



# 2014

## Lesson Learning Report: 'ALLOW'

**EEP/shiree**

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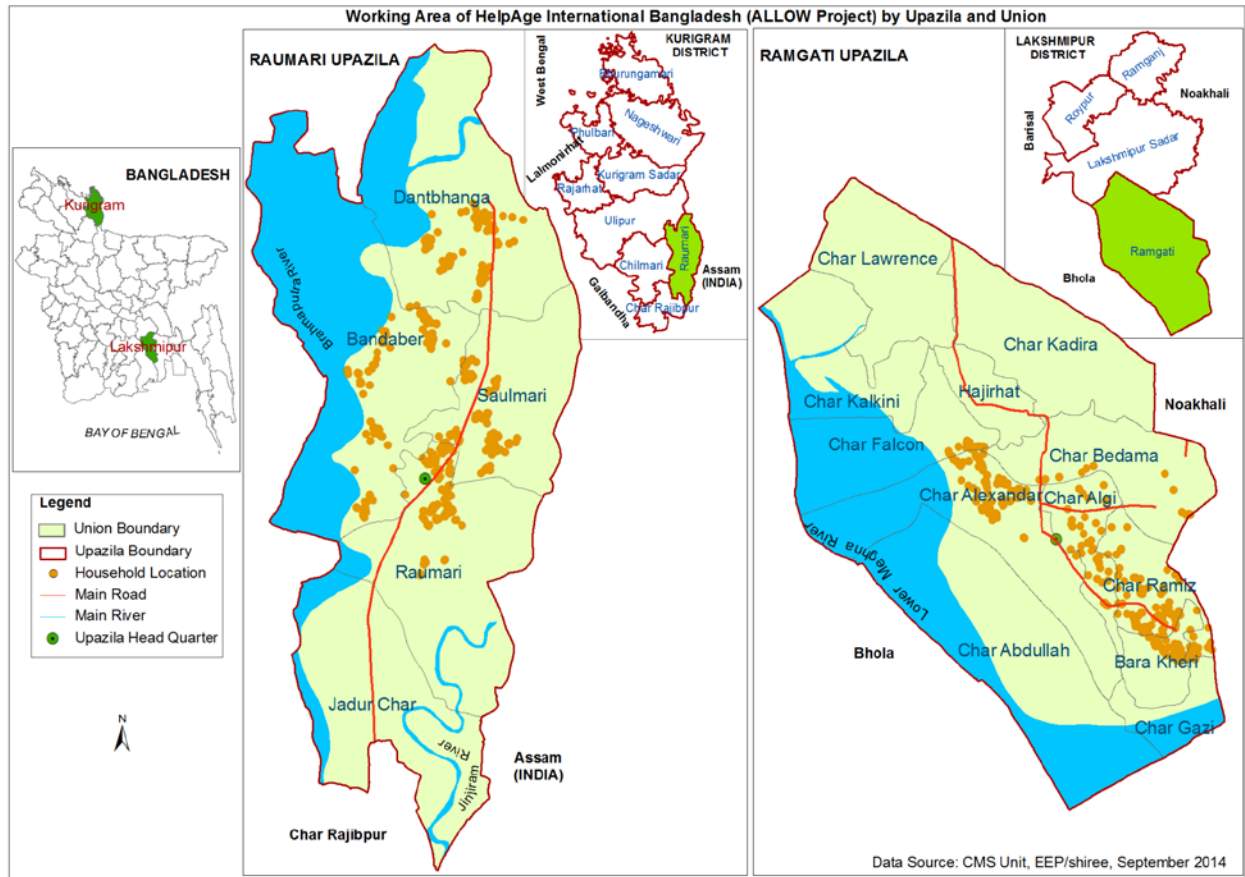
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## Maps



## Acronyms

<b>ALLOW</b>	'Accelerate Livelihood of Left-Behind Older Workforce'
<b>BHH</b>	Beneficiary Household
<b>BITA</b>	Bangladesh Institute of Theatre Arts
<b>CMS</b>	Change Monitoring System
<b>CSC</b>	Community Support Centre
<b>DRR</b>	Disaster Risk Reduction
<b>EEP/SHIREE</b>	Economic Empowerment of the Poorest/ Stimulating Household Improvements Resulting in Economic Empowerment
<b>FGD</b>	Focus Group Discussion
<b>GoB</b>	Government of Bangladesh
<b>GMS</b>	Graduation Monitoring System
<b>HH</b>	Household
<b>HIES</b>	Household Income and Expenditure Survey
<b>IF</b>	Innovation Fund
<b>IGA</b>	Income Generating Activity
<b>KII</b>	Key Informant Interview
<b>LLR</b>	Lesson Learning Report
<b>MDG</b>	Millennium Development Goal
<b>M&amp;E</b>	Monitoring and Evaluation
<b>NGO</b>	Non-Governmental Organisation
<b>OAA</b>	Old Age Allowance
<b>UN</b>	United Nations

## Executive Summary

Under the umbrella of Innovation Fund Round Four of EEP/Shiree, the project '*Accelerate Livelihood of Left-Behind Older Workforce*' (ALLOW) was launched in October 2011 and managed by HelpAge International Bangladesh to lift 1,000 extreme poor households living in Roumari Upazila in Kurigram District and Ramgoti Upazila in Laximpur District, out of extreme poverty. This is HelpAge's first and only livelihood project in Bangladesh. The main innovation of the project aims to provide all elderly persons 'left behind' (defined as the elderly extreme, poor, aged 60 and over, who are classified as 'left behind' or become marginalised due to the economic migration of the wage-earner of the family) () a year round income through income generating activities (IGAs) such as livestock rearing (goat, cow, sheep and bull), rickshaw/van and small business (tailoring, tea stall, grocery shop, trading of dry fish, moving trade, making bamboo and cane products etc.).

These IGA's are supported by skill development training, capacity building training and market linkage initiatives. In addition to the IGA, beneficiaries received awareness training on Disaster Risk Reduction, access to health services, safety nets and savings means. Partner Non Government Organization (NGO) Bangladesh Institute of Theatre Arts (BITA) and PidimFoundation are implementing the interventions in the districts, which are prone to high degree of river erosion, cyclone and regular monsoon floods. HelpAge is the only NGO in Bangladesh, which operates solely with the marginalized elderly beneficiary group and lift them out of extreme poverty. Using a 'Household' Model, HelpAge helps the elderly extreme poor in the 'ALLOW' project by having the household assist the beneficiary with the IGA and share the economic gains so that the household ultimately is graduated from extreme poverty.

## Findings

The project was able to graduate 73.4% of beneficiaries from extreme poverty based on the endline survey conducted in October 2014 (64 households' sample in each project site). At the end of the project, households had an average monthly income of 4,658 BDT, mean savings of 1,546 BDT, and an average value of assets at 23,881 BDT, with 88% of household reported having two or more income sources. The socio-economic endline results are similar for both project sites. It is important to note that written regulations such as recipients of government grants from other sources, Non-Government Organizations or Social Welfare agencies are not eligible to receive Old Age Allowance (OAA) and therefore created hurdles for the project beneficiaries in accessing the safety net. An important feature of this project is the increase, from 32% at the baseline to 52% at endline, in the number of beneficiaries receiving old age allowance. The number of female elderly beneficiaries receiving widow allowance on the other hand, had not been impacted significantly.

Out of 17 households, which had only 1 household member, 7 were reunited with their families. Out of 47 households that have more than 1 household member, 3 of them became single headed due to death or separation of family members. The mean household size increased to 3.47 from the baseline mean household size of 3.02. Furthermore, endline findings indicate change in the sex of household head since baseline.

Although the geographical location of this project targeted regions that are prone to environmental and land shocks, a small number of beneficiaries experienced this. A total of 10

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beneficiaries in Ramgoti migrated due to river erosion, and from those, 9 returned to their locality.

Economic analysis of the IGAs was presented to the households and consideration was made to take into account the existing local IGAs (in baseline, half the beneficiaries in both project locations were unemployed). The endline survey shows that the main occupation of the beneficiary household head (the head of the family and primary decision maker) is livestock/poultry at 27%, housewife 25%, unemployed 20%, skilled labour 6%, day labour and business 5%, and the remaining (handicraft, begging, agriculture labour, domestic maid, fishing and other) all below 5%. 36% of households surveyed have 3 sources of income. These findings indicate that majority of elderly beneficiaries no longer engage in physically demanding work and are largely staying at home and/or looking after their livestock asset.

In order to ensure sustainability of the project, HelpAge has developed a detailed exit strategy in advance, which has been implemented during its phase-out period. Forty Community Support Centers (CSC) have been divided into 3 categories (A,B and C) which will provide support and assistance to a given household based on the category it identifies itself under (A: do not need support, B: need some support and C: need a lot of support). This means that depending on the categories assigned, some households receive additional support after the project ends from the CSC members. As a number of households have group savings within their CSCs, the possibility of misuse or loss of savings is minimal. Establishing and encouraging group savings was introduced to the project at a later stage and was not originally part of the intervention.

Between October 2011 and September 2014, the action plan and budget were revised during the inception period and again in August 2012. Not all the activities planned for during year 1 and 2 were executed timely and needed to be transferred over to the following year. In particular, the process of selecting targeted BHHs as per the outlined criteria took longer than anticipated due to the importance and documentation of the process. Otherwise, the project saw no major revisions implement throughout its duration.

The project faced difficulties in ensuring, safe, secure and transparent use of cash-transfer for the IGA. According to Cash Grant Management Guidelines, cash was transferred to the targeted beneficiaries by mobile money transfer bKash Mobile Financial Services. After receiving the money, beneficiaries or their nominated representatives purchased their agreed upon assets with assistance from field/project staff. Although effective in theory, some beneficiaries faced difficulties with this form of electronic payment. The provision of providing 15,000 taka for each beneficiary in order to purchase their IGA assets was overall successful but saw some improper documentation of some transfers, as pointed out by internal/external audit team visits in 2012.

As the project will be handed over to the Upzaila Parishad (UP), the training and involvement of the UP's have been active throughout the project and this participation will remain in assisting the beneficiaries with increasing their access to health services, safety nets and sustaining their achievements. Throughout the project life cycle, it capitalized on its relationship with the local government to advocate for the rights of elderly persons through workshops, events and formal meetings. As there is more room to fight for the rights of elderly persons in Bangladesh, the CSC's as part of the exit strategy, will continue to build on relationships with government officials and encourage the beneficiaries to speak up when the project phases out.

## Lessons Learned

Within the local context, the project design and implementation was relevant in both project locations. Targeting elderly beneficiaries whose households have limited scope of employment by equipping them with an Income Generating Activity had an impact both socially and economically on the households. The IGA selection saw beneficiary consultation throughout the process with the beneficiary and household member's skills and knowledge weighted against market survey results when selecting the IGA. Based on individual need assessments, livestock rearing was the most common IGAs sought in these rural regions as a result of the beneficiaries' life-skills, capacity, interest and resources.

