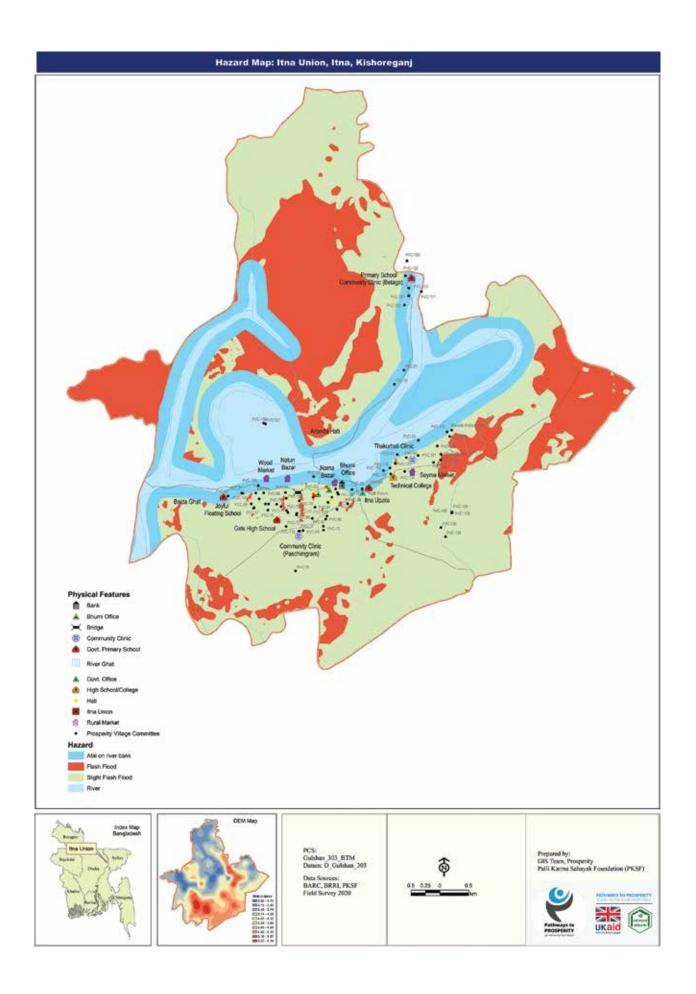


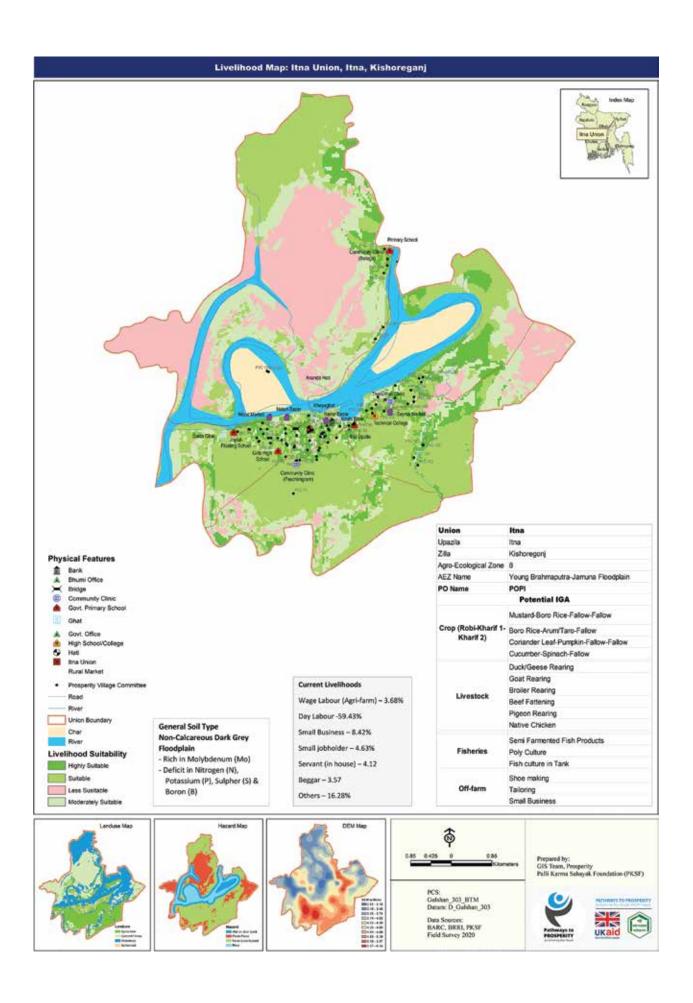


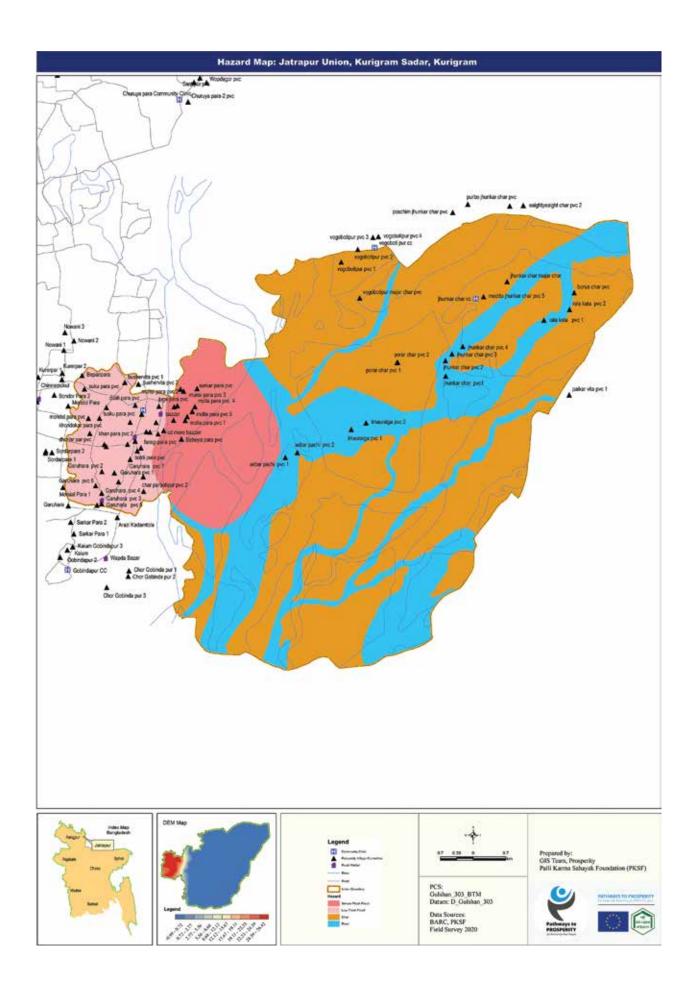


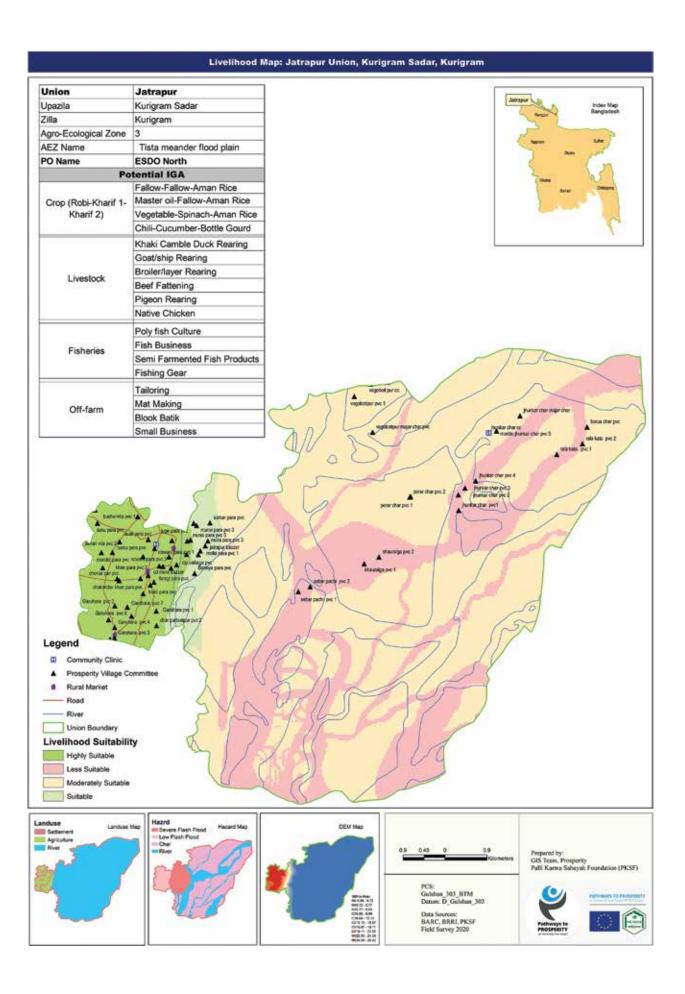


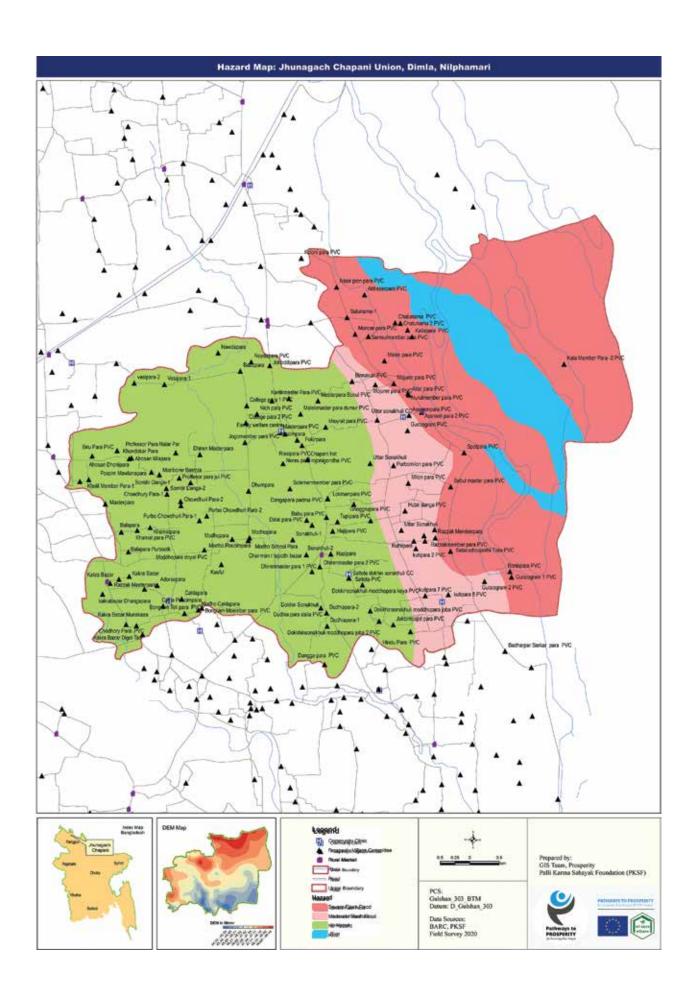


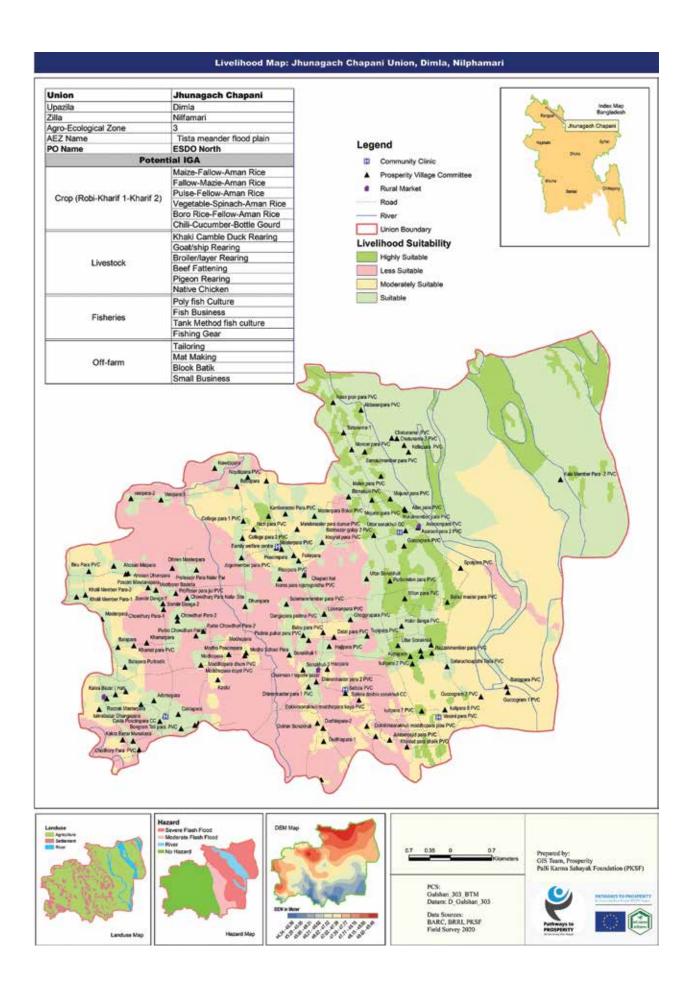


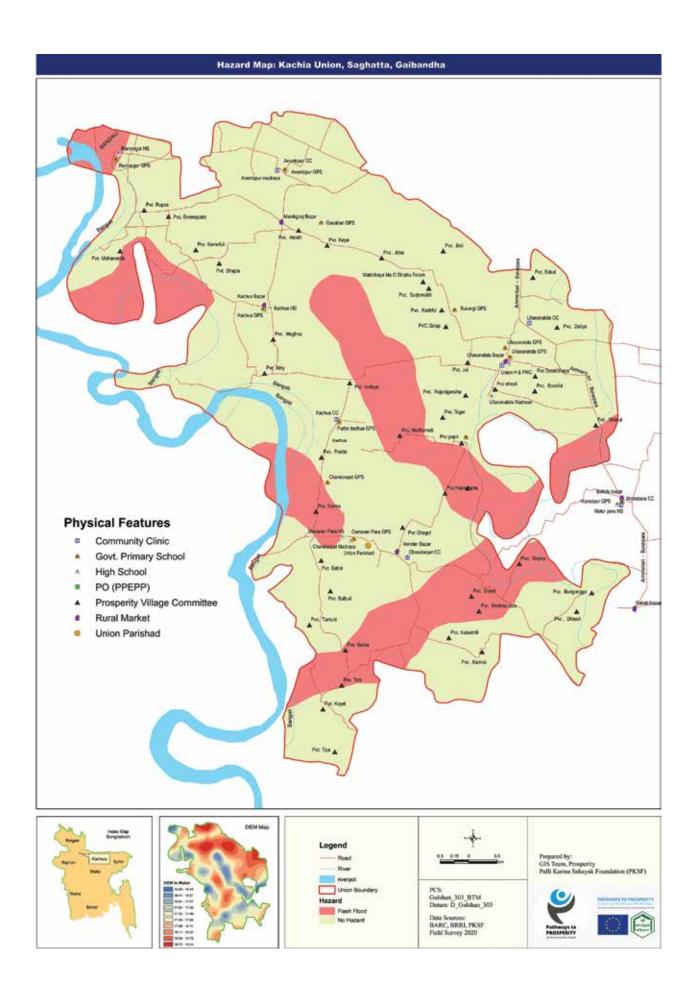


