In brief

Programme outcome
The overall outcome of the CDI program is to make targeted most vulnerable and impoverished communities more resilient and socioeconomically empowered by the end of the program period. To achieve this outcome, various activities have been implemented in an integrated manner in order to address household level basic needs and enhance their socioeconomic capacity in a sustainable way in 8 most vulnerable communities in 4 districts of Bangladesh.

Programme(s) summary
Bangladesh Red Crescent Society started a new type of community development program called ‘Community-based Development Initiatives (CDI)’ in 15 rural villages of four districts (Natore, Magura, Kushtia and Nilphamari) from May 2010. 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 overall goal of the CDI program was to
increase the community resilience to disasters and improve the basic living condition of over 10,000 people in 8 impoverished communities of Bangladesh by 2012. As the programme 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.

As the CDI was a new types of program, in fact the first of its kind in BDRCS programmatic history so far, it was implemented on a pilot basis only in few communities for a limited period of 2 years. And then replicate to new communities later should the pilot phase produce good results and positive impacts on the targeted communities. The first phase of the program has now been completed successfully at the end of May 2012 and impacts so far have been very positive. Targeted people are now beginning to reap the benefits and services from various activities. A clear change is seen in community as a whole, and people’s behaviour and attitudes towards hygiene, sanitation, social issues, education, health and environment have changed positively. Poor and vulnerable sections of the community now feel more empowered, financially independent, more confident and dignified. Houses are safer, dwellers are more aware on potential hazards, better prepared for and more resilient to future disasters. Of course measurement of resilience is only a qualitative assumption and not possible until now to verify in a scientific or quantitative way.

**Financial situation**

The total budget for this program was BDT 91,164,224 (CHF 1,055,140) of which BDT 85,334,620 (CHF 1,030,418) has been spent by the end of May 2012. The total fund committed to Bangladesh Red Crescent Society for the CDI program is CHF 1,500,000 out of which CHF 1,030,418 has been used in the 1st phase. The remaining amount CHF 469,582 will be spent for completing ongoing 2 construction projects, follow up of the 1st phase activities and for further expansion of the program into two new districts (4 communities). A tentative financial statement is attached with this report (Annex 1).

**No. of people we have reached**

The CDI program has reached approximately 10,558 people (2,252 households) in 8 communities of 4 districts of Bangladesh.

**Our partners**

As the funding for the CDI program comes from Sidr operation leftover fund which was contributed from so many partner national societies and other donors so they are all acknowledged and appreciated for their generous contribution. BDRCS always works with various bilateral and multi-lateral partners. It has at the moment around 40 partners from the Red Cross Red Crescent Movement, United Nations agencies, community-based non-governmental organizations, government bodies including ministry of food and disaster management, ministry of health and family welfare, DFID and the European Commission’s Humanitarian Aid department, amongst others. For this CDI program, BDRCS also worked in partnership with non-traditional partners in the country such as International Development

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1 Approximate figure only as the book of accounts is not yet closed.
Enterprise (IDE), Infrastructure Development Company Limited (IDCOL), SNV Bangladesh, Manob Sakti Unnayan Kendro (MSUK), Grameen Shakti, etc, in order to leverage their technical expertise in some areas where BDRCS did not have adequate experience.

On behalf of BDRCS, IFRC would like to thank all partners and contributors for their generous response and support to this program and other Red Cross Red Crescent activities in Bangladesh.

Context
The overall security and political situation somehow remained tensed during the program period, and the half of 2011 was more turbulent and experienced frequent Bandha and protest programs called by opposition parties and other groups. Violent clashes were reported in several parts of the capital and other cities as well as vehicular movement and day to day works were severely affected during those Bandha/protest programs.

Few small to medium level disasters occurred during the program period. Flash floods in Cox’s Bazar district around 2nd–3rd week of July have affected nearly 25,000 people, and BDRCS/IFRC provided some relief assistance to ease the situation of the affected people. Furthermore the continuous torrential rain in the months of July and August resulted in floods and raised water levels in many districts in South-West Bangladesh. It eventually developed into a major problem in the affected areas displacing several thousands of families from their homelands.

