Ujjibito
An Initiative to Change the Life and Living of the Extreme Poor
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The outcome of this document is a shared accomplishment of the PKSF, PMU, POs, and the people participating in this project.

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Message from
Chairman, PKSF

The Bangla word উদ্ধৃতি stands for resuscitation or enlivened with spirit. Palli Karma-Sayahak Foundation’s (PKSF) specific programme under this nomenclature does assertively and comprehensively promote this spirit. And I must say that all PKSF interventions consistently bear this spirit which infuses vigour and commitment in people with whom we work to become active partners in the process of socio-economic development. So, it’s not a surprise that the concept of sustainable development about which we are very eloquent today had been within the mission in PKSF’s mission long before the sustainable development agenda was adopted by the UN, and 13 of the 17 goals of the UN Sustainable Development Goals (SDGs) are already reflected in its activities. PKSF believes in the establishment of a society which is essentially inclusive, participatory, equitable and multidimensional; the core principle being ‘no one is to be left out’. The focus, therefore, is on the human being and equitable progress of all citizens.

Funded by the European Union, PKSF’s UPP-Ujjibito was initiated toward the end of 2013. It is a 5.5-year project under one component of the ‘Food Security 2012 Bangladesh-Ujjibito’. The primary objective of this project is sustainable reduction of poverty and freedom from hunger of the extreme poor with focus on community’s involvement. Several innovative interventions like Adolescent Girls’ Clubs, Primary and Secondary School Forums, Nutrition Clusters, Disabled People’s Development Activities and Advocacy - all bearing the name of ‘Ujjibito’- work in a visible way to enact sustainable and positive transformation in the life of the common people. Ujjibito project participants have successfully resisted several incidences of child marriage, created awareness to stand against social evils. In the process, they are actively and increasingly contributing to holistic economic development having long-lasting impact.

I am pleased to know that an overall activity report of Ujjibito is going to be published recording its successes and lessons learnt, which would help carry forward this project more efficiently. I would like to take this opportunity to convey my thanks to the Government of Bangladesh for the continuous support. I also thank our development partners for their co-operation, particularly the European Union for this project. I appreciate the commitment and hard work of all PKSF personnel including the POs working in implementing this Ujjibito project. I wish this project further success in the days ahead.

Qazi Kholiuzzaman Ahmad
Message from
Managing Director, PKSF

The steady growth of PKSF’s operations over the past nearly three decades proves its determination in sustainably working for turning around the wheel of poverty and ensuring sustainable development in Bangladesh. PKSF has undertaken a number of programs and projects since 1990. With the objective of sustainably eradicating extreme poverty and hunger, PKSF, with the financial assistance from the European Union, has been implementing UPP-Ujjibito -- a component of ‘Food Security 2012 Bangladesh-Ujjibito’ -- project through 38 POs since 2013. The project, scheduled to continue till 2019, has covered 3,25,000 extreme poor and vulnerable households in 1,724 unions of 28 districts in Bangladesh. It extends financial and non-financial support for increasing income, achieving household’s nutritional security and improving asset-base as well as social empowerment. It also offers services to establish IGA clusters and vermi-compost producing villages; link up with local livestock, fisheries and agriculture offices, health services and local community clinics; provide referral services to the SAM children and special services to persons with disabilities; coordinate with local union parishads for selecting eligible families for safety-net coverage etc.

Mid-Term Evaluation (MTE) of this project found that the average income of the project participants has increased by 25% compared to the baseline status. Consequently, their expenditure also has increased by 30% during this time. Regarding food security, The MTE identified that 80% project participants have adequate food. On the other hand, only 65% project participants had adequate food during the baseline survey. The MTE also found that the average Household Dietary Diversity Score (HDDS) of the project participants is now 6.91. It was 5.7 at the baseline. Therefore, the HDDS score has increased by 1.20 in three years. This implies that project participants are consuming almost two - thirds of the food group.

I would like to express my sincere acknowledgement to all stakeholders for supporting this project and making it a success. First, the key patron of PKSF is the Government of Bangladesh. We have also received support from various multilateral and bilateral development partners, like the European Union, for this project, with the assistance of the Government. However, the true heroes of our success are our Partner Organizations (POs) and participating members spread across the country. The Chairman of PKSF and the Members of the General Body and the Governing Body have been active in providing policy directions and translating our vision into reality. We are also proud of our highly efficient and committed professional staff. I take this opportunity to extend my sincere gratitude to all of them, particularly those who are directly involved in this project.

Md. Abdul Karim
Message from
Deputy Managing Director, PKSF

PKSF addresses the entire life-cycle of human beings from infancy to old age -- Healthcare of the expecting mothers to child care in terms of health and education leading to skill development in youth and finally to the care of the aged ones. To address the abject poverty of extreme poor households, PKSF is implementing the European Union - funded ‘Food Security 2012 Bangladesh-Ujjibito’ project in 1,724 Unions of 28 districts in Barisal, Khulna, Rajshahi and Chittagong divisions. The objective of the project is to end hunger through reduction of poverty and to ensure better livelihood, basic skills development and women empowerment. The project is comprised of two components: namely Ultra Poor Programme (UPP-Ujjibito) and Rural Employment and Road Maintenance Programme (RERMP-2). Under the RERMP-2 component, participants can avail a compensation package of BDT 150 per day, of which BDT 100 is given as monthly remuneration and BDT 50 is kept as savings. At the end of the programme, every RERMP-2 member receives BDT 36,000. This amount of money substantially helps graduate a family from extreme poverty. The key focus of the other component implemented by PKSF is to build the capacity of the project participants to enhance their income generating activities and ensure food security.

Engaging the project participants in income generating activities is one of the major tasks of the project. A total of 1,14,602 ultra-poor members have already been trained successfully to secure a decent standard of living. Ujjibito intensely intervenes to ensure nutrition security to the pregnant women, lactating mothers, under-5 years old children and adolescent girls. To realize this, 1031 ‘Ujjibito Adolescent Girls’ Clubs’ have been formed to raise awareness on nutrition, personal hygiene, primary health and different social issues among the adolescent girls. These adolescent girls voluntarily work as Health and Nutrition Promoters (HNPs) in different capacities. Besides, ‘Ujjibito Secondary School Forums’, ‘Ujjibito Nutrition Corners’ in primary schools, ‘Ujjibito Nutrition Cluster/Villages’ and ‘Ujjibito Model Houses’ have also been established as part of nutrition – sensitive activities. Along with counselling and mobilization, anthropometric measurements are being conducted regularly for monitoring the nutritional status of the above-mentioned groups. Apart from the regular activities, special health camp and blood group identification campaigns are also being organized simultaneously. Presence of UPP-Ujjibito project in the national nutrition programmes like Vitamin-‘A’ plus campaign, breastfeeding week etc. is vibrant in the project areas. The project has established linkages among the government facilities such as community clinics, Upazila Health Complex, District Health Complex and channelled the services to the ultra-poor families. I hope this publication will be able to serve as a reference for the “Food Security 2012-Bangladesh Ujjibito” project.

