

Challenging the Frontiers of Poverty Reduction

Targeting the Ultra Poor
Targeting Social Constraints



Volume 1

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LIST OF ACRONYMS

ADAB	Association for Development Agencies in Bangladesh
AM	Area Manager
AO	Area Office
BBS	Bangladesh Bureau of Statistics
BDP	BRAC Development Programme
BEOC	Basic Education for Older Children
BEP	BRAC Education Programme
BHC	BRAC Health Centre
BCC	Behavioral Change Communications
BHS	BRAC Health Service
BIDS	Bangladesh Institute of Development Studies
BINP	Bangladesh Integrated Nutrition Project
BRDB	Bangladesh Rural Development Board
BSG	BRAC School Graduates
CC	Community Clinics
CFPR	Challenging the Frontiers of Poverty Reduction
CSP	Child Survival Programme
DCM	Donor Consortium Meeting
DFL	Disease Free Laying
DOC	Day Old Chick
DOTS	Directly Observed Treatment Short Course
EHC	Essential Health Care
EIG	Employment and Income Generation
EP	Environment Programme
EPI	Expanded Programme on Immunization
ESP	Education Support Programme, BRAC
	Essential Services Package
EOC	Emergency Obstructive Care
FFW	Food For Works
FP	Family Planning
FWA	Family Welfare Assistant
GOB	Government of Bangladesh
GRC	Gender Resource Centre
GQAL	Gender Quality Action Learning
GWP	Guide Work Plan
HA	Health Assistant
HCS	Health Care Services
HH	Households
HO	Head Office
HPP	Health and Population Programme
HPSP	Health and Population Sector Programme
HRLE	Human Right and Legal Education
HRLES	Human Rights and Legal Education Services
IAS	Impact Assessment Study
IGVGD	Income Generation for Vulnerable Groups Development
LIC	Law Implementation Committee
LGED	Local Government Engineering Department
LFA	Logical Framework Analysis
MED	Micro Enterprise Development
MELA	Micro Enterprise Lending and Assistance
MFI	Micro Finance Institution
MIS	Management Information System

MMR	Maternal Mortality Rate
MOU	Memorandum of Understanding
MT	Metric Ton
MTR	Mid Term Review
NCU	NGO Cooperation Unit
NEER	Non-farm Enterprise Extension and Reinforcement
NFPE	Non Formal Primary Education
NIPHP	National Integrated Population and Health Programme
NNP	National Nutrition Programme
NTP	National Tuberculosis Programme
OMC	Operation Management Course
OVI	Objectively Verifiable Indicators
OTEP	Oral Therapy Extension Programme
OTR	On Time Recovery
PA	Programme Assistant
PEM	Protein Energy Malnutrition
PHC	Primary Health Care
PKSF	Polli Karma Sahayak Foundation
PLA	Participatory Learning and Action
PO	Programme Organiser
PHC	Primary Health Care
PSE	Programme Support Enterprise
PTA	Poverty Trend Analysis
PS	Polli Shomaj
RCP	Rural Credit Project
RDP	Rural Development Programme
RED	Research and Evaluation Division
REP	Rural Enterprise Project
RM	Regional Manager
RSDP	Rural Service Delivery Partnership
RSS	Regional Sector Specialist
RTI	Reproductive Tract Infection
SD	Social Development
SLDP	Small holder Livestock Development Programme
SS	Shasthyo Shebika (health volunteers), Sector Specialist
STP	Stakeholders' Participation
TARC	Training and Resource Centre
TB	Tuberculosis
UHC	Upzila Health Complex
UA	Union Association
UP	Union Parishad
UH & FEC	Union Health and Family Welfare Centre
UzHC	Upazila Health Complex
VGd	Vulnerable Group Development
VO	Village Organisation
V/USC	Village and Union Stakeholder Committee
WFP	World Food Programme
WHO	World Health Organisation

Foreword and Executive Summary

The revised proposal here is the outcome of a process that started in 1999 with the development of a concept paper and a series of consultations leading to the submission of a first proposal to a consortium of donors in June 2000. There was then a very substantive review by an appraisal team. The inputs of the appraisal team were very valuable in revising this proposal. The revision process has involved large numbers of BRAC staff and a great deal of consultation. This process has operated intensively within BRAC since September 2000. There have been workshops, numerous team meetings and many drafts of documents. For all those involved in BRAC there is a strong commitment to the goals of this programme and a keen desire to operationalise the activities planned. It is hoped that operations will start from January 2002, once agreement in principle has been reached.

The revised proposal is submitted in a new format designed to bring out the underlying logic of the activities proposed. Volume One is the core proposal and the first part, the overview proposal, details the rationale of the main activities within a livelihoods framework. In providing the rationale for the programme, it focuses on the logic of the approach rather than the supporting evidence. This evidence is provided in Volume Two and the references therein. The more detailed exposition of the programme is in the second half of Volume One with a description of each of the components.

The overview proposal describes how the programme of activities is collectively designed to address the two key limitations of much poverty reduction intervention to date. First, the programme seeks to **"push down"** by specific targeting on the ultra poor who have suffered relative neglect in most interventions to date. Secondly, it seeks to **"push out"** by addressing dimensions of poverty that many conventional, especially microfinance, interventions do not address. Specifically **"pushing out"** involves a shift away from the conventional concerns of service delivery and focuses on human capital and the structures and processes that disempower the poor, especially women, and constrain their livelihoods. It is an approach that puts social development, specifically a rights-based approach to health services and socio-political empowerment, at the centre of the agenda. There are four closely linked components that are designed to address these two concerns.

The first concern, what we have termed **"pushing down"**, is about extending BRAC's coverage with new instruments suitable for reaching the ultra poor. These will include: a targeted special investment programme; a skills development training programme for the special investment programme and two other targeted programmes for the ultra poor; a programme of essential health care that addresses one of the most critical limitations on poor people's livelihoods; and, a social development programme. All four of these components are tailored to the needs of the ultra poor. In addition, the health care and social development programmes seek to **"push out"** the poverty reduction agenda by addressing neglected dimensions of human capital and by seeking to strengthen the voice of the poor in the structures and processes that determine livelihood outcomes.

The second part of Volume One sets out the four components in detail with all activities identified and budgeted. Volume Two provides a set of background supporting documents including more detail about BRAC and demonstrating its capacity to deliver on this ambitious agenda.

The overview proposal in the first half of Volume One is deliberately concise. It seeks to expound the logic of the proposal. The second part of Volume One lays out the detail of what it is hoped to achieve and offers a detailed set of guidelines for action; but this programme must necessarily be driven by process. There is a strong action research component and it is expected that the specifics of implementation will change as a result of experience. There is no blue print available for the ambitious goals of this programme. Specifically, the first two years of the programme are identified as pilot years. It is expected that the substantial inputs on monitoring and action research from the Social Development programme and the Research and Evaluation division will result in amendments to instruments. There will be an external review at the end of the pilot phase to assess the effectiveness of the programme instruments and to compare the different approaches taken to

targeting the ultra poor (differences between the special investment programme, and EEDT for BDP and IGVGD members). Based on the results of this review, a decision will be taken as to whether funding for the Special Investment programme should continue.

Targeting the Ultra Poor: The immediate goal with the ultra poor beneficiaries is to strengthen their livelihood strategies, and their own confidence to pursue them successfully, so that they can “graduate” to membership of BRAC’s Development Programme (BDP) or another microfinance NGO and continue to strengthen their livelihoods. This goal will be met using new programme instruments -the asset transfer and stipend and the dedicated training, health and social development inputs-, which are designed specifically for the ultra poor.

BRAC has undertaken an extensive survey of the NGOs currently working in the areas where it wants to start the Special Investment programme and collected detailed information about programmes currently being offered to the ultra poor. It has become evident that very few programmes actually reach this target group. Furthermore, the programmes that are currently being offered are not the most appropriate interventions to meet their needs, and are unlikely to have any sustainable positive impact on their livelihoods. BRAC’s new programme is therefore “pushing down” to reach those who are currently not being served by any programme instruments for poverty reduction.

Targeting Social Constraints: The concept of “pushing out” concerns extending the poverty reduction agenda to areas previously neglected but which are crucial to an effective poverty reduction strategy. Two components address this concern. The Essential Health Care programme, in addition to the special programme for the ultra poor, also operates at a higher level, supporting the government’s Health and Population Sector Programme through a rights-based approach to health care services for the poor. A substantial element of the social development inputs also operates at a higher level. The programme seeks to address the socio-political constraints of the poor through development of civil society organisations to represent their interest at village, Ward and Union level. The goal here is to achieve greater accountability of service delivery agents and local government to the interests of the poor and to support them in fighting injustice and discrimination.

A budget summary follows; the detailed budget is in Volume Two, Annex Two. The logical framework for the proposal as a whole follows the overview proposal. For ease of reference, Annex One (Volume Two) gives the executive summary from the Appraisal Team’s report on the first draft of this proposal.

CHALLENGING THE FRONTIERS OF POVERTY REDUCTION

SUMMARY BUDGET YEAR 2001 – YEAR 2005

	2002 Taka	2003 Taka	2004 Taka	2005 Taka	2006 Taka	TOTAL Taka	TOTAL US \$	% of total
I. PROJECT COST								
A. Targeting the Ultra Poor								
1. Special Investment (Asset Transfer)	73,982,475	86,847,674	163,094,198	384,210,912	412,237,908	1,120,373,166	18,391,354	35%
2. Enterprise Development and Training								
2.1 Training to Specially Targeted Ultra Poor	3,069,402	5,148,102	8,925,775	22,154,279	30,098,293	69,395,850	1,133,884	2%
2.2. Training to IGVD Ultra Poor	85,293,424	91,037,407	94,036,000	98,737,799	103,674,689	472,779,319	7,942,720	15%
2.3. Training to BDP Ultra Poor	4,633,314	11,334,317	26,784,757	72,630,242	104,005,716	219,388,346	3,567,148	7%
3. Social Development Programme for Specially Targeted Ultra Poor	8,257,725	13,979,149	13,986,935	24,651,415	30,882,159	91,757,383	1,518,073	3%
4. Essential Health Care Services for Specially Targeted Ultra Poor	1,685,250	3,539,025	5,573,964	13,656,213	20,484,319	44,938,771	733,442	1%
Sub total of Targeting the Ultra Poor	176,921,590	211,885,674	312,401,628	616,040,860	701,383,085	2,018,632,836	33,286,622	63%
B. Targeting Social Constraints								
1. Social Development Programme	94,500,956	103,514,712	106,893,773	115,047,739	121,045,938	541,003,118	9,082,032	17%
2. Essential Health Care (EHC) for VO members & Community	100,252,152	106,114,128	112,311,666	118,863,676	115,138,261	552,679,880	9,289,627	17%
C. Research and Evaluation	6,923,569	6,172,649	6,481,282	5,098,319	5,626,360	30,302,179	512,329	1%
D. Contingency	7,571,965	8,553,743	10,761,767	17,101,012	18,863,873	62,852,360	1,043,412	2%
TOTAL PROJECT COST IN TAKA	386,170,231	436,240,904	548,850,116	872,151,606	962,057,517	3,205,470,373	53,214,023	100%
TOTAL PROJECT COST IN US \$	6,895,897	7,563,122	9,238,346	14,253,172	15,263,486	53,214,023	53,214,023	

		2002 Taka	2003 Taka	2004 Taka	2005 Taka	2006 Taka	TOTAL Taka	TOTAL US \$	% of total
E. Technical Assistance managed by BRAC									
Pool funded by CIDA, DFID and NOVIB									
	IN TAKA	12,208,000	6,806,240	2,804,152	2,300,744	819,390	24,938,526		
	IN US \$	218,000	118,000	47,200	37,600	13,000	433,800		
II. PROJECT FINANCING									
A. BRAC Contribution									
	IN TAKA	30,000,000	45,000,000	60,000,000	70,000,000	76,000,000	281,000,000	4,675,565	9%
	IN US \$	535,714	780,166	1,009,931	1,143,978	1,205,775	4,675,565		
Requirement from Donors for the Project									
	IN TAKA	356,170,231	391,240,904	488,850,116	802,151,606	886,057,517	2,924,470,373	48,538,459	91%
	IN US \$	6,360,183	6,782,956	8,228,415	13,109,194	14,057,711	48,538,459		
B. GOB/WFP Contribution for VGD Programme									
	IN TAKA	42,125,000	-	-	-	-	42,125,000		
	IN US \$	752,232	-	-	-	-	752,232	752,232	1%
C. Net Requirement from Donors									
	IN TAKA	314,045,231	391,240,904	488,850,116	802,151,606	886,057,517	2,882,345,373	47,786,227	90%
	IN US \$	5,607,951	6,782,956	8,228,415	13,109,194	14,057,711	47,786,227		
D. Net Requirement from Donors for TA									
	IN US \$	218,000	118,000	47,200	37,600	13,000	433,800		
Total Requirement from donors (including TA)		5,825,951	6,900,956	8,275,615	13,146,794	14,070,711	48,220,027		

Exchange rate US \$ 1 = Taka 56 (Estimated 3% devaluation of Taka per Year)

A. OVERVIEW PROPOSAL

Challenging the Frontiers of Poverty Reduction: Targeting the Ultra Poor – Targeting Social Constraints

1. Introduction

Bangladesh's record on poverty reduction is well documented and the evidence shows some considerable success in headline numbers, though the performance has been neither as rapid nor as broad-based as desirable. Despite constraints of poor infrastructure, weak governance, natural disasters and variable, but improving, macroeconomic performance, service delivery to rural areas has improved massively. Most social indicators testify to this. This is a response to increasing social sector expenditures, better programme and policy design, more effective partnerships between government and NGOs in service delivery and improving instruments for donor support.

Headcount income poverty decline is also substantial though different sources vary on the exact improvement in welfare. It is difficult to fully attribute sources of income poverty decline but agriculture has certainly been a major source of employment for the poor. Microfinance, through government and NGO programmes, has had substantial and demonstrated impact on poverty reduction also.

The range of poverty monitoring instruments and the types of analysis have also diversified and improved. While establishing the dimensions of progress, these analyses also identify gaps in poverty reduction performance. There are two key challenges:

- Many "poverty-reduction" programmes are not effective in targeting ultra poor households. This is supported most specifically in microfinance interventions, which use instruments that are not appropriate for the ultra poor.
- Programmatic interventions have neglected to address the weak socio-political assets of the poor. The focus of most programmes has been on the individual not on the constraints poor individuals collectively face through adverse processes such as gender segregation in the rural labour market. As a consequence, the livelihoods strategies of poor households are constrained by a lower capacity to effectively utilise their other assets or get access to new assets.

These challenges are at the frontiers of poverty reduction strategy for rural Bangladesh. Rising to them offers the potential for a more broad-based and multidimensional attack on poverty. They are also areas where programme design has to be innovative and flexible. The programme proposed is designed to confront these frontiers and provide new instruments for meeting the challenges they offer.

BRAC has developed this proposal because it believes in the imperative need to develop new poverty reduction instruments if the ultra poor are going to be reached and if the socio-political constraints on the poor are to be tackled. BRAC is a development NGO working with over 25,000 staff in all districts of Bangladesh and has the capacity and the commitment to deliver on this ambitious agenda. Crucially, it has relevant experience working with the ultra poor (see Vol. Two, Annex Nine on the Jamalpur project and Annex Ten on the IGVGD programme). It also has an historic and dynamic commitment to poverty reduction in rural Bangladesh (see Box One) that is informed by three decades of experience and the

adolescents and women. To achieve these goals, BRAC provides critical services in reproductive health and disease control, mobilises women in health activities through training, and collaborates with the public sector in implementing national programmes.

In 1972, BRAC's entry into the health sector began with the setting up of health care centres in the Sulla area where it was engaged in resettling the displaced families after the war of liberation. The activities that were introduced during this period included health care, nutrition, family planning, maternal and child care and provision of health insurance. In 1977, with the further broadening of the spectrum of BRAC's activities in the Manikganj Integrated Programme, health care became an important component. BRAC decided to train village health volunteers, known as *Shastho Shebikas*, from among the target group to provide basic preventive and curative health services.

In 1980, based on the experiences it had gained, BRAC began pioneering its nationwide Oral Therapy Extension Programme (OTEP). By the end of 1990, BRAC workers reached some 13 million rural households, teaching at least one woman in every household how to make saline. In 1986, BRAC undertook a more comprehensive Child Survival Programme (CSP), working with the government's Expanded Programme on Immunisation (EPI). BRAC also developed a workable model of sustainable *comprehensive Primary Health Care (PHC)*, that would be managed by the community and complement the government's health and family planning services. BRAC was also involved in 124 upazilas or 18 districts of Rajshai and Chittagong divisions to implement the national immunisation programme.

The Primary Health Care (PHC) programme which was started in 1986, was renamed the Essential Health Care (EHC) Programme in 1995. Since then, the programme has gradually become a major component of BRAC's development activities. It operates in an integrated fashion with BRAC's social and economic empowerment activities. The primary objective of this programme is to provide an essential package of health services, mainly through *Shebikas*, in all the areas where BRAC has established Village Organisation (VOs).

1.3 BRAC's Links with the National HPSP Policy and GOB Services

1.3.1 Working within the HPSP framework

BRAC is careful to ensure that its interventions are consistent with Bangladesh's Health and Population Sector Programme (HPSP) which reflect the overall national health priorities, and that there is no overlap with public sector health services. The primary objective of the EHC programme is to provide an essential package of health services that is consistent with the Essential Services Package (ESP) prompted in HPSP. While HPSP focuses on the client-centred needs of women, children and the poor, BRAC's EHC programme uses a rights-based approach to focus on the health needs of the poorest in rural communities.

BRAC's EHC package has a similar focus to the government's ESP package: awareness raising and social mobilisation to encourage the poor to change some of their health practices, reproductive health (pre and post-natal care, safe delivery, family planning and HIV/AIDS), child health (diarrhoea, de-worming, immunisation), disease control (TB), and curative care. In addition to what is provided through the government's (ESP) package, BRAC has also begun to address the issue of water and sanitation because of the magnitude of the current arsenic contamination problem and the need for better sanitation.

BOX 2.**The Health and Population Sector Programme (HPSP)**

There has been a major strategic shift in the Health and Population Sector Programme (HPSP). Health care which was previously offered at the household level will now be provided through a community clinic to be constructed at the village level. Each clinic is expected to cover about 6,000 people, and provide preventive as well as curative care. The Government will gradually withdraw Health Assistants (HAs) and Family Welfare Assistants (FWAs) from the community level and post them at the community clinics.

During this transition, BRAC can play a big role in terms of filling in the gap at the community level. Through its programme, it can ensure information dissemination at the local level, linkage and referral to the community clinics, strengthen community clinics, and ensure community-based healthcare provision.

1.3.2 Working in partnership with GOB

- Referral linkages will be made with the government and private service providers. BRAC wishes to complement the work of the Government and assist it in the implementation of its national health policy. While there is already much co-operation and co-ordination at the local level, BRAC wishes to work even more closely with the government at all levels (local, regional and national) to fulfil common goals with regards to community healthcare.
- BRAC will fill certain gaps in the health sector by providing certain services which are not currently available through the public sector at the moment. For example, BRAC will take up a programme trying to specifically address the health needs of the ultra poor. It will also continue to provide health care at the community level through the Shebikas when the GOB removes HAs and FWAs.
- BRAC is often chosen by the Government to help in the implementation of certain programmes in villages throughout Bangladesh (immunisation, pregnancy care, NID, CDD, ARI and TB). BRAC will continue to help the government in this way during the next phase of its programme.
- BRAC can also play a role in strengthening government health services by helping with management capacity development and by creating demand for certain health services.

1.3.3 Advocacy

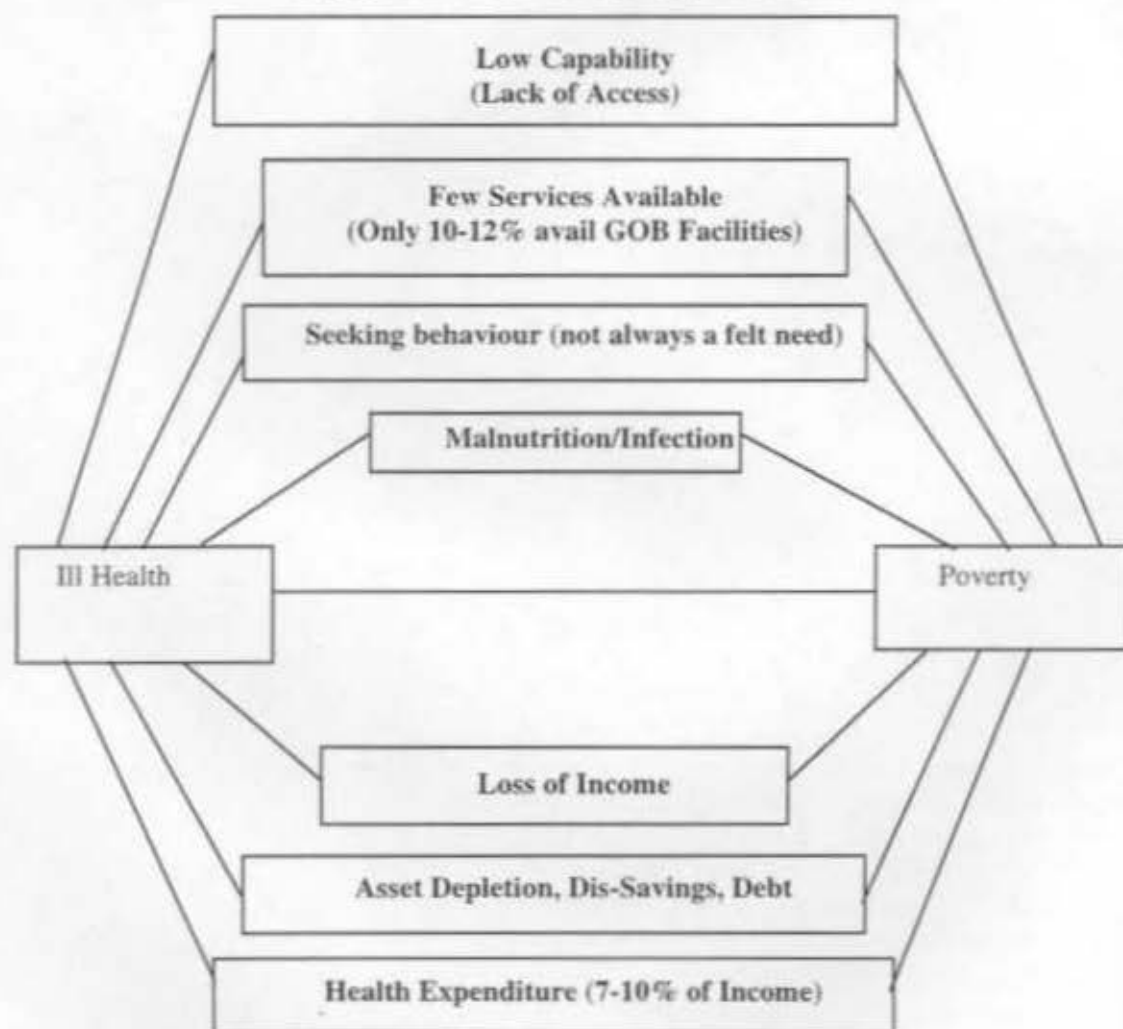
BRAC will advocate for the provision of adequate and quality services for the ultra poor and poor at the national policy level. In addition, BRAC will sensitise health workers in both the public and private sectors to the needs of the ultra poor so that they can deliver required services effectively. In areas where the government cannot meet the health needs of the poor, BRAC will try to see if the services can be made available through private service providers.

1.4 How BRAC Conceptualises the Link between Poverty and Health

Based on the experience the organisation has gathered in the last thirty years, BRAC believes that the relationship between poverty and ill-health can be characterised in the following way: the poor can not participate in positive health outcomes because of their lack of information, lack of opportunity (social / economic exclusion), and due to their inability to pay (income poverty).

- ☑ **Lack of Access to Information** – This is normally seen in two ways:
 - Limited access to information about where, how and when to get health care and treatment. With the shift in HPSP towards static clinics, this may lead to even less information reaching the very poor in the community, or women who are restricted to their homes.
 - Lack of understanding of their critical and changing needs for appropriate care on the part of the poor (for example, an “unfelt” need for family planning method mix). There is a need to create awareness about certain types of needs (changing unfelt needs to felt needs).
- ☑ **Lack of Opportunity**
 - Exclusion from mainstream social and economic institutions, including health care providing institutions. Besides being socially inaccessible, health services may also be physically inaccessible to the poor if they live in remote areas.
 - Inability to make demands upon the systems and ensure service provision.
- ☑ **Inability to Pay** – Medical care and treatment (travel costs, doctor’s fees, cost of medicine and tests) is often too expensive for poor families to be able to afford it.

Figure 1: Link between Poverty and Health



2. Pushing Out the Frontiers of the Poverty Reduction Agenda – Providing Essential Health Care Services to VO Members (including IGVDG members) and the Community

2.1 Justification

BRAC's whole strategy of 'pushing out' involves ensuring that the basic rights of the poor are upheld, and this includes their right to health services. Pushing out in the context of the health programme means that BRAC will extend its services to many more of the poor who lack basic healthcare. The primary objective of the regular EHC programme is to provide an essential package of health services, mainly through the *Shastho Shebika* (health volunteer), at people's door-step. *The programme has expanded from 27 areas in 1986 to 553 areas by 2000, covering a population of 29 million.* According to the appraisal mission, this has proved to be a very successful programme since it has addressed the primary health needs of the poor in particular, and of the community in general. Some special provisions for health care services will be made for IGVDG and BDP ultra poor members.

As mentioned previously, research has consistently shown that illness is a major factor in creating economic crisis in poor families. Therefore it has to be remembered that unless the health needs of programme participants are addressed, many other interventions to reduce poverty are likely to become redundant. Basic health care services are necessary to keep the poor healthy and productive so that they can make a living. The regular EHC programme is expected to have a positive impact in terms of improved hygiene, nutrition, family planning practices and generating new norms and attitudes about healthcare in the community. Such changes will benefit everyone in the community, from the most affluent members to the ultra poor.

2.2 Programme Participants

- VO members, including BDP ultra poor members
- IGVDG members
- Community

2.3 Objectives of the Essential Health Care (EHC) Programme for the VO members and Community

2.3.1 Output

- i. The community has access to basic health services under EHC
- ii. BRAC's health programme is complementary to that of GOB and other organisations both at the extension and policy level

2.3.2 Indicators

- i. 10 to 15% increase in the number of eligible women who seek modern contraceptive methods
- ii. Usable slab latrines installations increased by 1,290,000
- iii. 70% Of households are motivated to access to safe water
- iv. Immunisation coverage increases by 15%
- v. Vitamin A capsules reaches 90% of children under five in programme area
- vi. 70% pregnant women receive pregnancy related care
- vii. Tuberculosis cure rate reaches 90%
- viii. 50 to 70% of the referred cases received health-care services from the GOB and other organisations
- ix. Joint collaboration programmes between BRAC and GOB are under implementation

2.4 Proposed Activities

To implement the EHC programme, BRAC first carries out a door to door **baseline survey** among VO members and non-BRAC members within BRAC command areas. The aim of this survey is to determine the present health status of rural communities. Indicators used include: present use rate of latrines, tube-wells, contraceptives, immunisation, pregnancy care, the number of couples eligible for use of family planning methods, and the number of children and pregnant women needing immunisation.

The next step is to select Shastho Shebikas (Health Volunteers) from among the VO members to implement the programme activities. The major task is to disseminate preventive and common curative health measures. The women selected as Shebikas receive a 12 day training on basic health care. After the training, they are supplied with medicine, hygienic soap, contraceptives, child delivery kits, BRAC saline, iodised salt, and sanitary napkins. These goods which add up to the value of Tk. 1,000. This money acts as a revolving fund for each Shebika. When they run out of the supplies they contact the nearest BRAC Area Office to get new supplies. The SS have a profit margin, which is between 20 to 30% of the money received from the sale of these items. At the community level, there are 40 Shebikas in each area. Every Shebika is responsible for three to four VOs, totalling to about 300 households.

This section outlines briefly the major activities and their operational procedures.

2.4.1 Health and Nutrition Education

The EHC PO will organise one health forum per month for each VO group, with assistance from the Shebika. This forum is used to discuss issues such as natural sources of vitamin A in local food, appropriate nutrition during pregnancy and lactation, protection against six fatal diseases through immunisation, delayed pregnancy, contraception and child spacing. Other subjects that are discussed are ante and postnatal care, use of slab ring latrine, personal hygiene and use of safe water for all purposes. In addition, each Shebika will visit 15 households a day to disseminate health-related messages and to inquire after the well-being of the whole family.

2.4.2 Pregnancy Related Care

Bangladesh has one of the highest maternal morbidity and mortality rates in the world. For several years now, BRAC has taken initiatives to reduce these rates among poor women by increasing their knowledge about pregnancy related issues and by providing improved services. The present programme aims to reduce neonatal and maternal morbidity and mortality, and to increase the use rate of pregnancy care services in rural areas. The Shebika will identify pregnant women in her working area and encourage them to seek pregnancy related care. High-risk pregnancies will be identified when providing antenatal care and will be referred to the appropriate health facilities.

2.4.3 Family Planning

The Shebika will encourage all community members, including the poor, to use modern methods of contraception. They will supply both pills and condoms at cost prices. The Shebika will also liaise with the government workers at the Community Clinics. For contraceptive methods such as IUD, injections, Norplant, tubectomy and vasectomy, the Shebika will refer people to the appropriate clinics.

2.4.4 Immunisation

It is well known that immunisation is a very effective technology for the prevention of many potentially fatal and debilitating diseases. BRAC has worked closely with the government in its social mobilisation efforts to improve immunisation coverage during the 1980s and 1990s. As a result of concentrated efforts, the immunisation coverage rate increased rapidly from 2% in 1985 to 70% in 1990. However, the rate has since been declining and is now estimated to be about 50%. BRAC therefore now plans to work more intensively on the immunisation issue and will continue to work closely with the government to increase coverage.

BRAC's immunisation programme supplements the National Expanded Programme on Immunisation (EPI). The Shebika will inform villagers about where and when they can get their children immunised. The Shebikas also work alongside the government health workers in the vaccination centre. They assist in vaccinating children in the age group of 0-1 year, as well as pregnant women.

2.4.5 Water and Sanitation

Safe water supply and household sanitation is one of the most vital components of the health care programme. It is considered vital for three reasons: (i) although tubewells are a source of drinking water for 97% of the population, only 38% of people use this water for all purposes, (ii) rural sanitary latrine coverage is only 40%, resulting in a polluted environment, and, (iii) the lack of appropriate domestic and personal hygiene practices leads to the spread of diarrhoeal diseases.

In order to change current personal hygiene practices, EHC emphasises awareness raising to improve the health practices of the poor, as well as in the rest of the community. This will be done through the training of health workers, school students, religious and community leaders. The Shebika plays an important role in this regard. She can ensure that the community's currently "unfelt" needs with regards to water and sanitation become felt ones, and then she can help with regards to service provision. All such motivation work and the provision of tubewells and sanitary latrines is done in collaboration with the government and a number of other supporting agencies (the NGO Forum and the Department of Public Health Engineering-DPHE).

There are three to five slab ring latrine production centres within the working area of each BRAC Area Office. The slab rings are produced by 2-3 VO members.¹ BRAC provides each working Area Office with Taka 50,000 as a revolving fund to manufacture these slab rings. The Shebikas promote the sale of these slab rings to the villagers. They will get Taka 20 service charge per slab and Taka 5 per ring sold.

BRAC extends credit support to the poor who are unable to buy tubewells (in the areas where arsenic level is within acceptable range) and slab latrines on their own. BRAC provides Taka 10,000 as a revolving fund to buy tubewell sets and to buy instruments/chemicals to measure the level of arsenic level in the water. The Shebika gets a service charge of Taka 50 for each tubewell sold.

2.4.6 Tuberculosis Control:

Seventy thousand people die annually of tuberculosis in Bangladesh, making it one of the most critical public health concerns. Three hundred thousand new cases occur each year. In response to this emerging problem, BRAC initiated a pilot community-based TB control project in 1984. Its two-fold purpose was: (1) to make TB diagnostic and treatment services available and accessible to the community, and (2) to

¹ These VO members will have received training on how to make slab rings.

encourage community involvement in the care of TB patients. The main feature of the programme is the role the Shebika plays in the provision of information to the community, as the person responsible for the identification of suspected cases, referral of suspected cases to 'smearing centres', ensuring that the Directly Observed Treatment Short courses (DOTS) are followed, dispensing medication, follow-up care to check the patients' progress and referral of patients with complications (details described in the box 3).

BRAC's tuberculosis control programme was expanded to 10 upazilas in 1992, covering 1.8 million persons. In 1994, BRAC signed an MOU with the Government to implement its community based TB control programme in 106 upazilas, covering a population of about 25 million. BRAC covers these upazilas very thoroughly, and does not restrict its activities to simply BDP working areas.

BRAC will continue with the existing programme in 106 upazilas **during the period from 2002 to 2006**. So far, this programme has proved to be very successful. In 1999, 42,855 suspected cases of TB were identified, of which 96% were actively examined. Thirteen percent were found to be positive. The cure rate of positive TB cases in BRAC areas continues to be 89%.

Box 3.

BRAC's TB Control Programme Strategy

Persons with cough and other symptoms, for example, fever, weight loss etc. for more than 3 weeks are identified by Shebikas and referred to smearing centres for sputum collection. A total of three sputum samples are collected from each suspected person. Each person is given two sputum containers for collecting sputum samples, one at night and other at early morning, and advised to bring the samples to the smearing centre. Another spot sputum specimen is collected from each suspected person at the centre. Sputum collection centres are set up at BRAC area offices and at village level (10-12 centres per upazila) in remote areas to increase the accessibility. Sputum slides are sent to the BRAC shushasthos or government upazila health complexes for microscopic examination. Ten percent of positive slides are cross checked by another technician under the guidance of medical officer. Identified patients are given eight months short course treatment by Shebikas. Patients come to the Shebikas' home every day for taking drugs (DOTS) during the intensive phase of the treatment. In the case of seriously ill patient, the Shebika visits the patient's home and observe him/her to swallow the drugs until he/she is able to come to the Shebika's house. Patients are asked to deposit Taka 200 and sign a bond as a guarantee of treatment completion. Upon completion of the treatment, Taka 125 is given to the Shebika and Taka 75 is refunded to the patient.

In the beginning of the programme, medical doctors, paramedics and community health workers are trained according to the national TB guidelines and training curriculum. The national TB programme mostly supplies training materials and logistics. WHO training modules for district level managers are used to train doctors. Laboratory technicians are trained at the national TB control project. Drugs and laboratory agents are supplied by the government to BRAC. Coordination meetings with government and NGOs are held quarterly. A referral system in collaboration with the upazila health complexes, district TB clinics and NGOs have been set up to avoid duplication of patient registration. Monthly and quarterly performance reports are given to the government.

A team of international and national experts reviewed the National Tuberculosis Programme (NTP) in 1987. In their report, WHO described Bangladesh's TB control programme as a 'model for the entire world'. The review team noted that a contributing factor to the success of NTP is its cooperation with NGOs, who are assisting DOTS implementation in one-third areas covered. BRAC receives the TB drugs free from the government.