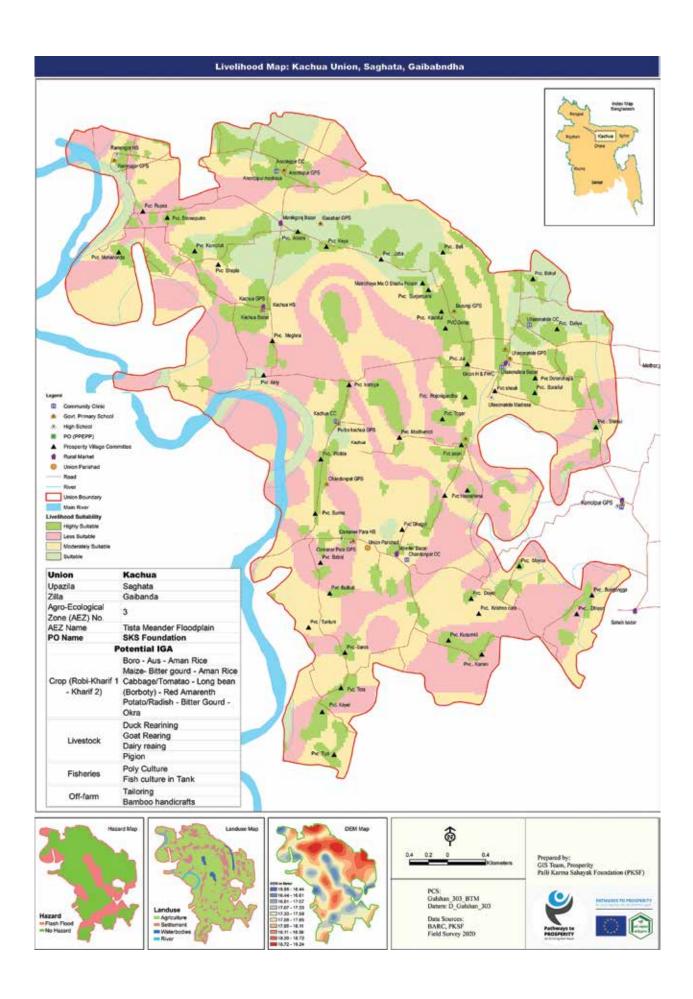


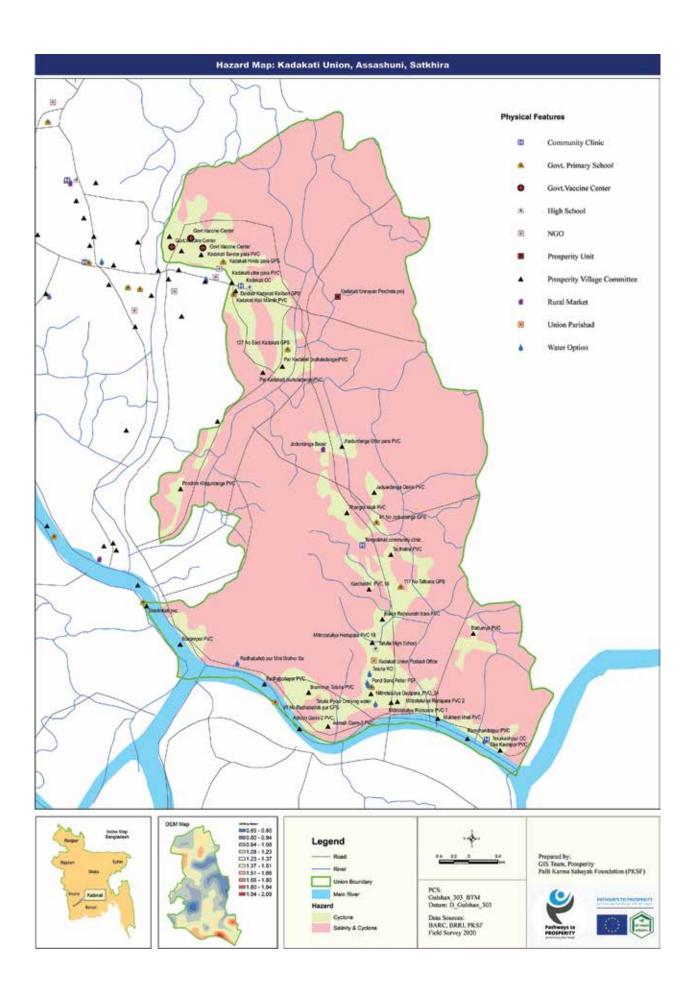


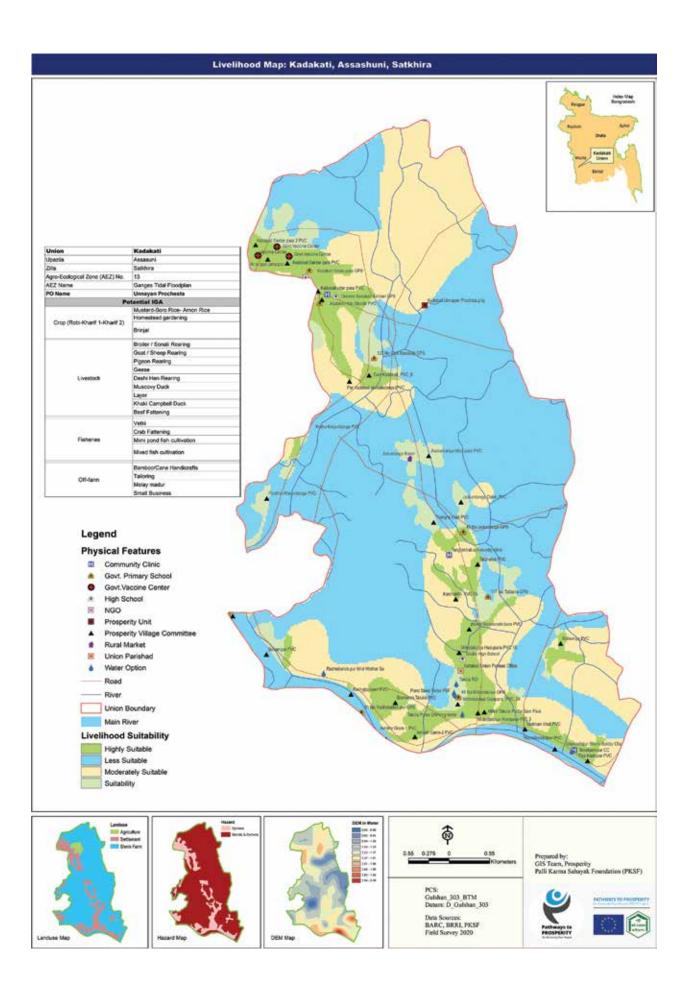


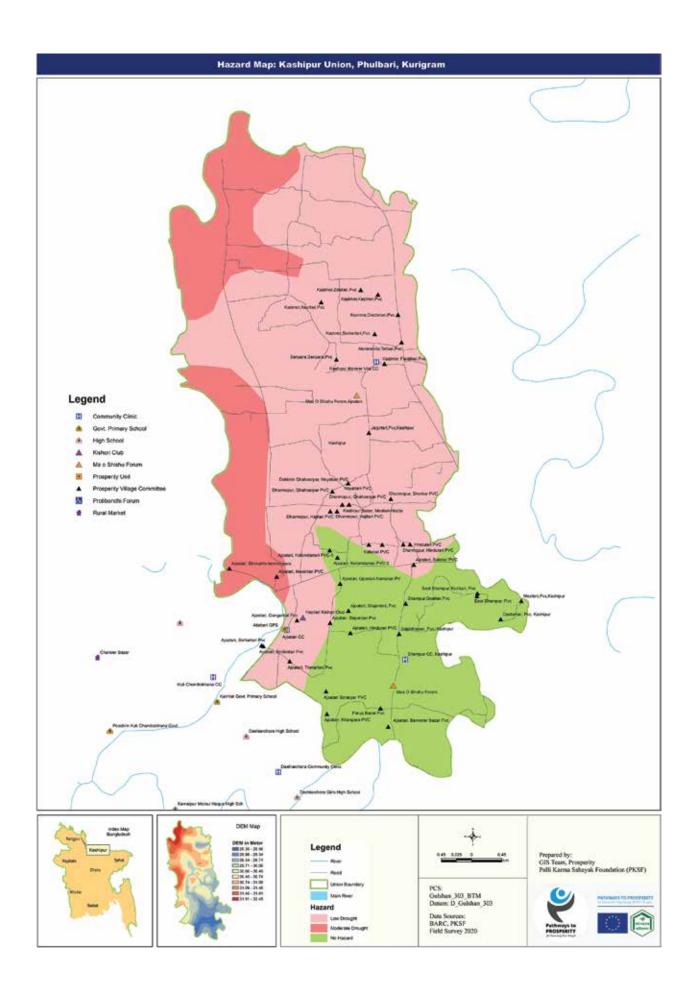


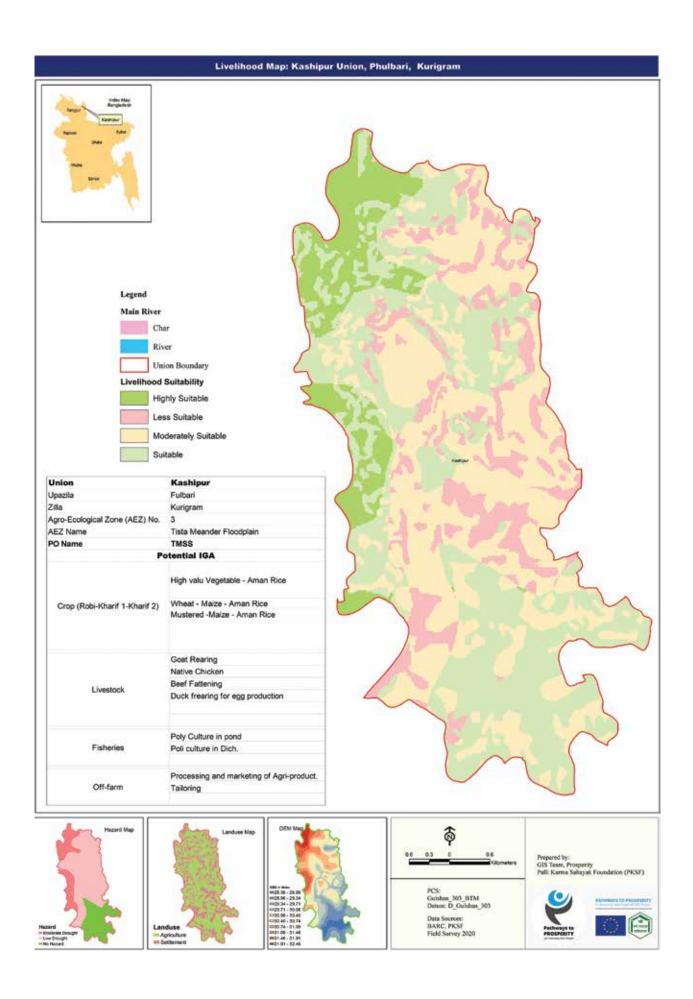


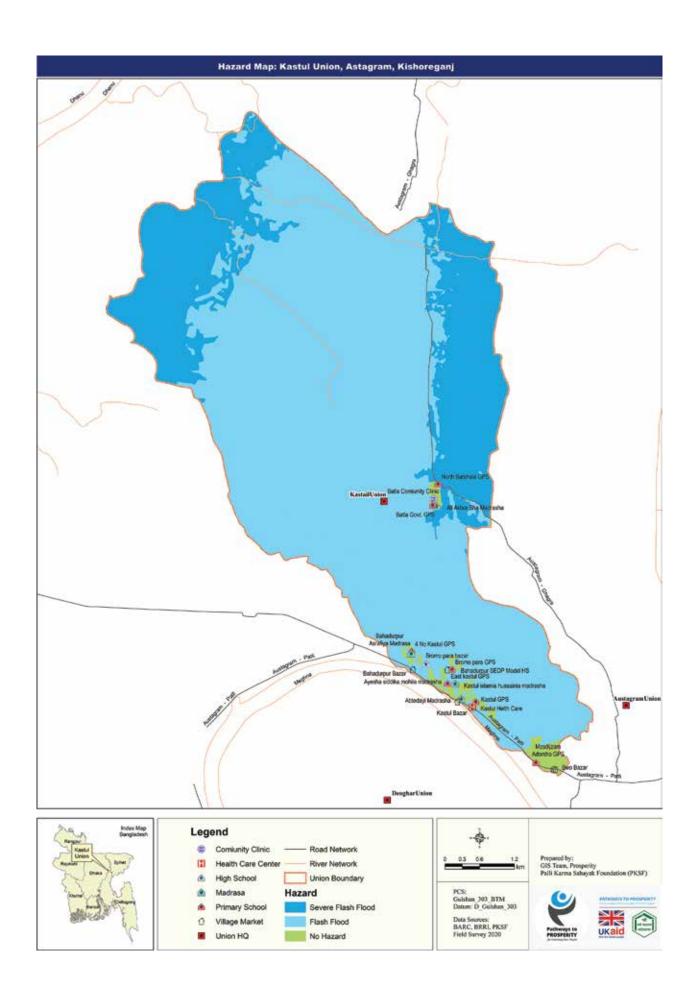


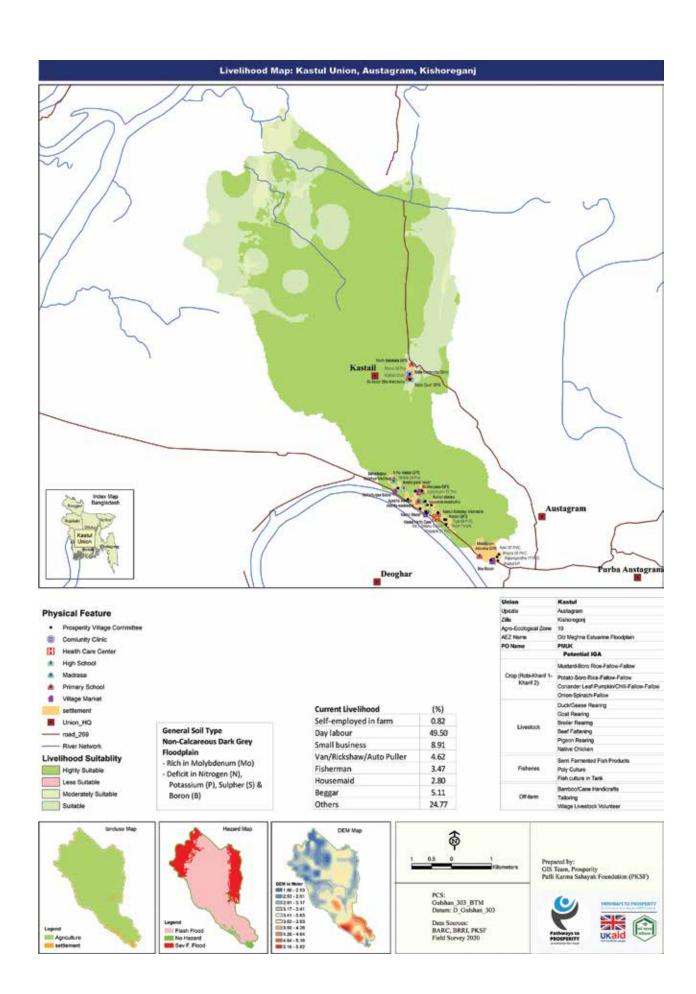


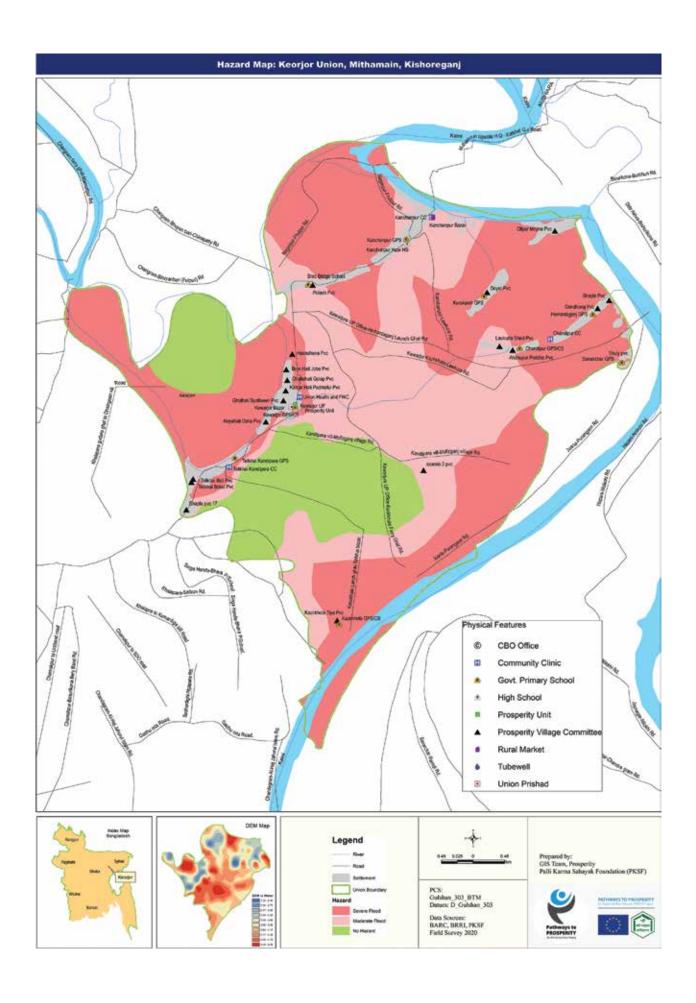


