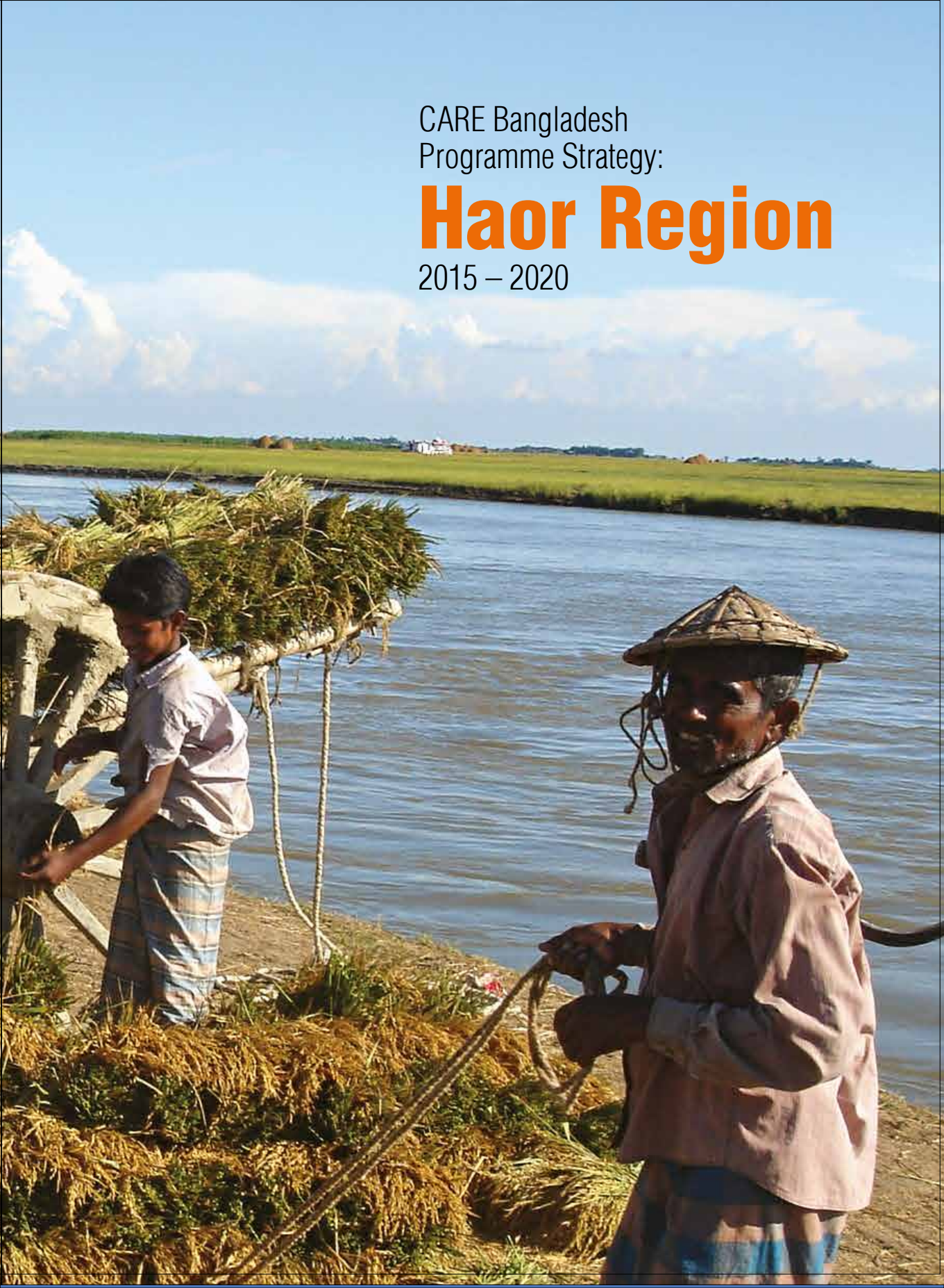


CARE Bangladesh  
Programme Strategy:

# Haor Region

2015 – 2020



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# Haor Region Programming Priorities: 5 years Summary

Impact Groups/ Sub-groups	<p><b>Rural Extreme Poor:</b> Extremely poor people in rural areas whose well-being in political, social and economic realms as assessed by poor rural communities, obtains the lowest ranking.</p> <p><b>Socially, economically and politically marginalized women:</b> Women, whose rights and entitlements are denied throughout their life cycle by institutionalization of inequity between men and women. Impact sub-groups: Adolescent girls &amp; younger women, female heads of household (women abandoned by their husbands &amp; widows)</p>		
Impact Vision for the Region	<ul style="list-style-type: none"> <li>* <b>PEP households and communities</b> in the <i>haors</i> will have developed <b>increased resilience to climate change</b> impacts of <b>increased flooding, flash-flooding</b> and difficulties of <b>access to fresh water for irrigation</b>.</li> <li>* <b>PEP women and men</b> will be engaged in <b>diversified and improved livelihood strategies</b>, involving <b>on- and off-farm activities</b>, which provide them with sufficient income to meet their basic needs year-round, without having to engage in exploitative practices.</li> <li>* <b>Local government institutions</b> will be increasingly <b>committed to, effective in, and accountable</b> for the delivery of <b>pro-poor development outcomes with enhanced levels of service delivery</b>.</li> <li>* <b>Women and girls</b> will be empowered to achieve <b>improved economic, social and political status</b> within and beyond their communities through a <b>social change process</b> that will involve women and men <b>challenging gender-discriminatory social norms and practices</b>.</li> </ul>		
Thematic Programme Niche Areas	Livelihoods Strengthening	Maternal and Child Nutrition & Health	Water and Sanitation
CARE Bangladesh contribution to thematic PNAs	<ul style="list-style-type: none"> <li>- Facilitating pro-poor development of agriculture and fisheries sub-sectors</li> <li>- Promoting women's economic empowerment</li> <li>- Breaking the debt cycle</li> </ul>	<ul style="list-style-type: none"> <li>- Strengthening women's access to healthcare</li> <li>- Promoting improved nutrition and hygiene behaviours</li> <li>- Supporting development of SRMH services for adolescent girls</li> </ul>	<ul style="list-style-type: none"> <li>- Promoting access to safe water &amp; improve sanitation facilities</li> </ul>
Enabling Programme Niche Areas CARE Bangladesh contribution to enabling PNAs	<p><b>Inclusive Governance</b></p> <ul style="list-style-type: none"> <li>- Strengthening PEP citizen participation in local governance processes</li> <li>- Building effective three way partnerships for service delivery</li> </ul>	<p><b>Gender Equality</b></p> <ul style="list-style-type: none"> <li>- Facilitating women's economic empowerment</li> <li>- Challenging social norms defining gender roles</li> <li>- Promoting adolescent girls' leadership &amp; life skills</li> </ul>	<p><b>Building Resilience</b></p> <ul style="list-style-type: none"> <li>- Promoting community-based Disaster Risk Reduction</li> <li>- Strengthening community adaptive capacity in the longer term</li> </ul>
Key Approaches for Program Delivery	Community Led Total Development	Building Solidarity Groups (EKATA etc.)	Promoting Private Sector Engagement
Working in Partnership	Advocacy and Policy influencing	Engaging with Men and Boys	Ensuring sustainability
		Promoting programming innovations, scale-up & coordination	Generating Evidence and Learning
			Using Social Accountability tools

# 1. Introduction

CARE Bangladesh has implemented several large-scale programming initiatives in the *Haor* region over the past 10 years. These initiatives have included the Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO) II programme and the Food Security for the Ultra-Poor project which focussed primarily on improving food security. Several initiatives designed to promote improved maternal and child nutrition and health have also been implemented by CARE Bangladesh in the *Haor* region, some such as the Adolescent and Reproductive Sexual Health Initiative (ARSHI) with a particular focus on women's empowerment. CARE Bangladesh currently has several ongoing projects in the region, including the CARE-Glaxo Smith Kline Community Healthworker Initiative, which is a public private partnership designed to improve the health outcomes of women and children in underserved, remote and poor communities of Sunamganj *upazila* in the *Haor* region, and the Tipping Point intervention, which aims to promote changes in social norms and behaviours relating to early marriage through a process of participatory community analyses with a particular focus on adolescent peer groups.

