Quarterly Progress Report

Community-based Development Initiatives (CDI) programme

MAABD001
31/03/2013

This report covers the period 01/01/2013 to 31/03/2013

Photo caption and credits — Community households attending a meeting for Social Ranking in one of CDI program communities. Social Ranking ensures community participation in decision making and beneficiary selection of CDI program at community level.

Photo: BDRC.S.

Introduction:

Bangladesh being an over-populated agrarian country has been a chronic food deficit country. Acute food insecurity, poor health and hygiene, increased marginalization and landlessness of rural population, rising trend of unskilled labour, insecure job market for the economically active population and rural-urban migration constitute potential threats to the well being and livelihood situations of the vulnerable people of the country. With low income, majority of the people grow up and maintain their livelihood in abject poverty and can hardly meet the basic needs of life e.g. food, clothing, housing, healthcare and education.
Bangladesh Red Crescent Society is working for more vulnerable people and helps them in whatever way possible to reduce their vulnerability against future disasters, both natural and socio-economic. CDI program focused on reducing socio-economic vulnerabilities of the targeted communities has been implemented in twelve communities of six districts namely Gopalgong, Rangpur, Magura, Kushtia, Natore and Nilphamari to bring a positive transformation and sustainable development in the most vulnerable people with the support of International Federation of Red Cross and Red Crescent Societies (IFRC).

The socio-economic situation of CDI’s working area is very backward, endless poverty, unemployment, malnutrition, absence of major population from social decision making process and resource constraints are some major problems in the area. Due to its geographic nature the area is sporadically lashed with torrential cyclone, drought, and flood. Economy however remains vulnerable to the violent and unpredictable climate. This unpredictability can often be devastating, frequently destroying a whole year’s crop, destroying their livelihoods & shelter and in many cases taking their lives.

This report is prepared to inform and record about what’s happening in CDI programme. Report consists in a brief summary about current issues, updates on program, an overview of special events, and a recap of CDI activities.

This Quarter report describes the key results that have been achieved within the period 01 January to 31 March, 2013.

**CDI Programme summary:**

Bangladesh Red Crescent Society is implementing a community development program called ‘Community-based Development Initiatives (CDI)’ in 22 rural villages of six districts in Bangladesh. The CDI is truly a community-based socio-economic development program implemented with full involvement of community people at all levels of project cycle.

The CDI program 2nd phase is being implemented in four communities of two districts namely Gopalgongj and Rangpur as well as follow-up activities are being implemented in eight communities of four phased-out districts namely Magura, Kushtia, Natore and Nilphamari to bring a positive transformation and sustainable development for the most vulnerable people with the support of International Federation of Red Cross and Red Crescent Societies (IFRC).

CDI program took a holistic and integrated approach to address the basic needs of the targeted communities, the program became a bit ambitious and over 13 sectors had to be covered in order to meet the basic needs of the targeted people. Sectors covered by the CDI program were: water and sanitation, shelter, livelihood and income generation, education, health, farm and food security, employment creation, women empowerment, promotion of environment friendly-sustainable technologies, information and communications, capacity building of BDRCS and disaster risk reduction/preparedness.
Goal: The overall goal of the CDI program was to increase the community resilience to disasters and improve the basic living condition of over 17,700 people in 12 impoverished communities of Bangladesh by 2013.

General Objective
Socio-economic vulnerability of the targeted households is reduced and their resilience to future disasters improved.

Specific Objectives
1. Basic health, education and economic status of the targeted vulnerable communities are improved.
2. Social ill practices or evils such as dowry, child marriage, domestic violence, etc. are eliminated from the targeted communities through effective awareness campaign on gender equality, women’s rights, human rights and other social issues.
3. The capacity of BDRCS units and community based organizations is developed and timely/quality responses/services provided. Communities’ awareness on DRR and preparedness for future disasters increased.
4. Dissemination of the Red Cross and Red Crescent Movement reached to the community/grass root level and communities’ understanding and practice of humanitarian values and principles are increased.

