



Annual Household Impact Assessment Accelerate Livelihood of Left-behind Older Workforce (ALLOW) Project.

HelpAge International Bangladesh



**Report Preparation
BY
Md. Manna Rahman
Programme Officer (Monitoring & Evidence)
HelpAge International Bangladesh**

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Contents

1. Introduction and Background.....	3
1.1. Project Contexts	4
1.2. Project purpose	4
1.3. Project outputs	5
1.4. Objectives of the Assessment:	5
2. Methodology.....	6
2.1. Selection of field sites.....	6
2.2. Assessment Teams.....	6
2.3. Constraints and limitations	6
3. Assessment findings	7
3.1. Was the project design appropriate?.....	7
3.2. The overall project management structure.....	7
3.3. Has the implementation been effective?	8
3.3.1. The mechanism for cash transfer.....	8
3.3.2. Monitoring.....	8
3.3.3. Leadership and coordination	9
3.3.4. Success of training	9
4. How has the project brought impact on the lives of older people and their families?.....	10-13
5. Effectiveness of the project input:	13-14
6. Accountability and feedback mechanism of the project:	15
7. Sustainability: How sustainable are the ideas and process introduced through the project?	15-17
8. Future perspective for the project	18
9. Project level conclusions and recommendations	19
10. Annexes.....	20-28

1. Introduction and Background

Bangladesh known as one of the poverty stricken country as ranks 146 on the Human Development Index (UNDP, 2013), with 43 per cent of the 154m population living on less than USD1.25 PPP per day. An estimated 10.3 million or 6.8 per cent of the Bangladesh population is aged over 60, a figure that is expected to rise to 43.6 million, or 22.4 per cent of the population by 2050 (UNFPA and HelpAge, 2012). Most of the cases older people treated as vulnerable group but also not fully included in the development process. The percentages of older people are increasing which become important to Bangladesh's efforts for reducing poverty. Bangladesh faces many challenges due to this growing number of older people. Many of them live in poverty, gradual decline in traditional family sources of support and their limited access to public services. An estimated 43% of older people belong to poor households. Most are heavily dependent on their children. They therefore affected by mass-migration of working-age children. Migration, along with other vulnerability factors often intensifies the vulnerability of older people. The project targeted such households, who belong to extreme poverty and in vulnerable situation due to migration of wage earner of the family. Older People and their family members from 1000 HHs, who 'left-behind' due to economic migration of wage earner of the family, have retained and lifted their economic status.

The river islands of Kurigram and Lakshmipur Districts are prone to high degree of river erosion, cyclone and regular monsoon floods. High rates of rural to urban migration, coupled with the decline of traditional family sources of support have intensified the vulnerability and isolation of older people for that reason these locations taken for the project area. The HelpAge project team suggest that 80% of households adopt migration as coping strategy for 3-6 months during the lean season. Many migrants fail to maintain regular contact or provide financial support to their older relatives. In most cases, they could not keep regular contacts and come back with no savings with them. This economic migration puts the HHs in limited options for livelihoods security, restricted access to health and social services and exposure to natural disasters. Moreover, socio-economic empowerment remained unattended to these specific groups by the many development actors. A FGDs conducted by HelpAge International shown that in the targeted locations older persons have limited access to sustainable livelihoods, including access to formal savings and loans institutions and opportunities to diversify and expand livelihoods. The project contribute to minimise the vulnerability of the target HHs through capacity building of the older people and their families in income generation to overcome livelihood constraint they face during the absence of the key earner.

Coupled with risk from disasters and the out-migration of wage-earners, older persons 'left-behind' have limited opportunities to diversify and expand their livelihoods, and poor access to formal savings and loans institutions maintaining a situation of chronic poverty.

The project also aimed to understand and improve community-level approaches to older people's livelihoods by implementing a number of '*innovative models of high quality direct work*'.

1.1. Project Contexts

In context of the growing number of older people and allied vulnerability HelpAge International Bangladesh started a project titled *Accelerated Livelihood of Left-behind Older Workforce (ALLOW)* with support of DFID/UKaid and GoB through Shiree/EEP program. The project endeavours to scale up the socio-economic status of 1000 extreme poor older people in the targeted areas who are 'left-behind' due to economic migration of wage-earner of the family. Two partner NGOs namely Bangladesh Institute of Theatre Art (BITA) and PIDIM Foundation are implementing the intervention in Ramgoti Upazilla of Lakshmipur district and Rowmari Upazilla of Kurigram district respectively.

Total number of 1000 extreme poor targeted beneficiary households were identified in Rowmari and Ramgoti project areas. Project formed 40 Community Support Centres (CSC) in both project areas consist of 20-30 BHHs for each CSC, which is operating by 07-member CSC Management Committee. After formation of CSCs, total 440 meetings were organised in the reporting period (Oct'11-Sep'13). CSCs are now acting as a platform where extreme poor older beneficiaries gathered to express their views and share their opinions on different issues relevant to their livelihoods.

During this project period, 32 Health Camps were organised in two project locations where approximately 1374¹ older people received medical treatment through prescription. Medicine and pathological support were also provided to the beneficiaries following doctor's prescription. In addition, 261 health awareness sessions were conducted in the monthly CSC meetings.

Cash Transfer is major work for this project. Line with this cash transfer other activities taken place such as the identification of age-friendly IGAs, conducting market survey, preparation of business plan, agreement, cash disbursement schedules etc. were accomplished by the project. Needs assessment of age-friendly IGAs for 1000-targeted beneficiaries were accomplished in the both project locations in line with IGA Needs Assessment format. However, Cash transfer in Rowmari accomplished in July 2013 and in Ramgoti is continuing till date.

Baseline survey that name as CMS 01 on targeted BHHs has completed in both project areas with extensive data on socio-economic condition of the beneficiaries.

1.2. Project purpose

Older People and their family members from 1000 HHs, who 'left-behind' due to economic migration of wage-earner of the family, have retained and lifted their economic status.

¹ Number taken from the project document.

1.3. Project outputs

Output 1: Targeted households are provided with strong and sustainable livelihood outcomes

Output 2: Formation and functioning of 40 Community Support Centres (CSC) are facilitated

Output 3: Targeted households are provided awareness and training on DRR

Output 4: GO, NGO and private service providers are sensitised and engaged on ageing issues

The intervention targets locally common and age friendly livelihood choices and thereby strengthen the economic capacity of targeted HHs. It is a process facilitation initiative that combine the livelihood, market linkage and social inclusion approaches. Traditional knowledge and skills drive them as professional producers through increasing their competencies on production and preservation thereby trained them for diversified cost-effective production. The project operated through establishing CSCs that act as focal points of service delivery, follow-up technical support to the HHs for IGA, provisional health support and facilitate HHs contact with migrant members and increase social integration. The project also looks at the missing links between producers and service providers through mutually reinforced relationship. Promotional initiatives are also to be carried out to sensitise communities on DRR and health issues under this project.