2.4.7 Basic Curative Services

One of the Shebikas's key responsibilities is the diagnosis and treatment of ten of the most common diseases to affect the rural population - diarrhoea, dysentery, cold and fever, anaemia, worms, ring worms, skin diseases, acidity, goitre, and oral ulcer. The SS will provide basic treatment, and if necessary, refer patients to health centres or hospitals.

2.4.8 Health Commodities

The health commodities promoted by BRAC include BRAC saline, iodised salt, sanitary napkins (nirapod), delivery kits (kalyani), vegetable seeds and hygienic soap. These will be delivered to the poor and community members by the Shebika. The Shebika gets a service charge (set by the programme) after selling each commodity.

2.5 Budget Summary

The estimated budget (with inflation adjustment) for different activities of the EHC programme for the community is Taka 552,679,880. This amount will be spent on the activities listed in this proposal and on the salary of programme staff, i.e. Regional Sector Specialists (RSS) and Programme Organisers (PO), and their travelling, transportation, training and development costs. Pregnancy care and the tuberculosis control programme is integrated with the previous EHC components. The costs for tuberculosis drugs and reagents were not included in the budget, because they were supplied by the government. In the budget, we also did not include house rent, utilities and basic training for staff as this is the continuation of EHC programme.

3. Pushing Down the Frontiers of the Poverty Reduction Agenda to Provide Health Care Services to the Specially Targeted Ultra Poor

3.1 Justification

As emphasised in this proposal, BRAC experience shows that the poor are not a homogenous group. Different sub-groups within the poor have different health needs. Ultra poor families are not always able to take full advantage of the facilities provided under the existing EHC package.

Therefore, in addition to its Essential Health Care (EHC) programme, BRAC proposes to start a health programme specifically designed for ultra the poor families. This programme will serve a total of 70,000 specially targeted ultra poor households in the next five years, beginning with a pilot phase in the first 2 years in 15 selected regions. This is an integral part of BRAC's attempt to 'push down' and provide basic services to people who normally have no access or very limited access to such services due to the various reasons mentioned in the previous sections.

A new delivery strategy has been developed for CFPR to ensure that the ultra poor know about basic health care, that they get access to information about health services available through EHC and through the government, and to facilitate their access to these health resources. This health component is thought to be essential to help the specially targeted ultra poor move out of the extreme poverty they currently face. It has been designed using BRAC's extensive experience of working in community health care. It should be emphasised, however, that this package is very much a pilot project and may be revised and improved upon as BRAC gains more experience of working with the ultra poor.

3.2 Objectives of the Essential Health Care (EHC) Component for the Specially Targeted Ultra Poor

3.2.1 Output

Specially targeted ultra poor have access to free basic health services and the provision of selected health products ensured at subsidy or cost price.

3.2.2 Indicators

- i. 10 to 15% increase in the number of eligible women who seek modern contraceptive methods
- ii. Usable slab latrines installations increased by 60,000
- iii. 70% Of households are motivated to access to safe water
- iv. Immunisation coverage increases by 15%
- v. Vitamin A capsules reaches 90% of children under five in programme area
- vi. 70% pregnant women receive pregnancy related care
- vii. Tuberculosis cure rate reaches 90%

3.2.3 Targeting the Ultra Poor

The specially targeted ultra poor households will be identified by the Ultra Poor (UP) staff using criteria detailed in the first component of this proposal. EHC programme staff will obtain a list of specially targeted ultra poor households identified by the UP staff in the fifteen regions where they will be working. Each Shebika, and PO will be given a list of the ultra poor households in their catchment areas so that they can visit them on a regular basis and give special attention to their needs. The Ultra poor households will also be given identity cards. On presentation of their ID cards, they will receive special attention at the Shushatho (BRAC Health Centre). The EHC POs will formulate basic demographic and health profiles of these households for an initial assessment of their needs. Based on this, their progress will be monitored.

3.2.3.1 Typology of the Health Conditions of the Specially Targeted Ultra Poor

It is useful to categorise the health problems of the ultra poor into three groups:

1. Families that are affected by life threatening, **severe morbidity**, seriously affecting their income-earning potential.
2. Families that are affected by **mild morbidity** that may affect income to a certain extent.
3. **Apparently healthy** ultra poor families who are at risk for mild or severe morbidity.

BRAC's past experience, rapid assessment in the field, and available research findings (Begum, 1996. Analysis of Poverty Trends Project, 62 Village Resurvey, 1995) show that out of the total number of ultra poor, 60% were apparently healthy, 30% suffered from mild morbidity and 10% from severe morbidity. *Mild morbidity is defined as ten diseases that can be treated by the Shebika. Severe morbidity is defined as any disease diagnosed by a physician that causes loss of at least 7 consecutive working days.*

Table 1 : The Morbidity Pattern of Specially Targeted Ultra Poor Population is as Follows:

	Apparently Healthy Ultra Poor	Ultra Poor with Mild Morbidity	Ultra Poor with Severe Morbidity	Total
Year 1	3,000	1,500	500	5,000
Year 2	3,000	1,500	500	5,000
Year 3	6,300	3,150	1,050	10,500
Year 4	15,300	7,650	2,550	25,500
Year 5	15,600	7,800	2,600	26,000

3.2.4 Main Health Problems of the Ultra Poor

- (i). Lack of information (a) about appropriate treatment, and about available health care services from the government and other institutions; (b) about different types of diseases.
- (ii) Absence of social and emotional support for patients and their families during periods of illness (for example, help with childcare and household chores, advice and counselling for patients and their families)
- (iii) Lack of appropriate and good quality health care services
- (iv) Inability to pay for basic health care services

3.2.5 Health Interventions for the Specially Targeted Ultra-Poor

To address the identified core health problems of the ultra poor, the main health interventions will be as follows: (1) increased access to information, (2) social and emotional support, and counselling, (3) appropriate, quality services, and (4) financial support. The three categories of ultra poor mentioned earlier – those with severe morbidity, mild morbidity and the apparently healthy ultra poor – can provide a helpful framework to decide who needs what type of care among the ultra poor.

As BRAC is taking up a pilot programme with the ultra poor, it is also experimenting with a new way to monitor and measure health improvement for programme participants. By dividing them according to their morbidity pattern, it will be able to assess more clearly the improvement in their health condition. Dividing the ultra poor according to these categories may also help BRAC to tailor its health services according to needs of the specially targeted ultra poor. Finally, this method of categorisation should also help BRAC to predict more accurately the amount of subsidy or referral linkages that will be required for each patient.

The strategic directions identified to deliver health services to the specially targeted ultra poor are formulated and presented in the matrix below.

Priorities and Focus

Intervention	Strategies for Intervention		
	Apparently Healthy Ultra Poor	Ultra Poor with Mild Morbidity	Ultra Poor with Severe Morbidity
Access to Information	1. Information on place, provider, cost of required service/ medicine, transport attendance etc. 2. Provide preventive health information	1. Information on first aid in emergencies (package of information) 2. Information on life saving skills 3. Preventive health information	1. Information on place, provider, cost of required service/medicine, transport attendance etc. 2. Information on first aid in emergencies (package of information)

lessons from a wide diversity of programmatic interventions on poverty reduction. (See Annex Seven and Eight).

The first two years have been designated as a very extensive pilot programme. During this period, in which three institutional approaches to the ultra poor are deployed, there will be intensive action research to monitor and review the strengths and weaknesses of the new instruments. Whilst it is anticipated that these models, which are complementary, will prove to be appropriate, there will be both an internal and external review to assess the results and advise upon any needed reforms. This programme is tackling difficult areas of poverty reduction intervention and the action research is specifically designed to ensure that any needed fine-tuning of instruments will happen in a timely and effective manner.

2. Programme Rationale – A Bangladesh Livelihoods Framework

Bangladesh has enjoyed considerable success in poverty reduction since Independence with the head count ratio coming down from over 70% in 1973-74 to 46.5% in 1995-96. However urban poverty reduction has been much more rapid than rural and 80% of the poor live in rural areas where the headcount remains over 50%. These results on income poverty are matched by similar trends in human development indicators. Whilst there is not a perfect overlap, by and large and with a couple of important exceptions, the geographical pattern across the country is similar for both human development and income measures. These results are given more attention in volume two and the references therein.

Bangladesh evidently continues to face a formidable challenge in poverty eradication. The analysis of programmatic interventions targeted at the poor suggests two major areas where new instruments are needed. The major targeted poverty reduction activity is provision of microfinance which, through government programmes, NGOs and Grameen Bank, now reaches 80% of the villages and has over 7 million loanees, mainly women.

Results now show that it is the moderately poor, with incomes just below the poverty line, as well as vulnerable households just above the poverty line, which are the principal users of microfinance. Compared to poorer households they are more likely to join an NGO, more likely to take a loan, more likely to have a larger loan and more likely to develop a profitable microenterprise with their loan. There are several reasons why poorer households are less likely to join or, once joining, less able to make effective use of loans. Perhaps the most common factor is that households need an existing source of regular income with which to service loans. Repayment conditions typically require payment on a weekly basis as soon as the loan is taken, and in many cases, before any income has been generated by the investment of the loan. For households without such an assured repayment source, taking a loan is simply too risky. Very often, NGO staff or other borrowers will discourage such poor households joining the programme. This situation is particularly problematic because two-thirds of those households which are in poverty in fact fall below a second, lower, poverty line. These include a small number of absolute destitute people, but the majority are economically active but ultra poor households.¹

It is members of this group that are particularly disadvantaged using conventional microfinance instruments and it is for this group that new modes of intervention are needed. This is a new frontier in the poverty reduction challenge. For BRAC, the agenda is about “**pushing down**” its interventions by developing new instruments relevant to the livelihoods strategies of these ultra poor households.

¹ One definition of the ultra poor is households that spend 80% of their income on food yet still fail to reach 80% of their recommended calorie intake. We do know these households fail to consume 80% of their calorie needs but do not know the proportion of income they spend on food. BRAC research has examined more carefully the characteristics of these households, which are summarised in Table One below.

Intervention	Strategies for Intervention		
	Apparently Healthy Ultra Poor	Ultra Poor with Mild Morbidity	Ultra Poor with Severe Morbidity
		4. Information on behavioural change	3. Information on life saving skills 4. Preventive health information.
Psycho-social, and emotional support, as well as Counselling	1. Community mobilisation to provide socio-emotional support, and counselling, and neighbourhood support	1. Community mobilisation to provide socio-emotional support and, counselling and neighbourhood support 2. Shebika will have the responsibility to identify and support families / individuals	1. Community mobilisation to provide socio-emotional support, and counselling neighbourhood support 2. An individual will be assigned the task of providing support to a cluster of families (PO/Shebika) 3. The PO will have the responsibility to identify and support families / individuals with serious morbidity
Appropriate, high quality services	1. Sensitisation of service providers/ health workers to the (health care) needs of the ultra poor. 2. A mechanism for screening to identify health problems 3. Pregnancy related care 4. Linkage with trained birth attendants to ensure delivery 5. Provision of preventive care services (Immunisation, VAC) 6. Provision of safe water and sanitation.	1. Development of referral linkage with all other health providers (as appropriate) 2. Provision of treatment at cost or even free (medicine, care, pathological) 3. Contact with health service providers 4. Sensitisation of service providers to (health care) needs of the ultra poor	1. Development of referral linkage with all other health providers (as appropriate) 2. Provision of treatment, transport, and an attendant at cost or for free (medicine, care, hospitalisation, pathological). 3. Contact and co-ordination with other (e.g. government) health service providers 4. Sensitisation of service providers/ health workers to the (health care) needs of the ultra poor.
Financial support	1. Health insurance (pilot).	1. Community involvement to create matching funds 2. Creation of special fund to support health care (drugs, pathological etc.) 3. Local level fund mobilisation 4. Subsidy for Shebika 5. Creation of special fund to support pregnant women and children under -2 who are severely malnourished	1. Income supplementation for period of illness 2. Creation of special fund to support health care (hospitalisation, drugs, transport, pathological etc.) 3. Community involvement for creating matching funds. 4. Local level fund mobilisation 5. Subsidy for Shebika

3.3 Implementation Strategies

The provision of health care services for the specially targeted ultra poor will involve two distinct strategies. Firstly, provision of health awareness and basic health care services to all specially targeted ultra poor, irrespective to their health conditions. Secondly, provision of financial assistance for the clinical care of the specially targeted ultra poor diagnosed with mild and severe morbidity.

3.3.1 First Strategy: Social Mobilisation, Health Awareness and Basic Health Care

The health services provided to the specially targeted ultra poor are to complement the services being provided through the other components of this proposal. The first step will be to arrange a needs assessment exercise with specially targeted ultra poor women. This will be done using various techniques, such as focus group discussions with the POs, rapid appraisal exercises, and through interviews with key informants in the community to assess the particular health problems in the locality. From its past experience, BRAC has found that each locality may have very different health needs so that a uniform health package is not very useful. For example diarrhoea is more of a problem in riverine areas, or goitre problems are more common in specific districts such as Jamalpur. Therefore, each health awareness programme will be tailored to address the specific needs of the locality and will respond to the priorities identified by ultra poor women. A package of information will be developed, which will cover issues such as availability of services, patient's rights, the cost of different types of treatments, places where treatment can be obtained as well as information about different types of diseases. This package will be discussed with the specially targeted ultra poor during individual household visits.

Such awareness-raising and mobilisation work in the community to improve the everyday health practices of the poor and to provide information about where more specialised health care is available is an important part of the existing EHC programme. With regards to the ultra poor, such awareness raising should achieve several things. Firstly the POs and Shebikas, by providing basic information about preventive health care, such as where and when children can get immunised, what food is locally available to fulfil nutritional requirements, basic hygiene and sanitation norms will reduce the existing information gap. Secondly, the POs and Shebikas will try to mobilise the ultra poor to change their health practices, to adopt family planning, to install and use sanitary latrines.

3.3.1.1 Health Interventions Tailored for the Specially Targeted Ultra Poor

The following arrangements will be made for the ultra poor with regards to health interventions:

(1) Health and Nutrition Education

The EHC PO and Shebika will visit the specially targeted ultra poor every month to disseminate health-related messages and to enquire after the well-being of the whole family. During the visit they will discuss several issues such as natural sources of vitamin A in local food, appropriate nutrition during pregnancy and lactation, protection against six fatal diseases through immunisation, delayed pregnancy, contraception and child spacing. Other subjects that are discussed are ante and postnatal care, the use of slab ring latrines, personal hygiene and use of safe water for all purposes.

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(2) Pregnancy Related Care

Prenatal and postnatal care will be provided to all pregnant women. The health POs, with the help of Social Development POs, will identify pregnant women needing extra care during their pregnancy. The POs will not charge any thing for pregnancy-related care in the case of specially targeted ultra poor women. For those in need of emergency care or hospitalisation, BRAC will arrange secondary or tertiary medical care as well as bear part of the costs (this will depend on whether the amount exceeds the allocated budget set aside for treatment of mild and severe morbidity) of transport and medical treatment. If any woman is hospitalised, other VO members will be encouraged to support and help her by looking after any young children at home.

(3) Family Planning

Shebikas will motivate specially targeted ultra poor families to use a family planning method. Temporary methods (the pill and condoms) will be provided free of charge. For semi permanent and permanent method contraceptives (injectable, sterilisation), BRAC staff will refer and facilitate access to government services.

(4) Immunisation

The specially targeted ultra poor will be given information about why immunisation is important, and how and where they can get their children immunised. BRAC staff will motivate, mobilise and make linkage of ultra poor women's access to government immunisation services.

(5) Water and Sanitation

The specially targeted ultra poor families will be given information about and encouraged to use arsenic free, safe, water and sanitary latrines. Specially targeted ultra poor households will be provided sanitary latrines and tube wells at subsidised rate from BRAC. An arrangement will be made to test the tubewells for arsenic contamination free of charge.

(6) Tuberculosis

Information on tuberculosis symptoms and treatment will be disseminated in the community to facilitate the identification of TB patients. BRAC will cover the cost of laboratory tests, medicine, and the service charge of the Shebika (details in the box 3).

(7) Basic Curative Services

One of the Shebikas's key responsibilities is the diagnosis and treatment of ten of the most common diseases to effect the specially targeted ultra poor- diarrhoea, dysentery, cold and fever, anaemia, worms, ring worms, skin diseases, acidity, goitre, and oral ulcer. The SS will provide basic treatment, and if necessary, refer patients to health centres or hospitals.

(8) Health Commodities

BRAC health commodities, such as BRAC saline, iodised salt, sanitary napkin (nirapod), delivery kit (kalyani), vegetable seeds and anti-bacterial soap will be available to the ultra poor at cost and the Shebika service charge will be covered by BRAC.

3.3.2 Second Strategy: Financial Assistance for the Provision of Medical Care for Mild and Severe Morbidity

High cost is one of the main barriers to the use of health services, even once poor families know about them and wish to use them. Therefore, to help the specially targeted ultra poor pay for their healthcare, BRAC has made the following provisions:

When a family member is ill, the Shebika is the first person they can contact and who can provide some care. She is trained to deal with basic illnesses and will give free advice about basic treatment in the case of the specially targeted ultra poor. She will provide social and emotional support, and advice on treatment to the affected families. In case of mild or severe morbidity, the Shebika or PO will refer members of the specially targeted ultra poor households to either the Shushastho (BRAC Health Centre) or to a government health facility. At the Shushastho, the specially targeted ultra poor will be given priority on presentation of their ID card. They will obtain free consultation, while medicine and tests will be provided at cost and sometimes for free. It will be left to the discretion of the medical officer in charge to assess whether a patient can afford to pay for treatment at all. BRAC will provide the medical officers a set of guidelines to help them make such decisions.

In addition, BRAC will make the following options for the specially targeted ultra poor programme participants:

- BRAC will provide financial assistance in cases of medical emergencies. At the Area Office, Taka 250 and 750 per year will be earmarked to meet emergency health costs for those with mild morbidity and severe morbidity respectively. If someone cannot afford medical treatment despite the allocated funds, they can then get an interest free loan from the "Revolving Health Fund". BRAC will also cover all the Shebika service charges in the case of treatment.

BOX 4.

Estimated costs for health care subsidy to specially targeted ultra poor

Costs of different components have been analysed to find out the subsidy needed for the ultra poor health programme. It is estimated that annually 30% of the household population will suffer from mild morbidity and 10% from severe morbidity. All specially targeted ultra poor people will receive basic health care services. The estimated costs for providing health care as follows.

	Ultra poor served	Subsidy in Tk./ultra poor	Total Tk.
A. Basic Health Services			
Latrines	60000	130	7800000
Arsenic kits	3600	30	108000
Tuberculosis treatment	600	125	75000
Pregnancy related care	7812	45	351540
Tube wells	500	1500	750000
Family planning	42588	90	3832920
Health products	72000	150	10800000
B. Mild morbidity	21600	250	5400000
C. Severe morbidity	7200	750	5400000

- EHC staff will try to mobilise local resources to cover any major medical expenses if not covered by the above allocated funds. This will be done in two ways. Firstly, wealthy members of the community will be encouraged to help ultra poor families pay for their medical bills. Secondly, BRAC will try to raise funds from among VO or Polli Shomaj members to help cover the costs of treatment in case of a medical emergency. This has already been happening in many areas, and this will be further encouraged in the future.
- BRAC staff will try to ensure that patients from specially targeted ultra poor households get access to the free or subsidised health services and medicine available from the government or other private sources.
- BRAC will provide financial assistance to the specially targeted ultra poor for mild and severe morbidity through a health insurance scheme in two pilot upazilas. In Bangladesh there are several examples of financing health care services through a health insurance scheme. In Grameen Bank, a co-payment system is utilised. The annual premium per family for Grameen Bank members is Tk. 120 and for non-members is Tk. 150. They receive a 25% discount on essential drugs and a 30% discount for pathological tests. Patients also receive Tk. 500 to Tk. 1000 to meet their medical expenditures when referred to other facilities. Based on the experience of the Grameen Bank, the Sajida Foundation and Dhushtho Shastho Kendro (DSK), BRAC developed its own health insurance scheme. Anyone in the community will be able to join the scheme by providing the annual premium.

This scheme will focus on the poor and ultra poor to help them meet their medical expenses. BRAC will pay the insurance premium for the specially targeted ultra poor programme participants. Other community members will pay their own premium. They will receive health services from Shushastho (BRAC health centres), government and other health facilities. The present pilot project on health insurance in Madhabdi upazila will serve as a model to be expanded to two specially targeted ultra poor pilot upazilas in the first year of the project.

BOX 5.

Health Insurance Scheme Strategy

- The annual premium for BRAC and other NGO members is Tk. 100 (for family of less than 6), Tk. 150 (family members 6-8) and Tk. 200 (for family of more than 8) and for non-members the premium will be either Tk. 250, Tk. 300 and Tk. 350 depending on family size.
- Co-payment for receiving service from Shushastho is Tk. 2 for BRAC and NGO members, and for others it is Tk. 5.
- Members receive 50% discount for pathology from BRAC.
- Member receive 25% discount on drugs bought from BRAC
- Members receive Tk. 500 to Tk. 1000 to meet medical expenditures when referred to other health facilities
- Household heads of member families receive free health check up once a year.
- Members receive 25% discount on renewal of their policy, if any member does not use health services from BRAC during the previous year.

Revenue is generated from both from the annual premium and the user charges deposited to the BRAC account on a daily basis. A monthly report is collected from the area office to monitor annual premium collections, service utilisation and user charges.

3.4 Health Services for IGVGD and BDP Ultra Poor

The Shebikas and POs will be given special training on the health needs of IGVGD and BDP ultra poor members. EHC programme staff will obtain a list of IGVGD and BDP ultra poor members from BDP staff. The IGVGD and BDP Ultra poor will be identified through their membership cards. The health awareness programme will be tailored to address their specific needs. *All basic health care services, including health and nutrition education, will be available to IGVGD and BDP ultra poor members as provided to the other VO members and community.*

Shebikas will provide social and emotional support, and advice on treatment to the affected families of IGVGD and BDP ultra poor. POs and Shebikas will give special attention to their needs and provide extra care for their health problems. In case of mild or severe morbidity, the Shebika or PO will refer the patient to either the Shushastho or to a government health facility. At Shushastho, the IGVGD and BDP ultra poor will be given priority on presentation of their membership card. BRAC staff will try to ensure that patients from IGVGD and BDP ultra poor households get access to free or subsidised health services and medicine available from the government or other private sources. User fees may be waived in some instances if someone cannot afford to pay for basic health care services from BRAC (such as fees for pregnancy care, or deposit for treating tuberculosis).

EHC staff will try to mobilise local resources to cover any major medical expenses for IGVGD members and BDP ultra poor members. This will be done in two ways. Firstly by encouraging wealthy members of the community to help IGVGD and BDP ultra poor families pay for their medical bills. Secondly, BRAC will try to raise funds from among VO or Polli Shomaj members to help cover the costs of treatment. This has already been happening in many areas, and this will be further encouraged in the future.

3.5 Budget

The total cost of providing essential and emergency health care services to the ultra poor will be about Taka 44,938,771 for five years.

4. Links with the Public Sector Programme

4.1 Working in Partnership with the Government (HPSP)

4.1.1 Strengthening community clinics (HPSP)

BRAC will help to strengthen and make the government's community clinics more effective in the following ways:

- *Management:* BRAC will facilitate the process to include the Shebikas, NFPE teachers and VO members in the management committee for promoting the activities and regular function of community clinics.
- *Demand creation:* Shebikas will create demand for services at the community level and be actively involved in the efficient functioning of the community clinic as a member of the management committee. BRAC programme organisers will also ensure that health care services are available in the community clinic by liaising with the government health staff and by supervising the activities of Shebikas.

4.1.2 Filling in the gap

BRAC's EHC programme supports government health interventions in two basic ways. Firstly, through the network of Shastho Shebikas and its system of community care, BRAC will fill a gap left at the community level when the government establishes a static Community Clinic. With the shift in strategy in the HPSP, there will be a withdrawal of the government's Health Assistants (HAs) and Family Welfare Assistants (FWAs) from the household/community level. The Shebika will now be left as one of the few health care providers going from house to house at the community level.

BRAC experience has also shown that the Shastho Shebikas are very effective in providing a range of basic services to poor families at the household level: primary care such as BCC and social mobilisation, distribution of services (contraceptives, first-aid/basic-care for ARI/CDD, deworming), safe delivery at home, birth weight measurement, and growth monitoring and limited ESP care for both the preventive and curative health.

The second way in which BRAC can fill a gap left by the public health sector is through its community outreach service, called the Ante-natal Care Service (ANCS). This is used for selected ESP care, reproductive and child health care. BRAC will continue to provide such services through its ANCSs till rural communities are sufficiently proactive to seek such services at static clinics. After the government's Community Clinics (CCs), each covering 6,000 of population, have been set up, some ANCSs may have to be relocated. These will be relocated to places where the community lacks or has difficulty accessing the government clinics. The outreach centres serve as the first point of contact for many and will strengthen the utilisation of community clinics through primary care screening and referral.

4.1.3 Referral to government services

Shebikas working at the community level will play a crucial role in providing information about the new forms of service delivery set up by the government and in referring people to these clinics.

The government has also made a commitment to provide medical services to the ultra poor, but it does not have the mechanism to identify these families. BRAC can, therefore, provide assistance in this respect, and facilitate the ultra poor's access to government resources and services. A concerted effort will be made to refer the ultra poor to government facilities since services and medicines are provided at a subsidised rate or free.

4.1.4 Helping GOB by Implementing Programmes

- *Health and Nutrition education:* Shebikas provide health and nutrition education to the community. They discuss common health problems and the services available to the community such as government clinics and other institutes
- *Immunisation:* BRAC mobilises the community to receive immunisation (children and pregnant women) from government community clinics.
- *Vital statistics:* Shebika provides information on vital statistics (birth and death) to government workers.
- *Pregnancy related care:* BRAC helps to identify and mobilise pregnant women to ensure they receive antenatal and postnatal care from community clinics and refers them to UHC or district

hospital in case of emergency. BRAC POs try to provide care at community level for pregnant women who do not have access to community clinic/satellite clinics or other medical institutes.

- *Basic curative care:* BRAC mobilises the community to receive maternal and child health care (curative care) from community clinics and other services from RD/FWC and UHC. Shebikas provide basic curative care for those who do not seek care from community clinics or other public health facilities.
- *Family planning:* BRAC mobilises eligible couples to use family planning methods and refers them to FWC/UHC for semi-permanent and permanent methods. People who do not receive services from community clinic, receive contraceptives from Shebikas.
- *Tuberculosis:* BRAC receives all the drugs required and logistical support from the government. BRAC collaborates with the national TB programme to increase the national coverage on case detection and treatment of patients. Shebikas identify suspected patients and refers them for sputum test to upazila health complexes or BRAC's Shushasthos and ensures DOTS at community level in collaboration with community clinic staff after registering them at upazila treatment register.
- *National Immunisation Day (NID):* BRAC provides orientation to primary school teachers and imams on the need for and importance of immunisation. Shebikas mobilise the community to receive polio vaccines and Vitamin A capsules from out-reach centres. BRAC also provides over one hundred thousands volunteers to help implement successful NIDs.
- *Water and sanitation:* Government DPHE provides technical assistance for the sanitation programme and in testing arsenic contamination in ground water. BRAC supplies water seal latrines and tube wells to the community. BRAC VO members have access to credit for buying latrines and tube wells.

In order to ensure the proper delivery of all the above services to the community, a joint action plan is formulated at the upazila and below level with the Government and other local stakeholders.

4.2 Advocacy to Ensure Better Health Service Provision for the Poor and Ultra Poor

While BRAC is currently providing many health services and products that are otherwise not available to the poor and ultra poor in particular, BRAC recognises that in the long-run the public health sector (i.e. government services) need to be strengthened to be able to address everyone's health needs. In order for this to happen, BRAC proposes to undertake advocacy work to ensure that pro-poor, and pro-women health policies are formulated and then efficiently and equitably implemented. BRAC will work on two fronts: at the national level it will work to influence government health policies and at the local level it will work to ensure that services are delivered efficiently and that all groups (and particularly the poor and ultra poor) have access to them.

BRAC will carry out its advocacy work by participating in national level policy meetings where it can share and disseminate some of its best practices, by conducting national and regional level workshops, and by participating in stakeholders workshops and meetings at upazila, district and national level to sensitise health providers.

4.2.1 Involvement in national level planning with regards to health policies

As a major and innovative provider of health services at the community level, BRAC has often been asked to participate in national policy making forums. BRAC's involvement in these forums will

Box One: Evolution of BRAC development philosophy

Over the past thirty years, since its founding in 1972 as a relief and rehabilitation organisation in the aftermath of the Independence War, BRAC has grown and developed into one of the largest and most effective non-governmental organisations in the world. BRAC has experimented with different approaches to economic and social development for the poor, including: integrated community development in the haor area of Sylhet, integrated development targeted at women in the area around Jamalpur town, integrated development targeted at the poor, both men and women, in Manikganj district, and social mobilisation of the poor in several areas. All of these early initiatives involved participatory planning and dialogues for critical consciousness (à la Paolo Freire) with the poor and generated important substantive and operational lessons for BRAC.

By the early 1980s, BRAC began to distil the lessons from these various pilot projects and to develop its basic philosophy and approach to promoting the economic and social development of the poor in rural Bangladesh. BRAC believes that the socio-political power of the poor cannot be built unless they have a secure economic base; and that the economic assets of the poor cannot be increased and their economic vulnerability cannot be reduced unless they have the socio-political strength to access resources, address risks, and resist exploitation.

Over the past three decades, through both its Rural Development Programme and its research studies, BRAC has gained a deep understanding of how the poor attempt to generate and secure livelihoods and how local social, economic, and political structures exclude or exploit the poor, especially women, at the village level. In regard to the livelihood strategies of the poor, BRAC understands that the specific strategies of individual households depends on their existing assets – human, physical, financial, natural and social – and their ability to transform or exchange these assets into a secure means of livelihood. BRAC recognises the need to adjust its interventions to match the specific livelihoods strategies of different households, including: those households that subsist entirely on their own agriculture and/or artisan production; households that subsist on their own production and the sale of manual labour; and households that subsist entirely on the sale of manual labour. BRAC also recognises the need to address the prevailing power relations, social norms, and other systemic risks that constrain the ability of the poor, especially women, to transform their assets into sustainable livelihoods.

BRAC recognises that it cannot help reduce the vulnerabilities and expand the opportunities of the poor, especially women, without redressing unbalanced power relationships and oppressive social practices. BRAC's understanding and philosophy suggest that the poor need several types of social assets. They require supportive ties with other members of their communities, mutual support within their own local organisations, solidarity with other local organisations of the poor, and collective bargaining power to resist exploitation by vested economic and political interest groups and to demand access to public institutions and resources. For this reason, BRAC seeks to promote what it calls the socio-political assets – not just the social assets – of the poor.

In sum, the conceptual underpinnings of BRAC's approach to economic and social development blend concepts from both the sustainable livelihoods framework and the social mobilisation/transformation framework. Within the context of the sustainable livelihood framework, BRAC focuses on building physical, natural, financial, human and socio-political assets. Within the context of the social mobilisation/transformation framework, BRAC's programmes focus on reducing the exclusion, exploitation, and other risks faced by the poor by changing structures (government, political structures, traditional social institutions, and market transactions) and processes (laws, regulations, policies, social norms, market relations). The overall goal of BRAC's programmes are to enable the rural poor to build, secure, and use their assets to improve their well being, reduce their vulnerabilities, and take advantage of new opportunities.

Partly as a result of participatory poverty assessments there is now a greater appreciation of the multiple dimensions of rural poverty. Moving well beyond the normal indicators of income and human poverty, poor people themselves have provided accounts of their poverty that highlight gender inequalities, powerlessness and injustice as well as material poverty. Addressing these dimensions in a poverty reduction strategy requires quite different interventions to those focused primarily on material poverty.

continue in the foreseeable future and where possible, BRAC will try to get involved in new and emerging forums and committees dealing with health issues in order to try and influence policies in this sector.

- BRAC was a member of the 'National Health Policy' committee (the only NGO in the committee)
- BRAC is currently working with the National Steering Committee for the National Nutrition Programme (NNP) to design and develop the policy, BCC materials and develop the capacity for NNP implementation.
- BRAC is involved in developing the maternal health strategy in HPSP. Two members from BRAC joined the HRD and Nutrition sub committees and participated in the national committee for strategic planning.
- BRAC participates in the national TB control programme review and has helped to develop a national strategic plan. BRAC participates in capacity development and BCC strategic planning on TB.
- BRAC also participates in different strategic meetings on child health (including ARI, EPI, arsenic, HIV and Sanitation).
- BRAC is involved in the national level planning and campaign to ensure successful NID.
- BRAC participates in national level strategic planning and policy review for the different HPSP sectors.

4.2.2 Ensuring good quality of health services

At the district and upazila level, BRAC will participate in and also organise various meetings and workshops to ensure proper implementation of existing policies and to ensure co-ordination among the various service providers.

- BRAC, being involved in the National Steering Committee for Stakeholders' Participation (STP) and acting as the secretariat for STP, has conducted several district level workshops on STP.
- BRAC continues to work on NGO networking at the union level. It is helping with the capacity development of these NGOs so that they can in turn mobilise and monitor ESP delivery at the local level.
- BRAC is helping to establish union and village level stakeholder committees.
- BRAC is providing technical support to other NGOs to enable them to set up stakeholder committees.
- At the district level, BRAC participates in the district coordination meeting along with district health and family planning departments for the implementation of various national programmes like EPI, TB, ARI, HIV/AIDS, arsenic mitigation, reproductive health and CDD in the health sector.
- The health Shebika can play a role in giving voice to the health concerns and priorities of the poor and ultra poor by participating in stakeholder committees with service providers at the community clinic, union and upazilla level.

4.2.3 Some Issues on which Advocacy will be done

Several policy and service provision issues need to be reviewed and revised to ensure access to quality health care.

- BRAC will do advocacy on giving primary stakeholders groups a voice in the policy development, planning and management of health services.

- BRAC will lobby development partners to influence the government for engaging the NGOs and the private sector in the delivery of ESP services. NGOs involvement in HPSP is a top priority for effective delivery of health services.
- BRAC will advocate to ensure equitable distribution of health care, access to health services, service provision of community clinics.
- BRAC will disseminate its experience with regards to health interventions for the ultra poor
- BRAC will disseminate its best practices on social mobilisation of EPI, tuberculosis control, reproductive health, arsenic mitigation, HIV/AIDS and adolescent health.
- BRAC will do advocacy work at the national level with the government to change the current system of health care provision at the union level. At present, people can only seek medical assistance at the health centre that falls within their unions. However, because of the arbitrary geographical delineation of unions, the nearest health centre to a family may actually fall within the next union. Patients should be able to seek medical care at the nearest health facility.
- BRAC will lobby the government to ensure that the government health workers give ID card holders (i.e. those identified as ultra poor) special attention as well as free/subsidised services and medicine.

BRAC plans to improve the documentation and dissemination of its experiences in the field of community healthcare. This will be done both through an increased number of publications in peer review journals, newspapers, web-sites and the electronic media. More progress and activity reports will be made available using existing data. These will be disseminated by organising workshops and seminars with other organisations involved in this area of work.

5. New Interventions

BRAC agrees with the appraisal mission's recommendation to increase the coverage of the new EHC programme interventions (i.e. HIV/AIDS awareness, health insurance programme, arsenic mitigation). Intervention on arsenic identification, education, referral, and alternative options to ensure arsenic free water will be expanded each year in EHC areas (first year 35%, second year 60%, and third year 100%). Likewise, an HIV/AIDS awareness programme will be expanded in phases. The present health insurance pilot project will be extended in two pilot ultra poor upazilas in the first year. These components will also be incorporated in the health programme for the ultra poor.