CDI programme took a holistic and integrated approach to address basic needs of the targeted communities. 13 areas of activities were identified under CDI program. But for the sake of effective management and proper implementation, all those activities and expected outcomes were regrouped into 4 sectors. There are numbers of activities included in CDI program such as Watsan, Shelter, Health, non-formal education, livelihoods, Food security, Skill training with enterprise development, Environment friendly technology such as improved cooking stove and compost pits, Disaster Risk Reduction and awareness for people in danger. All the activities are mainly categorized in four sectors. The four sectors are 1) Livelihoods & skill training, 2) Watsan & Shelter, 3) Health and Education and 4) DRR & Development.

No. of Beneficiaries:
The CDI program target beneficiaries 17,700 people (3,813 households) in 12 communities of 6 districts of Bangladesh.
Quarterly Progress Report

Quarterly Progress report of CDI program 2nd phase for January to March 2013:

CDI program has successfully completed various activities under four sectors within this quarter. The major activities / highlights are given below:

Major activities / highlights of CDI program:

Major activities or highlights in Rangpur and Gopalgonj:

- Two batches three days duration training on Basic Disaster Response provided to 50 members of UDRT in Gopalgonj and Rangpur Units.
- Eight Social Rankings for eight villages at four communities in Gopalgonj and Rangpur were conducted. 1561 families representative were attended in the Social Ranking session.
- 1224 patents were provided free treatment through four CDI mobile medical camps at four communities.
- TOT on Participatory Hygiene and Sanitation Transformation (PHAST) organised for 16 Officers of BDRCS, IFRC, GRC and SRC from 3rd February to 9th February 213 at BDRCS training room, NHQ, BDRCS.
- Training on Participatory Hygiene and Sanitation Transformation (PHAST) organised for 24 Community Volunteers and Community Workers of CDI program from 11th February to 15th February 213 at Rangpur RC Unit, BDRCS.
- 24 Community Volunteers and Community Workers were provided training on Community Based Health & First Aid (CBHFA) from 18th March to 22nd March 213 at Natore RC unit.
- CDI program started to establish four community nursery at four CDI communities in Gopalgonj and Rangpur. For each nursery 10,000 BDT was given for sowing seeds, fertilizers and irrigation.
- 703 tube-wells in four communities were tested arsenic existence where 192 tube-well found arsenic contaminated.
- An assessment of household latrine was done in four communities of CDI program and
- 305 households were provided training on Homestead gardening at community level in Gopalgonj and Rangpur.
- 36 Community Program Committees (CPCs) monthly meeting held in 12 communities.
- 36 Community Disaster Response Team (CDRTs) monthly meeting held in 12 communities.
- 18 Unit Disaster Response Team (UDRTs) monthly held in 6 districts.
- CDI program successfully observed on NDPD'13 in Gopalgonj, Rangpur, Magura, Kushtia, Natore and Nilphamari unit. 18 rally and discussion meeting were organised to raise awareness among community people.
CDI activities in Gopalgonj and Rangpur:

Basic Training on Disaster Response for Unit Disaster Response Team (UDRT): UDRT members are key person to implement the Disaster Response and Development activities of Community-based Development Initiatives (CDI) Program as well as Disaster Response activities in entire district. It is necessary to develop their skills for timely and effectively implementation of the disaster response activities towards successful achievement of the objectives of CDI Program. 25 UDRT members from Gopalgonj and 25 UDRT members from Rangpur, in total 50 UDRT members were provided training on disaster response. This training had been designed and developed to enhance & sustain the role of Unit Disaster Response Team members and build up a learning culture within the organization through a highly interactive and innovative approach. This training has also emphasized for UDRT members to undertake disaster response activities and emergency response of respective community and assigned area of the district. On the other hand UDRT member skills to enhance their capacity to prepare risk and resources map and contingency plan.

CDI team in Gopalgonj organized one batch of UDRT training at Unit and in Rangpur one batch of UDRT training at Unit. Total 50 UDRT members participated in the training course. Date wise training information is given bellow:

<table>
<thead>
<tr>
<th>Sl #</th>
<th>Unit</th>
<th>Participants</th>
<th>Date</th>
<th>Male / Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Rangpur RC Unit</td>
<td>25</td>
<td>4-6 Jan’12</td>
<td>F-9, M-16</td>
</tr>
<tr>
<td>02</td>
<td>Gopalgonj RC Unit</td>
<td>25</td>
<td>9-11 Jan’12</td>
<td>F-8, M-17</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Social Ranking and Beneficiary Selection:
CDI program 2nd phase started beneficiary selection for cash grant distribution among most vulnerable people in the community. For fair selection of cash grant beneficiary, the livelihoods sector has completed social ranking in eight villages to find out the most vulnerable beneficiaries. CDI staffs and volunteers conducted social ranking at eight villages to select cash grant beneficiaries as well as other supports for the most vulnerable people in the community. The method of social ranking for beneficiary selection is highly appreciated among the community people as well as all
other stakeholders. Selected Beneficiaries and community people have expressed their satisfaction on social ranking and the beneficiary selection process.