Despite this concentration of programming in the *Haor* region, to date there has been no organisational strategy to support programme development in the region. In recent years a shift in donor priorities and funding has resulted in an overall decrease in focus on the development of the region. CARE Bangladesh's experience however indicates that, given the unique environmental vulnerabilities and poverty profile of the *Haor* region, there is a need for ongoing programming and a strengthening of the organisation's portfolio in the region.

In November 2014 a situational analysis was conducted based on a process of literature review and a two-day workshop with programme staff to review CARE's experiences of programming in the *Haor* region. The aim of the situational analysis was to provide an updated overview of the regional context with a view to informing the development of the organisation's future programming in the *Haor* region. Building on the outputs of that process of dialogue and reflection, this programme strategy identifies a series of programming niche areas which CARE Bangladesh considers to be potential priorities for programming engagement in the *Haor* region over the next 5 years. It also outlines key approaches for the delivery of impact in relation to those programming niche areas, including approaches relating to private sector engagement, generating evidence and learning, working in partnership, and advocacy and policy-influencing – all of which represent critically important pathways of achieving impact at scale.

As such the programme strategy is intended to provide a framework for guiding programming decision-making by clarifying how and where CARE BD can make a contribution to delivering changes in the lives of poor and marginalised that are relevant to the context of the *Haor* region. The strategy has been developed to build on the findings of the *Haor* region situational analysis<sup>1</sup> and the existing programming experience of the organisation in the region and beyond, and to align with the long term programming framework of CARE Bangladesh for the impact groups of the Extreme Rural Poor (ERP) and most marginalised women.

<sup>1</sup> Gillingham, S., Islam, M. and Seema, F. (2015) *A Situational Analysis of Poverty and Poverty Trends in the Haor region, Northeast Bangladesh*. CARE Bangladesh, Dhaka.

## 2. CARE programming context

Since 2007, CARE Bangladesh has developed a long-term programming framework which focuses on ensuring equitable development outcomes for impact groups of the extreme poor in rural areas, most marginalised women, and urban poor and marginalised groups by addressing the underlying causes of poverty. The development of this programming framework has been informed by CARE's understanding that poverty is caused by unequal power relations that result in the inequitable distribution of resources and opportunities between women and men, between power-holders and marginalized communities, and between countries. Table 1 presents a summary of the Theories of Change developed for each of the three CARE Bangladesh long term programmes (LTPs), which can be seen as the overarching framework and starting point for development of this regionally-focussed programme strategy for the *Haor* region of Northeast Bangladesh.

There are clear commonalities across the three LTPs in terms of the theories of change that CARE Bangladesh aims to deliver for the different impact groups. The commonly occurring domains of change include: increased access to and use of resources and services; strengthened participation in local governance and/or social movements; and reduced exploitation and dependence on others, which for the WE programme is expressed as greater choice in decision-making. The WE programme also includes a domain of change referring specifically to reduced violence against women (VAW). Each LTP articulates between five and 12 pathways for delivering progress towards the domains of change. Overall therefore, it is clear that promoting women's empowerment, facilitating inclusive governance and building resilience are cross-cutting areas of strategic focus for all three LTPs – in line with the key approaches for addressing the underlying



causes of poverty that are set out in CARE's global programme strategy<sup>2</sup>.

This programme strategy document aims to articulate what CARE BD will do to promote the lasting impacts envisaged in the overall long term programming framework in response to the specificities of the *Haor* regional context. In recognition of the particular environmental vulnerabilities of the *Haor* region – namely the risk of flash flooding and *afal* – which are associated with the annual flooding cycle, the programme strategy for the region has been developed to include a focus on building resilience through humanitarian action, with a view to promoting disaster risk reduction and climate change adaptation for CARE Bangladesh impact groups in the region.

<sup>2</sup> CARE (chk date) *Working for poverty reduction and social justice: the CARE 2020 Program Strategy*.

### 3. Regional context: Underlying Causes of Poverty in *Haor* Region

The *Haor* region in north-eastern Bangladesh forms part of the Meghna basin. It is a wetland ecosystem characterised by the presence of large bowl-shaped floodplain depressions (the *haors*), which are seasonally inundated, interspersed with upland areas of 1-10 hectares known as *haatis*. It is a region which is generally considered to have lagged behind the overall progress of national development in Bangladesh in terms of various key indicators of social and economic development.

So, for example, although the overall poverty head count rates (HCR) for the division of Sylhet which range from 0.319–0.337 (REF) are only slightly higher than the HCR of 0.319 for Dhaka division, and are markedly lower than the rates reported for the western divisions of Khulna, Rajshahi and Barisal, there are pronounced variations in the prevalence of poverty and extreme poverty within the *Haor* region. Poverty maps data at the *upazila*<sup>3</sup> level based on the 2005 data show that most of the *upazilas* in the districts of Sunamganj and Habiganj tended to report markedly higher HCRs of 0.45–0.55 than *upazilas* in other districts of the *Haor* region. The region also experiences widespread problems of food insecurity due to a combination of factors which includes: crop losses due to early or flash floods and erosion; poor access to markets, especially during the flood season; and isolation from traders and services<sup>4</sup>. In terms of social indicators the *Haor* region is characterised by overall notably low rates of literacy (51% of total population as compared

with the national rate of 57.9%<sup>5</sup>), a high incidence of water borne disease, and very poor indicators of maternal and child nutrition and health.

Overall, the *Haor* region remains a part of Bangladesh where natural shocks, seasonal food insecurity and patterns of socio-economic and political exploitation create conditions of extreme and widespread vulnerability for a significant proportion of the population for long periods of the year. The region is also considered to be highly vulnerable to climate change impacts due to its unique physical setting and hydrology. Changing weather patterns in the region, including a rise in temperatures, reduction in rainfall and occurrence of untimely rainfall, are recognised as having caused negative impacts on agricultural production in terms of both the annual rice harvest and winter vegetable crops, and fisheries, although there is as yet little empirical evidence of a consistent trend for increased flash flooding. Women and girls in the *Haor* region are particularly vulnerable to context-specific negative impacts due to the implications of flooding and *afal* for their access to healthcare and education, with early marriage being seen as a way of protecting girls from risks of sexual harassment during the flood season. PEP households are also disproportionately vulnerable to negative climate change impacts, because they tend to live at margins of *haati* which are most likely to be affected by erosion due to *afal*; have limited assets or food stocks to fall back on in the event of harvest losses due to flash floods; and have few alternative livelihood opportunities to engage in during the flood season.

<sup>3</sup> An *upazila* in Bangladesh is an administrative sub-unit of a district.

<sup>4</sup> Caldwell, R., and Ravesloot, B. (2011) *SHOUHARDO Baseline survey report*. Dhaka, CARE Bangladesh: 203 pp.

<sup>5</sup> BBS (2010) *Household Income and Economy Survey 2010 – Summary findings*.