1.4. Objectives of the Assessment

- To know how the project activities impact on the Beneficiaries Household;
- To understand how effectively and efficiently project activities working towards goal;
- To recognise the significant changes from the project whether it may have positive or negative at the individual, community or organisational level;
- To explore the effectiveness of the cash and asset transfer process.

2. Methodology

This assessment conducted by a team of HelpAge staff with proper support of partner's staff. The assessment consists of desk-based document review, CMS 02 data findings and fieldwork in the project locations.

Document review: Secondary key documents such as base line data, project reports etc. which related to the impact assessment preview and finalise the tools for the filed visit;

CMS 02 data: CMS² system is one of the core parts for this project to knowing about project progress and related things. CMS 02 data capture for the assessment report as well.

Field visit and data collection: In the field Eight (08) Focus Group Discussion's and twelve (12) semi-structured interviews conducted with a prescribe checklist. Methods for data collection and analysis included those FGDs, SSIs with project beneficiaries, direct observation of livelihood assets and farming plots, interviews and workshops with project and partner staff, analyses of project narratives and of beneficiary lists and others. The fieldwork took place November'13 in Rowmari and February'14³ in Ramgoti.

Data Analysis: Data analysis took place after collected all the data from the field. CMS 02 data also consider for the analysis part.

Reporting: Reporting completed with the field findings and analysis from the FGD data and SSI data identified.

2.1. Selection of field sites

For assessment, total eight (08) field locations were selected. HelpAge partner 'Pidim Foundation' and 'BITA' both selected two of these sites, and the lead investigator selected two further sites at random. Eight FGDs were conducted with Beneficiary groups and CSC leader groups (Members of the CSC Management Committee) and the community-level structures developed by the project. Twelve SSIs were conducted with beneficiaries to probe on individual experiences of the projects.

2.2. Assessment Teams

The research team in Bangladesh consisted of four staff members from HelpAge International Bangladesh office, four (04) staff from partner organisations, and one member from HelpAge International London.

2.3. Constraints and limitations

All field researchers were either HelpAge or partner staff, bringing a potential for bias. In team, eight out of the 10-members were men, while the majority of key informants were women. This may have restricted some of the responses. The assessment employed qualitative methods – efforts were made to probe for detailed examples and to triangulate findings where possible. Time constraints meant that only a limited number of sites visited.

² Detail about CMS given annex 02.

³ Fieldwork date varies in two locations due to political unrest on that particular time. As the original plan was to finish in December 2013.

3. Assessment findings

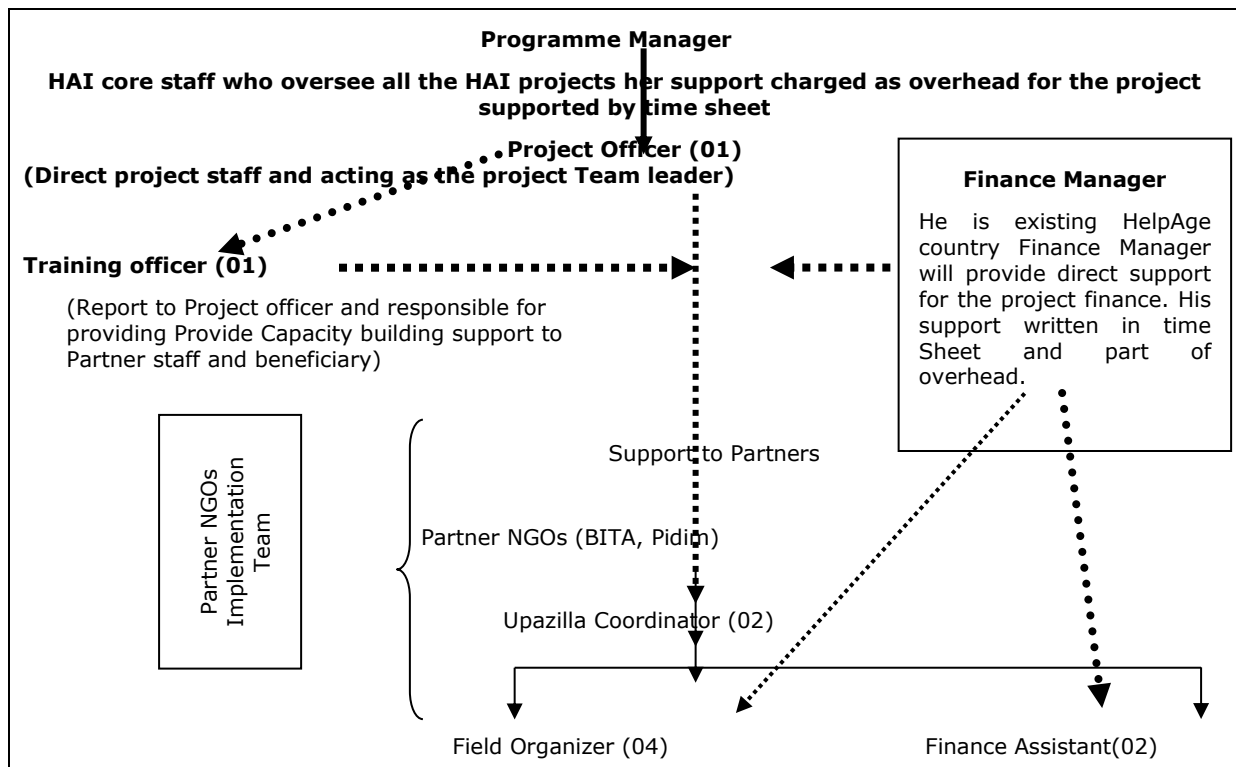
3.1. Was the project design appropriate?