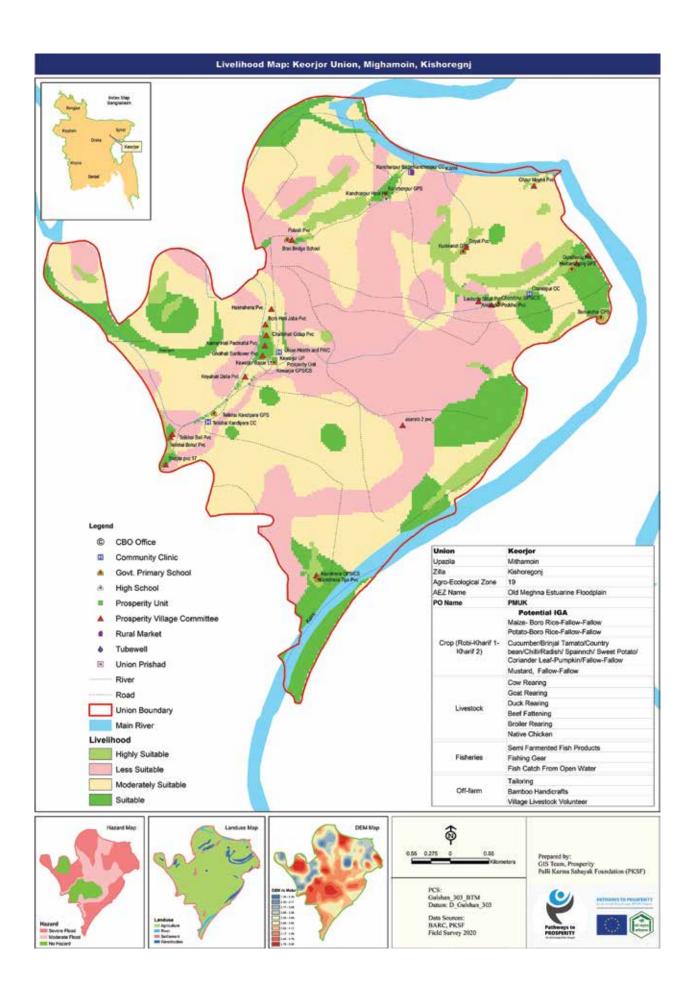


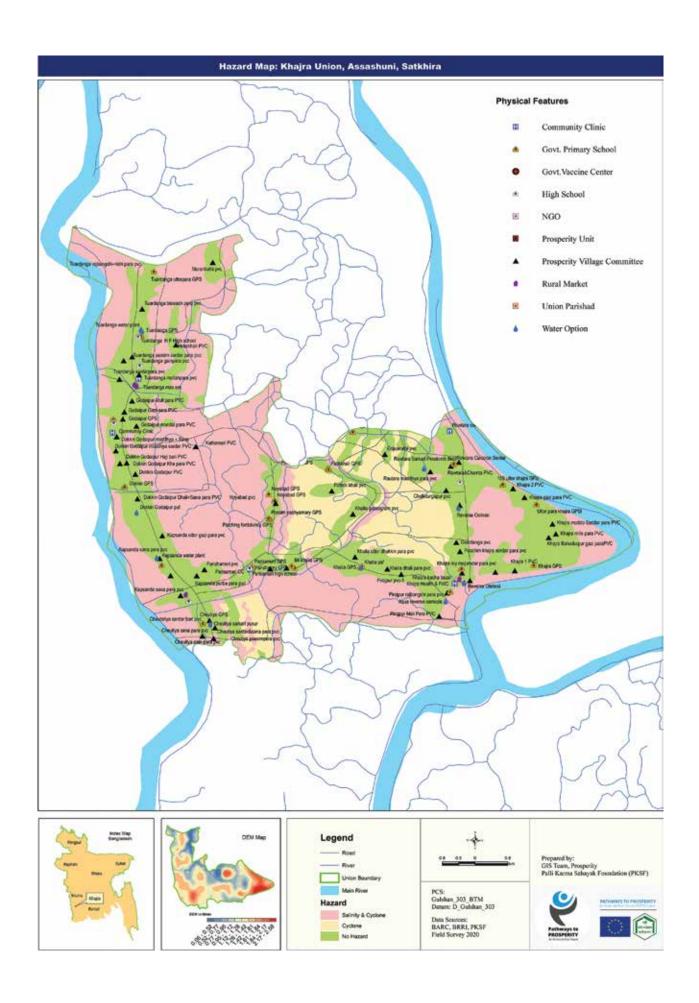


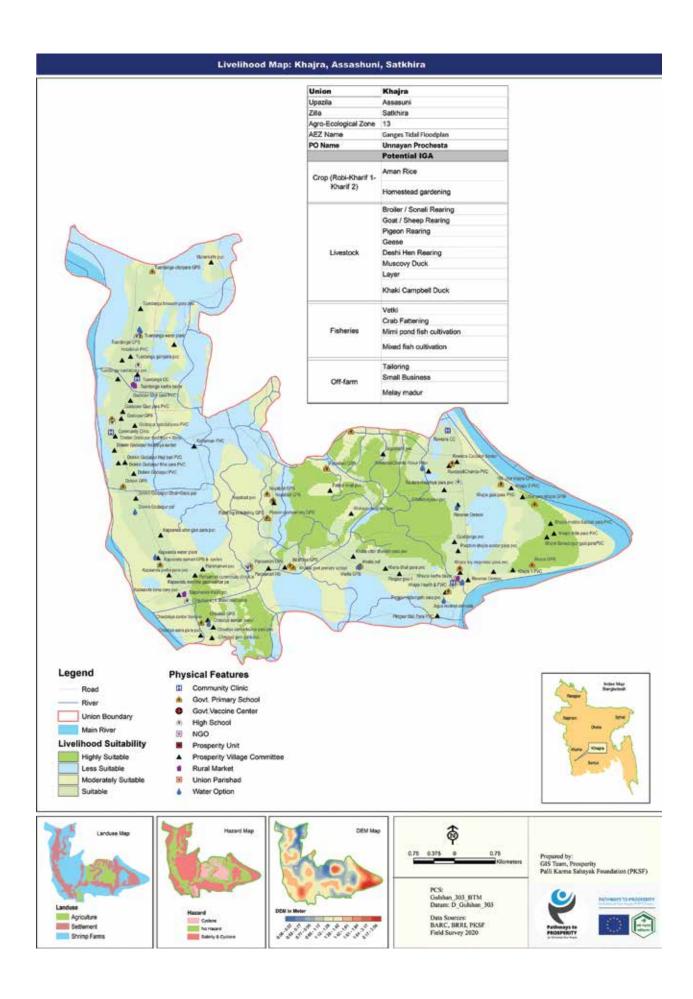


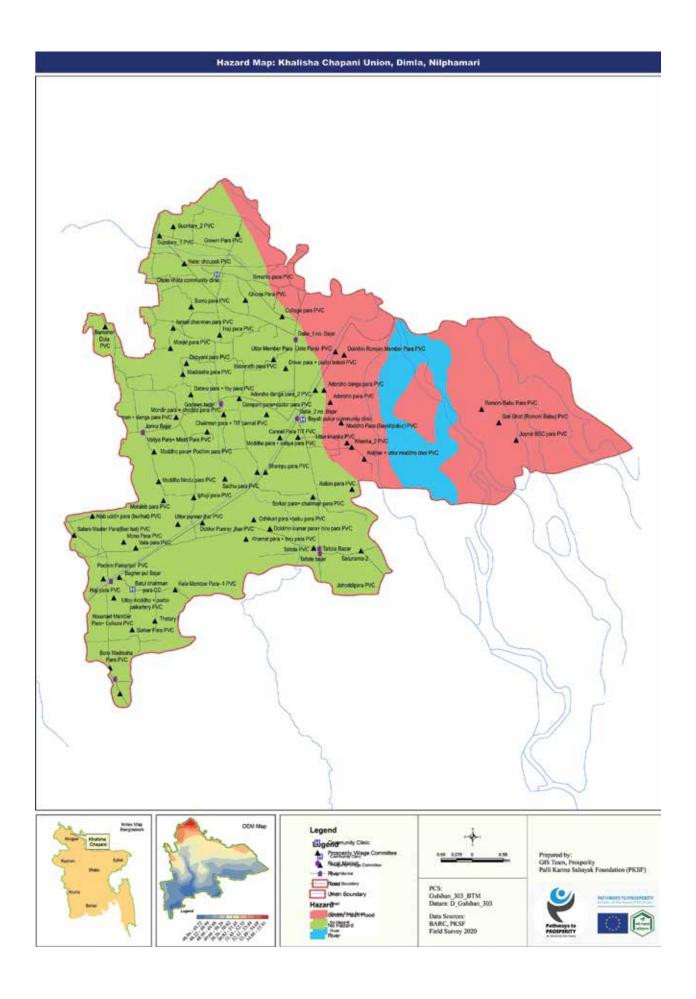


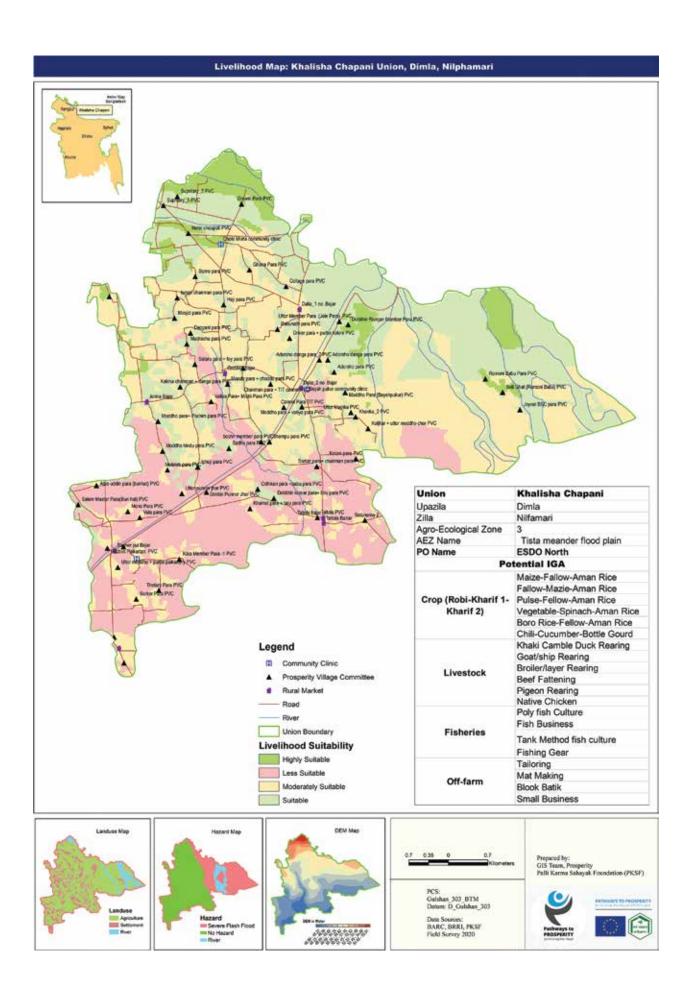


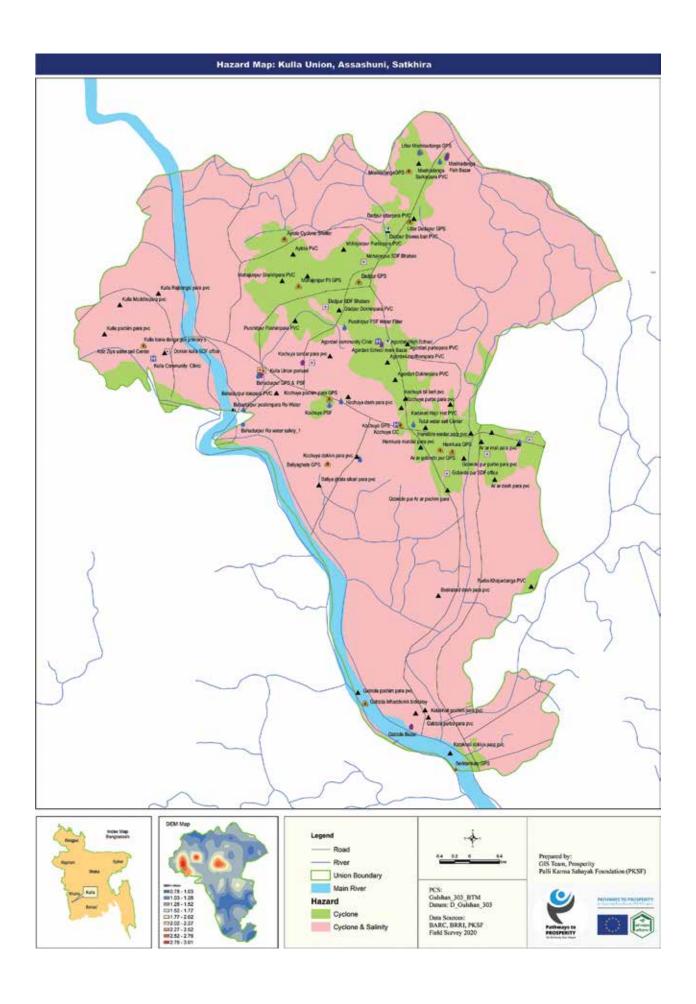


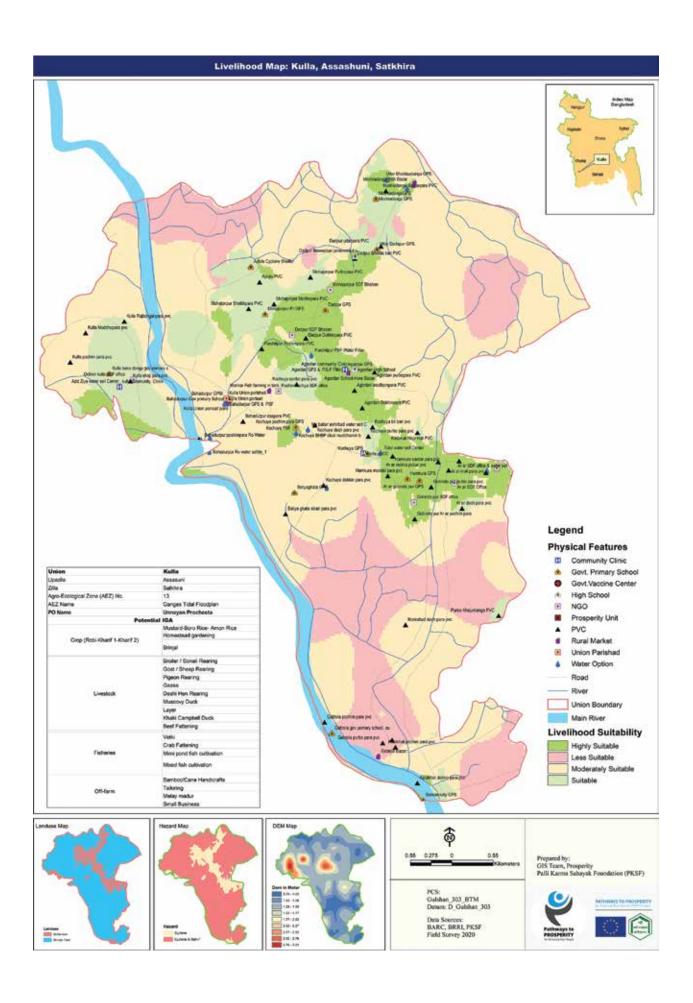