The social context of the project highlighted the inclusion of the beneficiary within the household, community and social milieu. As asset holders, the beneficiaries gained respect from those around them through gradual confidence building and economic empowerment of IGA ownership. The project took some consideration cross-cutting issues such as age and disability in the project design. As the target beneficiaries are aged 60 and over, the capacity of some to engage in physical work is limited. The project addresses this by allocating the IGA directly under the beneficiary's name while a nominee (household member or neighbour) assists in the IGA management. Although the IGA is under the beneficiary name, the economic gains are directly impacting the entire household, which is part of the innovation. The project did not take into account cross-cutting issues of widows and gender specific training. Counselling, burial support and gender specific IGA selection/training were weak in the project.

Providing livelihood options to older persons is an innovation in itself within the national context of Bangladesh. The innovation had no trouble reaching and identifying its target beneficiaries as 8% of the population areas in rural regions of Bangladesh are aged 60 and over. Having implemented projects in this region previously, HelpAge has been able to achieve its stated targets in both project locations as per the LogFrame, which brings into question whether the targets were ambitious enough. The project staff realized that the process of selecting target BHHs based on the essential criteria took much longer than anticipated as door to door visits played a pivotal role in conducting a proper assessment.

The project has been particularly effective in increasing empowerment through the IGA and the project saw an improved awareness of safety nets and access to services. In particular, the women interviewed in the Focus Group Discussions (FGDs) have gained respect within their household and community. Both Ramgoti and Rawmari had a high number of elderly female beneficiaries with Rawmari having 72% female beneficiaries. Further research is required to see whether improving women's access to market within the local context can enhance women's bargaining power through their IGA, and if so, this will need to be taken into account in future projects that deal with elderly and disabled beneficiaries.

As savings, IGA and DRR training has been thoroughly shared with project beneficiaries and their households, we can expect that the households who graduate would be able sustain their success and IGA. However, a more active and integrated market approach would reduce the risk of beneficiaries falling out of graduation.



## Recommendations

The 'ALLOW' project saw many successes with room for improvements should the project be replicated or scaled up. These include (numbered based on feasibility/priority based on lessons learned):

1. Further research and consideration is required in the areas of: age appropriate (age-friendly) IGA, women's access to market, effectiveness of cash transfer and policy on providing elderly allowance to all beneficiaries.
2. Increase selection of IGA's to beneficiaries based on the local economic context.
3. Increased consultation with government and local officials to mobilize access to safety nets and health care services.
4. Consider special support and IGA selection/training to widows and those female beneficiaries who reside alone.
5. Involvement of the beneficiaries and their household in local Government decision-making process should be sought after.
6. Cash disbursement on installment basis is more effective and manageable than a single installment.
7. Market strengthening strategy needs to be planned in detail to ensure the smooth phasing out of the project.
8. It is recommended to observe whether there has been any socio-economic graduation between beneficiaries receiving different intervention (e.g. livestock v small business, etc).
9. Implementing saving's training and facilitating BHH savings practices is necessary for the project.

## Section 1. Background, Purpose and Methodology

### 1. Background

The Economic Empowerment of the Poorest (EEP)/ *Shiree* is a partnership between UKAID from the Department for International Development, the Swiss Development Cooperation and the Government of Bangladesh (GoB). This report details the lessons learned from the project '*Accelerate Livelihood of Left-behind Older Workforce*' (ALLOW) by HelpAge from October 2011 – September 2014. This project aimed to lift 1,000 beneficiary households in Kurigram and Laxmipur District out of extreme poverty, which is in line with EEP/Shiree programme approach to lift 1 million people out of extreme poverty. The project was selected by an Independent Assessment Panel and forms part of the Innovation Fund (IF) projects of Shiree. The main theme for IF round 4 projects is to achieve sustainable impacts in the lives of the most vulnerable and socially excluded groups: women, the elderly, the disabled and adivasis. 8 NGO projects were selected of which the total value of contracts was GBP £2,452,233 with 7,600 beneficiaries.

### 1.2. Purpose

The main purpose of this Lesson Learning Report (LLR) is to encapsulate 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 DAC Principles for Evaluation of Development Assistance (1991)<sup>1</sup>.

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's to influence future policy for the betterment of the extreme poor

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<sup>1</sup> Development Assistance Committee (DAC), 1991.

## 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 studies collection 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, quarterly change reports and self-review reports, other Monitoring and Evaluation (M&E) reports outside of Shiree Change Monitoring System (CMS), financial statements, internal and audit report, Shiree field reports, CMS 1 (baseline), CMS 2 (real-time monthly snapshot), and CMS 4 (participatory review), Shiree quarterly and annual reports, CMS 6 Reports 2013 and 2014, HelpAge Annual Progress Reports and Independent Assessment Panel (IAP) selection report. External documents reviewed are listed in the reference section.

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

The first field trip to Kurigram was made on 8th September 2014 and 2 FGD's were conducted purposively with 15 BHHs in Tapurchar and Rawmari Sadar villages. The Beneficiary Households (BHHs) in both project sites have been purposively selected based on several common indicators in CMS2, such as BHHs with a variety of IGA's including both genders and those who are of good physical and mental health to participate in the FGD's. Selected key informant interviews have been conducted with a UP Health Services Representative and a UP Councillor. A field visit to Laximpur was made on 17<sup>th</sup> September 2014 and two FGD's were conducted purposively with 16 BHHs in Borokheri and Char Lakshmi villages. Each FGD took two to three hours and was conducted by: EEP/Shiree Senior Programme Manager and Research and Communication Manager and translated by Senior Programme Manager. Selected key informant interviews have been conducted with a UP Livestock Officer, two village doctors and a veterinary surgeon in Alekzander. In both project sites, HelpAge & BITA Project Manager and staff presented an update on the project progress and self-review learning. Clarification by the Project Manager and three team members in regards to any project questions/concerns was made.

### 3. Formal Surveys – Endline to Baseline Survey

Both baseline and endline survey were conducted to collect standardised and comparable information from 64 randomly selected households. The endline survey seeks to establish the efficiency and effectiveness of these innovation modalities in uplifting people from extreme poverty by comparing and assessing the changes in socio-economic status of the project beneficiaries towards the end of the intervention with their condition before beginning project activities.

**Data Collection:** The Baseline Survey used a multi-module questionnaire on household socio-economic conditions, including assets, expenditure, income, loans/savings, food security and empowerment. The Endline Survey questionnaire contains additional modules specific to the innovation. Field work for baseline survey was conducted in April-May 2012 & May 2013 and the endline survey was conducted in September, 2014. Field teams at baseline were comprised of 6 field organisers and data was checked by 3 senior project staffs with 2 –tier data quality and, at endline the field team consisted of 6 trained enumerators, 2 research associates from scale fund NGOs as auditors and two M&E staff from CMS unit, EEP/Shiree. Data for both surveys was collected using paper questionnaires. Data entry for the baseline was done project staff - using online database developed by CMS unit of Shiree. Endline data entry was done by CMS unit, EEP/Shiree with help of one research associate from scale fund NGO using online database develop by CMS unit of at EEP/Shiree office.

**Sample:** The baseline survey was conducted on all beneficiaries before beginning project activities, totaling 1000 BHHs. Using the baseline as a sampling frame, the endline survey was conducted on a random sample of 64 households using cluster stratified sampling by location (District, Upazil, Union to village and para level), sex of household head, age, education, occupation, income, savings, expenditure and project intervention – input delivery (IGA).

Graduation from extreme poverty used in EEP/Shiree Graduation Index 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 differs according to rural and urban settings). The index is primarily used to ascertain the intervention impact and examine shortcomings, monitor sustainability or resilience and give a practical meaning to the concept of extreme poverty eradication as 100% graduation. The detailed indexes can be found in the Annex.

#### **Limitations of this report:**

- Some of the participants of the FGD’s were not able to fully participate in the discussion due to their age limitations. Their ability to understand and answer questions was hampered.
- Furthermore, findings from 4 FGDs are generalized with KII interviews used as secondary data to support findings.
- The data for Endline study was collected during the same time period, but the baseline data was collected as beneficiaries were phased into the project at different times of the year. Therefore, the data may contain seasonal variations, especially in rural areas where most households are engaged in agricultural activities.

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- It should also be noted that 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.
- A draft of the HelpAge 2013-2014 'ALLOW' report was used during the time this Lessons Learning Report as opposed to the final version, which was not shared.

## 1.4. Format of the LLR

A similar process has been followed during the preparation of each IF 4 LLR. The report is presented in four sections. **Section Two** gives a brief introduction to the project context and content, the main innovation, theory of change and SWOT analysis. **Section Three** details the findings from the evaluation against DAC evaluation principles. **Section Four** concludes the findings on performance and lessons learned on the innovation. **Section Five** provide 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 LL Team consisted of Delwar Hossain (Senior Programmes Manager, EEP/Shiree) who is the programme manager in charge, Yana Barankin (Research and Communications Manager, EEP/Shiree) as report writer, and Abdul Jabber Jufry and Lucky Mahbuba Islam (CMS Team Leader, EEP/Shiree) who were responsible for the endline survey data collection, management of enumerators and data analysis. EEP/Shiree team is thankful for the support provided by Shawli Jharna (Program Implementation Manager), Shongibul Alam (Finance Admin and HR Manager), Marzina Anam (Project Officer) and all of HelpAge/BITA/Pidim/EEP/Shiree team members.

## Section 2. Introductions to Project Context and Content

### 2.1. Context

Often an ignored and marginalized group, elderly people in Bangladesh are an increasingly growing population group that is vulnerable to extreme poverty. According to the Asian Development Bank, the percentage of the older population (65+) in Bangladesh will increase steadily to 15.9% by 2050.<sup>2</sup>In the rural regions, particularly in Roumari and Ramgoti, elderly persons face socio-economic challenges such as food insecurity, lack of employment, safety nets and access to services. Because of their physical limitations and age, the elderly persons are often not respected and cared for by their family members and community, as they are unable to contribute economically to their household and economy at large. Vulnerability to extreme poverty as a result is further reinforced through climate migration. As a result, households lack basic services, education, access to clean water and sanitation, and have little to no assets and savings.

The 'Accelerate Livelihood of Left-Behind Older Workforce' (ALLOW) project is focused on improving the socio-economic status of 1,000 extreme poor elderly persons who are residing in river erosion, cyclone and monsoon prone areas. The project will contribute to the British and Bangladesh Governments' commitments to fulfil the UN Millennium Development Goals, and specifically to contribute to Shiree's Logical Framework Goal 1 (eradicate extreme poverty & hunger) by 2015.

The outcome of the project as stated in the Project Memorandum is to lift the economic status of 1,000 extreme poor households living in climate disaster prone areas. The project targets 'left behind' elderly persons who find themselves in an economically vulnerable situation due to the migration of the chief wage earner of the household. In order to overcome livelihood constraints, the project equips the BHH's with capacity building in income generation.