In order to ensure the quality of work, to increase community participation and to maximize the impact of livelihood program, eight community program committees (CPC) for eight communities have been formed. The members of the CPC were involved in all works of the livelihood programme, particularly beneficiary selection, assessment, beneficiary IGA proposal writing and monitoring.

The Social Ranking program at Rangpur was inaugurated by BDRCs Board Member Mrs. Rehana Ashiqur Rahaman as chief guest while Civil Surgeon, Rangpur and UNO, Mithapukur were present as special guests. All household representatives presents in the social ranking sessions.

**Mobile Health Camps**

In this quarter, CDI program organized four Mobile Health Camps at four communities in Gopalgonj and Rangpur district where there were no medical facilities. Mobile Health camps were organized by a team of specialized doctors and provided free treatment and health education. These health camps were enthusiastically supported by volunteers and helpers from local villages. In serious cases, patients were referred to a nearby hospital. Over 1324 patients received free treatment from four mobile health camps at CDI communities. These health camps gave medical care to the poorest people regardless of age, caste, creed or ability to pay.

Health awareness and education were also given to help people live a life free from disease. There is a saying, "prevention is better than cure." Health Awareness and health Education Programs such health education and courtyard session on related health topics are regularly organized at villages.

<table>
<thead>
<tr>
<th>Sl #</th>
<th>Unit</th>
<th>Mobile Health Camp</th>
<th>Date</th>
<th>Patient</th>
<th>Female/Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Rangpur RC Unit</td>
<td>Nazirdigar</td>
<td>6 Jan’12</td>
<td>457</td>
<td>F-271, M-186</td>
</tr>
<tr>
<td>02</td>
<td>Rangpur RC Unit</td>
<td>Padmapukur</td>
<td>11 Jan’12</td>
<td>371</td>
<td>F-188, M-183</td>
</tr>
<tr>
<td>03</td>
<td>Gopalgonj RC Unit</td>
<td>Tebaria</td>
<td>14 Jan’12</td>
<td>207</td>
<td>F-108, M-99</td>
</tr>
<tr>
<td>04</td>
<td>Gopalgonj RC Unit</td>
<td>Baladanga</td>
<td>16 Jan’12</td>
<td>289</td>
<td>F-106, M-183</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>1324</strong></td>
<td></td>
</tr>
</tbody>
</table>
TOT on Participatory Hygiene and Sanitation Transformation – PHAST:

TOT on Participatory Hygiene and Sanitation Transformation - PHAST was organized jointly by CDI program of Bangladesh Red Crescent Society (BDRCS) and International Federation of Red Cross and Red Crescent Societies (IFRC) from 3rd February to 9th February 2013 at Dhaka. 16 participants from different international organizations and BDRCS were participated in the training. Mrs Bernice Chiam, Watsan Delegate, IFRC, India and Mrs Sophia Ahmed, Sr HP Officer, IFRC, Pakistan facilitated the training program.

In opening ceremony of the training program held at BDRCS conference room while Mr. Capt (Rtd.) Abu Bakar, Secretary General, BDRCS was present as chief guest and Sr Sajit Menon, PRU Coordinator, IFRC Bangladesh delegation was present as special guest. Mr. Belel Hossain, Director, CDI program, BDRCS, highlighted about the impact of Hygiene Promotion and PHAST activities. Moderator of the session was Md. Keramot Ali, Field Coordinator, CDI Program, BDRCS.