This project is implementing jointly, BITA and Pidim Foundation, and supported by HelpAge International Bangladesh. These 03 organisations complement each other in the field of livelihood, human rights and ageing. HelpAge International is working in Bangladesh since 1991, particularly on monitoring older citizen's access to rights and entitlements through the establishment of older peoples groups and policy dialogue on social pensions. HelpAge International has gained experience in addressing extreme poverty and economic empowerment through livelihood support for vulnerable Old people in several districts of Bangladesh. Both the partners BITA and Pidim foundation have gained experience of addressing extreme poverty in poverty stricken areas of targeted geographical locations. It is observed that to address extreme poverty software activities like human development; awareness on rights, generate sense of ownership on program, livelihood education, linkage with service providers are important requisites.

The project is being managed by a Project Implementation Committee (PIC) which provides the overall strategic guidance to the project team and partners. Project Officer is carrying on with the overall project management on behalf of Project Implementation committee. Two partners are implementing the project in field locations through implementation teams. Project implementation and progress is being managed and monitored by the PIC comprises of the HelpAge International and Partners Programme personnel.

3.2. The overall project management structure

Country Director of HelpAge International is the contract holder with Shiree. She maintain liaison with the Executive Directors of the implementing Partner NGOs to guide the project to the right direction. The programme manager through delegated authority oversee overall implementation of the project and focal point for the Shiree programme Manager.



HelpAge aims to ensure that it remains free from all kinds of malpractices, wrongdoings and unethical actions as well as promotes rights and accountability. HelpAge International has introduced several policies to combat corruption e.g. finance policy, protection policy, fraud policy, whistle blowing policy. HelpAge International expects that individuals in the organisation must operate with honesty and propriety. Employees are expected to avoid any activity that may create a conflict of interest. Employees must never use their positions for personal gain and must not solicit or accept gratuities, favours or anything of monetary value offered to them by contractors. Employees must not participate in the procurement process if they, an immediate family member, or a close personal contact have any financial or other interest in a contractor being considered for a procurement contract.

HelpAge International and partners are working as a team during any project related decision making. There are quarterly management coordination meeting. A memorandum of understanding developed with each partner before the project commence. Partners are equally responsible for producing desired outputs.

3.3. Has the implementation been effective?

3.3.1. The mechanism of Cash transfer:

Cash transfer for purchasing asset is the main activity of the project. Beneficiaries provided asset with the base of their needs. One prescribed IGA needs assessment conducted for find out appropriate Age-friendly IGAs for the beneficiaries. Most of the beneficiaries choose Cattle rearing as IGA. One Thousand (1000) beneficiaries in Kurigram and Lakshmipur each received assets work BDT 15,000. The majority of these opted to purchase a cow– usually a heifer. The remainder used the funds for sheep or goat rearing, or for materials for small businesses – typically mat weaving or to purchase a pedal rickshaw or van. This project used Mobile Money Transfer process in disbursing cash to the beneficiaries through the bKash wallets. SIM cards were kept by the PNGOs and PIN codes by the HelpAge. This allowed a more secure and transparent process of transfer and incurred a service charge of 1.85%. Some beneficiaries suggested that it would have been better if the funds for feed had not been provided as a lump sum, but in instalments over a period.

Project staff played an important role in facilitating the cash transfers, advising on options for asset purchase, and providing training on livelihood asset management. However, this project formed a different organisational structure at the local level in order to facilitate the delivery of inputs, and provide a link with the community and project staff.

3.3.2. Monitoring

The project offers a robust monitoring system, which called Change Monitoring System (CMS). Therefore, HelpAge Project team also monitoring regularly with proper field visit. From the field PNGOs submit Progress Report, Financial Report and Event Reports in each month which meant for monitoring purpose.

The general components of monitoring for the project implementation included:

- field visits by the project staff to villages
- monthly data collection from every BHH e.g. income, assets, food, health
- activity reports from field offices
- event report or situation report by the project

Above all, field staff usually monitoring CSCs activity for proper implementation of the project.

3.3.3. Leadership and coordination

In order to strengthen the multi-sectoral coordination and cooperation for the project, "Project Implementation Committee" was established for pivotal decision making process. To ensure the project activities delivered in a desired quality multi-layered monitoring planned through Partner team, Project team and PIC. Most of the project activities i.e. cash transfer, training, workshop etc. done in the local level which ensure cost effectiveness and encouragement of the beneficiaries. Furthermore, CSCs play important role in the local level project delivery.

3.3.4. Success of training

The project had provided Skill Development Trainings on IGAs i.e. 'Livestock and Poultry Rearing' and 'Small Business Management' etc. Most of the beneficiaries had used cash to purchased cattle, vaccination and some feed (the balance had opted for other IGAs). After purchasing of cattle, vitamin, de-worming tablet and feed the rest amount was provided as a 2nd instalment to purchase feed for the cattle. Beneficiaries also used the balance amount for vaccination. They all know how to deal with all those from the training provided from the project.

One of the beneficiaries in SSI comments, "After receiving training my business knowledge has been increased. Now I can manage my business better than before. Because now I have three types of business (one is selling sital pati, selling flour and gold ornaments) through increasing capital/investment. Now my capital stood 31500 BDT.

"We have seen some change during the last two years – I didn't have any asset before the project and now I have a cow – and before I had no opportunity to get training, but received training on income generation and I now feel I have some knowledge of these issues" [FGD Barakandai CSC]

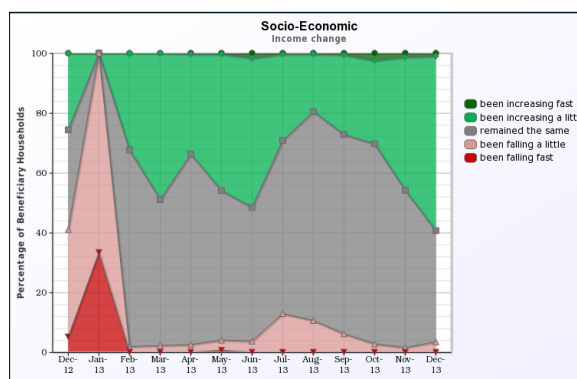
Some beneficiaries suggested that the training could have been made more effective if the duration is more:

"The duration of the training is too short because we are not able to take it all in at once; it would have been better to have 5 days instead of 3." [FGD with Barakandai CSC]"

4. How has the project brought impact on the lives of older people and their families?

4.1. Betterment of Economic Condition:

Over the assessment period, income change is one of the major indicators that impact the lives of the older people and their families. Graph shows that from the month of September 2013 income increase a little for the beneficiaries whereas, majority of the beneficiary income remain same from the month of February 2013 to December 2013. Important reason is the assets provide to the beneficiaries that intend to give benefit after three or four months. Therefore, graphs also shows that percentages vary in different month.