Golam Touhid
Executive summary

‘Food Security 2012 Bangladesh – Ujjibito’ project is dedicated to raising voice, strengthening knowledge and creating opportunities for the extreme poor families in Bangladesh. It is a development initiative which is being implemented since November 2013 and will continue till April 2019. As part of the mandate for poverty and hunger eradication from the world, the project is funded by the European Union (EU). It has two components, i.e., Rural Employment Programme-2 (RERMP-2) and Ultra Poor Programme (UPP)-Ujjibito. The first one is being implemented by the Local Government Engineering Department (LGED) in the form of ‘cash for work’, and the second one by Palli Karma-Sahayak Foundation (PKSF) in the form of a set of capacity-building activities under a project titled ‘Ultra Poor Programme (UPP) – Ujjibito’.

The UPP-Ujjibito component is designed in line with PKSF’s Ultra Poor Programme which promotes access of the extreme poor households to financial services. Besides, UPP-Ujjibito provides basic knowledge and raises awareness for securing livelihood to eradicate poverty and hunger from the country. This project has a target of reaching 325,000 extreme poor families living in the poverty and vulnerability pockets of 28 districts located in the southern and the western parts of the country.

The project envisions three major outcomes, i.e., to secure a decent standard of living, to ensure health and physical well-being, and to improve empowerment and participation of the organized extreme poor families. In this regard, a package of activities is being carried out. Some of those have tangible impacts and some have intangible impacts.

Monitoring apart from the implementation of the actions, is being conducted regularly by the implementing agencies. The Project Management Units (PMUs) at LGED, PKSF and PKSF’s PO levels are duly implementing and monitoring the activities. As of June 2017, a total of 105,786 ultra-poor families received training on different agriculture and non-agriculture related income generating activities. Of them, 77,099 were UPP members and the rest 28,687 were from RERMP-2. Vegetable seeds were distributed among 858,614 household units (Since the commencement of the project, targeted households received seeds twice a year). During the same time span, 942,193 units of vaccines and de-worming tablets for Livestock were distributed among the organized families. Besides, 10,956 destitute ultra-poor families have so far received grants to start suitable income generating activities. Moreover, regular counselling on income generating activities (both farm and non-farm), health, nutrition and social issues was provided through Program Officers (Social and Technical) at the field level.
Working areas (in blue) of ‘Food Security 2012 Bangladesh – Ujjibito’ Project.
### Summary of activities as of June 2017

<table>
<thead>
<tr>
<th>Activities</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organized ultra poor members</td>
<td>312,252</td>
</tr>
<tr>
<td>Loan Outstanding (in Lac Taka)</td>
<td>29,147</td>
</tr>
<tr>
<td>Employment provided to destitute women</td>
<td>27,400</td>
</tr>
<tr>
<td>Courtyard sessions on low-cost agricultural technologies</td>
<td>224,544</td>
</tr>
<tr>
<td>Households visited for providing technical support for their IGAs</td>
<td>1,087,643</td>
</tr>
<tr>
<td>Two day agricultural training conducted for skill development</td>
<td>91,786</td>
</tr>
<tr>
<td>12-30 days-long non-agricultural training conducted</td>
<td>14,000</td>
</tr>
<tr>
<td>Three month-long vocational training held</td>
<td>795</td>
</tr>
<tr>
<td>Semi-commercial vegetable farms established</td>
<td>21,829</td>
</tr>
<tr>
<td>Vaccines and de-worming tablets distributed for livestock</td>
<td>942,193</td>
</tr>
<tr>
<td>IGA clusters and vermi-compost producer villages established</td>
<td>On-going</td>
</tr>
<tr>
<td>Linkage established with the Government service points such as Upazila livestock, fisheries and agriculture offices</td>
<td>On-going</td>
</tr>
<tr>
<td>Critical minimum support extended for the most vulnerable members</td>
<td>10,956</td>
</tr>
<tr>
<td>Adarsha (Model) Ujjibito Bari (House) established</td>
<td>357</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courtyard sessions conducted on health, hygiene and nutrition</td>
<td>281,222</td>
</tr>
<tr>
<td>Anthropometric measurement and growth monitoring (24-59 months children) undertaken</td>
<td>159,534</td>
</tr>
<tr>
<td>1000-day intensive healthcare services for mother and child provided</td>
<td>360,415</td>
</tr>
<tr>
<td>Vegetable seeds distributed for homestead vegetable gardening</td>
<td>858,614</td>
</tr>
<tr>
<td>Ujjibito Pusti Gram (Nutrition village) established</td>
<td>370</td>
</tr>
</tbody>
</table>

100,000 participating women and their families have the means to enjoy a decent standard of living

Counselling/awareness building on practical nutrition, homestead vegetable production, and hygiene for 325,000 extreme poor families
<table>
<thead>
<tr>
<th>Activities</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral services provided to the SAM children</td>
<td>4,430</td>
</tr>
<tr>
<td>Ujjibito Kishori (Adolescent) club established for raising awareness</td>
<td>916</td>
</tr>
<tr>
<td>Special services provided to the Persons with Disabilities (PWDs)</td>
<td>3,708</td>
</tr>
<tr>
<td>Ujjibito Primary School Forum and Nutrition Corners set up</td>
<td>592</td>
</tr>
<tr>
<td>Ujjibito Secondary School Forums created</td>
<td>648</td>
</tr>
<tr>
<td>Linkages established with Upazila health services and local community clinics</td>
<td>On-going</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courtyard sessions on wide range of social issues conducted</td>
<td>281,222</td>
</tr>
<tr>
<td>Coordination with Local Union Parishads (councils) for selecting eligible families for safety-net and other designated services</td>
<td>On-going</td>
</tr>
<tr>
<td>Pupils brought back to primary school</td>
<td>2,237</td>
</tr>
<tr>
<td>Financial support provided to help in family crises</td>
<td>655</td>
</tr>
<tr>
<td>Community events organized to raise awareness</td>
<td>399</td>
</tr>
</tbody>
</table>

This project expects three results:

**Result 1**

100,000 women project participants and their families have the means to enjoy a decent standard of living.

**Result 2**

Health and physical wellbeing of 325,000 participating women and their families is significantly and sustainably enhanced.

**Result 3**

325,000 women project participants and their family members have improved empowerment and participation in society.
Result 1: 100,000 women project participants and their families have the means to enjoy a decent standard of living.

**Group Formation**
Organize ultra poor members

**Capacity Building**
- Agriculture training for skills
- Give 12-30 days long agriculture training
- Deliver 3-month vocational training

**Technical Service & Linkage**
- Arrange courtyard session on low-cost agriculture technologies
- Visit house to house for specific agriculture technical advice
- Provide vaccine and de-worming tablets for livestock
- Link with the government service points

**Appropriate Financial Services**
- Flexible credit
- Voluntary savings
- Risk fund

**Social Protection**
- Provide employment for destitude women
- Extend critical minimum support for the most vulnerable members

**Demonstration**
- Establish semi-commercial vegetable farms
- Establish IGA clusters and vermi-compost producers
- Set up Adarsha (Model) and Ujjibito Bari (House)
It is evident that the rural vulnerable people do not have the access to and availability of adequate means of livelihood. They suffer on different frontiers for generations. Their vulnerabilities include food vulnerability, economic vulnerability, social and socio-political vulnerabilities. They are deprived of the basic needs and remain trapped in the state as long as they fail to accumulate the required means for a better life. With this in mind, different activities are designed throughout the project period. The activities will enable the participants to secure a better life. Capacity building and skill development schemes are the most significant interventions that are likely to increase the family income and pave the way for exploiting the available opportunities and resources. A decent standard of living must encompass nutrition and food security, access to and availability of nutritious and adequate food, clothing, housing, health and hygiene/healthcare and education. By securing these basics, vicious cycle of poverty and hunger can be addressed.