In closing ceremony of the training program held at BDRCS conference room while Mr. Khandhaker Jakaria Khaled, Deputy Secretary General, BDRCS was present as chief guest and Sr Sajit Menon, PRU Coordinator, IFRC Bangladesh delegation was present as special guest. Mr. Belel Hossain, Director, CDI program, BDRCS, highlighted about the impact of Hygiene Promotion and PHAST activities. Moderator of the closing session was Md. Keramot Ali, Field Coordinator, CDI Program, BDRCS.

Observed outcome of the training were that the trainers had increased their understanding of the objectives, program deliverables, the people to be involved, the capacity needed and criteria to be used in selecting community peoples who will be trained. Through engaging with concepts they developed their confidence and skills to facilitate participatory community discussion.
Training on Participatory Hygiene and Sanitation Transformation – PHAST: Training on Participatory Hygiene and Sanitation Transformation - PHAST was organized by CDI program, Rangpur Unit of Bangladesh Red Crescent Society (BDRCS) from 11th February to 15th February 2013 at Rangpur. 24 Community volunteers and Community Workers of CDI program participated in the training. Mrs Sophia Ahmed, Sr HP Officer, IFRC, Pakistan, Md. Keramot Ali, Field Coordinator, Md. Razzak, Watsan Officer and Mostofa Kamal, PO, CDI program facilitated the training program.

In opening ceremony of the training program held at NGO forum Training centre while Mr. Sirajul Islam, Civil Surgeon, Rangpur was present as chief guest and Shah Nabiullah Panna, Unit Secretary, Md. Belal Hossain, Director, CDI, Dr. Ishaque Ahmed, EC member was present as guest. Mr. Belel Hossain, Director, CDI program, BDRCS, highlighted about the impact of PHAST activities.

Observed outcome of the training were that the participants had increased their understanding of the objectives, program deliverables, the people to be involved, the capacity needed and criteria to be used in selecting community peoples who will be trained. Through engaging with concepts they developed their confidence and skills to facilitate participatory community discussion.

Community based Health and First Aid (CBHFA) Training:
Community based Health and First Aid (CBHFA) Training was hold at TMSS, Natore from 18th March to 22nd March 2013. Total 24 Community volunteers and Community workers of CDI program from Gopalgonj, Rangpur, Kushtia, Natore, Nilphamari and Magura district took part in the five days training program. Dr. Mohasin Ahmed, Director-Health, Md. Belal Hossain, Director-CDI, Sfser Uddin Siddique, Deputy Director, Md. Keramot Ali, Field Coordinator, CDI program and Fazlur Rahaman, JAD, Health of BDRCS were the facilitators. The training went well. According to the Pre and post test evaluation the participants have done remarkably well. Participants would use the gained knowledge in the community. They were given hand book for conducting courtyard session at community level. A draft plan of action on future CBHFA activity has already been submitted to the Field Coordinator of CDI Program.
Participants who successfully completed the training, they were given certificate. Mr. Shohel Sarker Babu, Secretary, Natore RC Unit was present in certificate distribution ceremony.

**National Disaster Preparedness Day (NDPD) 2013 Observance:**

Disaster is big problem in the world at the moment. Now appropriate time for awareness building on disaster risk reduces through the community participation accordingly. If we can ensure the participation of vulnerable people, therefore to minimize risk, reduces lose of lives and property during disaster. Disaster management Bureau of Bangladesh urged that this year all the disaster player organizations would observe National Disaster Preparedness Day on 28th March’ 2013. The CDI program of BDRCS as positive response of all concern made a plan to observe this program and successfully observed on NDPD’13. CDI program successfully observed on NDPD’13 in Gopalgonj, Rangpur, Magura, Kushtia, Natore and Nilphamari unit. 18 Rally and discussion meeting were organised to raise awareness among community people.

The events of the program were rally, discussion meeting, leaflet / poster distribution and cultural program in the community. CDI program organized 18 Rally and 18 discussion meeting at 12 communities in Gopalgonj, Rangpur, Magura, Kushtia, Natore and Nilphamari unit. 300 – 400 peoples participated to each Rally including community leaders, teachers, volunteers and elite persons. The Rally moved to different roads in the respective community and brought many color full posters and banner. The participants raise loudly slogan on day themes and disaster preparedness.