6. Technical Support for the Programme

Technical support is provided to health staff and Shebikas at various levels. BRAC, however, recognises the merits of providing extra supervision and technical assistance in the future, as recommended by the appraisal mission. The following steps will, therefore, be taken:

- BRAC has recently merged two of its health programmes - the Reproductive Health and Disease Control and Essential Health Care programme to form BRAC's Mainstream Health programme. The health programme has a highly trained team of doctors and public health professionals. The programme therefore has the capacity to provide technical help in planning, coordinating, training and quality monitoring. At a more local level, each BRAC Shushastho has a doctor and two fully trained nurses to provide expert medical assistance when needed. In addition, the new EHC programme will either hire or train new para-professionals and midwives to provide medical assistance at the community level.

- A new cadre of Regional Sector Specialists will be recruited from among experienced doctors to supervise the work in each region and to provide medical expertise if and when needed. Since there are so many sources from which the Shebika may seek expert medical opinion and advice, the amount of technical expertise or medical knowledge she needs to have is limited. However, in the new project, the Shebikas will be given additional training.

7. Training for Front-Line Workers (Shebikas and POs)

Shebikas have already undergone some training to improve their technical skills. BRAC however realises that they can only benefit by getting more training to keep up with changing needs. **During the period of 2002-2006**, Shebikas and POs will therefore be given additional training to cover more technical components of healthcare. Shebikas will also be given training to develop their social mobilisation and communication skills, so as to help them work more effectively with the ultra poor. This will include familiarising them on the use of more participatory teaching methods, and to use in their discussions and awareness-raising sessions with community members. During training, the Shebikas will also be oriented about the comprehensive package being offered to the specially targeted ultra poor so that they can in turn orient the programme participants about all the services and benefits they are entitled to receive. **During the period of 2002-2006**, a total of 12,000 fresh Shebikas will be given 12 days training. These Shebikas will receive refresher courses at the field level.

Between 2002 and 2006, the EHC programme will recruit and train new Shebikas for the TB programme to be started in new upazilas, and to meet the needs of an increasing number of VOs in upazilas where the programme is already functioning.

Table 2: Essential Health Care Services for the Poor (Target for Shebika Training and Sanitation Centres: 2002-2006)

Component	2002	2003	2004	2005	2006	Total
1. Shebika Basic Training (Participants)	3,000	3,000	3,000	3,000	-	12,000
2. Shebika Refresher Course (Participants)	21,000	24,000	27,000	30,000	30,000	132,000
3. Rural Sanitation Centres	100	100	100	100	-	400

8. Income Earning of Shebikas and Workload

Since the infrastructure and human capital to run the EHC programme is already in place, the new components of EHC and the focus on the specially targeted ultra poor is not expected to increase the work load of Shebikas or POs significantly (since only a small number of ultra poor families will be targeted in the next 5 years). In addition, EHC staff will have the assistance and active support of other programme staff, such as the PO SDP and the UP PO.

Though the Shebikas do not receive a salary, they obtain monetary compensation for their work through consultation fees, the sale of drugs and other health inputs to their peers. On average, a Shebika spends two hours on EHC related work (this includes coverage of specially targeted ultra poor households). Besides a cash income, she is also entitled to different types of training and to credit through the regular BDP programme, so she is likely to have an income in addition to what she earns from her health work. In addition, the Shebika gets respect and recognition from the community for her work.

9. Monitoring

The implementation of the health activities will be accompanied with intensive monitoring and assessment of the outcomes. The progress and output of the programme activities will be routinely monitored by the Monitoring Department and programme staff themselves. RED will assist the programme in this process of continuous assessment and refinement of the programme design based on research findings. It is hoped that through such continuous process of fine-tuning, an effective package of health services will be designed to meet the needs of the programme participants.

10. Sustainability

EHC has been designed to produce a financially sustainable health programme in the long term. It is a community health programme that should eventually be run and funded by the community. Ensuring programmatic sustainability while providing quality health services are central concerns of BRAC. Possible strategies to ensure sustainability were identified and considered. The BRAC management finally decided that the promotion of BRAC health commodities through the Shebikas could benefit both the Shebika and ensure some measure of cost recovery for the programme. It is expected that the costs required for EHC programme will be generated through profit gains from the sale of health commodities and income from service charges, micro finance and sector programmes after 2006. Thus it is hoped that the EHC activities will continue even when donor funding stops.

Moreover, the experience gained through training and implementation in this phase will be available for the implementation of such an approach in the future. In other words, the human capital (healthier BRAC members) and human capacity (trained Shebikas and POs) developed in the next five years are the parts of the programme that will be sustainable in the long-run. Shebikas will continue to work in the community and the linkage established between community clinics and Shebikas will be sustained with BRAC fund.

Each area office has 50,000 Taka as revolving fund for health commodities and each Shebika gets 1,000 Taka from the revolving fund of the area office for health commodities. The Shebika returns this amount to the area office in 20 instalments. The revolving fund at the area office available to the Shebika will increase as the gain profit more. Currently each Shebika earns Tk. 260 per month by providing health care and promoting health products in their community. The projected income for Shebika per month for the next 5 years is as follows:

Table 3: Projection of Shebika's Income

Year	Income (Tk.)
2002	300
2003	400
2004	500
2005	600
2006	650

Beyond 2006, the revolving funds will remain at the BRAC area offices for the use of the Shebikas. They will continue their work on the same scale with technical support and supervision from BRAC staff. The activities of the Shebika will therefore continue without any interruption after the end of the project (2006). Refresher training courses for Shebikas will continue.

BRAC field level staff will facilitate and supervise the activities of Shebikas. BRAC's experience has repeatedly shown that if quality health services can be made easily available to the poor, they will make use of services. The challenge for BRAC, therefore, is to ensure that the community clinics and Shebikas provide good quality health services to the community. The BRAC health programme can continue to act as a bridging mechanism to enable the poor to reach government health services.

11. Summary Budget

Table 4 : Budget Summary of Essential Health Care for VO Members and Community (Target 2002-2006)

Component	2002	2003	2004	2005	2006	Total
Shebika training	1,080,000	1,080,000	1,080,000	1,080,000	-	4,320,000
Shebika refresher course	4,800,000	5,520,000	6,240,000	6,960,000	6,960,000	30,480,000
Health Education material	1,500,000	1,500,000	1,500,000	1,500,000	-	6,000,000
Revolving fund for Shebika	3,000,000	3,000,000	3,000,000	3,000,000	-	12,000,000
Salary of Regional Sector Specialist	6,480,000	6,480,000	6,480,000	6,480,000	6,480,000	32,400,000
Salary of Trainer	1,920,000	1,920,000	1,920,000	1,920,000	1,920,000	9,600,000
Salary of Programme Organiser	53,400,000	53,400,000	53,400,000	53,400,000	53,400,000	267,000,000
Salary of Programme Organiser for TB control	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000	30,000,000
Staff travelling and transportation	1,332,000	1,332,000	1,332,000	1,332,000	1,332,000	6,660,000
Staff training and development	6,780,000	6,780,000	6,780,000	6,780,000	6,780,000	33,900,000
Rural sanitation	1,500,000	1,500,000	1,500,000	1,500,000	-	6,000,000
Salaries and benefits of Monitor	1,440,000	1,440,000	1,440,000	1,440,000	1,440,000	7,200,000
Management and Logistics	6,246,240	6,296,640	6,347,040	6,397,440	5,901,840	31,189,200
Total	95,478,240	96,248,640	97,019,040	97,789,440	90,213,840	476,749,200
Inflation adjusted total	100,252,152	106,114,126	112,311,666	118,863,676	115,138,261	552,679,880

12. Technical Assistance

Developing a Health Insurance strategy.

Consultant will be needed to work for BRAC's Health insurance programme for total of 4 weeks over the 5 years of project implementation.

Year 1 – he/she will work in BRAC for 2 weeks to review the existing programmes and to develop a health insurance strategy.

Year 2 – he/she will work in BRAC for 1 week for programme follow up.

Year 4 – he/she will work in BRAC for 1 week for programme follow-up.

HIVAIDS – Community level Programme development and counselling strategy development.

A consultant will be needed to work in BRAC for a total of 4 weeks on HIVAIDS - community level programme development and counselling strategy development.

Year 1 – he/she will work with BRAC for 2 weeks to do the needs assessment exercise and programme development.

Year 2 – he/she will work with BRAC for 1 week for programme follow-up.

Year 4 – he/she will work with BRAC for 1 week for programme follow-up.

Health MIS development

A consultant will be needed for 4 weeks over a period of 5 years to develop the health MIS.

Year 1 – he/she will work in BRAC for 2 weeks to do a needs assessment exercise and to develop a health MIS.

Year 2 – he/she will come for 1 weeks for follow-up purpose.

Year 3 – he/she will come for 1 weeks for follow-up purpose.

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A common element of this poverty for both the poor and the poorest is their exclusion from essential health services. Issues of access, of affordability, of information and of understanding all undermine their capability to adopt effective health seeking behaviour. A rights-based approach to improving this capability through a needs-based and people-centred commitment on service delivery is an urgent priority.

The specific case of health is one of the most important issues raised through participatory poverty assessments but more generally they show the weak socio-political assets of the poor, particularly women, affects access to many rights and most services. Strengthening these assets requires, first of all, providing a supporting organisational base that gives voice to the poor. Secondly, there is a need for effective advocacy on behalf of the poor to help ensure that that voice is heard. This is both at local-level where poor people's legitimate rights are frequently brushed aside by the powerful and at higher levels where advocacy needs to address the design of policies and the allocation of expenditures to help ensure that poor people's interests are represented. This is what we term "**pushing out**" the agenda, to challenge these socio-political frontiers and is the second major area where new instruments for intervention are needed.

The core rationale for this programme is that it proposes the use of new instruments of intervention to address these two areas - **pushing out and pushing down the frontiers in the poverty reduction agenda.**

A Sustainable Livelihoods framework, or an Assets and Vulnerability framework as it is sometimes called, provides a useful –though perhaps partial²– diagrammatic description of the issues underlying these two needs. The diagram here is adapted from a DFID one but shares similar perspectives with several agencies. BRAC has in fact been operating to service the poor in most areas identified through the diagram; it has not itself previously developed such a framework for its own activities even though they fit in rather well. It is useful to use however, for two rather different reasons. First, the approach does provide a sort of "check list" of issues to address; and there are guidance notes available (e.g. from DFID) on how to use the approach. Secondly, in analysing development performance, there is an increasing focus, globally and in Bangladesh, on governance issues as they relate to a policy priority on poverty reduction. This is an area where the framework has historically been weak and is covered in the single box labelled "Transforming Structures and Processes".³ Rights-based approaches, which have focused on issues of democratic accountability, have to date provided more insights into effective action at this level but the two approaches are entirely compatible. However, much of the recent focus in livelihoods analysis has been in this area. The fact that it has been something of a "black box" is testimony to the need for innovation in this area of poverty reduction interventions. The concerns typically addressed relate to policy design, budget priorities and the politics of policy implementation all

² Rights-based approaches and more conventional notions of social mobilisation, which have influenced BRAC work considerably, tend to give more emphasis upon the socio-political aspects of poverty reduction and the transformations necessary to address the everyday struggles of the poor in the pursuit of their livelihoods.

³ In early versions of the framework this was simply and rather unhelpfully labelled "institutions". In yet more recent expositions of the framework it has been labelled "Policies, Institutions and Processes".

within a broader appreciation of the socio-political context under which policy design and implementation occurs.

This is the area that BRAC too is now engaging with in the social development approach outlined in this proposal; it will start at the local-level as outlined in the diagram and then scale-up its activities to the national level. It currently has a comparative advantage at the local level, with its organisational roots in village organisations. In pursuing this approach, BRAC shares an agenda with other agencies which have a strong village basis but are now putting more emphasis upon scaling up and on seeking to ensure greater accountability of government, especially local government, to its citizens. Such work will be complementary to activities BRAC will undertake at the regional and national level, focusing more on macro analysis of policy processes, civil service reform, and broader governance issues. Thus, the second frontier that BRAC is addressing is part of a broader agenda of change within the development community. It is one to which BRAC brings special advantages at local-level where it has valuable experience in dealing with local political-economy issues and in being responsive to the interests of the poor. BRAC, however, also hopes to contribute at the national level, making use precisely of its vast experience and knowledge of local level processes and the weight of its nearly four million membership at the grass-root level. The approach proposed here is a very systematic and structured organisational approach to the social and socio-political constraints that undermine the livelihood strategies of the poor and the ultra poor.

The diagram –see Figure One- has three key areas that together describe the key influences on household livelihood strategies and livelihood outcomes. The Vulnerability Context; Assets; and Influence on and Access to structures and processes. This proposal is usefully understood through the livelihoods framework precisely because it targets interventions in all three of these areas.

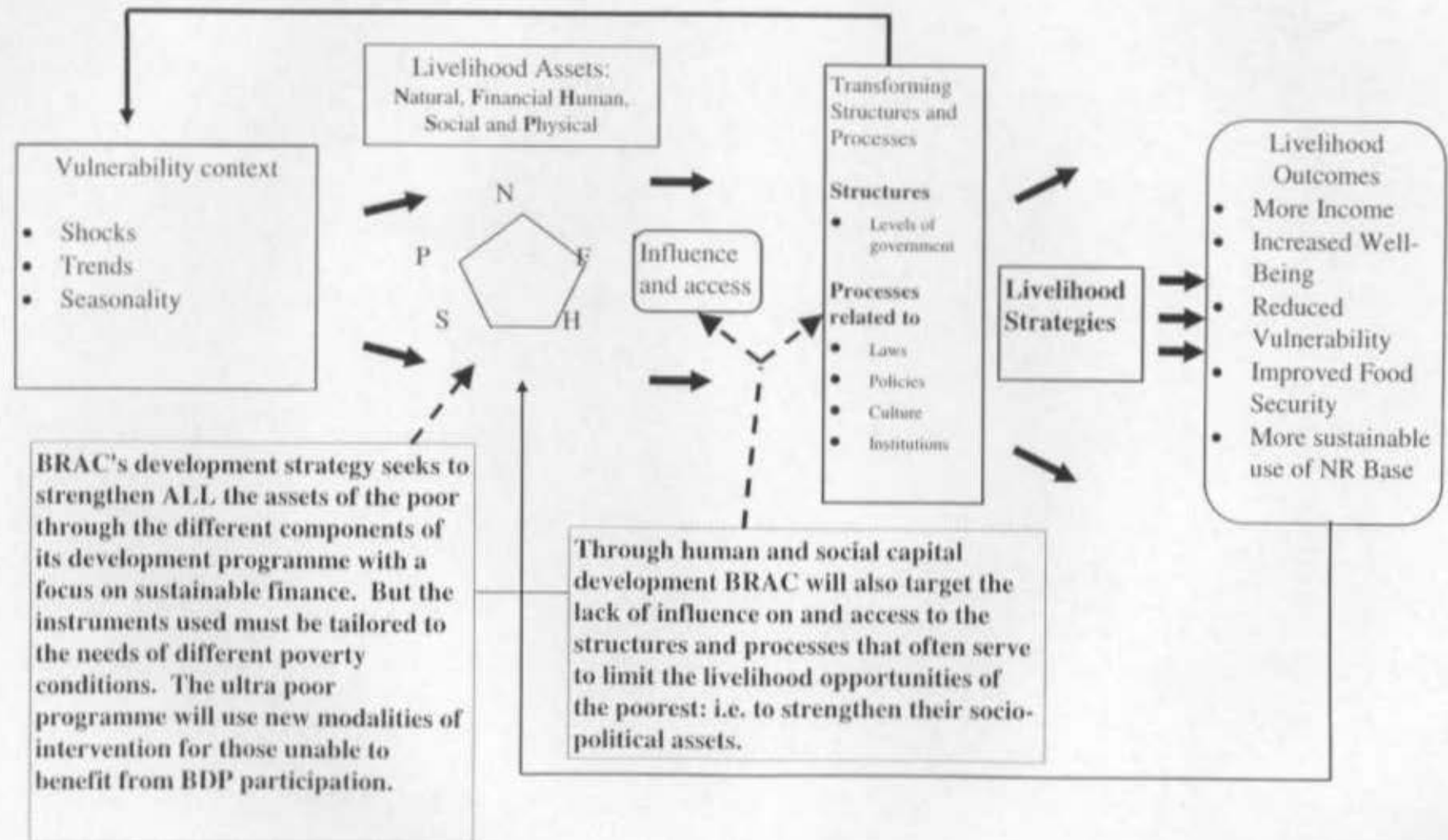
The ultra poor are constrained in all three areas. The first of these is the vulnerability context. Seasonality of vulnerability is well documented in Bangladesh with the October-November period been a time of vulnerability especially for those households dependent on wage labour. Moreover many of the ultra poor live in areas exposed to risk of flooding or erosion. In its programme for the ultra poor, BRAC will be having a geographic targeting towards these areas. The risk of asset loss as a result of natural disaster will be accommodated in the programme through a contingency fund.

Secondly, on livelihood assets, the programme is specifically designed to strengthen the asset base of the ultra poor rural households in Bangladesh. It will do this through asset transfer, through training, through special health services, through developing social capital and through direct financial support. Experience in BRAC's existing activities with the ultra poor, (see Volume Two), suggests that natural assets can be a valuable and sustainable route to improving the livelihoods of the ultra poor and represents a further programming option via rental arrangements mediated through BRAC.

Thirdly, the programme has a strong social development component that is designed to operate at two levels. First, it operates through support to individual female beneficiaries in planning the development of their livelihood strategies and providing counselling in support of this. This is human capital strengthening. Secondly, it operates through the new Ward and Union associations, to influence the structures and processes at the local level that, on a daily basis, influence the capacity of the ultra poor to manage sustainable livelihoods.

This social development component seeks to address the socio-political constraints of the ultra poor. In doing so it will be directly supportive of the second component targeting social constraints, a rights-based essential health care services programme. It is well established that poor health is the most common cause of household crisis and livelihood vulnerability in rural Bangladesh. By active participation in support of the government's essential health services programme, by addressing new disease and recurrence of old ones threatening the poor and the ultra poor, BRAC's programme seeks to reduce this threat in sustainable ways.

Figure One:
The Bangladesh Livelihoods Framework -



3. Programme Components

A. Targeting the Ultra Poor – Pushing Down the Frontiers of Poverty Reduction

This programme is planned to reach ultra poor women over five years. It will be run on a pilot basis in fifteen regions, namely: Thakurgaon, Nilphamari, Gaibanda, Kurigram, Sirajganj, Madharipur, Shariatpur, Gopalganj, Jamalpur, Sherpur, Rajbari, Kishorganj, Faridpur, Chandpur, and Rangpur. These regions have been chosen using the GOB and WFP distress map. Areas with high incidences of poverty were selected. BRAC has also carried out an extensive survey of the NGOs working in these areas to assess whether the ultra poor are currently being reached through any programmes and to ensure that there would be no over-lapping between NGOs. Survey findings are discussed in more detail at the end of the Special Investment section.

There are four linked components.

a. A Special Investment Programme for the specially targeted ultra poor

This component involves asset transfer and stipend support to the specially targeted ultra poor in the above mentioned areas.

b. A Social Development Programme

This component involves individual and group work with the specially targeted ultra poor, providing support and counselling on development of their livelihood strategies and helping to cope with crises.

c. Employment and Enterprise Development Training

This component provides training and follow-up services tailored to the specific needs of the ultra poor. In addition to working with those selected for the special investment programme the training is also extended to two other groups of the ultra poor involved through other institutional mechanisms - the next three cycles of the IGVD⁴ programme participants and to poorer members of BRAC's Village Organisations who are likely to have difficulties developing sustainable livelihoods.

d. Essential Health Care Services for the specially targeted ultra poor

This component provides subsidised health care services and referral arrangements for the specially targeted ultra poor.

B. Targeting Social Constraints – Pushing Out the Frontiers of Poverty Reduction

This programme will operate in all fifty BRAC regions covering all districts of the country and will involve BRAC Village Organisation (VO) members and community members. There are two components

e. Social Development Programme

⁴ The Income Generation for Vulnerable Group Development Programme (IGVD) is a programme that seeks to make the break from relief to development through combining wheat transfers to the ultra poor with training and, eventually, loans. The training element of this programme is a part of this proposal.

This component provides support for the development of Polli Shomajs (Ward associations) and Union Associations, representative of the poor. It will provide guidance and support on organisational development and upon advocacy. In addition, there will also be advocacy campaigns and activities on behalf of the poor.

f. Essential Health Care Services for the Poor and for the Community

This component supports the governments Health and Population Strategy through a rights-based approach of essential health care services and targets new priorities in the national health strategy specifically, partnership with government in the tuberculosis programme and a new programme on HIV/AIDS. It is a part of BRAC's concern to be responsive to new, or re-emergent, issues in health care for the poor and to integrate its activities with other development partners.

For details of which beneficiary group gets what services, see Table 3 at the end of this chapter.

4. Organisational Strategy

BRAC's record on rural poverty reduction since the independence of Bangladesh is summarised in Volume Two of this proposal. It is a good record but much more needs to be done. Despite the very substantial resources that have been channelled through BRAC, from donors, from government and from its own businesses, poverty eradication has not happened in the villages where BRAC is working. BRAC is no exception and the government, donors and other NGOs face the same grim reality. But because BRAC is so large and has the human and organisational resources to influence the way development is done, it is incumbent upon it to respond to the challenges of this unfinished agenda. This proposal is about changing the rural poverty reduction agenda in two fundamental ways. First, it is concerned with **pushing down**. This involves finding and implementing strategies that provide opportunities for ultra poor rural households to achieve sustainable livelihoods. Secondly, it involves **pushing out**. This is about changing the ways in which the interests of poor people are represented in resource allocation decisions and socio-political processes that affect their livelihoods and their experience of poverty. It will focus on a rights-based approach to essential health services and on strengthening the socio-political assets of the poor. It will also involve advocacy work on behalf of the poor and the ultra poor.

4.1 Targeting the Ultra Poor – Pushing Down the Poverty Reduction Frontier

The strategy proposed is a radical departure from conventional poverty reduction interventions in Bangladesh. Essentially these are of two main types. Safety nets such as Food for Work schemes, and service delivery activities such as microfinance services. The former are livelihood **protection** activities wherein household food security is supported during a period of vulnerability in the household livelihood strategy. Livelihood protection does not typically result in sustained strengthening of the resource base for livelihood strategies. However, service delivery activities are designed for livelihood **promotion** i.e. to help a household strengthen its livelihood strategy through development of its capital base – human, financial or whichever. The characteristic feature of such interventions is that they are market-based or seek to be. In Bangladesh, microfinance is the most important of these and all the major service delivery agents have sought, and in the case of BRAC and others, have succeeded in making the service self-sustaining. By contrast, the asset-transfer and social development strategy here is much more explicitly concerned with carefully planned and tailored delivery of a **linked protection and promotion programme**. The IGVD is one example of such an approach that has been running for some time already and that has enjoyed success in allowing very poor households to strengthen their livelihood base

(See Annex Ten - study by Hashemi on IGVGD programme). It uses a combination of free wheat transfers, training and microfinance. This approach will be continued and improved upon where possible under CFPR. BRAC is waiting to see the findings of the latest WFP study on the IGVGD programme, and its recommendations, in order to decide whether and how the existing programme needs to be adapted to meet the needs of the programme participants. In addition two other models of targeting ultra poor households will be piloted.

- A social development programme combined with health services, training, asset transfer and stipend –the Special Investment Programme
- Targeted training in skills development for new ultra poor members of BRAC's microfinance programme.

Two motives underlie the proposed approach. First is the recognition of the heterogeneity of the poor in rural Bangladesh. These programmes each target slightly different levels of poverty – though all ultra poor. In all cases there is a need for additional support before the household is able to pursue an improving livelihood strategy under market conditions but the nature of needs varies somewhat. For the BDP members, the major identified need is enhanced human skills development. These are largely technical in the sense of helping them to be more productive in their income generating activities. They will also benefit through engagement with BRAC's programme for enterprise support. The IGVGD members typically start out poorer than the poorer BDP members and need more assistance during the initiation of new income generating activities (IGAs).

The Special Investment Programme is targeting the very poorest amongst the ultra poor, as described below, and for these households their capital base is extremely weak – they are not in a position to launch rapidly into new IGAs. For them, the programme involves staff intensive motivation and training activity supported by a stipend and, eventually, asset transfer. BRAC staff will closely monitor their development of their chosen IGA and a major concern will be to develop such IGAs as part of a family development strategy. This involves significant social development inputs to facilitate recognition and evaluation of options for households and, in doing so, to promote confidence in choosing and pursuing appropriate ones.

Secondly, the immediate goal of this extensive support to these ultra poor households is to enable them to develop new options for sustainable livelihoods. A specific goal is to “graduate” the female beneficiaries –from the Special Investment Programme and the IGVGD- to membership of BRAC's Development Programme. The programme is designed to achieve this and social development and other staff inputs will work towards this goal. They are anyway part of the BDP target group but have not joined⁵, typically, because they are unable to assume the risk of formal loan-taking. “Graduation” can be to any programme, government, Grameen Bank, or other NGO; the key point is to provide more choices and more opportunities at higher levels of income and satisfaction for these ultra poor households.

4.2 Targeting Social Constraints – Pushing Out the Poverty Reduction Frontier

BRAC has always had a concern with both social and economic development of the poor. It has a substantial human rights and legal education programme and has recently developed new approaches for advocacy work at local-level through its Ward associations (*Polli Shomaj*) for its village organisations.

⁵ Special Investment programme participants will not be selected from among existing BRAC or any other NGO members.

This corresponds to the lowest level of elected local government and is an appropriate level to raise issues relevant to the welfare of the poor. These may be more generic –dowry for example- or specific cases where poor people have suffered an injustice. There is a strong gender dimension to this initiative both because most BRAC members are female and because it is women who are most often the victims of discrimination and injustice. Leaders of these associations, which are elected from the BRAC village organisations, receive training and further support from Social Development Programme Organisers. BRAC is in effect acting as a catalyst to promote civil society organisations that represent poor people's interests. The programme described in detail later in this proposal represents a substantial expansion of this role. In addition to expansion of the Polli Shomaj groups, BRAC will support the development of Union-level (9 Wards) associations, formed by federating those at Ward-level. At the Ward-level, the principal concerns are likely to be the welfare of individuals who fall foul of the locally powerful; there will only be limited opportunities to directly influence public resource allocations. However, at Union-level, there are wider opportunities to influence the access of poor people to public goods and services. In the Sustainable Livelihoods diagram this is described in the box concerned with Transforming Structures and Processes. The focus for BRAC is on local structures and local processes and on strengthening the socio-political assets of the poor within them. The first area of engagement of civil society organisations representing the poor needs to be at this level to systematically improve the accountability of local government to the public which it serves and to the poor in particular. This may involve, for example, representation on stakeholder committees for health services, the allocation of Vulnerable Group Development cards, or, the use of common property resources.

BRAC's Essential Health Care (EHC) programme is also using a rights-based approach to focus on the health needs of the poor in rural communities. It is trying to push for several things – greater accountability of existing health service providers to the poor and particularly to poor women at the local level, more efficient and high quality service delivery, and finally stronger policies to ensure the health rights of the poor and ultra poor. BRAC has already started working on many of these fronts. Shastho Shebikas from BRAC are getting involved in the management of government community clinics and in stakeholder committees to represent the interests of the poor. The EHC programme is now providing some health services which complement public services, targeting particularly those constituencies that normally get excluded in a client-centred approach. Finally, under CFPR, a more focused effort will be made to try and influence health sector policies in order to remove the existing constraints that often prevent access to basic health care.

BRAC is fully aware that further development of its advocacy work (with regards to social, economic or health issues) requires interventions at higher-levels - Upazila, District and National. Therefore, in the next five years, BRAC will put much greater emphasis on carrying out advocacy work at these levels to try and influence some of the structures, processes and policies that play a major role in either broadening or severely restricting the livelihood options available to the poor and ultra poor. Unless social constraints at these higher levels can be addressed and removed, and a macro-environment created that is more conducive to improvements in the lives of the poor and ultra poor, individual projects will have limited impact on the overall poverty situation in Bangladesh.

BRAC is in the process of developing a national advocacy strategy which will explicitly address this need and is going to set up an advocacy cell within BDP to carry out various advocacy campaigns at the Upazila, District and national level. Once CFPR is underway and the programme and research staff have had time to understand and analyse the dynamics of ultra poverty in rural Bangladesh, they will be in a position to disseminate new information to further challenge the frontiers of the poverty reduction agenda – by highlighting issues of key concern to the ultra poor (an area not well-researched so far), policy implications and possible methods and models of reaching the ultra poor. Getting these issues on to the poverty agenda, and having them discussed and debated among development partners as well as external

stakeholders at home and abroad, will be a major first step towards changing the way in which these institutions address, (or ignore, as the case may be) the plight of the ultra poor.

While much advocacy work by other NGOs currently focuses on the macro level, the meso-level is often ignored. There are, however many interests represented systematically at Upazila and District level and there is a need to ensure that interventions at these levels are co-ordinated for maximum effect. In particular there are other NGOs with similar concerns and there are important opportunities for co-ordination. Whilst this happens at national-level already around specific campaigns, there have not been similar developments yet at Upazila and District level. These are crucial areas for intervention because officials at these levels are responsible for major resource allocation decisions. These decisions, e.g. on priority areas for Food for Work and infrastructure development, are critical for the poor yet at present they have no representation in monitoring such decisions or accounting for the associated expenditures. It is BRAC's intention to start operating at these levels in the next five years, but it will do so in partnership with other stakeholders, specifically those with the interests of the poor central to their agenda. These developments will build on the structures established at Ward- and Union-level which are themselves experimenting with ways of working with other groups representing primary stakeholders (the poor).

5. Staff Training and Capacity Development

Given BRAC's relative success with a very large microfinance programme, in which financial sustainability has been a driving force, it might appear that BRAC would need to radically alter staff training and incentives to achieve an effective ultra poor intervention ... to shift back from capitalism to compassion. This is only partially true. BRAC has an historic and continuing commitment to the ultra poor; it has many experienced staff that have worked in other, smaller-scale programmes targeted to the ultra poor such as the agroforestry programme, the Jamalpur Post-Flood Rehabilitation programme and the IGVGD programme. Emphases within programmes have changed over time but BRAC has consistently strived to address its target group.

A large section of the staff who will be working on the various interventions described in this proposal are already trained and experienced BRAC staff currently working with the EHC, Social Development or IGVGD programme. This means that out of a total of 4,800 staff mentioned in this proposal, not all will have to be trained to the same extent. Existing programme staff who will subsequently be involved with CFPR activities are already undergoing some new training in 2001 so that a large section of people will be ready to start programme work at the beginning of 2002.

New training modules are currently being developed for the new staff who will be recruited to work with the ultra poor as well as for existing staff. In addition, in the next five years BRAC is also seeking technical assistance to help with staff capacity development and the organisation has allowed for a generous training budget allocation to ensure that it is fully competent to serve the people that it will target.

It is clear that specific skills are required to work effectively with the ultra poor. Programme Organisers need, above all, to "listen" to the priorities the selected beneficiaries themselves describe. These will often be very idiosyncratic requiring empathetic support and constructive advice. The key frontline staff will be the designated ultra poor Programme Organisers and the Social Development Programme Organisers. At the beginning of the programme, two such staff will be jointly responsible for fifty beneficiaries. This is a 1:25 ratio that will be further supported through the staff of the Health Care Services and Employment and Enterprise Development Programmes. This very high level of human resource commitment will gradually be reduced as experience in working with the ultra poor is developed. A key element of that experience will be an appreciation of the skills needed to build up the

livelihood strategies of the ultra poor. Ability to use certain participatory techniques, notably focus group discussions and, especially with the illiterate, use of diagramming techniques will be relevant. But a lot of the staff time will also be used counselling individuals on their livelihood strategies given their family circumstances – i.e. they will often be operating as social welfare workers dealing with their clients rather than as group facilitators. Particular care will be needed in counselling individual women on the most appropriate income generating activity to take on or whether wage employment would be a more realistic alternative.⁵

Thus while it may seem that there is much to do in terms of recruiting new staff, training them and further training existing staff in order to successfully implement CFPR, it needs to be recognised that BRAC is an experienced and efficient organisation used to managing 25,000 staff in offices dotted across Bangladesh. It is used to training large numbers of staff as well as VO members in the 14 Training and Resource Centres (TARCs) found in different parts of the country. The Training Division even provides training for other institutions, including the public sector, on a regular basis. In the next five years, training requirements for the BRAC Education Programme (BEP) will be reduced since no new schools will be opened. This means that more space and a greater number of trainers will now be available to train staff for CFPR. One hundred and fifty trainers will be available in various TARCs to train new staff and further develop the capacity of existing staff. In addition, a number of Gender Quality Action Learning (GQAL) trainers will be recruited to train staff working with the ultra poor once they finish the GQAL course with all BRAC staff.

BRAC is also seeking technical assistance to help set up programmes or train staff in areas where it currently lacks expertise. For example, outside expertise will be brought in to help develop and improve some of the entrepreneurship and skill-training modules and training techniques used with the ultra poor programme participants. Technical assistance will also be used to help establish a new advocacy cell within BDP and to train its staff in basic advocacy skills. Technical assistance required for each programme has been detailed at the end of each component. It has also been agreed with donors that for CFPR, BRAC will manage funds set aside for technical assistance on its own, and decide independently when and how to use external expertise.

6. Beneficiary Selection

The programme proposed involves substantial resource transfers to the ultra poor women. There is a significant targeting issue on which BRAC has worked intensively. First, it has gone through two rounds of a questionnaire-based approach to identifying the ultra poor in 35 of its Regions. This has also involved consultations with existing BDP members and with village leaders to “triangulate” results from the questionnaire. Secondly, it has learned from its experiences with its EU-funded agroforestry programme, its EU-funded Post-Flood Rehabilitation programme in Jamalpur and its experience with the IGVGD, which has been extensively evaluated. Thirdly, it has undertaken household-level research on those identified as ultra poor to develop a profile of the characteristics of such households. The study of the ultra poor by (Halder, June 2000) identifies key defining characteristics of these households. Summary results from this research are reported in Table One.

The asset deprivation of these households is clear. The processes by which they became so vulnerable are indicated by the causes of poverty. Only a third of these households reckoned that they had inherited their extreme poverty. Natural disasters, loss of the main income earner, ill health and loss of land are the commonest explanations of extreme poverty.

⁵ The Employment and Enterprise Development Programme has made predictions about this mix for budgeting purposes having already identified a set of income generating activities known to be popular with poorer households. However, there will be no targets as such for the Programme Organisers based on these predictions. Rather the emphasis will be on advice to beneficiaries about what might be most appropriate given the gamut of their and their household's livelihood activities.

TABLE 1
CHARACTERISTICS OF THE ULTRA POOR RURAL HOUSEHOLDS IN
BANGLADESH

Source: Halder, June 2000

<u>CHARACTERISTIC</u>		<u>PERCENTAGE OF SAMPLE</u> <u>(N = 1250 HH)</u>
Cause of poverty : (multiple responses)		
Land redistribution (family break-up)		41
Inherited		33
Natural Calamity		23
Loss of main income earner		23
Household crisis – health		21
Female headedness		35
No cultivable land		95
Wage labour dependent		72
Wage labour main income source		56
Homeless or home worth less than Tk 500		45
HH size 3 people or less		44
Only one income earner		64
Adult literacy: Male		19
Female		9

Based on this evidence, BRAC will identify **70,000 specially targeted ultra poor women** using four basic indicators that will be easy to use by programme staff. The women who will qualify for the special investment programme will have to meet at least two of the criteria listed below.