In order to achieve the intended first result of the project, which is to secure a decent living for 100,000 women-headed households, a number of actions are being implemented. It is very important to understand the timing of the actions as well. The project was initiated in November 2013. Some initial activities such as enrolling the participants, mobilising them and profiling the households were completed in the first quadrate of the implementation period. The following activities are now being implemented to achieve Result-1 on a regular basis:

1. Organizing ultra poor
2. Employment for destitute women
3. Financial inclusion
4. Courtyard sessions on Agri-Technologies
5. Visting households for technical support
6. Agricultural training
7. Non-agricultural training
8. Vocational training
9. Semi-commercial vegetable farms
10. Vaccines and De-worming tablets distribution
11. Establishing IGA clusters
12. Linking members with Government service
13. Extending critical minimum support
14. Ujjibito model house
Organizing the ultra-poor

This project includes two types of members, i.e. UPP members and RERMP-2 members. Participants of the project are organized in groups, each comprising 15 members on an average. As of June 2017, a total of 22,075 groups consisting of 312,252 individuals members from as many households, were organized under the UPP Programme. Among them, 2,740 groups (1,370 groups in each phase) comprising a total of 27,400 RERMP-2 members were organized in the two phases.

Employment for destitute women

The Rural Employment and Road Maintenance Programme-2 of LGED engages 13,700 extreme poor members for 2 years (in two phases). Remuneration for the work is BDT 150 per day for two years, out of which BDT 50 per day is mandatorily saved and provided (i.e., 50 X 30 X 24 = BDT 36,000) as savings at a time to the participants at the end of each phase. With BDT 100 of the daily remuneration, BDT 3,000 (i.e., 100 X 30 = BDT 3,000) is paid monthly for supporting their typical expenses. It is expected that an extreme poor family can invest this lump sum savings in productive activities which will generate continuous income for their families.
Financial inclusion

Access to appropriate finance enables the extreme poor families to move out from poverty trap. This project has promoted financial inclusion opportunity for the extreme poor families with the existing loan program of partner organizations. Different financial services including flexible credit, deposit schemes and insurance schemes are being offered. Appropriate loan with flexible terms and conditions is critical for the extreme poor to start new businesses or to extend the existing ones. Up to June 2017, the project has disbursed BDT 10535.53 million to ultra poor members. The current loan outstanding to the ultra poor members is BDT 2914.65 million. Apart from flexible credit, different types of savings schemes such as mandatory, voluntary and term savings are also being offered to the ultra poor members. Ultra poor members can withdraw their savings as and when necessary. Credit life insurance is also included in the financial services. Till June 2017, a total of BDT 1300.4 million has been deposited by the ultra poor members.
Courtyard sessions on agri-technologies

Continuous efforts always boost the pace of achievement. In relation to this, a regular activity is undertaken to ensure that the participants retain the tendency to secure a better living for themselves. In courtyard sessions, Program Officers (Technical) discuss different ways and means to eradicating poverty and hunger from the society. The Officers are trained mostly in farming and entrepreneurial skills. As most of the rural households are still dependent on agriculture, it is very much possible to equip the farmers and others with appropriate technologies to ensure better harvest. The courtyard sessions are conducted regularly at specific intervals. At the same time, the subject matter of the discussion/counselling rotates with the needs of the group members. As of June 2017, a total of 224,544 courtyard sessions have been conducted since the beginning of the project.

Progress of courtyard sessions on low-cost agriculture technologies

- June 2014: 31,699
- June 2015: 70,694
- June 2016: 138,806
- June 2017: 224,544
Visiting households for technical support

Besides conducting the group counselling sessions, the officials also visit households individually. It is a very effective measure to secure the needs of the poor. Programme Officers (Technical) visit at least 10 households every day. They generally look for their hurdles and provide technical knowledge on how to overcome those. The prime concern for the Programme Officers is to capacitate the households to enhance their income and thus eradicate poverty and hunger. From the commencement of the project to June 2017, a total of 1,087,643 households (a targeted household may be visited several times a year) were visited for providing technical support, mainly in the form of advice on how they could better manage their IGAs for better returns. During these household visits, they also assess the training needs of the participants and later include them in relevant training sessions.
Agricultural training

Skill development initiatives make sustainable impacts in the lives of the participants. A number of skill development training modules have been designed for participants with a view to enhancing skills, creating alternative livelihood options and increasing resilience to their vulnerabilities. Dependant on agricultural production, rural households lag behind financially. Many of them cannot produce at their maximum potential. As a result, they can barely meet their own family needs. Enhancing their knowledge and capacitating them can secure more production for them as well as the economy in general. They can sell the excess produce after meeting their own needs. The agricultural productions range from crop/vegetable cultivation to livestock rearing. As of June 2017, a total of 91,786 families received the 2-day training. On specific production or farming technologies in various batches, each consisting 25 participants. These training trades include homestead vegetable and crop cultivation, goat/lamb rearing in slatted sheds, cow rearing, beef fattening, crab fattening, semi-commercial vegetable/ crop cultivation. It is noteworthy that proper agricultural management can enhance the quality as well as the quantity of the production. A better production thus boosts income and secures adequate food and nutrition for the households concerned.
Non-agricultural training

Ultra-poor people have multiple vulnerabilities and insecurities. Defending them from those vulnerabilities requires capacity development of the participants. Keeping this in mind, multiple skills and capacity building training are provided. Besides agricultural training, non-agricultural skill training is also provided. Non-agricultural training trades include tailoring, bamboo and cane product manufacturing, stitching and making handicrafts. The trainings is conducted in batches, 25 participants in each, for 12-30 days. The non-agricultural training is more intensive than the agricultural one. Many participants utilised these trainings efficiently. By June 2017, a total of 14,000 participants received non-agricultural training.
Vocational training

Those who are more vulnerable need more tools and skills training. A total of 1000 participants are to be trained to gain the appropriate skills for entering into the job market. Generally, unemployed young members of the participating families are selected for this 3-month training to support their families in the long run. The training trades include basic courses on motorcycle repairing, electrical and house wiring, mobile phone servicing and motor vehicle driving. As of June 2017, a total of 795 young members completed the technical training from different vocational training institutes. Preliminary assessment finds that more than 70% of them are now in jobs related to their skills acquired from the training.
Semi-commercial vegetable farms

Semi-commercial vegetable production is meant for farmers to meet their nutrition needs and secure additional income. The project supports interested participants with high quality seeds and technical services in order to increase crop production. Based on the nature of an agro-ecological zone, the cropping pattern varies. At present, different crops such as sweet gourd, bottle gourd, white gourd, spinach, red amaranth, white amaranth, cucumber, brinjal and okra are being produced in semi-commercial vegetable farms. From November 2013 to June 2017, a total of 21,829 semi-commercial vegetables farms were established with vegetable seeds provided from the project.

