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Swiss Agency for Development
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January 2015

Lesson Learning Report: Socio-Economic Empowerment of Extreme Poor People with Disabilities

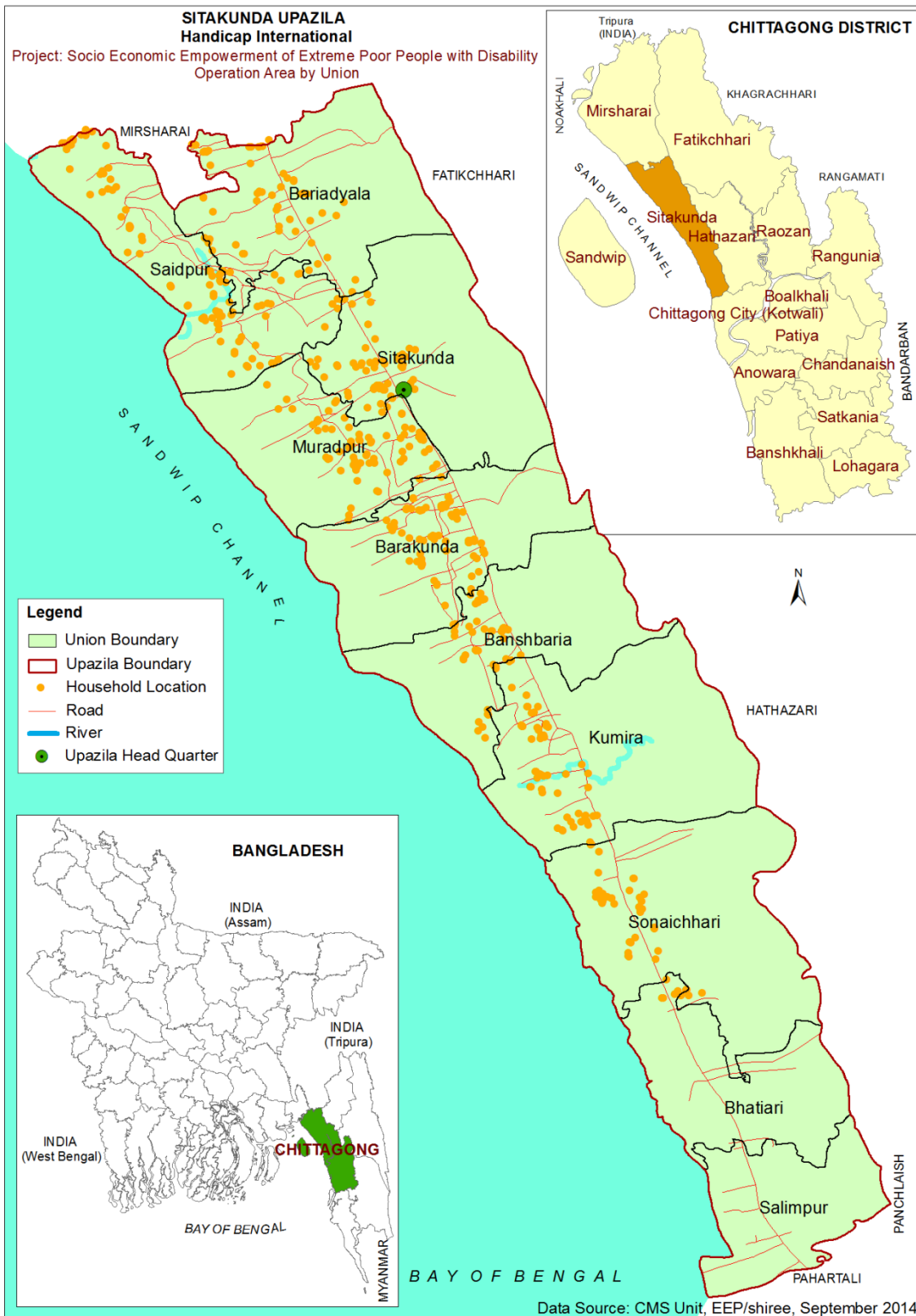
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Project Area Map



List of Acronyms

ADD – Action on Disability and Development
BHH – Beneficiary Household
CDD – Centre for Disability in Development
CLW – Community Livelihoods Worker
CMS – Change Monitoring System
DAC – Development Co-operation Directorate
DFID – Department for International Development (UK)
DLS – Department of Livestock Services
DO – Disability Officer
DPO – Disabled People’s Organization
DSS – Department of Social Services
EEP – Economic Empowerment of the Poorest / Shiree
FGD – Focus Group Discussion
FDPO – Federation of Disabled People’s Organizations
GoB – Government of Bangladesh
GPAF – Global Poverty Action Fund
HI – Handicap International
HIES – Household Income and Expenditure Survey
IAP – Independent Assessment Panel
IF – Innovation Fund
IGA – Income Generating Asset
KII – Key Informant Interview
LLR – Lesson Learning Report
LO – Livelihoods Officer
MDG – Millennium Development Goal
M&E – Monitoring and Evaluation
NGO – Non-governmental Organization
OECD – Organisation for Economic Co-operation and Development
SDC – Swiss Agency for Development and Cooperation
SWOT analysis – Strengths Weaknesses Opportunities Threats analysis
ULO – Union Livestock Officer
UNDP – United Nations Development Programme
UP – Union Parishad
VfM – Value for Money
WHO – World Health Organization

Executive Summary

According to World Health Organization (WHO) estimates, 15% of the 26 million extreme poor people in Bangladesh have a disability, or almost four million people. The Socio-Economic Empowerment of Extreme Poor People with Disabilities project addresses this issue through a disability-inclusive approach to graduation from extreme poverty. Implemented by Handicap International, the main innovation of this project is **its holistic approach, combining both rehabilitation services to increase functional autonomy of people with disabilities together with livelihoods activities.**

Combining rehabilitation services together with livelihoods activities has proved a successful model for a disability-inclusive approach to graduation from extreme poverty. The overall purpose of the project, for 600 extreme poor households including people with disabilities in the Chittagong district to lift themselves from extreme poverty, is in line with the Government of Bangladesh's commitment to meeting Millennium Development Goal (MDG) target one, as disability has been recognized as a cross-cutting issue essential for the eradication of extreme poverty.

Findings

The project was effective in achieving their intended outcomes and outputs. By providing income related capacity building support (e.g. providing income-generating assets and skills training) to either beneficiaries or their caregivers, Handicap International (HI) was able to significantly increase incomes of extreme poor households of people with disabilities. Skills training, particularly with regards to livestock management, and linkages with local service providers proved crucial to increasing incomes, while fund management training played a lesser role. Through rehabilitation support for functional autonomy (e.g. home based rehabilitation, awareness events, etc.), there have been significant improvements in mobility, social participation and economic activity of people with disabilities. While improvements have been made in access to safety nets for many beneficiaries, the limited capacity of local social and health service providers remains a barrier to increasing access to these services. Based on value for money indicators, the Handicap International's project was not as efficient as other Innovation Fund Round 4 projects. However, the revisions made to procurement in 2013 better balance the importance of individual choice of the beneficiary with the procurement capacity of the project team.

Overall, Handicap International's Socio-Economic Empowerment of Extreme Poor People with Disabilities project made a significant impact on the well-being of extreme poor people with disabilities living in Sitakunda Upazilla in Chittagong district. Based on the EEP/Shiree Multidimensional Graduation Index, 100% of BHHs have graduated from extreme poverty at the end of the project. The largest improvements were made in cash savings, value of productive assets, crossing above the extreme poverty line, and food security indicators. Sustainability will depend on several factors, namely the capacity and involvement with DPOs and ability of beneficiaries to cope with adverse shocks in the future, which remains to be seen.

Lessons Learned

- (1) The dual goals of empowering individuals with disabilities and reducing poverty at the household level can be achieved through closely linking rehabilitation and livelihoods support.
- (2) More needs to be done to decrease vulnerability to adverse shocks for extreme poor people with disabilities.
- (3) Engaging with local government and civil society is essential to ensure that beneficiaries have access to support systems in the future.
- (4) Partnerships with local Disabled People's Organizations (DPOs) should be strengthened to ensure sustainability.
- (5) Procurement processes can be made more efficient while at the same time developing the capacity of beneficiaries and increasing transparency by shifting the role of the implementing NGO from a direct purchaser to acting as a facilitator and monitoring body.
- (6) A well-defined strategy for wage employment distinct from self-employment should be developed.
- (7) Having multiple livelihood opportunities is an important source of sustainability and resilience.
- (8) Selecting local community members as field workers is important to establish links with key stakeholders and strengthen relationships within communities.

Recommendations

Policy Recommendations for National Government

- (1) Identify and target the extreme poor in a disability-sensitive way
- (2) Mainstream disability into poverty reduction programming
- (3) Adopt measures to overcome disability-specific challenges related to poverty reduction, including specific funds for disability
- (4) Strengthen institutional capacity and coordination of Ministries to work on disability issues

Recommendations for Non-Government Stakeholders

- (1) A strategy targeting multiple levels should be incorporated in the design of projects and programs working towards the eradication of extreme poverty for people with disabilities.
- (2) Establish a "risk fund" or community pooling mechanism to reduce the impact of adverse shocks.
- (3) Consider alternative livelihoods strategies, such as providing multiple types of income-generating assets or promoting wage employment.
- (4) Establish a network of organizations to better advocate for the rights of people with disabilities at local and national levels.

Section 1 Background, Purpose and Methodology

1.1. Background

Economic Empowerment of the Poorest (EEP)/Shiree is a partnership between UK aid from the Department for International Development (DFID), the Swiss Agency for Development and Cooperation (SDC) and the Government of Bangladesh (GoB). This report details the lessons learned from the project '*Socio-Economic Empowerment of Extreme Poor People with Disabilities*' implemented by Handicap International from November 2011 – November 2014. The aim of this project is to enable 600 extreme poor households including people with disabilities in Sitakunda Upazilla of Chittagong district to lift themselves out of extreme poverty, in line with the programme aim of EEP/Shiree to enable 1 million people to lift themselves out of extreme poverty by 2015.

The project was selected by an Independent Assessment Panel (IAP) and forms part of the Innovation Fund (IF) Round Four projects of EEP/Shiree. The main theme for IF Round Four projects is to achieve **sustainable impacts** in the lives of the extreme poor, with a focus on the most vulnerable and socially excluded groups: women, old people, adivasis and people with disabilities. Eight NGO projects were selected of which the total value of contracts was £2,452,233 covering 7,600 beneficiaries.

1.2. Purpose

The main purpose of this Lesson Learning Report (LLR) is to summarize lessons learnt throughout the project that captures the perspectives of its stakeholders. The report also benchmarks findings against project outcomes outlined in the Logical Framework and follows the Development Co-operation Directorate (DAC) Principles for Evaluation of Development Assistance (1991).

The objective of the report is to:

- identify the key factors contributing to performance, including initial project design, project management, delivery, and re-direction of the project following EEP/Shiree inception review and innovation review at implementation stage;
- highlight lessons (positive and negative) about what works and does not work when implementing the innovation to lift the extreme poor out of poverty in Bangladesh;
- define the extent of the impact (positive and negative) that is likely to be sustained by the project, and any approaches/tools that were useful in management and delivery of components of the programme;
- identify recommendations for: (not in any particular order)
 1. The project team as a baseline information for future initiatives
 2. Other NGOs and development practitioners to share, promote and influence good practices, scale up what works and learned from what did not work
 3. Government of Bangladesh to influence future policy for the betterment of the extreme poor

1.3. Methodology

The overall methodology is based on a participatory approach using both quantitative and qualitative data detailed below. The report further utilises an approach that focuses on the contributions to change, rather than directly attributing all results to the project's activities, as change is not linear and is a culmination of multiple factors (UNDP, 2014: 14).

The data collection was conducted through review of project documents, purposively selected key informant interviews (KIIs) with stakeholders, site visits and observations, independent endline survey, semi-structured focus group discussions (FGDs), case study and life history collection. This triangulation of data ensures that consistent findings are supported by credible evidence and includes: source triangulation, method triangulation, researcher triangulation and debriefing after field visits and sharing of draft report to implementing partner NGO's project team as part of the validation process.

Key Methods used in this report are as follows:

1. Review of Documentation

Internal and External documents were reviewed, including: project memorandum, contract agreement, inception report, project activities log, monthly, quarterly reports and self-review reports, other Monitoring and Evaluation (M&E) reports outside of EEP/Shiree Change Monitoring System (CMS), financial statements, internal and audit report, EEP/Shiree field reports, CMS 1 (baseline), CMS 2 (real-time monthly snapshot), and CMS 4 (participatory review), EEP/Shiree quarterly and annual reports, and the IAP selection report. External documents reviewed are listed in the reference section.

2. Field Trip, KIIs, FGDs and Reflection session with Project Team

The field trip took place from 25th – 28th October 2014. Three FGDs were conducted in Sayadpur, Barabkund and Sitakunda Municipality with beneficiary households (BHHs) purposively selected based on several indicators including age, income, type of disability and access to safety nets. Each FGD took two to three hours and was conducted by an EEP/Shiree Senior Programme Manager, Associate Programme Manager, and M&E analyst. KIIs were conducted with the President and Secretary of the local Federation of Disabled People's Organizations (FDPO), Union Livestock Officers (ULO) for the Department of Livestock Services (DLS), field supervisors for the Department of Social Services (DSS), doctors from the Upazila Health and Family Welfare Complex, and a teacher from a local government primary school. A reflection session with Handicap International management and project staff was conducted on the 27th October 2014 with thirteen team members in attendance including the Project Managers, two Disability Officers (DO), two Livelihood Officers (LO), and eight Community Livelihoods Workers (CLWs).