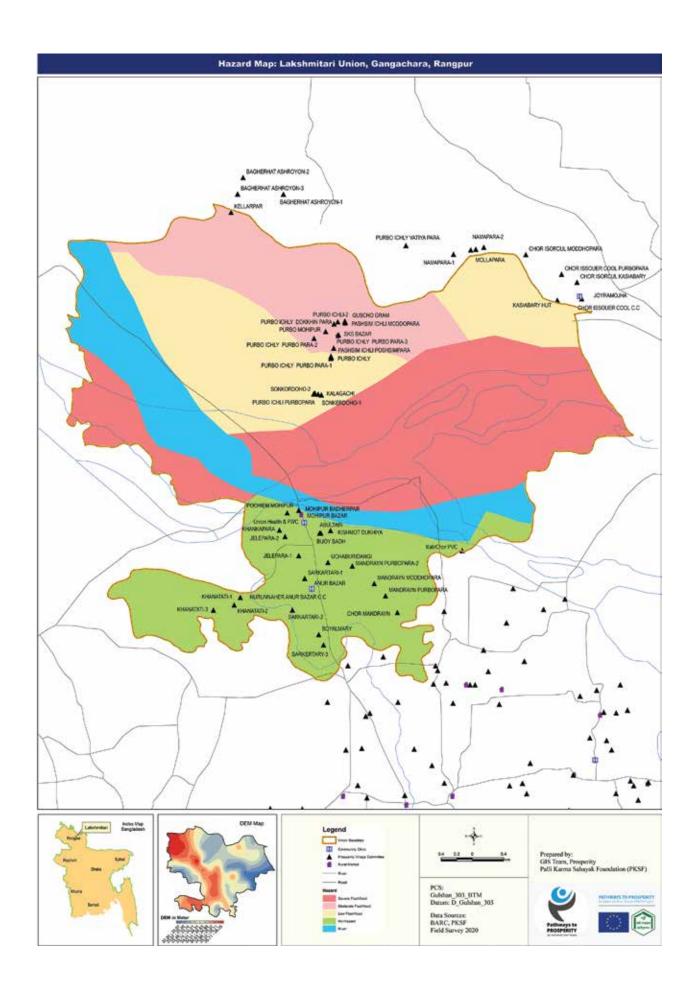


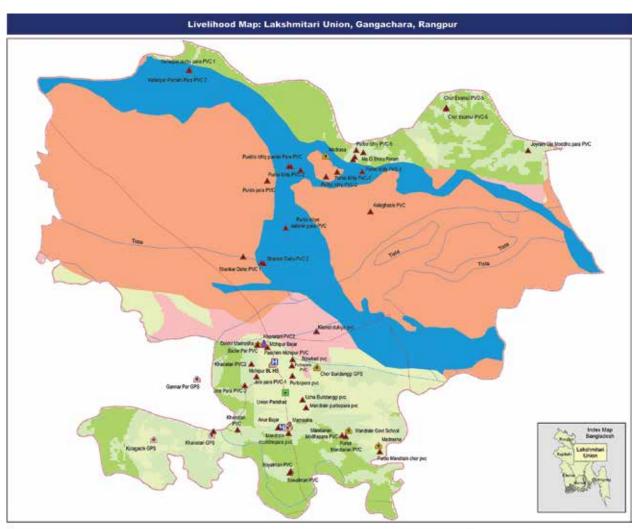


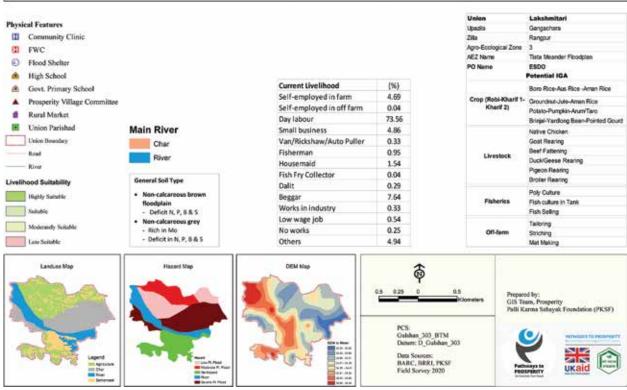


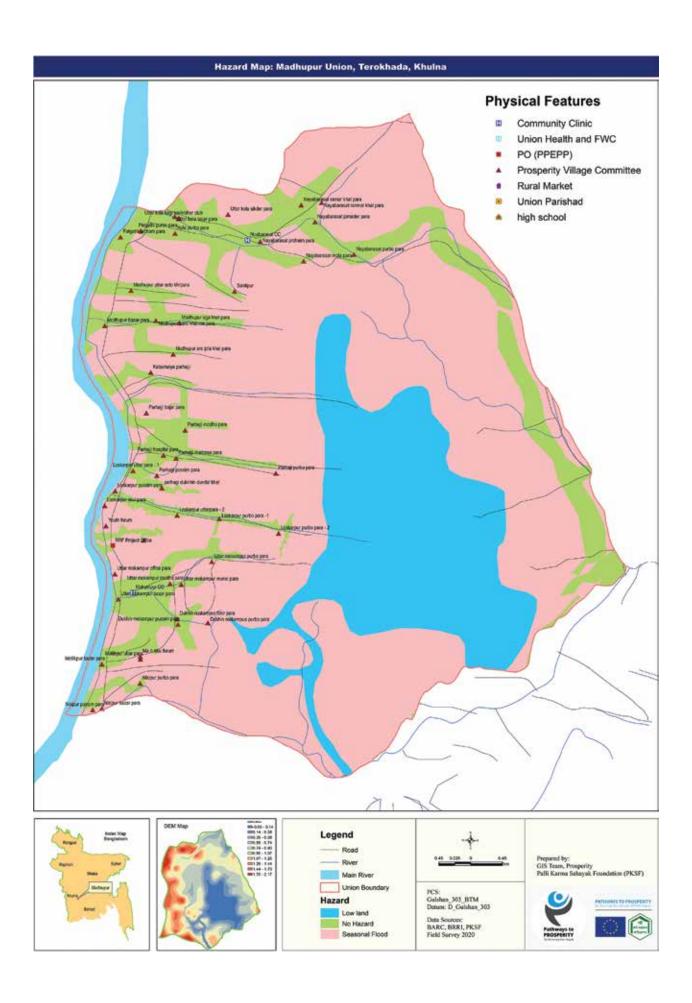


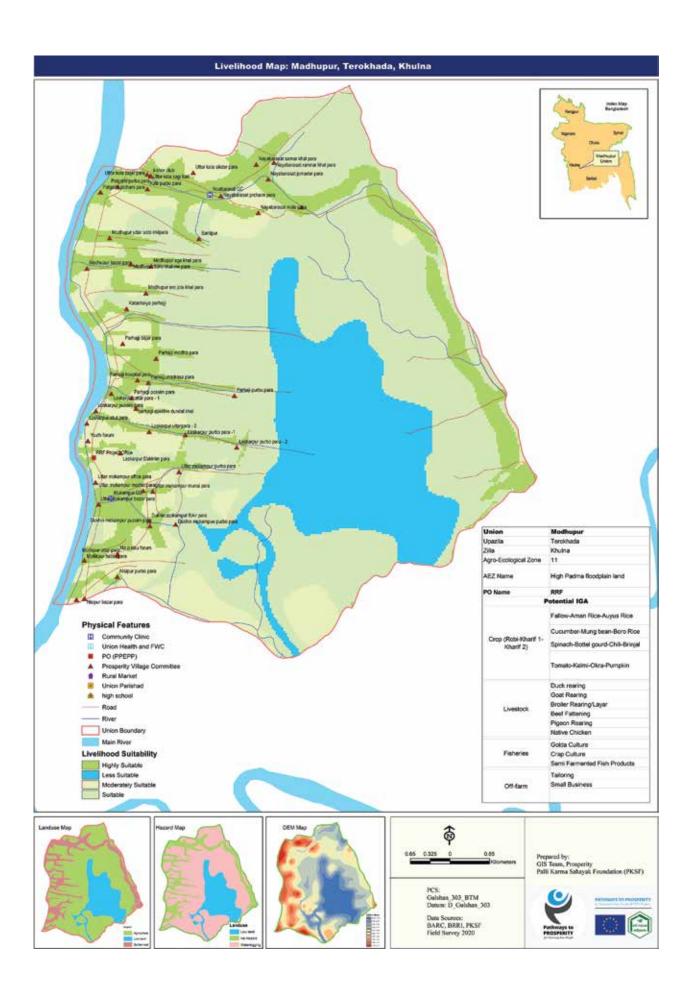


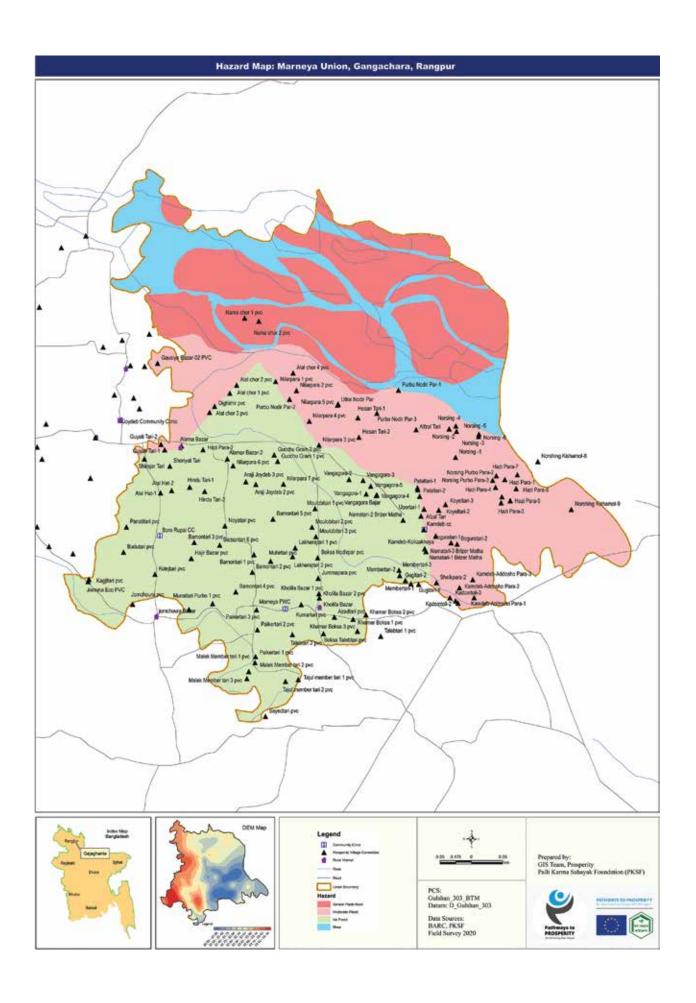


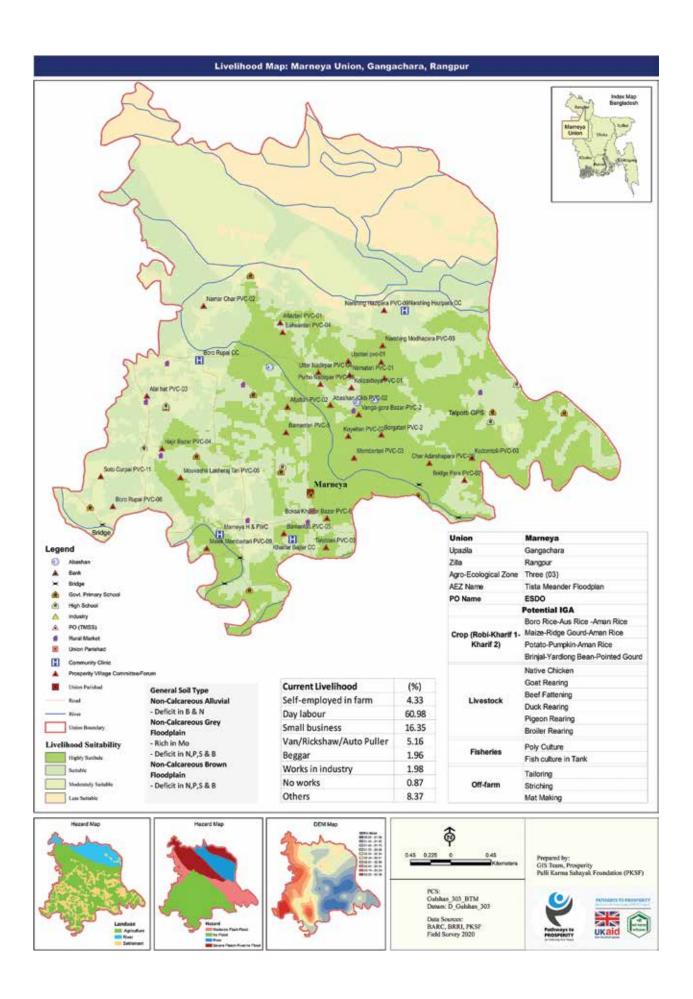


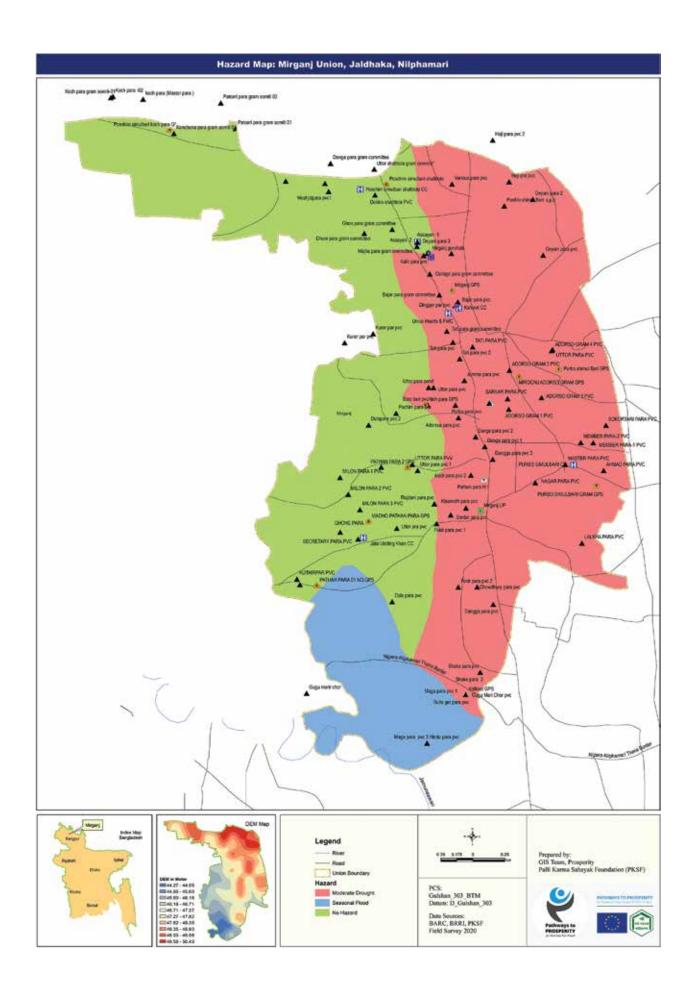