- Dependence upon female domestic work or begging;
- Owning less than 10 decimals of land
- No adult active male members in the household
- Children of school going age have to take up paid work

In addition, two pre-requisites for participation in the programme are:

- There should be at least one adult, active woman in the household capable of getting involved in an income generating activity. She may be physically handicapped, but as long as she can get involved with an IGA, she will be included in the programme.
- No household member should be involved with any development programme/NGO.

All the selection criteria are concerned with the severely constrained asset base of the ultra poor. They focus particularly on the condition of women since households where women are dependent on their own labour are some of the most vulnerable.

By following these criteria, field evidence is fairly conclusive that the programme will have a very high degree of targeting efficiency. After the initial selection process, field staff will check whether the households selected are really the poorest households in the village by carrying out PRA exercises with the rest of the community. Social mapping exercises with community members will help to triangulate the results of the survey.

Ideally, there would be a single index – and women begging or working for wages is pretty close – but it is neither appropriate nor necessary in this fairly radical intervention, to be so prescriptive prior to the pilot phase. There will be the occasional ultra poor household that falls foul of these criteria; most probably these will be households that are ultra poor but do not fit the first pre-requisite. If wage employment is also not feasible for any members of such households then BRAC will encourage existing local community assistance. In most village situations though, these criteria should not exclude many, if any, from the lower end of the target group. The most sensitive issue will be the cut-off point whereby households are rendered non-eligible.

There are two other groups of ultra poor women who will be involved in some parts of the CFPR programme besides the 70,000 specially targeted ultra poor. These two other groups are 1) women involved in the IGVGD programme and 2) selected ultra poor women members of BDP. The Union Parishad selects beneficiaries for the IGVGD programme. The government and WFP have together established certain selection criteria for this programme. The criteria for each of the three groups are summarised and listed in Table 2 below.

Table 2.
Targeting the Ultra Poor:
Criteria for the three different categories of ultra poor programme participants

SPECIALLY TARGETED ULTRA POOR	IGVGD ULTRA POOR	BDP ULTRA POOR
At least 2 of the criteria listed below have to be met: - Dependence upon female domestic work or begging; - Owning less than 10 decimals of land - No adult active male members in the household - Children of school going age have to take up paid work In addition, two pre-requisites for participation in the programme are: - There should be at least one adult, active woman in the household capable of getting involved in an income generating activity. - No household member should be involved with any development programme/NGO.	All government and WFP determined criteria - Households with not more than 50 decimals of land. - Female headed household. - Female with disabled husband. - Deserted, separated, or divorced women. - Daily labourer. - Dependent upon seasonal wage employment. - Not associated with any NGO.	At least 4 of the criteria listed below have to be met: - Households with not more than 30 decimals of land. - Female headed household. - Female with disabled husband. - Deserted, separated, divorced or women. - Daily labourer. - Dependent upon seasonal wage employment. - Not associated with any NGO.

7. An Outline of RED's Research Agenda for Challenging the Frontiers of Poverty Reduction

A strong learning agenda is crucial for the success of Challenging the Frontiers of Poverty Reduction (CFPR) programme. Indeed, there are a host of issues that this programme will give rise to that are on the 'frontier' of both programmatic and research understanding. What is thus absolutely important is developing a learning agenda that speaks to the programme with relevant feedback in a timely manner. On the other hand, such exchanges and dialoguing need to be integrated within a framework of learning and willingness to innovate.

The Research and Evaluation Division (RED) of BRAC has in its core mandate to assess and provide critical inputs for more impactful programmes to bring about positive changes in the lives of the poor. Some of the core thinking behind the proposed CFPR emerged out of several important research studies conducted by RED and sharing of those with programme and senior management. That the mainstream development programmes and strategies were by-passing most of the ultra-poor was a core finding that emerged out of RED research which played a major role in building the *raison-d'être* of the proposed CFPR programme. The Jamalpur Flood Rehabilitation Project (JFRP) funded by ECHO which acted as an important learning ground for further thinking and designing of the proposed CFPR has also been of keen interest to RED and a number of additions and fine tuning of JFRP have emerged out of RED research and dialogue. RED has also been closely involved in working with programme management in developing the selection criterion of the potential beneficiaries of the proposed CFPR. The Director of RED coordinated the preparation of the CFPR proposal. The link between RED and the proposed CFPR is thus already strong and there is a solid sense of ownership.

1. *The Research Agenda*

CFPR's mandate is to employ a range of strong poverty 'interrupters' to create a more solid ground for the ultra-poor—those left out of conventional development programmes in Bangladesh. These 'interrupters' consist of both livelihood protection and promotional instruments. Though reaching a tiny proportion of the ultra-poor, the ripple effects, given BRAC's position and inter-linkages with the pro-poor constituencies both at home and abroad, is expected to be significant. And, it is in this larger context that the research agenda around this programme needs to be considered.

The first 18 months of the CFPR is essentially an intensive learning period. RED will devote core effort during this period to ensure that such learning is most impactful for the programme thinking and action. The research plan that RED plans to carry out in the first 18 months is discussed first.

Issues of targeting and its effectiveness is the foremost issue of importance. Towards this end, RED plans to use participatory research tools, such as wealth ranking and a three group base-line survey. The three sample groups will be participants (from all the three CFPR target groups, i.e. the specially targeted ultra poor, IGVGD and BDP ultra-poor members), comparison group from the villages where the programme choice exists and another comparison group from villages where the programme choice does not exist. Such a quasi-experimental survey will allow us to examine issues of targeting and later impact in a rigorous way. To ensure that we get to sample comparative villages for the third sample group, we will coordinate with programme management and get detailed information of their expansion plan. The baseline survey will collect detailed information on economic, social and health related aspects of ultra poor peoples' livelihoods. This will allow us to examine targeting effectiveness and form a basis for mid-term and project end impact survey to be carried out later.

It is inevitable in a programme that involves substantial resource transfer that there will be contestation at various levels. The intensive monitoring initiative of the programme will be further strengthened by the RED baseline survey. More importantly, RED will seek to understand the complex negotiation process through which the targeting contestation is negotiated at the field level. In addition to providing critical inputs in programme staff training and development, this will also contribute with new insights in the literature on targeting.

In addition to the baseline survey, we have identified a number of issues for which a more qualitative approach will be needed. These are detailed below. Such qualitative studies will allow a better understanding of the various dimensions of the livelihoods of the very poor, their existing operational dynamics and identify possible impact pathways. These will not only help an analytical understanding of the programme possibilities but can also highlight blockages and unanticipated negative impacts, which is vital for a programme such as CFPR, having innovation and constant learning at its core.

Some of these studies will be very closely related to programmatic details, such as assessing the training and skills development module developed for the ultra poor, exploring staff interactions with the beneficiaries, assessing the appropriateness of mode and timing of subsistence allowance, etc., which can help in fine-tuning and more effective trouble-shooting of the programme. Moreover, these case studies will also provide insights for developing an appropriate survey instrument for mid term review and project end impact assessment.

During the first phase, RED will work towards developing a cost-effective and participatory impact monitoring system. We are already considering a number of instruments for this based on recent advances in the field of impact monitoring. RED is working with the Ford Foundation IMPACT action research programme to develop impact-monitoring systems that are practitioner-focussed. For instance, the internal learning system, an impact monitoring tool used by ASA, India uses pictorial diaries to keep track of changes along a diverse range of indicators occurring in the lives of their members. We can adapt such a tool for the purpose of monitoring relevant indicators, which will be developed in close partnership with programme management at various levels. The impact monitoring variables are expected to be wide ranging, incorporating social, economic and health related aspects of the ultra-poor's livelihood. This tool will be extremely useful in developing a thorough programme-end impact assessment instrument and methodologies. RED will closely monitor the collection of the information in this tool and carry out periodic analysis for the benefit of the programme. Such analysis can itself generate new research issues of relevance and importance for programme and new knowledge. A list of research activities to be carried out during the first phase is presented below:

PHASE 1: January 2002-June 2003

Assessing targeting effectiveness (PWR exercise)

Baseline Study⁷

Case studies (indicative)

- Reviewing existing NGO services for the ultra-poor
- ECHO programme lessons

⁷ The baseline study will incorporate the usual socio-economic variables drawing insights from the participatory wealth ranking exercise. In addition, it will include several health related variables, such as illness pattern, morbidity, health care seeking behaviour, health crisis coping, nutrition, quality of life indicators, water-sanitation knowledge and practice etc. It will also include a section on environment related aspects of ultra-poor's livelihood, such as, knowledge- attitude-practice, natural resource utilisation/extraction behavior, vulnerability and coping strategies to environmental disasters, etc.

- Understanding targeting as a negotiation process
- Vulnerability studies (seasonality, agro-ecological vulnerabilities, income erosion, crisis coping etc.) with a focus on obtaining a regional mapping
- Exploring existing support networks of the ultra-poor and the impact of asset-transfer
- BRAC social development strategies and the rural power structure: Possibilities and Challenges
- Crisis coping in health: Effects of CFPR
- Action Research to Improve Health Knowledge and Outcomes through Group Based Approach
- Training Assessment: Retention and Application
- Exploring staff interactions with ultra-poor
- Subsistence allowance—its role and mode appropriateness
- Understanding financial service needs of the ultra-poor
- Assessing Enterprise risk profile
- Utilization of common property resources: Present trends and implications for the ultra-poor

Mid term review—Panel Survey

The second phase will involve a thorough programme-end impact assessment, which will make use of the impact monitoring information and the case studies carried out throughout the two phases. A core focus of the programme-end impact assessment will be to generate significant learning about programmatic possibilities and challenges in working with the ultra-poor for a wide range of development workers. In addition to the on-going impact monitoring exercise, a series of case studies will also be conducted. A tentative list of some case study issues is outlined below:

PHASE II: July 2003- December 2006 (To be detailed after Phase I)

- Poverty Reduction Monitoring System
- Exploring changes in social support network
- The 'untrainables': Deepening understanding and searching for possibilities
- Study on Institution building through VO federation
- Social capital building within VOs
- VO dynamics and integration of IGVD and BDP ultra-poor members
- Morbidity pattern and its impact across groups
- Food insecurity and Nutrition seeking behaviour
- Effects of programme on child labour
- Effects of CFPR in improving inequities in health
- Exploring programme effects on intra-household dynamics in food allocation and bargaining power
- Case studies on health care services programme including health insurance
- Utilization and preservation of natural resources and their relations with ultra-poor's livelihood

Project-end analysis and lessons learned

The relevant issues will be identified after the first phase and as RED starts 'testing the field' further. Sharing of research findings from the first phase with programme management at various levels and the dialogue that this will give rise to is also expected to drive the process of finding the relevant issues for the second phase case studies. Some of the case studies conducted during the first phase will be repeated during the second phase in order to get a handle on changes and understanding the change pathways.

II. Dissemination

In addition to providing timely feedback on expected outcomes, unexpected challenges and new opportunities, RED research agenda around the proposed CFPR is expected to generate frontier knowledge about poverty dynamics, processes and programmatic possibilities and challenges. RED will put in major effort in leveraging this knowledge through innovative dissemination and forming alliances with the strong advocacy initiative of the CFPR. Through this, we hope to be able to create the knowledge-based ripple effects to strengthen broader programmatic innovations nationally and internationally and influence policy.

To this end, RED will hold national level workshops for BRAC staff and other pro-poor constituencies at regular intervals.

The **first workshop** will be held at the end of 18 months. It will focus on the following issues

- developing a typology of the ultra poor
- problems with the identification of the ultra poor
- problems with programme design:
 - a review of the different experiences with the IGAs for the ultra poor
 - a review of the experiences of the savings programme for the ultra poor
 - who is left out from the CFPR programme?

The **second workshop** will be held at the end of three years. This workshop will focus on a different set of issues. It will examine the ultra poor's progress from CFPR programme to BRAC's regular programmes. Key issues will be:

- graduation of the ultra poor: who graduates, who doesn't and why?
- ultra poor participation in mainstream programmes
- drop- out from mainstream programmes

The **third workshop** will be held at the end of four and half years and will focus on developing a strategy for the future – how BRAC should continue to address the concerns of the ultra poor in the next phase of its programmes. This will involve:

- a comprehensive review of RED findings from the CFPR programme
- reflection on programme successes and problems
- identifying future direction for work with the ultra poor

RED has already been discussing the possibility of using the strong dissemination platforms of international research centres working on the theme of ultra-poverty, such as the Chronic Poverty Research Centre (CPRC), University of Manchester. We will search for more of such platforms. Research outputs will be aimed for publications in various academic and practitioner-focussed journals, both home and abroad. We will actively seek to avail of opportunities to present our research in relevant national and international forums. In addition, we will develop a dedicated portal in the BRAC website to post documents and initiate dialogue on the various dimensions of ultra-poverty emerging out of our research activities.

8. Monitoring

BRAC operates a substantial Management Information System (MIS) to monitor progress against targets in its development programmes. The MIS will be extended to include the new activities but, given the pilot nature of this programme during the first two years, an intensive role will be taken by the Research and Evaluation Division (RED) as mentioned above. Key concerns, at a generic level, relate to the efficacy of the new instruments being utilised in this programme. Important amongst these are:

- a. Selection criteria for the ultra poor and the processes adopted to undertake selection. It is inevitable in a programme, which involves substantial resource transfers that there will be local pressures to circumvent criteria in order to access resources. BRAC is proposing an intensive approach to beneficiary selection involving both surveys as well as participatory methods with members of the community, notably committee members of the existing BRAC village organisations. In addition BRAC has already experimented with different approaches to such surveys and compiled lists of the ultra poor as well as undertaking research on their characteristics. Despite all this work there will inevitably be a point of tension around final selection. Monitoring will be designed both to assess the integrity of the process and to advise on its reform and streamlining where possible.
- b. Assessment of the training and skills development modules developed for the ultra poor. Most of the target group have very low levels of literacy, will have little exposure to running a microenterprise themselves and will often suffer from low confidence and a low-level of self-esteem. Therefore the Employment and Enterprise Development programme is developing new modules specifically oriented towards the needs of this group. Their work will be supported with intensive inputs from the Social Development Programme Organisers involving both counselling time with individual beneficiaries and working with small groups to address common problems as well as build up capacity in problem analysis and solution. There will be close monitoring to assess the delivery of these services and their quality. The training modules for IGVD participants may be adapted and changed once the findings of the ongoing review by the WFP are available and possible ways of improving the training become clear.
- c. Monitoring to assess whether the right assets and follow up services are being given to the specially targeted ultra poor programme participants. Very substantial costs are being incurred in the asset transfer and stipend arrangements and it is critical to ensure that these are used effectively. The ultimate test is the degree to which the totality of inputs results in improving the welfare of the ultra poor; the achievement of this will be dependent on the effective use of the grant element. There are obvious risks –e.g. sale of productive assets to meet immediate consumption needs, linkage of output sale to earlier debt (linked markets) resulting in smaller gains for the ultra poor, natural disasters (flooding) destroying assets, or failure to save in order to accumulate funds for asset renewal.
- d. BRAC is looking to expand the local level organisations set up by its members through an association structure, up to the Upazila-level eventually. However, it is necessary to ensure that the organisational model is an effective one and that the supporting social development inputs are appropriate and of high quality. By separating the social development inputs from an organisational structure (BRAC village organisations) that was principally concerned with savings and credit, BRAC has created an important opportunity to strengthen the impact of its social development activities. It has also created the basis for addressing issues at higher-levels (Ward and Union) thereby allowing the poor to demand accountability for public resources spent locally. But there is limited experience with these types of initiatives and obvious problems to be confronted when competing with other vested interests. The Social Development programme has an ambitious agenda

of support for these associations but implementation will require careful participative monitoring to assess what works, what doesn't and why.

- e. In the Health Care Services programme for the ultra poor there are specific arrangements for the village health workers to provide free treatment and to arrange referral services. The programme has also classified ultra poor beneficiaries according to morbidity and suggested what might be appropriate types of support for each group. The efficacy of this approach will be monitored and the capacity of the health workers to (honestly) follow the special health care arrangements for the ultra poor will be assessed. There is little doubt that poor health is a major source of impoverishment and that poor health incidents result in households slipping back with their livelihood strategies; thus, success in this component is key to the whole ultra poor strategy. RED will develop a monitoring plan together with the Programme Organisers in this programme to monitor operations and their efficacy in encouraging health-seeking behaviour amongst the ultra poor.

The hope is that the on-going monitoring and action research of the programme will provide very clear messages on the evolution of strategic intervention for the ultra poor.

9. Programme Sustainability

NGOs in Bangladesh have been required by their donors to demonstrate the sustainability of their programmes. Recently, sustainability has been mainly concerned with the financial sustainability of microfinance programmes. BRAC, as a very large and multi-programmed organisation, has felt the need to develop its own sustainability plan. This incorporates an elaboration of its future mission and an operational plan to ensure it has all the different types of resources needed to achieve it. Further development of the plan is a focus for management and for the organisation as a whole.

Since the late 1970s BRAC has developed its own enterprises, the surpluses from which are used in its development programmes. This has been driven by a concern to achieve independence from donor funding. In fact, the speed of expansion of BRAC has been so rapid that BRAC continues to work with several donors in its development programmes. Nevertheless, BRAC has developed a considerable resource base of its own. In particular, it has chosen, in its Enterprise Support Programme, investments in production, which can then be utilised within its development programme – seed production and chicken rearing for example. This has reduced risk to BRAC members investing in enterprises by assuring availability of inputs and, in some cases, the purchasing of outputs. About a third of BRAC members have now benefited from this and are operating their own enterprises after training from BRAC. This development has also strengthened the financial viability of the overall BDP which is now self-sustaining. Future expansion of BDP will be through strengthening its programme in villages where it is already present rather than expanding to new areas. In combination with increasing loan size, this will reduce further the average operating costs of the programme and strengthen the financial base of the programme. This strengthening will also serve to safeguard against the potential risk that the loan repayment will worsen as a consequence of future BDP growth coming disproportionately from amongst the ultra poor members of the target group.

However, not all BRAC programmes can aspire to financial self-sufficiency, at least not in the immediate future. Service delivery activities – credit, training for enterprise development, health services – can support themselves either individually or collectively through cross-subsidies. However, the social development programme will continue to need support for the foreseeable future.⁸ Likewise, the special

⁸ In principle, it is possible to envisage circumstances where social development inputs are also marketed and sold to Ward, Union and eventually Upazila level associations of VO members; but this is far off if it ever happens and anyway would still leave other aspects, e.g. national advocacy campaigns, in need of support.

investment programme for the ultra poor, with its asset transfer and stipend programme, is inherently dependent on external financing, from BRAC or elsewhere. Moreover, given the large number of ultra poor households in Bangladesh, in order to fulfil its mission BRAC will need to continue to support a substantial ultra poor programme. No doubt, prospects for that financing will depend very much on review of the implementation of this programme. If the programme can demonstrate that its instruments do result in households graduating to full BRAC village organisation membership, or that they are then able to join another NGO and that this leads to sustainable poverty reduction, then the prospects for financing are good. Part of BRAC's concern here is to develop models of intervention that can also be used by others, government or NGOs, and that could form the basis of national programmes. For example, experience with this programme may suggest a form of intervention –say, disability allowances– that could be replicated nationally. However, the key point to recognise here is that programmes such as the special investment programme for the ultra poor and social development programmes will continue to need external resources. This is a different development agenda to the dominant one that emphasises market-driven solutions but is a necessary one for the ultra poor in Bangladesh.

10. BRAC Governance

BRAC is very committed to a transparent and accountable governing structure. Mr. F. H. Abed, as the founder of BRAC, has been at the helm of the organisation for nearly 30 years. When the founder is heading the organisation, governance and management tend to be to be undifferentiated. Mr. Abed and the Governing Body (GB) feel that the governance of BRAC needs to be upgraded and increasingly differentiated from the management role.

An Executive Director Designate (EDD), Mr. Abdul Mueyed Chowdhury, was therefore appointed and took up his position in August 2000 as the Chief Operating Officer. The EDD, a former senior civil servant, has been taking on increasing operating and decision-making responsibilities. In mid-July 2001, Mr. Mueyed Chowdhury took leave from BRAC to join the council of advisors for the Bangladesh Caretaker Government. On his return to BRAC, he will be given the responsibility of the Executive Director. Mr. Abed intends to relinquish administrative responsibilities at that time and will become the full-time Executive of the Governing Body.

The Governing Body will provide independent advice to management on policy matters and strategic financial issues. The Governing Body will continue to be responsible for the prudent financial management of BRAC, the maintenance of a good working relationship with the Government and the development of alliances with NGO networks, including international networks. Over the next few years it is envisaged that the size and composition of the Governing Body will be strengthened to 11-15 members, some of whom will be expatriates with an international reputation and expertise in such fields as education, micro-finance and health.

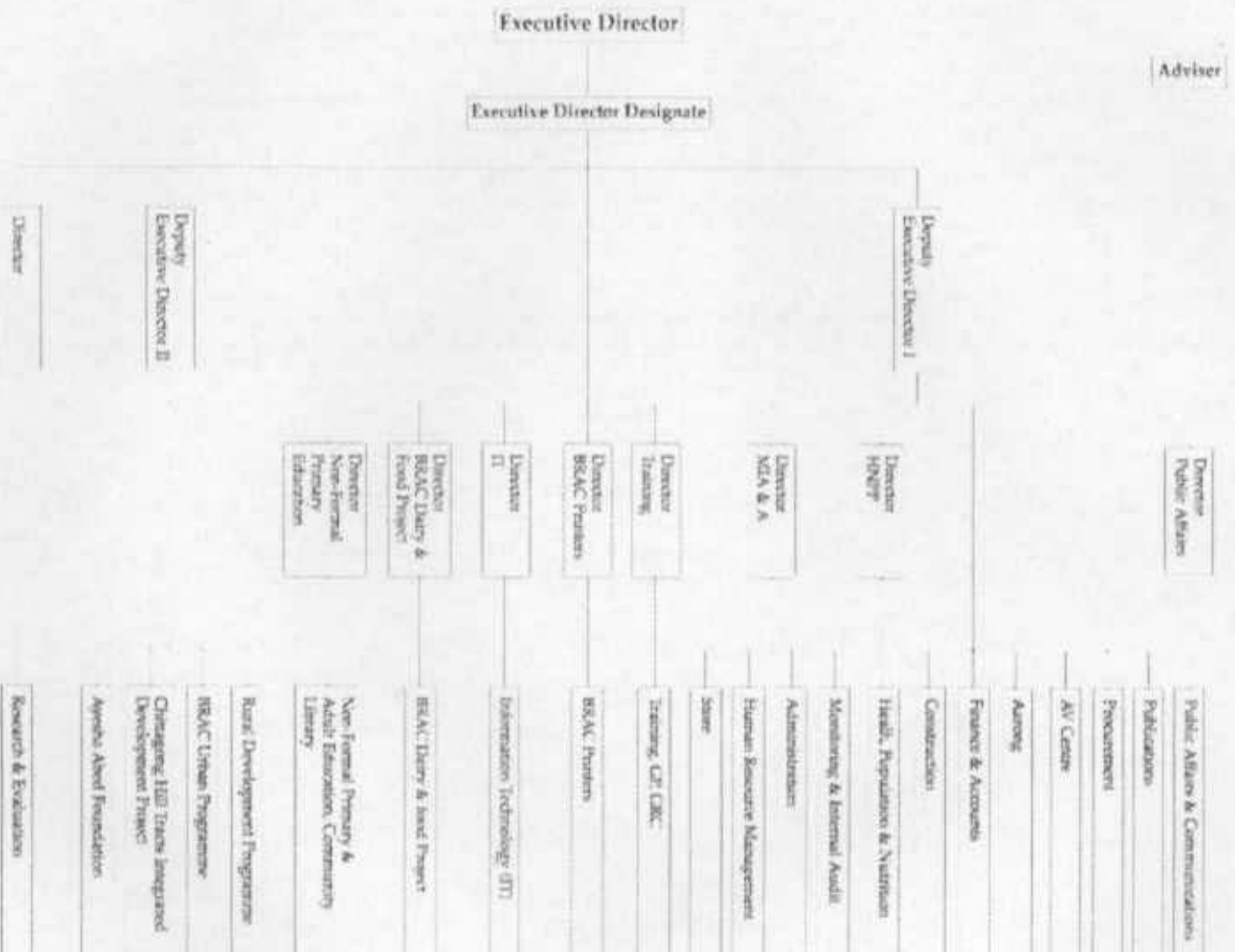
Despite rapid growth, both in terms of an increase in Village Organisation membership and increase in the number of staff (BRAC now has a total of 25,000 staff), the organisation has been careful to maintain a participatory and decentralised management system. BRAC Development Programme (BDP), which will implement the new programmes described in 'Challenging the Frontiers of Poverty Reduction', has in place a flat management structure. The key management personnel and the village level staff are delegated significant responsibility and authority to implement BDP activities. An organogram of the management structure is provided below in Figure 2. The senior managers will ensure that there is a common understanding of BRAC's vision, mission goals and organisational values among all staff, both at the Head office and throughout field offices. Formal policies and procedures to guide operations in respect of accounting, procurement, and personnel have already been developed. The organisation has a formal gender policy that is being strictly followed.

BRAC is exploring ways of making itself more transparent, and as a step towards this it is now working with Transparency International Bangladesh (TIB) in reviewing requirements that need to be in place to make the organisation more transparent and accountable. BRAC is bringing out more information about its activities and operations, including its finances, in the public arena. The annual audit report provides information and analysis required as per international accounting standards for non-profit organisations. A top international audit firm (Ernst and Young) and a Bangladeshi firm jointly audit BRAC accounts. BRAC's micro finance operation is subjected to the analytical review of the Micro-finance Network based in Washington D.C. BRAC's Public Affairs Department regularly provides updates through the print and electronic media, and journalists are being encouraged to visit BRAC project sites.

A BRAC Local Representative (BLR) has been appointed in all BRAC working areas to liaise with the local community, other development organisations and local government bodies. Their role is to make clear to other stakeholders what work BRAC is doing in the area and to answer and address any possible queries or concerns they may have. This will ensure that BRAC programmes are open to scrutiny by civil society and other organisations at the local level.

BRAC is also strongly committed to accountability to its members. This means that BRAC is always responsive to the needs and demands of its members, and changes and adapts its programmes accordingly. While such a *modus operandi* has been in place since BRAC started its work in the early 70's, BRAC is now also considering putting in place formal mechanisms to ensure the accountability of the organisation to its members. One idea that it plans to operationalise in the next five years is VO representatives' involvement in BRAC Area Office quarterly planning meetings. This would ensure that BRAC members have a say in how BRAC activities and programmes are carried out and a forum is available to express any concerns they may have. Another option that is being considered is to hold larger conventions with a greater number of VO members every two years. BRAC will try out both these activities on an experimental basis, in a few regions, in the second half of 2002.

BRAC Organogram



Logical Framework Analysis (LFA)

Project Name	: Challenging the Frontiers of Poverty Reduction: Targeting the Ultra Poor – Targeting Social Constraints
Period of Funding	: 2002-2006
Total Project Funding	: Taka 3,205 million (US\$ 53 million)
BRAC Contribution	: Taka 281million (US\$ 4.67million)
External Funds	: Taka 2,924 million (US\$ 48 million)

Narrative Summary	Objectively Verifiable Indicator	Means of Verification	Assumptions
Goal: Poverty reduction through replication of established livelihood models by development partners.	1. Development partners are taking initiatives to replicate BRAC experience 2. Some development partners are seeking technical assistance from BRAC for ultra poor focused initiatives.	Research studies	
Purpose: Improved livelihood practices of the poor, particularly the ultra poor, are established as a replicable models and debated by development partners at the national level.	1. Replicability of BRAC's ultra poor initiatives is a national issue in different forums of government, donors and other development partners 2. 60 to 80% of the participating ultra poor have improved earnings from a skill-based, productive source. 3. 50 to 70% of programme participants are able to exercise their basic rights such as casting votes, getting access to legal assistance and participating in local level bodies and forums. 4. 60 to 70% of programme participants are using basic health services such as immunisation, family planning, water and sanitation, pregnancy-related care and tuberculosis treatment.	Internal and external evaluation	Development partners and donors remain committed to ultra poor issues General economic situation (e.g. price level) remains stable
Outputs Ultra Poor 1. Specially targeted ultra poor are aware of development issues and confident to access BRAC and other services	1. At least an additional 20 to 30% of the specially targeted ultra poor families have approached concerned authorities to have their children enrolled in schools. 2. At least 40% women raise issues during informal discussion groups that directly address their problems. 3. At least 40% of the specially targeted ultra poor women participants can recall their legal rights with regards to marriage registration, legal age of marriage, dowry and divorce.	In areas where there are schools, school enrolment records In areas where there are no schools, focus group discussions with parents Review of meeting minutes Observation Internal evaluation Monitoring	Productive assets remain protected in case of natural disasters

Narrative Summary	Objectively Verifiable Indicator	Means of Verification	Assumptions
2. Ultra poor (including specially targeted ultra poor, IGVGD and ultra poor BDP members) are capable of undertaking selected IGAs.	1. 85% of the programme participants who received training in different areas can articulate the main learning points and demonstrate the transferred skills after training. 70,000 specially targeted ultra poor members, 800,000 VGD members and 475,000 ultra poor VO members receive skill-development training.	Training evaluation reports	Rural market systems remain functioning against natural and other hazards.
3. Specially targeted ultra poor have access to appropriate productive assets and subsistence allowance	1. 85% of the specially targeted ultra poor programme participants are using productive assets worth Tk. 6000 on average for IGAs. 2. Subsistence allowance (Tk. 4320) received by the specially targeted ultra poor is being used for their daily livelihood needs. 3. Appropriate use of productive assets and subsistence allowance results in improved economic status of specially targeted ultra poor, measured by looking at income level and saving capacity.	Monthly MIS reports Internal and external audit. Monitoring reports	
4. Specially targeted ultra poor have access to free basic health services and the provision of selected health products ensured at subsidy or cost price.	1. 10 to 15% increase in the number of eligible women who seek modern contraceptive methods 2. Usable slab latrine installations increased by 60,000 3. 70% of households are motivated to access to safe water 4. Immunisation coverage increased by 15% 5. Vitamin A capsule reaches 90% of children under five in programme area. 6. 70% pregnant women receive pregnancy-related care. 7. Tuberculosis cure rate reaches 90%.	Monthly MIS report Monitoring reports Research reports	Local administration remains cooperative
BRAC Village Organisation Members			
5. Democratic people's organisations as voice and base of the poor are in place.	1. Polli Shomaj leadership is changed according to guidelines in at least 80% of the groups. 2. In 40 to 50% of all Polli Shomaj groups, the committees run their own meetings and decide on their own programme of activities.	Resolutions Monitoring Focus group discussions with Polli Shomaj leaders	
6. The poor and their institutions are aware of their rights and basic laws relevant to their lives.	1. At least 95% of all new marriages among BRAC members and their children are registered properly 2. 60% of all BRAC members and their children are getting married at legal age. 3. At least 85% of all BRAC members vote in both national and local elections.	Checking official marriage registration Group interview with VO members	
7. Village Organisation members are capable of and motivated for social action for public	1. 40 to 60% of Polli Shomaj groups bargain for public resources such as old age pensions, emergency relief, VGD and VGF cards. 2. 40 to 60% of all cases brought to the legal clinics are resolved in a manner acceptable to both parties either through informal arbitration or through the courts.	Polli Shomaj and Union Association meeting minutes Documents review Review list of Union Parishad	

Narrative Summary	Objectively Verifiable Indicator	Means of Verification	Assumptions
accountability and social change.	3. Polli Shomaj members from at least 30% of the Wards where groups exist contest in Union Parishad elections. 4. All acid and rape victims known to BRAC, and not served by others, are linked with medical care services.	candidates Review of the hand-over documents	
BRAC Village Organisation members and community 8. The community has access to basic health services under EHC.	1. 10 to 15% increase in the number of eligible women who seek modern contraceptive methods 2. Usable slab latrine installations increased by 1,290,000 3. 70% of households are motivated to access to safe water 4. Immunisation coverage increases by 15% 5. Vitamin A capsule reaches 90% of children under five in programme area. 6. 70% pregnant women receive pregnancy-related care. 7. Tuberculosis cure rate reaches 90%.	Monthly MIS report Monitoring reports Research reports	Supplementary inputs from GOB and other sources are available
9. BRAC's health programme is complementary to that of GOB and other organisations both at the extension and policy level.	1. 50% to 70% of the referred cases received health-care services from the GOB and other organisations. 2. Joint collaboration programmes between BRAC and GOB are under implementation.	Review of quality watch report Survey among service recipients MOU	
External Stakeholders 10. Development partners are aware of BRAC's experience with poverty reduction initiatives, particularly of ultra poor	1. BRAC research findings and achievements related to this programme are publicly known 2. BRAC's research-based advocacy initiatives related to this programme receive appreciation and recognition by GOB and other organisations.	Media survey Interview with key researchers and policy makers	
BRAC 11. BRAC's programme management is based on transparency, learning and enhanced staff capacity.	1. BRAC's programme strategies are reviewed and revised based on action research, evaluative studies and best practices from other organisations. 2. Knowledge and skill level of BRAC staff conform to required standards.	Monitoring Missions Mid-term review	

Narrative Summary			Assumptions
Activities Ultra Poor Output 1 (Awareness and confidence building): 1.1 Build rapport by having individual contact and home visits 1.2 Raise awareness by holding informal discussion groups (on legal rights, gender issues and relevant socio-political issues) 1.3 Raise confidence and motivate ultra poor women to get involved in IGA activities 1.4 Carry out advocacy work at the local level to ensure that local institutions are responsive to the needs of the ultra poor Output 2 (Training): 2.1 Provide need-based technical training and basic entrepreneurial skills 2.2 Undertake continuous follow-up (individual visit, regular contact) Output 3 (Asset transfer and allowances): 3.1 Provide need-based productive inputs (poultry, goat, cow, vegetable seeds, saplings, fingerlings) 3.2 Provide Tk. 4320 subsistence allowance within 18 months Output 4 (Essential Health Care): 4.1 Provide health and nutrition education 4.2 Provide basic health care services free of cost (family planning, pregnancy related care, immunisation, vitamin A capsule and TB treatment); at subsidised cost (water supply and sanitation) and at cost (health products) 4.3 Provide financial assistance from health insurance and other sources for medical cases (mild and severe morbidity) not covered by basic health care services	BRAC Village Organisation members and community Output 5 (Democratic people's organisations): 5.1 Develop functional <i>Polli Shomaj</i> (Ward level association of VO members) based on selected indicators (groups meet regularly and can identify their own problems, ability to identify and analyse problems, and ability to network with other organisations, ability to plan their own activities) 5.2 Facilitate the formation and development of Union Associations by federating <i>Polli Shomaj</i> groups at the Union level 5.3 Provide leadership training for <i>Polli Shomaj</i> Committee members (group management and advocacy skills) Output 6 (Awareness raising) 6.1 Train Village Organisation members on Human Rights and Legal Education (HRLÉ) 6.2 Perform people-centred theatre on current socio-political issues 6.3 Organise issue-based monthly meetings with VO members Output 7 (Social Action): 7.1 Provide support for alternative dispute resolution and legal aid in collaboration with other legal service providers 7.2 Organise workshops with local community leaders to carry out pro-poor and pro-women advocacy 7.3 Provide link to medical care for victims of human rights violations (e.g. acid or rape victims) 7.4 Provide follow up support on social action undertaken by the group members	Output 8 (Essential Health Care provision) 8.1 Provide training to health cadres (Shevikas) 8.2 Provide health and nutrition education 8.3 Provide basic health care services and products Output 9 (Linkage with GOB health services): 9.1 Develop and continue partnership programmes with government (such as TB, arsenic, immunisation, HIV/AIDS) 9.2 Mobilise, link and refer community members to government services and other organisations Output 10 (Policy Advocacy) 10.1 Disseminate BRAC's learning from poverty reduction initiatives through seminars, workshops and publications 10.2 Undertake advocacy for improved service delivery and pro-poor health policy 10.3 Support joint research initiatives on ultra poor Output 11 (Transparency, learning and capacity development) 11.1 Undertake monitoring, documentation, internal evaluation and audit 11.2 Undertake action research including pilot projects, participate in seminars, workshops, collaborate with GOB, NGO and research institutes and take into account key learnings in programme redesigning 11.3 Provide need-based participatory programme management and gender training, and seek technical assistance for staff and programme development	Local government representatives and local administration remain cooperative. Other NGOs with supplementary agencies continue with their programme. Socio-political environment remains favourable for NGO activities Pre-condition 1. GOB approval is available 2. Committed funds are available on time

Table 3.
Challenging the Frontiers of Poverty Reduction (Targeting the Ultra poor – Targeting Social Constraints)
Overview of Different Services for Different Target Groups

70, 000 Specially Targeted Ultra Poor	IGVGD Ultra Poor	BDP Ultra Poor (from new VO members)	Village Organisation Members	Community
Asset transfer - Asset transfer - Subsistence allowance - 2% contingency fund for unforeseen circumstances - Second round support for 10% non-graduands.	Asset transfer - - - -	Asset transfer - - - -	Asset transfer - - - -	Asset transfer - - - -
Enterprise development training - Each participant receives enterprise development training in the IGA for which they obtained assets - Food for trainees during training	Enterprise development training - 800,000 participants. - Each participant receives enterprise development training in one IGA	Enterprise development training - 475,000 participants - Each participant receives enterprise development training in one IGA	Enterprise development training -	Enterprise development training
Social Development - Confidence building training - Building problem-solving capacities of the groups - Awareness-raising through informal weekly discussion groups	Social Development - Short courses covering basic laws and rights. - Provision of general social support through Polli Shomaj groups	Social Development - Participation in Polli Shomaj - Participation in Union Association (in some areas) - Monthly, issue-based meetings	Social Development - Participation in Polli Shomaj - Participation in Union Association (in some areas) - Monthly issue-based meetings	Social Development - Mobilising community support for the enforcement of poor women's legal rights through LCL workshops.