3. Formal Surveys – Endline to Baseline Survey

Baseline and endline surveys were conducted to collect standardised and comparable information from 64 randomly selected households. The endline survey seeks to establish the efficiency and effectiveness of the innovation in uplifting people from extreme poverty by comparing the socio-economic condition of beneficiaries before and after the project.

Data Collection & Method: The baseline survey used a multi-module questionnaire on household socio-economic conditions, including assets, income and expenditure, loans/savings, food security and empowerment. The endline survey questionnaire contains additional modules specific to the innovation. Field work for the baseline survey was conducted April-May 2012 and May 2013, and the endline survey was conducted in September 2014. Field teams at baseline were comprised of eight community organizers and with oversight by four project staff, and at endline the field team consisted of six trained enumerators, two research associates from EEP/Shiree scale fund projects as auditors and the process was monitored by two M&E staff of EEP/Shiree CMS unit. Data for both surveys was collected using piloted, paper-based questionnaires. Data entry for the baseline was done by project staff using online database developed by EEP/Shiree, while endline data entry was done by CMS unit of EEP/Shiree and one research associate from scale fund NGO.

Sample: The baseline survey was conducted for all beneficiaries before beginning project activities, totalling 600 beneficiary households. Using the baseline as a sampling frame, the endline survey was conducted on a random sample of 64 households using cluster stratified randomization stratified by location (union).

Graduation from extreme poverty is based on an index of multi-dimensional socio-economic indicators from which a household is deemed 'graduated' if it meets a set number of indicators, which differ according to rural and urban settings (see Annex 5). The index is primarily used to determine the intervention impact and examine shortcomings, monitor sustainability, and give a practical meaning to the concept of extreme poverty eradication as 100% graduation.

Limitations of this report:

- Endline sample was not stratified by household/beneficiary characteristics (ex. 47% of direct beneficiaries have physical disabilities, while 61% of direct beneficiaries in the endline sample have physical disabilities) nor project intervention received (ex. 22% of beneficiaries received assistive devices from Handicap International, but 27% of the endline sample received assistive devices) so the sample might not be truly representative.
- Endline data may contain seasonal variations from baseline, especially in rural areas where most households are engaged in agricultural activities (ex. the endline survey was conducted post Kharif-2 harvest while the baseline was conducted while most Kharif-1 crops are still in the field)
- Any significant differences between baseline and endline cannot be attributed entirely to the project, unless we assume that the project was the only factor influencing any changes in key indicators over time, which is highly unlikely.

1.4. Format of the Lesson Learning Report (LLR)

A similar process has been followed during the preparation of each IF Round Four LLR. The report is presented in five sections. **Section One** provides a background on the purpose and methodology of the report. **Section Two** gives a brief introduction to the project context and content, the main innovation, theory of change and Strength Weaknesses Opportunities Threats (SWOT) analysis. **Section Three** details the findings against DAC evaluation principles of relevance, appropriateness, effectiveness, efficiency and sustainability. **Section Four** concludes the findings on performance and lessons learned on the innovation. **Section Five** provides

recommendations for different stakeholders. In all cases the report has been shared with the concerned NGO, feedback has been received and appropriate adjustments made.

1.5. Lesson Learning Team

The EEP/Shiree Lesson Learning Team consisted of Sutapa Paul (Senior Programmes Manager) and Evelyn Wonosaputra (Associate Programmes Manager) who assisted with the field visit, and Christina Seybolt (Monitoring and Evaluation Analyst) as report writer and graduation data analyst. The EEP/Shiree Lesson Learning Team is thankful for the all-around support provided by Handicap International, especially Md. Jainal Abedin (Domain Coordinator - Rehabilitation) and Md. Rashidul Islam (Disability Officer).

Section 2 Introduction to Project Context and Content

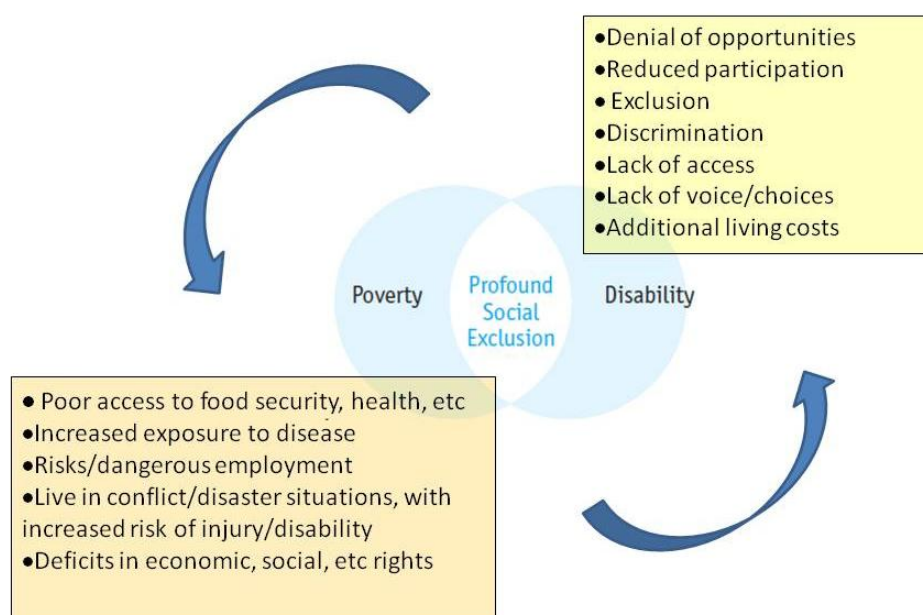
2.1. Context

The connection between disability and poverty is widely acknowledged. Marginalized groups including women, older people, adivasis and people with disabilities face many forms of social exclusion, including greater barriers accessing services and entering markets. According to World Health Organization (WHO) estimates, 6-10% of the 26 million extreme poor people in Bangladesh have a disability, or roughly two million people.

Using data from the World Health Survey, a multidimensional study on disability and poverty in developing countries found disability prevalence in Bangladesh to be 16.2% for working-age individuals (18-65 years) (Mitra, Posarac and Vick 2011). Disability prevalence is higher in rural areas compared to urban (17% compared to 13%), and people with disabilities are more likely to be female (23% compared to 10%) and older (average age for people with disabilities is 40 compared to those without disabilities at 33) (Ibid). People with disabilities complete less education (30% compared to 48%) and have higher rates of unemployment (65% compared to 46%) than people without disabilities (Ibid).

While households with and without people with disabilities have similar levels of expenditures, higher medical expenditure and lower asset accumulation for households including people with disabilities suggest that these households have less ability to save and invest. Finally, individual multi-dimensional poverty rates for individuals with disabilities are higher than those without (88% compared to 75% percent) (Ibid). See Figure 1 below for an illustration of the link between poverty and disability.

Figure 1: Relationship between Poverty and Disability

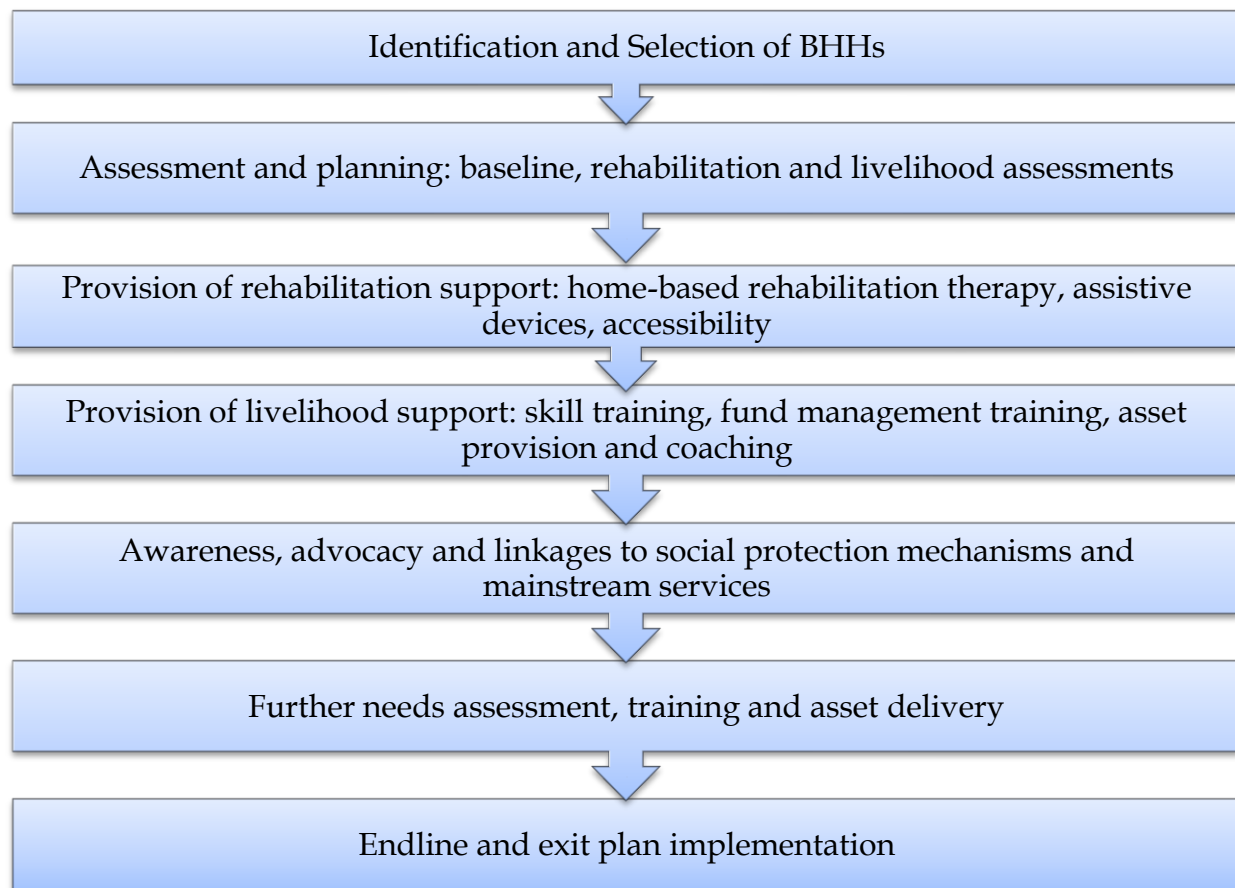


Source: Handicap International, presentation on Socio-Economic Empowerment of Extreme Poor People with Disabilities Project, at the National Conference on Disability-Inclusive Graduation of the Extreme Poor in Bangladesh, 22 October 2014

2.2. Main Innovations

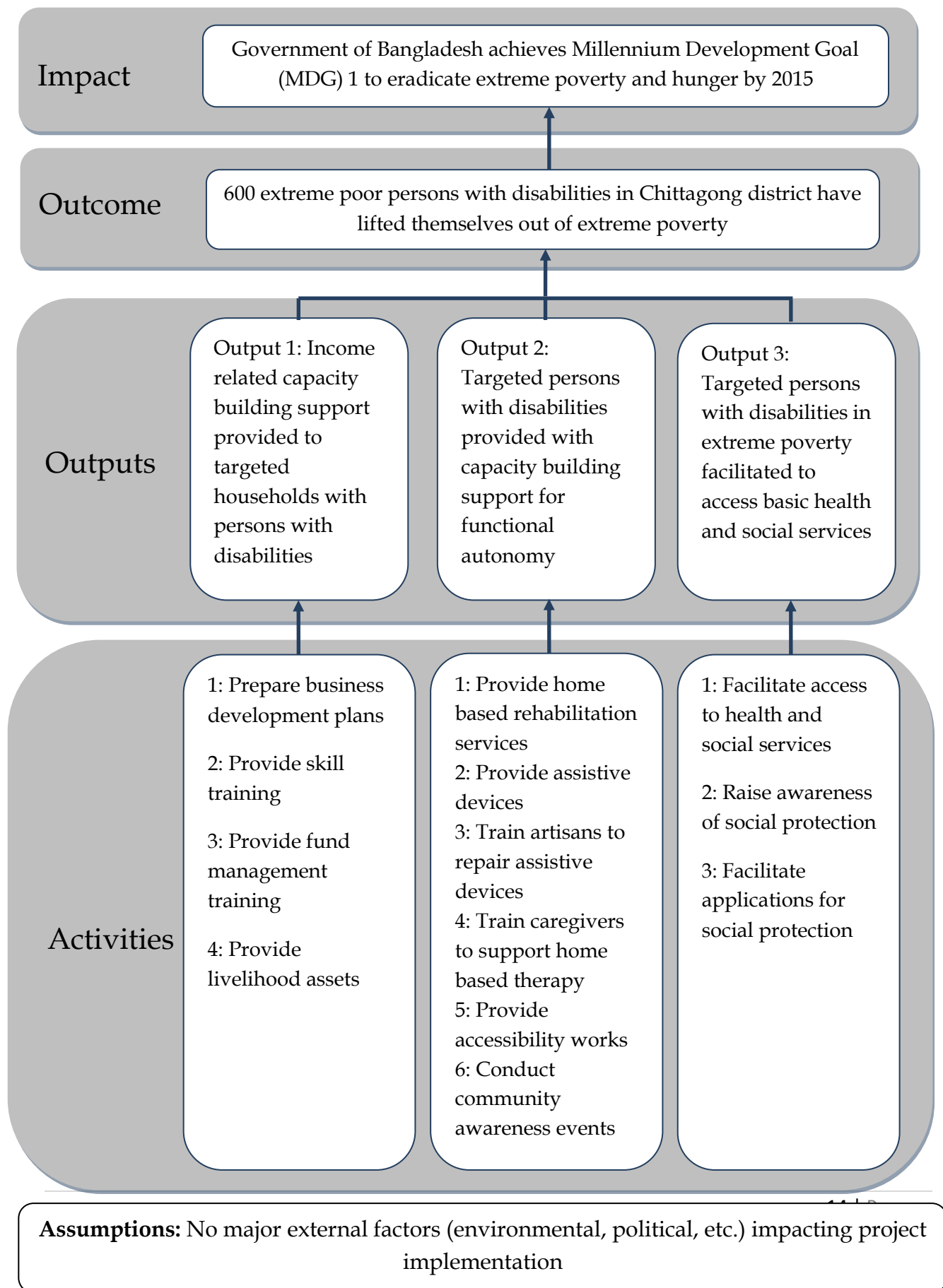
The Socio-Economic Empowerment of Extreme Poor People with Disabilities project addresses these issues through a disability-inclusive approach to graduation from extreme poverty. The main innovation of this Handicap International project is its holistic approach, combining both rehabilitation services to increase functional autonomy of people with disabilities together with livelihoods activities. While other projects working with extreme poor people with disabilities often provide income generating assets (IGAs) to other household members, this project emphasized an inclusive approach whereby disabled household members themselves would receive IGA when possible (based on their capacity). This model is based on a similar Handicap International project in Cambodia, but this is the first time that a holistic, disability-inclusive approach to graduation from extreme poverty is being applied in Bangladesh. See Figure 2 below for an outline of the graduation methodology.