"I am fortunate that the project money injection gives me quick recovery from a bad time and now I am able to restart my betel nut business. I buy betel leaf from the whole-seller and sell to the local market with helps me gain an income. With the income from the business I hope to purchase a cow" [FGD Barakandai CSC]

"I have still not earned any money but my cow is expecting to breed soon which gives me lots of hope because I will earn money from the cow. When my cow will give milk I will sell the milk to the market as well as drink milk. When the calf is nearly one year old I will sell it in the market. And I can use the dung for fuel and with the ash from the fuel I can use for washing clothes. My big dream is that if I get more income I will take some land" [KI Barakandai woman aged 72]

Some small business successfully run in project location in SSI Mrs. Shakhina Begum, Age: 63, from Char Alekzander, Ramgoti mentioned my husband died 18 years ago. I have been involving with small business (Seetal pati selling) since my husband dead. Therefore, I have received cash for this small business. It was fully relevant to my needs. My income is now BDT 150 per day on average which previously only 20 taka per day and with this income I can spent my expenses.

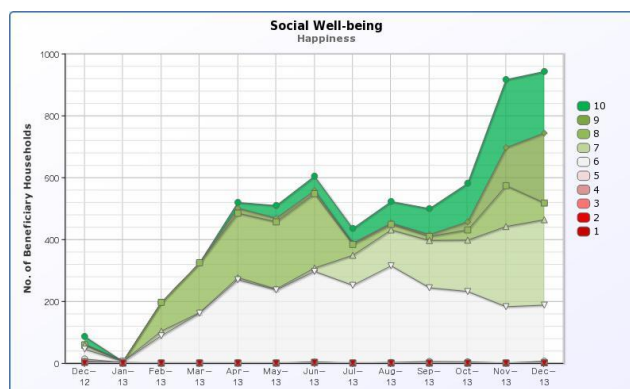
Now my household's conditions have been improved. I have changed my utensils (changed old and buy new one), brought an Almirah (meatsafe) and repair my household furniture (chowki-2, and 1 prayer chowki). I have brought cloths for me and my daughter's.

For those purchasing heifers, a very tentative estimate of the very best financial value that could be realised *before the end of the 3-year project* would be BDT 34,000 for the resale value of the cow and calf-a net increase of BDT 19,000. The food or income benefit from milk in this period is not included in this calculation since much would be fed to the calf. This amount is the theoretical best case (no losses) and does not take into account the cost of cattle rearing beyond the cash transfer of BDT 15,000. So far, 121 heifers (out of 390) in Roumari gave birth of calves whereas in Ramgoti the number is 56 (out of 201). In addition to this, 22 beef fattening cows (out of 43) in Roumari and 67 (out of 148) in Ramgoti have been sold where average profit was BDT 5000.00 for a sold cow. Moreover, 143 heifers (50% of this will give birth of calves within 02 months.) in Roumari and 91 heifers in Ramgoti got pregnancy by this time. The above-mentioned heifers and bull cows were purchased during Oct 2012-April 2013. (Sources: project document)

During the 14-20 month period before returns can be made from either milk or sale, beneficiaries would need to feed and care for the cattle, including supplementary feeding, cleaning and bedding and walking to grazing land, plus periodic medical care, such as de-worming and vitamins.

4.2. Increased confidence, dignity, companionship and happiness:

Older people needs to smile and confidence for returning their happiness. In the CMS 02 data set, one of the important parts is how you are happy on observing day. Graph shows that most of them answer in the 6-10 range that seems they are significantly happy on the particular day.



Throughout the assessment, a number of interviewees described the contribution that the project had made on aspects of wellbeing that leads to the dignity and companionship. The first concerns a notion of dignity or respect; *many felt the projects had helped them to demonstrate a contribution to their family and worth within the community.* A key marker of social acceptance included invitations to attend marriage ceremonies, funerals, and events such as the *Nabanna* (rice festival). Some interviewees also mention their pride in helping others:

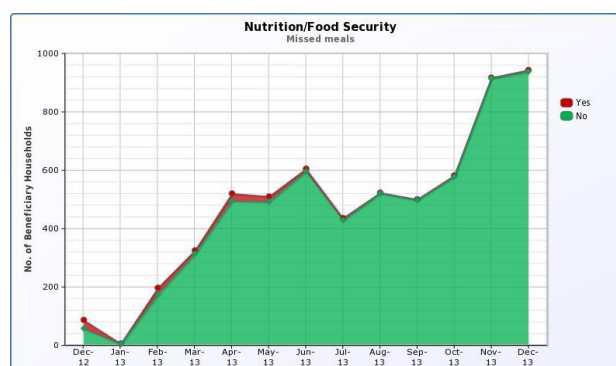
"After receiving the cow I feel very happy...now I have some work I have some value too...before I went from house to house and people rebuked me, but they behave more politely now" [SSI – woman aged 64, Barakandai]

"People around me appreciate me and I am feeling more confident. People talk with me and consult with me often." [SSI – woman aged 72, Barakandai].

The second benefit concerns companionship – both from the contact with other older people in the older people's groups, and with the livestock themselves. *Although these effects are difficult to measure, the projects did appear to be contributing to mental wellbeing.*

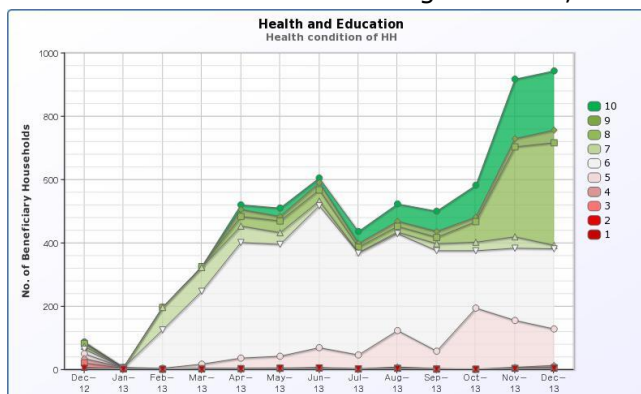
4.3. Nutrition or food taken status:

Graph shows that entire period beneficiaries hardly missed their meals, which consider that their meals secured. Therefore, base line data is not available so it is not sure about how project play role in the food taken status. *SSI in ramgoti "now my daughter and I have three (03) times meal instead of before in two (02) times. My food habit also changed. Currently we eat one time meat and ten times fish in a month. Moreover, I buy food item monthly but previously it was daily basis.*



4.4. Improvement of health condition:

Graph shows that majority households health condition lies in the range of 6-10, which consider as good as the older people generally suffers ill health condition. Project organised health camps in their primary health care and medicine provided. During this period, 32 Health Camps were organised in two project locations where approximately 1374 beneficiaries received medical treatment through prescription. Medicine and pathological support were also provided to the beneficiaries following doctor's prescription. In addition, 261 health awareness sessions were conducted in the monthly CSC meetings.



