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Semester Report

(01.04.2018 – 30.09.2018)

SDC – Shomoshti

Prosperity for the poor and disadvantaged

CARE Bangladesh

November 2018

Snapshot of the Report

Implementing Organization		CARE Bangladesh
Project Name	SDC-Shomoshti Project	Type of Report: Bi-Annual Report
Duration	01/04/2017 – 31/03/2020	Reporting Period: 1/4/2018 – 30/09/2018
Receiver of the Report	Swiss Agency for Development and Cooperation (SDC)	
Main results achieved and implementation performance		
<ul style="list-style-type: none"> • Number of Shomoshti beneficiaries living below \$2.00 (PPP) has reduced by an additional 4% from the baseline in the reporting semester. Cumulative reduction stands at 32.6% from the baseline at the end of the semester against the target of 40% (Source: bi-annual assessment report Oct 2018). • An additional 11,097 households have benefitted financially from the interventions undertaken by the private sector. Cumulative achievement stands at 46%^(82,957) of the target (180,000). The households reported BDT 458.54 in additional income. Cumulative achievement stands at 42% of the target (BDT 4532 million) (Source: bi-annual assessment report Oct 2018). • An additional 19,473 households were reached by the private sector with their innovative solutions. Cumulatively around 151,619 households (of them 72,016 women) have so far been reached by the private sector in different sub-sectors and about 134,255 HHs (64,850 women HHs) are utilizing the services till September 2018 (Source: bi-annual assessment report Oct 2018). • Partnership activities with 5 national level private companies (Lal Teer, Bengal Meat, ACI Animal Health, BRAC Dairy and ACI Godrej) were revised; 2 additional private sector partners (Pragati LIC, and GME Agro) were engaged for new interventions (Source: Internal MRM Records) • In the reporting semester, 328 new local service providers (paravets, retailers, latrine producers) were engaged in the different value chains through market facilitation interventions. This increased the number of active local service providers to 631 at the end of the semester. The service providers reported BDT 6.31 lac in incremental income in the semester (of this BDT 3.28 lac contributed by the new service providers engaged during the semester) (Source: bi-annual assessment report Oct 2018). • During this semester, 9,176 women entrepreneurs and women in savings groups were able to participate in financial decision making as a result of project support. The cumulative figure has reached 63,100 women • Community Feedback Mechanism managed through Community Score Card was introduced to Community Clinics of 40 Union Parishads. 		
Main steering implications for the next period of intervention		
<ul style="list-style-type: none"> • Shomoshti planned to partner with 13 private sector companies for the newly designed interventions. Among these, 7 partnerships (Lal Teer, GME Agro, ACI Animal Health, Pragati LIC, Bengal Meat, BRAC Dairy) are already in place. Shomoshti is working on to prepare strategies with 6 more private sector partners (Pran RFL, Bank Asia, i-Farmer, Ispahani Agro, Pran Dairy and Nawabnki Ganamukhi Foundation). • A significant fall in the number of female local service providers has been observed. Shomoshti will define strategies to sensitize leading national level private sector companies to increase inclusion of women in the service provider level. • To create health insurance opportunity for the poor and disadvantaged, Micro Health Insurance intervention will be launched in the coming semester starting with around 3,500 beneficiaries in all 4 regions. • To provide the poor and ultra-poor beneficiaries of Shomoshti with credit services, A-Card will be piloted in 3 regions of Shomoshti project. • According recommendations from the upcoming pre-DCED audit and the Mid Term Review, the MRM framework along with intervention guides of Shomoshti will be adjusted in the upcoming semester. • Shomoshti will undertake studies to capture Early Signs of Systemic Change, Gender Impact and Contribution of Social Interventions in Sustaining Economic Gain studies in the forthcoming semester. 		
Date of Report	Name of the person responsible (Project Manager)	
30 November 2018	Md. Gias Uddin Talukder, Senior Team Leader, SDC-Shomoshti Project	

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1. Introduction

“Shomoshti - Prosperity for the Poor and Disadvantaged” Phase 2 envisions that 180,000 rural households (comprising poor, disadvantaged, and women) will use improved technical services, which will result in higher yields, better prices and increased income. This is being achieved through the application of interventions where investments, new and more inclusive business models are stimulated from the national level private sector, to co-create sustainable solutions to underlying causes of market failure. Win-win business relationships are being developed in this regard between the private sector, local market actors and organized producer groups at the macro, meso and micro levels. The project engages relevant private sector actors to build capacity of local service providers (LSPs), inputs retailers and local traders with special attention to women LSPs. The project provides facilitative support to private and public service providers to develop pro-poor gender responsive services in selected value chains, and enhances the capacity of producer groups to demand, acquire and adopt range of market-based services to increase productivity and incomes.