### 2.2. Main Innovations

The project innovation is unique in the way which it perceives and treats older people. This results in older people being more valued within their community and household and having a greater economic independence. The intervention provides extreme poor with an Income Generating Activity (IGA) for the beneficiary through cash in hand (ensuring the purchase of asset/input by project staff for the IGA). Complimentary activities in order to ensure the effectiveness and sustainability of the IGA and household overall graduation were as follows:

1. Linkages are established between local officials / service providers (largely health care) with the elderly beneficiaries to improve access and supply.
2. Community Support Centers (CSC) established by the elderly beneficiaries for support and to act as a focal point of operating and implementing various project activities such as group savings during the project and after phase-out.

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<sup>2</sup> Kohli, Sharma and Sood, 2011.

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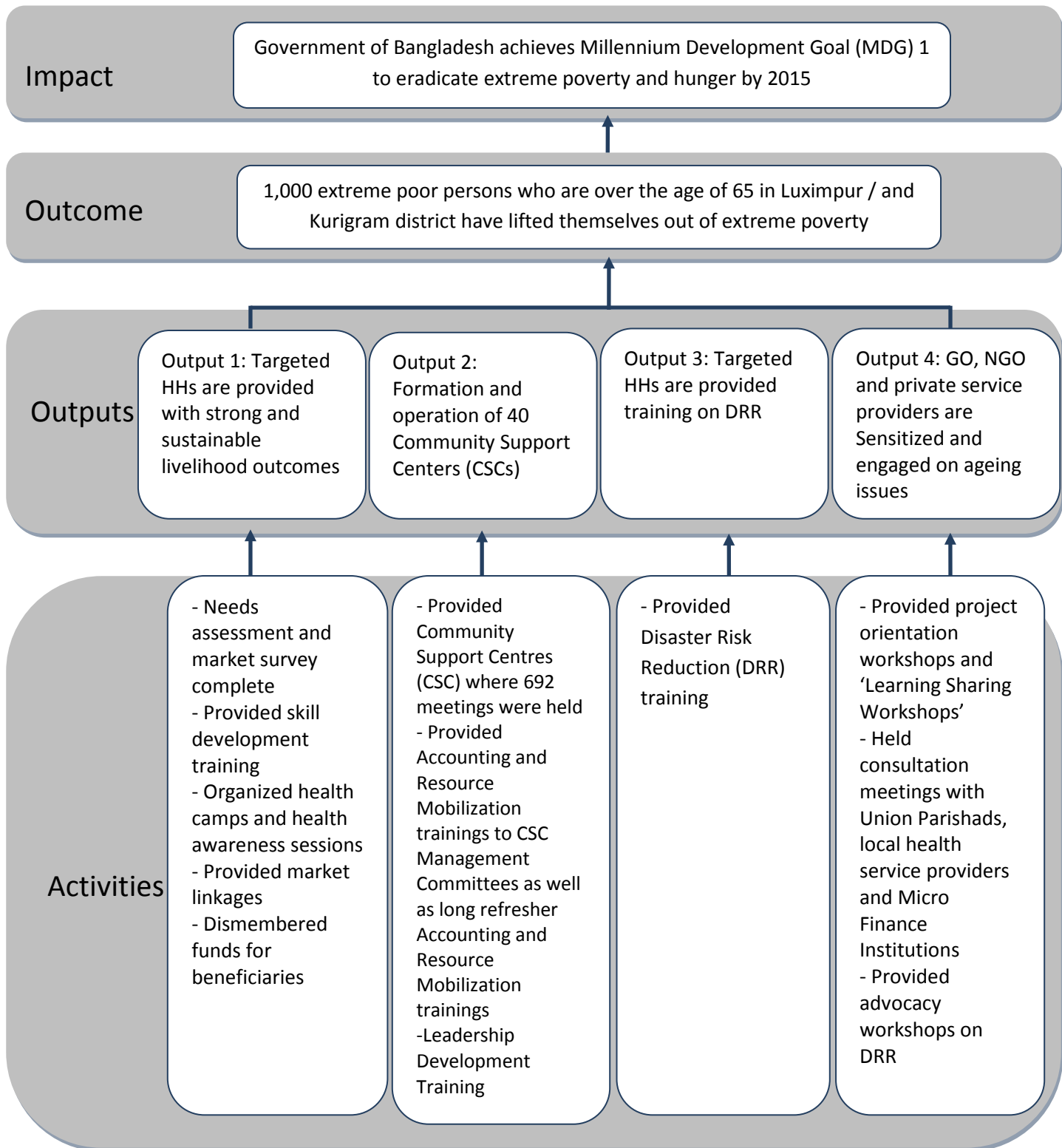
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3. Training sessions and workshops on livestock care, rearing, disaster management, etc. are held with each beneficiary and their household.

This innovation aims to improve the economic and social status of the extreme poor households, increase social acceptance and empowerment of the elderly and improve access to safety nets and health care services. The project aims to build the capacity of the extreme poor by providing them with training for their IGAs and provide them with market links.

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## 2.3. Theory of Change



**Assumptions:** No major external factors (environmental and political disturbance) impacting project implementation



## 3. Findings against Evaluation Criteria

### 3.1. Relevance

*Is the project in line with national and local priorities and the overall goal and purpose of the project?*

The project is relevant as it meets Government of Bangladesh (GoB)'s commitment to MDG target 1 and GoB's commitment (Budget Speech 2014-15) to eliminate extreme poverty by 2018 (Muhith, AMA 2014:33).

In addition, the project addresses local priorities as the 2010 Bangladesh Poverty Map reveals that 27.7% of those who are living below the poverty line in Bangladesh are found in Rangpur, the highest percentage in the country and one of ALLOW's project location. This shows that the poor and elderly group cannot cope with all the downside risks and shocks with their own resources in this particular region.

As the elderly become increasingly frail and disabled, work becomes less of an option, while costs of health care often rise. The Household Income and Expenditure Surveys (HIES) shows that the coverage of the Safety Nets programmes for the poor and vulnerable households has increased and they have helped lower poverty. But, data also suggest that a large proportion of the poor and vulnerable households do not have any access to these programmes. The ALLOW project incorporates these issue in its overall goals. With approximately 300 a month as part of Old Age Allowance, the local and national government are working towards developing an improved pension plan for the elderly group in through its National Social Protection Strategy (NSPS).

### 3.2. Appropriateness

*Is the project design and implementation acceptable and feasible within the local context?*

#### Participatory Process

The project team did conduct economic analysis of the IGAs and the market in its design stage. The beneficiaries as a result, were informed as to the economic benefits and costs involved in running a particular IGA with the IGA selection up to them based on their (or nominee) skills, knowledge and experience. Further analysis of the IGA was observed to be missing by project staff to ensure market linkages are strengthened.

#### Crosscutting Issues

In the situations where the head of the household was a female and/or widow, the beneficiary had a harder time in managing the IGA as gender was not specifically addressed in the project design. Assistance from project team was evident to this group of beneficiaries, but gender specific workshops, training and linkages were not provided by the project. Due to limitations

in the baseline questionnaire, it is not possible to report comparative analysis of women's empowerment between baseline and endline. Some of the questions asked in endline were not initially asked in the baseline survey. In addition, empowerment is largely seen as contributing economically to the household and possessing assets. This understanding would as a result reflect in the increase of women's empowerment opinion at endline if the beneficiary is a woman. As shown in the endline survey, despite women's empowerment increasing from 3.1% to 57.4%, half the respondents surveyed do not feel empowered as a result of the project. The indicators for women's empowerment in the endline survey include decision making within the household (pertaining economics, children and personal engagement of time).

The innovation relied on providing the elderly persons with an IGA as a solution to lift extreme poor households in remote communities that are prone to natural disaster. The project however, did not consider the fact that statistically, many women find themselves as widows and are left to their own devices in earning an income if left alone. Greater focus should have been emphasized on women of the household and equipping them with skills and an IGA that could easily be managed by them. With 90 of the beneficiaries having passed away (and 1 who dropped out) during the project period, it is unclear whether enough specialized attention and support was given to newly widowed households and the management of their IGA (25 widows became beneficiaries after their husbands death). The amount of burial support was provided to all deceased beneficiary families but was considered insufficient as economic gains in those households that lost a beneficiary were hampered. As only 4 households received a tailoring business as their IGA, it brings into question why tailoring, a skill that is sought after by many women beneficiaries in Bangladesh, had a low distribution rate. Dealing with an elderly group, these issues need to be highlighted in the design phase in order to provide appropriate counselling, financial assistance and any additional inputs/activities.

Out of 500 beneficiaries in Luxmipur, 20 beneficiaries linked with a neighbour who is working as their caretaker, managing their IGA, as well as receiving support from CSC. Two percent of total beneficiaries leased out their cows to the neighbours through a collective agreement made by the CSC committee. Most of the neighbours leased their livestock to either a relative or members of the concerned CSC. Both the beneficiaries and the neighbours are benefitting from this arrangement. Without leasing the asset, there is no one to look after the IGA. In the case of the caretaker not being a family member, or a professional, it is perhaps not the most appropriate arrangement for the beneficiary when the project is phased out. Although overseen by project staff with frequent visits to the household, the neighbour is not part of the beneficiary household and it ultimately could benefit from the IGA economically more than the beneficiaries themselves. No professional caretaker training or workshops has been provided to non-family members of the beneficiaries. An additional issue in regards to the appropriateness of a neighbour taking care of the IGA on behalf of the beneficiary is whether they will claim full ownership of the asset when the project is phased out and monitoring is minimal. During the project period, there has been no evidence of the nominee taking advantage of the beneficiary and therefore it is proving to be an effective alternative while the project is being implemented.

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## 3.3. Effectiveness

*Measures the extent to which the project achieve their intended outcomes*

Table 1.1: CMS 6: Summary of 'ALLOW' interventions

Beneficiary Information	2011	2012	2013	2014	Cumulative	Target (according to logframe)
BHH selection completed	1000	-	-	-	-	1,000
BHH profiles (CMS 1) completed	-	501	499	-	1,000	1,000
BHH who passed away+ dropped out	-	42	47	31	90+1	-
BHHs receiving asset transfer	-	500	468	32	1,000	1,000
BHHs receiving cash transfer	-	6,776,200	8,250,930	249,800	15,276,930	-
BHHs receiving IGA/skill training/other capacity building	-	440	496	64	1,000	1,000
Total value of assets/cash distributed	-	67,76,200	82,50,930	2,49,800	152,76,930	-

It is important to note that 90 (9%) project beneficiaries have passed away during the life span of the project, and 1 beneficiary dropped out. Thirty beneficiaries out of the 90 who passed away before getting their IGAs were replaced with either member of the deceased HH's or other extreme poor elderly person. Beneficiaries who died after getting IGA support, their nominees became beneficiaries and are now looking after the IGAs. Assets were handed over to the nominees through the concerned CSCs. In this regard, 999 BHH have been fully engaged in the ALLOW project.