In SSI Mr. Md. Azizul Haque, Age: 80, from Char Gazi, Ramgoti, said "After having medicine provided in health camp, my neck pain is over. I am now recover from the pain."

In another SSI Mrs. Shakhina Begum, Age: 63, from Char Alekzander, Ramgoti said, in the previous year project provided two times free physician consultation and free medicine. Market price for those medicine was 1300 BDT (approximately 1st time 700 and 2nd time 600) and this year also provided medicine few days ago which approximately 900 BDT. Above all, I have received three (03) times free physician consultation and medicine support which I never able to avail in my own cost.

It is also mentionable that an Eye Camp was also organized In Rowmari project area on 11 March 2013. In their 119 beneficiaries (female-72 and male-47) received eye treatment from the Eye Camp. Doctors of Ispahani Islamia Eye Institute and Hospital, Jamalpur delivered free medical treatment to the beneficiaries. Cataract operations were done to 11 beneficiaries at Ispahani Islamia Eye Institute and Hospital, Jamalpur.

4.5. Increased asset ownership strengthens links between older people and their families:

It has found from the assessment the beneficiaries get more support from their sons and daughters if their asset base is increased. This effect verified in the field interviews with project beneficiaries:

"Now my condition has improved. Before I was living alone and my daughter did not look after me. The cow is considered as an asset for me as well as my family members. Previously I was getting money from begging, but now I live with my daughter and left that way of life" [SSI in Barakandai, woman aged 72]

"People used to scold me for being abandoned by my sons, but now I live with my son. My son understands that after some days the cow will give milk and will be an income for my family...because of this cow I am included in my son's house" [SSI in Rowmari Uttar Para, woman aged 72]

"Previously I provided a bit of food to the cow, but then my hand broke and I am afraid to go and take care of the cow, so my daughter and grand-daughter do that" [SSI, woman aged 72, Barakandai]

'If the beneficiary sells the cow then this is not a good result because the family may no longer help out and the older person will no longer get the psychological support. The family bonding is an important element of this project' [FGD with Barakandai CSC]

Many of project beneficiaries referred to the interest their family members had shown in them and help provided in looking after livestock, but there were also cases where family members had sold, or taken control of the assets as well. However *"We consult with our csc members if there is any sort of things happen"* [FGD – Baraokandai CSC]

5. Effectiveness of the project input

5.1. Project supports those who have no other option for live:

The aim of the project to support asset accumulation and build social capital can therefore be considered as highly relevant to the needs and existing coping mechanisms of older people living in bottom 10% of poverty line. Furthermore, government or other NGO programmes are not currently addressing the specific target group.

To work with older people significantly different and needs extra care for them *'older persons seek to ensure livelihoods security through asset accumulation, asset diversification and the support of family and community'.....cash needs focus on food and medical car...and friends, neighbours and the community provide emergency assistance when required and when they are able'*. Erb (2011) - based on interviews with 200 older people.

Within older people older women are more vulnerable *'Widowhood in old age means the loss, reorganization, and acquisition of social roles especially for women....They have to live their life on the mercy of the brothers, sons – daughter and in-laws. Old widows suffer not only from economic poverty but also from physical and psychological isolation, insecurity, incapability, and deprivation of resources, low self-esteem, and negligence'* Barket et al (2003).

'...there are so many other organisations that work on different issues... but not older-people related issues. Young people who are able to give back loans get benefits from these organisations. But there is no other organization is working with older people in this location' [FGD with project beneficiary]

However, while older people in rural Bangladesh use the accumulation and sale of assets such as cattle's to respond to urgent needs and shocks, Erb's (2011) study among this group notes that *'interest in entrepreneurial or business activities is only minimally prioritised'*.

The project targeted⁴ older people with low incomes, with few assets or land and with low food intake. Older people living alone were prioritised for support, most of them widows. These are considered within Bangladesh as the 'extreme poor', typically maintaining their livelihood from *ad hoc* agricultural labour, support from relatives and/or begging. Cow rearing is a more common local practice, providing a higher value, and bringing status benefits. This could consider as a more relevant input for most beneficiaries. However, cow rearing also has some disadvantages- first that the economic returns take longer to achieve than sheep, they are heavier, and need to be led to pasture, and second that being a single asset, the impact of loss due to theft or disease is greater. Livelihood inputs were relevant to the needs and capacities of beneficiaries, although some isolated or frail beneficiaries found looking after a cow difficult.

⁴ See annex 03 for HH selection criteria.

6. Accountability and feedback mechanism of the project:

The project conducted general needs assessments and individual interviews in order to design the IGA asset component. A number of IGA options were available for beneficiaries to use the cash transfer, but for those beneficiaries without a specific skill in petty trade, the option taken by the majority project beneficiaries was livestock rearing. Beneficiaries took part in the purchase of their preferred assets. They were also well informed about this project, for example in terms of duration.

The CSCs met regularly with field staff, and developed some activities themselves (e.g. savings groups were not an original design of the project). However, in the assessment did not identify any documented process in either of the projects to encourage feedback or to deal with complaints.