Disasters of various types and intensity keep hunting Bangladesh every now and then. There was again an outbreak of Nipah virus in some parts of the country in February and about 31 people died from this epidemic. In addition, a fire accident occurred in Rangamati district that gutted 25 houses of indigenous people at Rangipara village. Another fire incident occurred in Chittagong area where around 310 families were affected. Yet again, spell of cold wave running every winter in some parts of Bangladesh has severely affected thousands of families and also resulted in death of 87 people in 2011. In response, BDRCS/IFRC has launched a DREF operation and other locally funded relief interventions as well to help the most vulnerable families.

These small disasters, political protests and long national holidays did slow down the pace of implementation of the CDI program a little bit. However, despite these challenges and constraints, BDRCS and IFRC together have managed to mitigate adverse impacts to the extent possible and complete all planned activities of this 1st phase CDI program within the stipulated time frame.

Progress towards outcomes

Outcome(s)
As the CDI programme took a holistic and integrated approach to address basic needs of the targeted communities and community needs were numerous, 13 areas of activities were identified. But for the sake of effective management and proper implementation, all those activities and expected outcomes were then regrouped into the following 4 sectors.
## Sectors

<table>
<thead>
<tr>
<th>Sector</th>
<th>Outcome(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Livelihood / Income Generation</td>
<td>Household source of income diversified, family income level raised at least above the poverty threshold. Community youths are trained on marketable skills and employability improved. More crops/vegetables produced and the food security situation improved in all targeted communities.</td>
</tr>
<tr>
<td>2. Health and Education</td>
<td>Health awareness is increased and primary health care and first aid services are available in the community itself. Infant/child and maternal mortality rates reduced. Literacy level in the community increased significantly and number of children of school-going-age out of formal school decreased.</td>
</tr>
<tr>
<td>3. Water and Sanitation</td>
<td>Water, hygiene and sanitation situation in targeted communities improved significantly. Prevalence of waterborne diseases reduced. Adequate safe drinking water available to all households in all seasons. All houses in the community are more resilient to disasters like seasonal flood, tropical storm, etc.</td>
</tr>
<tr>
<td>4. DRR and Development</td>
<td>Community women are more empowered through better awareness, education and skill training. Fuel efficient and environment friendly technologies like improved cooking stove, bio gas, compost pit, etc, widely used in the communities. Community’s access to information improved. Long held social ill practices and traditions like dowry, child marriage, gender discrimination, etc, decreased significantly. Capacity of BDRCS units enhanced in participatory planning, management and disaster response in their districts. Communities are aware of possible disasters in their communities and ways to reduce risks and impacts as far as possible. RCRC principles and values widely disseminated, and public support to the Red Cross Red Crescent works increased.</td>
</tr>
</tbody>
</table>

All these outcomes set for the 1st phase of the program have largely been met through various activities implemented under four sectors as described below.

### LIVELIHOOD / INCOME GENERATION SECTOR

#### Achievement against set targets

<table>
<thead>
<tr>
<th>Activities</th>
<th>Target (PoA)</th>
<th>Target (Revised)</th>
<th>Completed</th>
<th>% complete (against rev. target)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social ranking/social mapping of villages</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>100%</td>
<td>Village</td>
</tr>
<tr>
<td>Homestead gardening training</td>
<td>2,307</td>
<td>2,252</td>
<td>2,252</td>
<td>100%</td>
<td>Person</td>
</tr>
<tr>
<td>Distribution of seeds &amp; saplings</td>
<td>2,307</td>
<td>2,252</td>
<td>2,242</td>
<td>99.5%</td>
<td>Household</td>
</tr>
<tr>
<td>Livelihood training to community volunteers</td>
<td>32</td>
<td>32</td>
<td>50</td>
<td>156%</td>
<td>Person</td>
</tr>
<tr>
<td>Preparation of IGA proposals</td>
<td>1,370</td>
<td>1,334</td>
<td>1,334</td>
<td>100%</td>
<td>Proposal</td>
</tr>
<tr>
<td>Opening of beneficiaries’ bank accounts</td>
<td>1,370</td>
<td>1,334</td>
<td>1,334</td>
<td>100%</td>
<td>Account</td>
</tr>
<tr>
<td>Distribution of 1st instalment IGA cash grant</td>
<td>1,370</td>
<td>1,334</td>
<td>1,334</td>
<td>100%</td>
<td>Household</td>
</tr>
<tr>
<td>Distribution of 2nd instalment IGA cash grant</td>
<td>1,370</td>
<td>1,334</td>
<td>1,334</td>
<td>100%</td>
<td>Household</td>
</tr>
<tr>
<td>Agriculture training to volunteers</td>
<td>21</td>
<td>24</td>
<td>24</td>
<td>100%</td>
<td>Person</td>
</tr>
<tr>
<td>Veterinary training to volunteers</td>
<td>21</td>
<td>16</td>
<td>16</td>
<td>100%</td>
<td>Person</td>
</tr>
<tr>
<td>Micro irrigation training to volunteers</td>
<td>20</td>
<td>16</td>
<td>16</td>
<td>100%</td>
<td>Person</td>
</tr>
<tr>
<td>Skill training to village youths (male &amp; female)</td>
<td>400</td>
<td>400</td>
<td>333</td>
<td>77.50%</td>
<td>Person</td>
</tr>
<tr>
<td>Volunteers’ training on women empowerment</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>100%</td>
<td>Person</td>
</tr>
<tr>
<td>Lecture/presentation by experts on women, gender</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>100%</td>
<td>Lecture</td>
</tr>
</tbody>
</table>
Distribute IEC materials on social issues such as family planning, early marriage, dowry, etc: 2,307 2,252 2,252 100% Household