Because the endline analysis and report writing took place after the project has ended, it was not possible to explore whether there were any major socio-economic status of year 1 and year 2 BHHs (with the latter BHHs having received lesser time and support as beneficiaries).

Table 1.2: IGAs distribution as per project location

IGAs Distribution	Roumari	Ramgoti	Total
Cow Rearing	380	198	578
Beef Fattening	39	142	181
Sheep Rearing	14	-	14
Goat Rearing	-	9	9
Small business	65	128	193
Rickshaw/van	-	21	21
Tailoring	2	2	4
<b>Total</b>	<b>500</b>	<b>500</b>	<b>1,000</b>

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As reflected in table 1.2, the most common IGA distributed in both regions was cow rearing. In these agro-based communities, cow rearing was successfully used in milk production and rearing to sell the offspring to use the profits to further invest in the IGA, savings or household development. Beef fattening, as another commonly selected IGA saw 'fattening' of the animal over the span of 8 months of the year when green grass is everywhere to be cut and fed to the cow. Soya bean is also available and used to fatten cows as well as hormone injections by the veterinarian from the Upazila. Only some of the beneficiaries (approximately 19) in Roumai gave hormone injection to their cows. This was done using their own means as project staff did not encourage them to do so (safe hormone injection was not included in the project design). Questions were raised during FGD's how the beneficiaries, who were extremely poor and could not afford to eat 3 meals a day initially could afford to fatten a livestock. As the beneficiaries received cash in order to purchase the animal, feed, build shelter for it, etc., the beneficiary used the money to feed the animal so when it was sold in the local market, the beneficiary gain 2-3 times the cost of the animal and its associated costs. Field staff of the project continuously discouraged beneficiaries in using any hormone injections throughout the project. Livestock has proven to be extremely effective as an IGA in the 'ALLOW' project as in baseline, 72.7% of those who received it have graduated from extreme poverty. This is largely due to existing knowledge and experience of the beneficiary and household in rearing and using livestock as an income generating activity.

A potential factor contributing to cases why certain beneficiary households failed to graduate from extreme poverty is the selection/options of IGAs. Many of the beneficiaries are unable to care for the IGA and take full ownership of the investment and utilize what they have learned from the training sessions and workshops. Although the social impact of the intervention is strong in that the elderly beneficiaries have gained respect within the household and community, the economic impact of engaging physically was limited and older persons in certain types of work would not see its full potential. The project supported the beneficiaries through a household approach as those beneficiaries who are physically unable to look after their IGA had their household involved and engage in the earnings from the IGA.

Although the project facilitated 3 eye-specific eye camps, 48 general health camps and linked the Upazilla healthcare providers with the beneficiary households, it was noted that healthcare activities needed more attention due to the age of and healthcare needs of the beneficiaries. When asked in FGD's, the beneficiaries preferred assistance in the form of medicine, over food, as they may live a week without food but not without medicine. CMS2 data shows only 'slightly improved' in the health of beneficiaries by the project endline. Greater focus and intervention is required (particularly on eye camps and cataract operation) on these issues. In terms of sustainability of health support once the project comes to an end, the CSC committee as well as the health care officials of the respective upazilla's will continue to provide assistance and support to the project beneficiaries with on-going visits and consultations.

### **Revisions to the Innovation**

The ALLOW project had no revisions to its innovation throughout the project.

## 3.4. Efficiency

*Measures how resources (funds, expertise and time) have been converted into outputs - value for money*

### Management

The project team fell behind schedule in terms of activity delivery during the beneficiary selection process and IGA administration in year 1 and 2 of the project. Shree provided extensive project support in order to make sure activities and inputs were delivered accordingly and efficiently. According to the proposal project design, ALLOW disbursed small IGA grant to beneficiary households following the agreed upon 'Guidelines on Cash Grant Management' which outlined the modality of cash transfer. In addition to the cash disbursement 'Master Roll', ALLOW staff also preserved entire bills / supporting vouchers for reference. Based on an internal review in 2014, it was revealed that the project team did not preserve supporting documents to prove cash transfer to some of the beneficiaries and did not follow appropriate financial documentation of procurement of the IGA. The Master Roll did not match the sums as evidence of transferring cash to some beneficiaries.

The organization was criticised by external auditors that it generates various types of vouchers (cash payment, cash receipts, journal, bank payment etc), for different costs but the vouchers are not kept in a systematic way. Furthermore, it was observed in the audited report of 2012 and 2013, management overheads did not match the agreement between HelpAge International and Shree/EEP (this deficit was later adjusted at the end of the project by management). Another audit observation that was raised was the difficulty in maintaining records of expenditure and income in IGA cards for the beneficiaries who are illiterate and/or living alone. To combat this, diversification of IGA options helps to reduce risk of beneficiary's misuse of IGA finance.

Though the numbers of beneficiaries 1,000 remained fixed in three years, the operational costs increased substantially in 2014 as well as Human resource cost and Administration Cost increased by 31.95% and 32.79% respectively and for these reasons, management overhead also increased by 63.24%. This increase is as a result of cost not being anticipated towards the end of the project with a small budget left to work with. As program cost is low in the final year of operation, more attention needs to be given to the management of financial resources and effective delivery of innovation costs.

### Cash Grant Management

Ensuring a safe, secured and transparent cash transfer to the beneficiaries has proven to be a challenge for the project. According to the 'ALLOW' Cash Grant Management Guidelines, cash was transferred to the selected beneficiaries through bKash Mobile Financial Services, a mobile money transfer system. On average, every BHH received 15,000 BDT, but the amount and instalment of the cash depended on the nature of IGAs and capacity of the household to handle the cash. After receiving the money, beneficiaries or their nominated representatives purchased their asset. The asset purchase was assisted by CSC members and project team and verified with frequent follow up visits and monitoring. A total of 156 beneficiaries (out of 1,000) in Ramgoti received 15,000 BDT in a single instalment and 844 beneficiaries received the same amount in 2-

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3 instalments. Out of the 156 beneficiaries, 87 received the lump sum of 15,000 BDT for cattle rearing, 8 for poultry rearing, 14 for small business and 47 for rickshaw.

In Roumari, 344 beneficiaries (out of 500) received cash in 2-3 instalments. This provision of cash transfer proved difficult for some beneficiaries and overall, a lump sum transfer runs the risk of money mismanagement by the beneficiary and receiving household. Additional costs such as feed, and shelter for the animal would have been fulfilled more economically according to the interviewed beneficiaries if the money was provided in separate instalments. The provision of usage of the cash for assets and maintenance was at the discretion of the beneficiary with support provided by project team.

### **Value for Money**

A few efficiency indicators have been selected under EEP Value for Money Guidelines. These are as follows:

- Fees to Total Expenditure: 4%
- Cost Per Beneficiary: 34,534.58 BDT / 300 GBP
- Direct Delivery Percentage: 49%
- Number of BHHs Per Field Worker: 250
- BHH Direct Delivery Spend: 16,877 BDT
- Cost Per Graduate: 46,940 BDT

The direct delivery cost (only IGA asset) per beneficiary at 49% of total expenditure is a forecast based on the average innovation round 4 forecast at 54%.

Overall, the total contract value for all IFR4 projects was £2,452,233 covering 7,600 beneficiaries, an average of 323 GBP or 38,089 BDT per BHH. In the ALLOW project, the value for money is reflected in the 300 cost per beneficiary. A concern that was raised is the low number of field workers in the project location, which equates to 250 BHHs per field worker. This high ratio of field staff per BHHs raises concerns of how effective/efficient is the staff in managing the high volume of households assigned to each one. This issue has been raised with other IF-4 projects that have a small number of field staff for a large cohort.

## 3.5. Impact

*Measure changes in human development brought by the project, indirectly or directly, intended or unintended*

### Household Basic Demographic Characteristics

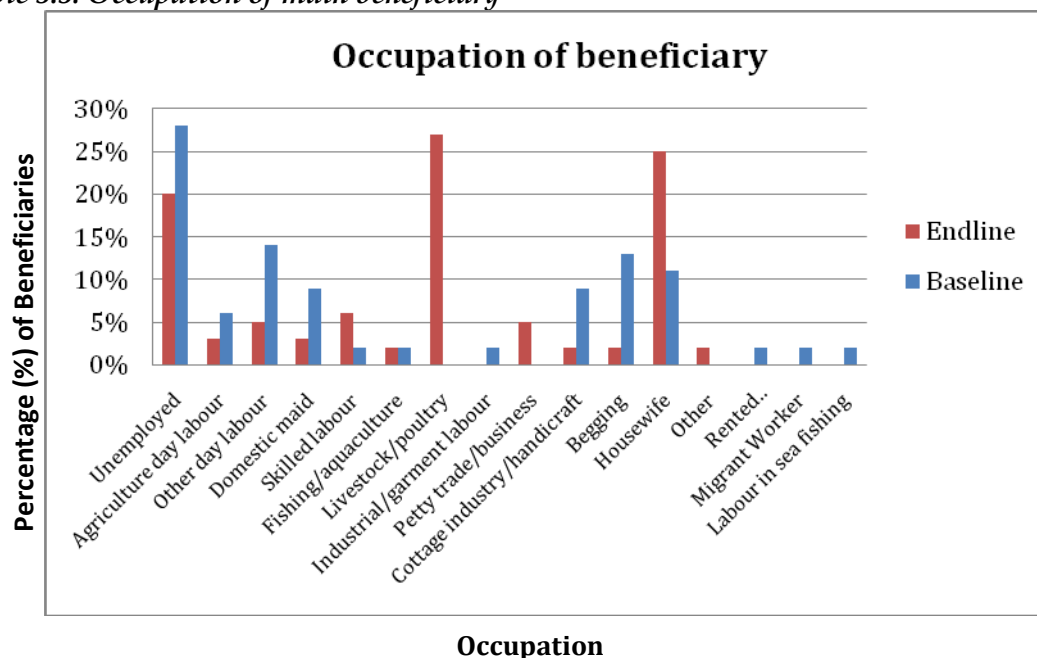
**Table 2.1: Distribution of HH average size according to sex of HH head**

CMS1 - Baseline						CMS3 - End line					
Male		Female		Both		Male		Female		Both	
M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
4.07	2.23	2.09	1.51	3.02	2.11	4.66	2.42	2.28	1.46	3.47	2.32

NB: M – Mean; SD – Standard Deviation [Note: [Mean](#) - the simple average of the numbers. The Standard Deviation is a measure of how spreads out numbers are from the normal]

Among the male-headed households, the mean household size increased to 4.66 (endline) from the baseline mean household size of 4.07 and for female-headed households from 2.09 (baseline) to 2.28 (endline)<sup>3</sup>.