70, 000 Specially Targeted Ultra Poor	IGVGD Ultra Poor	BDP Ultra Poor (from new VO members)	Village Organisation Members	Community
- One-on-one back up support through regular home visits, personal advice and other support - Sensitising local community to the needs of the ultra poor through LCL workshops - Participatory poverty monitoring - Access to legal assistance - Linking acid and rape victims to medical care providers. - Awareness-raising through popular theatre performances - Advocacy on behalf of the poor and the ultra poor at the local, regional and national level	- Mobilising community support for the enforcement of poor women's legal rights through LCL workshops. - Access to legal assistance - Linking acid and rape victims to medical care providers. - Awareness-raising through popular theatre performances - Advocacy on behalf of the poor and the ultra poor at the local, regional and national level	- Human rights and legal education classes - Mobilising community support for the enforcement of poor women's legal rights through LCL workshops. - Access to legal assistance - Linking acid and rape victims to medical care providers - Awareness-raising through popular theatre performances - Advocacy on behalf of the poor and the ultra poor at the local, regional and national level	- Human rights and legal education classes - Mobilising community support for the enforcement of poor women's legal rights through LCL workshops. - Access to legal assistance - Linking acid and rape victims to medical care providers. - Awareness-raising through popular theatre performances - Advocacy on behalf of the poor and the ultra poor at the local, regional and national level	- Linking acid and rape victims to medical care providers - Awareness-raising through popular theatre performances - Advocacy on behalf of the poor and the ultra poor at the local, regional and national level - Social action by Polli Shomaj or Union Association members to fight for social justice in the community - Advocacy on behalf of the ultra poor at the local, regional and national level
Health Care - Earmarked fund at Area Office level to meet emergency medical costs for ultra poor - Social and emotional support and counselling for patients and family - Free pregnancy-	Health Care - Health and nutrition education - Pregnancy-related care. - Family planning education and support - Immunisation support. - Water and sanitation education and support	Health Care - Health and nutrition education - Pregnancy-related care - Family planning education and support - Immunisation education and support - Water and sanitation	Health Care - Health and nutrition education - Pregnancy-related care - Family planning education and support - Immunisation	Health Care - Health and nutrition education - Pregnancy-related care - Family planning education and support - Immunisation

70,000 Specially Targeted Ultra Poor	- related care. - Distribution of free contraceptives. - Distribution of tubewells and sanitary latrines at subsidised rate. - HIV-AIDS awareness education - Arsenic testing free of cost - Arsenic identification, awareness-raising, referral of patients suffering from arsenic contamination and help finding alternative sources of water. - Tuberculosis tests and medicines free of cost - Creating linkages with Government health services. - Basic curative services for 10 common diseases at cost price. - Supplying BRAC health commodities at cost price and BRAC paying for the Shebika's service charges - Interest free loans to meet emergency medical costs - Mobilising local resources (fund) for emergency medical costs - Health insurance - Immunisation support.
IGVGD Ultra Poor	- Tuberculosis control. - Supply of health commodities - Basic curative services for 10 common diseases. - Referral linkages with GOB and other facilities - HIV-AIDS awareness education - Arsenic identification, awareness-raising, referral of patients suffering from arsenic contamination and help finding alternative sources of water. - Arsenic identification, awareness-raising, referral of patients suffering from arsenic contamination and help finding alternative sources of water. - Social and emotional support and counselling for patients and family
BDP Ultra Poor (from new VO members)	- Tuberculosis control, education and support - Supply of health commodities - Basic curative services for 10 common diseases. - Referral linkages with GOB and other facilities - HIV-AIDS awareness education - Arsenic identification, awareness-raising, referral of patients suffering from arsenic contamination and help finding alternative sources of water. - Arsenic identification, awareness-raising, referral of patients suffering from arsenic contamination and help finding alternative sources of water.
Village Organisation Members	- education and support - Water and sanitation - education and support - Tuberculosis control. - Supply of health commodities - Basic curative services for 10 common diseases. - Referral linkages with GOB and other facilities - HIV-AIDS awareness education - Arsenic identification, awareness-raising, referral of patients suffering from arsenic contamination and help finding alternative sources of water.
Community	- education and support - Water and sanitation - education and support - Tuberculosis control. - Supply of health commodities - Basic curative services for 10 common diseases. - Referral linkages with GOB and other facilities - HIV-AIDS awareness education - Arsenic identification, awareness-raising, referral of patients suffering from arsenic contamination and help finding alternative sources of water.

SPECIAL INVESTMENT PROGRAMME
FOR THE ULTRA POOR

B. SPECIAL INVESTMENT PROGRAMME FOR THE SPECIALLY TARGETED ULTRA POOR (2002 – 2006)

1. Reaching the ultra poor: pushing down the frontiers in the poverty reduction agenda

Ultra poor families are the most deprived segment of our population. They lack even the most basic necessities. They often have very little to eat, having to make do with simply boiled rice and salt at times. Many have no adequate shelter. They suffer from extreme malnutrition and are consequently very prone to all forms of diseases. Moreover, these households are particularly vulnerable to recurring natural disasters and are often caught in a poverty trap. Their first priority is to acquire a minimum level of income that will allow them to feed themselves. They are risk averse and prefer wage employment or a secure source of income to risky business ventures.

Despite the fact that they suffer from so many disadvantages, the ultra poor have not been reached by the poverty eradication efforts of any development organisations so far since they are considered to be 'high risk' cases compared to the moderate poor. BRAC recognises that a traditional development programme will not help these households and that a more innovative, tailored approach is needed to effectively reach and work with these households.

The Special Investment Component has therefore been designed in order to push down the frontiers of the current poverty reduction agenda and reach some of the most vulnerable households among the rural poor. It is an attempt to address the needs of this commonly ignored segment of the population. The goal of the programme is to bring about sustainable improvement in the lives of the targeted ultra poor families. BRAC plans to improve the socio-economic position of the participating ultra poor households by making accessible to them many economic and social inputs, including some provided by BRAC.

The Special Investment Programme will begin as a two year pilot project in five regions, namely Faridpur, Sherpur, Nilphamari, Rangpur and Kurigram. These regions have been selected on the basis of having a very high incidence of severe poverty. The results of the NGO survey carried out in these regions (see section 5 at the end of this chapter) also highlight the fact that despite the high incidence of poverty, there are relatively few NGOs working in these five regions and hardly any targeting ultra poor households. At the end of the pilot phase (end of 2003), there will be an external evaluation to assess the success of the Special Investment component. If the results of this review are positive, this programme will be expanded to cover a total of fifteen regions within next three years.

The Special Investment component was designed using BRAC's previous experience of working with very poor BDP members and partly based on a demand driven response to identified needs by the target group. BRAC staff will receive special training to identify and select the programme participants, and in the use of participatory methodologies in order to ensure that ultra poor women participants identify their own needs and priorities. BRAC will adopt a flexible approach when working with these households and look on the programme as an opportunity to learn more about the livelihood strategies of the ultra poor and the types of interventions that can benefit them.

Outputs Expected

- 1) Specially targeted ultra poor have access to appropriate productive assets and subsistence allowance.

2. Proposed activities of the Special Investment Component:

The Special Investment component has been designed to address various needs of the programme participants. The strategies and activities proposed by BRAC for this component are:

- Identification of the target group - the ultra poor
- Appropriate selection of income generating activities (IGAs) for the ultra poor.
- Improving the skills and income earning capacities of these members through appropriate enterprise development training along with business development services.
- Asset transfer: acquisition and distribution of income earning assets and/or wage employment opportunities.
- Provision of subsistence allowance for short-term income support.
- Provision of inputs like vaccine, medicine, and feed either to programme extension workers or directly to the entrepreneurs.
- Provision of specially designed, flexible, savings services to meet their transaction demands or to deal with emergencies.
- Accurate and timely reporting to ensure proper implementation of the programme.
- Ultra poor programme personnel and RED will conduct action research to look into various issues and problems arising during the implementation of the programme.
- BRAC's Research and Evaluation Division (RED) will evaluate the impact of the programme on the participants.
- Over a period ranging from 12 to 24 months, approximately 80% of the participants of this programme are expected to become members of regular BDP groups.
- Extension of a second round of inputs (asset, support) to those ultra poor who might have failed to graduate into regular BDP groups after the first round of activities.

2.1 Proper identification of the ultra poor:

Over a period of five years, BRAC will expand the Special Investment programme to cover a total of 15 regions, namely Thakurgaon, Nilphamari, Gaibanda, Kurigram, Sirajganj, Madharipur, Shariatpur, Gopalganj, Jamalpur, Sherpur, Rajbari, Kishorganj, Faridpur, Chandpur, and Rangpur. During the first two years, BRAC will work with the ultra poor in five regions ((Rangpur, Nilphamari, Sherpur, Faridpur, Kurigram) and then expand the coverage of the programme over the next three years. These regions have been selected on the basis of having a high density of ultra poor households i.e. some of the poorest regions in Bangladesh have been selected. The selection was made using the WFP/GOB distress map and considering areas where there are few or no development programmes reaching the ultra poor. More information about other NGO activity in these regions has been provided in a later section of this chapter.

In order to ensure exclusion of non-target group, Programme Organisers (POs) and Area Coordinators (AC) will meet with community leaders and conduct a thorough assessment to identify the ultra poor using the following criteria:

- Dependence upon female domestic work or begging;
- Owning less than 10 decimals of land
- No adult active male member in the household
- Children of school going age have to take up paid work

In addition, two pre-requisites for participation in the programme are:

- There should be at least one adult, active woman in the household capable of getting involved in an income generating activity. She may be physically handicapped, but as long as she can get involved with an IGA, she will be included in the programme.
- No household member should be involved with any development programme/NGO.

BRAC will identify the programme participants through a combination of surveys, focus group discussions and community level meetings. Programme Organisers, Area Managers and Area Coordinators, who already know their respective areas very well, will be directly involved in the selection process. Regional Sector Specialists (RSS) and Head Office management will supervise the selection.

TUP staff will use participatory assessment tools such as wealth ranking, identifying the means of income earning by the poorest, and identifying the most vulnerable households in the village to select the participants of this component. In addition, some basic indicators of the livelihood approach, such as variability of income earned, the presence/absence of safety nets, domestic and social obligation and existing indebtedness of the ultra poor, will be incorporated in present ultra poor assessment and identification format. All staff involved in the selection process will receive special training on how to complete the form and the selection process accurately and effectively. Finally, BRAC's Research and Evaluation Division (RED) will check whether the whole selection process has been accurate.

Table 1: Coverage of ultra poor under Special Investment Programme

Special Investment Programme	Pilot Phase		Expansion Phase			Total
	2002	2003	2004	2005	2006	
No. of ultra poor to receive support	5,000	5,000	10,000	25,000	25,000	70,000
2 nd round participants (1 st year, 2 nd year and 3 rd year)*			500	500	1,000	2,000
Total number of beneficiaries	5,000	5,000	10,500	25,500	26,000	72,000

* A total of 70,000 ultra poor will get assets. Assuming that there will be an approximately 10% failure rate, 2,000 ultra poor from the first three years will be given support through a second round of asset transfer and technical support.

2.2 Identification of Income Generating Activities:

Once the poorest households have been identified, BRAC staff (PO ultra poor) will visit each household to explain to the participants how the programme will work, to describe all the different components (asset transfer, training, health services, and social development inputs) and its expected impact on their lives. BRAC staff will also motivate and encourage the women joining the programme to participate actively and take full advantage of the opportunities it offers.

BRAC has selected ten income-generating activities that is considers most appropriate and viable for the ultra poor. The activities are:

- cage rearing of poultry for egg production
- rearing of broiler hen to sell them in local markets
- rearing of goats to sell as mutton
- rearing of dairy cows

- rearing of cows to sell as beef
- vegetable cultivation
- fish culture
- horticulture nursery
- agro farming
- small shops to sell retail products.

Choosing an appropriate IG activity will be done through a process of consultation with the programme participants. The ultra poor woman's previous work experiences and her capacity to undertake an activity will also be considered when making a final decision about the activity she should undertake.

Details about the various enterprise activities, the number of expected participants in the various activities and other relevant information are shown in the tables that follow.

2.3 Skill Development Training for the ultra poor:

Every programme participant will receive appropriate enterprise development training before she starts her IGA. The training programme designed for the ultra poor group will involve participatory and need-based approaches, so that the method of delivery, demonstrations, and the evaluation of training outputs will be quite different to standard training programmes run by BRAC. Courses will be upgraded continuously in response to feedback from the participants. An activity-wise training plan for the ultra poor is detailed below:

Table 2: Number of specially targeted ultra poor participants to be trained during 2002-2006						
	2002	2003	2004	2005	2006	Total
Poultry	1,300	1,300	1,750	3,100	3,400	10,850
Livestock	1,700	1,700	3,700	11,200	11,000	29,300
Agriculture	900	900	2,100	5,300	5,000	14,200
Social forestry	300	300	400	950	850	2,800
Fisheries	400	400	700	1,250	1,350	4,100
Others	400	400	1,350	3,200	3,400	8,750
Ultra poor	5,000	5,000	10,000	25,000	25,000	70,000
2 nd round ultra poor participants			500	500	1,000	2,000
Total	5,000	5,000	10,500	25,500	26,000	72,000

The number of ultra poor programme participants for each IGA has been estimated for budgetary purposes in the above table. In reality the actual number of participants in different income generating activities may vary to some extent depending upon the individual preferences and capabilities of programme participants as well as conditions of the local market and other physical conditions affecting the start of an IGA.

A more elaborate training plan including the number of training courses is given under the Employment and Enterprise Development training Component.

2.4 Asset Transfer:

Each beneficiary will receive appropriate assets to undertake their selected economic activity. For example, BRAC will provide cage rearers a poultry-rearing cage (36 birds), birds, feed and vaccine until the hens start laying eggs. The average investment per economic activity will be about Taka 6000 ranging from Taka 3,000 for training for wage employment and Taka 9,100 for cage rearing of poultry. Extensive technical support services will be provided as well as relevant business development services.

2.5 Subsistence allowance:

Each ultra poor household will receive an average amount of Taka 4,320 as a subsistence grant for eighteen months. This grant is to help them with their daily expenses till they begin to earn a regular income from their IGA. This grant should enable them to concentrate on their IGA activity and skill development training, instead of worrying about the need for an immediate source of income. Subsistence allowance plans for different IGAs are described in the enterprise economics annex 5.

2.6 Input supply:

BRAC will provide necessary inputs like hens, broiler chicks, seeds, fingerlings, vaccine medicine and other necessary items to start an IGA. Programme POs will also help the entrepreneurs to construct infrastructure to ensure the most advantageous condition for the IGAs.

2.7 Support for the 2nd cycle:

If any of the ultra poor participants fail to run their IGA successfully and ultimately cannot graduate as a regular BDP member, BRAC will provide another round of inputs to help them set up their IGA successfully. This time, particular attention will be paid to the factors preventing successful completion of the previous round of activity. New initiatives will be undertaken to overcome the obstacles faced previously.

2.8 Contingency fund:

BRAC plans to create a contingency fund (2% of ultra poor budget) to address any unforeseen circumstances that may arise during the programme duration. Any additional support needed in this period will be covered by this fund.

2.9 Special Savings Product for the ultra poor:

A flexible savings product will be an integral part of the SI component. It will allow the ultra poor participants to save a moderate amount of money to refinance their IGA for the next cycle. Each of the ultra poor members will have a current savings account. She will be entitled to deposit and withdraw money to and from this account at any time. It will be part of the ultra poor Programme Organizers' tasks to explain to participants the nature of enterprise cash flows and thus motivate them to accumulate a moderate amount of savings to be reinvested in the next cycle. Savings of the ultra poor will depend entirely on their monthly cash flow. Savings needed for the next cycle will be planned according to cash flow of that particular IGA. For example, in the case of cage rearing, as there is no cash inflow in the first three months, there will be no savings during that time. Cage rearers will save proportionately on the basis of their income during the following 12 income-earning months.

3. Intensive follow-up and supervision:

One of the main features of the ultra poor programme will be its intensive follow-up and supervision mechanism. There is a tiered supervision system for all of the programme activities (see Figure 1). The CFPR programme will be very careful to select capable staff and then ensure they receive appropriate training. Simply standard criteria, such as education and working experience, will not be used in recruiting CFPR staff. BRAC will look for staff who are dedicated to their work, with good communication and listening skills, capable of taking initiative, of showing empathy towards the ultra poor and who will treat these ultra poor women with dignity and respect. The staff will also be expected to work well as a team and should be capable of handling emergency situations and unexpected problems and obstacles.

3.1 Individual follow-up and monitoring

BRAC's previous experience suggests that the best way to ensure high operational performance is to have individual follow-up and close monitoring of the ultra poor. Supervision of the target group will range from assessing current needs to helping them ultimately graduate into regular BDP credit operation. The Area Coordinator and her/his staff will visit the ultra poor households frequently (4 times a month during the initial stages) and spend sufficient time during each visit to find out about the socio-economic condition of the household, the problems they may be facing and their future aspirations. The idea is to build a strong tie with the families involved in the programme. Ultra poor supervisors will not only try to address the immediate needs of ultra poor women, but also try to encourage, support and inspire them to fulfil their potential.

3.2 Ultra poor Supervision Model

To achieve the best possible results, the BRAC supervisors will be arranged into two main groups: field supervisors and planning supervisors. Both groups will work in close collaboration. The diagram below (Figure 1) shows how BRAC staff will supervise the specially targeted ultra poor programme participants.

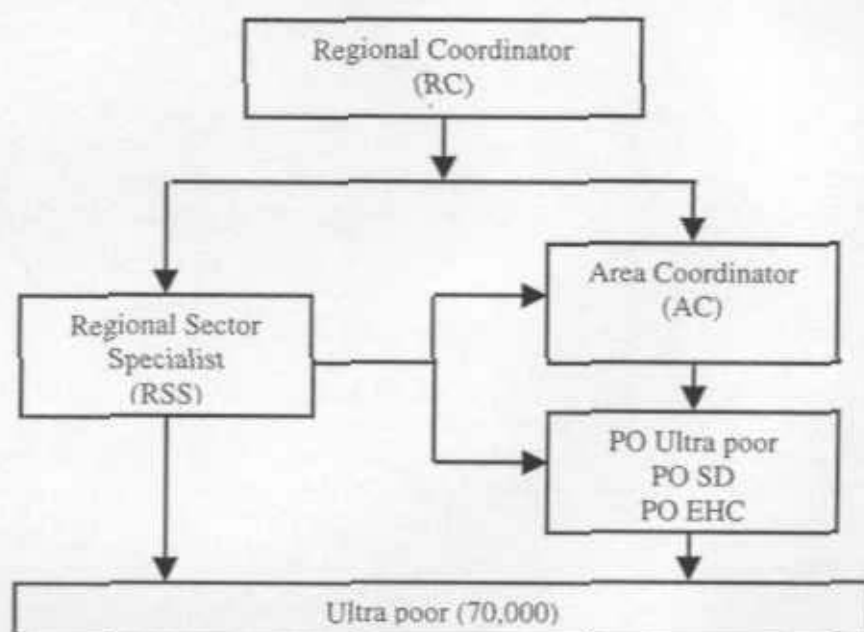


Figure 1. Ultra Poor: Field Level Supervision Model

3.3 Human and Social Capital Development:

All four components designed for the ultra poor – the Special Investment, Employment and Enterprise Training, Health Care Services and Social Development are closely linked to support and reinforce each other. BRAC recognizes that economic interventions on their own will not ensure the overall socio-economic improvement and empowerment of ultra poor women. Therefore to reinforce and build upon the Special Investment component, BRAC has also designed a special health package for the ultra poor as well as a social protection and support strategy for them. These two components – health inputs and social development interventions – are essential for the success of the Special Investment component and in order to ensure that all aspects of poverty are addressed. BRAC knows from its thirty years of experience that health problems are often the most common cause of economic crisis in poor families, or

the reason for drop out from NGO programmes. Therefore it is not possible to improve the condition of the ultra poor without addressing their health needs.

The Social Development component will try to build the human and socio-political assets of the ultra poor. This should ensure, firstly, that they can make more effective use of the asset transfer and secondly, to provide them with safety networks that can help them cope better with shocks and crisis situations. (see next two components for more details)

BRAC plans to recruit 100 Social Development POs who will work exclusively with the Specially Targeted ultra poor in the first year, and eventually increase their number to 229 in the final year. The Social Development staff will work very closely with the Ultra Poor POs and will help them with continuous need assessment, supervision follow-up and monitoring of the target group.

3.4 Reporting:

Area offices and Regional offices will send all necessary information directly to the Head Office computer centre. BRAC's MIS will compile those data and generate basic reports. These reports will facilitate monitoring programme trend and performance.

3.5 Evaluation of the Special Investment Component:

The overall goal of the proposed Special Investment Component is to reduce poverty through economic and social advancement of the ultra poor. The proposed overall purpose is to enable the ultra poor women participating in the programme to overcome poverty in a sustainable manner. Some of the methodology designed to improve the living standards of the programme participants are:

- a) Appropriate selection of the target group
- b) Identification of the proper IGA for programme participants
- c) Efficient skill development training
- d) Efficient and proper allocation of asset (asset transfer)
- e) Subsistence grant to support and motivate ultra poor in self employment activities
- f) Intensive follow-up and supervision.

Some of the expected outcomes from the above activities are:

- a) Improved household income to a sustainable level
- b) Improved daily food intake
- c) Improvement of living conditions
- d) Development of business skills
- e) Increase of household asset/possessions
- f) Ultimate graduation into regular BDP's credit programme.

BRAC's Research and Evaluation Division (RED) will conduct field level impact assessment studies of the changes in the above variables over time and evaluate the impact of the programme components on the participants.

Apart from the above said evaluations, an independent review of the Special Investment component will take place between the first 18-20 months. The result of this review will determine if this component will be expanded in the following years. Since the proposed Special Investment will be a costly and unexplored development strategy, such kind of immediate review may also contribute into strengthening the strategy as well as ensuring further supports from the donors.

4. Staff intensity:

BRAC assumes that the beneficiaries will be able to graduate into regular BDP groups within an average period of 12 months. Still it will continue providing all kind of support to the ultra poor for a two-year period (See Table below).

Table 3: Staff Participants Ratio

Descriptions	Pilot Phase		Expansion Phase		
	2002	2003	2004	2005	2006
Number of members: New	5,000	5,000	10,000	25,000	25,000
Number of members :Old	0	5,000	5,000	10,000	25,000
Number of members: Phased Out	0	0	(5,000)	(5,000)	(10,000)
Number of members: Second round support (10%)			500	500	1,000
Total on going members	5,000	10,000	15,500	35,500	51,000
Staff/Member Ratio					
New Member	1:50	1:50	1:100	1:150	1:200
Old Member		1:100	1:150	1:200	1:250
Total number of staff required					
for new member	100	100	100	167	125
for old member		50	50	53	104
Staff requirement for asset transfer	100	150	150	219	229

For example, in the first year BRAC has planned to recruit 5,000 specially targeted ultra poor and 100 well-trained staff to provide them support. For the first year staff to participants' ratio for the ultra poor will be 1:50. Besides BRAC plans to recruit separate staff (See detailed budget for social development) for its social development component, who eventually will work with ultra poor Programme Organisers (POs). Thus the ultimate staff to participants of the first year will be reduced to 1:25. Compared with 1:480 staff to member ratio in BDP, staff to participant ratio of 1: 25 in the first year is thought to be adequate to address the various needs of the participants. In the second year, 5,000 new specially targeted ultra poor will be recruited and total number of participants will be 10,000 (5,000+5,000) and total staff to support them will be 150. Thus for the second year staff to participants ratio will be 1:67. In the final year, the staff to participant ratio will be reduced to 1:250.

4.1 Human Resource Development:

Ultra poor Programme Organisers, Area Co-coordinators and Regional Sector Specialist will get special training in issues like need assessment, understanding of personal circumstances, efficient programme delivery mechanism, practical guidance to manage enterprise, business development services and disaster management. As dealing with the ultra poor is a far more difficult job than looking after a regular BDP member, training for the ultra poor staff will be tailored specially to extract maximum output from them. BRAC will develop new training modules to prepare the staff who will work with the ultra poor programme. Staff will need specialized training to develop initiatives relevant to the felt needs and priorities of the ultra poor.

This training programme will include courses on the following topics:

- Identification and selection of the ultra poor
 - techniques of Rapid Rural Appraisal, Participatory Rural Appraisal and Participatory Learning and Analysis
- The social and economic contexts of the ultra poor
 - vulnerability and seasonality of the ultra poor
 - Coping strategies for the ultra poor
 - Savings and Credit needs of the ultra poor
 - Disaster preparedness
 - Sustainable livelihood for the ultra poor
- Social development and the ultra poor
 - Social context of the ultra poor
 - Social mobilization strategy
 - Advocacy on behalf of the ultra poor

5. Rationale for area selection of SI programme: survey of other NGO work

There has been some concern about NGOs over-lapping in Bangladesh as ever greater numbers of organisations have been set up to work with the poor. BRAC has always tried, as far as possible, to avoid recruiting programme participants who are already involved with other NGOs. In order to ensure this it has signed MOUs bi-laterally with various other national NGOs running credit programmes such as the Grameen Bank, ASA, Bureau Tangail, RDRS, TMSS and TRS. The agreements signed commit the organisations concerned to sharing their lists of members in every region where both programmes operate. If some members are seen to belong to both organisations, they will be asked to choose one organisation and to withdraw from the programme of the other NGO.

In the case of the Special Investment programme that BRAC is about to undertake, BRAC has conducted a detailed survey of all the major NGOs working in regions where it plans to start this programme. We have so far collected information from 14 regions about the type of programmes that the NGOs run, whether they have programmes for the ultra poor, and if not, what problems they have faced in reaching the ultra poor. The regions mentioned here refer to BRAC's Regional office command areas and on average these offices cover between 7 to 8 Upazilas (administrative areas delineated by the government).

In the survey, we looked at the ten largest NGOs working in each Upazilas (in the Regions selected), plus any NGO that had a programme specially targeted towards the ultra poor. The definition used for the ultra poor is what we have used in this proposal and we asked the NGOs themselves to assess whether they covered this target population. At this stage, we can only provide some of the preliminary findings that are pertinent for our work with the ultra poor. We also realize that there may be some limitations with regards to the data collected: we have relied on secondary data from local government offices to find the number of poor people in each region, we do not have an exhaustive list of all the NGOs working in these regions, and the number of people covered by NGOs was calculated using secondary data, without always accurately taking into account overlapping between NGOs. Given all these limitations, some of the data obtained has been summarized in a tabular form.

Table-4 : Survey summary findings on NGO coverage

Region	Total no. of poor in the region	Av. % of poor to total population	% of poor not covered by any NGO	No of NGOs	% of members overlapped with other NGOs
Faridpur	1,448,145	87.38	22.5	83	14.72
Madaripur	896,775	53.04	15.9	146	9.42
Gaibandha	1,125,091	58.69	36.0	105	5.6
Rangpur	2,328,176	86.39	28.5	63	8.8
Shariatpur	557,867	55.48	24.3	47	24.5
Nilphamari	952,726	66.11	84.5	32	20.1
Gopalganj	458,321	41.72	8.2	122	29.8
Jamalpur	756,975	42.58	28.8	96	20.5
Thakurgaon	1,246,349	65.35	26.9	113	16.8
Rajbari	300,357	32.11	36.5	220	13.0
Kurigram	2,261,163	83.03	36.5	108	11.1
Shirajgonj	1,561,351	61.60	27.8	110	17.9
Kishoregonj	1,461,800	63.48	34.2	94	14.4
Sherpur	687,018	51.41	51.1	85	13.9
Total	16,042,113	64.27	32.6	-----	15.1

The number of NGOs in every region includes several branches of the same NGO in different Upazilas. The actual total number of NGOs surveyed was 384.

Though the number of NGOs may seem high in some regions, BRAC still feels justified starting its new programme there for two reasons: firstly, there still remains a significant percentage of poor people who have not been reached by any NGO (and this figure is probably higher than what is shown in Table 4 since there is overlapping between NGOs). Secondly, and more importantly, there are very few programmes targeting or even including the ultra poor and it is likely that the poor currently not covered by any NGO will be among the ultra poor category. It was not possible to obtain data on the number of ultra poor in each Upazilas or BRAC Region since such statistics are currently not available.

Table-5: Different forms of programmes for the ultra poor by Region*

Regions	Different Types of Programmes for Ultra Poor									
	VGD	Social Awareness	Relief/ Monetary assistance	Homestead Provision/ Housing	Credit	Training	Employment Scheme	IGA	Other	Total No of NGOs
Faridpur	1		1	1		1	1			3
Madaripur			1	2			1		1	2
Gaibhandha		5	7	4	7	1	2		2	15
Rangpur			2	1	2	1		1		4
Nilphamari	1			2	3	1			1	3
Gopalganj		1			3		1			5
Jamalpur		5	6	3	5			1	3	11
Rajbari		4		2	1				1	8
Kurigram	2	2	4	3	8	2	2	1	5	15
Sirajgonj	1	4	1		3	7	4	2		8
Kishoreganj	1		3	1	3	1	2	3	2	9
Sherpur		1	3		2	2	1		3	5
Total	6	22	28	19	37	16	14	8	18	88
% of Total Programmes	3.6	13.1	16.7	11.3	22	9.5	8.3	4.8	10.7	

* One NGO may have several different types of programmes (e.g. VGD and training) in one Region.

Out of the total of 384 NGOs surveyed, only 70 (18%) have said that they work with the ultra poor. Moreover, even among these 70 NGOs, many simply offer regular micro-finance packages to the ultra poor (22 %). BRAC's experience, however, suggests that such programmatic interventions are not appropriate to meet the needs of the ultra poor and may fail to attract people from this target group. This raises certain questions about whether the NGOs offering credit are really reaching the ultra poor as defined by BRAC.

Many smaller local NGOs provide relief after disasters or give out free wheat, books, trees, or poultry birds (17%). Such assistance is often a one-off benefit and no attempt is made to ensure that it leads to a sustainable improvement in the livelihoods of the ultra poor. Other NGOs have programmes for awareness raising (13%), or carry out social mobilization work (such as RDRS or Samata), but they do not directly address the immediate economic needs of this group. There are VGD schemes in these areas, and in some areas other NGOs besides BRAC provide skill-training for the VGD women (4%). BRAC, however, wishes to reach a group that is even poorer than the VGD women through its special investment programme. There are also programmes to provide shelter to ultra poor families living in areas where there is land erosion. It is a positive thing that other NGOs are taking up this issue since BRAC has made no provision for housing in its special investment programme. More details about the NGOs working with the ultra poor and their activities are given in Annex 6, Vol. II.

Overall, our preliminary analysis of the survey results suggests that there is currently not much work being done with the ultra poor, both in terms of coverage, or designing appropriate interventions and programmes that can help them improve their livelihood in a sustainable manner. Only credit, or just credit and conventional training may not go very far towards changing the situation of ultra poor women. Nobody at present seems to be offering the type of comprehensive package that BRAC has envisaged – with asset transfer, a stipend, skill-training, health services and a social development component – with

the aim of making ultra poor households more self-reliant. It is also very clear that there is a need to experiment with different and new models of intervention to reach this group since most existing programmes just offer more of the same – credit, relief, or involvement in employment schemes.

It is also very clear that there are enough poor people left who are not receiving any assistance from NGOs to ensure that BRAC can select new programme participants without any overlap with existing NGOs. During the selection process for the Special Investment programme, the exclusion criteria of not including anyone who is already involved with another NGO will be applied very strictly and the information cross-checked when talking to community members and other NGOs working in the area.

6. Summary Budget: Programmes for specially targeted ultra poor

Total Fund required to finance Asset Transfer, Employment and Enterprise Development, Social Development Services and Essential Health Care Services to the ultra poor can be summarised as follows:

	2002	2003	2004	2005	2006	TOTAL
(i) Special Investment (Asset Transferred)	73,982,475	86,847,674	163,094,198	384,210,912	412,237,908	1,120,373,166
(ii) Training to Ultra poor	3,069,402	5,148,102	8,925,775	22,154,279	30,098,293	69,395,850
(iii) Social Development Program for the Ultra poor	8,257,725	13,979,149	13,986,935	24,651,415	30,882,159	91,757,383
(iv) Special Health Care Services	1,685,250	3,539,025	5,573,964	13,656,213	20,484,319	44,938,771
Total budget for the Ultra poor	86,994,852	109,513,950	191,580,872	444,672,819	493,702,679	1,326,465,170

Detailed budget for 72,000 Specially Targeted ultra poor participants (70,000 new members and 2,000 second round participants) over the period of 5 years is attached in the Annex II of Vol II of this proposal.