Courtyard meeting on social issues such as family planning, early marriage, dowry, divorce, etc: 355 333 333 100% Meeting

Cultural programme to generate social awareness: 16 16 16 100% Event

- **Homestead Gardening**: Training on homestead gardening has been provided to all 2,252 households in the targeted communities. Following the training, 9 saplings of mango, guava, litchi, coconut, papaya, almond, jackfruit, etc, and 9 packets of seeds of Gourd, Pumpkin, Bean, Celery, Greens, Papaya, etc, were distributed to each household.

- **Skill training**: Though 400 youths were planned to be trained; only 333 youths have been able to undergo trainings on some skill areas such as computer, tailoring, handicraft, etc. The initial target was ambitious and not many community youths were interested in these sorts of skill trainings and also employability after the training has been an issue. In detail:
  - Computer training: A three months long computer training has been provided to 32 community youths, and participants were awarded professional certificate upon completion of the training.
  - Handicraft training: 224 community women of 8 communities completed training on handicraft. The training period was 2 months and conducted by professional instructors.
  - Tailoring training: 55 women from Nilphamari, Kushtia and Natore got 3 months long tailoring training.
  - Solar system training: A 3 days training on “Basic Solar System” for 22 youths from 4 districts was conducted by DISA a National NGO. Out of them, 8 youths have already been employed by the same NGO as a “Field Promoter”.

- **Income Generation Assistance (IGA) project**: As an effort to contribute to the family income and reduce poverty, families living under the poverty line are given a cash grant of BDT 15,000 to each family to start an income generating project at the household level. Cash grant is transferred to the individual bank account. Under this project following activities were carried out by May 2012:
  - Social ranking/social mapping of 15 villages (8 communities).
✓ 1,334 beneficiaries selected for IGA grant.
✓ 1,334 IGA project proposals prepared, and 1,334 individual beneficiary bank accounts opened.
✓ IGA cash grant, 1st instalment, distributed to 1,334 households.
✓ IGA Cash Grant, 2nd instalment distributed to 1,334 households.

All houses have now started their respective IGA projects and many of them are also earning a reasonable amount thus positively contributing to their family income. Of course the amount of income from IGA project is not equal for all beneficiaries but there is already a positive return on the investment. The 1st round of monitoring has revealed that people are earning now in the range of 1,500 to 15,000 taka per month.

- General training of volunteers: 130 community volunteers were trained on livelihood, agriculture, veterinary, micro irrigation support/facilitate various activities in the communities (livelihood-50, agriculture-24, veterinary-16, microirrigation-16 & women empowerment-24).
- Women empowerment: As a part of CDI efforts to empower community women, 292 women were provided skill trainings on various skill areas such as tailoring, handicraft, computing, etc. In addition, 16 lectures on women empowerment and gender issues were delivered by various area experts and renowned personalities. 16 cultural events/dramas were staged in order to raise social awareness mainly issues related to women.