**Table 3.3: Occupation of main beneficiary**



The primary occupation of beneficiary household head (the head of the family and primary decision maker) indicates that majority of the household heads’ occupation is livestock/poultry with unemployment not exhibiting much change in the sample (13% at baseline and 12.5% in endline). It is important to note, however, that the direct beneficiaries of the project are not

<sup>3</sup>This is consistent with research across the Shiree programme which shows that economic empowerment may lead to the “recombination” (coming together) of families.

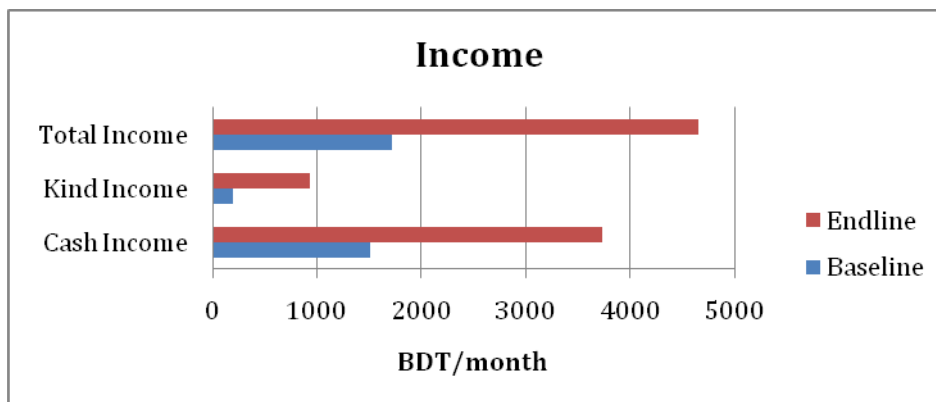
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necessarily the household head, and so the survey results reflect the primary occupation of the family member who is the head of the family.

The major intervention of the HelpAge project was to involve the elderly beneficiaries or their family members in graduating from extreme poverty through an income generating activity. Both primary occupation of household heads and beneficiaries indicates that livestock/poultry rearing increased from 0% at the baseline to 26.6% at the endline. Unemployment decreased from 28% to 20%, which is due to family members engaging in the IGA instead of the beneficiary due to their age and physical capacity. In addition, the number of 'housewives' doubled in endline as the elderly female beneficiaries were able to either not engage in day-labour since receiving their IGA, or their IGA (livestock/poultry) meant that they would stay at home and assist the beneficiary in caring for it. Although the endline sample reveals that only 26.6% of the beneficiaries surveyed work in livestock, the sample is not representative of the entire pool of beneficiaries as it would be over 50%.

## Income

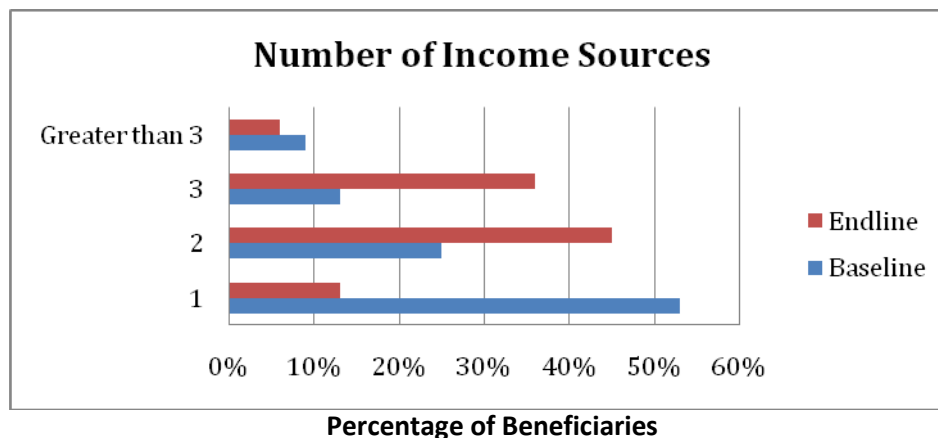
*Figure 4.1: Mean distribution of HH monthly income*



The average monthly income increased significantly from 1,714 BDT/month at baseline to 4,658 BDT/month at endline; an increase of 2,944 BDT/month (both in-kind and cash income). Although an increase was evident, this amount is still very low by comparison to CMS3 graduation or the Household Income Expenditure Survey (HIES) 2010 report. This further highlights the challenges of working with the elderly. In addition, 88% of household reported having two or more income sources at endline, which significantly differs from baseline, which was 47%.

*Figure 4.2: Sources of income*





## Change in Poverty Threshold

The extreme poverty line was defined based on income data from the 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 30.5 BDT/capita/day at baseline and 35.5 BDT/capita/day at endline. At endline, 61% of households have crossed over the extreme poverty line, while 39% of households remain below.

## Expenditure

Average monthly expenditure increased significantly from 1,625 BDT/month at baseline to 4,015 BDT/month at endline- an increase of 2,390 BDT/month. Average monthly expenditure for health increased from 197 BDT (45% of households) at baseline to 471 BDT (56% of households) at endline. While there was no expenditure for livestock rearing at baseline, the average monthly expenditure for at endline is 464 BDT (70% of households).

**Table 5.1: Mean distribution of HH monthly total expenditures**

Baseline		Endline		Differences		Paired t-Test
Mean	SD	Mean	SD	Mean	SD	
1,625	1,219	4,015	2,703	2,390	2,288	t=8.356, p<0.001

In line with the income changes seen above, there is a corresponding considerable change in the expenditure level. Expenditure refers to not only cash expenditures but it includes irregular expenditures such as house repair and the purchase of furniture.

## Assets

Figure 6.1: Ownership of assets

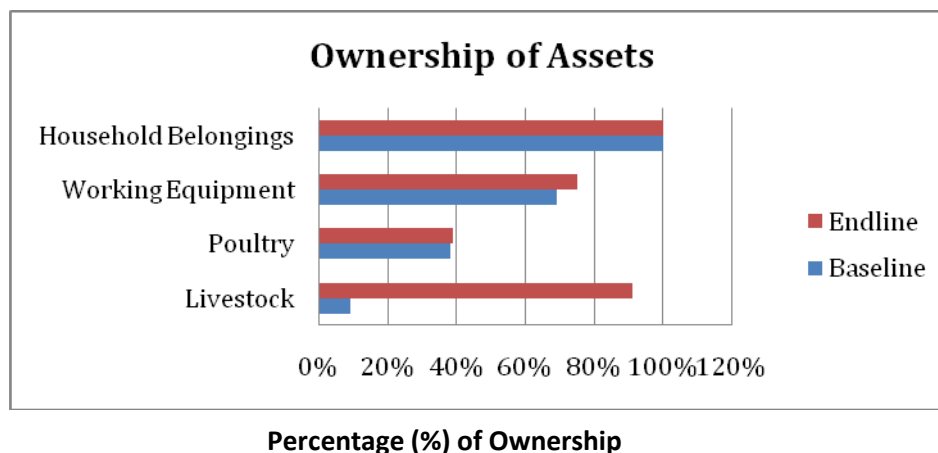


Table 6.2: Average value of assets

Asset type	Baseline (BDT)	Endline (BDT)	Paired t test at 95% confidence level
Productive Asset Value	605	23,881	Mean difference=23276, t=17.995, p<0.001
Non-Productive Asset Value	1,182	3,205	Mean difference=2023, t=4.453, p<0.001
Total Asset Value	2,250	28,727	Mean difference=26477, t=16.059, p<0.001

At present, the average value of productive assets has increased significantly from 605 BDT at baseline to 23,881 BDT at endline. The total asset value during endline is 28,727 BDT from 2,250 BDT- a 120% increase (Table 6.2). In addition, at baseline, 9% of households had livestock as an asset, while at endline, 91% of households did (Figure 6.2).

## Household Savings and Loans

There is a significant increase in the proportion of households with savings from 0% at baseline to 84.4% at endline with a mean savings at endline of 1,546 BDT (Table 7.2). The majority of household savings is 57% of in group savings and 54% by individual savings (Table 7.2). No households had savings in a bank account. Savings and training was not an emphasis of the ALLOW project, hence the low amount saved (under 1,000 BDT) at the endline survey. Savings was encouraged towards the end of the project with Guidelines developed to continue and encourage the practice after phase-out. The lack of savings encouragement is therefore considered to be a flaw in the project design.

## Housing Condition and Access to Water Supply, Sanitation and Electricity

### CHANGE IN WALL AND ROOF MATERIAL OF HOUSE

Endline findings indicate a change in the quality of house construction material. During endline, 45.3% of households reported having a wall made of tin, which was 23.4% in baseline.

### HOUSE SIZE

The mean house size has increased considerably from baseline. During baseline mean, the house size was 157.69 sqft, while in endline, it is 234.67 sqft.

*Table 8.1: Mean distribution for size of house and per capita housing space according to sex of HH head*

Categories	House size (sq. ft.)		Per Capital Floor Space (sq. ft.)	
	Mean	SD	Mean	SD
Baseline	157.69	74.16	74.70	54.50
Endline	234.67	134.54	93.43	63.98

An interesting shift in house ownership was found where majority (90.6%) of households used to live in their own house at baseline, whilst at endline 60.9% lived in their own house and 20.3% constructed their own house on khas land (table 8.2). It is unclear as to the reasons behind the change in ownership and why there is a high percentage of BHHs who owned their own house at baseline.

### ACCESS TO SAFE WATER

98.4% of households at baseline had access to safe water, which has slightly increased to 100% at endline.

### SANITATION

The endline findings indicate a positive shift in defecation practice since baseline. At baseline, 83% households defecated in open space/hanging latrine/pit latrine while the remainder utilised a (17%) ring/slab latrine. In contrast, endline findings indicate that 56% of households defecate in ring/slab latrines.

### ELECTRICITY

At endline, 7.8% of households had access to electricity, which was 0% in baseline. Of these households, 4.7% connected to main line and 3.1% connected to generator.

## Food Security/Diversity

At baseline, 96.9% of households reported utilizing 2 or more food coping strategies, and 100% reported utilizing at least 1 food coping strategy. At endline 3.1% of households reported using 2 or more food coping strategies, largely eating smaller portions of food (1.6%) and eating less than three times a day (3.1%). At endline 50% of households consumed a variety of food from 5 or more food groups (dried and fresh fish, meat and poultry, pulse, vegetable, fruit, milk and

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egg) at least once a week compared to 0% at baseline. Households have increased their dietary diversity by eating more eggs (from 8% to 64%), milk (from 2% to 33%), meat (from 2% to 25%), pulse (from 70% to 98%) and fish (from 53% to 97%). The mean food diversity at endline is 4.63 in comparison to 2.30 at baseline. Regrettably, Shiree does not have any data on improved nutrition/health as a result of the endline findings.

### Graduation

The graduation programme has been developed over time through analyses of quantitative and qualitative data with the most recent iteration relying on a multi-dimensional checklist across a range of key socio economic indicators. The graduation line constitutes an index of multi-dimensional indicators from which a household is deemed 'graduated' if it meets a set number of indicators (which differs according to rural and urban settings). The Shiree multidimensional Graduation index (Annex 2) is further used to monitor sustainability or resilience – the ability of households to stay above the defined Graduation threshold and to give a practical meaning to the concept of extreme poverty eradication (= 100% graduation).