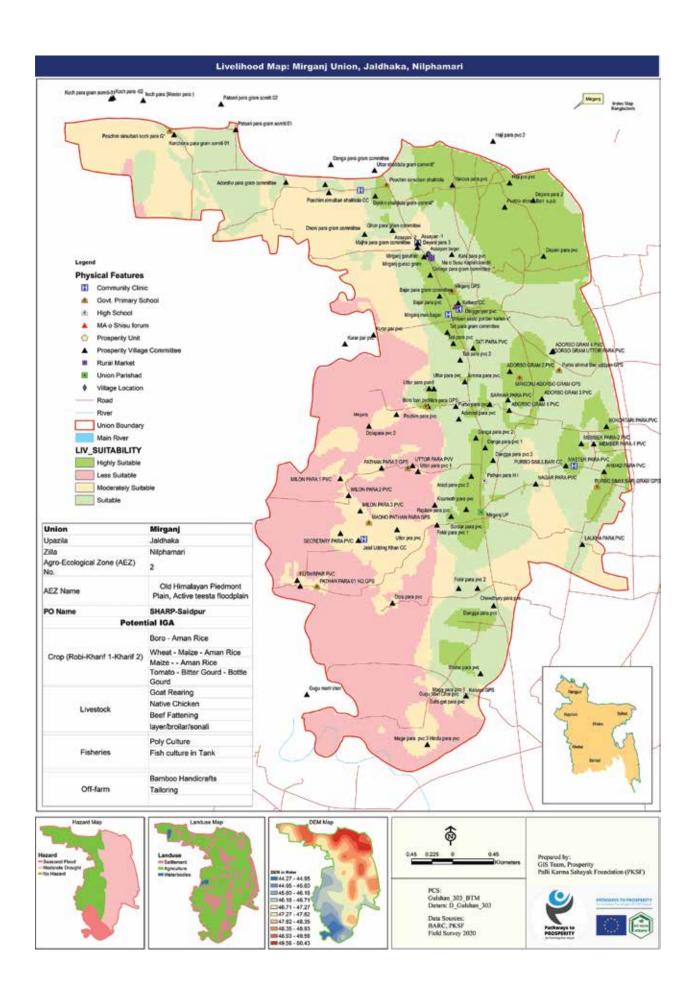


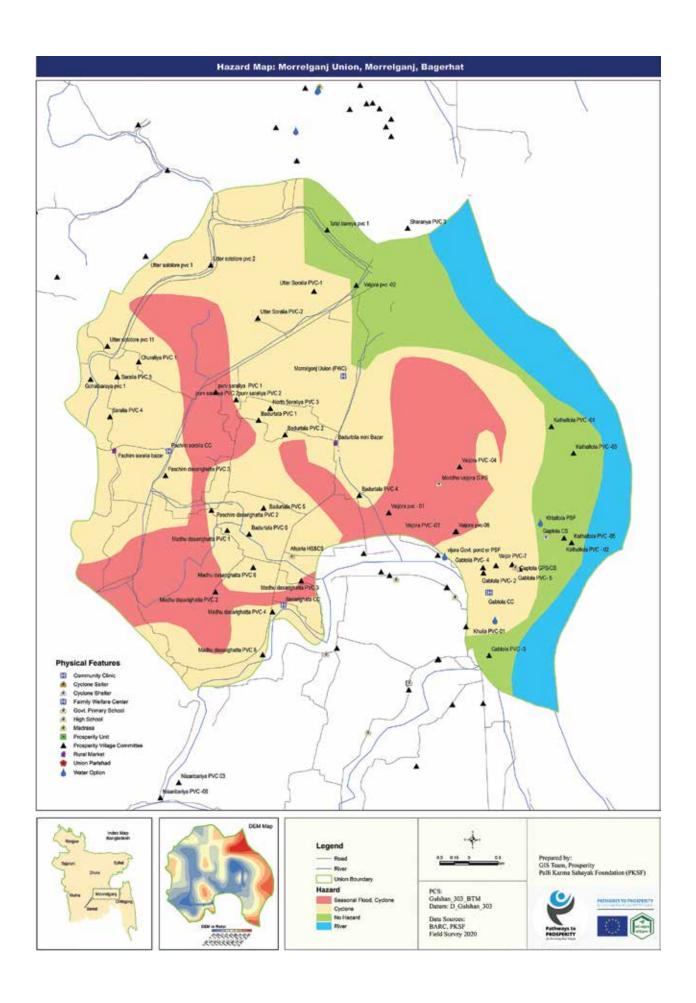


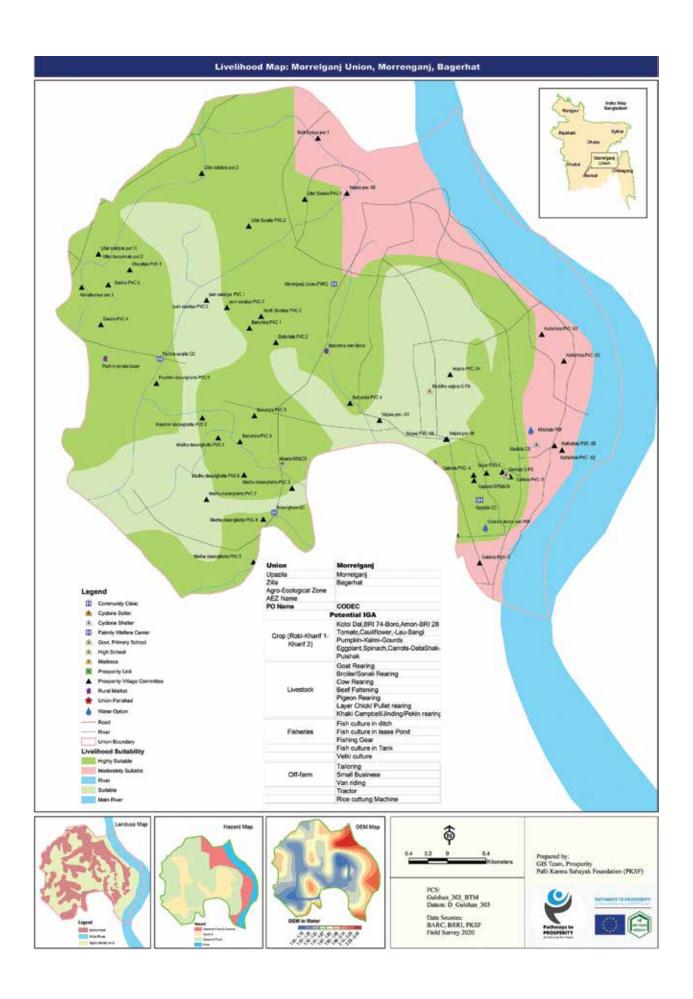


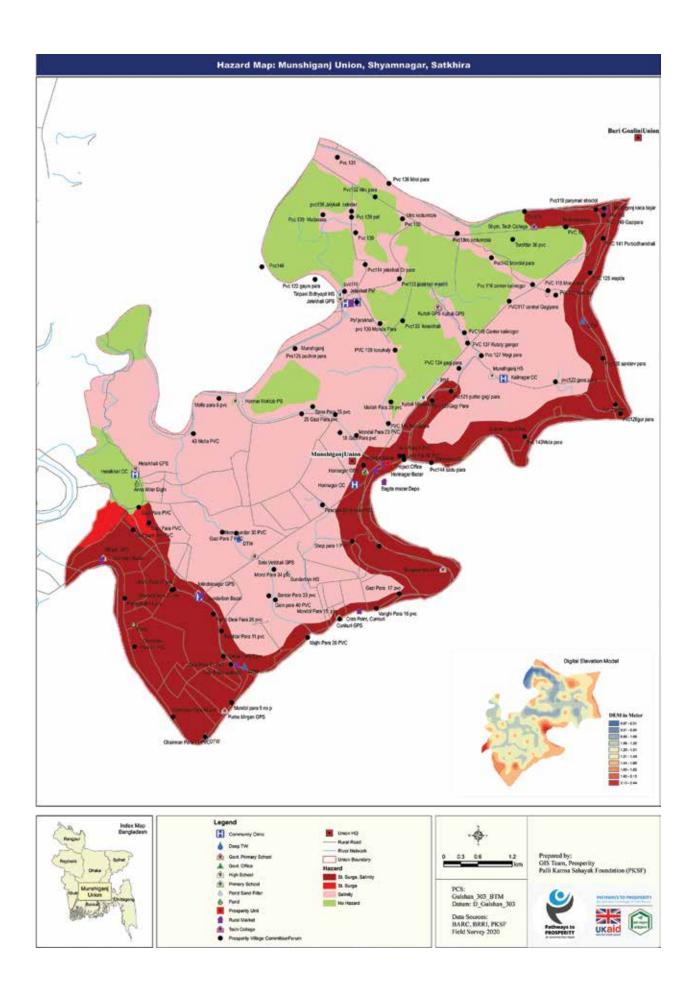


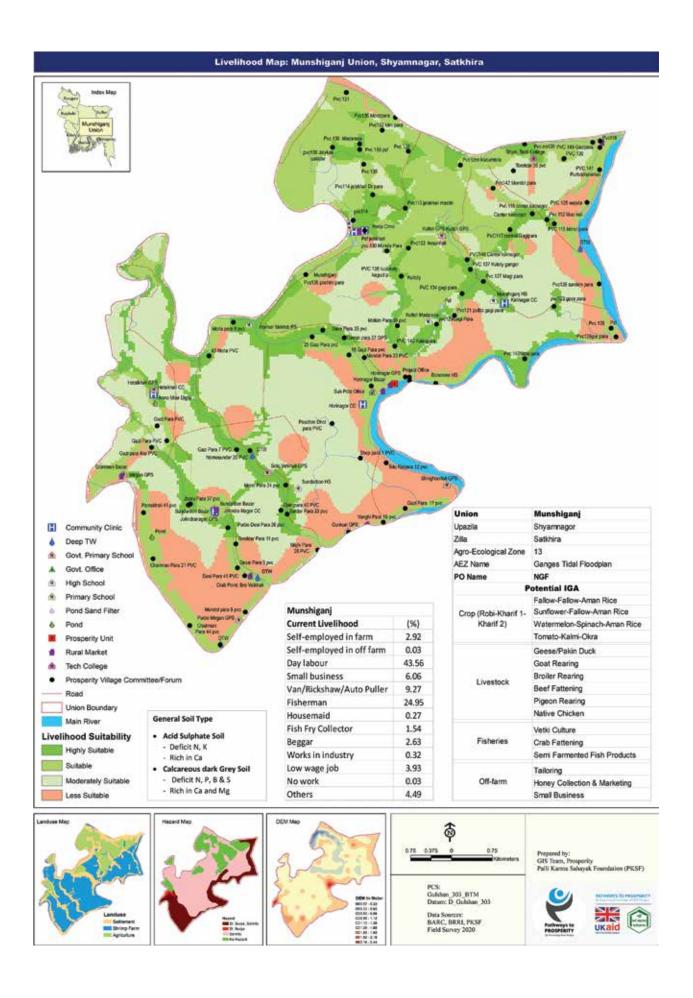


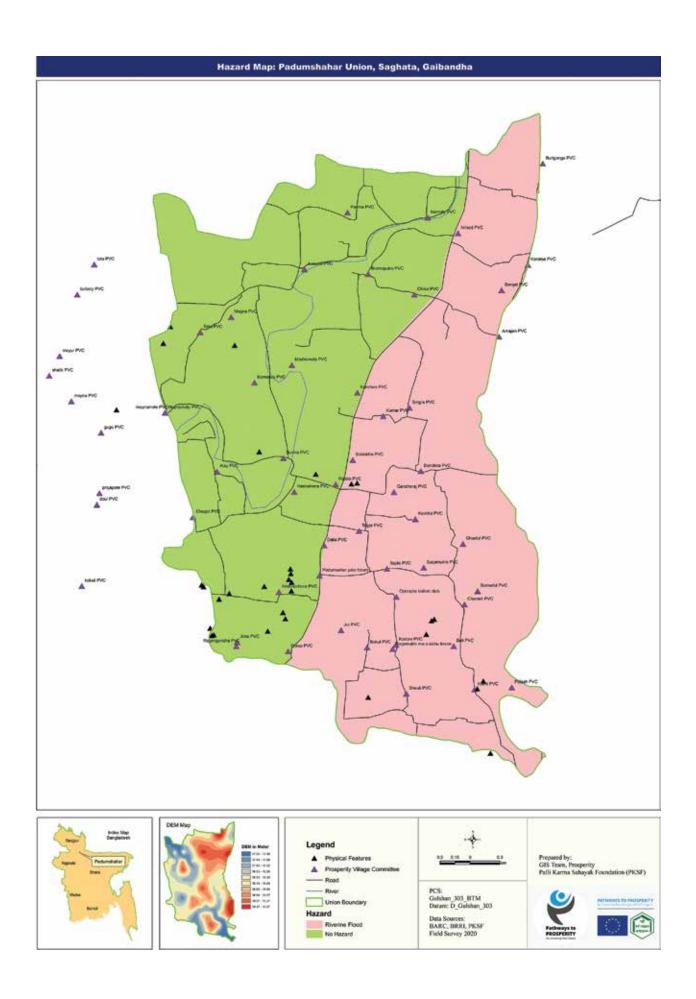


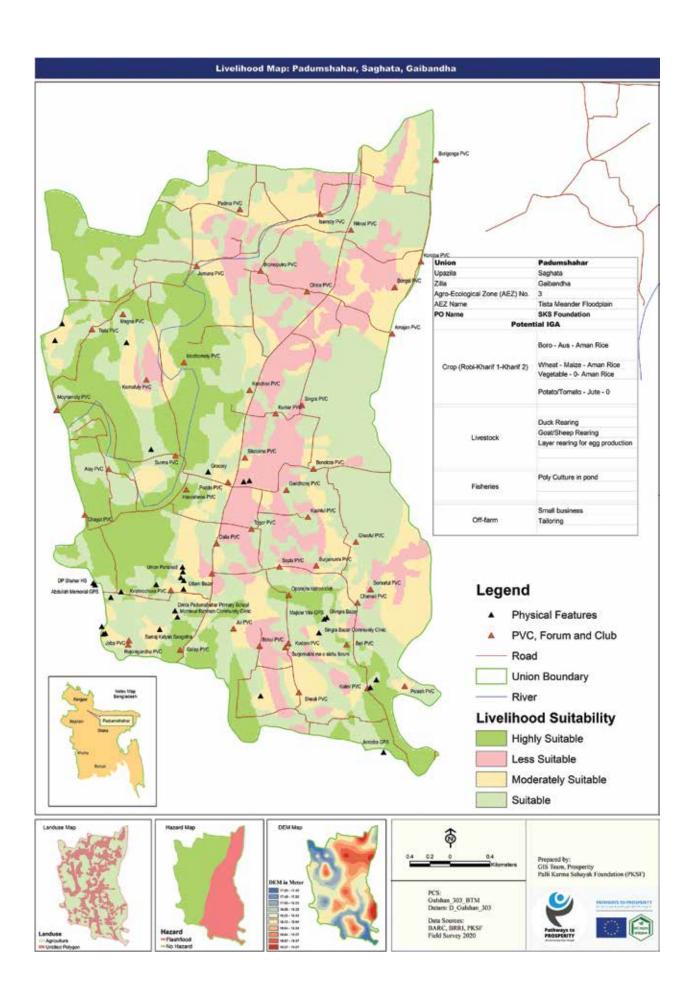