Progress of establishment of semi-comercial vegetable farms

- June 2014: 2,352
- June 2015: 9,556
- June 2016: 16,627
- June 2017: 21,829
Vaccines and de-worming tablet distribution

Poor villagers are often susceptible to losing domestic animals to various diseases. Animals are important assets to them. Some families meet their critical needs by selling animals. Even, people bear daily expenses, wedding expenses and medical expenses by selling their cows, bulls, buffaloes or goats. So, animals belonging to the project participants are regularly vaccinated and de-wormed. Cattle suffer from worm attacks, which affect their growth and productivity and thus an asset becomes a burden. De-worming medicines are provided in this connection. Serious diseases of goat and poultry are being prevented with PPR, RDV, BCRDV vaccines. So far, 942,193 birds and animals have been vaccinated and de-wormed with the active support from the local Govt livestock officials.
Establishing IGA clusters

The objective of establishing IGA clusters is to promote technology-based IGAs in closed vicinity for extending their access to market. The project promotes those technologies which have already been disseminated through project interventions. Besides, it brings financial benefits to the participants. Primarily, for an example, some vermi-compost villages have been established where a minimum of 10 members of ultra-poor families are involved in producing vermi-compost. It is expected that adding forward and backward linkage support with these initiatives may generate further employment for the local people.

Linking members with Government services

It has been observed that an initiative linked with relevant support services yields better results. The UPP-Ujjibito component deals with disadvantaged groups of people who usually are not aware of the Government service points such as the local livestock, fisheries and agriculture offices. Sometimes, they have limited access to these service points due to socio-political obstacles prevailing in the project area. Hence, some arrangements with public services, mainly related to agricultural and livestock development, have been made and maintained throughout the implementation tenure. Generally, officials of different Government
service points, such as from Upazila livestock, fisheries and agriculture offices, are invited to conduct training sessions, attend group meetings, and facilitate the delivery of government services at the user level. Besides, the project conducts advocacy services for the project participants so that they can be included in the Government lists and easily avail required services from the nearby government service points.

Extending critical minimum support

Sometimes, productive assets contribute to poverty reduction of the ultra poor families. Asset transfer is thus the most powerful tool for this graduation. Different asset transfer mechanisms based on the participants’ needs have been designed. The asset transfers are designed in a way that uses their existing capacities and skills, which thereby creates enhanced earning opportunities for the households. Asset transfer was found to be very contributory in vermi-compost production, goat rearing, lamb rearing, beef fattening, cow rearing, poultry rearing, small business etc. In some cases, small grants were also provided to participants for promoting new technologies or interventions. As of June 2017, 10,956 ultra-poor families received grants from the project. The grant amounts range from BDT 500 to BDT 8000.
Model Ujjibito House

Diversification of income generating activities (IGAs) reduces the vulnerability of the people. Model Ujjibito Houses have been designed to be individual units of multiple sources of income. It must have at least 5 productive IGAs, for example, a vermi-compost production plant, a homestead vegetable garden, a chicken/duck/quail farm, a cow rearing/beef fattening or any other IGA which provides immediate income to the family. Besides, it must have a sanitary latrine and a number of trees around the household. The project encourages owners of Model Ujjibito House to achieve more features to the existing set-up. Most of the houses have vegetables, herbs and shrubs planted around. Where possible, they also have a fish-farming pond, different sheds for cows and poultries, even a small house for pigeons. The project has established 357 Model Ujjibito Houses by June 2017.
Lessons Learned

Results based on the evidences can be noted for the activities of the project though it is very difficult to comment in general at this stage without a systematic evaluation. However, there are some outcomes that can be outlined from the first three years of the project implementation. These outcomes are also helpful for expediting the process of project implementation to achieve the project’s objectives more efficiently. The lessons learned are listed below.

- Selection of appropriate IGAs for ultra-poor families is very important and it should be prioritised as a crucial step for graduating participants from poverty.
- Appropriately selected participants effectively utilised their skills gained from training.
- Many families successfully established multiple sources of income due to project interventions.
- Families are now more interested to utilise their homesteads for vegetable gardening.
- The majority of RERMP-2 members enrolled in the first phase started their own income generating activities.
- Youths of extreme poor families received vocational training and engaged themselves in full time wage employment.
- Many project participants accessed services from different Government offices, such as agriculture and livestock departments.
- More than 50% of the project participants have access to loans and more than 80% of them save regularly.
- More than 60% of the targeted families increased their income with support from the project.
Ensuring health and physical wellbeing is as important as securing a better livelihood for the poor and disadvantaged people. The effort of UPP-Ujjibito is to be reflected through enhanced health and physical wellbeing of the project participants. Livelihood options and physical wellbeing go hand to hand. While better livelihood promotes improved health and physical wellbeing of the people, wellbeing increases their capacity to exploit livelihood options. Thus, all the participants are targeted under this result so that no one falls behind and they all live a healthy life.

The components under the health and physical wellbeing include nutrition security of the ultra-poor at the right point of time in their lives. Better health is an accumulation of appropriate diet and prevention of health hazards. Both are being taken care of through different interventions. Primary healthcare, nutrition-specific interventions and nutrition-sensitive interventions have been taken up to combat food insecurity, malnutrition and poor health.

Nutrition-specific interventions include regular counselling on Infant and Young Child Feeding (IYCF); consumption of locally available nutrient-rich food during pregnancy, feeding practices for
lactating women and adolescent girls; screening the malnourished children aged below 5 years, pregnant and lactating women; referral for SAM 27 children; regular anthropometric measurement of children, pregnant and lactating women; hygiene and hand washing with soap before eating/preparing food, before feeding a child and after defecation.

Nutrition-sensitive interventions focus on the improvement of food security and nutritional status of the ultra poor families. These interventions include distributing vegetable seeds to establish homestead and semi-commercial vegetable gardens, vaccinating and deworming livestock, and contributing to the establishment of suitable income generating activities for the most vulnerable families. With a view to introducing demonstration effects to the communities, UPP-Ujjibito project inspires members to establish model farms. Besides, the project mobilizes the group activities to create an enabling environment for gender equality and organizes different events i.e. observance of special days, health and blood grouping camps for empowering women etc. These efforts ultimately address latent factors of food security and nutritional dimension of the poverty, gender equality and women empowerment.

However, this project particularly focuses on raising awareness on nutrition and primary healthcare. In many cases, people are not aware of the requirements of nutritious food. Nutritious food does not necessarily have to be the expensive ones, as we often misunderstand. The members are informed about the cheaper sources of the required nutrition. For example, specific diet charts with nutrition have been shared. Through direct counselling by the Programme Officer (Social), the participants receive knowledge on the nutritious food, diseases and the remedies. Different groups and forums have already been formed engaging young girls, women, pregnant and lactating mothers, and school-going children. They participate in events such as group sessions, competitions, games, and discussions.