## Key underlying, structural causes of poverty and exclusion in the Haor region are:

<p><b>Environmental vulnerabilities</b></p>	<p>The <b>annual flooding</b> that occurs in the <i>Haor</i> region, whereby most agricultural land and roads are submerged from May to October with only the <i>haatis</i> (i.e. elevated mounds where people live) being located above the flood water level, is a key constraint on the livelihoods and well-being of its population, although it also means that the region is one of fertile agricultural soils and productive fisheries. The region is highly vulnerable to <b>flash floods</b> caused by the combination of local convection-driven rainfall and run-off from the Shillong and Meghalaya Hills to the north and the Tripura Hills to the east across the border in India during the pre-monsoon season, the timing of which can have severely negative impacts on the <i>boro</i> rice harvest, which forms the basis of most people's livelihoods in the region. During the annual flood season the phenomenon of <b>afal</b> – the <b>high waves produced by gusty winds</b> across the <i>Haor</i> water bodies - also has a pronounced influence on livelihoods in the region, both directly by causing erosion and damage to <i>haatis</i> and infrastructure, and indirectly by restricting access to basic services of health and education.</p> <p>Possible <b>effects of climate change</b> for the <i>Haor</i> region include both the risk of increased flooding (i.e. flooding across wider areas) during the monsoon period due to changes in rainfall, and the possibility of increased flash flooding as a result of shifts in rainfall patterns.</p>
<p><b>Economic marginalisation</b></p>	<p><b>Livelihood opportunities</b> for PEP households in the <i>Haor</i> region are limited and highly seasonal, as they are focussed predominantly on agricultural labour associated with the <b>single annual rice cropping cycle</b>. Fishing, which was traditionally an important occupation for PEP households in the <i>Haor</i> region, has declined in recent years due to leasing arrangements which are often controlled by local elites resulting in highly <b>restricted access to open water fisheries</b> by the poor. The incidence of <b>livestock husbandry</b> as a livelihood activity in the <i>Haor</i> region has also declined, due to a combination of factors including the conversion of grazing land to paddy cultivation, increased population density on the <i>haatis</i>, and increased disease burden on animals due to increased temperatures associated with climate change. The <b>extended lean season</b> associated with the annual cycle of flooding, results in widespread and severe <b>food insecurity</b> and striking levels of <b>indebtedness</b>.</p>
<p><b>Social exclusion &amp; Gender inequality</b></p>	<p><b>Local elites</b> in the <i>Haor</i> region control the <b>key formal and informal institutions</b> that determine poor people's access to resources and services, including local forums for dispute arbitration (<i>salish</i>), employment opportunities, water bodies and agricultural land, and moneylender loans. They tend to exercise their control of these resources to ensure their political advantage, sometimes by the <b>use of violence</b>. The <b>inequitable management of the valuable <i>Haor</i> fisheries</b> is a key constraint on the livelihoods of PEP households in the region.</p> <p>Women and girls in <i>Haor</i> communities experience multiple forms of gender inequity and discrimination, which are reinforced by the prevailing <b>religious conservatism</b> of the region. In particular, they face higher rates of <b>malnutrition</b> and <b>maternal mortality</b> than in other parts of Bangladesh, but have more <b>limited mobility, engagement in economic activities</b> and <b>participation in groups</b> and networks. Women and girls also have limited access to basic services of healthcare and education due to the difficulties of transport during the flood season.</p>
<p><b>Political culture</b></p>	<p>Despite improvements in communications and access to basic services of healthcare and education in recent years, <b>local government institutions</b> in the <i>Haor</i> region are still considered as being very weak in terms of their effectiveness and accountability, and <b>levels of citizen participation</b> in local development processes are very low. The <b>local level political culture</b> in the region is accordingly characterised as one in which public office is viewed as a means of accumulating wealth, sometimes based on the use of violence to control valuable resources. These <b>undemocratic ways of working</b> are widely accepted by PEP women and men who have no access to community platforms through which they can raise their collective voice to claim their rights. <b>High transaction costs</b> resulting from the remoteness of many <i>Haor</i> communities, especially during the flood season, are a significant constraint on the effectiveness of both supply- and demand-side governance processes. Women, including Union Parishad women members, are particularly marginalised from decision-making processes at the community level and beyond. The weakness of citizen participation in local decision-making processes and the limited transparency and accountability of local governance processes undermines the effective and equitable delivery of services, including social safety nets, to assist poor and marginalised groups.</p>

## 4. CARE's Impact Vision for the *Haor* region

In response to these findings of the situational analysis CARE Bangladesh will work towards the following long-term impact vision for the *Haor* region:

- **PEP households and communities in Northeast Bangladesh will have developed increased resilience to the context-specific impacts of climate change** that the region is facing, namely risks of **increased flooding, flash-flooding** and difficulties of **access to fresh water for irrigation** as a result of higher temperatures during the dry season. The improved maintenance and increased coverage of flood protection infrastructure (the system of submergible embankments and protection walls for *haatis*), and the development of irrigated agriculture in the region will form important mechanisms for promoting increased resilience. Households, communities and local government authorities will also have increased knowledge of and capacity for responding to and mitigating climate change impacts. CARE Bangladesh will contribute to these change processes through advocacy for the more effective implementation of the *Haor* Region Development Plan and the promotion of inclusive governance rather than by the direct delivery of infrastructural projects.
- **PEP women and men in the *Haor* region will be engaged in diversified and improved livelihood strategies** which provide them with sufficient income to meet their basic needs year-round. These diversified and improved livelihood strategies will involve a range **on- and off-farm activities**, which will mitigate the effects of the extended lean season

experienced in the region. As part of the process of livelihood strengthening PEP householders will become increasingly engaged in diversified cropping and sharecrop agriculture and will have more equitable access to fisheries resources. Opportunities for off-farm IGAs will have increased. PEP households will also have **increased access to savings** – either as a result of their participation in informal community-based savings groups or as a result of improved access to financial services, and so will be **less likely to engage in exploitative practices** such as the taking on of high interest loans or the advance sale of labour and produce. The incidence of unsustainable levels of household debt will as a result be significantly reduced.

- **Local government institutions at union and upazila levels will be increasingly committed to, effective in, and accountable for the delivery of pro-poor development outcomes with enhanced levels of service delivery.** PEP women and men will have become active and influential participants in local government decision-making processes as a result of awareness-raising and capacity-building (including the development of PEP leadership capability), the establishment of community-based platforms as mechanisms for PEP women and men to raise their collective voice, and the development of innovative solutions (e.g. Community Health Volunteers equipped with tablet-based diagnostic tools, mobile, boat-based information centres) to address the high transaction costs which constrain PEP access to resources and services and political

participation. The prevailing political culture of the region will have shifted away from one in which PEP women and men accept their status as passive victims or recipients of political patronage towards one of more democratic citizen-state relationships.

- **Women and girls in the Haor region will be empowered to achieve improved economic, social and political status** within and beyond their communities through **a social change process** that will involve women and men **challenging and changing gender-discriminatory social norms** and practices mandated by religious conservatism.

Women and girls will have become increasingly involved in **economic activities** and will also have increased their **participation in solidarity groups and social networks**, as a result of which they will have achieved increased decision-making authority within their households and communities and greater visibility in society. They will also have **access to the basic services** they need to achieve improved levels of education, nutrition, health and security. They will no longer be at risk of higher rates of malnutrition and maternal mortality than women and girls in other parts of Bangladesh.