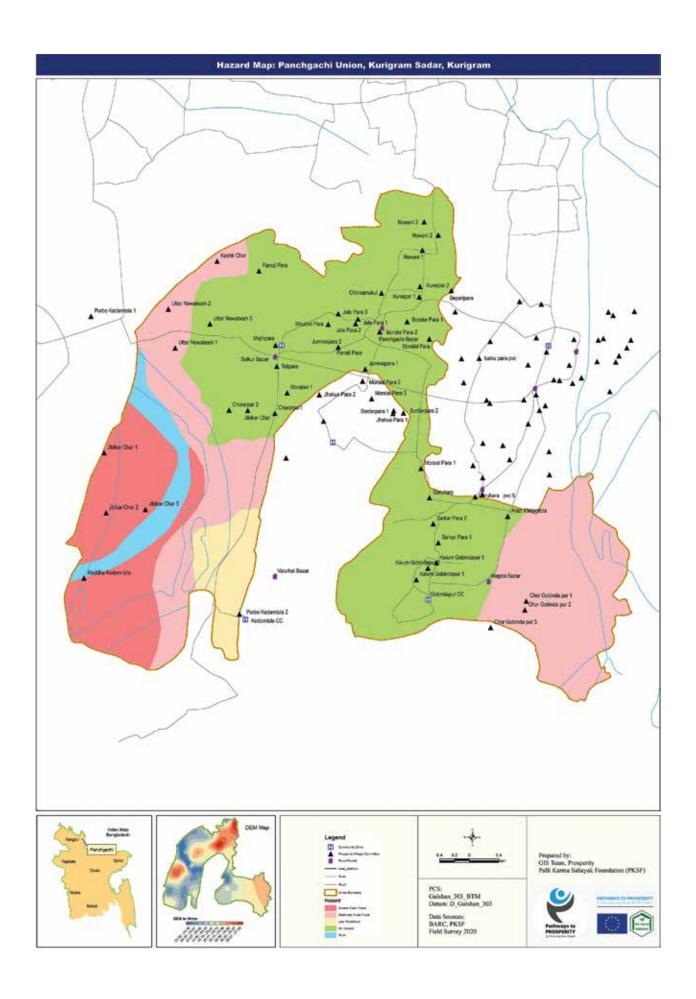


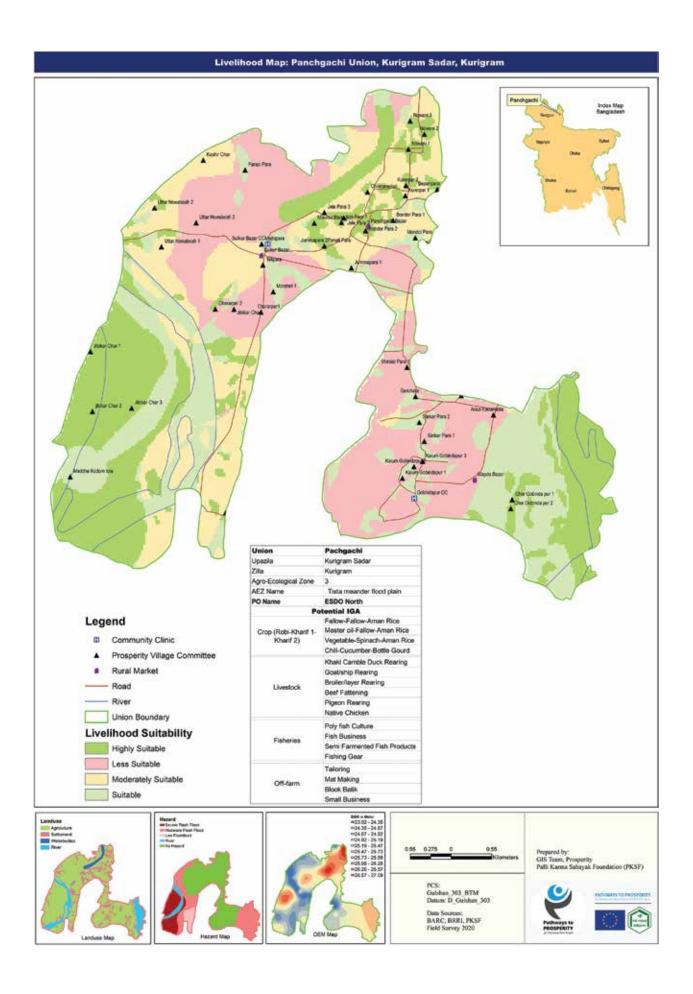


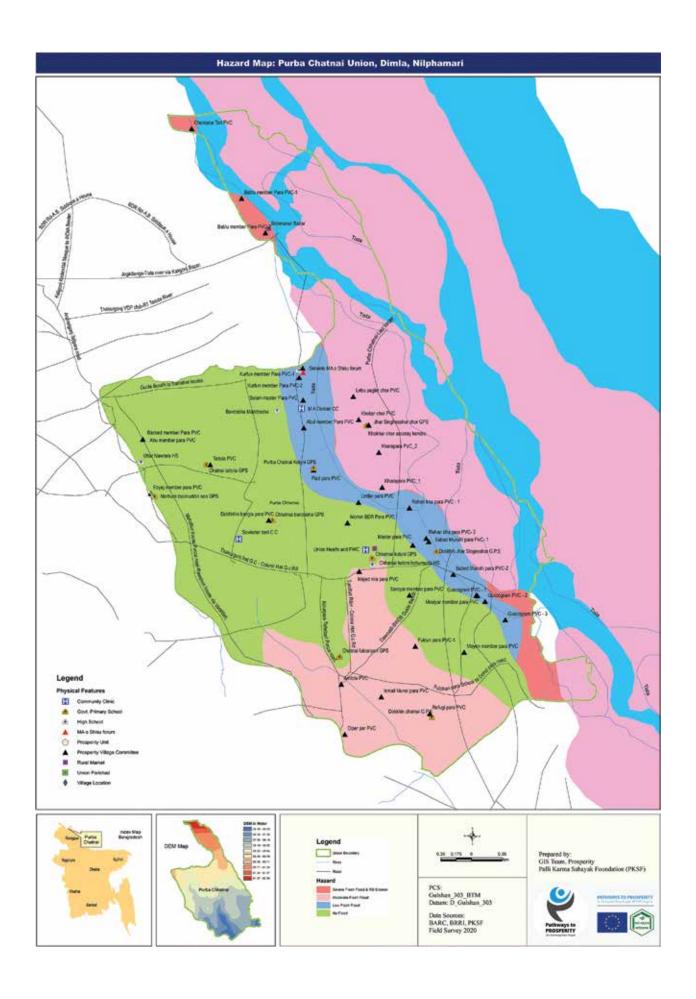


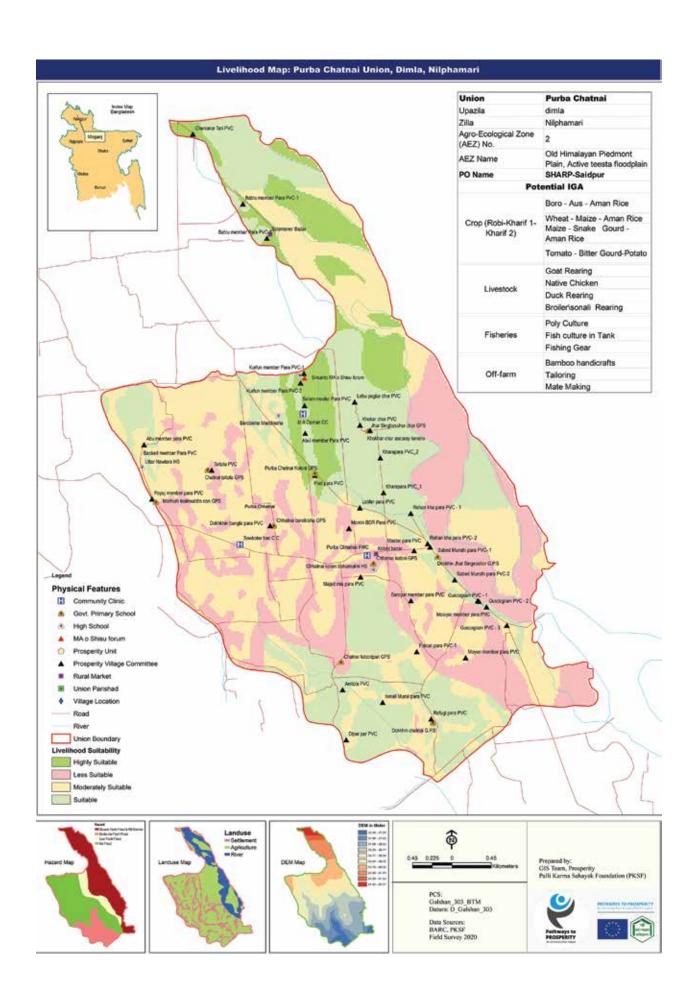


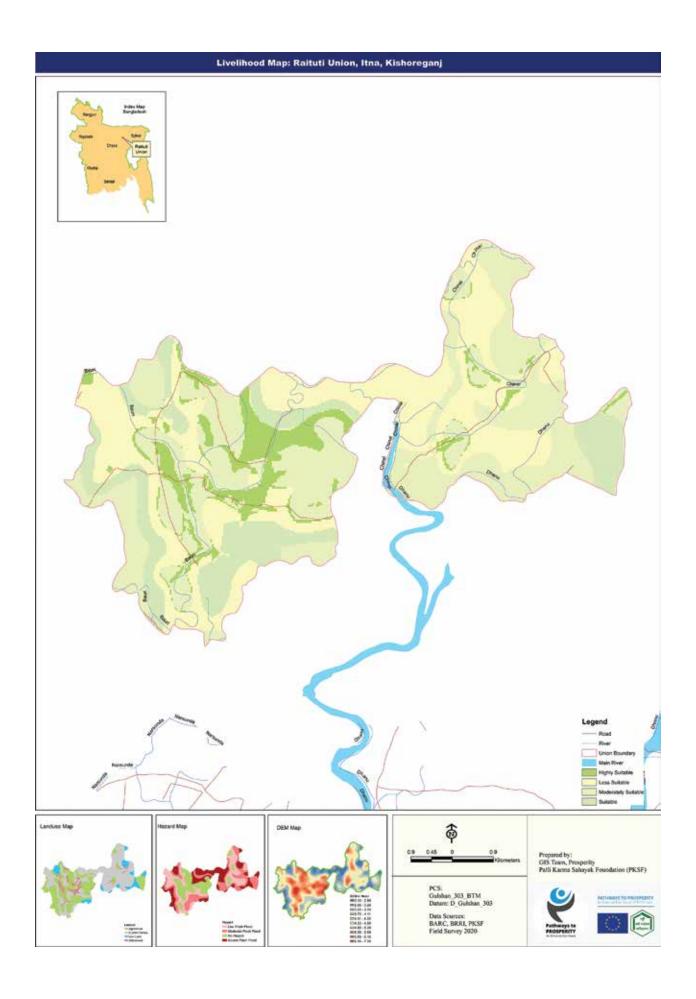


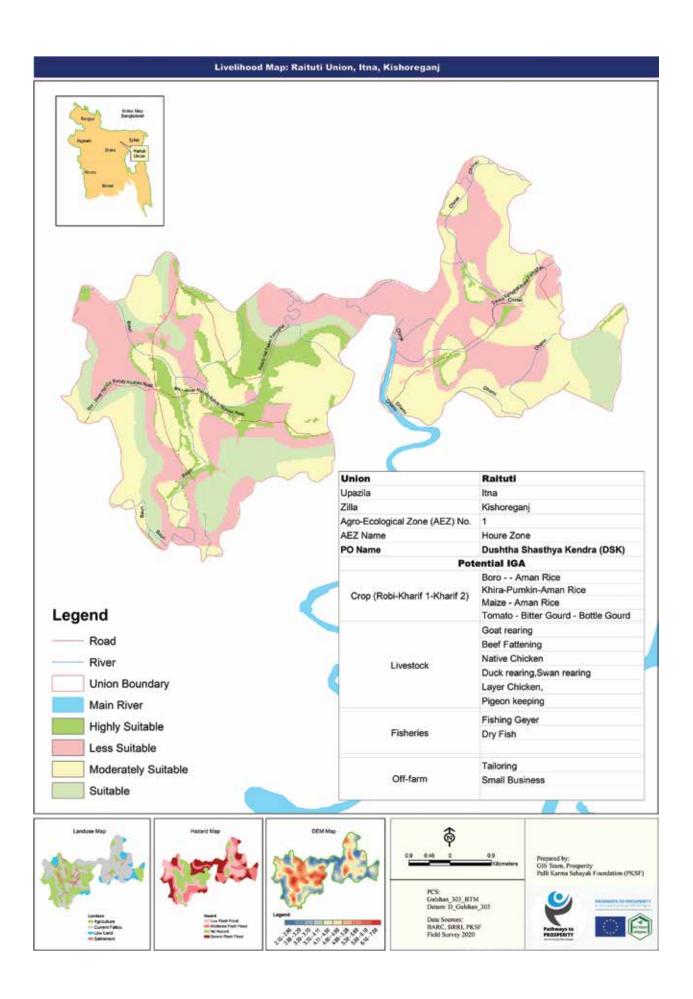


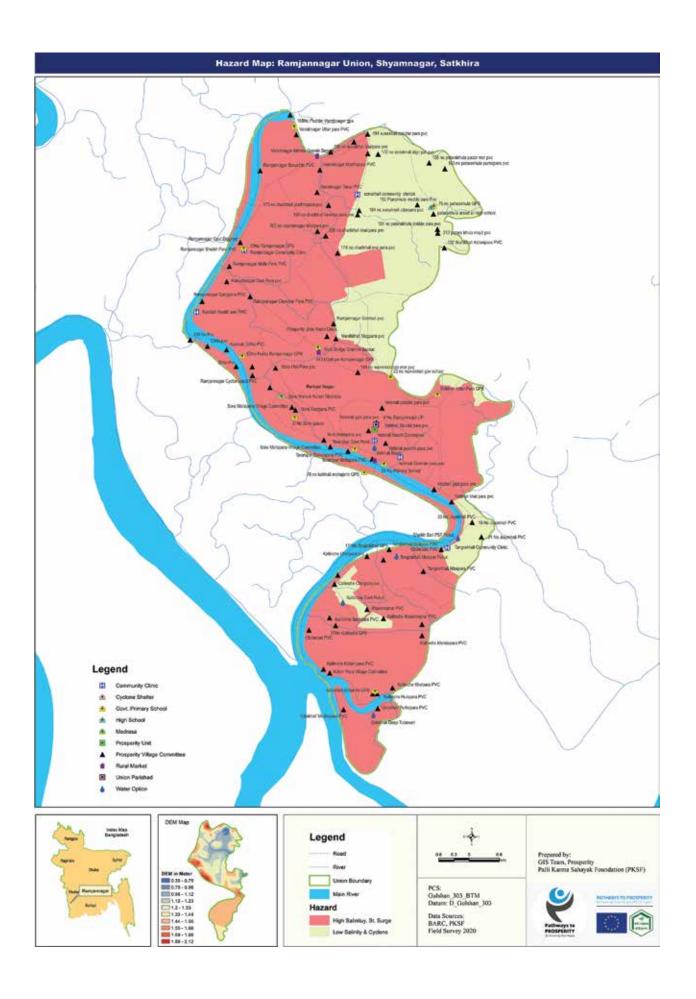