7. Technical Assistance

Impact Assessment of the TUP

Consultant required for 6 weeks to design Impact Assessment methodology for programmes targeted for the ultra poor.

Year 2 – 2 weeks

Year 4 – 2 weeks

Year 5 – 2 weeks

LFA based reporting (including financial)

Consultant will be needed for 3 weeks for developing LFA based reporting including the financial reporting.

Year 1 – S/he will work in BRAC for 2 weeks to develop Reporting System

Year 2 – S/he will work for 1 week for follow-up purpose.

EMPLOYMENT AND ENTERPRISE
DEVELOPMENT TRAINING

C. EMPLOYMENT AND ENTERPRISE DEVELOPMENT TRAINING

1. Concept of Employment and Enterprise Development Training

The Employment and Enterprise Development Training component is designed to deliver enterprise development training to the specially targeted ultra poor, IGVDG members and BDP ultra poor members for their preferred economic activities. This is part of BRAC's strategy to push down in order to reach the poorest among the rural population and equip them with skills that will allow them to participate in mainstream economic activities. This training on how to operate a sectoral IGA will transfer basic entrepreneurship skills to the targeted groups to enable them to sustain certain economic activities. BRAC believes that the creation of diversified income generating opportunities, along with sufficient training, should enable extremely poor women to reach a point where they can at least feed and cloth themselves and their households in a sustainable manner.

Outputs Expected

- 1) Ultra poor (including specially targeted ultra poor, IGVDG and BDP ultra poor members) are capable of undertaking selected IGAs.

2. Pushing Down to Reach the Target Group for Training:

The training target is set at 1,347,000 women (this includes 2000 specially targeted ultra poor who will get second round support). The training policy covers a wide range of courses to improve the skill and management capacity of three different target groups, namely a) the specially targeted ultra poor b) IGVDG members and c) BDP ultra poor members.

Table 1: Number of Participants to be Trained During 2002-2006

TARGET GROUP	2002	2003	2004	2005	2006	TOTAL
Specially Targeted Ultra Poor	5,000	5,000	10,000	25,000	25,000	70,000
IGVDG Members	160,000	160,000	160,000	160,000	160,000	800,000
BDP Ultra Poor	10,000	25,000	60,000	160,000	220,000	475,000
Total	175,000	190,000	230,000	345,000	405,000	1,345,000
Second round Ultra Poor members*			500	500	1,000	2,000

* Assuming that in the Special Investment component, there will be a 10% drop out rate. This 10%, or in other words, the 2,000 Specially Targeted ultra poor members in question, will be provided support and inputs, including training, through a second cycle.

2.1 Identification of the Target Group:

Participants for the Employment and Enterprise Development Training component will be selected from the following three groups:

Specially Targeted Ultra Poor:

Ultra poor families are the most disadvantaged segment of our population, as mentioned in the previous section. Mostly women, and women-headed households, fall within this category. They have also not

been reached by any of the programmatic interventions of any development organizations. They will be identified and selected on the basis of a list of criteria detailed in the first component – The Special Investment Programme of the proposal. All of the 70,000 ultra poor taking part in the asset transfer component will get special training on any one of the ten different income generating activities BRAC has identified to help improve their socio-economic condition.

Income Generation for Vulnerable Group Development (IGVGD) Programme members:

VGD members are extremely poor and disadvantaged women, such as beggars, chronically sick women or single heads of households with small children. These women fall within the bottom 10 per cent of the population. These women have been assisted through the Income Generation for Vulnerable Group Development (IGVGD) programme.

The government of Bangladesh introduced the Vulnerable Group Development (VGD) programme in 1975 with the support of the World Food Programme (WFP). Through this programme, each VGD cardholder could draw 30kg of free wheat per month for a period of 18 months. BRAC developed the IGVGD programme in 1988 in an attempt to create a pathway to a sustainable livelihood for the VGD women. The programme supports these women through a development package of start-up support (wheat), skill training, credit and other necessary inputs. The programme has reached over 60% of all Upazilas in the country. The IGVGD programme presents an excellent illustration of how international agencies, national government, local government bodies and development organizations can work together towards achieving a common goal of sustainable livelihoods of the ultra poor. For more details of the programme see Annex 10.

IGVGD programme review

IGVGD programme has been implemented as a joint collaboration programme between the Government of Bangladesh and BRAC. The programme was successfully piloted in 1985-87 in one Upazila and since then it has been expanded in 209 Upazilas with the supports extended by BRAC donors and the World Food programme. There have been many studies, researches and evaluations done for the IGVGD programme by WFP, BRAC and others. The findings of these studies have helped to develop new strategies in the programme to make it more effective. Presently a review of IGVGD programme is being conducted by WFP the report of which is expected to be available in the last quarter of the current year. BRAC being a learning and dynamic organisation is always committed to adapting and changing its programmes in the light of new findings. It is hoped that the on-going study will also contribute to the programme's future strategy development.

BDP Ultra Poor Members:

It is seen in the BRAC intervention areas that there are a number ultra poor women who are not covered by the IGVGD programme due to the limited number of VGD cards. Some of these women get associated with BRAC VOs and it is found that they are not able to take full advantage of the services and inputs provided by BRAC. 475,000 such ultra poor members will be selected over the period of 5 years who will avail the training and other supports from BRAC's VO. Criterias to select them will be as follow:

- Households with not more than 30 decimals of land.
- Female headed household.
- Female with disabled husband.
- Deserted, separated or divorced women.
- Dependent upon seasonal wage employment.
- Not associated with any NGO.

At least 4 of the criterias listed above have to be met by the programme participants to be selected.

3. Types of Courses Offered:

The women that the Employment and Enterprise Development Training component is targeting lack many of the skills and technical know-how essential to start and operate an enterprises that will generate a regular income. In order to address these problems, BRAC has introduced a wide range of training programmes designed to increase the programme participants' confidence, skill and technical expertise, thus making them more productive and successful in running their IGAs. Every month, BRAC programme staff will organise basic skill development training (3 to 6 days) and monthly refreshers at the branch offices or in BRAC's Training and Resource Centers (TARC). Training for IGVGD members will take place at the Union Parishad. These training courses will be tailored according to the needs of the participants. Extension workers will get special training and monthly refreshers, as they will be providing on-going technical support to the programme participants. Extension workers will work as independent service providers.

Table 2: Training Courses that will be offered

Training Courses	IGA's	Days	Course Contents
Poultry	Cage rearing	3	Infrastructure development, ideal rearing condition, mortality checking, feeding techniques, inoculations, medicine, egg production and preservation technique product marketing etc.
	Broiler rearing	3	
	Chick rearing	6	
	Key rearing	3	
Livestock	Goat rearing	3	Animal husbandry, veterinary techniques, rearing condition, feed production, vaccination, milk production and preservation etc.
	Cow rearing	3	
Agriculture	Vegetable cultivation	3	Soil properties, seed, plowing technique, use of insecticides and pesticides, crop seasonality, irrigation, storage etc.
Social forestry	Horticulture Nursery	6	Basic cultivation techniques.
	Agro-forestry	3	
Fisheries	Carp poly culture	3	Pond preparation, fingerling distribution, optimum combination, medicine, feeding etc.
	Nursery	6	
Others	Small shops	3	Item selection, inventory management, receivables management etc.
	Production center	3	

4. Activity-wise Training Target:

BRAC has developed its activity wise training targets based on its previous experience and estimates of the number of potential programme participants. The training target detailed below shows that 35% of all women would select poultry, which yields a steady and reasonable income. Other IGA training will be delivered by giving emphasis on enterprise operational success and sustainability. Training of the participants will be based on their needs and top priority will be given to those who need immediate assistance.

Land for agriculture and agroforestry activities will be leased by BRAC from various sources: local absentee landlords, Khas land, land under Roads and Highways department and embankments under the Water Development Board. BRAC will facilitate the process of leasing land from these sources and then make it available to its programme participants.

Even after ultra poor women graduate to BDP membership, BRAC will continue to assist them with land leasing arrangements. Eventually it is hoped that these women's economic position will improve enough to allow them to lease or buy their own land.

Table 3: IGA Activities and No of Participants

IGAs	2002	2003	2004	2005	2006	Total	%
IGVGD INTAKE							
Poultry	56,000	56,000	56,000	56,000	56,000	280,000	20.81
Livestock	24,000	24,000	24,000	24,000	24,000	120,000	8.92
Agriculture	24,000	24,000	24,000	24,000	24,000	120,000	8.92
Social forestry	16,000	16,000	16,000	16,000	16,000	80,000	5.94
Fisheries	24,000	24,000	24,000	24,000	24,000	120,000	8.92
Others	16,000	16,000	16,000	16,000	16,000	80,000	5.94
Total IGVGD	160,000	160,000	160,000	160,000	160,000	800,000	59.48%
SPECIALLY TARGETED ULTRA POOR							
Poultry	1,300	1,300	1,750	3,100	3,400	10,850	0.81%
Livestock	1,700	1,700	3,700	11,200	11,000	29,300	2.18%
Agriculture	900	900	2,100	5,300	5,000	14,200	1.06%
Social forestry	300	300	400	950	850	2,800	0.21%
Fisheries	400	400	700	1,250	1,350	4,100	0.30%
Others	400	400	1,350	3,200	3,400	8,750	0.65%
Total Specially Targeted Ultra Poor	5,000	5,000	10,000	25,000	25,000	70,000	5.20%
BDP ULTRA POOR							
Poultry	4,000	7,000	20,500	50,000	65,000	146,500	10.89%
Livestock	1,000	5,500	9,500	30,000	45,000	91,000	6.77%
Agriculture	2,000	5,000	12,000	26,000	45,000	90,000	6.69%
Fisheries	1,500	3,000	10,000	20,000	30,000	64,500	4.80%
Social forestry	1,000	2,500	3,000	14,000	10,000	30,500	2.27%
Others	500	2,000	5,000	20,000	25,000	52,500	3.90%
Total BDP Ultra Poor	10,000	25,000	60,000	160,000	220,000	475,000	35.32%
GRANDTOTAL	175,000	190,000	230,000	345,000	405,000	1,345,000	100.00%

4.1 Proposed Number of Training Courses:

BRAC plans to enroll 25 participants in each training course. A total of 53,800 training courses will be held between 2002-2006 in BRAC Area Offices, Union Parishads and TARC's. Trainers and POs will work together very closely to provide all these trainings. The impact of the training on selected IGAs will be assessed in order to help trainers develop and improve their training modules throughout the duration of the programme.

Table 4: No of Courses in Different IGAs

No of Participants Per Course: 25						
IGAs	2002	2003	2004	2005	2006	TOTAL
IGVGD						
Poultry	2240	2240	2240	2240	2240	11200
Livestock	960	960	960	960	960	4800
Agriculture	960	960	960	960	960	4800
Social forestry	640	640	640	640	640	3200
Fisheries	960	960	960	960	960	4800

No of Participants Per Course: 25						
IGAs	2002	2003	2004	2005	2006	TOTAL
Others	640	640	640	640	640	3200
Total IGVD	6400	6400	6,400	6400	6400	32,000
Specially Targeted Ultra Poor						
Poultry	52	52	70	124	136	434
Livestock	68	68	148	448	440	1,172
Agriculture	36	36	84	212	200	568
Social forestry	12	12	16	38	34	112
Fisheries	16	16	28	50	54	164
Others	16	16	54	128	136	350
Total Specially Targeted Ultra Poor	200	200	400	1,000	1,000	2,800
BDP Ultra Poor						
Poultry	160	280	820	2,000	2,600	5,860
Livestock	40	220	380	1,200	1,800	3,640
Agriculture	80	200	480	1,040	1,800	3,600
Fisheries	60	120	400	800	1,200	2,580
Social forestry	40	100	120	560	400	1,220
Others	20	80	200	800	1,000	2,100
Total BDP Ultra Poor	400	1,000	2,400	6,400	8,800	19,000
Grand Total	8,600	7,200	8,800	15,400	13,800	53,800
Courses Per AO/Year	23	20	23	40	36	

5. Staffing

BRAC plans to recruit an additional 1,930 trainers and senior trainers for this programme by the end of year 2005. This increase in the number of staff is to strengthen training follow-up and monitoring. The detailed breakdown of additional staffing plan is annexed with this proposal.

Table 5: No. of trainers involved each year

Activities	2002	2003	2004	2005	2006
a) Specially Targeted Ultra Poor					
Trainers	20	40	60	140	200
b) IGVD					
Senior Trainers	50	50	50	50	50
Trainers	800	800	800	800	800
c) BDP Ultra Poor					
Trainers	40	100	240	640	880
Total	910	990	1,150	1,630	1,930

6. Supervision and Follow-up:

Employment and Enterprise Development Training component will have a strong and highly dedicated leadership to accomplish its mission of enterprise development, skill transfer, and self-employment creation. BRAC's extensive experience in training poor women through its Employment and Income Generation (EIG) Programme means that BRAC already has a system of supervision and follow-up in

place, which has been working very effectively. BRAC will build upon its previous experience with training, but at the same time try to tailor the new training modules to meet the specific needs of the ultra poor women. This component will therefore involve some experimentation with different training techniques and methods during the pilot phase (the first two years).

The total number of trainees for Employment and Enterprise Development Training is expected to be 1,345,000 and 2,000 members (specially targeted ultra poor) getting a second round of training. The average cost of training per participants will be Tk. 500.

7. Staff Capacity Building

Staff capacity building for Employment and Enterprise Development Training will be carried out through a continuous process. Staff training, intensive monitoring and supervision over activities and staff performance at field level, regular and structured meetings, workshop, staff appraisal etc. will contribute significantly in ensuring the development of staff capacity for carrying out their responsibilities. The findings of the Research and Evaluation to be undertaken by RED will also help in strengthening staff capacity building strategy. Technical assistance has been requested by BRAC to review and strengthen the existing training programmes, which is elaborated below under point 9.

8. Summary Training Budget:

Target Group	2002	2003	2004	2005	2006	Total
1. Specially Targeted Ultra Poor	3,069,402	5,148,102	8,925,775	22,154,279	30,098,293	69,395,851
2. IGVGD Members	85,293,424	91,037,407	94,036,000	98,737,799	103,674,689	472,779,319
3. BDP Ultra Poor	4,633,314	11,334,317	26,784,757	72,630,242	104,005,716	219,388,346
Total	92,996,140	107,519,826	129,746,532	193,522,320	237,778,698	761,563,516

Detailed Training budget over the period of 5 years is attached in the Annex II of Volume II.

9. Technical assistance for Enterprise Development Training.

Consultant will be required to work for BRAC's Enterprise Development Training program for a total of 6 weeks time over the 5 years.

Year 1 – within the first quarter he /she will work in BRAC for 2 weeks to do the needs assessment at program participant level and at trainers level, review the existing module and revise these modules if required and organizing TOT. In the second quarter he/she will be in BRAC for 2 weeks to provide 1 week training to BRAC's trainers.

Year 2– he/she will work in BRAC for 1 week for the purpose of training follow-up.

Year 4 – he /she will work in BRAC for 1 week for the purpose of training follow-up.

SOCIAL DEVELOPMENT
PROGRAMME

D. SOCIAL DEVELOPMENT PROGRAMME

1. BACKGROUND AND JUSTIFICATION

1.1. BRAC's Philosophy

BRAC's basic approach and core programmes, since the mid-1980s, have been premised on several key lessons from its early experimental programmes:

- **Economic and social development are mutually supportive, not mutually exclusive, processes.** BRAC believes that the socio-political power of the poor cannot be built unless they have a secure economic base; and that the economic assets of the poor cannot be increased and their economic vulnerability cannot be reduced unless they have the socio-political strength to access resources, address risks, and resist exploitation.
- **Promoting both economic and social development of the poor involves an appropriate mix of economic and social strategies.** In the mid-1980s, BRAC decided to pursue a three-part strategy of building the physical, financial, and human assets of the poor by delivering various services (micro-finance, micro-enterprise development, health, education); building the social assets of the poor by building local organisations of the poor at the village and union levels; and promoting change in the wider environment that governs the lives of the poor.
- **The poor, especially women, need the backing of local organisations and a secure economic base to challenge existing social, economic and political structures.** For the poor to challenge existing social, economic, and political structures, they need a strong fall-back position in order to be able to face likely backlash from local vested interest groups. For instance, for women to challenge maltreatment at the hand of their husband or other family members they need to be able to survive on their own in case they divorce or are otherwise thrown out of the house. For landless labourers to demand higher wages from landowners, they need to have alternative sources of income in case the landowners hire other labourers.
- **Service delivery can involve mechanisms or processes that promote institutional development and address structural constraints.** In the process of expanding and strengthening its service delivery programmes and working with government, BRAC has been able to build local leadership and local organisations as well as promote structural change.

Over the past three decades, through both its Rural Development Programme and its research studies, BRAC has gained a deep understanding of how the poor attempt to generate and secure livelihoods and how local social, economic and political structures exclude or exploit the poor, especially women, at the village level. In regard to the livelihood strategies of the poor, BRAC understands that the specific strategies of individual households depends on their existing assets - human, physical, financial, and social- and their ability to transform or exchange these assets into a secure means of livelihood. BRAC recognises the need to adjust its interventions to match the specific livelihood strategies of different households, including: those households that subsist entirely on their own agriculture and/or artisan production; households that subsist on their own production and the sale of manual labour; and households that subsist entirely on the sale of manual labour. BRAC also recognises the need to address the prevailing power relations, social norms, and other systemic risks that constrain the ability of the poor, especially women, to transform their assets into sustainable livelihoods.

To help reduce the vulnerabilities and expand the opportunities of the poor, especially women, BRAC seeks not only to build and secure the assets of the poor but also to redress unbalanced power relationships and oppressive social practices. Most rural women in Bangladesh, albeit to different degrees and with different consequences depending on the social and economic status of the households in which they live, face similar types of exclusion and exploitation some of which are also faced by poor men. For instance, most women are excluded from traditional social institutions and discriminated against under traditional social norms; and virtually all women and many poor men are excluded from active participation in those traditional social institutions that exercise power and allocate resources.

Similarly, in the economic realm, most women are excluded from participation in many product and labour markets; and most women and many poor men do not have access to formal capital markets. Historically, in the political realm, virtually all women and most poor men were not able to compete in local elections, much less in national elections.

If most women and many poor men face exclusion and exploitation in the social, economic and political spheres of rural Bangladesh, what types of socio-political assets do they need to overcome exclusion and fight exploitation? The poor need **supportive ties** with other members of their communities, **mutual support** within their local organisations, and **collective bargaining power** to resist exploitation by vested economic and political interest groups and to demand access to public institutions and resources. For this reason, BRAC seeks to promote what it calls the socio-political assets -not simply the social assets - of the poor.

The conceptual framework that guides BRAC's social development programme marries the concepts from two frameworks: an asset based sustainable livelihoods framework and a rights based social mobilisation framework. The livelihood framework focuses on the development of human and social assets and draws attention to structures and processes (policies, institutional structures, etc). However, it tends to underestimate power relations and how to change them. The basic idea is that people need rights (through appropriate pro-poor and pro-women structures and processes) to derive the benefits of assets accumulated. The rights based approach implicit in social mobilisation framework addresses these issues. The approach of BRAC's social development programme combines the development of human and socio-political assets to reduce vulnerability and social mobilisation to redress unbalanced power relationships, promote rights, and expand opportunities.

Particularly in the case of the ultra poor, unless they have a certain basic minimum in terms of human and social assets, they simply will not be able to make effective use of any other resources/assets that they are given through BRAC programmes or that they have access to through other channels. If ultra poor women do not know their basic rights, if they have no access to information or if they are isolated from the rest of the community, they will remain vulnerable to exploitation by others, which in turn means that their income will always remain low and insecure.

It is increasingly being recognised that social and political exclusion, as well as discrimination, need to be tackled as a problems in their own right, and not simply because they affect access to other resources. These are a fundamental part of the experience of poverty - being excluded from various social and political organisations, decision-making processes within the local and wider community and not being able to establish one's social, economic or political rights. It needs to be recognised that simply giving poor women new economic assets will not necessarily, or on it own, remove them from the category of ultra poor. For example, addressing gender discrimination requires much more than simple asset transfers. BRAC recognises this and therefore plans to ensure that all dimensions of poverty are addressed when working with the ultra poor.

2. OBJECTIVES OF THE SOCIAL DEVELOPMENT PROGRAMME

BRAC's social development programme focuses largely on building human and social-political assets and changing structures and processes – through institution building, awareness raising training, social action and advocacy. This is to enable the rural poor, especially women, to build, secure, and use their assets to improve their well being, reduce vulnerabilities, take advantage of new opportunities, exercise their rights, and play a more active role in public life.

2.1 Outputs

- 1) Specially targeted ultra poor are aware of development issues and confident to access BRAC and other services
- 2) Democratic people's organisations as voice and base of the poor are in place.
- 3) The poor and their institutions are aware of their rights and basic laws relevant to their lives.
- 4) Village Organisation members are capable of and motivated for social action for public accountability and social change.
- 5) Development partners are aware of BRAC's experiences with poverty reduction initiatives, particularly with the ultra poor

2.2 Domains of activity for the Social Development Programme

BRAC has been involved in numerous programmes over the years related to enhancing the rights, bargaining power, health and education of poor women and their families. However, over the past two decades, BRAC has admittedly proven to be more efficient and effective at service delivery than at strengthening local organisations of the poor or transforming wider social and economic structures. In part, this was because its social mobilisation activities were carried out as one task among many, by BRAC's multi-purpose rural development staff. In part, this was also because setting and meeting targets for micro-finance proved easier and more compelling than setting and meeting targets for social mobilisation.

Recognising the need to put greater focus on and provide more systematic inputs into its social development activities, BRAC took two major decisions in 1998. First, BRAC instituted a separate Social Development unit within its Rural Development Programme, with head office and field staff whose sole mandate is to promote social mobilisation. This Social Development unit is responsible for over-seeing BRAC's legal literacy, legal aid, and popular theatre activities and, more importantly, its institution building activities. BRAC also decided to start organising Ward-level councils, the Polli Shomaj (PS) and convening workshops of community leaders. Given the increasing numbers of BRAC members who have been trained in legal literacy and the new emphasis on social mobilisation, there is great scope for BRAC members, their families, and communities becoming actively engaged in recognising, discussing, and acting upon the social and gender-related injustices around them. It is clear however, that simply having such discussions and activity at the local level is not enough. A strong advocacy component is being included in the programme in recognition of the fact that to change or remove many of the social constraints affecting poor women, BRAC needs to push for widespread attitudinal changes in all sectors, policy changes and more effective implementation of existing pro-poor and pro-women policies.

Future Frontiers

BRAC staff have identified two new frontiers for its social development work over the next several years, namely: 1) to revitalise its social mobilisation and advocacy efforts and 2) to better reach and support the ultra-poor. To determine how best to tackle these frontiers of its work - how best to "push out" and "push down" - BRAC has engaged in an internal review process led by the headquarter staff of its Social Development Unit. This review has involved focus group discussions with rural members and BRAC staff at all levels to formulate a vision and strategy for social mobilisation and targeting the ultra-poor that builds on and reinforces BRAC's service delivery work.

Following from the internal review process begun in November 2000, BRAC senior leadership will develop a vision statement and policy guidelines for BRAC's social development work. The vision statement will build on the goals of BRAC, its strengths, and its comparative advantage as an organisation. To create within BRAC a common vision and understanding of BRAC's role in social development, all staff will be given an orientation about the new social development vision and policy guidelines. Training for all new BRAC staff will include an enhanced module to develop a common vision of BRAC's role in addressing key social issues. In addition, social development staff (new and old) will be given new training to improve their skills with regards to institution building, awareness raising, and social action work.

Pushing Out: The following domains of activities have been identified to "push out" and revitalise BRAC's social mobilisation work:

Building people's organisations: BRAC will work with community members to build strong, democratic, institutions up to the union level. Their purpose will be to voice and represent the concerns of poor women in various socio-political bodies, such as the local government structures, to create a cadre of leaders to enable the poor to take collective action to redress current discriminatory practices.

Raising social awareness/ Capacity Building: BRAC will play an active role in raising awareness of rural poor individuals, families, communities and leaders of rights, laws, and other social issues through training, leadership development, and popular theatre.

Promoting social action: BRAC members, with the help of other community members and with the backing of BRAC staff, will work to translate rights awareness into action by undertaking legal cases, mobilizing members to gain access to government resources, resolving conflicts, engaging in collective action against childhood marriage, illegal divorce, corruption and other harmful practices; and advocating pro poor policies at the local level.

Pro-poor advocacy: BRAC will undertake various advocacy campaigns and activities at the regional (Upazila and District level) and national level to try and change some of the structures, processes and policies that currently work against the interests of the poor and particularly of poor women.

Pushing Down: BRAC staff have identified three sets of activities to "push down" to reach and support the ultra-poor. The first set will focus on building the physical and financial assets of the ultra-poor and will include: asset transfer and stipend; employment and enterprise development training. The second will focus on extending BRAC's essential health services to the ultra-poor. And the third set will focus on building the human and socio-political assets of the ultra-poor.

Building social safety nets for specially targeted ultra poor women: As part of the Special Investment Programme for the ultra poor, the social development staff will initiate activities to build social safety nets for ultra poor women. The focus will be on building individual capabilities of the ultra poor (human

assets) and to the extent possible, it will encourage problem solving through groups (socio-political assets). This work will support and reinforce the other components of the programme – asset transfer and stipend, employment and enterprise development training, and essential health services – by helping participants deal more effectively with downward economic and social pressures they face as individuals and as a group. This support is critical for improving their capacity to deal with risks, reduce their vulnerability, and eventually move into a position where they can participate on a solid footing in regular VOs. The social safety net work will involve 1) awareness raising through informal weekly discussion groups; 2) confidence building training; 3) back up support; and 4) participatory poverty assessment with ultra poor women.

In addition, the specially targeted ultra poor programme participants will also benefit from some of the activities taking place under the regular Social Development Programme. They will be able to use the legal aid clinics, have access to medical care in case of severe human rights abuse (in case of acid and rape victims) and they can attend popular theatre performances in their area. In addition, it is expected that the various people's organisations set up at the community level (Polli Shomajs and Union Associations) will assist the ultra poor in their community in case they face any economic or social problems. The PS and UA groups will also advocate on their behalf with local community members and with local government institutions.

Strengthening BRAC's organisational capacity to promote social development: There has been concern, specially on the part of the Appraisal Mission visiting the organisation in September 2000, about BRAC's capacity to carry out an effective social development programme. BRAC has addressed such a concern in this proposal by committing itself to strengthening its organisational capacity for social development work. This will be done in various ways.

Firstly, by developing a vision statement and policy guidelines for BRAC's social development work. The vision statement will build on the goals of BRAC, its strengths, and its comparative advantages as an organisation. Once the vision statement and policy guidelines are developed, BRAC will incorporate this into training for all staff to create a common vision and understanding of BRAC's role in addressing key social issues through its work.

Secondly, there will be a significant increase in the number of Social Development (SD) staff. The number of Programme Organisers (POs) in each Area Office will be doubled throughout the 400 Area Offices where the SD programme is operational at present. In the regions where BRAC will work with the specially targeted ultra poor, the SD staff to ultra poor ratio has been increased to 1: 50. In addition, 25 new Sector Specialists are being hired to work exclusively on institution building activities in the regions where BRAC will start forming federations at the Union level.

Thirdly and finally, all social development staff (new and old) will be given new training to better equip them for their work. They will be trained on the 'vision' and policy guidelines as well as trained on specific issues, strategies, methods, and skills related to institution building, awareness raising, social action and advocacy.

3. ACTIVITIES

3.1 Institution building

People's participation in decisions that affect their lives is a pre-condition for any developmental process. In Bangladesh, existing social and political conditions are not conducive to mass participation, particularly of the poor. Lack of political commitment by the government, a complex bureaucracy, social and economic disparity, and until recently the absence of widespread appropriate grassroots organisations have restricted the participation of the poor, especially poor women. As a result, few enjoy the benefits of national development. Poor women have limited opportunity to participate due to lack of education, communication skills and linkages to the social, political, and cultural arena.

The purpose of BRAC's institution building component is to develop the capacity of VO members and provide structures at the village, Ward, and Union levels to resolve day-to-day problems and respond to social problems such as dowry, divorce, polygamy, violence against women, and child abuse. It further seeks to develop an institutional base for collective action to leverage public goods and services (for example, road maintenance/relief works, khas land and fish ponds, VGD cards, and old age pensions) and advocate for pro-poor and pro-women public policies and sector specific policies.

During the 2002-2006 period, BRAC will focus on building strong, democratic people's organisations up to the Ward level (smallest administrative unit in Bangladesh) in all BRAC working areas (i.e. 400 Area Offices across the country). The primary group for BRAC members will continue to be the Village Organisation (VO). However, the VOs will function primarily as credit and service delivery organisations. All the VO members in one Ward (2-5 VOs per Ward) will join together to form a Polli Shomaj, which will function as a democratic membership organisation involving all VO members. This organisation will elect a committee composed of five representatives from each VO. The **Polli Shomaj Committee** will be responsible for taking up socio-political issues that concern its members.

From 2003 to 2006, BRAC plans to set up federations at the Union level on an experimental basis. Within selected regions (10 BRAC Regional offices will be selected), where the PS groups are strong and active, they will be federated to form a **Union Association (UA)**. The Polli Shomajs and Union Associations will function purely as socio-political organisations. The specific functions of the various tiers of organisations and its modus operandi will be developed with the groups. A minimal membership fee will be charged to cover the cost of operations of these associations.

BRAC ultimately also plans to set up **Upazila Associations** by federating the Union Associations. For the time being, however, as the lower tier groups are developed and strengthened, BRAC will simply experiment by setting up a maximum of five Upazila Associations within the next five years. The emphasis here is on experimentation, and finding out through trial and error what form of Upazila Association is likely to work and meet the needs of BRAC's members. Issues of membership, collaboration with other NGOs, the role of the Association and resource mobilisation for the Upazila Association will all have to be addressed through a process of consultation with PS and UA members as they attempt to build the next tier of their organisation.

3.1.1 Village organisations

The Village organisation (VO) is the primary unit of participation in BRAC.¹ They provide the base for delivering services and for other institution building efforts. VO members meet once a week to participate in savings, credit, and other activities. As clients and customers, VO members pay for enterprise training and extension services related to particular technical skills and quality inputs. VO members also pay a

¹ As of December 2000, BRAC had 78,750 active Village organisations involving 2,867,919 members.

small fee to participate in Human Rights and Legal Education training through which they become knowledgeable in the constitutional, customary and relations law pertaining to important aspects of their lives. VO members all receive life insurance and basic education in hygiene, reproductive health, nutrition and sanitation.

During 2002-2006, the Social Development Unit will organise monthly issue-based meetings with VO members. This meeting should provide a forum for women to discuss their individual problems, or any difficulties they are facing with the credit or training they have obtained from BRAC. This meeting will be organised by different POs every month, so that women can discuss various issues with a range of Programme Organisers (social development, health, micro-finance, fisheries, IGVGD, seed, social forestry). Having different POs organise the meetings will also mean that the workload of the SD PO will be reduced.

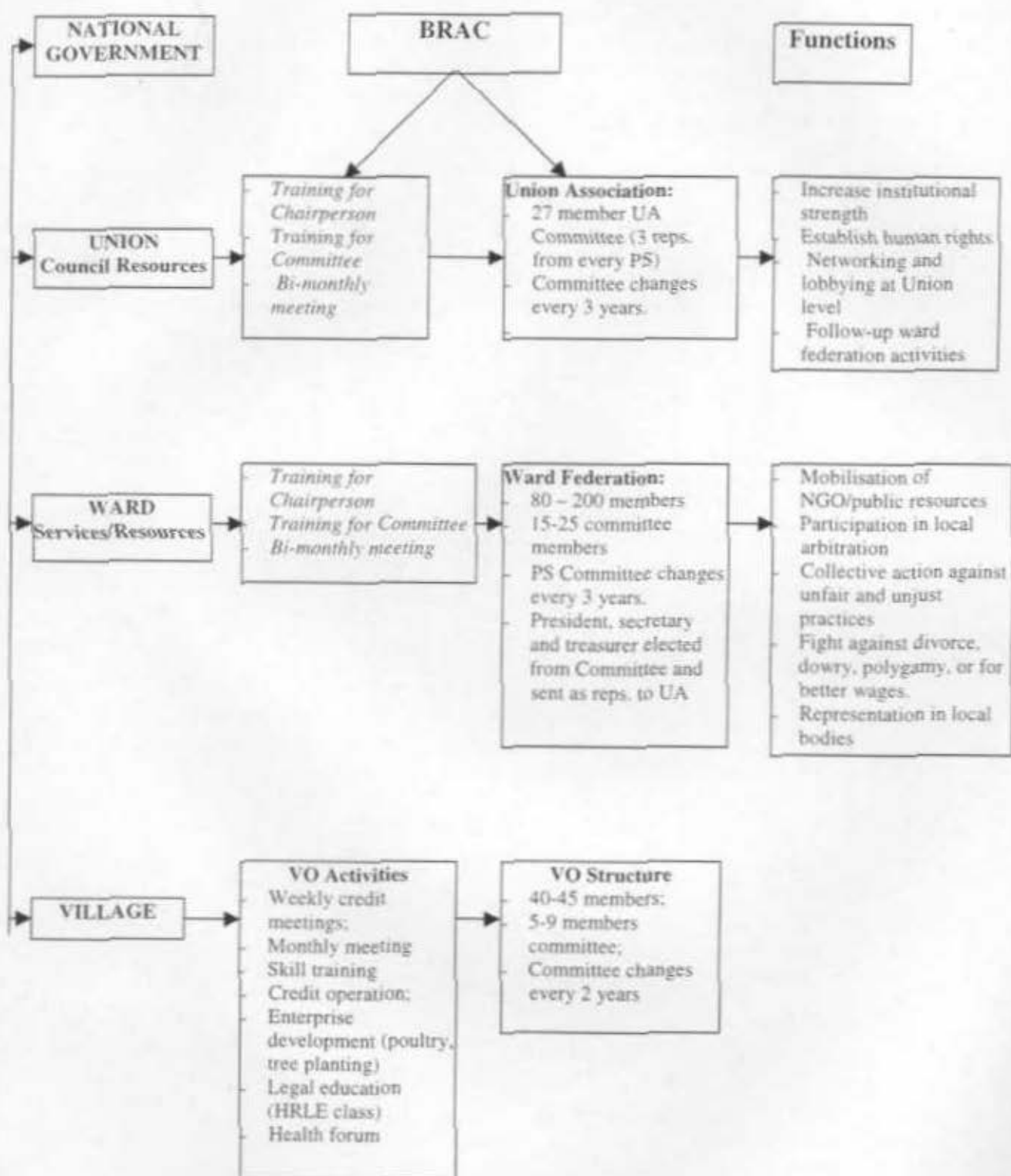
3.1.2 Polli Shomaj

Since late 1997, BRAC has been working on federating VOs at the Ward level². Known as Polli Shomaj (PS), this federation consists of 15-25 elected members and a committee of five members. The functions of the Polli Shomaj include dealing with social and gender related problems; mobilizing government resources such as *khas* land and ponds for the poor; encouraging Union Councils to allocate resources to needy VO members (VGD cards, protected labour opportunities); resolving social conflicts (through *Shalish*), establishing access to existing Government services, and initiating collective action against early and childhood marriage, illegal divorce, rape, corruption and other malpractices. They establish mutual funds to help fellow members and ultra poor within their communities to deal with emergencies or crises. As they develop, they are expected to play a role in representing the interests of poor people at the Ward level.