**Table 11.1: Household Overall Graduation**

Graduation Criteria	Baseline %	Endline %
<b>Essential Criteria</b>		
Food Coping (<2)=1, (>=2)=0	3.1	96.9
<b>Supplementary Criteria</b>		
PPPD Income (Cash+Kind) (Inflation adjusted- baseline 30.5& endline 35.5 taka)-HIES 2010	12.5	60.9
Number of jobs (>=2)	46.9	87.5
Cash savings (>=1000 taka)	0	31.3
Productive asset value (>=10000 taka)	0	93.8
Non-Productive asset number (>=4)	12.5	34.4
Food diversity (>=5)	0	50.0
Gender & Social Empowerment (>=75% female answering positively)	3.1	54.7
Sources of safe water	98.4	100
Sanitary latrine	17.2	56.3
Access to any land	81.3	82.8
Graduation (Essential1+ Supplementary6)	0	73.4

In terms of graduation rate by Income Generating Activity, 100% of owning a business, 72.7% of those receiving a livestock and 66.7% those receiving a rickshaw have graduated. At endline, 26.6% did not graduate (Table 11.2).

*Table 11.2: Graduation Rates by IGA Category*

IGA Category	Non-Graduate		Graduate	
	No of HH	%	No of HH	%
Business	0	0	3	100
Livestock	15	27.3	40	72.7
Rickshaw	2	33.3	4	66.7
<b>Total</b>	<b>17</b>	<b>26.6</b>	<b>47</b>	<b>73.4</b>

There have been significant changes seen in the lives of the beneficiaries from baseline, with 73.4% graduated from extreme poverty based on Shiree Multidimensional Index for Innovation Funds (see Annex 2), indicating an improvement in income, expenditure, assets, savings, food security and food diversity. Beneficiaries interviewed in the FGDs attributed changes in their lives to their ability to be respected within the household and the greater community as IGA holders, improved food diversity, ability to consume 3 meals a day, owning savings, and increased empowerment and self-confidence. Although not reflected in the endline survey, the biggest impact that was echoed by each beneficiary, family members and members of the community is the household and social inclusion of the beneficiary. As many of the beneficiaries before the project were engaging in begging or were not contributing economically to their household due to their age and physical limitations, they were often marginalized and not cared for. Gender and social empowerment has increased in endline by 50% (from 3% in baseline) for surveyed female beneficiaries. The overall increase in decision-making roles has also significantly shifted within the household in this project from males to females. These are very visible and life-changing impacts to the lives of the extreme poor, indicating the success of the project intervention despite the challenges that come with the age group of the selected beneficiary group.

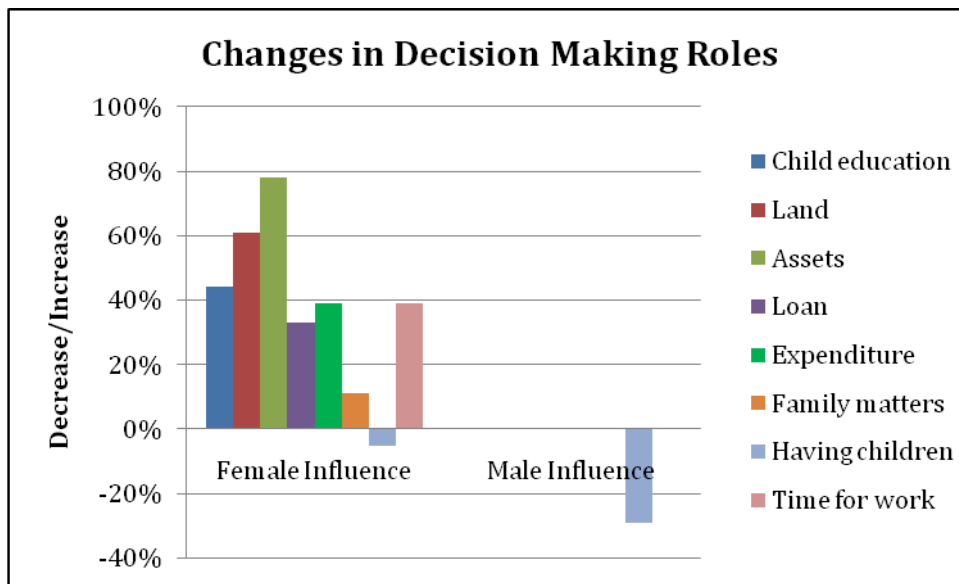
Economic empowerment has led to increased awareness and access to health services, safety nets, nutrition and hygiene. This impact is likely to continue with the project beneficiaries as long as their economic gains are sustained. In relation to health, the selected elderly beneficiaries report on having CMS 2 showed that more than 65% of the beneficiaries score their health at 7 (out of 10) and above. In fact, many of the beneficiaries were able to independently manage their allocated IGA as their health improved throughout the project period. This being said, 9% of the beneficiaries in this project have passed away making the impact on human development for those deceased beneficiaries un-measurable. The impact for those beneficiaries than falls on the members of household of which, in end line, we observed have developed a positive shift in defecation practice, increased dietary intake and variety and continue to maintain a good access to clean water.

## 3.6. Sustainability

*Are the project benefits likely to continue after the end of the project?*

Due to limitations in the baseline questionnaire, it is not possible to report comparative analysis of women’s empowerment between baseline and endline. There are significant positive differences for the women empowerment after joining the Shiree project. Out of 20 families (31.25%), who responded, an increase in decision-making roles of the woman compared to prior to the project, 18 were female respondents and 7 were male. A shift in decision making was observed in the following: 61% increase on land, 78% increase on assets, 33% increase on loans, 39% increase on expenditure, 11% increase on family matters, 39% increase on time for work and a 5% decrease on having children. In terms of male influence, there was a 29% decrease in decision making on having children. Although there has been a decrease in the male’s decision-making role pertaining to having children, it is unclear why there was a parallel decrease for females.

**Table 9.1: Influence on decisions in your household (female replies)**



Increased access to safety nets has been a crucial area for the project as the selected beneficiaries are all over the age of 60 and eligible for ‘Old Age Allowance’ from the Government of Bangladesh. At endline, there was an increase to 51.6% from 32.8%. This trend was also reflected in CMS2 data. Cash and food for work, as temporary accessible safety nets both diminished while widow allowance increased to 1.6%.

**Table 10.1: Access to Safety Net**

Types of Safety Net	Baseline No.	Baseline %	Endline No.	Endline %
Not Receiving	31	48.4	28	43.8
Cash for Education	8	12.5	5	7.8
Old Age Allowance	21	32.8	33	51.6
Widow Allowance	0	0	1	1.6
VGF	4	6.3	1	1.6
Food for Work	1	1.6	0	0
Cash for Work	1	1.6	0	0

## Access to Safety Nets

Increased access to Old Age Allowance and other safety net mechanisms has been a major achievement for the project. In the ALLOW project, 228 beneficiaries in Ramgoti and 104 beneficiaries (cumulative) from Roumari benefitted from VGF program during the project period. Furthermore, 33 beneficiaries in Roumari were included in the Cash for Work program by the end of the project. Although strides have been made, it is crucial for this to be sustained after the project phases-out and for access to continue to increase. As both project regions are rather remote and secluded, access to safety nets truly acts as a lifeline for many of the extreme poor households in these communities. It is crucial that CSC play a leading role after project phase-out in demanding the rights of elderly persons and delivering them. An exit strategy has been developed by the project for CSC led workshops, meetings with UP officials and local elites in order to address access to safety nets. The capacity to do so is questionable whether beneficiaries will be able to maintain gains made through the community groups established without greater analysis of the capacity (organisation, financial, etc.) of such groups to do this post intervention. The CSC committee members have received training, established linkages with officials and will work in partnership with the project beneficiaries to move forward with the exit strategy, but that may not be enough.

Although advocacy initiatives and meetings with government personnel have taken place throughout the project, further advocacy efforts in the design stage should have been displayed. The Old Age Allowance program was introduced in 1998 and is overseen by the Department of Social Services under the Ministry of Social Welfare of Bangladesh. Presently, those who are qualified to receive the assistance, receive 300 BDT (approximately 3.80 USD) per month. According to the Ministry, the annual budget for Old Age Allowance for 2014-2015 is 1,306.80 Crore (13,068,000,000 BDT), of which only 3,630,000 persons out of an estimated elderly population of 12,750,000 in Bangladesh are receiving the safety net.

Although the beneficiaries in both project locations appear to be motivated and encouraged in advocating for increased access to the Old Age Allowance, focus should have been implemented on the families during the design stage to demand for the rights of his/her parents and grandparents. A collective action rather than individual participation would make the sustaining of the safety net program more likely. As only some of the beneficiaries received access to safety nets, almost all were eligible.

## **IGA Ownership and Management**

Of the selected beneficiaries, a large proportion was visibly fatigued and incapable of handling the asset without assistance from a family or community member. The dependency on this assistance brings to question the ownership sustainability of the IGA when the project comes to an end. As the beneficiaries are elderly and many of which are weak, there is a danger of a family or community member taking away the IGA from them without project supervision. In order to prevent this, an IGA Monitoring Committee formed consisting of 3-4 members including community people (asset nominee or potential youth from BHHs were given priority) as well as CSC members. The Committee developed with the consent of all CSC members. The roles of IGA Monitoring Committee will be to monitor the IGAs regularly and provide necessary support and to share the monitoring findings with other CSC members in the CSC meeting. The project team assisted CSCs in developing a process of asset selling and handover (in case of beneficiary's death) for the future, and document the process in a CSC resolution book.

The household and community at large where the projects interventions took place stand united in wanting to sustain the achievements of the beneficiaries. During the FGD, it was evident that the ability to sustain the IGA by the beneficiary after project phase out was collectively agreed to be everyone's responsibility. Furthermore, the project organized a total of 41 skill development training sessions on IGA's for the beneficiaries throughout the project period, equipping their management knowledge and developing their skills.

## **Savings and Market Linkages**

A total of 12 (6 in each project site) markets were surveyed in both project areas. Those markets were of nearest proximity to the project communities and provided easy access to the beneficiaries. Although market research was conducted in the project design phase, staff noted that stronger links should have been created. As the value of livestock continued to increase throughout the project period (value of a cow/bull has increased two to three-fold since the initial purchase), we can expect this market value to continue to grow. A more comprehensive and inclusive market approach is required at the design and implementation stage to open market access as the beneficiaries graduate out of extreme poverty.

The project team has favourably influenced the savings practice of beneficiaries through advising sessions and monitoring at individual levels. Savings can increase households' resilience to cope with expected and unexpected major expenditures beyond the project period. Most of the CSC members are engaged in group savings which will help them to sustain after the project ends. The project continued to assist and encourage savings for those are not partaking in the process as well as encourage CSC members that have already saved a handsome amount to invest their savings in diversified income. A Savings Management Guideline will be developed in keeping up with savings and proper investment after phasing out of the project.