Figure 2: Disability-inclusive graduation methodology



Source: Handicap International, presentation on Socio-Economic Empowerment of Extreme Poor People with Disabilities Project, at the National Conference on Disability-Inclusive Graduation of the Extreme Poor in Bangladesh, 22 October 2014

2.3. Theory of Change



2.4 Strength Weakness Opportunities Threats (SWOT) Analysis

The SWOT analysis below lists the internal and external factors that influence the achievements of the outputs and outcomes of the project.

Internal	Strengths <ul style="list-style-type: none">• Transparent and localized procurement process• Experience providing rehabilitation services for people with physical disabilities• Previous experience working in Chittagong	Weaknesses <ul style="list-style-type: none">• Less experience providing services for people with intellectual disabilities and mental illness compared to people with physical disabilities• Not enough resources allocated for building capacity of local Disabled Peoples' Organizations (DPOs)
External	Opportunities <ul style="list-style-type: none">• Existing DPO network• Many more people with disabilities in the area than could be covered (opportunity for scaling-up)	Threats <ul style="list-style-type: none">• Susceptibility of beneficiaries to shocks (health, natural disaster, accidents, etc.)• Political instability (hartals)• Employers not sensitized to issues facing people with disabilities• Limited capacity of local governments to provide services

2.5 Beneficiary Selection and Budgeted Expenditure

Beneficiary Selection

The project targets extreme poor households in the Sitakunda Upazila of the Chittagong district in Bangladesh that have met the following essential criteria:

- At least one household member with a disability
- Income no greater than 23 BDT per capita per day
- Productive asset value less than 5000 BDT
- No access to microfinance

A total of 849 beneficiaries were identified during the inception phase of the project. The process for selecting beneficiaries was carried out by conducting FGDs with community members and cross-checking data with different sources of information, such as local government representatives, Upazila Social Service Offices, DPOs and NGOs. After the 849 households were identified and physical visits made to each household, 688 households were validated by EEP/Shiree. According to the Final Narrative Report, 88 households dropped out during the project implementation period for reasons including migration (23%), lack of interest in employment (23%), or deceased (18%). See Figure 3 below for a breakdown of the number of beneficiaries by type of disability.

Figure 3: Number of beneficiaries by type of disability

Type of Disability	Number of People with Disabilities
Physical Disability (PD)	309
Hearing & Speech Impairment (HI & SI)	97
Visual Impairment (VI)	81
Intellectual Disability (ID)	59
Mental Illness (MI)	45
Multiple Disability (MD)	61
Total	652

Budgeted expenditure

The three years operation was budgeted to cost BDT 36,000,000 with 49% of the total budget spent on direct and indirect (i.e. training) delivery to beneficiary households. See Annex 2 for the complete financial overview.

Below is a breakdown of the direct spending (i.e. assets, accessibility and assistive devices) per beneficiary household. Average cost of assets provided to each BHH was 23,145 BDT with 43% of BHHs receiving more than one asset (see Figure 4). For those households that received them, average cost of accessibility improvements was 12,245 BDT and average cost of assistive devices was 4,557 BDT. Average spending per beneficiary household was 24,495 BDT with spending for the middle 50% of beneficiaries falling between 20,400 and 28,884 BDT (see Figure 5).

Figure 4: Proportion of BHHs by Number of IGA received

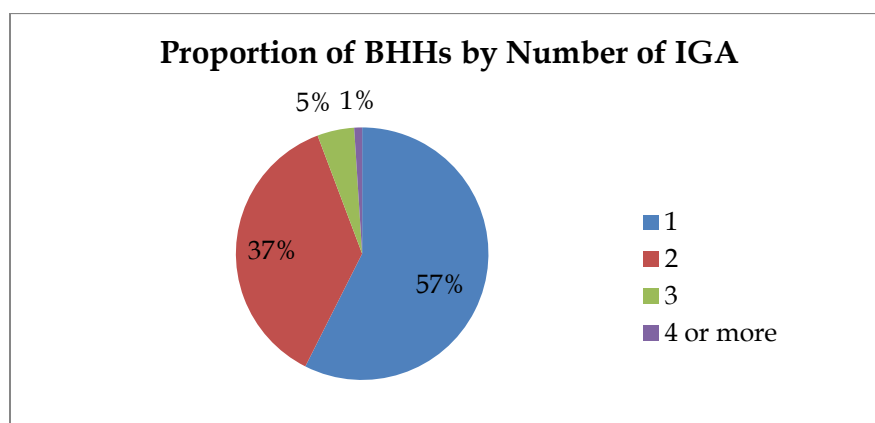


Figure 5: Average direct spending per beneficiary household

Average direct spending per beneficiary household	<i>N</i>	<i>mean</i>	<i>sd</i>
Assets	592	23,180	5,049
Accessibility ¹	15	12,245	6,615
Assistive Devices	136	4,557	5,908
Total	592	24,495	6,939

¹ Accessibility works were completed at 20 sites; 11 households, 4 workplaces and 5 service providers. Accessibility work at service providers have not been included, as they are not at the household level

Section 3 Findings against Evaluation Criteria

3.1. Relevance

Relevance is concerned with assessing whether the project is in line with national and local priorities and refers to the overall outcomes and impacts.

The overall purpose of the project, for 600 extreme poor households including people with disabilities in Sitakunda Upazila in Chittagong district to lift themselves from extreme poverty, is in line with the Government of Bangladesh's commitment to meeting Millennium Development Goal (MDG) target one as well as their commitment in the 2014-15 Budget Speech to eliminate extreme poverty by 2018 (Muhith, AMA 2014:33). Disability has been recognized as a cross-cutting issue essential for the attainment of the MDGs, and it is essential to focus on disability in order to eradicate extreme poverty. While people with disabilities are not explicitly referred to in the MDGs, the General Assembly in September 2010 adopted the resolution "Keeping the promise: united to achieve the Millennium Development Goals," which recognizes that "policies and actions must also focus on persons with disabilities, so that they benefit from progress towards achieving the MDGs" (UN 2010). The project purpose is therefore relevant by acknowledging the connection between disability and poverty through a disability-inclusive approach to graduation of the extreme poor in Bangladesh.

During the National Conference on Disability-Inclusive Graduation of the Extreme Poor in Bangladesh held on 22 October 2014 by Handicap International, a draft version of "Disability and Extreme Poverty: Recommendations from Practitioners in Bangladesh" was circulated that further described the relationship between disability and poverty in Bangladesh. First, people with disabilities are more likely to be in extreme poverty; the World Bank estimates that 20% of the world's poorest people have some kind of disabilities, and they are some of the most marginalized members of communities (World Bank 2011). 82% of those with disabilities live below the poverty line in developing countries, and unemployment among people with disabilities is as high as 80% in some countries (Handicap International). Second, while people in extreme poverty face similar challenges with or without a disability (e.g. lack of education, vulnerability to shocks, etc.) people with disabilities often feel them more acutely and poverty can also cause or worsen disability. As a result, disability-specific challenges need to be overcome to eradicate extreme poverty.

3.2. Appropriateness

Appropriateness considers cultural acceptance and feasibility of activities or method of delivery and evaluates whether the project design and implementation is acceptable and feasible within the local context.

The project is appropriate given that Chittagong is vulnerable to disasters, which, as recognized by Article 11 of the United Nations Convention on the Rights of Persons with Disabilities, have a disproportionate impact on people with disabilities. Handicap International has had previous experience working in Sitakunda Upazila in Chittagong to ensure that people with disabilities are included in natural disaster risk preparation. According to the Independent Assessment Panel (IAP), the project was particularly suited to Chittagong as it is a disaster prone area and therefore has implications for extreme poor households and people with disabilities.

There is also a large population of people with disabilities living in Chittagong and particularly the Sitakunda Upazila. While official statistics are not available, the project staff noted that there are many more people with disabilities in the area than could be covered by the project (e.g. in one ward alone they identified more than 600 people with disabilities). This is in part due to the high incidence of roadway accidents, as the Dhaka-Chittagong Highway runs through the narrow Upazila. During an interview with doctors at the Thana Health Complex, they mentioned that they see patients from road accidents every day, most of which involve pedestrians. In addition, the Chittagong ship breaking yard is the world's second largest ship breaking area, which exposes workers to a wide range of hazards. Overall, the vulnerability of the area to natural disasters, which has a disproportionate impact on people with disabilities, combined with exposure to accidents and occupational hazards, make this project very appropriate within the local context.

While the project attempted to address the intersection between gender, disability and poverty, more could have been done to mainstream gender. In order to address the fact that poor people are more likely to have one or more disabilities, and that women are more likely than men to have a disability, female headed households were prioritized during beneficiary selection as a supplementary criteria. IGAs were also female-friendly; of those households that received assets (588 out of 600 total BHHs), 62% received livestock and 15% received assets for tailoring or cloth selling businesses.

However, it is unclear to what extent women actually had control over assets compared to men, and whether there was any increase in influence over decision making regarding the income generating activity. It should be noted that even before the project, there were high levels of female empowerment regarding household finances. For example, at baseline 89% of women reported that they decide on the use of household money either jointly with their husbands or by themselves, and 95% of women felt confident in making small financial decisions (e.g. buying a sari) alone. Levels of financial empowerment were also high at the end of the project; 91% of women reported having a major influence on decisions regarding the purchase or sale of large assets (e.g. livestock) and 92% of women reported having a major influence on decisions regarding everyday expenditures (e.g. food).

3.3. Effectiveness

The following section assesses the degree to which Handicap International has been effective in achieving their intended outcomes and outputs.

Outcome: 600 extreme poor people with disabilities in Chittagong have lifted themselves out of extreme poverty

Handicap International (HI) has been able to achieve most of the targets indicating that beneficiaries have lifted themselves from extreme poverty according to their Logframe (see Annex 3 for progress against the Logframe and all means of verification). 83% of households have raised their income by 60% and 99% of BHHs have 3 meals a day, both against targets of 80%. 78% of people with disabilities have increased social participation against a target of 70%, and 86% of people with disabilities have improved their capacity to perform daily activities, close to a target of 90%.

Effective achievement of the overall outcome is supported by the EEP/Shiree graduation analysis, which will be discussed in detail below under Section 3.5 on Impact.

Output 1: Income related capacity building support

Handicap was able to achieve most of the targets indicating provision of income related capacity building support. 100% of households prepared business development plans and received fund management training. 99% of beneficiary households have income earning opportunities against a target of 80%. Only 75% of beneficiaries/caregivers received skill training against a target of 100%, as the remaining 25% did not require training (ex. beneficiaries already engaged in traditional handicrafts were given capital only). 98% of households received assets and the remaining 2% were supported in securing wage employment. See Annex 3 for progress against the Logframe and all means of verification.

Income

Overall, the achievement of these indicators has increased the income-generating capacity of beneficiary households. Average monthly household income increased significantly from 1,549 BDT/month at baseline to 8,901 BDT/month at endline, an increase of 7,352 BDT/month.² Average income per capita per day has also increased significantly from 11.95 BDT/capita/day at baseline to 63.62 BDT/capita/day at endline.³ The extreme poverty line is defined based on income data from the Household Income and Expenditure Survey (HIES) 2010 report corresponding to the lowest 10%, calculated separately for urban and rural areas in taka per person per day. Taking into account annual inflation rates, the extreme poverty line was 31.33 BDT/capita/day at baseline and 35.5 BDT/capita/day at endline. At endline, 94% of households have crossed over the extreme poverty line, while all households were below the extreme poverty threshold at baseline.