### HEALTH AND EDUCATION SECTOR

<table>
<thead>
<tr>
<th>Activities</th>
<th>Target PoA</th>
<th>Target (Revised)</th>
<th>Completed</th>
<th>% complete (against rev. target)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-formal school (adult)</td>
<td>108</td>
<td>83</td>
<td>83</td>
<td>100%</td>
<td>School</td>
</tr>
<tr>
<td>Non-formal school (adolescent)</td>
<td>54</td>
<td>5</td>
<td>5</td>
<td>100%</td>
<td>School</td>
</tr>
<tr>
<td>Incentive/financial support to poor students</td>
<td>917</td>
<td>917</td>
<td>931</td>
<td>101%</td>
<td>Student</td>
</tr>
<tr>
<td>Material support to community school</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>100%</td>
<td>School</td>
</tr>
<tr>
<td>Education Awareness campaign and campaign against social ill practices to household</td>
<td>2,307</td>
<td>2,252</td>
<td>2,252</td>
<td>100%</td>
<td>Household</td>
</tr>
<tr>
<td>CBHFA training to community volunteers</td>
<td>50</td>
<td>48</td>
<td>48</td>
<td>100%</td>
<td>Person</td>
</tr>
<tr>
<td>Distribute First Aid Kits to Volunteers</td>
<td>50</td>
<td>60</td>
<td>60</td>
<td>100%</td>
<td>Kit</td>
</tr>
<tr>
<td>CBHFA community sessions</td>
<td>300</td>
<td>300</td>
<td>300</td>
<td>300%</td>
<td>Session</td>
</tr>
<tr>
<td>Training of MCH workers/volunteers</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>100%</td>
<td>Person</td>
</tr>
<tr>
<td>Mobile health camp in communities</td>
<td>32</td>
<td>24</td>
<td>24</td>
<td>100%</td>
<td>Health Camp</td>
</tr>
<tr>
<td>MCH courtyard meeting</td>
<td>334</td>
<td>334</td>
<td>300</td>
<td>89.82%</td>
<td>Fund</td>
</tr>
</tbody>
</table>
• **Non-formal schools:** 88 non-formal education schools were run for six months and total 2,593 people (adult/adolescent students) have been made literate. Both pre test and post test were conducted, and performance of most of the students in the post test has been very good. Almost all learners can write their name and most of them can read and write fluently. Furthermore, it is felt that these schools have brought some positive changes in thinking and attitude as well. Many adult learners mainly women now feel that they get more respect in the family and community as they know reading and writing. In addition, they now understand the importance of formal education hence they are committed to send their children to formal school and help them continue higher education as well.

• **School and student support:** 931 poor students received cash incentive of 100 Taka each per month. The purpose of this incentive is to motivate poor students to continue attending formal school and reduce the rate of dropout mainly due to financial reason. In addition, 8 schools were provided some support for teaching materials and games for students so as to help in improving quality of education.

• **Maternal Child Health:** 300 MCH courtyard meetings have been conducted for sensitization of health issues of the mothers and children in the community in all 4 program districts. 24 community volunteers were trained on MCH issues who are regularly conducting MCH awareness meetings in communities.

• **Social awareness:** Social awareness campaigns against various social issues and ill practices were organised. During the program period, all households were reached by this awareness program. Two types of posters on social issues and education were distributed to 2,252 households.

• **CBHFA & Mobile health:**
  ✓ 24 mobile health check-up camps were organised during the program period in all 8 communities where around 4,684 patients got free health check up by specialist doctors.
  ✓ Two trainings for community volunteers on CBHFA were conducted in Natore. A total of 48 volunteers from 4 districts participated in the training. These trained volunteers are conducting CBHFA activities in communities. Total 300 CBHFA sessions have been organised in communities.

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**WATER AND SANITATION SECTOR**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Target PoA</th>
<th>Target- (Revised)</th>
<th>Completed</th>
<th>% complete (against rev. target)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Installation of shallow tube well</td>
<td>60</td>
<td>51</td>
<td>51</td>
<td>100%</td>
<td>Tube well</td>
</tr>
<tr>
<td>Installation of deep tube well</td>
<td>23</td>
<td>18</td>
<td>0</td>
<td>0%</td>
<td>Plan cancelled</td>
</tr>
<tr>
<td>Repair of existing tube wells</td>
<td>80</td>
<td>240</td>
<td>240</td>
<td>100%</td>
<td>Tube well</td>
</tr>
</tbody>
</table>
The Participatory Hygiene & Sanitation Transformation (PHAST): 56 community people were trained on PHAST who conducted health and hygiene awareness sessions in communities, and by now, total 1,355 PHAST sessions have been completed. Furthermore, the hygiene behaviour change and disease surveillance survey was conducted 3 times. According to the survey, the water & faecal born diseases have decreased significantly in some districts, and a clear indication of downward trend is seen in others.