**Table 1: Overview of CARE Bangladesh Long Term Programmes**

	Extreme Rural Poor (ERP)	Women's Empowerment (WE)	Urban
<i>Impact Group</i>	People in the "lowest" category of the well-being ranking (as assessed by poor rural communities)	Women, whose rights and entitlements are denied throughout their life cycle by institutionalization of inequity between men and women.	Three sub impact groups: 1. Static urban poor; 2. Seasonal migrants and recent arrivals; 3. The most marginalized.
<i>Impact Vision</i>	People in the "lowest" category of the well-being ranking (as assessed by poor rural communities), especially those people trapped in a set of unequal power relations, sustainably overcome the barriers that prevent the fulfillment of their rights.	The "most" socially, economically and politically marginalized women are empowered. ("most" is defined by multiple denial of rights)	In emerging, regional and district urban centres, the marginalized and poor will have access to secured life and well-being with equitable social, economic and environmental outcomes.
<i>TOC</i>	DOC 1: Better access to and use of resources & services + DOC 2: Spaces for poorest to participate in local gov. and deopt processes x DOC 3: Reduced exploitation and dependence on others	DOC 1: Exercise of greater choice in decisions affecting their lives DOC 2: Reduced violence against women DOC 3: Strong social movements built on women's solidarity and participation of men	DOC 1: Increased social acceptance and reduced exploitation and discrimination. DOC 2: Equitable and distributed access and entitlements to services, resources and livelihoods. DOC3: Enhanced quality and resilience of living conditions. DOC 4: Active engagement in urban governance processes backed by pro-poor urban policy.
<i>Pathways</i>	<ol style="list-style-type: none"> <li>1. Develop in the EP a sense of self-belief that raises their confidence to speak and act in their defense;</li> <li>2. Create off-farm/value-enhancing economic activities for the EP;</li> <li>3. Develop alternative leadership of the EP;</li> <li>4. Promote pro-poor inclusive governance at local level;</li> <li>5. Enable the EP to absorb shocks.</li> </ol>	<ol style="list-style-type: none"> <li>1. Girls show greater confidence, competence and leadership</li> <li>2. More Equitable gender relations in the household</li> <li>3. Women benefit equitably from market and labour, wage employment, education opportunities</li> <li>4. Enable women to act on and realize their inheritance rights specially to poverty and land</li> <li>5. Women and girls have greater control over their own bodies and realize M&amp;SRH rights</li> <li>6. Gender sensitive local governance</li> <li>7. Increased Representation of women and girls in politics and the public sphere</li> <li>8. The justice system is responsive to women and survivors of violence</li> <li>9. Domestic Violence and other VAW related Act is enacted</li> <li>10. Transformed understanding and practices of masculinity</li> <li>11. Grass root organizations engage in social change transformation process and action</li> <li>12. Networks drawn together solidarity groups and organizations for common action for WE</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop citizen solidarity groups, networks and alliances (moderate).</li> <li>2. Viable and appropriate provision of urban safety net program (least/none)</li> <li>3. Ensure fair wages and employment conditions (significant)</li> <li>4. Build demand driven vocational and soft skills and capacities (moderate)</li> <li>5. Inclusive small scale business development (moderate)</li> <li>6. Self aware and capacitated community structures to lead self-directed processes (moderate)</li> <li>7. Responsive local government and service providers co-produce services with communities (moderate)</li> <li>8. Operationalising existing pro-poor urban policy (decentralization and investments (least)</li> <li>9. Engage government and private sector and influence new policy (least/none)</li> </ol>

# 5. Programming Niche Areas for CARE Bangladesh in the *Haor* Region

**B**ased on the findings of the *Haor* region situational analysis, CARE Bangladesh has identified a series of **programme niche areas** as priorities for advancing the REP and WE Programs in Northeast Bangladesh over the next five years. These programme niche areas are: **Women's Empowerment; Inclusive Governance; Building Resilience and promoting Climate Change Adaptation; Livelihoods strengthening; Water, Sanitation and Hygiene (WASH) and Maternal and Child Nutrition and Health (MCNH).**

The programme niche areas referring to Women's Empowerment, Inclusive Governance and Building Resilience are of **cross-cutting relevance**. They will support progress towards all the domains of the programme Theories of Change for interventions designed to address specific aspects of the structural causes of poverty identified for SW Bangladesh. They will also support the effectiveness of programming in the more **sectorally focussed programming niche areas** of Livelihoods strengthening, WASH and MNCH. In this way **the programme niche areas are interdependent and mutually reinforcing**, such that action in one programming niche area is likely to contribute to a range of related priorities.

A range of different possible **types of interventions** have been identified for these programming niche areas. These include: **interventions at the grassroots level** to promote processes of social change and strengthen household and community capabilities for achieving sustainable resilient livelihoods; **capacity-building interventions with local authorities** to promote a supportive enabling environment for achieving pro-



poor development and social equity; and **advocacy at multiple levels** on issues identified as being critical livelihood constraints for extreme poor women and men in the region. The potential interventions summarised below also include a combination of **interventions based on models and approaches developed by CARE** from programming in other regions of Bangladesh and **innovative programming approaches** which the organisation has identified to be developed further.

CARE's work in the *Haor* region will be underpinned by **engagement with a range of partner organisations**, including Government of Bangladesh departments and local government authorities, local and international NGOs working in the region, the private sector, and research institutions and learning partners. The focus of these partnerships will be on delivering impact by supporting quality, targeted initiatives in the programming niche areas, and bringing credible evidence of proven approaches to the national level, influencing the legal, policy, institutional and programming environments.

## Women's Empowerment

Although women's roles in the *Haor* region are gradually changing in response to broader processes of economic, social and environmental change, **religious conservatism** is recognised as a key factor constraining progress towards women's empowerment in Northeast Bangladesh<sup>6</sup>. Gender roles in Northeast Bangladesh are defined by **traditional, strongly patriarchal social norms**, which limit women's economic participation, membership of groups and social networks, mobility, and decision-making. Women in the *Haor* region experience heavy workloads, high levels of food insecurity and poor nutrition, and domestic violence. Men in the *Haor* region often justify their domination of women by reference to their role as the main or sole economic providers for their households. Women face particular **context-specific vulnerabilities** during the annual flood season which **limit access to basic healthcare** services, as reflected by the very high levels of maternal and infant mortality in some parts of the region. Adolescent girls are often prevented from continuing secondary school education due to difficulties of transport and the (perceived or real) risk to their honour during the annual flood season.

In this context, Women's Empowerment will continue to be a central and cross-cutting focus of CARE Bangladesh programming in the *Haor* region.

### 1. Promote women's economic empowerment

- CARE Bangladesh will undertake a targeted **value chain assessment**, focussing on the fisheries and agricultural sub-sectors, to identify opportunities for promoting increased economic engagement by marginalised women and girls in the *Haor* region.
- Building on the findings of the value chain assessment, CARE Bangladesh will support **skill development** for marginalised women and girls to enable them to develop existing IGAs and/or opportunities for entrepreneurship.

- To foster an enabling environment for women's increased economic participation, CARE Bangladesh will also work to **build solidarity** among and between marginalised women and girls, by supporting the **establishment of group-based structures** such as VSLA or community-based savings groups, EKATA groups and/or women's cooperatives.
- In partnership with local government authorities, CARE Bangladesh will facilitate the establishment of **Food for Work** (e.g. in the construction of flood protection walls for unprotected *haatis*) and/or **asset and cash transfer schemes** to provide a starting point for marginalised women and girls to engage in IGAs.
- Building on the experience of the Pathways or SAMMOW project, CARE Bangladesh will also **campaign for fair wages** for women labourers in both the agricultural and non-farm sectors.

### 2. Challenging social norms defining gender roles

To promote a process of change in the social norms defining gender roles within and beyond the household, CARE Bangladesh will work to:

- Support the establishment of **forums for women** such as EKATA or VSLA/ community-based savings groups as safe spaces where women can discuss, share their experiences and support each other in taking collective actions. CARE's previous programming experiences (e.g. from the SHOUHARDO programme) has shown these group-based structure can provide an effective mechanism for building women's agency in relation to a broad range of personal rights and freedoms (e.g. to education, to work, to security, to equitable decision-making, to increased control over their bodies through the ability to make choices about birth spacing etc.).
- **Engage men and boys**, including local political and religious leaders, in exploring, challenging and

<sup>6</sup> Gillingham, S., Islam, M. and Seema, F. (2015) *A Situational Analysis of Poverty and Poverty Trends in the Haor region, Northeast Bangladesh*. CARE Bangladesh, Dhaka.

changing cultural norms and practices that define and perpetuate currently existing gender inequalities, and in promoting women's solidarity.