Activities particularly implemented to achieve Result-2

1. Conducting courtyard sessions on health, hygiene and nutrition
2. Taking anthropometric measurement and growth monitoring (24-59 months old children)
3. Extending 1,000 days intensive healthcare services for mothers and children
4. Distributing vegetable seeds for homestead vegetable gardening
5. Establishing Ujjibito Pusti Gram (Nutrition village)
6. Providing referral services for the SAM children
7. Establishing Ujjibito Kishori (adolescent) club for raising awareness
8. Providing special services to the Persons with Disabilities (PWDs)
9. Setting Up Ujjibito Primary School Forums and Nutrition Corners
10. Creating Ujjibito Secondary School Forums
11. Establishing linkages with Govt health service points
A total of 259 Programme Officers (Social) are working at the field level across the targeted areas. They conduct interactive courtyard sessions/group discussions in the community. These sessions are conducted based on a list of discussion topics. Important and relevant messages are kept prepared before hand. These messages are delivered to project participants through monthly group meetings using a flipchart and a job aid on health and nutrition. As of June 2017, a total 281,222 sessions were conducted.
Discussion topics for courtyard sessions on health & nutrition

**Pregnant women**
- Daily consumption of 4 types of foods
- Iron Folic Acid (IFA) and its importance
- Antenatal Checkups (ANC) during pregnancy
- Need of at least 2-hour rest during day time
- 5 danger signs during pregnancy
- Delivery plan

**Children (<5 years)**
- Continued breastfeeding and complementary feeding
- Vitamin A supplementation
- Deworming
- Malnourished children and Severe Acute Malnutrition (SAM) children
- Acute diarrhoea and remedial measures
- Micronutrient supplementation

**Lactating mothers**
- Colostrums feeding and early initiation of breastfeeding
- Exclusive breastfeeding and extended breast feeding
- Post-natal check ups (PNC) and its importance
- Daily consumption of 4 types of foods
- Vitamin A supplementation
- Iron Folic Acid (IFA) and calcium supplementation
- Deworming

**Adolescent girls (12-18 years)**
- Iron Folic Acid (IFA) and its importance
- Deworming
- Comparatively cheap sources of locally available nutrient-rich food

**Common message**
- Importance of consuming iodized salt and fortified oil with Vitamin A
- Healthy cooking practices
- Hygiene, sanitation and hand washing with soap
1000 days intensive healthcare services for mothers and children

The Ujjibito staff provide services to pregnant mothers, two children and lactating mothers. They distribute a poster on 1,000 days care (for pregnant and lactating women and two children) prepared by PKSF to every household that has pregnant and lactating mothers or two children. By June 2017, a total of 260,083 pregnant mothers and <2 years children were enlisted under 1000 days care services. The Ujjibito PMU has prepared a ‘Health and Nutrition Monitoring Card’ for them.

Designated staffs monitor them for 1,000 days, provide Infant and Young Child Feeding (IYCF) counselling on lactation support particularly exclusive breastfeeding from birth up to 6 months, encourage mothers to complete full dose of Iron Folic Acid (IFA) and Calcium supplementation, support management of acute diarrhoea with ORS and Zinc, suggest consumption nutrient-rich food particularly during pregnancy, organise group meetings to raise awareness on primary healthcare, balanced diet, cooking practices, water and sanitation, health and hygiene, and if needed, individual counselling or family counselling sessions on pregnancy and post-natal complication and care. They also refer children with severely acute malnutrition (SAM), pregnant and lactating women to govt hospital for treatment.

Anthropometric measurement and growth monitoring

For extending the services to the doorstep of the participants, the Program Officers (Social) collect anthropometric measurement and growth monitoring data of 24-59 months children. It is theorised that monitoring of change is essential for ensuring sound health and growth of these children. Mid Upper Arm Circumference (MUAC), height and weight of the children are measured. The monitoring creates an opportunity to track nutritional status regularly, refer SAM (Severe Acute Malnutrition) children to hospital and organize individual counselling or family counselling sessions on complementary feeding, vaccination, diarrhoea and treatment, deworming and primary health. As of June 2017, 99,945 children are getting the services mentioned above.
Vegetable seed distribution

In Bangladesh, the most disadvantaged and vulnerable groups suffer from insecurity of food and nutrition. The main cause of malnutrition is low availability and consumption of vegetables. It might be a feasible option for households to grow vegetables intensively on their homesteads, which can contribute to household food and nutrition security. Since inception, the project has been distributing vegetable seeds to the target participants for homestead vegetable gardening at least twice a year. As of June 2017, a total of 858,614 households received vegetable seeds from the Partner Organizations (POs) implementing the UPP-Ujjibito project across the country.

June 2017
858,614

June 2016
616,440

June 2015
337,868

June 2014
81,713

Number of households receiving vegetable seeds
The objective of establishing Ujjibito Pusti Gram (Ujjibito Nutrition Village) is to make villages aware of the issues relating to nutrition and health. These villages are selected on the basis of higher density of targeted people living in a cluster in a specific area/part of that village. A village can be a Ujjibito Pusti Gram when a set of related criteria are fulfilled. In general, villagers need to be informed of and conscious about the basic information of nutrition and health. Besides, they need to be seen as practicing that knowledge in their daily life. The Program Officers (Social) with the active participation of ‘Kishori (adolescent) Club’ members located in or near a relevant village, work to disseminate basic information on nutrition and health, and encourage people to practice those at their household level until the village is declared as a Ujjibito Pusti Gram. As of June 2017, a total of 370 Ujjibito Pusti Grams were established in the working areas of the project. About 74,000 saplings including papaya, guava, moringa, lemon etc. in the Pusti Grams.

Acute malnutrition is one of the major causes of death among under-five children in low and middle-income countries. Bangladesh has an estimated 600,000 children with SAM, with a prevalence of 4%. The Government of Bangladesh, in the National Guidelines for the Management of Severely Malnourished Children in Bangladesh, keeps the provision of admitting and treating all SAM children under-five in its hospitals free of cost. The Program Officers (Social) are trained and instructed to screen and refer immediately all SAM children to government hospitals at the upazila or the district levels where SAM services are available. Up to Tk 5000 from the risk fund is also provided to families with SAM children to ensure proper treatment of the children.
Ujjibito Kishori Club

Today’s adolescent girls are tomorrow’s mothers. Taking care of them can have greater impacts on the society. Securing their health and nutrition requirement can prevent malnutrition among the newborn, and pregnant and lactating mothers, and produce reciprocal impact over child and maternal mortality. As of June 2017, 96 such clubs were formed with around 10,000 girls in the project areas. The objective of this club is to make the adolescent girls aware of their nutrition, general health, reproductive health and other social issues. A representative from the PKSF PO concerned conducts a 60-minute session at least once a month in each club. The members and anyone else can voluntarily contribute to the management of this club. These clubs organise health and blood grouping camps and conducts education-related activities like sports, cultural and social events.
Special services