However, during FGDs, beneficiaries were not able to recall any information that they learned during fund management training, bringing into question the contribution of this activity towards increasing income. For example, many beneficiaries confessed that they did not keep a record book. In contrast, beneficiaries were able to recall detailed information that they learned during skill training and provide examples of their use. For example, beneficiaries were able to provide accurate information on the amount of water to give their cattle daily and types of supplementary feed.

Productive Assets

Overall, there have been significant increases in asset ownership. Notably, the proportion of households owning livestock increased from 3% to 59%, and households owning poultry increased from 33% to 89% from baseline to endline (see Figure 6).⁴ This is supported by the Supplementary Endline survey conducted by HI, which illustrates the proportion of people with disabilities that own assets at the end of the project (see Figure 7).

² Paired t-test (N = 64, Baseline sd = 845.55, Endline sd = 3919.63, t = 15.19, p < 0.001)

³ Paired t-test (N = 64, Baseline sd = 5.86, Endline sd = 26.19, t = 16.16, p < 0.001)

⁴ Note that shop assets were not asked about separately at baseline, and so we only have endline values for value of shop assets

Figure 6: Proportion of households owning at least one type of asset

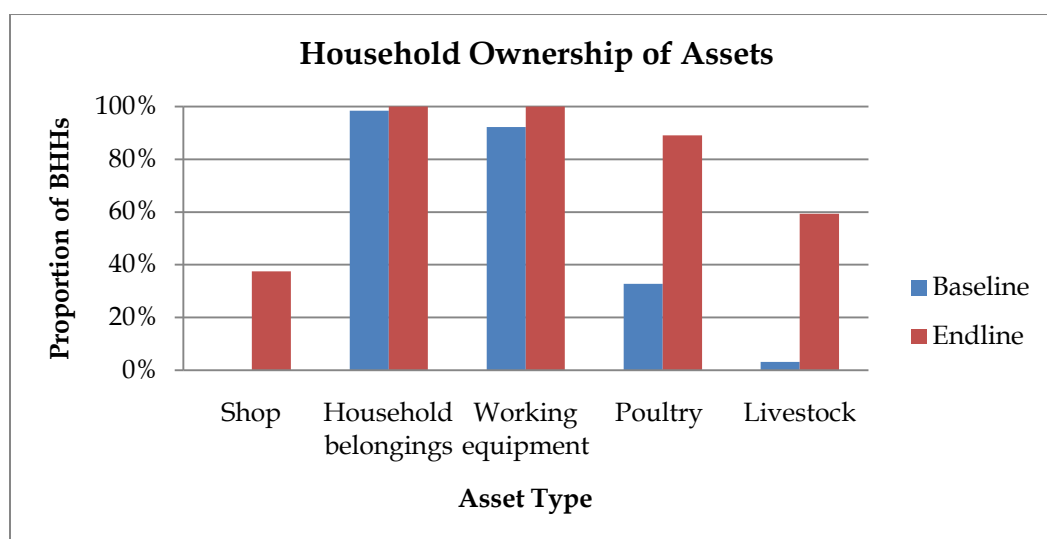


Figure 7: Proportion of people with disabilities that own assets at the end of the project

Proportion of people with disabilities that own assets	
Land/house	45%
Productive assets	89%
Livestock	89%
Poultry	84%
Sewing Machine	11%
Jewelry	78%
Cash savings	92%
Businesses	97%
Other	97%
N	64

There was a significant increase in the average value of productive assets from 521 BDT at baseline to 38,380 BDT at endline.⁵ Average asset value provided by HI was 23,145 BDT per household, indicating additional asset accumulation by beneficiary households. While all households had productive assets valuing less than 10,000 BDT at baseline, only 3% of households still had less than productive assets less than 10,000 BDT at the end of the project.

Regarding type of IGA, the majority of beneficiaries received livestock. While other EEP/Shiree project beneficiaries have found difficulties managing livestock, Handicap International-supported beneficiaries were better able to generate income from their livestock due to effective training and linkages established with local veterinary service providers. First, beneficiaries received a three-day training program from the Union Livestock Officer (ULO) on proper feed, water and the importance of a hygienic environment. Second, the local veterinary services

⁵ Paired t-test (N = 64, Baseline sd = 586.48, Endline sd = 21785.64, t = 13.99, p < 0.001)

provided by the ULOs are both accessible and affordable. For example, the cow that a beneficiary had received as an IGA gave birth and there were some health complications with the calf. The mother of the beneficiary was able to call the ULO, who came to their home free of charge and provided treatment for only 500 taka. Beneficiaries have the contact number for the ULO and reported that they feel comfortable calling at any time.

Household Head and Beneficiary Occupation

At baseline, the main occupation for most household heads was agriculture/other day labour (34%), unemployed (13%) or rickshaw puller (11%). At endline, most household heads are involved in petty trade/ business (23%), livestock/poultry (14%) and agriculture/other day labour (14%).

However, 44% of people with disabilities from beneficiary households remain unemployed at endline, compared to 50% at baseline (see Figure 8). While there are slight increases in beneficiaries involved in petty trade/business (3 to 14%) and livestock/poultry (2 to 6%), most beneficiaries unemployed at the beginning of the project remain so at the end of the project. It is important to note that when we look at the unemployed beneficiaries, we see that about one third of them are either children (29%) or elderly (4%), which implies that the IGA was given to their caregiver. According to Handicap International, 447 people with disabilities out of 600 BHHs are participating in income generating activities either independently or with partial support from a family member (e.g. help purchasing goods from the local market).

Figure 8: Beneficiary (person with disability) occupation at baseline and endline

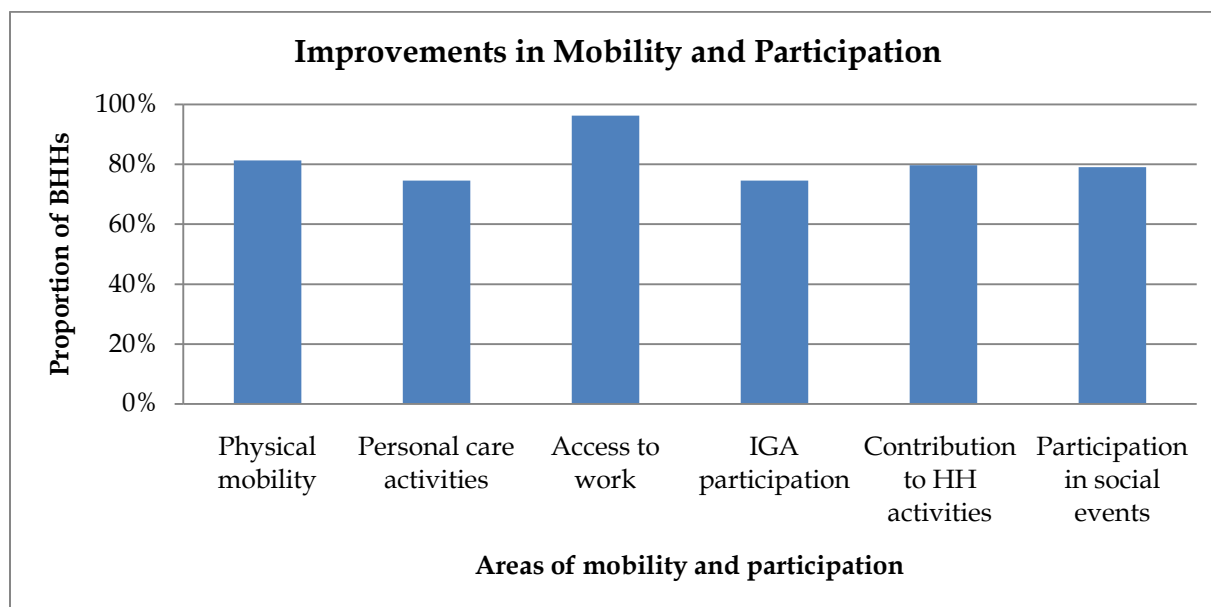
Beneficiary Occupation	Baseline	Endline
Unemployed	50%	44%
Agriculture/other day labour	13%	8%
Domestic maid	6%	-
Skilled labour	-	2%
Rickshaw/van puller	2%	-
Agriculture/aquaculture	5%	5%
Livestock/poultry	2%	6%
Industrial/garment labour	3%	2%
Petty trade/business	3%	14%
Cottage industry/handicraft	-	2%
Service	5%	2%
Begging	3%	-
Housewife	3%	5%
Student	6%	6%
Shop	-	6%
N	64	64

Output 2: Capacity building support for functional autonomy

Handicap International has also been able to achieve most of the targets indicating support for functional autonomy of people with disabilities. All 652 people with disabilities identified from within the 600 beneficiary households had a rehabilitation assessment and plan developed, received home based rehabilitation services, and their caregivers received training. All but one eligible beneficiary received an assistive device, and accessibility works were completed at all 20 sites identified. 100% of community members who attended awareness events gained knowledge on the rights of people with disabilities according to an internal awareness evaluation. However, only 8 local artisans received training on production and repair of assistive devices. See Annex 3 for progress against the Logframe and all means of verification.

Overall, the achievement of these indicators has increased the functional autonomy of beneficiary households. An internal rehabilitation service evaluation conducted by interviewing all 652 people with disabilities showed significant increases in mobility and participation (see Figure 9). Out of 447 people with disabilities who were identified as having income earning potential, but required rehabilitation support to access employment opportunities, 82% became economically active after receiving home-based therapy, or 61% of total BHHs. During FGDs, most beneficiaries and their caregivers reported that they did not know anything about home-based therapy or other ways to support people with disabilities in their households before the project, and that they saw results in both physical strength and mobility from home-based therapy. For example, one caregiver reported that previously her young daughter could not walk, but that now she is able.

Figure 9: Proportion of people with disabilities with improvements in mobility and participation



Case Study: Increasing Functional Autonomy through Rehabilitation Services

CMS 5 (qualitative tracking studies) followed Rokeya, who was paralyzed in an accident, and started receiving home-based physiotherapy from Handicap International in November 2012. After initial visits from a physiotherapist where she received therapy and was also taught to do exercises on her own, field staff paid regular visits to ensure she was doing the exercises and gradually she started to overcome her disability. At the end of the project, she can now walk with the help of a care giver or assistive device. Reflecting on the impact of the therapy, she said:

“I never imagined I would be able to walk again in my life... The most important issue for me is I can go to the toilet by myself. For a woman this is very crucial. I was living an undignified life. I got my confidence back as soon as I started walking.”

Home-based physiotherapy not only increased her functional autonomy, but also her confidence in both the NGO and her income-earning capacity. While she had previously relied on begging as her main source of income, at the end of the project she was successfully managing a tea stall in her community.

During FGDs, beneficiaries reported significant improvements in their functional autonomy due to the assistive devices provided by HI. For example, one beneficiary had trouble going to school during monsoon due to the mud, but since she received crutches her mobility has improved and she can now go to school by herself. However, beneficiaries did not know what they would do if their assistive device needed repairs. Training artisans for production and repair of assistive devices was not very effective towards achieving functional autonomy. Only 3 of the 8 artisans that received training were actively working at the end of the project, either because there is low demand in their area, or they are simply no longer interested in supporting the project. Therefore, any improvements in mobility and functional autonomy cannot be attributed to artisans, as they are not providing repair services.

While many beneficiaries reported seeing results from rehabilitation and assistive devices, support for people with mental illness and intellectual disabilities was lacking in comparison. The wife of a beneficiary with a mental illness reported that she did not receive any specific training or therapy, but merely advice such as to “be patient” with her husband. While Handicap International has designated physiotherapists and occupational therapists, there is no such specialized professional for those with mental illness and intellectual disabilities. This does not reflect on any oversight by HI, but rather a larger problem in Bangladesh related to the lack of mental health professionals. Mental health is a nascent health sector and thus the number of professionals is severely limited in comparison with the needs of the population. As a result, there are few services existing to which to refer.

Output 3: Access to health and social services

Handicap International was able to achieve most targets facilitating access to basic health and social services. 96% of beneficiary households have knowledge on social protection schemes against a target of 100%, and 100% of BHHs have applied for social protection programs

through the Union Parishad (UP). 81% of BHHs have gained access to health and social services, as indicated by receiving support from government run safety nets and other support programs, against a baseline of 45%. While not mentioned in the Logframe, 39% of BHHs were enrolled in safety net programs specifically (i.e. education stipends, disability/elderly/widow allowances) by the end of the project. See Annex 3 for progress against the Logframe and all means of verification.

While Handicap has been successful in achieving their targeted indicators, there remain several barriers that are outside of HI's control but nonetheless limit the effectiveness in access to health and social services for beneficiary households. The first is the limited capacity of the Department of Social Welfare, which provides school stipends and allowances for the elderly, widowed and people with disabilities. An interview with two field supervisors conducted in October 2014 revealed the limited number of stipends and allowances available within the Upazila. For example, in the Sitakunda Upazila there are only 859 people that receive disability allowances although the FDPO estimates conservatively that there are approximately 3500 people with disabilities in the Upazila. The number of available allowances is determined by the central ministry based on population projections, but is hardly enough to reach all people with disabilities within the Upazila. Furthermore, recipients of allowances are determined by union committees, which often cater to local political pressures and do not always select people who have the greatest need.