**Homestead Gardening training:**

Nutrient deficiency is a common problem among most of the people in Bangladesh, especially among those living in the villages. Due to poverty, illiteracy and lack of knowledge about food and nutrition, many farmers suffer from malnutrition, which especially affects newly married, pregnant, or lactating women. Most of the households in the CDI villages occupy some land surrounding their home, where they can easily establish a homestead gardening to supplement their nutritional requirements. These gardens are mainly managed by family labour and need low capital inputs and simple technology. Under livelihood sector, Homestead Gardening training is being provided among all households in CDI community. On this quarter 305 households were provided training on homestead gardening in four communities of Gopalgonj and Rangpur districts. Upazila Agriculture Officers were
facilitators in conducting Homestead Gardening trainings. Households got knowledge from training on use of homestead land properly, cultivates homestead unused land for vegetable and fruits, use of organic fertilizer, family nutrition, cooking vegetable etc.

Community Nursery:

CDI program started to establish four community nursery at four communities in Gopalganj and Rangpur. For each nursery 10,000 BDT was given as 1st installment for sowing seeds, fertilizers and irrigation. Community Nursery is a motivation to promote plantation and homestead garden for utilizing unused land at home and community. It is a mechanism to increase community product, access to quality agro seed, justice prices of means of agriculture etc. Skill development on agriculture issues for increasing income strength and creation multiple option for livelihood

The community nursery grows indigenous plants, grasses and trees for planting in Community and for public sale. CDI program encourages the planting of indigenous vegetation and planting in community houses and homestead gardens by:

- Producing plants through Community Nursery for use in community.
- Providing plants at wholesale price rates to residents and schools.
- Providing planting knowledge to residents.

Arsenic tests for drinking water sources:

According to the plan of actions, all sources of drinking water were tested arsenic existence. Total 703 drinking water sources tube-wells were tested where 192 tube-wells contaminated with arsenic. In coordination with the local government authority (Department of Public Health Engineering-DPHE), all tube-wells in four communities of CDI program were tested by the technician of DPHE. In February we started arsenic test. We found our 2 communities in Rangpur as arsenic free. But our both communities in Gopalganj seem to be in vulnerable condition. We tested total 216 tube-wells in Gopalganj and found 192 tube-wells were arsenic contaminated with unacceptable limit (i.e. .05 mg/l or 50 ppb). Arsenic test data is given bellow:

Gopalganj, Community-01, Tebaria

<table>
<thead>
<tr>
<th>Arsenic Concentrations</th>
<th>0 - 0.01mg/l</th>
<th>0.02 - 0.05 mg/l</th>
<th>0.05 - 0.10 mg/l</th>
<th>0.10 - 0.40 mg/l</th>
<th>0.40 mg/l +</th>
<th>Damage TW</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Tube well tests</td>
<td>05</td>
<td>03</td>
<td>04</td>
<td>50</td>
<td>89</td>
<td>11</td>
<td>162</td>
</tr>
</tbody>
</table>

- Arsenic Accepted level 0.05 mg/l Tube well # 08
- Arsenic contaminated Tube well # 143
Gopalganj, Community-02, (Baladanga, Dariarkul)

<table>
<thead>
<tr>
<th>Arsenic Concentrations</th>
<th>0 - 0.01mg/l</th>
<th>0.02 - 0.05 mg/l</th>
<th>0.05 - 0.10 mg/l</th>
<th>0.10 - 0.40 mg/l</th>
<th>0.40 mg/l +</th>
<th>Damage TW</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Tube well tests</td>
<td>00</td>
<td>02</td>
<td>03</td>
<td>34</td>
<td>12</td>
<td>03</td>
<td>54</td>
</tr>
</tbody>
</table>

- Arsenic Accepted level 0.05 mg/l Tube well # 02
- Arsenic contaminated Tube well # 49

Rongpur Community-01, (Nagirdigar)

<table>
<thead>
<tr>
<th>Arsenic Concentrations</th>
<th>0 - 0.01mg/l</th>
<th>0.02 - 0.05 mg/l</th>
<th>0.05 - 0.10 mg/l</th>
<th>0.10 - 0.40 mg/l</th>
<th>0.40 mg/l +</th>
<th>Damage TW</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Tube well tests</td>
<td>278</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>288</td>
</tr>
</tbody>
</table>

- Arsenic Accepted level 0.05 mg/l Tube well # 288
- Arsenic contaminated Tube well # 0