## Section 4 Overall Conclusion on Performance and Lessons Learned

### 4.1. Overall Conclusion

The elderly extreme poor in Bangladesh are a crucial and challenging group to graduate and to graduate *sustainably* out of extreme poverty, as the natural physical and mental limitations that come with ageing and lack of access to appropriate health services hampers their ability to work and contribute economically to their household. The main innovation of this project involves providing the elderly beneficiary (ages 60 and over) with an income generating activity and ultimately lifting his/her household out of extreme poverty. This innovation has achieved its intended outcome but struggled with the number of beneficiaries who have passed away. In addition, access to health services and advocacy efforts could have been strengthened in the project design phase. With 72.7% of the endline sample graduating from extreme poverty, there is room for project improvement and working directly with such a marginalized beneficiary group.

Aside from the economic impact of this project, the social impact that ALLOW saw throughout its implementation is strong and clear. By providing the beneficiary with an asset and using a household approach as part of the intervention, it identified them as active members of society and of a household. Although increased IGA options, more effective means of cash transfer and better financial managements of the project is mentioned above, the participatory process of the design and implementation process included the beneficiary, his/her family and economic market at the local context. Using a household approach, the ALLOW project was able to not only lift the beneficiary out of extreme poverty but the household overall.

This particular project demonstrates that a neglected and often forgotten about beneficiary group such as the extreme poor elderly, can in fact achieve livelihood transformation provided that an appropriate IGA is given with significant support and oversight. While having a family member/neighbour managing the IGA remains questionable to the extent that it benefits the beneficiary, the overall intervention remains an innovative approach in addressing extreme poverty for elderly in Bangladesh.

## 4.2. Lessons Learned

Lessons learned the HelpAge project include the following:

- Health camps and focus on eye clinic has proven to be in-demand and has been particularly advantageous for this beneficiary target group.
- Providing the beneficiary with an asset under their name empowers them within the household and community.
- By using a household approach, family members can work together to maximize the IGA's economic growth of the household while caring for the elderly beneficiary.
- Stakeholder sensitization has a positive outcome on extending support to the beneficiaries.
- Older age is not necessarily impeding in engaging the elderly in IGA activities.
- Previous knowledge and experience of beneficiaries enhance their IGA training and management.
- Advocacy initiatives during the ALLOW project are seen as paving the way for increased attention to the elderly group.
- Without a proper business plan, the beneficiary cannot run the IGA appropriately.
- If beneficiaries received a lump sum as their fund disbursement, they are more likely not to save enough for costs pertaining their asset further down the line.

## 5. Recommendations

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

### 5.1 Recommendations for National Government

- Consider raising the maximum number of elderly per region in Bangladesh who can receive 'elderly allowance' from the GoB. Of course, this would require an increased budget to be allocated to the safety net.
- Consider building safe-spaces for elderly to socialize, receive medical and psychological consultation from professionals, and hold community meetings.
- Place stronger emphasis on the elderly in terms of rights and access to services in local and national policy.

### 5.2. Recommendations for Non-Government Stakeholders for future replication or scale up

The 'ALLOW' project saw many successes with room for improvement should the project be replicated or scaled up. These include:

1. Increased consultation with government and local officials to mobilize access to safety nets and health care services.
2. Involvement of the beneficiaries and their household in local Government decision-making process should be sought after.
3. Market strengthening strategy needs to be planned in detail to ensure the smooth phasing out of the project.
4. Cash disbursement on installment basis is more effective and manageable than a single installment.
5. Further research and consideration is required in the areas of: age appropriate (age-friendly) IGA, women's access to market, effectiveness of cash transfer and policy on providing elderly allowance to all beneficiaries.
6. Consider special support and IGA selection/training to widows and those female beneficiaries who reside alone.
7. Implement saving's training and facilitate BHH savings practices in the early stages of the project.
8. Increase selection of IGA's to beneficiaries based on the local economic context.
9. Greater analysis of the capacity of self-governing institutions (such as the CSC) and the capacity of the beneficiaries in sustaining their graduation.
10. It is recommended to observe whether there has been any socio-economic graduation between beneficiaries receiving different intervention (e.g. livestock v small business, etc).
11. Formulate a more time efficient design in for the process of BHHs selection.
12. Enhance training on IGA card management to maintain appropriate records of expenditure and income for those beneficiaries living alone.
13. Consider assigning under 100BHHS per field project staff to maximize efficiency and effectiveness of project implementation.

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## Annexes

### Annex 1: Exit Strategy

#### Objectives:

- To ensure that the impact of the project continues after the project has ended
- To sustain the positive impact of project intervention
- To have a realistic plan on how beneficiaries might continue their activity after the project ends
- To ensure sustainability of CSCs by strengthening its capability
- Guide all concerned in strengthening group and individual capacity so that extreme poor households could continue lift themselves out of extreme poverty and maintain their successes.

#### Planning and Organizing Phase (Feb. 2014 – Sept. 2014):

The project team (supporting and partner organizations) developed an exit plan which included exit interventions, implementing strategy and timeline. Planning and implementation was done concurrently.

#### Full Phase-Out (Sept. 2014):

During this period, the project team will organize exit meetings with CSCs and hold Learning Sharing Workshops with local government and non-government service providers, elite persons and project beneficiaries.

#### Components of Exit Strategy:

##### CSC Strengthening

As a part of CSC strengthening, CSC categorization will be done for 40 CSCs as per CSC categorization guideline based on specific indicators. CSC categorization will be done by the CSC members with the assistance of field staff. All CSCs will be categorized into 3 categories- category 'A' which are capable CSCs, category 'B' which need more support and category 'C' which are weak CSCs. After completion of CSC categorization, weaknesses will be identified for each category giving priority to category 'C' CSCs. A plan will be developed by partner staff along with HelpAge International and implemented at the field level to overcome the weaknesses. A CSC operational guideline will also be developed for smooth functioning of CSCs and to ensure institutional sustainability of CSCs after phasing out of the project. The draft CSC operational guideline will be finalized after sharing it with 2-3 CSCs.

Most of the CSC members already have started group savings which will help them in the future. The project will therefore assist and encourage initiating savings for those who are still not part of this practice. The project will also encourage those CSCs that have already saved a handsome amount to invest their savings in diversified income. A Savings Management Guideline will be developed for usage after the phasing out of the project.

##### Linkages with Service Providers

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A need-based action plan will be developed in each CSC by its members. All the CSCs under a Union will compile their individual action plans and then share in an exit meeting with the respective Union Parishad members. Alongside, a future action plan will be developed for smooth communication with UPs and for getting different services from UPs. Exit meetings with UPs will be held in each working Union. UP representatives, project beneficiaries, local elites and project staff will attend the meeting. The tentative agenda for the meeting will be:

- Inclusion of project beneficiaries in Social Safety Net programs
- Discussion about CSC's future action plan
- Discussion about project closing and handover process

The project beneficiaries will present their future action plans to UPs and request assistance in keeping the CSCs active and continuous access to different services of UPs after phasing out the project. A list of eligible beneficiaries will be submitted to the Union Parishads and the project will be hand over to UPs.

1. A learning-sharing workshop at the Upazilla level will be held in each project area. Government and non-government local service providers, local elites, project beneficiaries and project staff will attend the workshop. The objectives of the Participatory Learning Sharing Workshop will include:

- Project handover
- Share the future action plans of the CSCs
- Discuss about the support of service providers and community persons after the project ends

The tentative sessions of the workshop will include:

- Discussion on phase out of the project.
- Sharing of future action plans for the CSCs.
- Discussion about the support of service providers as well as community people after phasing out.

The future action plans of all CSCs under the respective Unions will be compiled and shared with all stakeholders in the workshop. Finally the project will be handover to Upazilla Nirbahi Officer or Upazilla Chairman by submitting a file contained necessary information of the project such as project beneficiaries, compilation of the future action plans, project activities etc.

2. Consultation meetings will be held with local health service providers to ensure continuing their support for the beneficiaries after phasing out of the project. Local government and non-government health service providers, project beneficiaries and project staff will attend the meeting. The objectives of the meeting include:

- Ensuring access to local health services to beneficiaries after phasing out
- Sensitize local authorities on ageing issues
- Make local health service providers more responsive to the elderly needs

Besides, advocacy workshop with local DRR actors will also be held in the both project locations to ensure their supports after phasing out of the project. The members of Union

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Disaster Management Committee, project beneficiaries and project staff will be attend in the workshops. The objective of the workshops will be:

- To ensure the support of DRR actors after phasing the out of the project
- To reduce vulnerability of the elderly to the impact of disaster and to strengthen their capacity to cope with its effects
- To ensure participations and inclusion of elderly persons in DRR initiatives (Government and NGO initiatives)

## Community Involvement

It is important to involve community members and BHH members with CSC activities which help to make the CSC sustainable. Involvement of local elites as well as BHH's member will help raise awareness on ageing issues and would sensitize them on the needs and challenges of older people. Alongside, involvement of youth members with CSC activities would sensitize them on ageing issue. The sensitized younger persons would play supportive role in protecting the rights of older people and pay them due honor and dignity in the community. Members of the community are encouraged to be involved with CSC activities in the following ways:

- Inviting local elites, local youth representatives and HH members in the CSC meetings
- Family counselling by CSC Management Committee or Advisory Committee to those BHHs where older people are still living in a vulnerable condition.
- Involving local elites with CSC activities as per demand of CSC members.
- Forming an Advisory Committee consisting of 4 members including 1-2 members from local elites with the consent of CSC members.

The roles of the Advisory Committee will be:

- To act as a guardian of the CSC after phasing out of the project
- To support the CSC in conducting meetings, decision making, conflict resolution, protect members assets and communicate with service providers
- To keep the dignity of older persons who are vulnerable within their family

## Sustainability of IGAs

Project beneficiaries will be encouraged to have diversified IGAs which will give them a steady and increased income in the future. Diversified IGAs will help them to mitigate asset loss (especially those who rear cows).

An IGA Monitoring Committee will be formed consisting of 3-4 members including community people (asset nominee or potential youth from BHHs will be given priority) as well as CSC members. The committee will be developed with the consent of all CSC members. The roles of IGA monitoring committee will include:

- Monitoring of the IGAs regularly and provide necessary support
- Share the monitoring findings with other CSC members at the CSC meetings

Project team will assist CSCs in developing a process of asset selling and handover (in case of beneficiary's death) in the future and document the process in the CSC resolution book.