The second barrier to services is the lack of capacity and corruption within the local health care system. The Thana Health Complex has a smaller fee than private clinics (3 BDT) and should provide basic medications free of charge, but beneficiaries complained of a "syndicated" system whereby doctors refer patients to clinics in exchange for kickbacks and sell government drugs on the market for a profit. For example, when one beneficiary was in labour her family had to pay baksheesh, a small "tip" or bribe, in order to deliver at the complex on top of the fee for emergency admission. Capacity is also lacking. For example, there is only one ambulance and the doctors are not able to make house calls, which make it difficult for people with disabilities to access the services at the complex.

3.4. Efficiency

Efficiency measures how well inputs (ex. funds, expertise or time) have been converted into outputs.

Value for Money

One way to consider efficiency is to look at it as part of Value for Money (VfM), which is about maximizing the impact of each pound spent and getting the best quality at the lowest price. It is important to note that the concept of value for money goes above and beyond efficiency; "it is about getting the right balance between three things – economy, efficiency and effectiveness – and it needs to be assessed as a whole" (Jackson 2012). See Figure 10 below for selected EEP/Shiree VfM indicators that have been utilised to evaluate the efficiency of the HI project.

Figure 10: EEP/Shiree Value for Money (VfM) indicators for Handicap International

EEP/Shiree VfM indicators for Handicap International	
Fees to Total Expenditure	5%
Cost per beneficiary	60,000 BDT
Direct Delivery Percentage	48.5%
Number of BHHs per field worker	75
BHH Direct Delivery Spend	29,102 BDT
Cost per graduate	60,000 BDT

Overall, the Handicap International project is more expensive than other Innovation Fund Round 4 projects, bringing into question its efficiency compared to other projects aiming to sustainably graduate extreme poor households including members from marginalized groups. While an argument could be made that households with people with disabilities require greater support than other extreme poor households, all IFR4 projects are also dealing with groups that require more intense support including women, old people, adivasis and street children. Total cost per BHH is 60,000 BDT, which is 60% higher than the average of 37,498 BDT/BHH. Total direct delivery per BHH is also high at 29,102 BDT, which is 43.6% higher than the average of 20,266 BDT/BHH. While spending per BHH is high, the direct delivery as a percentage of total expenditures is actually low compared to other projects. The benchmark for direct delivery (actual spent direct and indirect) costs as a percentage of total expenditures when scaling out other EEP/Shiree projects was 50%, and average for IFR4 projects is 52.8%. The direct delivery percentage for HI is only 48.5%, indicating a lower portion of expenditures spent directly on beneficiaries.

It should also be noted that Handicap International has a very low ratio of BHHs per field worker compared to other projects, which enables them to provide more intensive support to beneficiaries. For example, each field worker oversees 75 beneficiaries at HI, while at EcoDev and Tarango a field worker oversees 94 and 125 BHHs respectively. This is appropriate, as field workers have many responsibilities, including livelihoods, rehabilitation and social protection. Overall, Handicap International's approach is resource intensive but is also able to maximize outputs, ensuring that people with disabilities receive a response which is adapted to their individual needs. In HI's experience, people with disabilities have a lower graduation rate than other target groups in cases where in-depth personalized support is not available. The higher cost is therefore justified by reaching an underserved population that requires more resources and a personalised approach to ensure graduation.

Procurement

Handicap International revised the Livelihood Procurement Guidelines in May 2013 in order to better balance the importance of individual choice of the beneficiary with the procurement capacity of the project team. One of the main motivations behind the revision was to move to a more beneficiary-centred and localized approach to procurement. Revisions included the following: (1) at the time of the livelihood assessment, the procurement capacity of the beneficiary is assessed and the procurement process is aligned to this capacity and forms part of the livelihood coaching provided by the project team; (2) control over specifications related to livelihood assets (ex. quantity, quality, brand) and the act of negotiating price is given to the

beneficiary, while HI frames the price thresholds and monitors the process through the procurement committee; and (3) favour local purchasing, where the beneficiary would repurchase stock, rather than bulk purchases or centralizing purchases in Chittagong, to increase the sustainability of project outputs. Staff estimated that about 10% of beneficiaries were able to procure assets directly from the market themselves, even more when considering support from family members.

Another main motivation was to more clearly define roles and enhance resource management, particularly by increasing time spent on procurement planning within the procurement process and reducing the time spent on purchasing and delivery. Ultimately, starting procurement planning concurrent with micro-business planning and developing a detailed step-by-step plan allowed for faster procurement processes, and better defining the procurement committee's roles and responsibilities allowed for more efficient delegation of the work load. The procurement committee provided oversight and was able to increase transparency. During the Reflection Session, HI staff mentioned the revision in procurement guidelines changes left "no space for fraud." By shifting the role of Handicap International from a direct purchaser to providing a framework and acting as a facilitator and monitoring body, they were able to increase the efficiency of procurement processes while at the same time developing the capacity of beneficiaries and increasing transparency.

Staff Utilization

Handicap International was able to efficiently utilize their staff, particularly the Community Livelihoods Workers (CLWs). CLWs played an integral role in almost every aspect of the project, from conducting the initial assessment and developing micro-business plans jointly with Livelihoods Officers (LOs) and Disability Officers (DOs) to facilitating access to government safety nets for beneficiaries. By providing lists of extreme poor people with disabilities to the union committees, CLWs were able to make it possible for local government to be better informed when selecting recipients for allowances.

Also, as there were only 2 LOs and 2 DOs covering the entire project, CLWs had to gain skills to supplement learning from the specialized officers. For example, after receiving a 5 day training program on Disability and Rehabilitation from the DOs, CLWs were able to provide crucial support for home based rehabilitation services. CLWs were able to take on a larger role due to the relatively low BHH/field worker ratio, which allowed them to visit beneficiaries two to three times a month, while LOs and DOs were only able to visit beneficiaries once a month.

3.5. Impact

Impact refers to measured changes in human development and people's well-being brought by the project, indirectly or directly, intended or unintended.

Graduation Analysis

The overall purpose of the Handicap International project was that 600 extreme poor households with people with disabilities in Sitakunda Upazila in Chittagong district have lifted themselves from extreme poverty. Based on the Shiree Multidimensional Graduation Index provided in detail in Annex 5 and described in Section 1.3 above, 100% of BHHs have graduated from extreme poverty at the end of the project (see Figure 11).

Figure 11: Graduation from extreme poverty of beneficiary households

Graduation Criteria	Baseline	Endline
Essential Criteria		
Food coping (less than two strategies)	19%	100%
Supplementary Criteria		
PPPD Income (cash and in-kind) (Extreme poverty line - 31.33 BDT/capita/day at baseline, 35.5 BDT/capita/day at endline)	0%	94%
Number of income sources (two or more sources)	33%	95%
Cash savings (1000 taka or more)	0%	98%
Value of productive assets (10,000 taka or more)	0%	97%
Number of non-productive assets (four or more assets)	41%	95%
Food diversity (five or more food groups)	3%	91%
Gender and Social Empowerment (answer positively to 75% of questions)	85%	94%
Access to safe drinking water	98%	100%
Access to sanitary latrine	63%	94%
Access to land	92%	94%
Graduation (Essential 1+ Supplementary 6)	0%	100%

Less than 5% of beneficiary households at baseline met the criteria for income, savings, productive asset value and dietary diversity, while at endline more than 90% of BHHs have crossed over these thresholds. The overall graduation rate of 100% is very high compared to other EEP/Shiree Innovation Fund projects as well as and other livelihoods programs targeting the extreme poor. For example, the average graduation rate for EEP/Shiree Innovation Fund Round 3 projects was 87%, and a study on BRAC's Challenging the Frontiers of Poverty Reduction (CFPR) program was found to have an overall graduation rate of 95% (Das and Misha 2010).⁶ Most of the individual indicators have been discussed above in Section 3.3 on Effectiveness (i.e. income level, productive assets) or will be discussed in section 3.6 below on Sustainability (i.e. number of income sources, savings), but descriptive statistics for the remaining indicators will be discussed briefly below.

Given the very high graduation rate, certain indicators were compared with information from CMS-2 monthly tracking data from August and September 2014 to verify the endline findings.⁷

⁶ Lesson Learning Reports for EEP/Shiree IF R3 with overall graduation rates can be found at <http://www.shiree.org/advocacy/learning-lessons-from-operations-ngo-donor-sharing/lesson-learning-reports/>. Note also that BRAC uses different criteria for determining graduation and may not be directly comparable.

⁷ Note that direct comparisons cannot be made for many indicators due to the relative nature of the CMS-2 questionnaire. For example, there is no question on the amount of household savings directly, but rather if their level of savings has increased/decreased compared to last month.

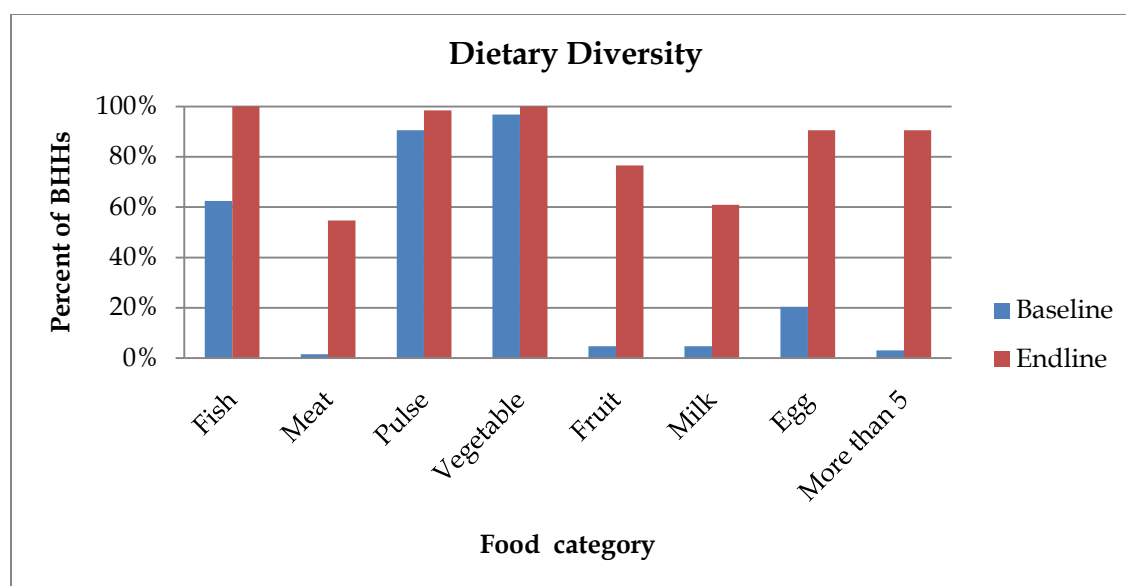
With regards to food coping and dietary diversity, less than 1% of households report missing a meal in the last week, 91% of households report eating egg at least three times a month and 96% report eating fish at least three times a month. Only 5% of households report having no cash savings and of those with savings 97% report savings levels that remain steady or are increasing. 98% of households report access to a sanitary latrine and 100% report access to safe drinking water, both in line with endline findings. There is a slight difference in number of income sources, with 85% of households reporting 2 or more sources in CMS-2 compared to 95% of households in the endline, and 97% of households report income levels that remain steady or are increasing. Given the overall similarities between indicators of well-being from CMS-2 and the endline survey, we can be confident that Handicap International households were able to achieve a high rate of graduation from extreme poverty.

Food Security

Overall, beneficiary households are significantly more food secure than before the project. There has been a significant decrease in food coping strategies used by households, such as skipping meals, eating smaller portions or eating lower quality food.⁸ At endline, no households reported using any food coping strategies in the last week, compared to 81% of households that reported using 2 or more strategies in the last week at baseline. This was further supported during FGDs where beneficiaries often reported that they would skip meals before the project (ex. skip meals 4 days a week) but now eat three meals a day.

Dietary diversity has also significantly increased, with 91% of households consuming food from 5 or more food groups at least once in the last week compared to only 3% at the beginning of the project.⁹ Households are increasing their dietary diversity by eating more fruit (5% to 77%), eggs (20% to 91%), milk (5% to 61%) and meat (2% to 55%) (see Figure 12).