7. Sustainability: How sustainable are the ideas and process introduced through the project?

7.1. Social networks and community support mechanisms:

It is often usual that when project intervention will over there community support system or integrated actions to support the HHs systematically lessen. CSCs will be existed in the project location for mutually supports to the households. CSCs are expecting self-sustained due to the strong element of inclusion of one of the most poor and hard to reach community that will promote ownership between the targeted HHS and Community people. CSCs will also promote the increased access to government and non-government institutional services like, Health service, through building lateral linkages. Social integration of targeted HHs through CSC for psychosocial support will be thereby ramping up self-respect and human dignity. Aforementioned things supported by the focus group discussions with beneficiaries of the project testified to the value of Older People's Groups which known as CSC a source of mutual support:

"We sit together for the meeting and we save money from this group...we look after each other in case of ill health. For example, if any members die we give news to Pidim staff and take initiative for the person's burial" [FGD – Barakandai CSC]

"...all the CSC members received 10kg rice from the UP office, except for one member who was too sick to collect it. So all the other members took a group decision to give her one fist of rice from their own allocation" [FGD Barakandai CSC]

There is evidence of some of the Community Support Centres helping to identify IGA activities and resolve disputes:

"[The CSC] decide whose IGA is suitable for which person and who will get their IGA first, and they provide input on business plans when people do not know what to do...In one case [beneficiary name]'s son sold her cow. The committee called a meeting and got the son to return the money. The woman bought another cow and now lives with the cow and another son" [FGD with Rowmari Uttar Para CSC]

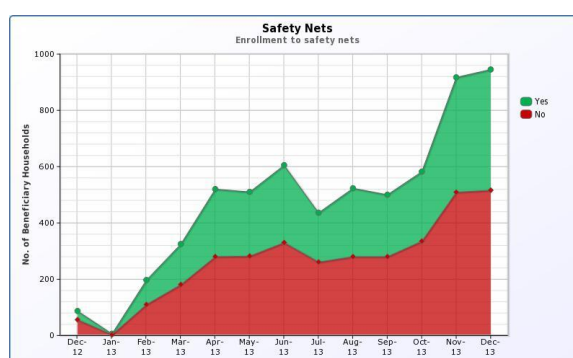
Another factor for sustainability is strong components of awareness and skill development, both in institutions and household level. The project provided skill development training on IGAs and capacity building training on leadership, accounting & resource mobilization and DRR, which increase the level of expertise for the CSC members. CSCs in the project are more optimistic about their continuation after the conclusion of the project:

"When Pidim leave we will look after the group....We are confident to continue because we know each other, and 24 people will go at a time to seek another service e.g. from another NGO or the Union Parishad and we will not return empty handed" [FGD – Rowmari Uta Para CSC]

"We know this project will run for three years....we will continue our meetings and discussion as before...if anyone tries to damage the assets then we will protest and hinder his or her purpose. If any dispute takes place we will go to the UNO (Upazila Chief Executive) and other local elites for a solution. Furthermore we will go together so that gives us strength to claim for our rights." [FGD – Barakandai CSC]

7.2. Safety nets:

Inclusion in the social safety nets packages⁵ means the beneficiaries has something regular income though the amount of the income is so poor compare to the demand they have. Graph shows that still majority of the beneficiaries not included in the government safety net programme. The project had some success in ensuring beneficiaries were included in allocations of VGF, which beneficiaries put down to the action of the Community Support Centres:



"Before the project the members of the Upazila Parishad did not take our names – they wanted money for including our name on the list. The list is essential for getting support in any form from the government. But now we are in a group.... we go to the UP office and tell them about our needs...and in the Eid festival the Upazila Office gave rice for us" [FGD – Barakandai CSC]

However, the project not able to secure inclusion in social pension schemes for the project beneficiaries because those currently benefitting from other social safety net programs of the government, or NGOs, are not eligible. Nevertheless, through establishing links with the Union Parishads, project is optimistic that beneficiaries would receive allocations in the future.

7.3. Graduation process


Graduation process is one of the innovative idea for sustainable the project. As this project designed and implemented for older people, it would require a significant amount of time to make project intervention sustainable. After the project period, CSCs expected to be owned by the HHs and will sustain through community initiatives. The HHs under each CSC will work collectively for setting up priorities to implement project activities. Their active participation will be multifaceted by increasing their own capacities on income opportunities as well as integrating other components of collaborative linkages.

Three different phases have been determined in the graduation process where CSCs capacity building, community volunteer development within same community, institutional services, and social integration would bring measurable changes in the

⁵ Two social protection schemes – the Old Age Allowance (for men over 65 and women over 62) and the Allowance for Widows, Deserted and Destitute Women are potentially available for the target group of the project. They provide a small allowance (just BDT 300 per month), and are implemented according to a number of eligibility criteria by the Upazilla committee, based on the recommendation of Union Parishads.

targeted HHs where they are mutually transformed from beneficiaries to actors by ramping up self-respect and human dignity. All the phase has differences which shown in the table below:

Table 01:
Overall graduation process of the project⁶

Phase	Phase 1 (Aug 2011- July 2012)	Phase 2 (Aug 2012- July 2014)	Phase 3 (Aug 2014- July 2016)
Steps	Build up and Learning	Implementation & Consolidation	Phasing out & Graduation
<i>Trend of funding</i>			
Key features	<ul style="list-style-type: none"> - CSC group formation - Age friendly IGAs identification - IGA Skill development - Initiating linkage with relevant institutions. - Communication and integration between migrant and their family 	<ul style="list-style-type: none"> CSC's organisation development Build up lateral linkages Create access to different services Livelihoods option creation Increase in HH income Strengthen backward and forward linkages of market CSC's leadership capacity building. - Capacity building of community Increase CSC participation in social events 	<ul style="list-style-type: none"> Capable CSCs in place to takeover the initiatives. Established market access for sustainable livelihood. Intergenerational linkages for mainstreaming the CSCs with other development initiatives. Emergence of alternative leadership within CSCs - Finally Shift in the poverty level.

7.4. Risks:

There are possible of risks to technical sustainability if the links with service providers (in particular veterinary services) is not maintained for the livelihood asset. A reported shortage of vaccines may also cause problems.

The main risk to sustainability comes from potential losses as a result of injury or theft of assets. The project design intends that the CSC's will continue to mitigate the risks and that they will themselves be sustained by the community.

⁶ Derived from the project document.

8. Future perspective for the project

8.1. Links to Advocacy

This project included *local advocacy* work to raise the profile of the specific needs of older people and to develop links with the Union Parishad structure. Activities for local advocacy included Consultation meetings with Ups, Consultation meetings with health service providers, Advocacy workshop with GO and NGO DRR actors. Observe International Day of Older Persons (IDOP) to sensitise the mass people about ageing issues. Rally, human chain, essay competition, discussion meeting, cultural program, signature campaign and health camp were organised in IDOP.

The rally aimed to increase public awareness about the rights of older people and was reportedly attended by 1200 people. The meetings with Union officials aimed to establish the names of beneficiaries into the list for government in-kind support (VGD, VGF) and to lobby for inclusion into social pensions (Old Age Allowance and Widow's Allowance). Advocacy also links with the health officials from the respective health complex for giving priority to older people for service provide.