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### Annex 2: Financial Overview

Expenditure Item	Original Budget (BDT)	Revised Budget (BDT)	Actual Expenditure January 01 , 2011- October 31 , 2014 (BDT)	Variance with Original Budget (BDT)	Variance with Revised Budget (BDT)	Remarks
Human Resource Cost	8,877,581	8,891,456	9,835,742	958,161	944,286	1 month's salary of 1 PO, 2 TO's , 2 Upazila Coordinator and 2 Finance Assistant has been extended
Travelling Cost	759,200	775,901	875,946	116,746	100,045	As per need
Vehicle & Equipments	704,000	673,957	673,957	-30,043	-	As per need
Office Rent and Utilities	809,800	809,800	830,110	20,310	20,310	As per need
Administrative Cost	792,200	822,264	596,489	195,711	225,775	As per need
Operational Cost	1,414,400	1,414,400	1,318,579	-95,821	95,821	As per need
Direct Delivery to Beneficiaries	18,612,600	19,152,198	19,071,058	458,458	81,140	Increased to support BHH for recovery and used funds from contingency
Management Cost	1,278,791	1,305,671	1,332,702	53,911	27,031	HelpageInternational Bangladesh will refund this
Contingency	1,205,989	608,914	-	1,205,989	608,914	Increased to support BHH for recovery and used funds from contingency
<b>TOTAL</b>	<b>34,454,561</b>	<b>34,454,561</b>	<b>34,534,583</b>	<b>80,022</b>	<b>80,022</b>	-

Note: Amount in BDT



### Annex 3: Progress Against LogFrame

	Indicator	Target (Sep'14)	Progress	Means of verification	Remarks
<b>Purpose</b>  Older People and their family members from 2,250 HHs, who 'left-behind' due to economic migration of wage-earner of the family, have retained and lifted their economic status	Level of income	50% of targeted HHs with 35% increases in income.	73% of targeted HHs with 35% increases in income.	Baseline survey, Monthly Report, CMS-2, CMS 4, and Field visit Report/HH monitoring report.	
		20% decline of number of beneficiaries begging.	80% decline of number of beneficiaries begging.		
	Physical coping capacity of older people	45% older people of the targeted HHs are seeking medical attention in right time.	83% older people of the targeted HHs are seeking medical attention in right time.	Baseline survey, Monthly Report, CMS-2, and Field visit Report/HH monitoring report.	
		45 % of HHs beneficiaries are receiving health care support from extended families.	80% of HHs beneficiaries are receiving health care support from extended families.		
Household assets and expenditure	In 45% of targeted households:  Expenditure in food and	Expenditure in food and medication has increased by at least	Baseline survey, Monthly Report, CMS-2, CMS 4, IGA		

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		medication has increased by at least 25%	25% in 73% of the targeted HHs.	card, Field visit report/HH monitoring report, CSC meeting resolution.	
		Value of Assets has increased by 35%.	In 93% targeted HHs value of assets has increased by 35%		
		15 % HHs reported their women in families have independent choice of purchase.	65% HHs reported their women in families have independent choice of purchase.		
	Level of social support	30% of targeted HH reported regular communication with the migrants.	70% of targeted HH reported regular communication with the migrants.	Baseline survey, Monthly Report, CMS-2, Field visit Report, CSC Meeting resolution, Case studies.	
		30% of targeted HHs reported their increased participation in social events.	40% of targeted HHs reported their increased participation in social events.		
	Disaster coping capacity (as a measure against IGA erosion)	25% of targeted HH reported 15% decrease in level of loss of productive assets.	65% of targeted HH reported 15% decrease in level of loss of productive assets.	Baseline report, CSC meeting resolution, HH monitoring report.	

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		25% targeted HHs reported their response in DRR initiatives.	70% targeted HHs reported their response in DRR initiatives.		
<b>Output 1</b>  Targeted households are provided with strong and sustainable livelihood outcomes	Number of individuals from targeted households receive technical and management trainings on IGAs	500 individuals of targeted HH (already received IGA training in 2013) received refreshers of skill development on IGA.	-	-	No budget was allocated under these activities.
		1000 individuals of targeted HH (already received IGA management and marketing training in 2013) received refreshers of IGA management and marketing.	-		
	Number of targeted HHs are provided with cash grant for age friendly income generation activities	-	100% targeted HHs received cash grant for age friendly income generation activities.	Monthly progress report, Annual report, Muster roll, HH monitoring report.	No target was mentioned in the project log frame in 2014.

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	Health seeking behavior of the older people	40% of the older people in targeted HH reported on :  Increase in self care, physical fitness to work, and proper medication.	78% of the older people in targeted HH reported on :  Increase in self care, physical fitness to work, and proper medication.	Baseline survey, Monthly Report, Annual report, CMS-2, Field visit Report, CSC meeting resolution, Register of community clinic or sub-centre.	
<b>Output 2</b>  Formation and functioning of 40 Community Support Centers (CSCs) are facilitated	CSC formed and capacitated	90% of targeted HHs reported attending regular meeting of CSC.	91% of targeted HHs reported attending regular meeting of CSC.	CSC meeting resolution, Monthly progress report, Annual report, List of trainees, Case studies.	
		80 individuals of CSC's committee members (already received such training in 2013) received leadership development training.	80 individuals of CSC's committee members received leadership development training.		
		80 individuals of CSC's committee members (already received such training in 2013) received accounting and resource mobilization training.	80 individuals of CSC's committee members received accounting and resource mobilization training.		

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	Level of support within CSCs	80% targeted HH reported CSC members support each other in training refreshers and income generating activities.	93% targeted HH reported CSC members support each other in training refreshers and income generating activities.	CSC meeting resolution, Case studies, Monitoring report, Discussion with CSC members.	
		70% CSCs provide marketing support to those who need it.	85% CSCs provide marketing support to those who need it.		
		20% targeted HH reported CSC support for communicating migrant.	55% targeted HH reported CSC support for communicating migrant.		
	Representation of CSC in different forum and social activities	30 CSCs' members reported that they are invited in the different social events.	40 CSCs' members reported that they are invited in the different social events.	CSC meeting resolution, Baseline survey, CMS-4, Case studies.	
		40% CSCs' members reported that they are participating in local decision making forum.	35% CSCs' members reported that they are participating in local decision making forum.		
<b>Output 3</b>	% of HHs received training on DRR	-	100% of targeted HHs received training on DRR.	Baseline survey, Monthly report, Annual report, Case studies, List of	No target was mentioned in the project log frame in 2014.

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Targeted HHs are provided awareness and training on DRR				trainees.	
	No of simulation exercises held	-	-	-	No budget was allocated under this activity.
	Advocacy with DRR actors	2 district level workshops on special requirement of older people in disaster management.	4 advocacy workshops were held at Upazilla level on special requirement of older people in Disaster management.	Monthly report, Annual report, Participant list.	
<b>Output 4</b> GO, NGO and private service providers are Sensitized and engaged on ageing issues	Consultation on ageing issues with GO, NGO and Private Service Providers and Level of participation	2 consultation meeting at Upazilla level with GO, NGO and Private Service Providers.	11 consultation meetings with UPs were held at Union level and 02 consultation meetings with health service providers were held at Upazilla level.	Monthly report, Annual report, Event report, Newspaper articles, Participant list.	
		50% participation of GO, NGO and Private Service Providers.	80% participation of GO, NGO and Private Service Providers.		
	Number of targeted HHs included in Gov's SSNP (old age allowance and widow allowances)	15% increase of the targeted HHs in access to SSNP (old age allowance, widow allowances)	80% increase of the targeted HHs in access to VGF program, 2% in VGD program and 5% in OAA and WA	Baseline survey, Monthly report, CSC resolution, Case studies, UP's list.	

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			program.		
	Meeting and consultation with local health service providers and doctors	4 Meeting and consultation with local health service providers and doctors.	2 consultation meetings were held with local health service providers.	Monthly report, Annual report, participant list.	2 consultation meetings with local health service providers in 2014 were mentioned in project work plan as well as project budget.

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

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.



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### Annex 5: Shiree Multidimensional Graduation Index for IF

Essential Criterion	Rural	Urban
Food coping strategies of household - eating smaller portions, eating less than 3 meals per day, eating food of lower than normal quality, eating gathered food, eating no food in 24 hours, borrowing money for food, buying food on credit, sending family member elsewhere to eat, giving more food to earning household member, letting female household members eat last or not at all	<p>≥2 strategies = 0</p> <p>&lt;2 strategies = 1</p>	<p>≥2 strategies = 0</p> <p>&lt;2 strategies = 1</p>
Supplementary Criteria		
Poverty line - using the mean income (cash & in-kind) and standard deviation in the HIES 2010 report for urban and rural areas. Government of Bangladesh inflation rates were used to generate new poverty lines for 2011-2014.	<p>2010 &lt;25.5 = 0, ≥25.5 = 1</p> <p>2013 &lt;33 = 0, ≥33 = 1</p> <p>2014 &lt;35.5 = 0, ≥35.5 = 1</p>	<p>2010 &lt;41 = 0, ≥41 = 1</p> <p>2013 &lt;53 = 0, ≥53 = 1</p> <p>2014 &lt;57 = 0, ≥57 = 1</p>
Number of sources of income - number of jobs of all household members	<p>&lt;2 jobs in household = 0</p> <p>≥ 2 jobs in household = 1</p>	<p>&lt;2 jobs in household = 0</p> <p>≥ 2 jobs in household = 1</p>
Cash savings - amount of reported cash savings in Taka/household	<p>&lt;1000 Taka/household = 0</p> <p>≥ 1000Taka/household = 1</p>	<p>&lt;1000 Taka/household = 0</p> <p>≥ 1000Taka/household = 1</p>
Value of productive assets - defined as value of cattle, calves, goats, poultry, pigs, fishing nets, rickshaw, boat, sewing machine, cottage industry, agricultural equipment, mobile phone, bicycle, permanent shop, temporary shop, other permanent asset and other temporary shop asset	<p>&lt;10,000 Taka/household = 0</p> <p>≥10,000 Taka/household = 1</p>	<p>&lt;7000 Taka/household = 0</p> <p>≥7000 Taka/household = 1</p>
Number of non-productive assets of household - defined as owning a television, radio, fan, jewellery, wooden box, blanket, table, wardrobe, chair, mattress and bed	<p>&lt;4 assets = 0, ≥ 4 assets = 1</p>	<p>&lt;4 assets = 0, ≥ 4 assets = 1</p>
Food diversity of household - pulse, green leafy and other vegetables, fruit, milk, eggs, fresh/dried fish, poultry and meat	<p>&lt;5 foods = 0, ≥5 foods = 1</p>	<p>&lt;5 foods = 0, ≥5 foods = 1</p>
Gender Empowerment - of female adult member of household based on decision making and views	<p>&lt;75% answering positively = 0</p> <p>≥75% answering</p>	<p>&lt;75% answering positively = 0</p> <p>≥75% answering</p>

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	positively = 1	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
<b>Maximum score</b>	<b>11</b>	<b>8</b>
<b>Graduation threshold</b>	<b>Essential 1 + 6</b> <b>Supplementary</b>	<b>Essential 1+</b> <b>Supplementary 4</b>