As of December 2000, BRAC had formed over 10,000 Polli Shomaj involving over 160,000 elected members (80 percent of whom are women) throughout the country. Approximately half of all VOs were part of a Polli Shomaj federation.

² A Ward is one of nine administrative and political divisions within a Union responsible for local development initiatives.

Figure-1: Structure and Activities of Ward Association and Union Associations



3.1.2.1 New Polli Shomaj Structure

Following from the internal review process regarding BRAC's social mobilisation efforts, it was decided that the structure and membership of the PS should be altered somewhat from mid 2001. All the VO members in one ward will belong to the Polli Shomaj and this will serve as their primary socio-political organisation. The PS will have three meetings a year that all members will be expected to attend. These meetings will now be called **Gram Sobha** (Village Meeting).

The **Gram Sobhas** will provide a forum for all BRAC members to discuss social, legal and economic issues that concern the whole community and for which joint action may be required. Examples of issues include local elections, discriminatory actions against group members, legal marriage (age and registration), legal divorce, polygamy, child support, inheritance rights, the illegal practice of dowry, and violence against women. The husbands and male guardians of VO members will be encouraged to attend Gram Sobhas so that they are aware of issues being discussed and can help BRAC members with their various endeavours.

Whatever course of action is decided upon at the Gram Sobhas, elected Polli Shomaj Committee will have to follow up on it and take appropriate action. The Polli Shomaj Committee (PSC) will be composed of 15 to 25 elected members, five being chosen from each VO. This committee will continue to meet every two months. This committee will in turn elect a president, secretary and a treasurer. Their role will be to provide leadership to the committee and to take responsibility for getting things done. Their precise 'duties' will be decided upon by each PS group. These three women will in turn attend Union Association meetings once this is formed and act as the representatives of the PS group.

Reporting back to the general members of the PS will be done via the Gram Sobhas. PS committee members will be able to discuss what they have been doing and seek approval from the general members for any future course of action. It is also through these meetings that the PS committee can inform the general PS members of any action that they think needs to be taken as a group.

In each Ward, BRAC may organise between three to five VOs. This means that the Gram Sobhas may bring together over 150 members. These meetings will be organised by the PO SD, with the help of the RSS, SD. The SD unit will develop materials and guidelines to facilitate these meetings.

3.1.2.2 Training for Polli Shomaj Committee Members and leaders

PS Leaders' Training

From 2002 to 2006, in order to make existing PS groups stronger and more effective, 30,000 Polli Shomaj leaders will be trained at BRAC's Training and Resource Centres (TARC). Each training will be of 3 days duration. The objective of the training is to develop leadership skills and a good understanding of government and public institutions that the Polli Shomaj will have to deal with.

The content of the training will cover issues such as

- analysis of the socio-economic situation of the rural poor
- analysis of existing socio-political structures
- discussion on what leadership should involve and the role of the PS president
- discussion about the objectives of the PS, its activities and its future direction
- communication skills: how to conduct and facilitate meetings

PS Committee Workshops

In addition, one-day training workshops will be organized at the field level with 10,000 Polli Shomaj Committees. The purpose of these workshops is to discuss the problems faced by the PS committees and to share new ideas among the different PS groups. In addition, the workshops will review and provide clarification on the laws covered through the HRLE course. This forum will be used to motivate the PSC members to apply the knowledge acquired through HRLE course in their own lives, to take action to ensure adherence to the law in the community, and offer advice on action to be taken to other community members.

During 2002-2006 10,000 Polli Shomaj Committee workshops will be conducted. There will be 20 participants in each workshop.

3.1.3 Union Associations

At present, the most important local government body is the Union Parishad (Union Council). In order to have a people's organisation capable of lobbying the Union Parishad and accessing government resources it distributes, BRAC is actively considering how best to promote the federation of the Polli Shomaj groups at the union level and eventually at the Upazila level.

Keeping in mind that building successful federations of the poor is something that all NGOs have been struggling with, and something that will require more experimentation and research, BRAC plans to set up 500 Union Associations on an experimental basis over the next five years. Regions where existing people's organisations i.e. VOs and Polli Shomaj groups, are already very strong, will be selected. If the experience is positive in these areas, more Union Associations will be set up in other regions where PS groups have become strong and show an interest in federating at the Union level. The current plan, however, is to set up a maximum of 500 Union Associations and perhaps to experiment by setting up a few Upazila Associations by the end of 2005.

	2002	2003	2004	2005	2006	Total
Union Associations	—	100	100	150	150	500

The main objectives of the Union Associations will be to:

- follow up ward federation activities
- increase the institutional strength of the poor by bringing together a larger number of the poor
- mobilise public resources available at the Union Level
- do advocacy work and networking with government and other NGOs
- create local leadership among rural poor women (to enable them to contest in UP elections)
- ensure participation at Union level shalish
- increase the involvement of the poor in Union level bodies such as school committees, bazaar committees or mosque committees

BRAC already has some experience of setting up federations going up to the Upazila level in Sulla, Manikganj and Mirzapur. This was attempted in the late 70's and early 80's when BRAC's focus was more exclusively on building people's organisations. In order to meet the most urgent needs of its members, BRAC then felt it appropriate to shift its focus to other activities throughout the later part of the 80's and 90's. From that early experience, it is clear that BRAC will have to be quite intensively involved in assisting these institutions to begin with, and that a sudden exit strategy may lead to the collapse of these federations. BRAC's early experiences with federations also suggested that ensuring democratic practices and a regular change of leadership for federations is very difficult. Ensuring that

ordinary VO members keep abreast of federation activities and maintain a sense of ownership and involvement in its activities will be real challenge for BRAC. Furthermore, BRAC has learned that federation accounts will have to be strictly maintained and supervised to prevent mismanagement and misappropriation of funds.

Since it is known that successful institution building requires a lot of careful supervision during the initial stages, 50 new Sector Specialists will be assigned to the regions where BRAC plans to set up its federations. They will concentrate exclusively on federation activities, supervising Polli Shomaj groups and Union Associations in their area.

The role of the Sector Specialist for Associations will be:

- to help organise and facilitate meetings for the Polli Shomajs and Union Associations
- to help Association members identify issues they should act upon and find out about public resources the groups can lobby for (VGD cards, khas land, ponds, relief goods)
- to organise the training of PS and Association leaders and committee members
- to follow up on activities that the Associations decide to undertake and provide logistic support and advice
- to encourage the various groups (PS, UA) to take up socio-economic issues of concern to the poor and take action if and when possible
- to liaise with other NGOs and federations operating in the area to have co-ordinated activities and campaigns with regards to common concerns
- to ensure that democratic norms are followed within the federations, that regular elections are held and that information about Association activities is disseminated to all members
- if and when federations and Associations have their own funds, to help manage and audit the accounts of the groups

During the pilot phase of the project, the most effective method of operation for the Union Associations (how many meetings they will hold, where they will meet, how they will mobilise funds to cover small expenses), will be worked out by each individual Associations. A very flexible approach will be taken to leave plenty of room for experimentation. This means that different approaches may be tried out in different regions to find out what works best. The basic structure of the Association will however be quite similar to that of the Polli Shomaj. Twenty-seven members will be elected (the president, secretary and treasurer from each PS) as members of the Union Association Committee. A president, secretary and treasurer will be elected for a period of three years from among this Committee to provide leadership to the group.

BRAC is also keen to work in collaboration with other NGOs who have set up federations or which encourage their members to take up social issues. Where possible, BRAC will explore the possibility of forming Union level Associations which can include members of other NGOs and poor people who are not currently involved with any NGOs. This may involve setting up a new federation in collaboration with other NGO members, or joining and supporting an existing federation of poor people in the locality, or it may be that BRAC will have to set up a new federation and encourage others (poor, non-BRAC members in the locality) to join it. Another modality of working with other development agencies in the locality may involve getting together and acting with a united front on specific issues and cases. Issues that may require joint action are cases of discrimination or violence against women, threats from religious groups, or fighting against corruption within government bodies.

3.2 Social Awareness Raising

To support the institution building process, BRAC seeks to increase socio-political awareness and build strong local leadership among its members. BRAC's legal literacy, popular theatre, issue-based meetings and other activities are designed to raise the socio-political awareness, self confidence and self reliance not only of VO members but others in the wider community. Through leadership training, BRAC develops women from among the poor to lead the way to social action and bargaining at the Ward and Union levels. They learn how to lead discussions and promote social action to challenge oppressive social practices, secure their legal rights, secure government goods and services, and gain representation or voice in local policy-making bodies on behalf of their members.

During 2002 – 2006, BRAC will continue with its core social awareness raising activities: HRLE training, Popular Theatre, Local Community Leaders Workshop, and leadership training at the VO and PS levels. To further strengthen its social awareness building activities, BRAC will review all existing activities to ensure the content, frequency, and sequencing of inputs reinforce each other at the individual and group levels. In addition, the SD unit will develop a curriculum guide for progressive issues meetings at the PS, and UA levels.

3.2.1 Human Rights and Legal Education (HRLE)

The HRLE training was introduced in the mid 1980s to increase legal awareness of VO members to help them protect themselves from illegal, unfair, or discriminatory practices. Through legal literacy classes, the programme disseminates practically relevant knowledge to BRAC members to raise their awareness about legal rights, to increase knowledge of laws and provide skills for their application, and to develop self confidence and skills to resolve small problem through village arbitration (*shalish*). The training covers:

- Citizen's Right Protection Law – laws on basic human rights and duties of a citizen taken from the Constitutional Law and the Criminal Procedure Code of Bangladesh.
- Muslim Family Law – laws related to matrimony, guardianship of children, and relations among family members.
- Muslim Inheritance Law – laws related to the heirs/heiresses and proportion of property they may inherit.
- Hindu Family Law,
- Hindu Inheritance Law
- Land Law – laws related to land agreements and information on preserving ownership of land.

In order to provide HRLE training to a large number of VO members at low cost, BRAC has established a training 'cascade'. It offers training at three levels:

- Training of Trainers (TOT) for HRLE,
- Teachers Training (TT) for HRLE *Shebikas* (volunteers), and
- Human Rights and Legal Education (HRLE) provided by the *Shebikas* to the VO members.

At the village level, HRLE training is conducted by the *Shebika* over a period of 30 days. The sessions run for 2 hours each day. Members self select to take the training. An average of 20 VO members participate in each training course.

As of December 2000, BRAC had 3,266 trained HRLE *Shebikas*. At the time, they were actively involved in conducting 17,842 HRLE classes. Since the programme began, BRAC has completed over 70,000 HRLE classes involving over 1,600,000 members in more than 50,000 VOs. While the coverage

has been extensive, there are still more than 25,000 VO's (and one million members) who have not yet received HRLE training.

During 2002-2006, HRLE training will be provided to an additional 1,000,000 members. An additional 1,300 fresh HRLE teachers will be trained to conduct courses.

3.2.2 Popular Theatre

BRAC started a Popular Theatre programme in 1998 to highlight certain unjust, illegal and exploitative practices of society while preserving Bangladesh's rich tradition of local drama and folk songs. The Popular Theatre programme aims to

- increase awareness about all forms of injustice, corruption and illegal practices.
- act as a catalyst of change in rural areas by developing a new communication network.

The Popular Theatre programme currently operates in 25 BRAC Regions. Within the Region(s) one theatre group is organized in each BRAC Area Office by the PO, SD. Participants are selected from VO members by the PO, SD and vetted by the RSS, SD. Criteria for selecting performers are that they have keen interest in theatre, have some acting experience, and have time for performing. Each theatre group has 10-12 people.

BRAC provides participants 10 days of intensive training on rural theatre. During the last three days of training, participants are sent to different villages to collect real life stories reflecting critical social issues. BRAC Rural Drama POs scrutinize the stories and select those that are interesting for enactment. The play is organized without any written script. The same play is enacted each week in a different location, with 12-16 performances within the parameter of an Area Office over 3 to 4 months.

As of December 2000, BRAC had formed 83 popular theatre groups involving 823 performers. The performers had created 259 different dramas and staged 4,877 performances. The experience so far suggests that it is highly effective in building rapport and raising issues in local communities. It is a popular form of communication for rural people, providing entertainment and education.

Given the popularity and positive results achieved using this approach to raising social awareness, **during 2002-2006** BRAC will form an additional 200 popular theatre groups and stage 20,000 rural dramas throughout Bangladesh. The number will increase each year, from 3,000 in the first year, to 3,500, 4,000, 4,500 and 5,000 in following years. The Research and Evaluation Division will continue to collect case studies to evaluate the Popular Drama, focusing not only on success stories, but other experiences that can help programme staff adapt and refine the approach over time.

3.2.3 Local Community Leaders Workshop

Since 1996, BRAC has organized over 4,700 Local Community Leaders (LCL) Workshops involving over 140,000 participants throughout the country. The workshops are organized at the Union level and provide community leaders and BRAC staff a forum to discuss family and land laws of Bangladesh and the civic responsibility of elected, traditional and religious leaders within the community in upholding these laws. Issues similar to those covered in the HRLE course, such as gender violence, illegal divorce, and under-age marriage, are discussed in these workshops. Local community leaders who participate include Union Parishad Chairman and members, religious leaders, marriage registrars, school teachers, and journalists. Representatives of the Polli Shomaj and the Ain Shebika also participate. BRAC staff members present include the Regional Sector Specialists, Area Managers, Social Development and HRLE POs.

Local community leaders have shown a high level of interest in the LCL workshops. They play a role in raising awareness of and concern for social and gender issues among community leaders beyond the circle of VO members and their families. This is an important aspect of social mobilisation. A BRAC facilitator leads each workshop. Currently, 5 LCL facilitators work in different regions of the country. Each facilitator conducts two workshops each week (10 per week or around 500 per year).

During 2002 – 2006 BRAC will continue to carry out 5000 LCL workshops. Among them 1000 will deal specifically with issues of concern to the ultra poor.

The objective of the LCL workshops for the ultra poor will be to raise the local community's awareness about the needs of the poorest and to develop strategies for local resource mobilisation to benefit this group. The discussions will try to cover the following issues: how to ensure that VGD cards, relief after disasters or old age pension cards go to the appropriate families, how the community can help in cases of emergencies, such as serious illness, or a child's marriage. The participants for this workshop will include the community leaders normally invited to the LCL workshops (kazi, imam, UP members and chairman, local school teacher) and in addition may also include other NGO workers working in the same locality, and influential local patrons.

For the LCL workshops concerned with legal issues, BRAC will begin to develop a training module, with sensitive, gender-related material for an audience of male village elite and religious leaders. The challenge will be to bring about attitudinal changes without upsetting traditional sensitivities. Such a training module could be used by other organisations if it proves to be effective.

3.3 Social Action

BRAC's recognizes that it cannot reduce the vulnerability of and expand opportunities for the poor, especially women, without redressing unbalanced power relationships and oppressive social practices. BRAC's institution building activities create a base for social action for rural poor women to exercise their rights under the law, to demand public sector accountability to poor households and individuals, to push for pro-poor and pro-women public policies, and to advocate for structural change in social, political, and economic institutions. Already, VO members and Polli Shomaj groups have taken action locally on issues such as under-age marriage, divorce, polygamy, marriage registration, maintenance, inhuman punishment, inheritance, voting rights and access to public resources.

Although BRAC has always supported social action taken by its members at the village level, **between 2002 and 2006**, there will be renewed emphasis placed on social mobilisation efforts. This means that BRAC will focus on building strong grassroots/people's organisations that are capable of taking action when needed, to protect their rights and prevent illegal or discriminatory practices. BRAC staff, especially the SD staff, are always prepared to help and advise BRAC members who want to take up any issue legally (through the legal aid clinic), with the government authorities or with other community members. BRAC however feels that it should be up to the groups themselves to decide when they take action, and what steps they take. BRAC wants to foster the growth of strong leadership among poor women so that they themselves can initiate and lead any local social action or social movement that develops. It is BRAC's belief that an NGO-led movement will be contrary to its goal of establishing a bottom-up, people's movement.

During the period between 2002 and 2006, BRAC will continue to encourage and help its members to take action on the social issues they have been dealing with (early marriage, illegal divorce, conflict resolution...). The key areas in which BRAC will encourage its members to take social action are

- Mobilizing and gaining access to government resources
- Resolving Conflicts (BRAC VO members initiated over 8,000 Shalish in 2000.)
- Collective action against oppressive social practices

If PS and UA groups deal with these issues strongly and consistently within their community, this will prove to be a very significant achievement in terms of changing social practices that discriminate against women in particular. It is also hoped that with the further development of federations and their strengthening, larger issues can be addressed. This may involve changing current trends in resource distribution by the local government so that the poor obtain more benefits and better treatment. It may also involve having an increasing number of federation leaders contesting successfully in elections and trying to change current government practices from within. BRAC will also collaborate with other NGOs and other NGO members with regards to various issues that need to be addressed collectively, such as children's rights, education issues, building of women's leadership, fair wages, health services.

3.3.1 Legal Assistance

After providing VO members with HRLE classes, BRAC realised that it was not enough to just make poor people aware of the law. Often, they need legal advice and help to resolve any legal problems they may have. That is why BRAC and Ain O Shalish Kendra have been working together to provide legal training and services to VO members, by setting up legal Aid clinics in 14 regions.

The objectives of this component of the programme are to:

- provide legal aid to VO members to help them resolve disputes
- build capacity of the VO members so that they can resolve disputes on their own
- establish VO members' social and legal rights in society

Under this component, the following activities are undertaken

- Area Managers, RSS (SD), and POs (SD) are given some legal training
- A one day legal clinic is set up on a weekly basis for VO members at the Area Office
- Ain O Shalish Kendra (ASK) selects a panel of lawyers to facilitate cases
- RSS follow up clinical legal services once a month
- Cases which cannot be resolved through mediation are sent to court
- Panel lawyers deal with cases which are pending in court

Operation of the Legal Aid Clinics

The legal clinics are run once a week at the BRAC Area Office. The SD, PO is available all day and records any cases or complaints brought to him/her by BRAC members. The Area Manager will subsequently review the cases in order to determine which ones can be solved through *Shalish* or local arbitration, and which ones will require court procedures. Area Managers, Regional Sector Specialists (RSS, SD) and POs (SD) all receive some basic legal training organised by ASK, to familiarise them with existing laws, court procedures, and filing of cases at the police station (6 day intensive theoretical training on the law, which is followed by a 3 days practical and another 3 days of fact finding training). This allows BRAC staff to make an initial assessment of how a case should be dealt with.

Both BRAC and ASK select panel lawyers who act as the local legal representatives of the VO members. They make the final decision about how to proceed with a particular case. The ASK lawyers meet with local BRAC staff every 2 months. At this meeting, BRAC staff and ASK lawyers discuss new cases and

review progress with regards to existing cases. If any case has to go to court, BRAC members may obtain legal assistance from the panel lawyers free of cost. BRAC subsidises this service for its members. The working flowchart of the programme is given in figure 2.

BRAC staff try as often as possible to resolve conflicts or disputes through local arbitration, unless criminal law is involved or there has been a serious violation of basic human rights (e.g. in the case of acid attacks or rape victims). With regards to the application of family law i.e. in the case of divorce, polygamy, maintenance payment for a divorced woman, the people involved often prefer to have informal arbitration since it saves them time and money that would be involved in proceeding with a court case.

From the start of the programme in 1998 till December 2000, a total of 3,258 complaints were received by the legal aid clinics. Out of this total, 1,476 cases have been settled through arbitration by our trained paralegal staff and 152 have been sent to court. Most complaints are made on the following issues: maintenance (33%), dowry (13%), physical torture (13%), land related matters (12%), dower and maintenance (9%), polygamy (9%), divorce (4%), *hilla* marriage, money related matters, rape, acid throwing, kidnapping, trafficking and fraud. With regards to dower and maintenance issues, BRAC has helped its members obtain monetary compensation amounting to a total of Taka 39,24,000 and 10 acres, 28 decimals of land through arbitration and cases.

Although BRAC has only been working in this field for two years, most BRAC members seem to be satisfied with the results of the arbitration system it has been using. SD staff use a system of follow-up visits for six months after the arbitration to assess this. They find out whether the decision taken by the parties involved in the dispute is being implemented or whether there are continuing problems. If problems persist, and the people involved are not satisfied with the result of the arbitration, the case is re-opened and possible solutions investigated once again.

During the period between 2002 and 2006. BRAC plans to expand its legal aid programme to cover BDP's 30 remaining regions with the help of ASK.³ BRAC has decided to continue working with ASK to increase the coverage of its legal services since a good working relationship has been developed with this organisation over the last few years.

Expansion will have to be done gradually to maintain the quality of services in the existing legal clinics. In the past few years, BRAC and ASK have found that they could manage to set up and start legal clinics in 6 new regions each year. This will involve training the BRAC staff in those regions, signing contracts with new panel lawyers and setting up bi-monthly co-ordination meetings with ASK staff.

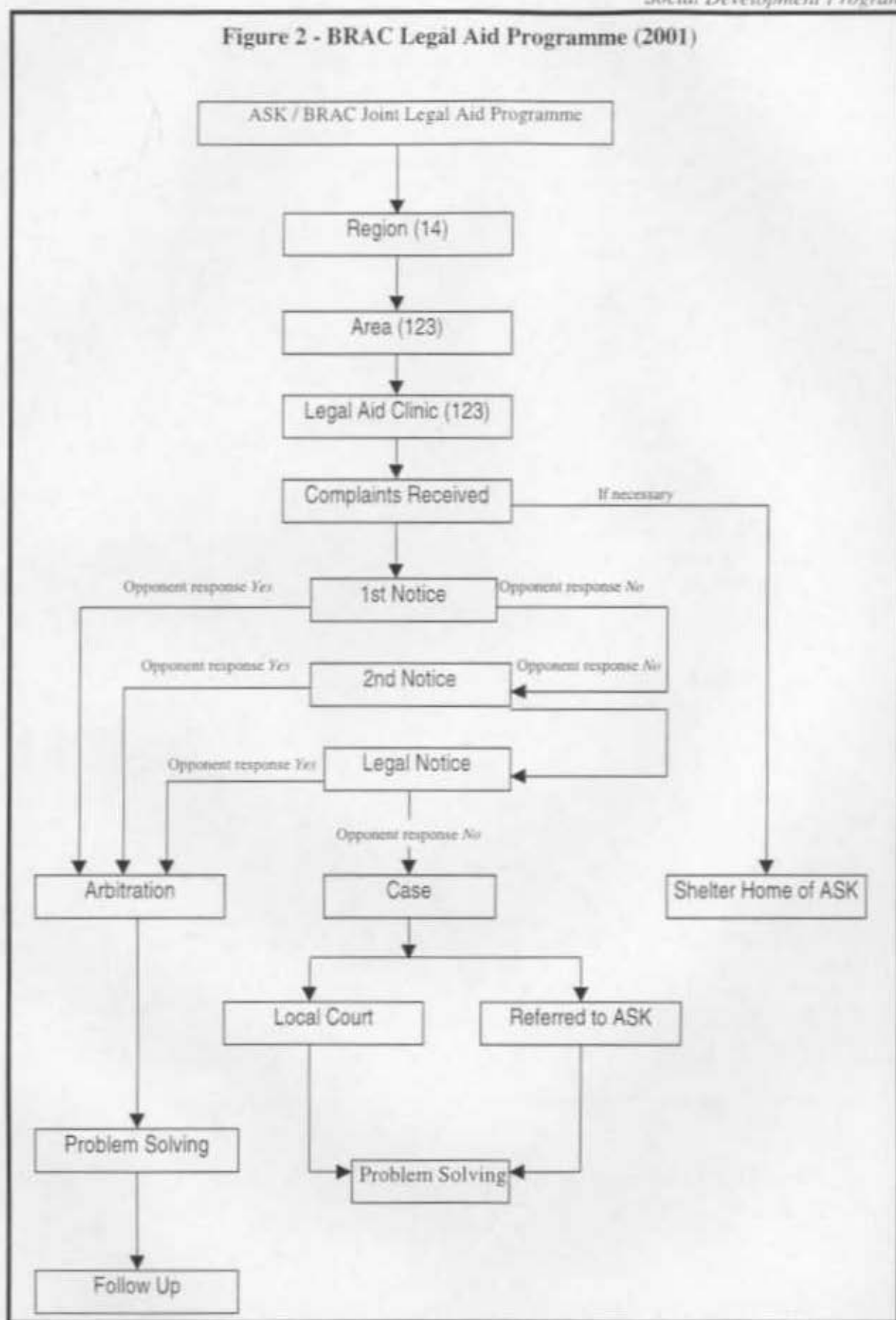
BRAC will continue to liaise with other human rights and legal assistance organisations such as the Bangladesh Mahila Ainjibi Parishad, the Manobadhikar Shangstha, the Bangladesh Mahila Parishad and the Bangladesh Legal Aid Services and Trust (BLAST). BRAC will refer cases to these organisations in regions where they operate, as well as assist them in their work where possible, since in many cases these organisations are dealing with the same social and legal issues as BRAC.

Expansion of Legal Aid Clinics

	2002	2003	2004	2005	2006	Total Regions covered
No of New Regions covered	6	6	6	6	6	50

³ Regions here refer to BRAC's Regional Office's command area.

Figure 2 - BRAC Legal Aid Programme (2001)



3.3.2 Human Rights Violation Cases

BRAC staff take appropriate actions against human rights abuses in their areas of operation – whether or not the victim is affiliated with BRAC: including, murder and rape, acid burning, or other forms of violence against women. As mentioned above, BRAC has been taking legal action in many cases with the help of ASK. It has also been working in collaboration with the Acid Survivor's Foundation since early 1999. BRAC has been using its country-wide network to identify cases of acid violence, providing immediate medical assistance and then putting the patient in touch with the Acid Survivor's Foundation for follow-up care.

During the period between 2002 to 2006, BRAC will continue to take up cases of human rights violation. As the number of areas in which legal aid is provided expands, it will become possible to take legal action against the perpetrators of such crimes. It is also hoped that once community level organisations are strengthened, they will be able to identify more such cases and bring them to the attention of the authorities (police, or local court).

3.4 Pro Poor Advocacy

BRAC is very aware of the fact that while there are quite literally millions of poor and ultra poor households throughout Bangladesh, it will only be able to help a very small fraction of these people directly through its development programmes. To have a wider impact than simply improving the livelihood options of its programme participants, BRAC plans to undertake advocacy work at the local, regional (Upazila and District level) and national level to address some of the structural and policy constraints (structures and processes in the livelihoods framework) that often have a detrimental influence on the livelihood options available to the poor.

BRAC hopes to use the experience and information it will gain through its pilot project with the ultra poor, and as well as its interventions in health and in social mobilisation, to influence other stakeholders working with the same target groups. This will involve trying to influence national policies as well as other organisations, such as public agencies, NGOs, and private sector institutions who provide services to the poor and ultra poor. BRAC will work towards creating an environment where there are pro-poor, pro-women and pro-children policies as well as trying to ensure that these policies are actually implemented and positive results are seen throughout villages in Bangladesh.

3.4.1 Setting up an advocacy cell and staff capacity development

While BRAC has been involved in advocacy work informally for many years, trying to influence national policies and strategies through demonstration effect as well as some lobbying and advocacy, it has been less successful in the latter. **Between 2002 and 2006,** BRAC plans to develop its internal capacity to carry out advocacy work effectively. To that end, it proposes to establish a completely new cell within BDP, with a staff of 16 people as well as a Programme Manager whose sole responsibility will be to plan and co-ordinate various advocacy campaigns. This cell will be responsible for co-ordinating advocacy related research, material development and finally organising various events and campaigns. Many departments will however be involved in putting together different advocacy campaigns, such as the Research and Evaluation Division, the Communications Department, the Training Division and the various programme staff (Health, Social Development, Ultra Poor, Micro-finance, Sector Programmes), depending on the issue that is being addressed.

A core group has been set up at the BRAC Head Office, with staff from various programmes as well as senior level managers, to start developing a national advocacy strategy and assist in the setting up of the

advocacy cell. This core group will later continue to assist the Advocacy Cell to plan various campaigns. BRAC is also seeking technical assistance to help develop its advocacy skills and strategy. A consultant will be recruited to work with BRAC staff for 6 months. S/he will help with formulating BRAC's advocacy strategy as well as train staff on basic policy advocacy methods and concepts. Some BRAC staff will also be sent abroad to attend advanced level courses on how to conduct policy advocacy at the national and international level.

3.4.2 Advocacy Process

RED and CFPR programme staff will provide information and data as required to the Advocacy Cell, to conduct advocacy. If necessary, RED will also conduct focused research to generate required data for the same. Irrespective of whether efforts turn out to be successful or not, RED will evaluate the advocacy conducted and its effect. Based on the evaluation, the advocacy cell will reformulate campaign strategies. Figure 2 presents an advocacy process plan for CFPR. Table 1 presents the advocacy strategy and campaign design checklist that will be followed while doing advocacy work on behalf of the ultra poor.

Identifying Stakeholders (Target for Advocacy)

An initial stakeholder analysis has already been done for the ultra poor advocacy campaign as suggested by the appraisal mission. The preliminary results are shown below. BRAC also has plans to do several more stakeholder analysis at the local level (Ward, Union) with its members.

The stakeholders of advocacy for CFPR can be divided into two groups – primary stakeholder and secondary stakeholders. The ultra poor are the primary stakeholders. The primary objective of advocacy will be to bring about positive changes for this group. Advocacy activities will be targeted towards supportive stakeholders so that the primary stakeholders may benefit from changes in policies, attitudes and behaviour. Some of the secondary stakeholders related to CFPR will be:

- Government bodies setting policies at national level and their local level representatives implementing the policies.
- Local NGOs
- Civil society including local elite, journalists, opinion leaders and mass media whose opinion can facilitate or hinder the implementation of the programme.
- Political parties whose ideology may affect the programme.
- Different groups in the neighbourhood, e.g., local youth, moderately poor, VO members, private sector, who might hinder/facilitate functioning of the programme.
- International organisations funding programmes and formulating policies related to the programme.

Figure 3: ADVOCACY PROCESS

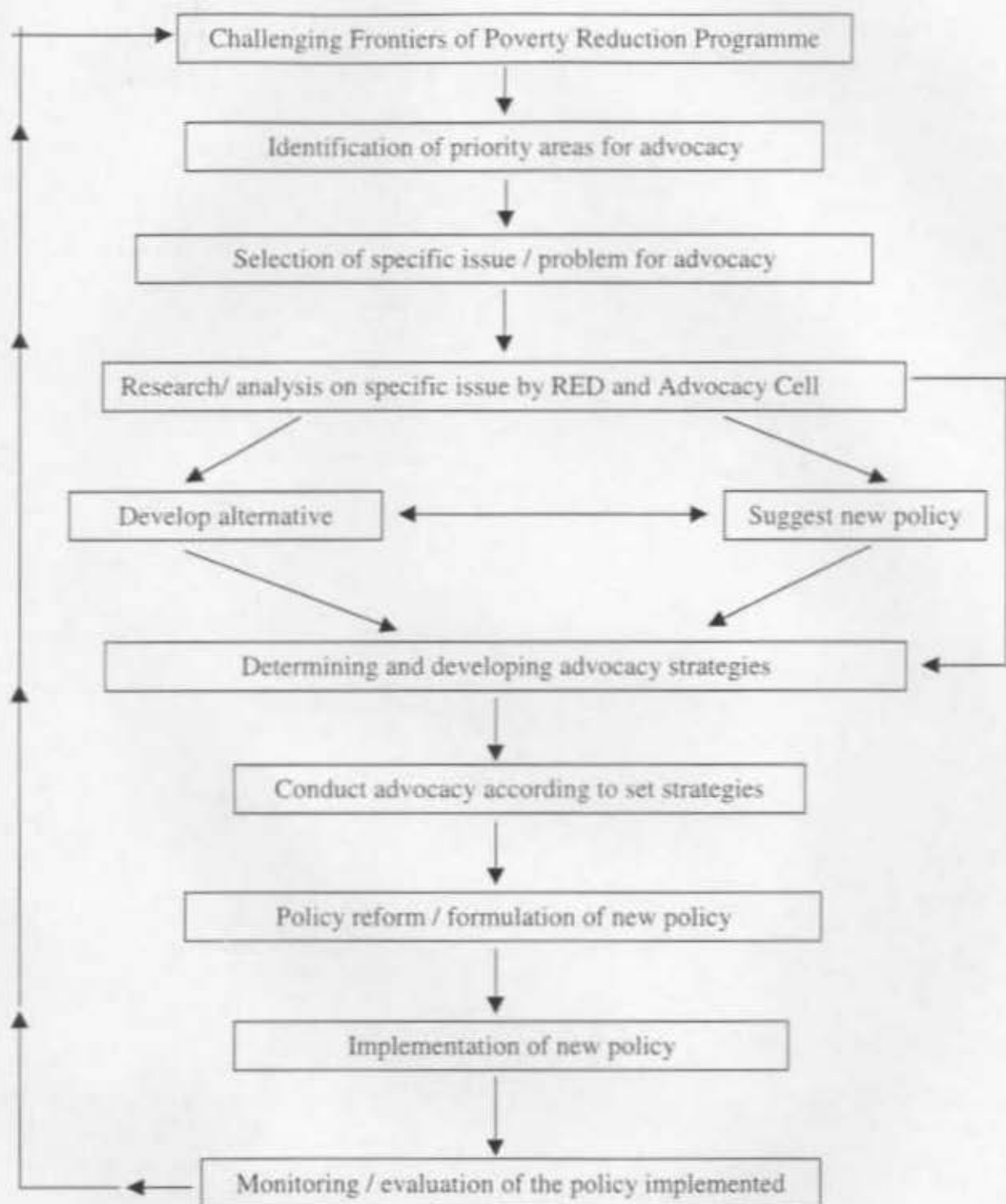


Table 1: Advocacy Strategies and Campaign Design Checklist

	Steps	Work to be done in relation to steps
1.	Prioritizing the issues (s), identifying and framing the issue	• Formulate what is/are the problems • Identify what are the causes • Justify why advocacy should be done
2.	Aims and objectives	• Establish clear aims • Define clear objectives • Assess feasibility • Develop success indicators
3.	Conducting research and collecting information	• Identify purpose of the research • Decide on methodology • Decide what information is needed
4.	Framing key messages and argument	• Clear and simple
5.	Selecting Campaign target (audience)	• Who is who in the target • Be clear where power lies • External opportunities
6.	Networking/coalition/alliance	• Think of unexpected friends and allies • Agree bottom line consensus • Agree who does what • Manage the tensions
7.	Media strategy	• Who do you want to influence? • Where do you go for information-usually the voice of the primary stakeholder is very effective • How do you get your message developed • How do you get your message conveyed • Timing
8.	Public action, campaign for mobilizing interested people and to gain public support	• Appeals, letters, memorandums • Exhibitions, posters, leaflets, handbills • Rallies • Demonstrations • Signature campaign • People's drama, street theater, people's song's, etc. • Seminars, conference, workshops • Competitions • Formal/non-formal training and education program • Exposure through various media (press, electronic, popular, home and abroad)
9.	SWOT assessment	• Internal strategies • Internal weaknesses • External opportunities • External threat
10.	Plan of activities	• Timetable • Specify responsibilities • Explore opportunities • Be realistic and flexible • Identify and mobilize resources
11.	Monitoring and evaluation	• Progress and process monitoring • Impact evaluation

3.4.3 Advocacy Activities

BRAC plans to carry out its advocacy work through several media. Firstly, it plans to hold several workshops every year at the national, District and Upazila level. Representatives from the Government, NGOs, international aid agencies, media people, academics and other stakeholders mentioned above will be invited to participate. BRAC will use these workshops to disseminate information it has gathered through its programmes and share some of its best practices, as well as to create awareness and generate discussion about certain new issues among policy-makers and opinion leaders.