Tube well installation/repair:
- 51 new shallow tube-wells have been installed. The water testing of these tube-wells was done and no adverse result found. Installation of deep tube well, however, has been abandoned mainly due to rocky layer in most of the areas. The provision of deep tube well was only for the areas where there is arsenic contamination in shallow tube well water, and water availability in dry season is very low. But to address the water availability problem during dry season, a low cost and easy technology has been adopted by converting shallow pump into mini tara pump that will pump adequate water even in the dry season. And in areas where the arsenic contamination was found, a low cost but durable arsenic filter has been provided to each household.
- 240 existing shallow tube-wells have been repaired, and a raised platform is constructed at each tube well so that tube well water will not be contaminated by the flood water in the rainy season.

Water quality testing: 369 water samples have been tested to ensure that all water sources in communities are safe for drinking. Except in one community in Magura where about 78 tube wells are found contaminated with arsenic, all other sources are found free from arsenic and harmful chemicals.
• **Latrine construction:**
  - All rings & slabs for household latrine were constructed by the project in communities and distributed to targeted households. Total 1,086 sets of rings & slabs have been constructed in 4 districts. In addition to rings & slabs, some households also got a super structure. Total 1,293 superstructures have been distributed to targeted households.
  - 100 volunteers were trained on latrine construction that helped beneficiaries to install household latrines properly.

• **Strengthening community household/PASSA:** One ToT on Participatory Assessment of Safe Shelter Awareness (PASSA) was conducted in Kushtia, and these trained volunteers helped conducting PASSA sessions in communities. Total 64 PASSA sessions were held in 2011. A shelter technical assessment was conducted in all communities. Based on the assessment report and PASSA meeting recommendations, shelter support program was designed. The purpose of this shelter support program was to strengthen community houses to make more resilient to future disasters. In total 177 houses have been repaired/reconstructed. This includes 41 houses completely reconstructed with 3 fts raised plinth with cement stabilization in order to protect from seasonal flood. These 41 houses used get inundated every year for about a month and families had to take shelter somewhere else. So this support has greatly reduced their suffering and also given them a sense of security and dignity.

### DRR AND DEVELOPMENT SECTOR

#### Achievement against set target

<table>
<thead>
<tr>
<th>Activities</th>
<th>Target PoA</th>
<th>Target (Revised)</th>
<th>Completed</th>
<th>% complete (against rev. target)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Installation of improved cooking stoves at HH level</td>
<td>1,132</td>
<td>500</td>
<td>399</td>
<td>80%</td>
<td>Household</td>
</tr>
<tr>
<td>Training on improved cooking stoves</td>
<td>80</td>
<td>40</td>
<td>40</td>
<td>100%</td>
<td>Person</td>
</tr>
<tr>
<td>Training on compost pits</td>
<td>70</td>
<td>70</td>
<td>70</td>
<td>100%</td>
<td>Person</td>
</tr>
<tr>
<td>Construction of Compost pits at HH level</td>
<td>700</td>
<td>700</td>
<td>515</td>
<td>74%</td>
<td>Pit</td>
</tr>
<tr>
<td>Construction and set up of Community Information Centre</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>100%</td>
<td>Centre</td>
</tr>
<tr>
<td>Establishing Community Library</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>100%</td>
<td>Library</td>
</tr>
<tr>
<td>Construction of a community link road</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100%</td>
<td>Link road</td>
</tr>
<tr>
<td>Formation of Community Program Committee</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>100%</td>
<td>Committee</td>
</tr>
<tr>
<td>Community Program Committee Meeting</td>
<td>160</td>
<td>160</td>
<td>166</td>
<td>103%</td>
<td>Meeting</td>
</tr>
</tbody>
</table>
• **Community Information Centre (CIC):** Eight Community Information Centres (CICs) have been constructed one each in 8 communities. The CIC has been equipped with solar power system and a television now, and a computer and internet connection may be installed later when electricity connection is available in communities. The purpose is to increase community access to vital information and at the same time enable community to establish link with outside experts in health, agriculture, livelihood and other social issues.