- **Facilitate processes of Community-Led Total Development (CLTD)** based on entry points of cross-cutting importance to women and men, e.g. sanitation or possibly the construction of *haati* protection walls through Cash For Work schemes, to enable women's increased participation and recognition in community-level structures and decision-making processes.

### 3. Promoting adolescent girls' leadership and life skills

Drawing on experiences from previous and existing programming initiatives with adolescent girls in Northeast Bangladesh (e.g. the ARSHI and ITSPLYEY projects, the Patsy Collins Trust Fund Initiative - PCTFI, the Tipping Point), CARE Bangladesh will continue to work to strengthen girls' leadership as a means of eliminating the intergenerational transfer of disempowering social norms by:

- **Encouraging girls' assertiveness and awareness of their rights** based on interventions that:
  - **Promote girls' engagement in non-traditional roles and activities** such as sport and ICT (the ARSHI and ITSPLYEY model);
  - Identify and support **girl mentors or change agents** to spearhead adolescent leadership initiatives at the community level and to engage in networking with the media, civil society and youth focused organizations;
  - Establish **EKATA groups for married adolescent girls** as safe spaces for dialogue and awareness-raising regarding their rights under existing policies and legislation, and for promoting life skills development, informal education, and access to SRH information and services.

- Building a supportive environment for girls' leadership by:
  - **Working with School Management Committees and parents forums** to address issues of dowry and early marriage following the PCTFI model;
  - **Promoting youth engagement** by creating spaces for boys and girls to engage in peer to peer reflection and learning about their lives and aspirations (an approach developed by the Tipping Point initiative on early marriage); and/or
  - Engaging with Union Parishad standing committees for Culture and sports or Youth.

## Inclusive Governance

In recent years a number of large-scale programmes to promote good governance, including the World Bank funded Local Governance Support Programme and the Swiss Development Corporation (SDC) funded SHARIQUE programme have been implemented in the *Haor* region. Poor governance is nonetheless still considered to be a cause of poverty in the region, especially as a result of the widespread tendency for local elites to control fishing rights to public water bodies, which has resulted in the increasing marginalisation of PEP households from the fisheries resources that in the past formed an important element of their livelihoods. The **remoteness and isolation** of many communities in the *haor* region impose **high transaction costs** which make it very difficult for poor people to participate in local governance processes, as well as raising the costs of basic service delivery, and so present significant challenges for promoting good governance. The **religious conservatism** prevailing in the region makes it especially difficult for women to participate in local governance processes. The experiences of CARE and partners therefore indicate the need to develop innovative approaches for promoting good governance in the *haor* region in response to these practical constraints.

## 1. Promoting PEP citizen participation in local governance processes (demand-side)

CARE Bangladesh will support the empowerment of PEP citizens to participate in local governance processes by:

- Using an **ICT for development approach** to raise awareness amongst extreme poor women and men of their rights and entitlements such as the Citizens' Charter, Right to Information Act 2009 and Upazila Parishad Act 2009, and to promote improved access to basic services. This will involve working with local government authorities, civil society and local media, possibly by means of a mobile ICT centre such as an **information boat**.
- Providing **capacity-building to PEP leaders** through the CLTD process to strengthen their skills for analysis, planning and negotiation.
- **Facilitating collective action initiatives** by PEP women and men to claim rights, e.g. wrt leasing water bodies, *khas* land, safety nets and services.
- Piloting innovative solutions to enable participation by the poorest in local government decision-making processes and spaces such as open budget sessions, ward *shova*, meeting for union development coordination committee, UP standing committees, project implementation committees.

## 2. Building effective three way partnerships for service delivery

CARE Bangladesh will work to promote improved service delivery by local government authorities by:

- **Advocacy** and **building linkages** to enable the communication of PEP needs and information concerning targeting of services to local government authorities.
- Promoting the **scale up of the Community Support Systems (CmSS) model** for primary healthcare delivery based on public-private partnerships, and its adaptation for use in different sectors (e.g. with school management committees, to address food security for vulnerable families).

- Establishing **mechanisms for community feedback** to local government authorities based on use of **social accountability tools** such as community scorecards, social audits, and/or the self-monitoring of Union Parishad (UP) representatives

## 3. Advocacy

CARE B will engage in advocacy through **networking**, and the **building of partnerships and alliances** with civil society organisations and platforms such as the National *Haor* Alliance, research firms, citizen groups and local media. Potential advocacy issues relating to inclusive governance in Northeast Bangladesh could include:

- Improved implementation of the Haor Regional Development Plan
- **Equitable access to and management of water bodies and fisheries** as a source of livelihood for PEP households;
- **Fair terms and conditions for leasing/ sharecropping** (*ranjoma*) of agricultural land;
- **Equal wages for women** working as agricultural labourers and/or in the quarries;
- **Improved access to basic services** for the extreme poor, including safety nets, healthcare and agricultural extension services.

## Building Resilience: DRR and Climate Change Adaptation

The *Haor* region situational analysis highlights the critical negative impacts of **flash floods** and *afal* on the livelihood security of the extreme poor in terms of employment opportunities, food security, the risk of damage to their housing and property, and the particular constraints imposed by those events on women and girls' access to basic services of healthcare and education. While as yet there is no evidence to suggest that the frequency and severity of these events



is increasing, the likelihood of such changes occurring as a result of climate change is recognised as a concern that needs to be addressed to ensure the ongoing development of the region.

In this context, building resilience through humanitarian action, including emergency response and recovery to flash flooding events, and programming to promote disaster risk reduction (DRR) and climate change adaptation (CCA) will continue to be an area of cross-cutting focus for CARE Bangladesh in the *Haor* region.

### 1. Promoting community-based DRR

CARE will build on the experiences of SHOUHARDO and FSUP in the *Haor* region by:

- Promoting the **use of CVCA analysis** at community and UP levels to ensure the integration of DRR and CCA issues into local development planning. This will include awareness-raising and capacity-building activities targeting women members of EKATA groups and women UP members to encourage their active participation in planning for emergency response and DRR.
- Supporting the **scale up of Early Warning Systems (EWS)** for flash flooding based on:
  - Organisation of a **regional learning event** as a forum for the sharing of experiences and assessment of effectiveness of pilot EWS models developed by SHOUHARDO and other organisations.
  - **Awareness-raising** and **capacity-building activities** at community level to build understanding of what the EWS information on water levels means. These activities could be linked to the development of flood protection infrastructure by means of the CLTD approach.
  - Establishing a **network of Union Disaster Volunteers** to support the local level operationalisation of EWS;
- Promoting the **scale up of proven DRR initiatives** such as construction of **flood protection walls** for

*haatis* through partnerships with local government authorities and other development actors working in the region (e.g. DIPECHO projects).

- **Advocacy** with local government authorities relating to budget allocations for maintenance of submergible embankments, the enhancement of drainage systems in the *Haor* basin, and the replication of flood protection walls for unprotected *haatis*.

### 2. Strengthening community adaptive capacity

CARE B's programming to strengthen community adaptive capacity will focus on ensuring that communities have **strengthened physical and economic capacities for withstanding shocks and stresses**. As such, it will form an integrated part of programming to promote livelihood strengthening, increased access to basic services and improved food and nutrition security (see below). Approaches to promote financial inclusion by means of **community-based savings schemes** such as VSLA that use appropriate technology and services (e.g. mobile banking), and/or **micro-insurance schemes** as a mechanism for risk reduction are expected to be important elements of programming for longer term climate change adaptation at the community level, along with the provision of **flood-proof basic services** and the development of **strengthened and diversified livelihood options** for women and men (see below for further discussion).