Rongpur Community-01, (Poddopukur Baramukim)

<table>
<thead>
<tr>
<th>Arsenic Concentrations</th>
<th>0 - 0.01mg/l</th>
<th>0.02 - 0.05 mg/l</th>
<th>0.05 - 0.10 mg/l</th>
<th>0.10 - 0.40 mg/l</th>
<th>0.40 mg/l +</th>
<th>Damage TW</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Tube well tests</td>
<td>162</td>
<td>37</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>199</td>
</tr>
</tbody>
</table>

- Arsenic Accepted level 0.05 mg/l Tube well # 199
- Arsenic contaminated Tube well # 0

**Latrine Assessment:**

Although latrine construction is an important work for ensuring 100% safe sanitation. We started assessment of household latrine to construct household latrine. Community worker and community Volunteers were done the assessment by structured format. We completed household latrine assessment of 1561 households in all four communities in Rangpur and Gopalganj districts. Total 1197 household had no hygienic latrine out of 1561 household. Community wise requirement of household latrine as per assessment is given bellow:

<table>
<thead>
<tr>
<th>Types of Support</th>
<th>Rongpur</th>
<th>Total</th>
<th>Gopalganj</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C1</td>
<td>C2</td>
<td>C1</td>
<td>C2</td>
</tr>
<tr>
<td>Total HH</td>
<td>402</td>
<td>420</td>
<td>399</td>
<td>340</td>
</tr>
<tr>
<td>Full latrine(Superstructure+Ring slab)</td>
<td>294</td>
<td>323</td>
<td>617</td>
<td>154</td>
</tr>
<tr>
<td>Super Structure only</td>
<td>40</td>
<td>47</td>
<td>87</td>
<td>79</td>
</tr>
<tr>
<td>Pan Slab</td>
<td>40</td>
<td>47</td>
<td>87</td>
<td>95</td>
</tr>
</tbody>
</table>
CDI Program Follow up Activities in Magura, Kushtia, Natore and Nilphamari:

The CDI program is continuing follow up activities at eight communities in Magura, Kushtia, Natore and Nilphamari districts for sustaining program impacts and positive changes in vulnerable communities. District wise follow up activities are given below:

Progress in January-March’13

Major activities or highlights in 4 follow up districts Magura, Kushtia, Natore and Nilphamari:

- Follow up class for Adult education held in 55 learning centres. Total 1262 adult learners attended in follow up classes.
- 133 courtyard sessions on Women Empowerment and Leadership were organised at CDI communities in Nilphamari, Natore, Kushtia and Magura districts. More than 1350 participants attended in the sessions.
- 87 courtyard sessions on MCH were organised at CDI communities in Nilphamari, Natore, Kushtia and Magura districts. More than 984 participants attended in the sessions.
- 16 poor pregnant mothers received cash support @ tk. 2000/- each from MCH revolving fund as a part of nutritional support and safe delivery.
- 85 courtyard sessions on CBHFA were organised at CDI communities in Nilphamari, Natore, Kushtia and Magura districts. More than 1225 participants attended in the sessions.
- 134 courtyard sessions on PHAST were organised at CDI communities in Nilphamari, Natore, Kushtia and Magura districts. More than 1458 participants attended in the sessions.
- 42 courtyard sessions on DRR were organised at CDI communities in Nilphamari, Natore, Kushtia and Magura districts. More than 1180 participants attended in the sessions.
- Income Generating Activities (IGA) monitoring is going on among 1334 families in four districts.
- Income monitoring is going on tailoring trained 52 beneficiaries, 16 trained community activists on machine mechanics, 16 trained community activists on veterinary in four districts.