• **Social and RCRC awareness:** 160 courtyard sessions on various social issues were organised, RCRC information materials distributed to 2,252 households and world RCRC day observed in all 8 communities.

• **Capacity building of BDRCS units:** BDRCS unit offices in Kushtia, Nilphamari, Natore and Magura have been renovated. The CDI program decided to renovate/refurbish BDRCS unit offices in order to provide safe and sound working environment. Apart from renovation of existing building, a new annex has been constructed in Natore. Similarly, an extra room has been constructed together with renovation of existing building in Magura. As the existing office in Kushtia is strong and in sound condition, only minor renovation and partition of a room was done there. In addition, a Thalassemia care centre has been constructed in Jassore unit with a joint funding from the Federation and
the unit. Aside from physical renovation of office building, necessary staffs, motorcycle, furniture, computer, scanner, internet connection, etc, have been provided to Magura, Kushtia, Natore and Nilphamari units. As the existing office of Magura unit is small and also belongs to government, CDI program has constructed a one storied office building. The unit purchased required land for construction from its own source.

- **Promotion of environment friendly technology:**
  - 399 improved cooking stoves have been installed at selected households in Kushtia and Nilphamari. The purpose of this program is to minimise the health hazard by fire smoke and also reduce the consumption of firewood and other cooking fuels. These stoves are low cost stoves prepared mainly with mud and locally available materials by local technician, and after installation monitoring and repair is provided by the locally trained volunteers. For this purpose 40 community people have been trained.
  - 70 persons are also trained on compost pit, and constructions of such pits are going on at the moment. To date 515 compost pits are already constructed. The purpose of the compost pit is to convert household wastage into bio-fertiliser through a low cost technology.

- **Disaster Risk Reduction/Preparedness:**
  - 200 community volunteers from 4 districts were trained on disaster risk reduction. The participants also prepared a hazard map and conducted vulnerability & capacity assessment of their communities. Now there is a Community Disaster Response Team (CDRT) with trained volunteers in each community. A district level disaster response team as well has been formed with 25 members and necessary training provided in all 4 districts. Each team is equipped with necessary response kits.
  - 41 houses have been reconstructed with raised plinth with cement stabilization to protect houses from inundation during the rainy season. All houses in the area used to get flooded every year and residents needed to take shelter in other places for about 1 month.
  - A community link road has been constructed in Baishpukur community of Nilphamari district. The construction of this road with brick soling and single layer hearing bone bond has enabled community people to drive motor cycles and light vehicles on this road. As this section of the way previously was a river and sandy, two wheelers and light vehicles could not go through the deep sandy layers. Hence it was the demand of the community to repair this part of the road with brick soling and single layer hearing bone bond so that vehicles can pass easily.
  - A Unit Disaster Response Fund (UDRF) of BDT 100,000 has been set up in each unit to enable the unit to respond immediately in small scale disasters in the district. But this is a revolving fund and unit will have to raise fund locally and replenish the used amount so that the fund can continue to help in future disasters as well.
END OF THE TERM REVIEW (ETR)
As the 1st phase of CDI program was implemented on a pilot basis for 2 years, it was decided to conduct an external review at the end of term to ascertain its effectiveness and impact on target communities. The overall objective of this ETR was to review and evaluate the CDI program in following five areas:

- Outcomes and impact of the CDI program upon beneficiaries and contribution to the overall development of target communities.
- Concept, approach, modality, structure and strategy adopted by the CDI program.
- The role and effectiveness of the Federation in providing guidance, technical support and capacity building to the BDRCS.
- Community ownership/involvement of the communities in program planning, implementation and sustainability processes.
- Capacity building of the BDRCS NHQ and concerned branches vis-à-vis implementation and management of community based development programs.

A two member team of internationally renowned program evaluators conducted the end of term review (ETR) from 6th to 27th May 2012, and the final report has now been submitted. The report has come up with very positive result and impact of the program and it clearly justified our interventions, approach, strategy and program modality. While there are still few areas to improve, there are some activities, as per the ETR, which have already made far-reaching positive impacts on the communities with benefits transcending to generations. Let us quote below two of the many observations made by the review team.