## Livelihoods strengthening

The **pronounced seasonality of livelihoods** in the *Haor* region, which – for households dependent on agriculture or agricultural labour – involves reliance on a **single cropping cycle**, is a key constraint on the achievement of livelihood security by PEP women and men, and one which has significant negative implications for household incomes, food security, MNCH etc. The development of the agricultural sector in the region is limited and engagement by PEP households in livestock husbandry and access to fisheries has declined in

recent years. The prevailing **religious conservatism** in the region means that women's engagement in economic activities is particularly limited. Consequently many PEP households experience an **extended lean season** associated with the annual flooding which causes **severe food insecurity** and **poor levels of nutrition**, which then further undermine the productivity of their livelihoods. In the absence of any alternative opportunities and with limited resources to fall back on PEP households depend on high interest loans from moneylenders as a coping strategy in response to seasonal hardship, which results in **striking levels of indebtedness**.

### 1. Facilitating pro-poor development of the agriculture and fisheries sub-sectors

- Building on the approach developed by the SHOUHARDO and FSUP programmes CARE will promote livelihoods strengthening for PEP households through the targeted provision of **packages of input support** and **training** for **improved crop production, fisheries, comprehensive homestead development** and **IGAs**.
- Through the CLTD approach, which involves building solidarity and fostering leadership by PEP women and men in analysing and taking action to address their poverty, CARE will work with communities to explore options for **collective leasing of water bodies and agricultural lands** by PEP households.
- CARE will also facilitated strengthened engagement by PEP women and men in **pro-poor, inclusive value chains** by:
  - Undertaking a Value Chain Analysis to identify opportunities for promoting private sector engagement with PEP households as producers, consumers and employees;
  - Supporting skill development for PEP households to enable them to identify and respond to opportunities for market-driven economic activities;

- Building linkages with service providers and employers;
- Promoting the establishment of social enterprises based on models such as the Living Blue village enterprise and *Krishi Utsho* microfranchise of agricultural input suppliers developed in NW Bangladesh.

- CARE Bangladesh will advocate for local government and private sector stakeholders to promote and support the pro-poor development of the agricultural and fisheries sectors, e.g. by ensuring provision of agricultural extension services, enabling PEP households to access government *khas* land and water bodies, and creating irrigation schemes in partnership with landowners to promote increased productivity of dry season cropping systems.

### 2. Promoting women's economic empowerment

CARE Bangladesh's work to strengthen livelihoods for the rural extreme poor will include a particular focus on promoting women's economic empowerment through:

- Using **Social Action and Analysis tools** (e.g. pile-sorting) with community members (women and men) as part of the CLTD approach to explore and challenge social norms relating to gender roles and women's engagement in economic activities.
- Ensuring the **VCA** includes an assessment of the extent to which different value chains offer opportunities for marginalised women's inclusion in economic activities.
- Supporting the **establishment of EKATA groups** as forums for marginalised women to engage in technical and leadership skill development and training, and in developing IGAs both as individuals and through collective action initiatives that build on existing skills and market opportunities.
- **Facilitating marginalised women's access to services** from public and private service providers supporting on farm and off farm livelihoods through training, inputs and extension services, supply of

raw materials, gender sensitive technology and equipment, access to finance etc.

### 3. Breaking the debt cycle

CARE Bangladesh's work to strengthen livelihoods for the rural extreme poor will also include a particular focus on reducing the dependence of PEP households on short-term, high-interest loans from moneylenders by:

- Facilitating the establishment and scale-up of **community-based savings schemes** which build on the experiences of CARE programming initiatives such as the SETU project in Northwest Bangladesh and which could also draw on an adapted version of the VSLA programming approach developed by CARE in sub-Saharan Africa.
- Piloting the establishment of **community-based micro-insurance schemes** as safety nets to enable communities to withstand and respond to flash flooding events
- Promote linkages between community-based savings groups and formal financial service providers to enable access to credit at reduced rates of interest.

## Maternal and Child Nutrition and Health

The striking prevalence and severity of **food insecurity** amongst PEP households in the *Haor* region reflects the **extended lean season** that results from the annual flooding period, and is a key driver for **poor nutrition** and unsustainable debt. The 2010 baseline survey for the SHOUHARDO II programme found that 89% of households in the *Haor* region reported some months when food was not sufficient, with an average of 6.4 months food insecurity. Women and girls are particularly vulnerable to food insecurity and malnutrition due to the influence of social norms which dictate they eat after men and boys. **Women's access to healthcare** is also very challenging due to the remoteness of many *haor* communities, which makes it both difficult and costly to

reach health service providers, especially during annual flood season. These constraints, combined with poor sanitation infrastructure and poor hygiene behaviours, whereby many households use contaminated water for washing domestic utensils, are reflected in the very high rates of **maternal and infant mortality** recorded for parts of the region.

CARE Bangladesh has extensive experience in programming relating to nutrition and maternal health<sup>7</sup>, including a strong focus on facilitating access by the poor and marginalised to basic services. The organisation will continue to prioritise maternal and child nutrition and health as a thematic programming niche area in the *Haor* region.

### 1. Strengthening women's access to health care

CARE Bangladesh will support the strengthening of women's access to healthcare by:

- Promoting the scale up of **Community managed support systems** (the CmSS model) based on processes of community mobilisation, including community-based monitoring systems, to ensure pregnant women and mothers received healthcare support through the development of public – private partnerships as well as NGO partnerships. This is expected to include extending the coverage of the CARE-Glaxo Smith Kline model of **Community Health Volunteers** as a mechanism for providing **basic treatment** and **community referral** services
- Piloting innovative approaches for healthcare service delivery involving the **use of ICTs** for remote consultations, possibly combined with mobile (boat-based) information services etc.
- Supporting **capacity-building of government health service providers** with a particular focus on the gender and social aspects of healthcare delivery.
- Strengthening the **accountability** of service providers through work with Community Support

<sup>7</sup> CARE Bangladesh (2015) *Bangladesh Health Strategy*.

Groups, including the use of social accountability tools such as **Community Scorecards** as a mechanisms for assessing the quality of frontline healthcare service provision.

- Engaging in **advocacy through local, regional and national forums** and networks to lobby for improved access to and quality of basic healthcare services for women in the *Haor* region.

## 2. Promoting improved nutrition and hygiene behaviours

CARE Bangladesh will promote the scale up of the model developed by programming initiatives such as SHOUHARDO, FSUP and the Nutrition at the Centre project for promoting health and nutrition behaviour change through nutrition education. This will involve:

- Supporting the establishment of a **network of Community Health Volunteers (CHVs)** to facilitate **courtyard sessions** with PEP mothers to build awareness and understanding of topics relating to nutrition and hygiene, including optimal breastfeeding, complementary feeding and weaning practices, care for mothers during pregnancy and delivery. The courtyard sessions will provide a forum for exploring and challenging social discriminatory practices relating to nutrition of boys and girls, and will include **cooking and feeding demonstrations**.
- Promoting the establishment of a **community-based system of monthly growth monitoring and promotion sessions**, with follow-up care from CHVs for children whose growth is found to be faltering.
- Exploring options with local government authorities and partners for establishing **food for work schemes targeting marginalised women and women in PEP households** during the annual lean period to enable them to achieve improved food security and nutritional status. These schemes could be linked to the construction of flood protection walls for unprotected *haatis* as part of the CLTD approach.