Due to their inabilities in different aspects, Persons with Disability (PWDs) cannot avail basic living requirements. Families with PWDs under this project are being supported in different means (counselling, training and grants). Special attentions are given to them in allocating any resources from the project. The project also advocates for the PWDs to be included in the safety-net list prepared by the Department of Social Welfare of the Government of Bangladesh. In this regard, Program Officers assist the Upazila Social Welfare Officers in enlisting the PWDs. As of June 2017, 4,541 PWDs were identified from the participating households, and 3708 of them received different services including training (1,169 PWDs received training on different trades) from the project.
Primary School Forums and Nutrition Corners

The prime objective of the Ujjibito Primary School Forum is to raise awareness among the primary school-going children on health, nutrition and social issues. They are being oriented on the basic and mandatory nutrition requirements for a healthy life. Besides, this project is working on reducing the drop out rate of children from primary education. In this connection, Program Officers generally keep contact with the upazila education office, school teachers and management committees, students and their guardians. A self-help growth monitoring corner has already been established at each Ujjibito Primary School Forum. The corner consists of a weight machine, a height measurement tape, a growth monitoring chart and a poster on balanced diet. By the reporting date, the project established a total of 592 Primary School Forums and Nutrition Corners in its working areas.
Secondary School Forums

Within the working periphery of the project, Ujjibito Secondary School Forums are established with a view to orienting the youth with the burning social issues. Nutrition and healthcare at the adolescent age is very important for young girls. In the sessions, they are informed about reproductive health, nutrition, social stigma and other critical issues. Usually, the forums are comprised of students from class VI to class X. Program Officers (Social) generally conduct at least one session a month in each forum. Class routines with printed information on nutrition are distributed among adolescent girls. As of June 2017, the project established 648 forums at different secondary schools in the working areas. Class routines with printed information on nutrition distributed among the adolescent girls of Secondary School Forums.
Linking members with Government services

Majority of the people living in the project areas cannot avail health services from the Government-run health service points located at the Upazila level. In that scope, the Community Clinics (CCs) perform a great role especially in the remote areas. They are the lowest-level static health facilities of the Government. Each CC provides services to around 6,000 people, and their locations are accessible to 80% of the local population. The project makes the participants aware of the services provided by the CCs. Sometimes, the project in collaboration with the Upazila health services points and local CCs organizes health camps for extending health services to the participants. Besides, the project conducts advocacy services for project participants so that they can easily avail required services from the Upazila health complex and local CCs. In particular, Program Officers (Social) liaise with all the community clinics at the local levels for ensuring better health services to the project members. Officials of this project often participate in the Government health events like the Vitamin A campaigns, EPI, breastfeeding campaigns etc. Also, PKSF has signed a MoU with Orbis International to extend eye care services to the poorest.
### Lessons Learned

Results based on the evidences can be noted for the activities of the project. Though it is very difficult to comment in general, particularly in the case of nutritional outcomes within a very short period of time, we can mention a few of the achievements demonstrated as positive outcomes. The evidence-based lessons and/or outcomes are listed below:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>Participants are now more aware about maternal and child health, specific nutritional requirements, hygiene practices etc.</td>
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<tr>
<td>2</td>
<td>Participants now try to prepare their daily food with a good mix of carbohydrate, protein, fat, vitamin and minerals.</td>
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<td>3</td>
<td>Most participants, especially lactating mothers, are changing cooking practices and feeding practices of their children as per the guideline.</td>
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<td>4</td>
<td>Program Officers (Social) participate actively in National Vit-A Campaign and World Breastfeeding Week on a regular basis. In the project area, the programme officers attended the event and facilitate the poor people along with the government health facilities such as Community Clinics, Union Health and Family Welfare Centres and Upazila Health Complexes.</td>
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<td>5</td>
<td>It is also seen that a working relationship has been developed between Ujjibito project staff and government officials and service facilities at the community, upazila and district levels.</td>
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<td>6</td>
<td>Evidence shows that adolescent girls are now very conscious about personal hygiene and nutritional requirement.</td>
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<tr>
<td>7</td>
<td>Now the targeted family members are more aware of hand-washing with soap-- before eating/ preparing food, before feeding children and after defecation-- a practice that was in a very poor condition during the base line report. A total of 74,335 families, till June 2017, installed tipitap for hand washing at need. Besides, they are now using sanitary latrines and sandals (flip flops) while using them.</td>
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<tr>
<td>8</td>
<td>Programme Officers (Social) take the measures of height, weight, MUAC of under-5 children to detect Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM). After identifying, the SAM children are referred to the nearest government hospitals where Integrated Management of Child Illness-Nutrition (IMCI-N) centres and SAM facilities are available.</td>
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<tr>
<td>9</td>
<td>A change has been initiated in cultivating diversified vegetables around the year on the participants’ homestead or on a piece of small leased-land. A few of them are even gardening in common land. Some of the participants living in climate-sensitive areas are found to be growing climate-resilient crops. For example, cultivating vegetables in sacks has become popular in some parts of coastal areas.</td>
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<tr>
<td>10</td>
<td>Helping project participants pursue suitable income generating activities increases family income, contributing to their food and nutrition security.</td>
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<tr>
<td>11</td>
<td>Intra-household discrimination in food consumption is now rarely found in the targeted households.</td>
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<td>12</td>
<td>It is observed that all children take ORS for diarrhoea management. In addition, 29 percent diarrhoea-affected children take zinc with ORS. According to the UPP baseline survey, 86.7 percent of diarrhoea-affected children would be treated with ORS.</td>
</tr>
<tr>
<td>13</td>
<td>It is also seen that Iron Folic Acid (IFA) consumption trend is increasing among pregnant women, lactating mothers and adolescent girls.</td>
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</tbody>
</table>
The final expected result of this project is to raise awareness among all the 325,000 women participants and their families. It is anticipated that this intervention will enhance the knowledge and views of the people, and will contribute to their resilience to vulnerability. Vulnerable women are deprived in many aspects of their personal and social lives. This intervention will enhance their empowerment status along with their resilience.

Several activities were planned and executed accordingly to ensure the expected outcomes of the project. Besides, different innovative activities along with traditional counselling sessions and individual home visits were implemented for ensuring better results. The activities mostly focus on women empowerment, schooling of children and other critical social issues like dowry, early marriage etc. The following activities particularly are now being implemented to achieve Result-3:

1. Courtyard sessions on social issues
2. Coordinating with Govt services
3. Re-enrolling into primary school
4. Financial support to cope with family crises
5. Health camps for the disadvantaged
Courtyard sessions on social issues

The courtyard sessions are generally held on diversified social issues including demerits of illiteracy, child marriage, malnutrition, dowry system, women empowerment, acid violence etc. Program Officers (Social) are well trained and instructed to emphasise on the contemporary social issues so that participants can be made fully aware and take necessary actions while taking decision at their family level. In total, 281,222 sessions have been conducted since the beginning of the project.