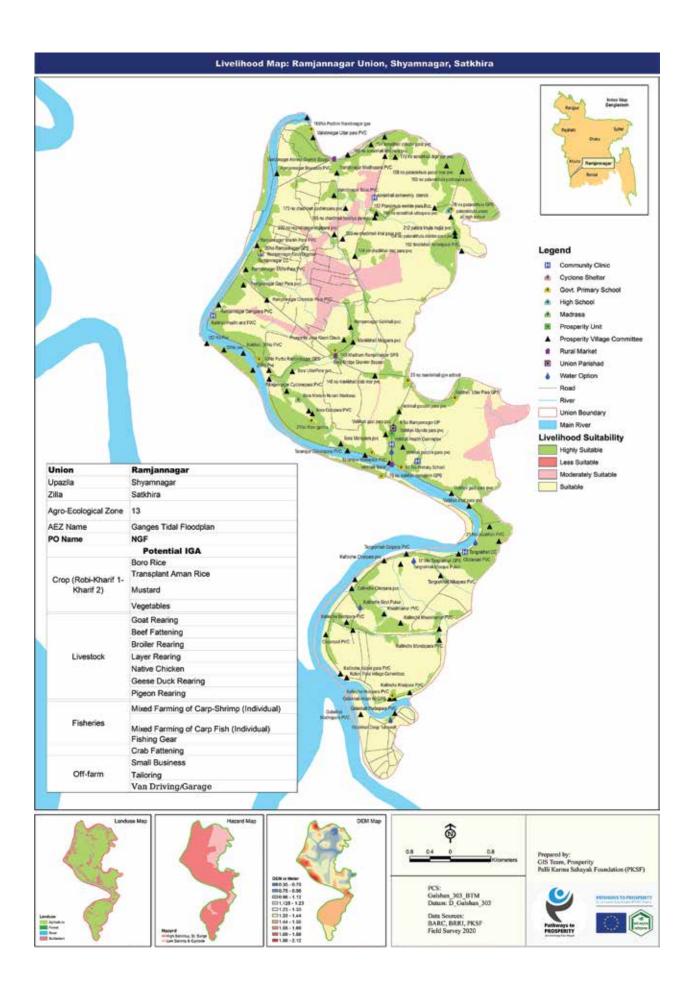


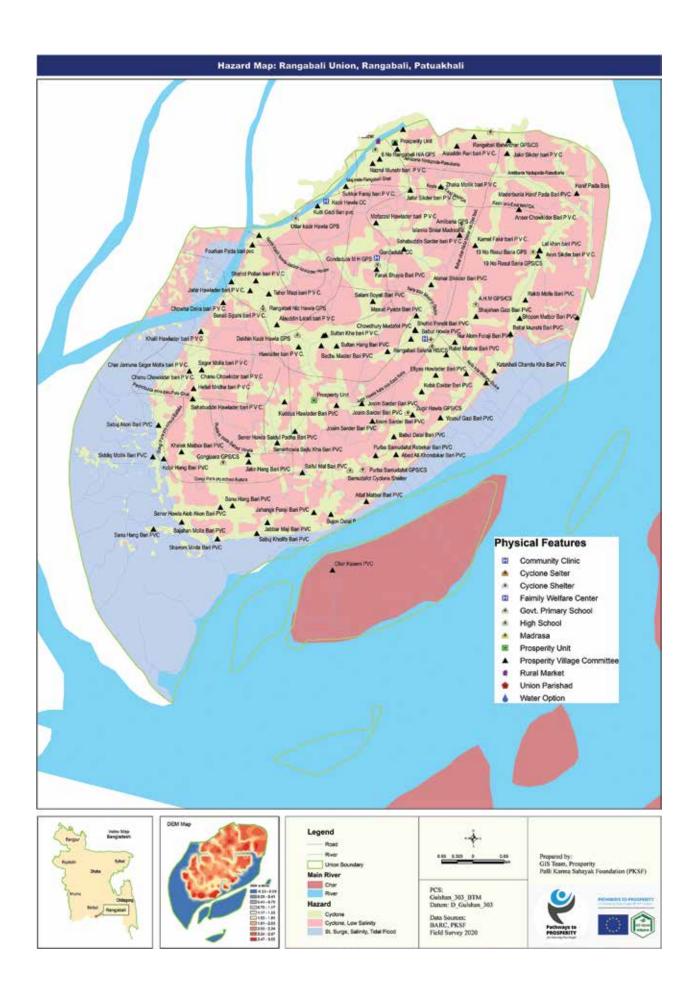


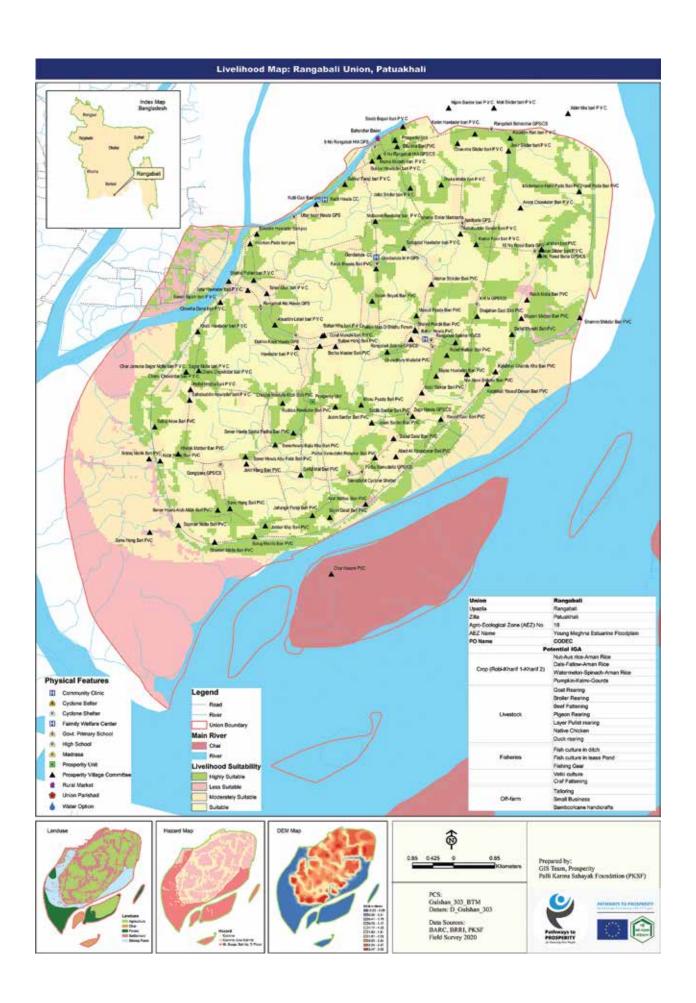


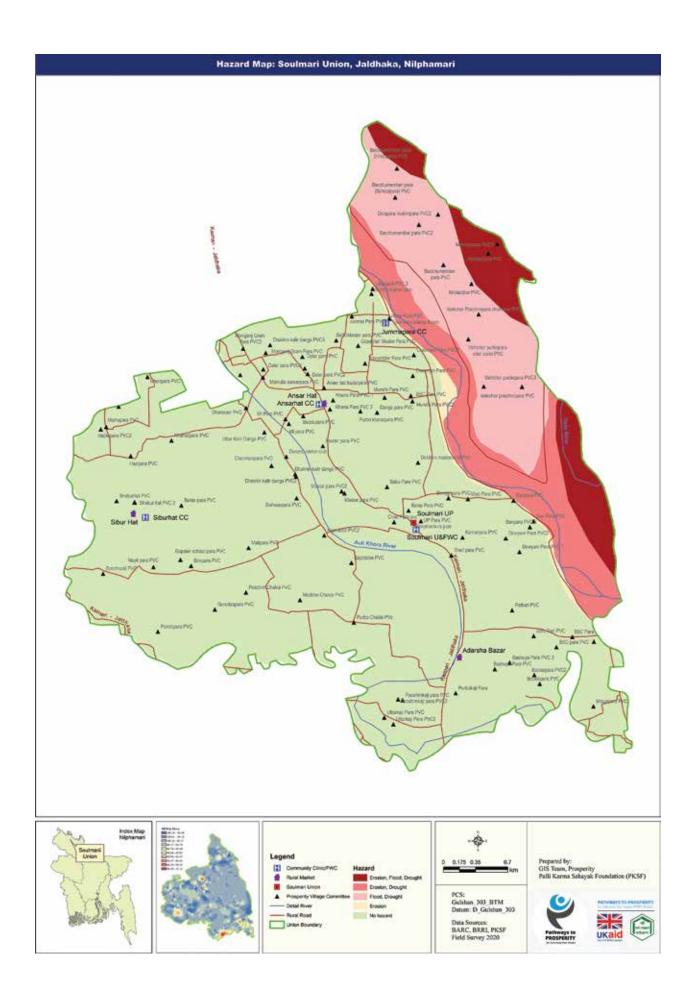


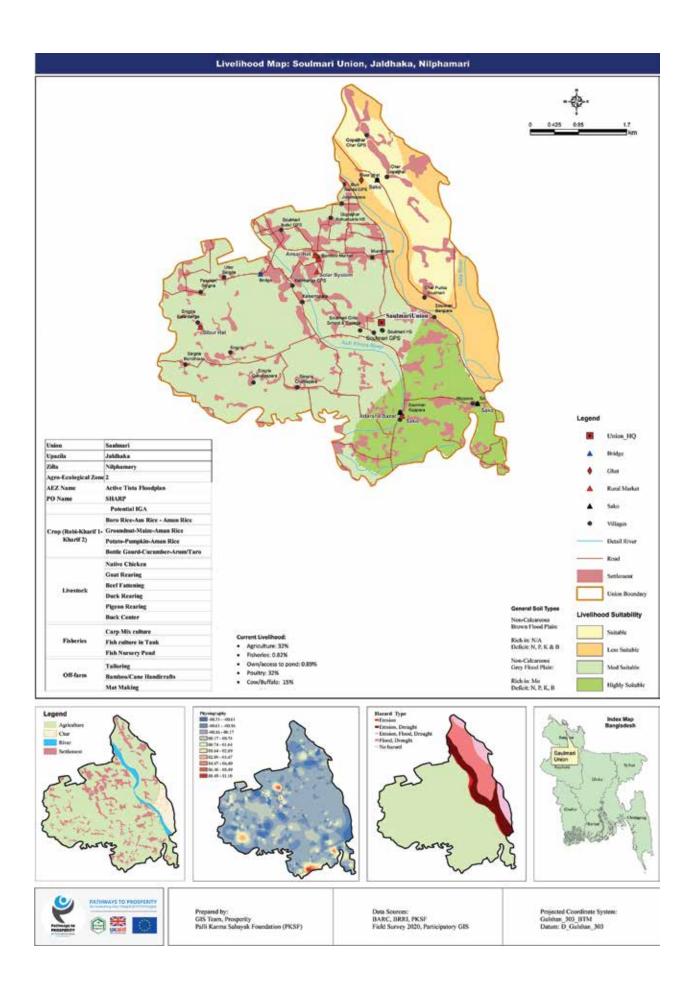


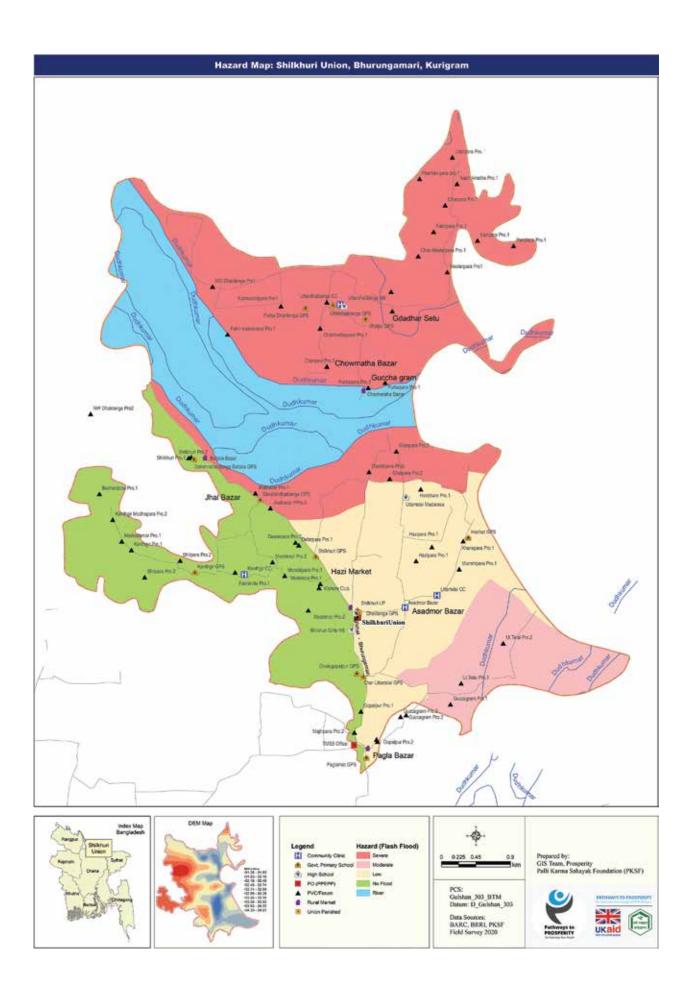


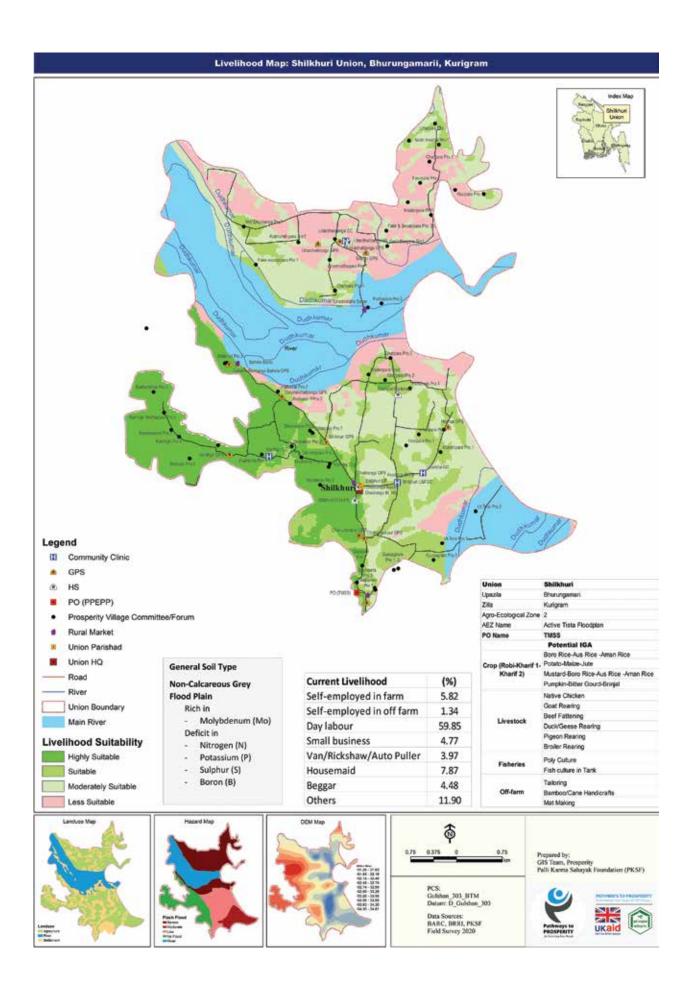


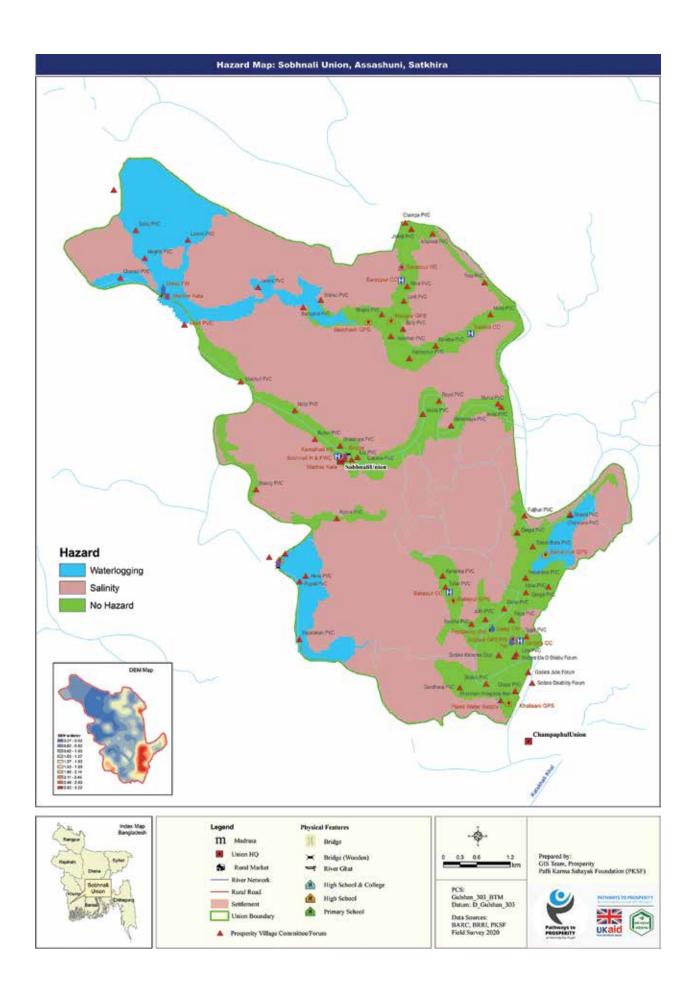