The project has completed one year inception on March 2017. The 2nd phase is being implemented since April 2017. In the reporting period, the project has gone through a change in approach, switching from bottom up (engaging the actors closer to the beneficiaries) to a top down approach (engaging actors at national level and working on the way down to the beneficiaries). As such, Shomoshti is now working with national public and private sector partners to expand their reach to the poor and the disadvantaged. At the same time, the project is also applying bottom-up approaches to empower the households to put forward their joint demands for social services to public and private service providers. The households and the communities are being supported to build their resilience through access to savings systems and extension services that build on savings and solidarity of the community members.

The project has revised its overall Theory of Change (ToC) and its implementation approaches at the end of the 1st year of 2nd phase. Based on the revised approach it has developed intervention guides for market systems development, financial services and social service options. The project is currently implementing 20 interventions (15 interventions on market systems development, 3 for social services and 2 for financial services) to facilitate systemic changes for improved wellbeing of targeted households.

This report presents achievements of Shomoshti in the period April-September 2018 based on key output indicators of the project. This report highlights how the different interventions of the project have contributed to addressing constraints of the market systems through engaging private sector enterprises and public sector agencies for affordable and quality services. The projects targets are not broken down into annual or semester level targets. This report therefore presents the achievements in the reporting period as opposed to the overall project target to show a comparative review of the project's status.

2. Overall Outcome Progress

2.1 Progress against Impact Indicators

IMPACT (OVERALL GOAL): Rural households improve their wellbeing as a result of greater income and social service opportunities										
Indicators	LF Target	Achieved against LF Target (%)	Total Cumulative Achievements (Mar.'16-Sep.'18)				Achievement in Reporting Semester (Apr.- Sep.'18)			
			Total	Women	Poor	Disadvantaged	Total	Women	Poor	Disadvantaged
1. Number of people living below \$2.00 (PPP) per day reduced by 40% from baseline	55,425	82%	45,294				6,059			
2. Number of households financially benefitted from the project interventions	180,000	46%	82,957	40,726	45,294	28,372	11,097	5,990	6,059	3,795
3. Increased net income from project interventions (gender disaggregated) in millions BDT	4,532	42%	1,915.2	966.4	774.4	652.8	458.4	246.4	250.4	156.8
4. Number of households where earning members experience reduced loss of workdays due to sickness	Not defined ¹	-	71,458	21,605	40,539	12,948	9,178	3,142	5,207	1,663
5. Number of women entrepreneurs and women in savings groups who are able to participate in joint financial decision making as a result of project support	60% increase from the baseline ²	-	63,100		29,771	16,440	9,176		4,329	2,391

The project aims to bring down the number of people living below \$2.00 (PPP) per day by 40% from the baseline of 138, 564 at the beginning of the project. Cumulatively, at the end of this semester, 45,294 households have moved up above \$2.00 per day as a result of project support. Of them, 6059 households were added during the reporting semester. The cumulative achievement at the end of the semester represents 82% of the target. However, in contrast to this, the project stands at mid-way with respect to the targets on number of households financially benefitted from the project (46% of the log-frame target) and the increase in net income from project interventions (42.26%). This indicates that once the project approaches its targets related to number of households benefitted and the increase in net income of the households due to project interventions, the cumulative reduction on the number of households living below \$2.00 per day will be much higher than the target. We intend to discuss with SDC to align the targets in the forthcoming semester.

In the reporting semester, the project added the indicator- 'number of households where earning members experience reduced loss of workdays due to sickness' to capture the impacts of the interventions under the health and hygiene component. The project is yet to set an end line target for this indicator. Results from the bi-annual assessment shows that over the period March 2016-September 2018, 71,458 households or 47% of the households reached by the project (151,619 households) have experienced reduction in the number of work days lost due to sickness. Of them 30.23% (21,605 households) are women, 63.38% (45,294 households) are poor and 39.7% (28,372 households) are disadvantaged. The project will capture and report semester specific results for this indicator from forthcoming semester. It should be noted that the project has not reached any consensus on the approach for deriving baseline value for this indicator since it has been newly added.