....[The members] attend different types of meetings with health and union parishad officers...when we go in a group we can get service – group is power and we can use this power” [FGD with Rowmari Utta Para CSC]

This project also gives opportunity for further advocacy to negotiating with Shiree for extended the project duration. The Shiree programme aims to address the needs of the extreme poor (defined by Shiree as the poorest 10% of the Bangladeshi population), with a beneficiary list of 257,000 households. The ALLOW project of 1000 beneficiaries is included as part of an innovation funding round 04. On a national scale, the inclusion of the ALLOW project within the larger DFID/GoB Shiree project is an opportunity for the Bangladesh programme to advocate for increased visibility and provision for older people in mainstream graduation schemes.

9. Project level conclusions and recommendations

- The aim to support the accumulation of livestock assets by older vulnerable groups is highly relevant in the context of the project.
- Older vulnerable groups appear to aim to develop their livestock assets for income generation. This strategy could be further supported by providing further links to suppliers and markets.
- Large livestock (e.g. cows) may be difficult to manage for those with physical impairments. It is important for project staff to identify risks and discuss ways to mitigate these when discussing options.
- The ownership of livestock assets appears to have positive impacts on well-being in terms of developing social capital (links with family and community) and dignity. These benefits are highly valued and efforts could be made to track these in the future.
- CSCs play an important role in providing mutual support and protection (e.g. against risk of asset loss), especially when project funding comes to an end. The Community Support Centres are a better model for sustainability, but they need more training support in order to be effective.
- There are shortcomings in terms of beneficiary accountability. Mechanisms for beneficiary feedback need to be strengthened.
- The potential for linking evidence from the project to advocacy has yet to be fully realised. Links to the different department of local government (such as health departments, livestock departments) should increase later part of the project.
- Need to develop exit policies or strategies for the project that is significantly important.
- Better contingency plans need to be developed for livelihood assets.
- It is needed better articulate or example creation to the community-level livelihoods work that encompass advocacy on social pensions or related things.
- Engagement in community-level interventions is intended to provide evidence and learning for advocacy, but it is not clear what evidence is required and how exactly it is to be used. On the other hand, there are good opportunities to influence large-scale livelihoods programmes to respond to the specific needs and capabilities of older people, and to form alliances with other actors working on inclusion issues. These should be exploited in future intervention.
- Young people should be motivated and engaged in increased manner to extend support and cooperation to the livelihood activities and social inclusion mechanisms for older people.

Annexes

Annex 01: Terms of Reference.

Impact Assessment Title

Annual Household Impact Assessment Accelerated Livelihood of Left-behind Older Workforce (ALLOW).

Organizational Background

HelpAge International helps older people to claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. HelpAge International is working and collaborating through 101 affiliates⁷ and 180 other partners in over 70 countries across the globe including Bangladesh and South Asian countries for supporting older people.

In Bangladesh, HelpAge has been working with affiliates and partners since the year of 1991 and established Bangladesh country office in 2009 with different program/projects in emergency response, disaster risk reduction, older citizen's monitoring, access to rights & entitlements, livelihood through OPA and policy dialogue on social pension.

Project Brief

In context of the growing number of older people and allied vulnerability HelpAge International Bangladesh started a project titled *Accelerated Livelihood of Left-behind Older Workforce (ALLOW)* with support of DFID/UKaid and GoB through Shiree/EEP program. The project endeavours to scale up the socio-economic status of 1000 extreme poor older people in the targeted areas who are 'left-behind' due to economic migration of wage-earner of the family. Two partner NGOs namely Bangladesh Institute of Theatre Art (BITA) and PIDIM Foundation are implementing the intervention in Ramgoti Upazilla of Lakshmipur district and Rowmari Upazilla of Kurigram district respectively.

A total of 1000 extreme poor targeted beneficiary households were identified in Rowmari and Ramgoti project areas. The identification of targeted BHHs was accomplished based on 06 essential criteria⁸ where FGDs were conducted by using related PRA tools and techniques. Finally, BHHs were selected by door-to-door verification.

During the project period, two project orientation workshops were organized in the both project areas which was created opportunity to introduce the ALLOW project among different stakeholders.

This project were formed 40 Community Support Centres (CSC) in both project areas consist of 25-30 BHHs for each CSC which is operating by 07-member CSC Management Committee. After formation of CSCs, total 440 meetings were organised in the reporting period (Oct'11-Sep'13). CSCs are now acting as a platform where extreme poor elder

⁷ The HelpAge network is a unique worldwide alliance with its affiliates to standing up for the rights of older people.

⁸ There is separate identification format developed for beneficiaries' selection in this project.

beneficiaries gathered to express their views and share their opinions on different issues relevant to their livelihoods.

During this period, 32 Health Camps were organised in two project locations where approximately 1374 beneficiaries received medical treatment through prescription. Medicine and pathological support were also provided to the beneficiaries following doctor's prescription. In addition, 261 health awareness sessions were conducted in the monthly CSC meetings.

Cash Transfer is major work for this project. In line this cash transfer other activities taken place such as: the identification of age-friendly IGAs, conducting market survey, preparation of business plan, agreement, cash disbursement schedules etc. were accomplished by the project. Needs assessment of age-friendly IGAs for 1000-targeted beneficiaries were accomplished in the both project locations in line with IGA Needs Assessment Guidelines. However, cash transfer to the targeted beneficiaries is continuing for this project till date.

Baseline survey on targeted BHHs has completed in both project areas with extensive data on socio-economic condition of the beneficiaries.

Outputs of the project:

Output 1. Targeted households are provided with strong and sustainable livelihood outcomes;

Output 2. Formation and functioning of 40 Community Support Centres (CSC) are facilitated;

Output 3. Targeted households are provided awareness and training on DRR;

Output 4. GO, NGO and private service providers are sensitized and engaged on ageing issues.

Objectives of the Assessment:

To know how the project activities impact on the Beneficiaries Household;

To understand how effectively and efficiently project activities working towards goal;

To recognise the significant changes from the project whether it may have positive or negative at the individual, community or organisational level;

To explore the effectiveness of the cash and asset transfer process;

To capture lesson learned and good practices.

Locations of the Assessment⁹:

⁹ Detail villages and unions finalise later.