Coordinating with Govt services

In the working areas of the project, many of the disadvantaged people were found not receiving Government’s safety net support, they were supposed to. Program Officers identified them and coordinated with the local Union Parishads to include them in the safety net program. In this reality, beyond the project scope, the project shows its commitment in doing something extra and beneficial for the ultra-poor participants. Through advocacy and counselling services of this project, a number of the targeted destitute have already been enlisted in the safety net programs and other designated services of the Government. The Project coordinates with local Union Parishads and the offices of the Department of Social Welfare. Unaware of their rights, PWDs were deprived of the services offered by the Government for them. They are now being integrated in the services successfully.
Re-enrolling into primary school

Every year, a large number of students drop out of schools worldwide. In Bangladesh, around 21% of the enrolled students can’t complete primary education. This project aims to bring those children back to school through counselling with them as well as with their guardians. Through this, 2,237 primary-level dropouts were readmitted to school by June 2017.

Number of students brought back to primary school

June 2014

559

June 2015

774

June 2016

1,233

June 2017

2,237
Financial support to cope with family crises

People may fall in any unexpected situation and their life faces consequences due to such critical events. Thus, in this context, as a safety net, a fund has been generated and named as “Risk Fund”. All the participants of the project have access to the Risk Fund in critical situations. It supports the affected (from any sort of accidents) families to cope with economic burdens as a result of reduced earning or increased spending on healthcare. This support is extended in case of any crisis such as death, permanent organ damage, and critical diseases or medical emergency of a family member. Each member is given BDT 5,000 at a time for such accidents. As of June 2017, 655 individuals received support from the Risk Fund.

Community events to raise awareness

Community events engage rural people and make them aware of the social issues and their rights of livelihoods. These community events include activities regarding social issues, gender and empowerment issues, food and nutrition issues etc. Besides, blood grouping and health campaigns are also being organised along with the community events. The partner organizations of PKSF organise different events to observe special days such as World Health Day, International Women’s Day, International Day of Persons with Disabilities and World Immunization Day to engage the members of the project and to disseminate knowledge among them. Since the beginning of the project, a total of 563 different events were organized with the active assistance of the project.
Health camps for the disadvantaged

Health is one of the basic needs of human beings. For maintaining a sound health, treatment is essential. Due to the lack of awareness in the socio-economic context of Bangladesh, poor people are often being deprived of the appropriate medical service facilities/requirements. They don’t know where to go to avail the treatment facilities. There are free services available from the Government of Bangladesh. Yet, due to a lack of information, they cannot avail the services. As a result, often many poor people suffer physical loss and even death without appropriate treatment. To provide medical services and to connect the poor with the Government’s facilities and officials, Page Development Center, a Partner Organization of the UPP-Ujjibito project, organized a free Health Service and Blood Grouping Camp at Vobanigonj Bohumukhi High School in Laxmipur. Approximately, 250 poor people received healthcare services and medicines at the camp.

This project demonstrated some impacts which could be listed as positive outcomes. They are as follows:

1. Positive changes in campaigning are seen at the local level for justified access to social safety nets and other Government services to the eligible households.

2. A significant number of drop-out children re-enrolled into primary schools. It was possible because of continuous persuasions at different levels from the project.

3. Participants have now a clearer understanding about various social issues, such as the importance of birth and marriage registration and the negative effects of early marriage and dowry.

4. Many rural girls living in remote areas know their blood groups and organise themselves in groups so that they can learn about each other and work collectively.

5. Many participants have access to the Risk Fund of the project to cope with any crisis they face, such as death, permanent organ damage, untreatable diseases of a family member etc.
Preliminary results from Results Based Monitoring (RBM)

Results based on the evidence are crucial for measuring the effectiveness of the activities. Income, expenditure, asset creation, and number of meals consumption are the main indicators to measure whether Result-1 of the project is achieved or not. The PMU has conducted Results based Monitoring (RBM) to track the outcomes of the activities. The results of the RBM are also being compared with the baseline information in order to track the change.

Average income of project participants (in BDT)

Income is one of the main determinants of poverty. Low income creates greater insecurity of food. Income can be increased by involving project participants in profitable IGAs, creating multiple employment opportunities for them and building capacities to have more than one income earners in a family. UPP-Ujjibito directly contributes to the income of the targeted households. Training blended with technical assistance helps households improve their capacity to emerge as entrepreneurs. Besides, financial services help them expand existing businesses as well as explore new business opportunities. The figure above compares the income of the project participants over the time. The average income of the UPP HHs was BDT 8,932 at the base year (2014), which increased by 40% in three years. On the other hand, the average income of the RERMP-2 households was only BDT 6,709 in the base year, but it now has risen by 24%. The figure also implies that the average income of the RERMP-2 households has increased at a slower rate compared to that of the UPP participants.

The project can also influence on the expenditure of the targeted households in several ways. First,
households can raise their income and subsequently increase and diversify their expenditure. Secondly, households use loans for consumption purposes, and finally, a sudden gift or a transfer from close relatives can increase the consumption level. Expenditure of project participants subsequently has increased due to their extended income. The figure below shows the expenditure of the project participants.
Where there is a will, there is a way

1. Initial stage (2013)
   Involvement in RERMP-2
   Ujjibito as a member.

2. Preparatory stage (2014)
   A cow received for fattening, training provided.

   Access to loan for scaling up of her IGA.

4. Expansion stage (2016)
   Leased 1-Bigha (30 decimal) land with the money from profits.

5. Final stage (2017)
   A successful entrepreneur of cow fattening.
Case Study

Enthusiasm is key to success

1 Initial stage (2013)
Nipa Akter enrolled as a member of Ujjibito.

2 Preparatory stage (2014)
Tailoring training received from Ujjibito.

3 Development stage (2015)
Evolution as a master tailor.

4 Expansion stage (2016)
Business expansion. Operate a training center and buy three tailoring machine.

5 Final stage (2017)
A successful entrepreneur. Monthly income 25000 Tk

Mrs Nipa Akter
Borhanuddin, Bhola

Assets Accumulated

Dressing table, dining table & bed
Mini tractor
Jewellery

15,000  29,000  65,000  1,03,000
2014  2015  2016  2017

Capacity for utilizing loan increased
Case Study

Bristy’s strive for a women-friendly society

Joining the Club
Mosammat Bristy Khatun joined Kishori Club in January 2016. She was a student of class six. She had learnt about the club through an awareness session.

Early Struggle
Bristy was a good-looking girl. Her neighbours persuaded her parents to marry her off when she was fifteen. Her parents chose a potential bridegroom who worked at railway. Bristy and her companions at Kishori Club tried to convince the parents to stop the marriage but to no avail. Bristy was married off in April 2016. She then discovered that her husband didn’t work at railway and was actually a drug addict. He also would assault her for dowry.

Coming Back
She one day fled to her parents and informed them about her husband’s deeds. Her husband tried to bring her back. The parents gave in and even agreed to give her husband Tk 1 lac by selling all livestock they had. But Bristy didn’t want to go back to her husband.

