

Social and Economic Transformation of the Ultra Poor (SETU) Project

Learning Notes from CARE Bangladesh

By the end of the project, more than 98% of the targeted extreme poor households perceive themselves as either moderately poor or non-poor. 95% households have successfully come out of extreme povertyⁱ.

CARE-Bangladesh has been implementing SETU in partnership with ESDO, GBK, RBNS, SAP-BD and SKS Foundation from March 2009. At the closing period, the project had successfully rolled out two phases, and was run in 25 Unions of 7 Upazillas in 4 districts of the northwest region of Bangladesh. SETU addresses the underlying causes of extreme poverty:

- i) limited livelihood opportunities
- ii) social inequalities leading to exploitation, dependence, discrimination and marginalisation
- iii) weak governance at all levels and lack of poor people's participation
- iv) poor health and nutritional situation.

The project is funded by UKaid from the Department for International Development (DFID), the Swiss Agency for Development and Cooperation (SDC) and the Government of Bangladesh. The fund is channelized and managed by Shiree, a management agency of UKaid.

What did we accomplish?

Women are more empowered: Women from SETU beneficiary households are now running 698 community-based savings groups and 225 EKATA groups, dealing with the issues around their lives and livelihoods, and participating in decision-making process at household and community level, and some at UP level. Early marriage, domestic violence and men-women wage gap are at a decline.

99% communities are open defecation free: Community-led total sanitation was facilitated as an entry point for community mobilization. It has reduced frequency of waterborne diseases like diarrhea, dysentery, etc.

Community development plan and collective actions were carried out: Every SETU-working community has prepared a community action plan and implemented dozens of collective actions like bamboo-made bridge, community latrine, roadside plantation, road repair, collective business, etc.

Households diversified their mode of earning: SETU project provided customized asset/cash to 43,624 households based on household micro plan and analysis of interest, skills and experiences of the household members and demand in the local market. They are engaged in diverse income generating activities like small business, light engineering, on-farm and off-farm production etc.

NCVI, a successful social enterprise was developed: Nijera Village and Cottage Industry (NCVI), branded as Living Blue, has been established that has created work opportunity for 1700 households. It has been steadily growing and expanding working opportunities for the disadvantaged people.

Communities are engaged with market: 271 girls/women are developed as rural sales agents. More than 1000 households are running business in 5 assembly markets, developed in remote rural

areas, where thousands of small producers can sell their small pieces of homestead produces (like vegetables, egg, fruits etc.) and can buy quality agro-inputs, medicines, etc.

Factories were set up at the doorstep with female employment: 546 women were trained and employed in the factories, set up in the project locations by CHP-BD, as an entrepreneurship development initiative by CARE. It is expanding, currently 1000+ women are working, and exporting its products to 20+ countries.

Women's capacity was developed for RMG industries: Nearly 200 girls and women were trained in Gazipur Technical School and College and then employed in RMG industries; it was a collaborative effort between CARE, Fareast Knitting and Dying Industries Limited, Gazipur Technical School and IDLC Finance Limited.

Men are employed in security companies: SETU sourced and sent eligible and interested young men to G4S – a private sector security company. 286 men went through a training, and then received employment there.

ParaVets were developed: SETU has developed 50 youths as village level veterinary service providers. Their services are used for primary medical treatments and artificial insemination. They are working as helping hands of the Government's Department of Livestock. Their average earning per month is around BDT 25,000.

Better access to finance is ensured: 698 community-based savings groups have mobilized savings of BDT 2,65,31,257 and utilized BDT 2,30,55,725 for IGA loan and other purposes. They are running financial transactions with Grameen Bank and some other commercial banks.

Members are effectively engaged with UP: SETU participants have successfully managed to place their demand to UPs. They have also participated in the UP standing committees. They play key role in UP's budget consultation/sharing meeting at the Ward and Union levels. The average monthly household income from SSNP has increased 16 times (it was only BDT 18 before). UP's allocation for EP has significantly increased.

Members can access GoB support and services easily: 500+ households have received training and inputs from government's Spice Research Institute (adaptive research center). They have been cultivating spices (onion, garlic, ginger, etc.) in homestead and small pieces of land. Thousands of households are also accessing the support/services from other departments (DAE, DoL, DoF, DoH, etc.).

Members are aware of better health and nutritional practices: The Nutrition intervention of SETU closely worked with mothers, children, adolescent girls and other family members through 280 Community *Pushtikarmi's* (volunteers) developed by the project. It has effectively raised awareness about the role and positive impact of breastfeeding, micronutrient consumption, and supplementary feeding.

Micro health insurance was rolled out: To strengthen household resilience against health shocks of the disadvantaged communities, a total of 2477 BHHs enrolled in 100 Community Based Savings Groups (CBSG) have been brought under micro health insurance support.

Average monthly income increased to 8 timesⁱⁱ: The average monthly household income reached to BDT 10,375 in 2015 from BDT 1151 in 2009 (for Ph1 BHHs) or BDT 1531 in 2012 (for Ph2 BHHs). Average HH expenditure increased to BDT 7261.45, which was only BDT 1189 in 2009 and BDT 1556 in 2012 for Ph1 BHHs and Ph2 BHHs respectively.

What have we learned?

We need multi-level engagement: Directly working with household, community and beyond community (institutions) and working with UP in particular are extremely important for creating multiplier effect and sustainable changes in the lives of the extreme poor and poor people.

Balanced intervention strategy is the key: Only software support like awareness or hardware support like asset/cash delivery alone may not be enough or effective for extreme poverty eradication-- it needs a good balance between them. The interventions should enhance human, social, political and economic capitals. The intervention needs to be logically sequenced and mutually reinforcing. Also, balancing between community-led and market-led interventions is of critical importance.

Women need to be empowered for lasting changes: To address injustice of extreme poverty and poverty, gender inequality needs to be addressed and that can happen by educating women and ensuring participation of both women and men in the development efforts and process. Women can play a steering role in carrying forward the activities that would change their lives.

ⁱFinal Evaluation Report, SETU Project, 2015

ⁱⁱ Real income effect was not measured