Figure 12: Proportion of households consuming food from major food categories in the last week



⁸ Paired t-test (N = 64, Baseline sd = 1.60, Endline sd = 0, t = -14.02, p < 0.001)

⁹ Paired t-test (N = 64, Baseline sd = 0.94, Endline sd = 1.01, t = 19.44, p < 0.001)

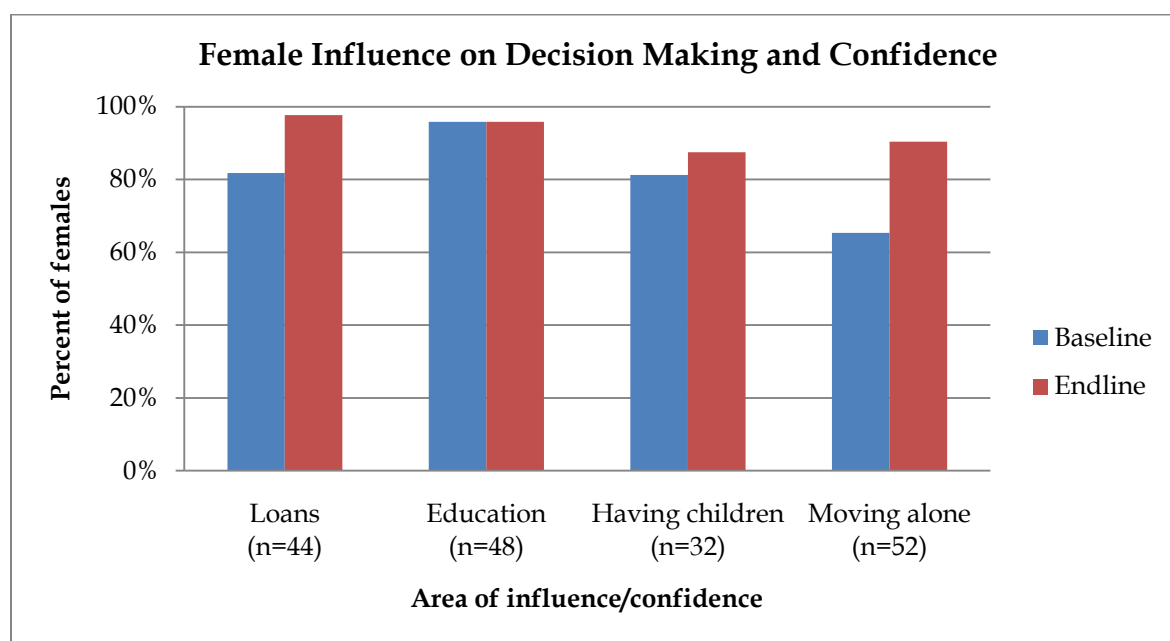
Expenditure

While not included in the Graduation Index above, there is a significant increase in monthly household expenditures from an average of 2,153 BDT at baseline to 7,681 BDT at endline.¹⁰ Average expenditure per capita per day has also increased significantly from 16.89 BDT/capita/day at baseline to 55.30 BDT/capita/day at endline.¹¹ At baseline, only 5% of households were above the poverty threshold for expenditures, while 92% of households have crossed over the extreme poverty line at endline.

Gender Empowerment

Overall there has been a slight but insignificant increase in percentage of positive answers to questions on empowerment from an average of 84% to 86%.¹² While many of the questions are not comparable between baseline and endline, there are increases in the proportion of women who feel confident moving alone outside of their village (65-90%) and have influence on decisions about taking and repaying loans (82-98%) (see Figure 13).¹³ Thus while the overall proportion of females answering positively to 75% or more of question has increased slightly from 85% to 94% of BHHs, there is not a significant impact on empowerment.

Figure 13: Proportion of females answering positively to questions on influence over household decisions and confidence



¹⁰ Paired t-test (N = 64, Baseline sd = 1058.91, Endline sd = 2868.11, t = 14.70, p < 0.001)

¹¹ Paired t-test (N = 64, Baseline sd = 7.62, Endline sd = 18.75, t = 15.51, p < 0.001)

¹² Paired t-test (N = 52, Baseline sd = .08, Endline sd = .20, t = 0.65, p > 0.5)

¹³ This indicator is based on 12 questions at baseline and 18 questions at endline, only 4 of which are directly comparable (ex. influence on purchase of land is asked at endline but not baseline). It is because of this that the indicator is answering positively to 75% of questions and not, for example, answering positively to 14 out of 18 questions.

Access to Basic Services

While access to services was fairly high before the project, there have been notable increases in the proportion of households with access to sanitary latrines (63% to 94%) and connection to a main electric line (48% to 73%).

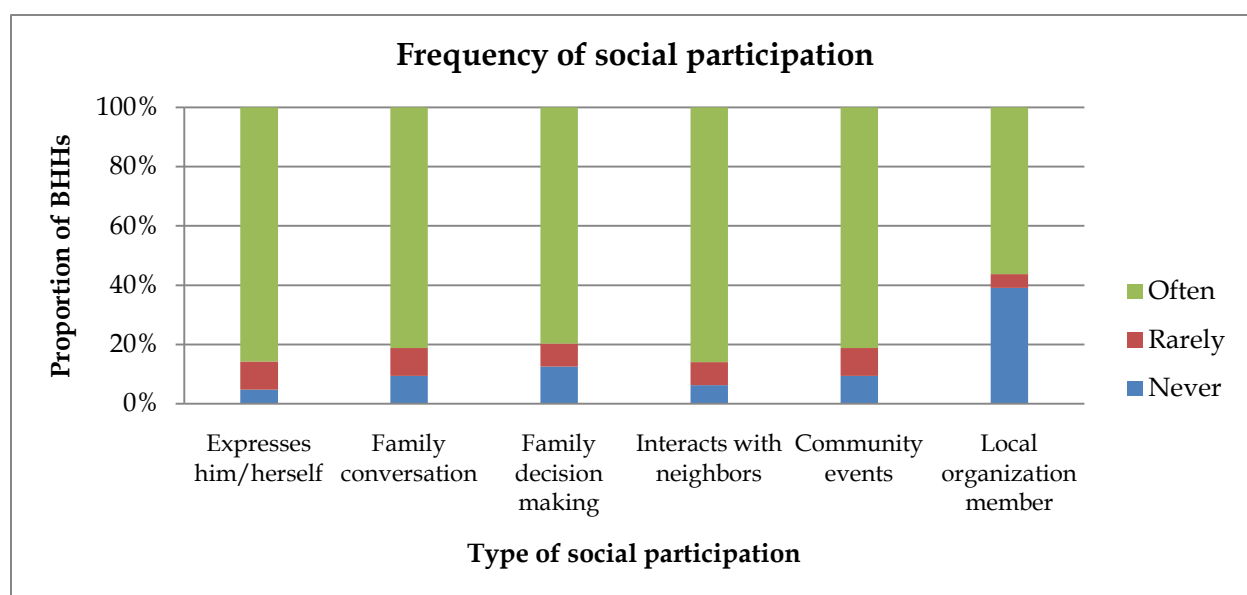
Access to Land

While overall access to land only increased slightly from 92 to 94% of beneficiary households, there has been an increase in access to cultivable land. Ownership of homestead land (90%) and temporary/permanent Khas land lease holdings (2%) remain the same at both baseline and endline.¹⁴ However, there has been a large increase in access to sharecropped/leased cultivable land from 0% to 38%, and smaller increases in access to cultivable land free of charge (0-3%) and ownership of cultivable land (0-5%). This is a significant impact, as access to land is an important source of livelihoods for the rural poor.

Community and Social Participation

During FGDs, most beneficiaries reported that before the project they “were nobody” or that “no one cared” if they were alive or dead. Now, many beneficiaries feel more integrated within their community – people chat with them when they pass by and they get invited to social events. However, this is most likely a result of their increase in socio-economic status rather than changing perceptions about people with disabilities. As one beneficiary put it, a “nicer lungi” gets you invited to a neighbour’s wedding. This is supported by the Supplementary Endline survey conducted by Handicap International, through which 81% of respondents report participating in community events often and 86% report interacting often with friends and neighbours (see Figure 14).

Figure 14: Social participation of people with disabilities



¹⁴ Khas land or state-owned land is the land which the government is entitled to both lease and give away to citizens of the Bangladesh who do not own land.

3.6. Sustainability

Sustainability assesses the likelihood of benefits to continue after funding has been withdrawn. The full list of key resilience indicators which form the Innovation Fund Round Four's Sustainability theme is included in Annex 4. This section will first review the project's Exit Plan and follow with a discussion on the ability of BHHs to cope with adverse shocks through savings/loans and income diversification.

Exit Plan

The objectives of Handicap International's Exit Plan, which is essentially a sustainability plan, are to (1) facilitate the process for sustaining the project at the household level after the end of the project, (2) strengthen the inclusion of beneficiary households in mainstream services and resources such as rehabilitation, health, livelihoods, education, employment and safety nets, and (3) link beneficiaries with DPOs to ensure continued support to the beneficiary households (see Appendix 1 for the detailed Exit Plan). Beneficiaries received counselling on sustainability strategies for their businesses (ex. savings and risk management) and caregivers received follow-up training on continuing rehabilitation after the end of the project. HI conducted workshops with beneficiaries and service providers in the area to strengthen their relationship and developed a plan with the DPOs to continue to support beneficiary households.

However, given the lack of beneficiary knowledge and DPO capacity it is unlikely that the DPOs will be able to provide meaningful support of beneficiaries in the future. The role of DPOs is to ensure the rights of people with disabilities and facilitate access to government services. While Handicap International has attempted to raise awareness about DPOs, only 335 beneficiaries were members at the end of the project. However, it should be noted that this is more than before the project, when less than 50 people with disabilities were members. According to the internal Awareness Evaluation, 60% of beneficiaries have no or little awareness of DPOs, 36% are not familiar with any specific DPO and 24% did not know any of the activities of DPOs. As mentioned in an interview with the president and secretary of the Federation of Disabled Peoples' Organizations conducted in October 2014, the DPOs don't receive much support and lack human and financial resources, and HI staff echoed concerns of the limited capacity of the DPOs during the Reflection Session.

Savings and Loans

Savings are an important indicator of sustainability because having savings improves people's capacity to cope with hazards and shocks, is an indicator of more forward-planning from beneficiaries, and improves household ability to manage uneven income flows. There is an increase in the proportion of households with any cash savings from 0% at baseline to 100% at endline. The average amount of savings increased significantly from 0 BDT per household at baseline to an average of 8,212 BDT at endline, with most households saving between 1000 and 5000 BDT (see Figure 15).¹⁵ Households save in a variety of places, mostly with themselves (64%), in groups (36%) and NGOs (36%), with 56% of households saving in more than one place.

¹⁵ Paired t-test (N = 64, Baseline sd = 0, Endline sd = 9905.19, t = 6.63, p < 0.001)

Figure 15: Proportion of households by savings level at endline

Savings (BDT)	% of BHHs at Endline
No savings	-
< 1000	2%
1000 - 5000	50%
5000-10000	23%
10000-15000	11%
15000-20000	3%
> 20000	11%
N	64

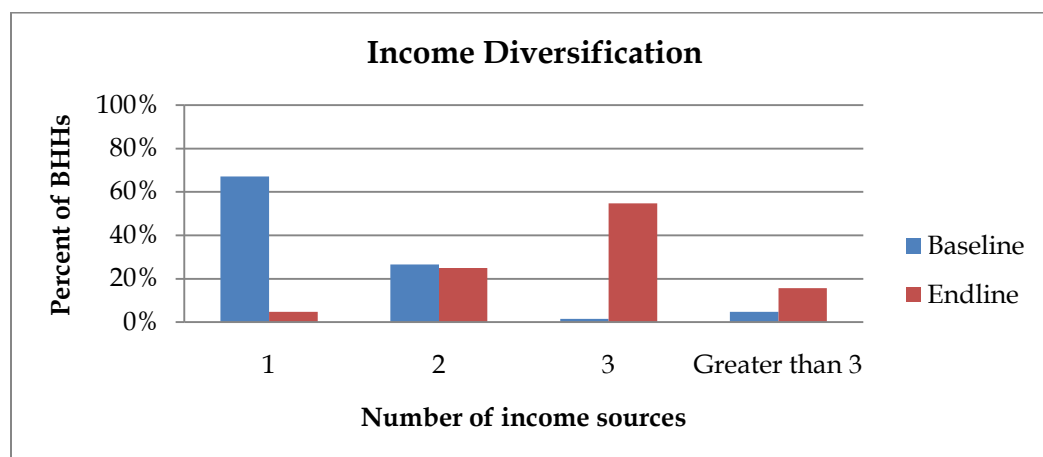
There is also a slight increase in the proportion of households with loans from 0% at baseline to 5% at endline. For those with loans, the average outstanding amount is 9,417 BDT. The loans are either from microfinance institutions (67%) or community based organizations (33%), and most households took out loans to finance their IGAs.

While there has been an increase in cash savings, it is uncertain whether this is adequate to shift use away from sub-optimal coping strategies to deal with shocks. Sub-optimal coping mechanisms increase household vulnerability, and could include selling productive assets (ex. selling livestock), decreasing accumulation of human capital (ex. removing children from school) or reducing consumption. Those with more cash savings might be able to shift away from these behaviours, but others could find their savings depleted from even minor shocks. For example, during an FGD one beneficiary reported that her husband became ill recently, and the household had to use all of their savings for his medication expenses alone.

Income Diversification

There has been a significant increase in the number of income sources per household, indicating spreading risk over a wider number of options and choices. For example, the proportion of households with 2 or more income sources increased from 33% to 95% at the end of the project (see Figure 16).

Figure 16: Proportion of households by number of income sources



Having multiple income sources within a single household is effective both towards increasing sustainability and overall income levels. In particular, providing livelihood assets that have both short-term and long-term production cycles are necessary for households to have a more regular source of income. For example, households that received a cow for cattle rearing might have to wait many months before the cow becomes pregnant and gives birth, thus producing milk. In the short term, other sources of income such as kitchen gardens were provided in order for a household to have a more immediate source of income as well.