District	Upazilla
Lakshmipur	Ramgoti
Kurigram	Rowmari

Scope of the Assessment¹⁰:

Issues	Possible considerable things
HH income and expenditure	Monthly HH income increase or decrease Source of income Monthly HH expenditure and expenditure area (expenditure in food and medication) Women in families have independent choice of purchase
Food security	Food type Times of food intake/day
HH project assets	Value of the assets given by project
Health	Level of health care Project initiatives for the health care Physical fitness for work Involvement with local health service providers for treatment
Community Support Centre (CSC)	Level of support within CSC Support each other in IGA selection, training and cash transfer Marketing support who need it CSC support for communicating migrant members Representation of CSC in different forum and social activities Invitation in different social events Participation in local decision making forum
Social empowerment	Level of social support

¹⁰ This all the scope of assessment which taken from different project documents still it needs to finalise which scope we will be dealing for this assessment.

	Participation in social/community events
Disaster coping capacity	Level of loss of productive assets in disaster Level of participation in DRR initiatives Training received on DRR Advocacy with DRR actors

Methodology

This assessment will be conducted by a team of HelpAge staff with the assistance of partner's staff. The assessment will consist of desk-based document review and field work in the project locations.

Document review: Secondary key documents such as base line data, project reports etc. which related to the impact assessment will preview and finalise the tools for the field visit;

Field visit: In the field necessary number FGD's will conducted with a prescribe checklist. For understanding of the impact of household level a semi structure household questionnaire¹¹ will set through a series of questions;

Case Studies: To explore the depth of the impact in household level case studies¹² with beneficiaries will take place in the field. It involves interviewing a beneficiary to know about the positive or negative changes made through this project;

Data Analysis: Data analysis will take place after collected all the data from the field. Primary data will be analysed through Statistical Package for the Social Sciences (SPSS version 16). In addition, other graphical presentation drawn in MS Excel 2010 version;

Reporting: Reporting will completed with the field findings and analysis from the data and case studies identified.

Conclusions and Recommendations:

Based on the above objectives and methodology, the assessment should provide brief, clear, conclusions and recommendations, including:

The degree to which the project activities are likely to be impacts;

Significant lessons that can be drawn from the experience of the project;

General recommendations on improving implementation for the remainder of the Operational Phase project;

Recommendations on further action based on findings for current project.

¹¹ This questionnaire will finalise after getting the feedback on ToR.

¹² Number of case study will finalise later.

Annex 02: CMS

	What?	With who?	When?	Who responsible?	Why?
CMS1 Household profile	In-depth baseline survey of household status covering composition, income and expenditure, asset base, facilities, etc.	All BHHs	Once (start of project before interventions take place)	NGO	To provide a detailed assessment of the status of all shiree households before significant project interventions have taken place. To provide the baseline from which to monitor change over time.
CMS2 Monthly snapshot	A short multiple choice survey of changes to household conditions, and significant (project and non-project) events, conducted using mobile phone technology.	All BHHs	Monthly (TBC)	NGO	To provide a large scale assessment of trends. What has changed at the household level and what has happened that may have contributed to changes? CMS2 also tracks information for NGOs on project activities such as asset distribution.
CMS3 Socio-economic and anthropometric survey	In-depth survey with a statistically significant number of BHHs, collecting information on household status and economic	64 BHHs	<u>Scale Fund</u> Every 3-4 months <u>Innovation Fund</u> Annual (TBC)	shiree	To provide in-depth socio economic and nutritional data allowing an assessment of longer term change and the impact of project

	conditions, as well as anthropometric data (body mass index, haemoglobin levels) on an annual basis.				interventions.
CMS4 Participatory group reflection	Participatory group activities providing a forum for BHHs to explain changes in their lives (caused by project activities and non-project events), and the reasons for these changes.	10 groups	<u>Scale Fund</u> n/a <u>Innovation Fund</u> Quarterly	NGO	To inform NGO staff and management of beneficiary-level changes, to allow project management to be continually enhanced through adaptation. To provide a strong knowledge basis for Self-Review Workshops, where shiree and NGO staff can appraise lessons learned, challenges, and plan for improved practice.
CMS5 Tracking studies	In-depth qualitative surveys with BHHs, examining changes in beneficiaries' lives.	<u>Scale Fund</u> 6 BHHs <u>Innovation Fund</u> 5 BHHs	Quarterly	NGO	In-depth case studies provide accounts of changes caused by project interventions and non-project events at a much more personal and intimate level.

Research packages	Scale and Fund Innovation Fund NGOs may be asked to participate in specific research tasks according to shiree's constantly developing research agenda, or they may propose research projects to shiree themselves.	As required	As required	The Centre for Development Studies at Bath University (UK) with NGOs and shiree.	Interesting issues for research are identified throughout implementation of project activities. Some of these may require additional in-depth investigation.
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Annex 03:

Guidelines on Beneficiaries Household Selection

Step 1:

Selecting extreme poor household based on a list of criteria which is relevant to the local context. There are two prerequisite criteria for selecting targeted beneficiaries: 1) Essential criteria- targeted beneficiaries selection should be meet up with essential criteria and 2) Supplementary criteria- these are additional indicators, which help to expand on the contextual understanding of extreme poverty in the area. They are not essential for selection, but will apply to a number of households and reflect the vulnerability of households.

Essential and supplementary criteria for selecting older extreme poor HH are as follows:

Essential criteria	Supplementary criteria
➤ Older People (age: 60+)	➤ Women headed household
➤ Income <ul style="list-style-type: none"> • Per capita income Tk 22/day 	➤ Left behind Older people <ul style="list-style-type: none"> • Left-behind due to seasonal migration of earning member of the family or • Abandon by the family or • Neglected by the family

➤ Land <ul style="list-style-type: none"> • 0-4 decimals of homestead land or • Not owner of cultivable/ productive land 	➤ Eligible Older People who are not included in Government Safety Net Program ➤ Living on someone else's land
➤ Productive asset <ul style="list-style-type: none"> • Income generating productive asset value up to Tk 5000 	➤ Areas which do not have regular income opportunities
➤ Food security <ul style="list-style-type: none"> • Not more than 2 meals for 10 months in a year 	➤ Family income status: <ul style="list-style-type: none"> • Advance sale of labour • Day labour • Migrate for work
➤ No access to or member of financial network or MFI	

Step 2:

Developing a preliminary list of BHHs through group based exercises (FGDs) using PRA tools and techniques like transect walk, social mapping and participatory wealth ranking.

Step 3:

Information collection of preliminary selected BHHs through questionnaire by door to door visit.

Step 4:

Validation of the proposed BHH by-

1. Collecting secondary information from the local government, NGOs and MFIs.
2. Simple random sampling

Step 5:

The proposed and validated final list to be submitted to shiree for their own verification.

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