District wise progress:

<table>
<thead>
<tr>
<th>SL #</th>
<th>Activities</th>
<th>Progress this Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Magura</td>
</tr>
<tr>
<td>1</td>
<td>Women empowerment session</td>
<td>32</td>
</tr>
<tr>
<td>2</td>
<td>IGA income monitoring</td>
<td>307</td>
</tr>
<tr>
<td>3</td>
<td>Income monitoring – Homestead gardening</td>
<td>558</td>
</tr>
<tr>
<td>4</td>
<td>Income monitoring – Tailoring Trained HH</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Income monitoring – Veterinary Trained HH</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Income monitoring–Machine mechanics HH</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Income monitoring –Handicrafts training HH</td>
<td>52</td>
</tr>
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</table>
## Watsan & Shelter

<table>
<thead>
<tr>
<th>Activity</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latrine monitoring (Quarterly)</td>
<td>237</td>
<td>354</td>
<td>355</td>
<td>347</td>
<td>1293</td>
</tr>
<tr>
<td>Monitoring arsenic removal SONO filter</td>
<td>78</td>
<td></td>
<td></td>
<td></td>
<td>78</td>
</tr>
<tr>
<td>PHAST session</td>
<td>32</td>
<td>36</td>
<td>35</td>
<td>31</td>
<td>134</td>
</tr>
<tr>
<td>Monitoring - Shelter</td>
<td>9</td>
<td>36</td>
<td>35</td>
<td>96</td>
<td>176</td>
</tr>
<tr>
<td>Tube-well monitoring (new)</td>
<td>2</td>
<td>12</td>
<td>15</td>
<td>22</td>
<td>51</td>
</tr>
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<td>Tube-well monitoring (repairing)</td>
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## Health & Education

<table>
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<th>Activity</th>
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<th>February</th>
<th>March</th>
<th>April</th>
<th>Total</th>
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<tbody>
<tr>
<td>Follow up Class – Adult Learners</td>
<td>19</td>
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<td>Natore RC Blood Centre distributed Blood bag to poor patient</td>
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<tr>
<td>CBHFA session</td>
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<td>MCH session</td>
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<tr>
<td>MCH support</td>
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<tr>
<td>MCH Monthly Meeting</td>
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## DRR & Development

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<td>CPC meeting</td>
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<td>CDRT meeting</td>
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<td>DRR session</td>
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<td>UDRT meeting</td>
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### Income Generating Activities (IGA) income monitoring:

CDI program has established innovative development model that helped poor households to improve livelihood, through different Income Generation Activities (IGA). IGA income monitoring is very important for sustainability of IGA project. During reporting period 1334 HHs’ IGA were monitored. Monitoring findings showed good progress of beneficiaries’ economic development. Some IGAs produced better results. Some IGAs are sustainable having diversified their activities and generating considerable income. IGA training skill is being successfully by beneficiaries. From the profit of IGA, Beneficiaries started to deposit some amount of money BDT 300 – 500 at their bank accounts as savings in order to face future disaster or any other necessity. All beneficiaries who received IGA grants are happy as they are earning money and using for their welfare in all respects.

### Follow up class of Adult Education:

During the CDI 1st phase 88 non-formal education classes completed and total 2583 learners received lessons. As most of them were adults so they need more practice. According to the evaluation team recommendation, CDI 2nd phase is running 88 non formal education centers as follow up classes. In total 88 non formal education centers were being run at Nilphamari – 28 centers, Kushtia – 22 centers, Magura – 19 and Natore – 19 centers. A total of 1262 learners attended non-formal
education follow up classes. They were developing their reading and writing skills. In addition to that various social issues on health and hygiene were being discussed in the NFE classes.

**Courtyard Session on Women Empowerment and Leadership Development:**

In reporting period, 133 courtyard meeting held at community level in Nilphamari, Natore, Kushtia and Magura on Women Empowerment and Leadership. More than 2148 Women, Girls and male participants attended in courtyard sessions. Community Workers conducted the awareness sessions and discussed among participants on the following issues:

1. Bad effect of early marriage.
2. Bad effect of dowry
3. Gender equality
5. Women harassment in family.

**Blood Centre Services:**

Re-activation of Natore Red Crescent Blood Centre with the support of CDI program has been providing services to the distressed people in Natore district. It is creating awareness among the general population about safe blood transfusion. Natore Red Crescent Blood Centre is government registered and it collected blood from Red Crescent youth as voluntary donation and then distributed those to the poor people. Among the recipients, major people were poor and distress.

From January to March’13, 162 bags of blood were collected and 156 bags were distributed among needy and poor patients. During blood collection, following tests were properly done:

i) Hepatitis-B
ii) Hepatitis-C
iii) HIV/AIDS
iv) Syphilis.