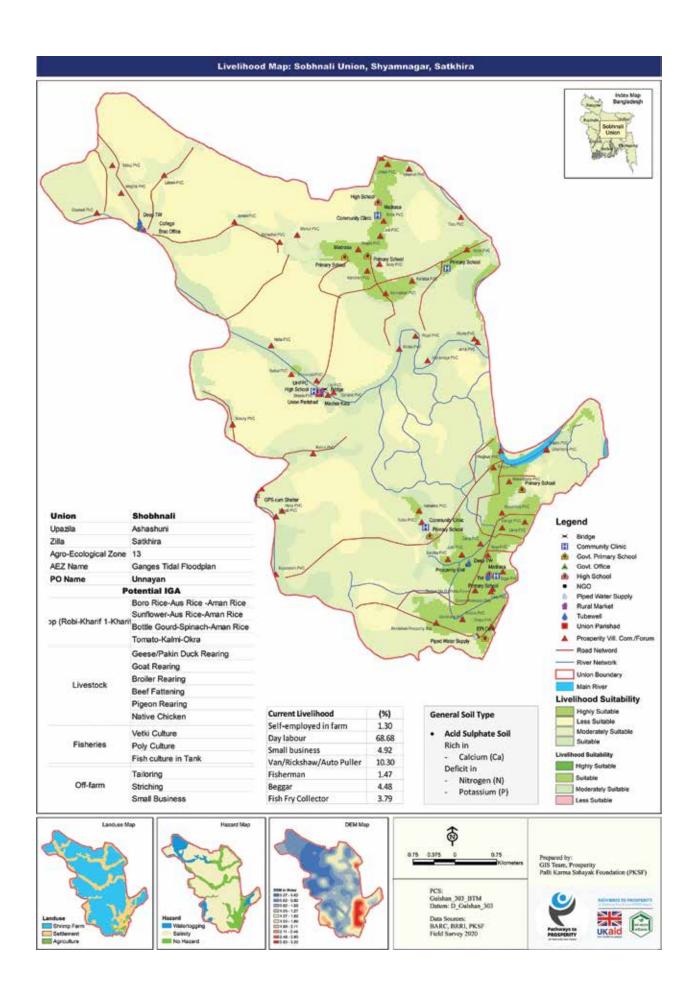


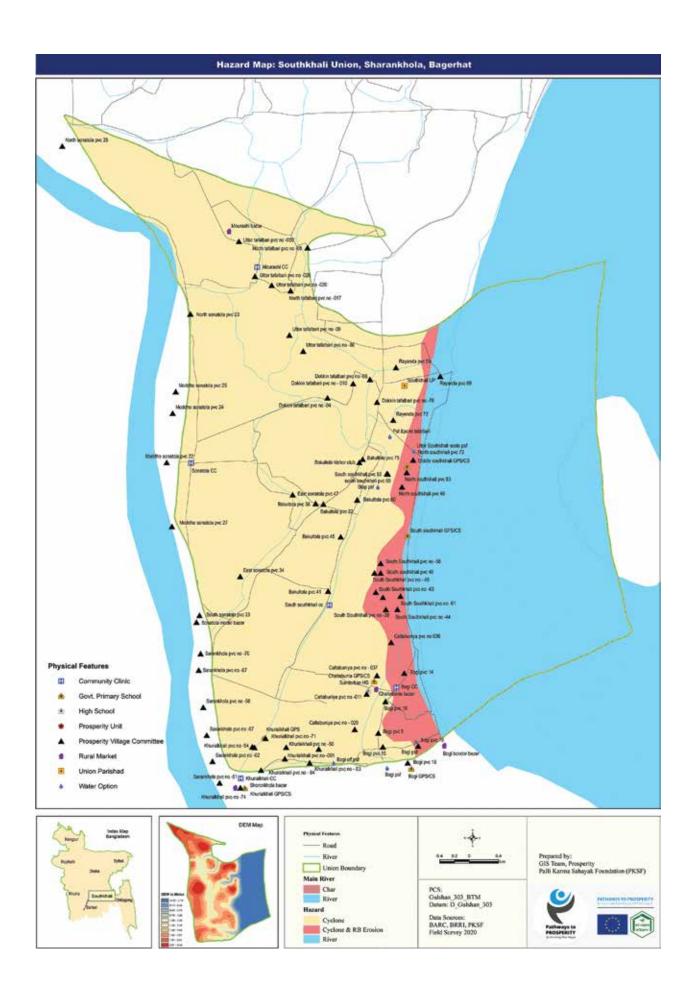




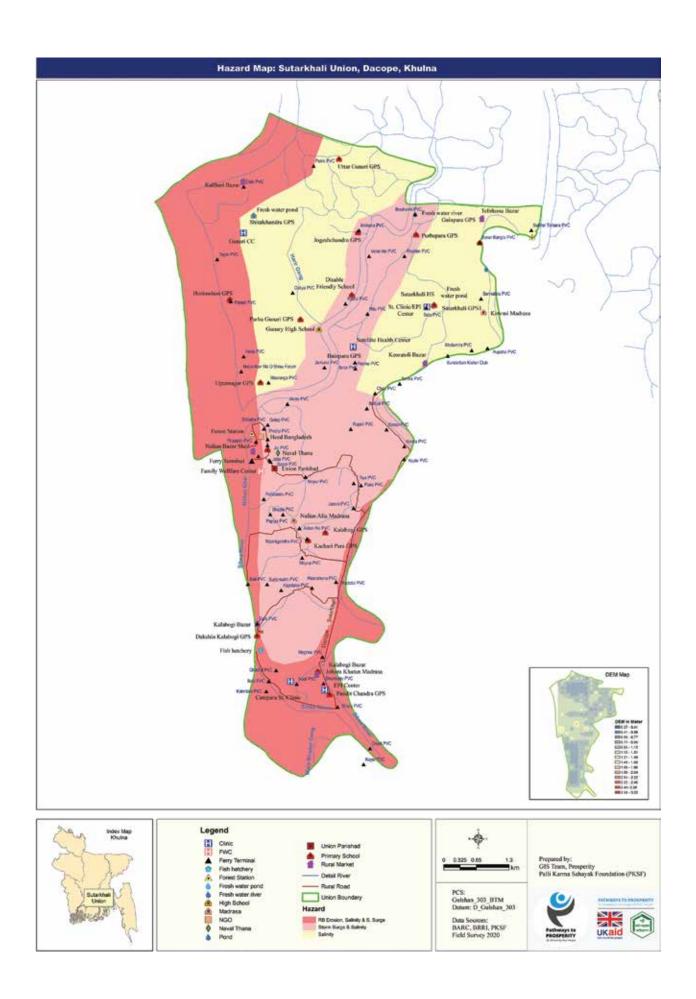


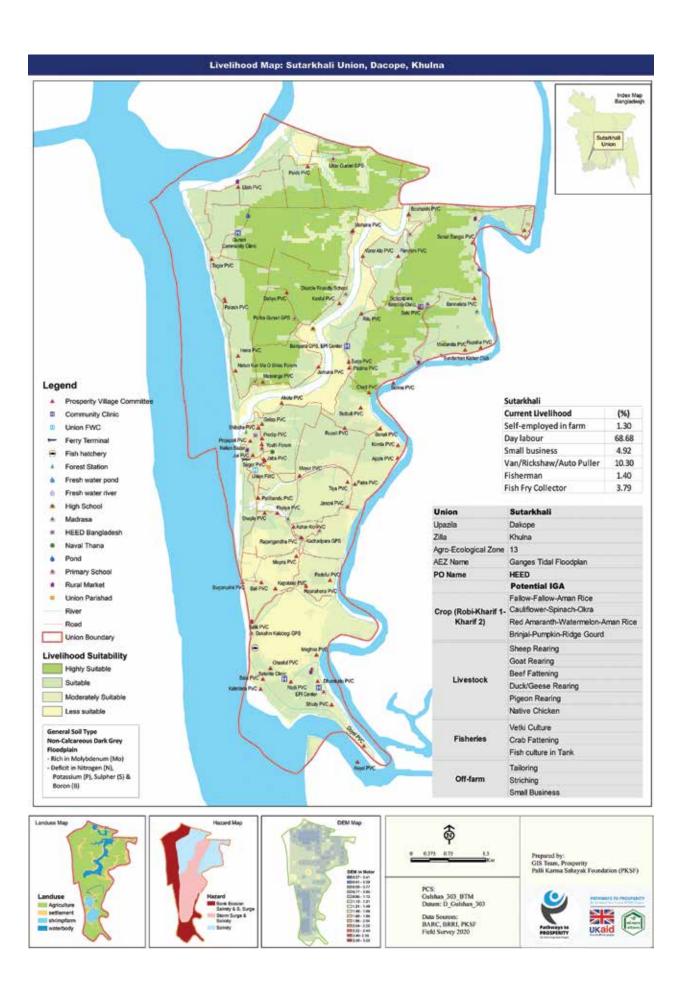














Pathways to Prosperity for Extremely Poor People (PPEPP) project

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