"The CDI programme of BDRC S and IFRC is a highly appropriate, relevant, and extremely successful programme that addresses and responds to clearly identified needs of some of the most vulnerable communities in Bangladesh."

"In a country the size of Bangladesh with an estimated population of 161 million and a plethora of foreign and indigenous NGOs and GOs, this programme of community development initiatives (CDI) may not seem to make much difference. Yet, in the respective communities and for the individual beneficiaries and their families this programme has had a profound and life-changing effect that is likely to be felt for generations to come."

Constraints or Challenges

- Frequent change of BDRCS district unit committees caused some problem as the unit members were key people in supporting the program implementation in communities.
- Turn over of trained staff has also slowed down the implementation of some sectoral activities.
- Bringing a real change in people’s attitude and long held behaviour is a real challenge. As CDI embarked on activities aiming at sustainable behavioural change, it was so difficult in the beginning but finally managed to bring a significant positive change at the end in all communities. Hopefully the positive change seen at this point of time will continue and sustain in future as well.
- Funding has been another challenge at the moment. As the CDI program has been effective and received well by communities, there is a very strong demand for

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2 Please refer the final report CDI program, End of Term Review (ETR)
expansion of the program from several communities, district units, local governments and BDRCS management as well. Hence the challenge is to find required fund to meet popular demand of the people and give continuity to the good work BDRCS is doing in helping impoverished communities.

**Working in partnership**

Bangladesh Red Crescent Society works closely with government in many areas. Being an auxiliary to the Government, it interacts and works with ministries of health, education, finance, law, food & disaster management, foreign affairs, etc, on various relevant issues. The CDI program specifically has set a good example by working so closely with local leadership and government agencies. It was perhaps the first time in BDRCS history that many of district level government agencies were involved in CDI program activities in one way or another. Deputy Commissioners (chief of the district) of all 4 districts have attended and supported many orientation, trainings and events. Civil surgeons have helped in mobile health camps. Livelihood and agriculture officers have facilitated homestead gardening and related trainings. Department of Public Health has helped in water testing and latrine construction. Local government engineers have helped in designing and construction of some most needed community infrastructures like link road, culver/bridge, etc. Furthermore, the Kushtia district administration has provided a piece of land, free of charge, for the construction of a community information centre at Cheweria community.

BDRCS has been working in partnership with the Federation, ICRC, other partners of the RCRC Movement, government agencies, other national and international organisations in order to better serve the people in need and fulfil its RCRC mandates. For this CDI program, BDRCS has extended its partnership even beyond the traditional partners and worked with other specialised organisations and INGOs like IDE, SNV, IDCOL, etc. These partners have brought in their long expertise and experience in the field of market study, value chain analysis, sustainable energy, etc.

These all coordination, cooperation and meetings within and outside the movement, with government and nongovernment agencies have certainly helped positively in program implementation and this effort of interagency interaction, coordination and cooperation should continue in future as well.

**Contributing to longer-term impact**

All BDRCS programs/projects do contribute towards the long-term impact and sustainable development of the project communities, institutions and stakeholders concerned. As the CDI program is a development initiative, all its interventions/activities are geared towards bringing a sustainable impact on target households/communities. Of course, development is a long term process and there needs some time to mature the program benefits and bring sustainable changes. However, a fair and logical conclusion can be made already now based on outputs achieved and positive indications seen at this point of time. Some of those positive indications and outcomes of the CDI program may be briefly explained below.

The adult literacy schools have been exceptionally successful in bringing a much needed change especially among community women. Almost all ladies who were illiterate earlier have attended literacy school and most of them now are able to read and write. Apart from reading and writing skills, they have gained more confidence, and their horizon of thinking
has widened and changed positively. Most of them now feel that they earn more dignity in the community and also can support the education of their children so the benefit is not limited to the current students only but also transcending to the next generation.

The availability of safe and adequate water is ensured in each community. Every household now has a sanitary latrine. People have taken keen interest in PHAST program and attended sessions regularly, and there is already an indication of positive change in hygiene behaviour in communities. So this improved water and sanitation condition will obviously lead to a healthy living and reduced illness due to unsafe water and poor hygiene behaviour in the long term.