- **Facilitating linkages** of communities to preventive and curative health and nutrition services, and building capacity for community-based integrated management of childhood illnesses.

## 4. Supporting the development of SRMH services for adolescent girls

Promoting access to SRMH services for adolescent girls represents a relatively new area of programming for CARE Bangladesh<sup>8</sup>. It is however recognised as a priority for future development given its linkages with other sectors and programmes, including several pathways relating to the TOC of CARE's broader WE programme. The rationale for this is that adolescent girls and boys whose problems and vulnerabilities are severe represent a "window of opportunity" for addressing issues such as sexually transmitted diseases, high school drop-out, early marriage, and VAW. CARE Bangladesh's future programming in this area is expected to include:

- The **development of a charter** to promote basic rights, entitlements and boundaries of adolescent SRMH, which would take account of cultural taboos and norms and also include principles that would guide access to relevant adolescent SRMH services.
- **A review of the current status of SRMH service provision** to adolescents to inform the design of interventions for promoting improved linkages for girls to SRMH service providers and the private sector to ensure the provision of products and services appropriate to girls' needs.
- The organisation of **mass media campaigns and initiatives for engaging men and boys** to raise awareness and understanding of girls' SRMH rights, and to advocate for user-friendly adolescent SRMH services.
- A process of **community engagement facilitated through schools** to address social taboos on girl-boy interaction, mobility and also service seeking behaviour. This would need to be based on a

8 REF: CARE B Health strategy

thorough **review of the curriculum for SRMH** for 6th to 8th grades leading to recommendations for inclusion of appropriate SRMH lessons if such a gap is identified.

- **ICT based interventions** will also be undertaken especially through mobile phone based apps and games that would allow adolescents to ask questions that they are not comfortable asking upfront and also learn more about adolescent SRMH.

## Water and Sanitation

The *Haor* region is characterised by **low levels of access to improved sanitation facilities** (i.e. latrines) as compared with other parts of Bangladesh<sup>9</sup>, which pattern reflects the difficulty of maintaining sanitation infrastructure on parts of the *haatis* that are subject to erosion by *afal*, and the increasing population densities on many *haatis*. Despite the existence of tubewells close to most households in the region, the majority of households (67.1%) still collect domestic washing water from open water bodies (the *haors* and *beels*), which sources are often contaminated with pathogens<sup>10</sup>. Problems of water and sanitation associated with **poor hygiene behaviours**, which are often exacerbated during the period of seasonal flooding, result in the notably **high incidence of water-borne diseases** in the *Haor* region especially among PEP households. This is in turn associated with poor nutrition and health outcomes for mothers and children under five years of age.

### 1. Promoting access to safe water and improved sanitation

CARE Bangladesh will work to address issues relating to water and sanitation by means of an **integrated approach** linked to programming around food security, nutrition and health which will involve:

- **Awareness-raising activities** by Community Support Groups, EKATA groups etc. to promote

improved hygiene practices, such as ensuring handwashing before the preparation of food, ensuring the adequate disposal of small children's faeces etc.

- Encouraging communities to address problems of poor sanitation, which represents an issue of cross-cutting importance for all sections of the communities, as a possible entry point for the CLTD approach.
- Working in partnership with the private sector and local sanitation service providers to pilot the development of innovative flood-proof sanitation solutions, drawing on the experiences of the successful World Bank-funded SanMark project which has been working to create a market-based system for the provision of quality, hygienic latrines in northern Bangladesh.



<sup>9</sup> Caldwell and Ravesloot (2011).

<sup>10</sup> REF: Check in Haor region Situational Analysis

## 6. Program delivery

Key approaches for the delivery of CARE Bangladesh programming in the *Haor* region are summarised below. These approaches have been developed by CARE Bangladesh based on experiences from previous programming initiatives in the *Haor* region and in other regions of the country.

### A. Facilitating Community Led Total Development (CLTD)

Delivery of CARE's programming in relation to both cross-cutting and sectorally-focussed niche areas will be based on/ built on the CLTD approach developed by CARE Bangladesh through implementation of interventions such as the SETU project and SHOUHARDO programme. This approach involves working beyond the household level with a focus on strengthening the skills and leadership capabilities of PEP women and men; building community solidarity; and enabling communities to take collective action to achieve progress towards locally identified development priorities. It usually includes the establishment and capacity-building of community platforms for collective action such as EKATA groups, community-based savings groups etc. In the *Haor* region, facilitation of the CLTD approach could include a focus on enabling PEP households to engage in collective leasing arrangements for agricultural land and/or water bodies as a mechanism for livelihoods strengthening.

### B. Building solidarity groups

CARE Bangladesh has extensive experience in facilitating the establishment of solidarity groups as community-based platforms that enable PEP women and men to share experiences, engage in peer-to-peer learning and take collective action, including raising their voice in local decision-making forums and processes. For example, the model of EKATA (Empowerment, Knowledge and Transformative Action) groups

developed by the SHOUHARDO programme has been found to provide a mechanism for promoting non-formal education, solidarity, group planning and rights advocacy among women, thereby enabling them to engage in and contribute to processes of social change which involve challenging social norms and behaviours relating to gender discrimination. CARE Bangladesh also has experience of working with a range of other community-based structures including community-based savings groups, producer groups and social enterprises. The establishment of solidarity groups will continue to be a key programming approach for promoting women's empowerment, building resilience (DRR and CCA) and strengthening livelihoods in the *Haor* region.

### C. Engaging men and boys

CARE's long history of programming experience across Bangladesh has shown that facilitating transformational changes in the structures and relationships that define gender inequalities requires programming approaches that promote the active engagement of men and boys in processes of social change. The approach of engaging men and boys has been a key element of programming initiatives such as the Adolescent Reproductive and Sexual Health Initiative (ARSHI), which was implemented in the *Haor* region to facilitate changes in community norms in support of women and girls' freedom from violence and right to education through sports and cultural activities involving boys and girls, and the Tipping point project to better understand the context and realities around the practice of early marriage in Sunamganj district in the *Haor* region. A focus on engaging men and boys will continue to be a key element of programming to promote women's empowerment, inclusive governance, humanitarian action and livelihoods strengthening in the *Haor* region. Activities for promoting men and boys engagement could include: mixed sex forums for dialogue (couple-

based or youth groups), identification of positive male role models, media campaigns & events.

#### D. Promoting private sector engagement

The CARE Bangladesh approach of promoting private sector engagement is based on the recognition of the importance of the private sector for poverty reduction, and the potential positive values of inclusive business for both the poor and the private sector. The rationale for this approach is that inclusion of the poor in business as producers, workers and consumers helps businesses strengthen their supply chains, achieve enhanced productivity and expand their markets, while also enabling poor to benefit in terms of enhanced skills and increased incomes. To promote inclusive business CARE Bangladesh works to facilitate increased engagement by PEP women and men in inclusive value chains that provide fair returns on their labour and produce. Over the past 15 years CARE Bangladesh has pioneered a number of private sector led sustainable development initiatives such as the Rural Sales Program – a bottom of the pyramid network of local saleswomen, the *Nijera* Cottage and Village Industries (NCVI) Ltd. initiative producing textiles dyed using locally produced natural indigo, and the *Krishi Utsho* micro-franchise network of agro input suppliers, which have been scaled up to become social enterprises. These experiences will provide a foundation for promoting PSE as an approach for strengthening livelihoods, increasing resilience and promoting women's empowerment in ways that are adapted to suit the specificities of the *Haor* regional context.