Secondly, BRAC will also use radio and television to disseminate certain messages to a wider audience. One option that is being considered is to televise certain popular dramas performed by BRAC members that highlight the problems and concerns of the ultra poor. BRAC will also carry out poster and leaflet campaigns to highlight issues it will have selected (issues described below).

Programme and RED findings will be disseminated through publications in national and international journals, electronic journals and postings on the BRAC web-site, as well as through articles in national and local newspapers. BRAC will also publish reports and pamphlets of its own.

Finally, BRAC will try to influence various policies affecting its target groups (poor, ultra poor, women, children, etc.) by getting involved in various local, national and international campaigns, committees and coalitions or networks with other organisations working on similar issues. For example, BRAC is currently considering a proposal to become a part of the Oxfam International network – such an association would get the organisation involved in various international advocacy campaigns as well as help it to garner international support for the issues that it considers important. We have also detailed in the Health section of this proposal the various national committees and policy-making forums in which BRAC has participated and where it has actively contributed to the formulation of new health sector policies. The organisation will continue to be involved in policy-making forums where possible.

Advocacy work at the local level

BRAC will start by focusing on advocacy activities at the local level in the first year since it is at this level that its strength lies and where it has a comparative advantage with regards to other institutions. In the regions where CFPR will be run, advocacy work will focus on issues of concern to the ultra poor.

- Local Community Leaders' (LCL) workshop to discuss the concerns of the ultra poor. It will provide a forum to share some of the information gathered through CFPR about the lives of the ultra poor and remove existing prejudices against them. The workshop will also encourage community leaders to take more initiative and responsibility in organising local resource mobilisation for the ultra poor.
- Polli Shomaj members will be encouraged to take up issues of concern to the ultra poor with other community members as well as with the local government. At present, the PS groups already lobby the Union Parishad to obtain a number of VGD cards. It is then up to the PS members to ensure that these cards get to the poorest household in the community. There may be many other unidentified needs and demands of the ultra poor that PS members will be able to represent and fight for at the local government level.
- Shasthyo Shebikas (health volunteers), who are selected from among VO members, will continue to participate in local stakeholder committees planned under HPSP to ensure accountability of health service providers to their clients, particularly ultra poor women clients.

The objective of such local level advocacy work is to change the actual behaviour of various public functionaries and institutions towards the poor, and particularly the ultra poor. In addition to continuing with such activities, some new issues that BRAC plans to take up at the local level are:

- Ensuring proper implementation of existing health policies under HPSP
- Ensuring that ultra poor families have access to khas land and khas ponds on a priority basis
- Ensuring ultra poor women have access to government provided skill-training
- Ensuring that ultra poor women get priority in various employment schemes such as road maintenance or food for work schemes.
- Alliance building with other local NGOs also working with the ultra poor and sharing of best practices.

During the period between 2002 and 2006, BRAC will therefore expand the scope of its local level advocacy work and attempt to strengthen such efforts. In addition, BRAC will scale up its advocacy work on behalf of the ultra poor to the national level. This will be done gradually, firstly by identifying strategic issues of concern to the ultra poor.

Advocacy at the national level: some issues that BRAC plans to focus on

At the national level, advocacy on behalf of the ultra poor will be to try and influence policies and institutions that can have a major impact on their livelihood options. Specific issues will be identified and strategies for advocacy developed as BRAC gains more experience and information through its pilot project and specially through the research component. Some initial ideas are discussed below:

- A general strategy for advocacy will be to disseminate new information and research findings about the ultra poor so that secondary stakeholders can make more informed decisions when dealing with the ultra poor. Once the livelihood strategies of the ultra poor are more clearly understood, then it will be possible to identify the areas in which secondary stakeholders can provide support or create new policies to help the ultra poor. It will also be possible to identify existing policies that actually harm the ultra poor.
- It is likely that some among the ultra poor will not be able to take up income generation activities, or will not be able to graduate to regular VOs. It will be important to advocate that the Government establish some kind of safety-net for this group. This may involve a completely new scheme, or improving existing ones such as the IGVD programme or increasing the allowance provided through pensions.
- If BRAC is able to target the ultra poor successfully through CFPR, then it will try to advocate for a change in the targeting mechanism for the IGVD programme as well as other Government and NGOs programmes trying to reach this so far elusive group.
- At the end of two to three years, when the impact of the various ultra poor focused initiatives (training in enterprise development, special investment, health or social development) becomes apparent and they have been evaluated, BRAC will actively disseminate information about these initiatives, try to generate discussion about them among various external stakeholders and encourage other development partners to take up similar initiatives to reach the ultra poor.

- Since many of the ultra poor are likely to be landless and perhaps even homeless, or living in disaster-prone areas where there is a high probability they may become homeless, BRAC will lobby the Government and other development organisations to ensure that they are included in programmes which provide shelter or homestead land (perhaps through redistribution of khas land) on a priority basis.
- BRAC will carry out advocacy work to ensure that poor people participate in Stakeholder committees for the government's community clinics. This will be done in order to involve poor people in the planning and management of these clinics.
- BRAC will lobby development partners and the Government to ensure that NGOs are more fully involved in HPSP service delivery and healthcare provision.
- BRAC will intensify its campaigns to create greater awareness about emerging and re-emerging issues such as arsenic contamination, HIV/AIDS, TB, and malaria.

3.5 Building Social Safety Nets for Ultra Poor Women

As part of the Special Investment Programme (SIP) for the specially targeted ultra poor, the Social Development Programme will focus on building individual capabilities of the ultra poor (human assets) and, to the extent possible, problem solving through groups (socio-political assets). This work will involve four activities: 1) informal weekly discussion groups organized by social development staff; 2) awareness raising and confidence building training; 3) ongoing one-on-one social support/social protection; and 4) action research on livelihood strategies of ultra poor women. These social development activities will complement and reinforce the other components designed for the ultra poor programme participants – asset transfer and stipend, employment and enterprise development training, and essential health services – by helping participants deal more effectively with downward economic and social pressures they face. Building human and social assets is critical for improving the capacity of ultra poor women to deal with risks, reduce their vulnerability, and advance to a position where they can participate in VOs on a solid footing.

3.5.1 Awareness-raising through informal weekly discussion groups

BRAC SD staff will organize weekly discussion meetings for the ultra poor programme participants. Each meeting will involve 5 to 10 women and provide a forum for them to raise issues related to the management of their assets and any problems they are experiencing (e.g., a child has fallen sick or someone has stolen their cow). The purpose of these meetings is to build individual capabilities (human assets) and encourage problem solving through the groups (social capital).

The meetings will provide an opportunity for BRAC to follow up on the activities and messages disseminated through the health programme, the employment and enterprise development components and the special investment component, even when individuals face no actual problems. Certain messages may be repeated (e.g., the need for immunization, sanitary latrines) and others clarified (e.g., how you can purchase a slab latrine from BRAC, how you enroll your child in a BRAC school). In addition, SD staff will also provide new information and facilitate discussions on the following issues

- basic analysis of the poverty situation that the ultra poor face
- basic gender analysis of existing social relations and power structures

- basic information about the existing political system and poor women's rights (including legal rights) and responsibilities within this system

If the women members of the programme show interest and can make time for it, the weekly meetings will also be used to provide members training in basic numeracy and literacy skills. The numeracy training will enable the women to keep simple records of their income generating activity. The literacy training will teach all women at least how to sign their names.

Members will be asked to discuss their views on the programme and how it can be improved. The meetings will provide an opportunity for BRAC to find out how individuals are faring with the assets they have received from the programme. They will help BRAC staff to spot problems experienced by the women quickly and provide members a regular opportunity to seek advice and support from BRAC staff or other group members. Problem solving will be encouraged through group discussion and consultation, rather than BRAC staff being expected to provide an instant solution.

These meetings will be organized and facilitated by the PO, SD (Ultra Poor). SD POs will maintain a flexible attitude in arranging the group discussions to ensure that priority issues for the ultra poor are raised and explored and that the meeting does not interfere with the work schedule of ultra poor women. Various tools and methods will be used to encourage active participation and discussion. It may involve showing certain pictures, and then guiding a discussion about the issues represented through the pictures. It may involve role-playing to act out and discuss certain common social and economic scenarios that the ultra-poor face. The emphasis will be on adopting a participatory approach, and building on the knowledge and experience the ultra poor already possess.

3.5.2 Confidence Building Training

After approximately eighteen months, participants of the Special Investment Programme are expected to graduate to the regular VO groups. At this stage, successful graduates will have the opportunity to participate in a three-day *confidence building training*. The purpose of this training is to help them participate on an equal basis with existing VO members in group discussions and decision-making. The confidence building training will cover leadership, communication skills, group-based problem solving skills, and the goals, rules, and operation of BRAC Village organisations (VOs). Women who are not ready to graduate to the regular VOs will be invited to participate in a *motivation building training*. The purpose of this training is to encourage them to try again to graduate to a regular VO and to build confidence in their ability to do so.

The confidence building course will cover the following issues:

- description of the rules and regulations of the Village Organisation, the purpose and goals of the VO and its method of operation.
- development of communication skills
- developing group-based problem-solving skills using PRA methods

These training courses will take place over a three day period. The training will be held at the Area Office. It will be conducted by BRAC Social Development trainers. Materials to guide the training will be developed by SD staff at the Head office, with help from BRAC's training division.

3.5.3 Social Protection for Specially Targeted Ultra Poor Members

Ultra poor women members lack not only physical, financial and human resources but social resources and protection to manage risks and downward pressures. Many women do not have husbands or male

guardians to mediate on their behalf in the public sphere and lack mutual support networks. Many also have limited access to public social safety nets such as public works employment, old age pensions, life insurance, and health insurance. The absence of these forms of social protection increases women's vulnerability to downward economic pressures and shocks, forces them to deplete assets, and jeopardizes their basic economic and social security.

Lack of social protection is a critical problem for ultra poor women. To help to fill this gap, the social development programme will:

- facilitate ultra poor members' access to public social assistance (e.g., old age pensions, life insurance, health services, children's schooling, VGD cards, Khas land, public works employment)
- build mutual support networks among ultra poor women members through weekly meetings
- provide one-on-one back up support through regular home visits, personal advice and other support

Support will involve advice and assistance in helping ultra poor members develop capabilities and problem solving skills to manage emergencies, life cycle events, and other downward economic pressures that threaten their livelihoods. It also will involve support in helping members solve personal and social problems, manage their assets, and deal with other challenges that come up. For example, if anyone is ill or has a family member who is ill, SD staff can help arrange for different group members to provide (non-medical) care for the patient, or child-care for younger children within the family.

It also will help individual women gain access to available public social safety nets. For example Polli Shomaj groups have been fighting to get old age pensions for poor women within their community.

Social protection support from BRAC staff will be provided through both groups and one-on-one support. Group mutual support will be fostered through weekly meetings, and interaction with regular VOs and Polli Shomaj groups. One-on-one support will be provided through regular home visits by the PO, SD and the PO, TUP as well as visits by the health Shebika. In addition to providing support to women, the home visits will provide BRAC an opportunity to monitor the progress of individual women in building and managing their assets, in generating income, and in managing risks. This monitoring information will help programme managers decide who will graduate to existing BRAC VOs at the end of the programme cycle.

The POs responsible for providing one on one support will receive specialized training to prepare for this role. The monitoring system for tracking the progress of participants will be developed by the monitoring department as well as RED.

3.5.4 Research on livelihood strategies of the ultra poor

The Social Development programme will work with BRAC's Research and Evaluation Division (RED) to carry out research on the livelihood strategies of the ultra poor. The research is intended to improve understanding of the nature of risks facing ultra poor women, their existing livelihood strategies (household resources and activities), and the structures and processes that impede their rights and limit their opportunities. The research will feed into the development of indicators to identify ultra poor women, and to evaluate changes in their assets, activities and ability to manage risks. The research findings also will help in developing criteria for graduating ultra poor programme participants to VOs.

Baseline survey and case profiles of ultra poor women: The SD programme will assist BRAC's Research and Evaluation Division (RED) in collecting detailed information about the existing livelihood

strategies of the ultra poor. This will involve collecting information for an initial base-line survey and building case profiles of individual women.

Process documentation of livelihood strategies of the ultra poor: RED and SD POs will also carry out a process documentation by following the progress of a selected number of programme participants to understand the processes through which the ultra poor manage their households, earn an income, deal with unforeseen problems and risks. The purpose will be to gather more information about *how* people deal with poverty and the changes and downward pressures they constantly experience, rather than simply focusing on a static picture of their current situation.

Participatory poverty assessment: In addition to ongoing evaluation and monitoring of CFPR interventions by RED and the Monitoring Department, the SD unit will establish a participatory poverty assessment (PPA) tool for self-evaluation by the specially targeted ultra poor participants. This will involve maintaining pictorial diaries for self-evaluation.

Specially targeted ultra poor members will be asked to put together their *household profile*, with the help of SD staff. She will identify her existing resource/asset portfolio (social, financial, physical, natural, human assets) and possible risks and downward pressures that threaten her asset base. The sustainable livelihoods framework will be used as a conceptual starting point, but programme participants and BRAC staff will use a simplified version.

As part of the self-evaluation process, the specially targeted ultra poor members will set certain *goals* they want to achieve within the next five years, and in the long-term. Long-term goals could include changes they want to see in the lifestyles of their children. Goals may be very basic, such as managing to eat three meals a day on a regular basis, or being able to send at least one child to primary school. SD staff will use PRA methods to facilitate the process of identifying goals. This process should encourage programme participants to work towards their own priorities, rather than those imposed by BRAC.

SD staff will then help individual women plan a *strategy* for working towards their goals. The focus will be on making best use of the assets they possess and mechanisms to deal with or overcome risks, downward pressures and constraints they face. For example, BRAC staff could work with individual women to figure out how much they can afford to save every week (even one taka) to deal with small emergencies. The goals and strategies are likely to change and evolve over time.

Simplified charts will be provided to each member with symbols to show what resources she has and what goals she is moving towards. Women will evaluate their own progress on a regular basis by marking on the chart which assets are increasing or decreasing and progress towards the goals she set herself. At any point in time, the member should be able to look at her own chart and see where she stands.

There are several advantages to carrying out this exercise. It will help BRAC understand the livelihood strategies of participants, the dynamics of change in their lives, and the role of BRAC interventions in this process. It will give BRAC staff an idea of how the women feel they are doing and what impact BRAC interventions are having on their lives. Finally, it will encourage women to think about their strategic goals and regularly re-assess their situation. Assuming progress, they can feel a sense of achievement.

As this is a new activity, BRAC SD staff will start by carrying out a series of field tests to develop the methodology. Ultra poor women will help BRAC SD staff develop the categories of assets and problems to include within the diary, and help them figure out how to mark changes in the diary.

4. STAFFING REQUIREMENTS

4.1 Staffing Levels for Mainstream Social Development

It was pointed out by the Appraisal Mission reviewing the previous 'Targeting the Ultra Poor' proposal (June 2000) that SD capacity is somewhat limited relative to the many tasks it wishes to undertake. In the next five years, BRAC plans to address this issue by, first of all, increasing the number of POs from one to two POs for every Area Office. In addition, at the Area Office level, there will be new trainers who will assist the PO, SD in some of their tasks, particularly in carrying out the various training courses (HRLE, Ultra poor training, PS president's training). For the ultra poor programme, the SD staff to participant ration has been increased to 1:50. Finally, for its new federation activities, BRAC will recruit Sector Specialists who will give their full attention to supervising and helping BRAC members set up their own organisations. BRAC is also strongly committed to providing new and improved orientation and training programmes for all its SD staff so that there will not simply be more staff, but there will be better trained and equipped staff to carry out social mobilisation work.

There will be approximately 800 SD POs in BDP Area offices to implement CFPR. The POs are supervised by the Regional Sector Specialists, who is based at the Regional Office. At present, there are 50 RSS, SD, in other words, one RSS in each region where the social development programme is functional. The RSSs are in turn supervised by the Head Office staff.

4.2 Staffing for the Programme Designed for the Specially Targeted Ultra Poor.

Once the ultra poor are identified and selected within the commanding area of a BRAC branch, the PO for the ultra poor will be responsible only for them. In the first year of the pilot phase, the SD programme will designate 1 PO for 50 ultra poor women. The participant to staff ratio will increase gradually as staff become more skilled and capable of supervising more participants. It is also expected that older participants will require less intensive supervision and attention.

There will be a total of 229 POs for the Social Development activities designed for the specially targeted ultra poor, covering 15 regions. Not all of the POs will be recruited at once. In the pilot phase (2002-2003) 100 POs will be recruited and the rest will be taken in stages in the following two years.

The SD POs will be supervised by the Regional Sector Specialists (RSS), Social Development. The RSS will meet with the POs every month and discuss the progress of the programme and any difficulties they may be facing. The RSS will also make frequent field visits. At the Head Office level, the Programme Manager, Social Development, and three Senior Sector Specialists will supervise the field-based staff.

The main task of the PO, SD Ultra poor, will be to provide social support and advice to the women participants of the programme. Their specific job description is as follows:

1. To help the Ultra poor PO in the selection of the specially targeted ultra poor based on pre-determined criteria
2. Assisting RED staff in conducting a base-line survey
3. Organising informal weekly discussion groups for the specially targeted ultra poor women
4. Visiting ultra poor households twice a week
5. Helping participants to create a household profile and then helping her maintain a pictorial diary
6. Arranging legal aid if necessary
7. Spotting problems early on and responding quickly to any unforeseen problems or emergencies
8. Motivating and building the confidence of ultra poor women to ensure graduation to regular VOs.

9. Organising Confidence Building Courses for 'graduating' programme participants
10. Monitoring the progress of a few selected women participants in order to develop case profiles.
11. Assisting non-graduands of the programme find alternative means of support through BRAC or other public agencies, or through the local community.

5. TRAINING

As BRAC shifts its approach to social development – with more emphasis on building democratic people's organisations, internal and social accountability, social action, and working with the ultra poor – it will need to develop capacity in new areas. Towards this end, the Social Development department will undertake a number of capacity building activities. These will include 1) developing a mission statement and policy guidelines; 2) recruiting new staff for the implementation of CFPR, 3) training all new BRAC staff on the new mission and policy guidelines, and 4) training SD staff on appropriate tools, skills and methods for social mobilisation work.

These capacity building activities are intended to:

- position BRAC to expand the depth and breadth of its SD work, especially as it relates to the ultra poor;
- help intensify a focus on the ultra poor throughout BRAC's work;
- focus on specific strategies for building human and social assets
- facilitate participatory processes that empower decision making of members
- strengthen the linkages between the social development programme and BRAC's work in microfinance, microenterprise development, health, and education – as it relates to building assets and influencing (and changing) structures and processes to become more pro-poor and pro-women;
- support the process of building democratic people's organisations
- prepare BRAC staff to critically analyze social issues and identify new/relevant domains of social action that emerge over time as priorities for members.

5.1 Developing a mission statement and policy guidelines

Senior leadership within BRAC currently are in the process of formulating a mission statement and policy guidelines for BRAC's future social development work. The mission statement is intended to address explicitly what aspects of internal accountability, social accountability, and social transformation, and what types of people's organisations BRAC wishes to promote. The policy guidelines will also describe what types of organisational and management structures and what types of awareness building efforts will be required. Staff at all levels will be trained in BRAC's new mission and policy guidelines and in the critical analysis of social issues.

BRAC's headquarters social development staff are spearheading the development of the vision statement and policy guidelines. The process involves consultations with BRAC staff at headquarters and field levels (regional, area office staff) and BRAC members at the VO level. BRAC staff will also convene a workshop involving key NGOs involved in social mobilisation work in Bangladesh. The purpose of the workshop will be to exchange ideas on key issues of concern for the poor, social mobilisation strategies, tactics, and risks, how to develop organisational capacity at all levels to work in this area, and opportunities for NGO coordination at various levels.

5.2 Creating a new Social Development module in light of the new mission statement and policy guidelines to be incorporated in BRAC staff orientation and training.

BRAC's socio-political goals have been changing over the years to adjust with the changing realities of rural Bangladesh. It has been hard for BRAC staff at all levels to keep up with these changes and therefore the mission statement and policy guidelines are meant to clarify what exactly BRAC is trying to achieve, specially in terms of social change, through its various development interventions. A new module will therefore be incorporated in all BRAC staff training from 2002, based on the new mission and policy guidelines, in order to make clear to staff what the broader social issues in Bangladesh are and BRAC's stance with regards to these.

5.3 Upgrade skills of Social Development Programme Organisers and Regional Sector Specialists to carry out social mobilisation work

Social development staff at all levels will need new and somewhat different skills as BRAC intensifies its social mobilisation work. Building democratic people's organisations at the village, ward and union levels requires skills and practice in applying a range of community development/participatory methodologies to institution building. Pushing for social accountability requires skills to network with other NGOs, political parties and government officials, and to respond to new issues that arise.

BRAC recognises that the output demanded of SD staff requires a high level of skill, dedication and the ability to cope with many unforeseen problems and issues on the spot. It is also felt by the SD staff as well as by BRAC management that given more in-depth training and new skills, and in some cases specialised skills (in the case of legal aid clinics or the drama groups), the performance of the SD programme and its impact can be greatly improved. To this end, Head Office SD staff will plan and arrange several training workshops and programmes for SD staff to help them with their social mobilisation activities, institution building and social awareness raising.

The main objective of these training modules will be to ensure that SD staff are aware of and capable of critically analysing socio-economic and political issues, including issues of gender, and can use participatory methodologies to help BRAC members deal with these issues and help them take action when necessary. SD staff will also be taught about existing community development/ grass-root organisational development practices and methodologies within Bangladesh and in other developing countries so that they can assist VO members in strengthening Gram Shomaj, Polli Shomaj and the Union Shomaj.

Staff skills will be developed in the following areas

- Social and Poverty Analysis
- Gender Analysis Frameworks
- Participatory Rural Appraisal (PRA) and training in other participatory methodologies for planning as well as evaluation
- Communication and facilitation skills: how to run meetings, how to discuss various sensitive issues, how to ensure that people participate actively in meetings.
- Approaches to social mobilisation and the formation of community organisations

5.4 Training of Social Development staff working with the specially targeted ultra poor

The Social Development staff recruited to work intensively with the ultra poor will need to have strong communication and one-on-one counseling skills. As they work to empower members to take control of decisions that affect their lives, they will need skills to facilitate participatory and group processes. They will also need specific skills to facilitate the participatory poverty assessment methods (detailed above).

6. MONITORING

BRAC's current monitoring system for the social development focuses largely on performance at the 'activity' level. For each activity, targets are set and progress is monitored against these targets. For example, indicators such as the number of HRLE courses completed are used to track the level of rights and legal awareness of poor women.

During 2002-2006, the monitoring system will broaden its focus to include two levels: performance (at the activity level) and outcomes (at the output level). In addition, the *impact* of the social development programme (at the purpose level) will be studied through systematic impact research conducted by RED.

This three tier system will help BRAC keep track of not only what the social development programme does, but the outcomes and impacts of its work in relation to the short and medium term objectives of the program. A key objective of the monitoring system is to generate information that is useful for improving the design and implementation of the social development program.

Both performance data and outcome data will be collected by SD field staff and BRAC's monitoring department. *Performance* monitoring data will focus on progress of BRAC in carrying out activities in relation to targets. Targets will be established at the beginning of each year by Head Office Social Development staff for performance indicators. *Outcome* monitoring data will monitor progress in relation to output objectives. Progress reports will be written every six months by the monitoring department and every month by SD staff. These will be distributed internally within BRAC for review and follow up.

Impact research will complement (and draw from) the monitoring information. Key areas or domains for impact research related to the objectives of the social development programme include: 1) building human and socio-political assets, 2) influencing structures and processes to ensure rights, reduce vulnerability, and expand opportunities for the poor and women, and 3) building "social safety nets" for the ultra poor in the context of the special investment programme.

The monitoring system builds on the current system used by the social development department at the area office, regional office and head office levels. The current system will be further developed to include both performance and output indicators related to the four domains of social development work: institution building; social awareness raising; social action; and social protection for the ultra poor.

In addition, BRAC's SD department will work with RED to develop appropriate qualitative indicators to complement the quantitative monitoring information. Qualitative indicators lend themselves to monitoring progress in some areas of institution building, social awareness raising and social action. For example, they could be useful in studying leadership development, participation in meetings, and gender dynamics. Qualitative indicators could also be useful in studying changes in attitudes, perceptions, self-esteem and self-confidence and relationships of power. They can illuminate 'impact paths' or the processes through which observed changes occurs. They also are useful in getting the perspective of members on BRAC activities (what they do and do not like) and enable members to be part of a learning process. The Participatory Poverty Assessment component for the specially targeted ultra poor will use pictorial diaries and other participatory tools to generate qualitative self-assessment data.

A preliminary set of quantitative indicators for monitoring progress at the activity and output levels are presented in Table 2 and Table 3. Since many of these indicators are new, especially at the output level, they will be tested out and refined by SD head office staff before they introduce them on a wider scale.

Table-2
Monitoring indicators for BRAC's Social Development Programme

Activities	Performance Indicators (assess in relation to targets)	Outputs	Outcome indicators
Institution Building			
Gram Shobha	# Gram Shobha (GS) held % Attendance in GS # women attending GS # men attending GS	- Development of democratic people's organisations	# of strong or mature VO's ⁴ # of strong or mature PSs # of strong or mature UAs # of strong or mature VO leaders # of strong or mature PS leaders # of strong or mature UA leaders Member satisfaction: views on what they like and what they don't like
Polli Shomaj	# Polli Shomaj (PS) formed # PS members # VOs covered by PS # bi-monthly PS meetings held # men attending # women attending		
PS president's training	# training courses completed # participants in PS presidents' training # PS groups covered by training		
Union Association	# Union Associations (UA) formed # UA members # UA meetings held # men attending # women attending		
Social Awareness Raising			
HRLE training	# HRLE courses completed # HRLE graduates	- Greater awareness of rights among BRAC members and leaders and ability to protect these using existing laws	# of registered marriages # of divorced women who receive maintenance # of widowed women (whose husband owned land) who receive inheritance share # of cases of false charges taken to court by BRAC-identified lawyers # of cases of false charges taken to police, local magistrate, or District Commissioner by VOs, PSs, or USs
Popular theatre	# theatre groups formed # popular theatre performances # of new dramas (story-line) created		
Local community leaders workshop	# LCL workshops held # participants at workshops		
Social Action⁵			
Legal aid	# legal clinics held at the Area Office # of coordination meetings held with BRAC staff and ASK staff lawyers # of complaints taken by BRAC legal clinic # of cases taken to court % of cases won by BRAC members # of cases dealt with through local shalish % of cases taken to shalish that were resolved in favour of BRAC members	- Ensuring VO members' rights under the law by seeking justice through local arbitration or taking cases to court with BRAC help.	- Amount of money or asset collected as compensation or maintenance through the courts or through local shalish - # of cases lodged against perpetrators of acid throwing crimes, or rape.
Group members taking action to resolve conflicts and uphold their rights under the law		- Social action by BRAC members to exercise their rights under the law, to demand public sector accountability, and to push for pro-poor and pro-women change in laws, policies, social norms and market relations	<i>To Resolve Conflicts:</i> # of conflicts (by type) resolved by groups or through group-organized shalish # of conflicts (by type) taken to and successfully resolved by shalish
Collective action against childhood marriage, illegal divorce, corruption, etc.	# of attempts to stop cases of child marriage, dowry marriages, polygamy, illegal divorce # of domestic violence, rape, or acid throwing cases taken up by VOs, PSs, or USs		<i>Collective Social Action Against Local Social Practices:</i> # of prevented cases of child marriage, dowry marriages, polygamy, illegal divorce # of domestic violence, rape, or acid throwing cases taken up by BRAC-identified lawyers # of domestic violence, rape, or acid throwing cases taken up by VOs, PSs, or USs

⁴ All of these institution building outcome indicators will use BRAC criteria for ranking VOs, PSs, USs, and local leaders

⁵ In the case of social action, it is not always possible to measure performance in terms of ability to meet targets

Activities	Performance Indicators (assess in relation to targets)	Outputs	Outcome indicators
Mobilizing and gaining access to government resources ...	<i>To Secure Public Goods and Services:</i> # of attempts and petitions to get VGD cards, old age pensions, relief goods secured for eligible poor # of attempts to secure local road maintenance/public work schemes for eligible poor # of cases where attempt made to raise funds or relief goods for poor households # of cases where local government lobbied for khas land # of cases where UP lobbied for distribution of fish ponds to poor households # of cases where members of poor households taken to hospital by group members # of tube wells or latrines lobbied for by BRAC members as a group		<i>To Secure Public Goods and Services:</i> # of VGD cards, old age pensions, relief goods secured for eligible poor # of local road maintenance/public work schemes secured for eligible poor # of cases where funds raised or relief goods obtained for poor households # of cases where khas land distributed to poor households # of cases where fish ponds distributed to poor households # of cases where members of poor households taken to hospital by group members # of tube wells or latrines allocated to BRAC members due to group pressure
Pro poor advocacy	# of LCL workshops held # of workshops or seminars held for information dissemination # of issues taken up by PS and UA groups # of PS and UA leaders involved in local decision-making bodies	New information is provided about the rights of the poor and in particular women and this leads to discussion, changes in attitude and behaviour and ultimately to changes in policy and resource distribution	<i>To Influence Local Government:</i> # of VO, PS, or US members who run for local elections and who successfully competed in local elections <i>To Gain Representation in Local Decision-Making Bodies:</i> # of BRAC members, women and men, represented on mosque committee # of BRAC members, women and men, represented on school committee # of BRAC members, women and men, represented on bazaar committee # of BRAC members, women and men, represented on project implementation committee (food-for-work) # of BRAC members, women and men, represented on Union Parishad

Table-3
Social development monitoring indicators for Ultra Poor Programme

Activities	Performance Indicators (assess in relation to targets)	Outputs	Outcome Indicators
Building social safety nets for the ultra poor			
Weekly group discussions	# of informal meetings held	- Development of human assets among participants	- participants can sign their own names
Awareness raising training	# of awareness training courses completed	- Development of social assets among participants	- graduation into regular VOs on completion of the 18 month cycle
Confidence building training	# of confidence building training courses completed # of women who have completed confidence building course	- Same as above	- active participation in regular VO meetings, and PS meetings
Social protection/ One on one back up	# of home visits made	- Improved access of ultra poor women to government public social safety nets/social protection	# of VGD cards obtained # of old age pensions secured - amount of relief obtained in case of natural disaster
Research on ultra poor LH strategies - Baseline survey - Case profiles - Monitoring data - Pictorial diaries - Endline survey	# of case profiles collected # of entries made in the pictorial dairies	- Improved understanding of existing livelihood strategies, specifically, reciprocal social networks and social safety nets of the ultra poor	- Report with data from baseline survey - Case profiles completed - Workshop to present findings of research on the ultra poor in Year 2 and in Year 4.s

7. Summary Budget

The summary budget for both the regular and ultra poor components of the Social Development Programme are shown below.

Social Development Programme	2002	2003	2004	2005	2006	Total
A. Targeting the ultra poor	8,257,725	13,979,149	13,986,935	24,651,415	30,882,159	91,757,383
B. Targeting social constraints	94,500,956	103,514,712	106,893,773	115,047,739	121,045,938	541,003,118
Total budget for the Social Development Programme	102,758,681	117,493,861	120,880,708	139,699,154	151,928,097	632,760,501

8. Technical Assistance

Developing Advocacy Skills and Strategy

Consultant from a reputed advocacy training institute will be requested to work in BRAC for about 14 weeks to review and develop an advocacy programme /strategy and advocacy cell within BRAC.

Year 1 – s/he will work for 8 weeks to do a needs assessment exercise and develop an advocacy programme/ strategy.

Year 2 – s/he will be working with BRAC for 4 weeks to organize a course dealing with basic issues in policy advocacy for a core team from BRAC who will subsequently be involved with the work of the Advocacy Cell. This course will be roughly for 20-25 people and will take place over 2 weeks.

Year 3 – s/he will be working for 2 weeks for follow-up ,or refresher training course with the core team.

Developing a programme strategy for gender and social mobilisation

A consultant will be needed for 22 weeks to review and develop the strategy for gender and social development programme.

Year – 1 S/he will work for 16 weeks to get familiarized with BRAC's existing programme strategy, review the same and develop new suitable strategies.

Year – 2 S/he will work for 4 weeks for intensive follow-up of the implementation of the strategies and to bring any readjustment within the strategies if needed.

Year - 3 S/he will work with BRAC for 2 weeks to further follow-up on programme activities.

Action Research Programme Design

Consultant required for 8 weeks to design Action Research on Social Development using group approach.

Year 1 - 3 weeks

Year 2 - 3 weeks

Year 3 - 2 weeks

ESSENTIAL HEALTH CARE PROGRAMME

E. THE ESSENTIAL HEALTH CARE (EHC) PROGRAMME FOR THE COMMUNITY AND THE SPECIALLY TARGETED ULTRA POOR

1. Introduction

There is a well-established, direct relationship between health and poverty. The poorest households are the most vulnerable to a reversal in their fortune due to illness – what is commonly described as income erosion – as they are likely to have the fewest number of income earners in the family. A recent study carried out by BRAC's Research and Evaluation Division found income erosion due to illness of family members to be a major reason for defaulting on loan repayment and subsequent dropout from VO membership¹.

Despite all their monetary constraints, the poor spend a substantial part of their meagre income on health care. Current government health expenditure is estimated to be US\$ 2.70 per capita per year while the cost of an essential package of services is estimated at US\$ 4.10 per capita per year. BRAC can therefore play an important role in redressing the gap that currently exists in public and private provision of preventive and curative health care, since only 10% of the population seek health care in government facilities². The new Health and Population Sector Programme (HPSP, 1998 - 2003) envisions a bigger role for NGOs in this sector.

BOX 1.

Basic Health Statistics for Bangladesh

In rural Bangladesh, high maternal and infant mortality rates, diarrhoea, malnutrition, poor sanitation, contaminated drinking water, night blindness, anaemia and communicable diseases are very prevalent. According to the Government, about 50% of the rural population lives below the poverty line, 95% of children suffer from malnutrition and 30,000 children fall prey to night blindness annually because of lack of Vitamin A. There is also a very rapid rate of population increase (2% per annum). The total fertility rate is 3.2%, while the contraceptive prevalence rate is only 49%. To improve the basic health status of the population, particularly the poor, both the government and non-governmental organisations have been providing a range of health services

BRAC's long-term vision for the health sector is to ensure the poor's access to health care services by strengthening government health care services and by providing complementary health care. Efforts are also being made to develop pro-poor and pro-women health policies and to sensitise the providers to ensure quality service provision that reaches the target population. The health issues that BRAC gives priority to are: women's and children's health, communicable and infectious diseases, illness due to environmental hazard, and emerging issues such as HIV/AIDS, TB, Malaria and Arsenic.

1.2 Evolutions of BRAC's Essential Health Care Programme

BRAC has been involved in the health sector since it started working 1972 and has gradually expanded the programme. BRAC's health programme aims to achieve a sustained health impact by reducing maternal, infant and child mortality and fertility and by improving the nutritional status of children,

¹ Sattar et al, 1999

² Haider et al, 1999