Homestead gardening program has provided a supplementary source of nutrition and income. Regular intake of vegetables and fruits then expected to reduce the cases of malnutrition among children and lactating mothers. Community people are now aware of social issues, legal provisions in the country regarding early marriage, dowry, domestic violence, etc. They are now committed themselves not to discriminate between boys and girls and send all kids to formal school, hence the number of children of school going age currently out of school has reduced. This level of awareness and change in thinking will lead to eventual eradication of social evils like dowry, child marriage, gender discrimination and violence from the society.

BDRCS unit offices are renovated and they now project better image and safe working environment. Units have gained much experience in management of community programs. RC volunteers are in regular interaction with community people, everyone in the community today know about Red Cross and Red Crescent which was not the case before the start of the CDI. Each unit of BDRCS has set up a unit disaster response fund which enables them to respond quickly in any small scale local level disaster. Hazard mapping has been done in all communities and trained community disaster response teams (CDRT) are in place. So with this improved condition and capacity of the units and preparedness at the district and community levels, disaster response and service delivery will be more effective and timely in future.

The community information centre (CIC) has now been a sort of information hub and gathering place in the community where people get together to share information and ideas as well as get access to outside information. As the information now days is power and money, having an access to information means a lot to community people and brings a far reaching changes in their way of thinking and doing business as well. Other community infrastructures such as link road, bridge, etc, have provided much needed access to outside markets and greatly facilitating people’s movement in a secured way in all seasons.

Above all, with the cash grant provided by the program to impoverished households, beneficiaries have started income generating (IG) projects and already begun earning something from the project. Though some people are earning less and some others more (in the range of 1,500 – 15,000 Taka/month), it already means a lot for poor villagers who did not have any assets or regular income earlier. And the sustained earning from IGA projects will eventually push the impoverished families above the poverty threshold.
Furthermore, with various interventions and improvement as well as poverty reduction effort and infrastructural support of the CDI program, individual households are expected to be less vulnerable, enhance their ability to fight back and cope with impacts of future disasters in the communities. This will in a way greatly increase the resilience of the community as a whole.

On the whole there are already positive impacts and changes in the communities. This observation is, of course, based on the progress and indications seen at this point of time, and still remains to see whether such benefits will sustain in future. While we firmly believe that supports and benefits provided to beneficiaries will last longer and many project activities as well are designed with inbuilt sustainability components, there is a need for developing a detail follow up and sustainability plan. This plan will help BDRCS units and communities in effective follow up of various activities. Some of the follow up activities may include a guideline for relocation and disinfection of latrine rings and slabs when it is filled in about 2 years, establishing a linkage with government offices and service agencies, monitoring of IGA projects, refresher training for CDRT and UDRT, establishing institutional linkage between community volunteers and BDRCS, follow up classes for adult literacy students, further strengthen community program committee, women committee, conducting a hygiene behaviour change survey around end of 2012 and a full scale impact assessment of CDI program by the end of 2013.

Looking ahead
The first phase of the CDI program completed successfully without major difficulties. Though few challenges and constraints came in its way, program moved ahead thrashing those difficulties, and achieved its stated objectives in a limited period of 2 years. There are certainly some lessons to learn, and achievements and experiences of this phase will help in designing next phase or any future programs in more focussed, realistic and systematic way. Recommendations of the recently conducted end of term review will be taken into consideration while designing programs in future. Having said that, as the program is already showing positive impacts and has gained wider appreciation and acceptance, BDRCS is going to give continuity to the good work and expand the CDI program into additional districts.

Due to fund limitation, the CDI program in the next phase, however, will be in reduced scale and expanded only to 2 districts (Gopalgunj and Rangpur) but it may be extended later to more districts if required fund is available. More expansion may take place in future subject to continued donor funding and sustainable impact of the earlier implemented activities. However the program should only be continued beyond the 2nd phase if and only if outcomes and impacts we have seen so far are really sustainable and people feel better and socioeconomically empowered in a true sense. This should be determined through a systematic impact assessment after 2 years from the end of the 1st phase program.

How we work
All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO’s) in Disaster Relief and the Humanitarian
Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC’s vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC work is guided by Strategy 2020 which puts forward three strategic aims:
1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on [www.ifrc.org](http://www.ifrc.org)

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