A Free Bird Again
Bristy and her friends at Kishori Club persuaded her parents who eventually understood Bristy’s stance and completed the separation process. She later got admitted to school again and continued the Kishori Club activities.
Shunila Hembrom, a member of the Santal minority of Bangladesh, lives at Chinasho village of Tanor upazila in Rajshahi district. She lives with her husband Noresh Murmu, two sons and a daughter and a daughter-in-law. Noresh works as a day labour to earn their living. Shunila hit hard by poverty, joined the microfinance programme of Ashrai, a partner organization of UPP-Ujibito project. The project offers services that range from technical to social, health, nutrition and other issues. Delivering the services to the participants vary from one person to another. Babies aged 0-59 months, adolescent girls, pregnant and lactating mothers are the most prioritized group of population. In Hembrom’s household, there were two pregnant women who did not have access to any health or medical facilities. They even did not know the importance of prenatal and post natal check-ups. They were not aware of the importance of rest during one thousand days since pregnancy. Since the program officer came to know about their pregnancy, he went to their house and took them under project intervention. The program officer (social) is a paramedic with appropriate medical certificate. He identified health problems and provides basic health services to them. He distributed monitoring cards to them and in the first visit, took notice of their major problems like anaemia, low blood pressure, and unawareness about taking iron tablets and tetanus injections during pregnancy. He started counselling and made them understand the importance of the health care for the upcoming baby and the mother. They took tetanus injections and iron tablets, and started visiting the community clinics at regular intervals. Their anaemic problem was cured. Finally, they both delivered healthy babies at Shunila’s home.
Mrs Ayesa Khatun
Shyamnagar, Satkhira

1
Initial stage (2013)
No fixed means of livelihood.

2
Preparatory stage (2014)
Enrolled into Ujjibito & started a quail fam with 500 birds.

3
Development stage (2015)
Quail farm expanded and now it had 1000 birds.

4
Expansion stage (2016)
A farm of 600 layer chickens and two milking cows were added to her IGAs.

5
Final stage (2017)
A successful entrepreneur. She gets 550 eggs daily which amounts monthly around BDT 12,000 to BDT 15,000.

Ayesha Khatun is working in her quail farm

Dressing table, dining table and bed

30 Decimal of farmland
Jewellery

Assets Accumulated

30000

5000

2014
2017

Capacity for utilizing loan increased
<table>
<thead>
<tr>
<th>Sl.</th>
<th>Name of POs</th>
<th>Working Areas</th>
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<tbody>
<tr>
<td>1</td>
<td>Ad-din Welfare Center</td>
<td>Magura, Kushtia, Narail, Jessore, Satkhira, Kulna, Bagerhat</td>
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<tr>
<td>2</td>
<td>Ahead Social Organization (ASO)</td>
<td>Jaypurhat</td>
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<tr>
<td>3</td>
<td>Ashrai</td>
<td>Rajshahi, Chapainawabganj</td>
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<td>4</td>
<td>Association for Community Development (ACD)</td>
<td>Rajshahi</td>
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<tr>
<td>5</td>
<td>CARSA Foundation</td>
<td>Barisal</td>
</tr>
<tr>
<td>6</td>
<td>Community Development Centre (CODEC)</td>
<td>Patuakhali, Barguna</td>
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<tr>
<td>7</td>
<td>Dak Diye Jai</td>
<td>Bagerhat, Jhalakathi</td>
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<tr>
<td>8</td>
<td>Dwip Unnayan Songstha</td>
<td>Noakhali</td>
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<td>9</td>
<td>Eco-Social Development Organization (ESDO)</td>
<td>Rajshahi, Natore, Sirajganj</td>
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<tr>
<td>10</td>
<td>Gram Unnayan Karma (GUK)</td>
<td>Bogra</td>
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<tr>
<td>11</td>
<td>Grameen Jano Unnayan Sangstha</td>
<td>Barisal, Bhola</td>
</tr>
<tr>
<td>12</td>
<td>Jagorani Chakra Foundation (JCF)</td>
<td>Magura, Jhenidaha, Chuadanga, Meherpur, Kushtia, Narail, Jessore, Satkhira, Kulna, Bagerhat</td>
</tr>
<tr>
<td>13</td>
<td>JAKAS Foundation</td>
<td>Joypurhat, Naogaon</td>
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<td>14</td>
<td>Mousumi</td>
<td>Naogaon</td>
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<td>15</td>
<td>National Development Programme (NDP)</td>
<td>Bogura, Natore, Sirajganj, Pabna</td>
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<td>16</td>
<td>Nowabenki Gonomukhi Foundation (NGF)</td>
<td>Satkhira, Kulna</td>
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<td>17</td>
<td>PAGE Development Center</td>
<td>Lakshimipur, Noakhali</td>
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<td>18</td>
<td>Palli Progati Samity</td>
<td>Patuakhali</td>
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<td>19</td>
<td>Poribar Unnayan Songstha (FDA)</td>
<td>Bhola</td>
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<td>20</td>
<td>Programme for Community Development (PCD)</td>
<td>Pabna</td>
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<td>21</td>
<td>Prottyashi</td>
<td>Chittagong, Cox’s Bazar</td>
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<td>22</td>
<td>Proyas Manobik Unnayan Society</td>
<td>Chapainawabganj</td>
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<tr>
<td>23</td>
<td>Resource Integration Centre (RIC)</td>
<td>Noakhali, Cox’s Bazar, Naogaon, Barguna, Pirojpur</td>
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<tr>
<td>24</td>
<td>Rural Reconstruction Foundation (RRF)</td>
<td>Meherpur, Narail, Jessore, Khuina, Bagerhat,</td>
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<tr>
<td>25</td>
<td>Sagarika Samaj Unnayan Sangstha</td>
<td>Noakhali</td>
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<td>26</td>
<td>SAMADHAN</td>
<td>Jessore</td>
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<td>27</td>
<td>SANGRAM (Sangathita Gramaunnaon Karmasuchee)</td>
<td>Borguna, Jhalakathi</td>
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<td>28</td>
<td>Satkhira Unnayan Sangstha (SUS)</td>
<td>Satkhira</td>
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<td>29</td>
<td>Shishu Niloy Foundation</td>
<td>Jhenidah, Jessore</td>
</tr>
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<td>30</td>
<td>Shataful Bangladesh</td>
<td>Rajshahi</td>
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<td>31</td>
<td>Society for Development Initiatives (SDI)</td>
<td>Chittagong, Cox’s Bazar</td>
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<td>32</td>
<td>The Coastal Association for Social Transformation (Coast) Trust</td>
<td>Bhola</td>
</tr>
<tr>
<td>33</td>
<td>TMSS</td>
<td>Joypurhat, Bogra, Naogaon, Chapainawabganj, Natore, Sirajganj, Pabna</td>
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<td>34</td>
<td>UDDIPAN</td>
<td>Chittagong, Lakshimipur, Noakhali, Cox’s Bazar, Chapainawabganj, Natore, Pabna, Kushtia, Bagerhat, Barisal, Patuakhali, Barguna, Jhalakathi, Pirojpur</td>
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<td>35</td>
<td>UNNAYAN</td>
<td>Bagerhat, Kulna</td>
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<td>36</td>
<td>Unnayan Porchetae</td>
<td>Satkhira</td>
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<td>37</td>
<td>Village Education Resource Centre</td>
<td>Rajshahi</td>
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<tr>
<td>38</td>
<td>Wave Foundation</td>
<td>Magura, Jhenidaha, Chuadanga, Meherpur, Kushtia</td>
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