Investment in the Future

Another indicator of sustainability is the transfer of a stronger socio-economic position to one's children. During FGDs several beneficiaries mentioned that before the project their children had not been attending school, but that now most are enrolled. According to CMS-2 data from August and September 2014, 87% of school-aged children are attending school at the end of the project. This is verified by significant increases in average monthly expenditure on education from 27 BDT at baseline to 420 BDT at endline.¹⁶

Sustainability is also indicated by a reduction in vulnerability to health crises, and overall access to healthcare has increased throughout the project. One indicator of this is that that average monthly expenditure on health care has increased significantly from 70 BDT before the project intervention to 371 BDT at the end of the project.¹⁷ When asked during CMS-2 to rate the health condition of their family on a scale of 1-10 (10 indicating very health and 1 indicating not at all healthy), respondents answered on average a level of 8. However, of those who experienced adverse events in the last month (38%), 72% were cases of illness of household members, illustrating the enduring vulnerability to health shocks faced by beneficiary households.

During FGDs there were differing levels of confidence in the future. Some beneficiaries felt that while they were now able to meet their basic needs (ex. eating 3 meals a day), they were not confident that they could go beyond that. Others were more confident in the future and their ability to improve their wellbeing, unless they faced shocks in the future. When asked during CMS-2 to rate the how confident they are about the future on a scale of 1-10 (10 indicating very confident and 1 indicating not at all confident), respondents answered on average a level of 9.5. These inconsistencies in levels of confidence to sustain their improvements in well-being further highlight the lingering vulnerability of beneficiaries to fall back into extreme poverty in the event of adverse shocks in the future.

¹⁶ Paired t-test (N = 64, Baseline sd = 43.46, Endline sd = 608.92, t = 5.18, p < 0.001)

¹⁷ Paired t-test (N = 64, Baseline sd = 83.53, Endline sd = 1148.18, t = 2.08, p < 0.05)

Section 4 Overall Conclusion on Performance and Lessons Learned

4.1. Overall Conclusion

This section provides an overall conclusion based on the interpretation of the above findings.

The main innovation of the Socio-Economic Empowerment of Extreme Poor People with Disabilities project, combining rehabilitation services to increase functional autonomy of people with disabilities together with livelihoods activities, has proved a successful model for a disability-inclusive approach to graduation from extreme poverty. This innovation and the overall impact is in line with the Government of Bangladesh's commitment to eradicating extreme poverty, as disability has been recognized as a cross-cutting issue essential for the attainment of the MDGs.

The project was effective in achieving their intended outcomes and outputs. By providing income related capacity building support (e.g. preparing business plans, providing income-generating assets and skills training, etc.) to either beneficiaries or their caregivers, Handicap International was able to significantly increase incomes. Skills training, particularly with regards to livestock management, and linkages with local service providers proved crucial to increasing incomes, while fund management training played a lesser role. Through capacity building support for functional autonomy (e.g. home based rehabilitation, assistive devices, accessibility, awareness events, etc.), there have been significant improvements in mobility, social participation and economic activity of people with disabilities. While improvements have been made in access to safety nets for many beneficiaries, the limited capacity of local social and health service providers remains a barrier to increasing access to these services. Based on value for money indicators, the Handicap project was not as efficient as other Innovation Fund Round 4 projects, but was able to provide a more in-depth and personalized approach to ensure graduation from extreme poverty for beneficiary households. Also, the revisions made to procurement in 2013 better balance the importance of individual choice of the beneficiary with the procurement capacity of the project team.

Overall, Handicap International's Socio-Economic Empowerment of Extreme Poor People with Disabilities project made a significant impact on the well-being of extreme poor people with disabilities living in Sitakunda Upazila in Chittagong. Based on the EEP/Shiree Multidimensional Graduation Index, 100% of BHHs have graduated from extreme poverty at the end of the project. The largest improvements were made in cash savings, value of productive assets, crossing above the extreme poverty line, and food security indicators. Sustainability will depend on several factors, namely the capacity and involvement with DPOs and ability of beneficiaries to cope with adverse shocks in the future, which remains to be seen.

Regarding replication and potential for scaling-up, Handicap International has already finalized the contract for a scale-up of this project with funding from DFID through its Global Poverty Action Fund (GPAF). The new project, *'Disability-inclusive graduation of extreme poor and poor households in Bangladesh'*, will continue providing follow-up support to the 600 BHHs under the current project as well as scale-up to other districts of Bangladesh.

4.2. Lessons Learned

The Organisation for Economic Co-operation and Development (OECD) defines lessons learned as “generalizations based on evaluation experiences with projects, programs or policies that abstract from the specific circumstance to broader situation” (DAC 2010). The following are the most meaningful lessons from the HI project that can provide decision-makers with relevant information for future programs.

- (1) **The dual goals of empowering individuals with disabilities and reducing poverty at the household level can be achieved through closely linking rehabilitation and livelihoods support.** Through a disability-inclusive approach to livelihoods for the extreme poor, Handicap International was able to improve the functional autonomy of people with disabilities which increased access to income generating opportunities. Understanding beneficiary capacity is essential to evaluate earning potential, and targeted rehabilitation is able to improve their physical and functional capacity and thus also opportunities for economic empowerment. This lesson is relevant to incorporate a disability-focus within mainstream poverty reduction efforts and future livelihoods programs.
- (2) **More needs to be done to decrease vulnerability to adverse shocks for extreme poor people with disabilities.** Beneficiaries continue to engage in sub-optimal coping strategies for dealing with adverse shocks (i.e. selling assets), particularly health-related shocks. Handicap International has identified community-held risk funds as one potential mechanism for increasing resilience in addition to on-going counselling at the household level to promote a culture of saving. This lesson is relevant for programs aiming to increase sustainability and resilience for marginalized groups who are more vulnerable to adverse shocks.
- (3) **Engaging with local government and civil society is essential to ensure that beneficiaries have access to support systems in the future.** Building a relationship between beneficiaries and local stakeholders will increase access to health, livelihood and safety net services that will contribute to sustainability of the project impact. This lesson is relevant for any organization working within civil society, whether relevant stakeholders are the local government or private companies.
- (4) **Partnerships with local Disabled People’s Organizations (DPOs) should be strengthened to ensure sustainability.** Due to their extensive local knowledge, DPOs can be utilized during beneficiary selection to identify potentially eligible people with disabilities and support advocacy initiatives. However, as a result of their low capacity, more success could have come from intensifying advocacy and stronger relationship building to ensure that beneficiaries are involved in the DPOs and can rely on them as a support system in the future. This lesson is relevant for future programs working with the extreme poor and people with disabilities across Bangladesh, particularly with a focus on advocacy.
- (5) **Procurement processes can be made more efficient while at the same time developing the capacity of beneficiaries and increasing transparency by shifting the role of the implementing NGO from a direct purchaser to acting as a facilitator and monitoring**

body. The capacity of beneficiaries was developed by favouring local purchasing and transferring control over asset specifications (ex. quantity, quality) and price negotiation to the beneficiary where possible. Direct involvement in procurement from local markets will also contribute to sustainability of income generating activity beyond the project. This lesson is particularly relevant for programs in contexts where a high percentage of beneficiaries are assessed as having the capacity to purchase assets independently (ex. beneficiaries with previous livelihoods experience).

- (6) **A well-defined strategy for wage employment distinct from self-employment should be developed.** Handicap International faced challenges securing wage employment for beneficiaries due to difficulties identifying private companies, as businesses often requested formal guarantees from HI that they were not in a position to provide. A thorough analysis of market opportunities for employment should be conducted at the initial phase of the project in order for beneficiaries to find suitable jobs based on their needs and interests. In addition, greater advocacy towards employers will be necessary to increase access to wage employment in the future. This lesson is relevant for other NGOs providing both self and wage employment opportunities as livelihoods mechanisms.
- (7) **Having multiple livelihood opportunities is an important source of sustainability and resilience.** Diversification of income not only reduces impacts of external shocks, since different sources of income are likely to be affected differently, but providing assets that have both short and long term production cycles can allow for households to supplement their main source of income during predictable (e.g. seasonal) fluctuations. This lesson is relevant for other extreme poor livelihoods programs in a variety of contexts.
- (8) **Selecting local community members as field workers is important to establish links with key stakeholders and strengthen relationships within communities.** As explained by the DSS field supervisors, the “CLWs know everybody,” which was integral in fostering the non-official cooperation between HI and the local government service providers through which they were able to secure access to safety nets for beneficiaries. Furthermore, many of the CLWs were not just community members but also people with disabilities, providing both positive role models for beneficiaries as well as an agent through which to support disability-inclusion within the community. This lesson is relevant for programs attempting to mainstream the inclusion of marginalized groups both in development programs and more broadly in social participation.

Section 5 Recommendations

This section will provide recommendations based on the findings and conclusions of this project.

5.1. Policy Recommendations for National Government

During the National Conference on Disability-Inclusive Graduation of the Extreme Poor in Bangladesh held on 22 October 2014 by Handicap International, a draft version of “Disability and Extreme Poverty: Recommendations from Practitioners in Bangladesh” was circulated. The following is a summary of the policy recommendations:

- (1) **Identify and target the extreme poor in a disability-sensitive way** (e.g. identify and monitor the disability status for each individual beneficiary, and recognize intra-household inequality between household members with and without disabilities)
- (2) **Mainstream disability into poverty reduction programming** (e.g. provide outreach options for services, ensure that people with disabilities have access to education opportunities, and include people with disabilities in mainstream skills development, access to financial services, and work promotion initiatives)
- (3) **Adopt measures to overcome disability-specific challenges related to poverty reduction, including specific funds for disability** (e.g. sensitize and educate stakeholders on disability, ensure provision of basic rehabilitation services, and link people with disabilities with access to services and social safety net programs)
- (4) **Strengthen institutional capacity and coordination of Ministries to work on disability issues** (e.g. build knowledge on effective interventions for disability-inclusive development, and ensure participation of people with disabilities to inform decision-making concerning strategies, plans and programs)

Other more general recommendations include decentralized decision making, particularly with regards to budgeting, which has been shown to both decrease corruption and increase efficiency. Also, eliminating local councils for selecting recipients of social safety nets and moving towards a more needs-based allocation of resources would increase transparency.

5.2. Recommendations for Non-Government Stakeholders

- (1) **A strategy targeting multiple levels should be incorporated in the design of projects and programs working towards the eradication of extreme poverty for people with disabilities.** More than just providing funds or assistive devices to assist beneficiaries in the short term, a multi-level approach will provide a support system for people with disabilities long after projects have closed. It is recommended to design interventions that are tailored to individual needs and abilities and ensure a linkage between rehabilitation and livelihood, as rehabilitation is the entry-point to increase income. At the individual level, personalized rehabilitation services will increase the functional autonomy of people with disabilities and facilitate access to livelihoods opportunities. Focus on support at the individual level is important to address the issue of intra-household inequality, or unequal access to resources within the household. At the household level, support for multiple livelihood options will increase resiliency to adverse shocks, and sensitization of household members to disability will further address intra-household poverty. Actively linking households with people with disabilities with services provided by governmental and non-governmental providers,

including on rehabilitation, can overcome issues of limited resources. Engaging with DPOs can also act as entry points for people with disabilities, and they can support NGOs in their graduation approaches by providing peer support to people with disabilities. At the community level, sensitization of local elites, business owners and other stakeholders to issues of people with disabilities will provide a support network for beneficiaries to connect to beyond the life of individual projects. Finally at the policy level, mainstreaming disability will allow for the continued inclusion of people with disabilities in poverty alleviation programs.

- (2) **Establish a “risk fund” or community pooling mechanism to reduce the impact of adverse shocks.** As mentioned above, despite graduation from extreme poverty, many households remain vulnerable to shocks that threaten the sustainability of their improvements in well-being. Establishing a fund for beneficiaries to tap into when facing adverse shocks can decrease sub-optimal coping behaviour, such as selling assets to pay for health care expenses, and increase resilience and sustainability. The exact funding mechanism could be determined on a project basis.
- (3) **Consider alternative livelihoods strategies, such as providing multiple types of income-generating assets or promoting wage employment.** Income diversification, either through providing assets with both short and long term production cycles or through connecting beneficiaries with wage employment, is an effective way to increase resilience and overall income gains. Moving beyond traditional livelihoods activities will require more coaching (e.g. letting beneficiaries know what kinds of wage employment opportunities might be a good fit for their abilities and interests) as well as boosting confidence to participate in new economic activities.
- (4) **Establish a network of organizations to better advocate for the rights of people with disabilities at a national level.** Stronger links should be formed between organizations working towards disability-inclusive development, such as Action on Disability and Development (ADD) and Centre for Disability in Development (CDD), and DPOs. This advocacy network should develop a cohesive policy agenda to mainstream disability in development programs and nation-wide initiatives to better address the specific issues facing people with disabilities in Bangladesh.

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Annexes

Annex 1: Exit Strategy

The exit report was prepared in August 2014 and submitted by Handicap International on 1st December 2014

The exit plan has been developed to sustain the project benefits and continue development efforts of BHHs to fully graduate them from extreme poverty by increasing their resilience in coping with future shocks and challenges and tapping opportunities to avoid fall-back into extreme poverty. Handicap International Bangladesh, in collaboration with local DPOs, prepared the exit strategy in August 2014 to be implemented during the period of **August-November 2014**. The specific objectives of the exit strategy are as follows:

- To facilitate the process for sustaining the project impact at household level after the end of the project
- To strengthen the inclusion of beneficiary households in mainstream services and resources such as rehabilitation, health, livelihoods, education, employment, and safety nets
- To link and support beneficiaries with Disabled Peoples' Organisations and support DPOs to ensure continued support to the beneficiary households

Exit plan schedule:

#	Specific objective of the exit strategy	Key Activities
1.	To facilitate the process for sustaining the project impact at household level after the end of the project.	<ul style="list-style-type: none">- Develop concrete message to share with beneficiaries about the end of project and disseminate it through small group meetings at community level.- Counsel beneficiaries on issues relating to sustaining graduation during follow up visits- Make available copies of beneficiary documentation for each beneficiary (rehabilitation assessment sheet, beneficiary assets sheets, etc) for their reference.- Follow up with caregivers to ensure that they are able to support people with disabilities on home-based therapy after the end of the project.- Provide contact addresses of rehabilitation, health and livelihood service providers to beneficiaries.- Enhance skills of caregivers on primary rehabilitation therapy.