Besides blood collection and distribution, blood centre staffs were engaging blood grouping among school and college students. In total 358 persons’ blood grouping were done during this quarter.
Awareness campaign was also conducted in favor of voluntary blood donation. The blood centre is trying to make it sustainable.

**Community Based Health and First Aid (CBHFA):**

Main objective of CBHFA is access to the emergency first aid services provided by community volunteer in rural community in CDI project area. From January to March’13, a total of 89 CBHFA sessions were conducted in the four follow up districts. These were 22 sessions at Nilphamari, 24 sessions at Magura, 22 sessions at Kushtia and 21 sessions at Natore. Through these sessions, 1452 persons received health knowledge. Total 48 trained volunteers provided first aid services to 346 people. Providing CBHFA services through community volunteers have been very effective in reducing health related problems and any complications after injury or for any other causes.

**MCH courtyard meeting:**

24 trained volunteers on MCH conducted courtyard meetings on mother & Child health issues at 8 communities of CDI program. MCH healthcare knowledge and services reached at door steps through providing health counseling and courtyard meetings. During reporting time total 85 MCH sessions were conducted in 4 follow up districts of CDI Program and 16 poor pregnant mothers received MCH cash support for safe delivery.

**CPC Meeting:**

During the reporting period 12 CPCs in six districts held total 36 monthly meetings on CDI program activities. Monthly meetings of community program committee (CPC) were effective for smoothly implementing CDI Program activities at community level. Each CPC was organizing and facilitating monthly meeting at their respective community regularly as well as discussing various important issues in the meeting. Each and every member spontaneously participated in this meeting as well as CPC meeting contributed effective participation of community people for CDI program implementation at community level.
Unit Disaster Response Training (UDRT) monthly meeting:

During the reporting period six UDRTs in six districts held monthly meeting on various issues & UDRT activities. Total 18 meetings were organized in 6 districts. In the meeting, UDRTs members reviewed their progress and prepared their plan for next month. As a result UDRT volunteers were actively participating in voluntary services especially for emergency response at unit level.

Community Information Centre (CIC):

Community information centres are running with well functioning. Community library and TV were running with good performance. Community people were reading books and increasing numbers of readers gradually. Community people were learning through watching TV for life oriented information. CICs are enhancing access to information for rural population as well as generate awareness on various social issues and problems, social dialogue and community consultations through community information centre.

Monitoring:

Monitoring is an important part for implementing the program and keeps the program activities in right direction. Program monitoring is one of the major factors to implement the program with quality and in time. As a part of program monitoring Mr. Belal Hossain, Director, CDI program, BDRCS, Unit Secretaries and Unit Executive Members visited CDI program activities in Gopalganj, Rangpur, Kushtia, Magura, Nilphamari and Natore Districts regularly. During their visit, progress of CDI program activities were discussed with concern staffs & volunteers and provided important guidance on CDI program activities for implementing in time. After monitoring visit, feedbacks were discussed with different level as required.
Challenges:

We faced some challenge at community level. These are follows below:

- Land price / value is high at several communities. So community people were less interested to donate of land to BDRCS for information center.
- Community people were less interested to participate in awareness raising program without any tangible benefits. They want to receive asset from CDI program of BDRCS.
- Sometimes it was delay to transfer fund at districts level.
- Political unrest, especially Hortal, Stike and unavoidable situation delayed normal activities.
- Some community donated land for CIC, so community people were asking to construct CIC.

Recommendations/suggestions:

In accordance with our learning if it is possible to enhance the following areas, there are some recommendations for smoothly running Program activities at community level as well as these are matter can be considering for program in future. These are following below:

- To organize effective training for capacity building of staffs in especially M&E issues.
- We should start for tender announcement of CIC as soon as possible.
- Most essential some documents should print of CDI Program Such as: Plan of Action, Guideline of courtyard meeting, Leaflet, as well as IEC materials.

Conclusion:

CDI program completed this quarter successfully and interventions have been started to achieve program goal through reducing socio-economic vulnerability of the targeted households as well as ensure quality and make the program sustainable. Community people realized that CDI program support is very helpful for their development. In fact, finally it can be said that CDI program is being implemented at the community level as per plan of action. On the other hand this program will contribute to make concrete bridge among other stakeholder for sustainable development.