#### E. Using social accountability tools

The use of social accountability tools is increasingly recognised by CARE B as an innovative and important approach for promoting inclusive governance based on active civic engagement by the poor in processes such as the participatory budget cycle of local government authorities. Tools such as community scorecards and social audit are currently being used across several CARE Bangladesh programming interventions relating to health and governance, such as the JATRA project which is working to promote strengthened, decentralised, transparent and accountable public

finance management systems at the Union Parishad level in Northwest Bangladesh by strengthening the capacity of citizens, especially the poor and marginalised, to engage in budget planning and monitoring implementation. In the *Haor* region the use of social accountability tools will be particularly relevant for supporting programming relating to the niche areas of inclusive governance, humanitarian action, maternal and child nutrition and health and livelihoods strengthening.

#### F. Generating evidence and learning

As recognised in the CARE 2020 Global programme strategy, generating evidence and promoting learning and innovation from programming experiences is a key mechanism for influencing broader processes of social change at significant scale – in other words, for multiplying impact. CARE Bangladesh will do this by combining:

- **A consistent focus on incorporating MEL good practice** into project and programme management cycles including structures processes for reflective learning, adaptive management and impact measurement at programme level; with
- **Engagement with partners** to identify priorities for research and learning activities exploring progress and effectiveness of particular work streams; and
- **Action research and documentation of programming experiences** to support identification of effective models and approaches based on assessment of results, costs and benefits for CARE Bangladesh impact groups, sub-groups, target groups and stakeholders.

#### G. Working in partnerships

Progress towards the delivery of programme impacts at scale requires and depends on purposeful engagement and effective partnerships with others. In the *Haor* region CARE Bangladesh will work in partnerships with a wide range of actors from civil society, government and the private sector. The development of effective partnerships will be grounded by the findings of an in-depth institutional mapping exercise that will be carried out to identify where and how CARE as

an INGO should continue to engage with other organisations working in the region. It is expected that CARE's role and partner relationships in relation to the different programming niche areas will vary depending of the "density" of programming engagement by other organisations in those areas, but will be likely to include a combination of:

- **Strategic partnerships and alliances** at multiple levels (local, regional up to national) to generate evidence and learning for advocacy and policy influencing. These strategic partnerships and alliances could include CARE taking on a role as coordinator or convenor of joint or shared programming initiatives.
- **Implementation partnerships** with local and international NGOs and working in the region and **public-private partnerships** to promote capacity-building and the scale-up of effective models and approaches developed by CARE to reach underserved populations.
- **Partnerships with GOB at multiple levels** to support improved service provision by addressing social and gender-related barriers to access.
- **Facilitated three-way linkages between community groups, local government authorities and service providers**, with CARE taking role of catalysing and facilitating capacity-building, dialogue and action by these actors.

## H. Engaging in advocacy and policy influencing

CARE Bangladesh will engage in advocacy and policy-influencing with communities, local government, the private sector, civil society and the media. The aim of these activities will be to amplify the voices of the poorest by promoting linkages between actors at the grassroots and local levels up to regional and national discussion and decision-making forums and, ultimately, to ensure the enactment and effective implementation of policies and legislation that are responsive to the needs of the impact groups. In this way advocacy and policy influencing activities will form a key approach for multiplying the impacts of CARE Bangladesh's work in the *Haor* region. Advocacy and policy influencing activities are likely to include:

- Supporting replication at scale of evidence-based models with ownership broader than CARE;
- Strengthening duty bearer accountabilities and capacities to take action, in line with their responsibilities;
- Promoting the voice of CARE Bangladesh impact groups in local development processes and policy development processes at regional and national levels;
- Supporting and facilitating the improved coordination of proven approaches amongst key government, UN, INGO and CSO partners.

Potential advocacy issues for CARE Bangladesh to engage with to promote pro-poor development in the *Haor* region include:

- The need to ensure the activation and operational effectiveness of the National Haor Development Board in supporting processes of regional development.
- The need for local government authorities to take a proactive approach for ensuring improved reach of basic services – including safety nets, information and extension services - to rural PEP households.
- The need for local government authorities to ensure more equitable access by PEP households to open water fisheries.
- The need for maintenance and – in some areas – development of appropriate flood protection infrastructure such as flood protection walls for unprotected *haatis*, submergible embankments etc.
- The need for actors from the private sector to respond to market opportunities in a socially responsible manner that supports the development of pro-poor, inclusive value chains.
- The need to strengthen implementation of the 2009 Domestic Violence Act, including challenging social norms and behaviours relating to dowry and early marriage.

## I. Promoting programming innovations, scale-up and improved coordination

The preliminary partner mapping exercise carried out with CARE Bangladesh programme staff during the development of this regional programme strategy revealed a diverse range of ongoing development



interventions by a range of partners in the *Haor* region. In this context the **strategic role for CARE Bangladesh** in promoting progress towards delivery of the impact vision for the region through the different programming niche areas is likely to vary, and will include:

- **Development and piloting of innovative models and approaches** for aspects of the programming niche areas in which relatively little work is being done by other stakeholders. For example: in developing and piloting an approach for the provision of flood-proof sanitation solutions by the private sector; in promoting improved access to SRMH services for adolescent girls; and in promoting improved access to financial services both through informal community-based savings groups and formal financial service providers.
- The **scale-up of proven CARE Bangladesh models** for programming relating to food security (including Maternal and Child Nutrition and Health), livelihoods diversification, inclusive governance, resilience and women's empowerment. This will involve promoting the uptake and adoption of these models by partners under government leadership where possible. CARE Bangladesh will advocate for the scale up of effective models at local, regional and national levels, as well as mobilising resources for scale-up through partners and ensuring the quality of implementation through partners. Programming experience from projects such as SETU and SHOUHARDO have shown that a spatially clustered approach whereby new project working areas are located around previous or existing project sites with the intention of covering entire unions located in the poorest pockets of a region provides a cost-effective approach for scale up. Scaling up into new project working areas by means of this clustered approach enables the expansion of programming activities in ways that build on the location-specific experience of programme staff and community leaders with experience of working through the community-led development approach, including experience of building relationships with local government institutions.

- Facilitating **improved coordination** for aspects of the programming niche areas where many organisations are working. In these areas CARE Bangladesh will focus on ensuring quality and should consider taking on a convening role of bringing together local partners for knowledge exchange and quality assurance.

## J. Ensuring sustainability

Many of the CARE Bangladesh programming approaches outlined here involve an inherent focus on ensuring the long-term sustainability of the progress and changes delivered by on-the-ground interventions. For example, the CLD approach is based on principles of community ownership and the institutionalisation of the CLD process by and within the local state. The approach involves a **process of multi-level engagement** designed to strengthen the **agency** of PEP women and men to address the causes of their poverty, and to promote positive **changes in the relationships and structures** that shape their access to opportunities, resources and services. The CARE Bangladesh approach for promoting private sector engagement is similarly **holistic** in that it focuses on building the skills and knowledge of poor people to engage in IGAs and/or dignified employment opportunities as well as fostering linkages with private sector employers and service providers. For these and most other CARE Bangladesh approaches outlined above, the emphasis is on **changing the enabling environment** to be supportive of processes of pro-poor development so that economic, social and political gains at the household level can be sustained over the longer term. Projects implementing these approaches usually go through a gradual reduction in the intensity of input provision as they facilitate the forging and strengthening linkages between communities and external support systems with an attendant shift in responsibilities from the project to the stakeholders concerned.

## 7. Program Partnerships, M&E and Learning

It is worth-mentioning that in the programme strategy development workshop the partners' mapping process could not be completed, primarily due to time constraints. A detailed institutional landscaping, analysis and identification of opportunities for partnerships is recommended as follow-up action. It will help to develop partnerships to ensure most cost-effective and efficient

programming for achieving strategic goals over the next 5 years. The other key area that has not been addressed during the one-day programme strategy development workshop was that of progress measurement. Further work is required in order to identify benchmarks, indicators of progress, what success will look like in relation to niche programming areas identified here.







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