2.	To strengthen the inclusion of beneficiary households in mainstream services and resources such as rehabilitation, health, livelihoods, education, employment, and safety nets.	<ul style="list-style-type: none"> - Update the mapping of mainstream and other service providers available in the project areas. - Provide list of the people using ADs with contact details of repair shops. - Organise exit workshops at union/ municipality level with the participation of project beneficiaries, government and other service providers to share exit plan, project achievements and strengthen relations among them. - To link beneficiaries with Jation Protibathi Unnayn Foundation (JPUF), CRP service centres located at Chittagong for specialised services on rehabilitation
3.	To link and support beneficiaries with Disabled Peoples' Organisations and support DPOs to ensure continued support to the beneficiary households	<ul style="list-style-type: none"> - To select strong DPOs at union level to continue to support the beneficiary households and conduct advocacy events after the end of the project (at least 1 DPO per union) - Develop a plan of action with DPOs to continue to support the beneficiary households. - Raise awareness about DPO membership opportunities and support beneficiaries who are expressing interest to be members of DPOs - Link beneficiaries to DPOs for continued peer support.

Annex 2: Financial Overview

Line Item	Original Budget	Revised Budget	Actual Expenditure	Variance	Remarks
Human Resources	10,371,383	11,085,257	11,526,699	(441,442)	Higher than average medical coverage and project documentation requirements increased costs
Transport	1,245,033	1,437,480	1,721,645	(284,165)	
Vehicles & Equipment	730,769	693,679	702,909	(9,230)	
Office Rent & Utilities	868,620	681,861	690,216	(8,355)	
Administration	572,394	423,418	376,540	46,878	
Operational	1,297,935	1,594,907	1,806,606	(211,699)	
Direct Delivery to Beneficiaries	17,440,200	18,369,113	17,461,100	908,013	Reduction in indirect delivery costs due to overestimation of skill training needs and related costs
Total Direct Cost	32,526,333	34,285,715	34,285,715	-	
Management Cost	1,626,317	1,714,285	1,714,285	-	5% overhead
Contingencies	347,350	-	-	-	
Total Cost	34,500,000	36,000,000	36,000,000	-	

Annex 3: Progress against the Logframe

GOAL	Indicator	Baseline	Target 2014	Means of Verification	Progress
Government of Bangladesh MDG targets 1 and 2 on income poverty reduction and hunger achieved by 2015.	Reduction in the proportion of people living in extreme poverty in line with MDG targets.	35.0 million extreme poor, below national poverty line	A reduction of between 1 to 2 million extreme poor.	HIES 2005, BBS and future updates	The last HIES survey was conducted in 2010 which is prior to the start of the project. Awaiting official updated data.
PURPOSE	Indicator	Baseline	Target 2014	Means of Verification	Progress
600 extreme poor persons with disabilities in Chittagong district have lifted themselves out of extreme poverty	Proportion of households with disabilities with improved Income level.	600 households with disabilities with income below 16 BDT PPD have been selected.	At least 80% of the target households have raised their income by 60%	Baseline data, Monthly Income monitoring data collected from beneficiary HHs	83% of the target households have raised their income by 60% compared to baseline income.
	Proportion of households with disabilities accessing 3 meals a day	25% of beneficiary households with disabilities accessing 3 meals a day.	80% households have 3 meals a day throughout the year	Monthly monitoring data collected from beneficiary HHs	99% households have access to 3 meals a day throughout the year.
	Proportion of identified people with disabilities with capacity to perform	33% of identified people with disabilities have capacity to perform	At least 90% of people with disabilities have improved capacity to perform	Data collected from rehabilitation evaluation conducted by HI through direct interviews with	86% of people with disabilities have improved their capacity to perform activities of daily living.

	activities of daily living	activities of daily living.	activities of daily living	people with disabilities, initial rehab assessment sheets	
	Proportion of targeted people with disabilities with increased level of social participation	55% of target people with disabilities have social participation.	At least 70% of target people with disabilities report increased social participation	Data collected from rehabilitation evaluation conducted by HI through direct interviews with people with disabilities, initial rehab assessment sheets	78% of target people with disabilities have achieved increased social participation.

OUTPUT 1	Indicator	Baseline	Target 2014	Means of Verification	Progress
Income related capacity building support provided to targeted households with people with	Proportion of Households with Household/business development plans	0% of Households have Household/business development plans	100% have household/business development plans	Project database, activity report	100% households have prepared their business development plans.

disabilities.	Proportion of beneficiaries who have received skill training	2% of beneficiaries had previously received skill training	100% received skill training.	Project database, activity reports, training reports, micro-business plans.	425 (75%) beneficiaries/caregivers have received skill training. The remaining 25% did not require skill training.
	Proportion of beneficiaries who have received fund management training	0% of beneficiaries had received fund management training	100% received fund management training.	Project database, activity reports, training reports, micro-business plans,	100% beneficiaries/caregivers received fund management training.
	Proportion of beneficiaries who have assets or professional kits (valued on average TK 21364) recipients	100% of beneficiaries have a productive asset value of below BDT 10,000,	100% received assets or professional kits	Micro-business plans, procurement plans, asset database, donation certificates	98% beneficiary households have received livelihood assets of an average of BDT 23,145, including the additional support for vulnerable households in Y3. The remaining 2% were supported in securing waged employment.

	Proportion of beneficiaries with income earning opportunities	95% of beneficiaries have 1 source of income, but 10% have 2 or more sources of income	80% have income earning opportunities	Baseline survey, micro-business plans,, asset transfer register, Income monitoring data	99% of beneficiary households have income earning opportunities, and 81% have 2 or more sources of income. ,
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OUTPUT 2	Indicator	Baseline	Target 2014	Means of Verification	Progress
Targeted people with disabilities provided with capacity building support for functional autonomy.	Proportion of eligible people with disabilities received home based rehabilitation services	652 people with disabilities from 600 households identified during rehabilitation assessment as requiring rehabilitation support	Eligible people with disabilities from 600 household received home based rehabilitation service	Rehabilitation plans, rehabilitation follow up forms, beneficiary database	All 652 requiring rehabilitation support received home based rehabilitation services following the rehabilitation assessment.
	Proportion of eligible beneficiaries received assistive devices and follow-up support	Rehabilitation assessments identified 142 people with disabilities requiring assistive devices	Eligible people with disabilities from 600 household received assistive device and follow up services	Measurement forms for ADs, donation certificates, beneficiary data-base	A total of 136 people with disabilities from 600 households received assistive devices and follow up services according to their needs. 1 person with a disability was not provided with a device due to his non-availability to travel for prosthetic fitting.

	Number of local producers of assistive devices received capacity building	Project will identify 10 local artisans to train on production of simple assistive device and repairing of assistive devices	10 local artisans received training and refresher on production and repair of assistive devices	Training reports, attendance sheets, beneficiary database	8 local artisans have received a 10 day training course on production and repair of assistive devices.
	Proportion of caregivers with the capacity to support persons with disabilities	Rehabilitation assessments indentified 600 caregivers from 600 beneficiary households to learn basic skills to support people with disabilities in the household	100% of the caregivers will learn basic skills to support respective people with disabilities.	Rehabilitation assessment, follow up forms, home-visit statistics sheet	600 caregivers from 600 BHHs learned basic skills to support people with disabilities of which 339 learned intensive skills based on the severity of the disability

	Proportion of eligible people with disability with unhindered physical accessibility at home and workplace	Rehabilitation and accessibility assessments identified 11 homes and 4 workplaces requiring accessibility works. In addition 5 service providers were identified as requiring accessibility to ensure an inclusive environment	Eligible people with disabilities from 100% households report unhindered accessibility at homes and workplaces	Accessibility database, beneficiary database, accessibility work completion reports,	Accessibility works were completed in 11 homes, 4 work places and at 5 service providers. This is 100% of the sites identified for accessibility.
	Proportion of community people, including people with disabilities, who attended awareness events with increased knowledge of rights of persons with disabilities	16% of community members including people with disabilities had knowledge on the rights of people with disabilities.	80% of community members including people with disabilities who attended awareness events have knowledge of the rights of people with disabilities.	Report of awareness evaluation	100% of community members including people with disabilities who attended awareness events gained knowledge on the rights of people with disabilities.

OUTPUT 3	Indicator	Baseline	Target 2014	Means of Verification	Progress
Targeted people with disabilities in extreme poverty facilitated to access basic health and social services.	Access to mainstream health and social services for people with disabilities.	45% of people with disabilities have access to health and social services	150 people with disabilities have access to mainstream health and social services	Beneficiary database, safety net datasheet	484 (81%) people with disabilities have gained access to mainstream health and social services.
	Proportion of target households with knowledge on social protection	16% of target households have a little knowledge and no households have good knowledge on social protection	100% target households have knowledge about the existing social protection scheme for people with disabilities and for extreme poor	Report of awareness evaluation conducted by HI	96% of target households gained knowledge on existing social protection scheme for people with disabilities and extreme poor, including health, education and safety nets
	Applications for social protection received from eligible beneficiaries at Union Parishad	Applications have been received from 45% beneficiary HHs for social protect schemes.	Applications for social protection received at Union Parishad from 80% of eligible beneficiaries.	Official letters and beneficiary list, government registers, Safety net excel sheet.	Applications have been received from 100% beneficiary HHs. 484 beneficiaries (81% of 600 BHHs) have received support from government run safety net, health and support from other programme.

Annex 4: EEP/Shiree Innovation Fund Round Four Sustainable Graduation

The key overarching concept of resilience includes efforts aimed at:

- improving people's capacity to cope with hazards and shocks;
- spreading people's risk over wider number of options and choices to substitute and diversify income sources;
- encouraging more forward-planning, investment and savings from beneficiaries;
- improving their ability to manage uneven income flows (for example from seasonal labour peaks and troughs) and expenditure requirements through methods of balancing out spending and saving, reducing their short term dependency upon exploitative relations;
- having access to collective institutions rather than being exposed to crisis individually or in households;
- improving the security of their productive assets through progressive asset substitution and raising productivity levels over time as well as through forms of insurance;
- reducing morbidity and vulnerability to health crises;
- enabling beneficiaries to transfer a stronger socio-economic position to one's offspring;
- preparing youth to maintain the improved platform, and themselves to improve beyond it rather than slip back;
- in the absence of other well-functioning institutions, to have the support and care of one's empowered offspring in old age.



Annex 5: Shiree Multidimensional Graduation Index for IFR4

Essential Criterion	Rural	Urban
Food coping strategies of household - including but not limited to: eating smaller portion of food, eating less than three times a day, eating food of lower than normal quality, giving more food to an earning household member, etc	≥2 strategies = 0 <2 strategies = 1	≥2 strategies = 0 <2 strategies = 1
Supplementary Criteria		
Poverty line - using the mean income and standard deviation in the HIES 2010. Income included both cash and in-kind sources	2010 < 25.5 = 0, ≥ 25.5 = 1 2014 < 35.5 = 0, ≥ 35.5 = 1	2010 < 41 = 0, ≥ 41 = 1 2014 < 57 = 0, ≥ 57 = 1
Number of sources of income - number of jobs of all household members	<2 jobs in household = 0 ≥ 2 jobs in household = 1	<2 jobs in household = 0 ≥ 2 jobs in household = 1
Cash savings - amount of reported cash savings in Taka/household	<1000 Taka/household = 0 ≥ 1000 Taka/household = 1	<1000 Taka/household = 0 ≥ 1000 Taka/household = 1
Value of productive assets	<10,000 Taka/household = 0 ≥ 10,000 Taka/household = 1	<7000 Taka/household = 0 ≥ 7000 Taka/household = 1
Number of non-productive assets of household	<4 assets = 0, ≥ 4 assets = 1	<4 assets = 0, ≥ 4 assets = 1
Food diversity of household - pulse, green leafy and other vegetables, fruit, milk, eggs, fresh/dried fish, poultry and meat	<5 foods = 0, ≥ 5 foods = 1	<5 foods = 0, ≥ 5 foods = 1
Women Empowerment - of female adult member of household based on decision making and views	<75% answering positively = 0 ≥ 75% answering positively = 1	<75% answering positively = 0 ≥ 75% answering positively = 1
Access to safe drinking water of household - defined as meeting the MDG guidelines	No = 0, Yes = 1	Not Applicable
Access to hygienic sanitation of household - defined as meeting the MDG guidelines	No = 0, Yes = 1	Not Applicable
Access to land of household - all land comprising homestead, cultivable, temporary lease, sharecrop and use free of charge	No = 0, Yes = 1	Not Applicable
Maximum score	11	8
Graduation threshold	Essential 1 + 6 Supplementary	Essential 1 + 4 Supplementary