In the reporting semester, an additional 9,176 women entrepreneurs and women headed households in savings group were able to participate in joint financial decision making as a result of project support. The results can be attributed to the projects activities related to community based saving groups and women economic empowerment such as docudrama shows and couple workshops. Cumulatively, 63,100 women headed households are now participating in joint financial decision making as a result of project support. Of them, 4,329 were poor households and 2,391 were disadvantaged households. The log frame target and the baseline value for this indicator will be reviewed in the next semester.

¹ Since the log frame target is not defined, the progress could not be measured against log frame targets.

² Since the baseline is not defined, the progress could not be measured against log frame targets.

2.2 Progress against Outcome Indicators

The impact level achievements are broken down into 2 outcomes targeted by the project.

2.2.1 Outcome 1

OUTCOME 1: Rural households (poor, disadvantaged and women) use improved market and social services										
Indicators	LF Target	(OVER)Achieved against LF Target (%)	Total Cumulative Achievements (Mar.'16-Sep.'18)				Achievement in Reporting Semester (Apr.- Sep.'18)			
			Total	Women	Poor	Disadvantaged	Total	Women	Poor	Disadvantaged
1.1. Number of households utilizing better quality inputs as a result of market support interventions (pull strategy)	80% increase from the baseline	52%	133,273	64,015	70,366	38,422	17,117	9,309	9,037	4,935
1.2 Number of households utilizing better cultivation methods as a result of project interventions (pull strategy)	80% increase from the baseline	263%	140,991	68,581	77,668	45,126	18,108	9,972	9,975	5,796
1.3 Number of households selling to high value markets as a result of project interventions (pull strategy)	50% increase from the baseline	209%	91,896	37,294	58,305	22,205	11,803	5,423	7,488	2,852
1.4. Number of additional households taking treatment in the community clinics as a result of project interventions (push strategy)	90,000 households	27%	114,169	63,014	57,990	27,407	14,663	9,163	7,448	3,520
1.5 Number of additional households using hygiene latrine as a result of the project interventions (push strategy)	90,000 households (50%)	15%	103,465	45,831	65,888	30,034	13,288	6,664	8,462	3,857
1.6 Number of additional households using improved hygiene practices as a result of project interventions (push strategy)	50 % increase from the baseline	254%	143,326	69,445	81,327	48,396	18,408	10,098	10,445	6,216
1.7 Number of households who have expanded their trade activities because of increased access to finance	50% increase from the baseline	-	-	-	-	-	-	-	-	-

The project's cumulative achievements have already surpassed the targets for the first **6 indicators**. For instance, at the end of the reporting semester, as per the bi-annual survey, **133,273** households have utilized better quality inputs as a result of market support interventions. The project has so far reached **151,619** households through its partnerships with the input companies. The bi-annual survey suggests 88% of the households who were reached have adapted better quality inputs. Given the revised strategy, the project is no longer taking a group based approach for its interventions. The households are being reached through the channels of the private sector partners. In this approach, number of households utilizing and benefitting will continue to increase in response to total outreach achieved by the private sector partners; the total outreach will also increase as a result of multiplier effect in the sales channel of the private sector partners. **As such, the target should be set as a percentage of outreach, rather than from the baseline.** Also, the project should report net additional households rather than all households benefitted since a percentage of the households reached might already have had access to quality inputs. The project intends to discuss this issue with SDC in the next reporting period and make necessary adjustments to the targets related to indicator 1.1, 1.2, 1.3, 1.4, 1.5, 1.6. **For indicator 1.7, the project is yet to report any impact since the interventions related to this indicator was just initiated in the reporting period.** The project will start reporting the results from the next semester report.

In relation to outcome 1 targets, it would be pertinent to reflect on the activities that were undertaken by the project in the reporting semester. In the reporting period, Shomoshti continued its interventions with 3 national level private sector input selling companies -ACI Godrej, Lal Teer, and ACI Animal Health to promote better quality input and improved cultivation methods. The promotional strategy encouraged increased interaction between the private sector companies and the end level customer, i.e. the producers and farmers, involving local input retailers and veterinarian service providers. The interactions were designed through events such as meetings, mass gatherings, and vaccination campaigns.

For output market Shomoshti partnered with institutional buyers such as Bengal Meat and BRAC Dairy to connect the producers with the high value markets. Moreover, collection points for products has been established at 54 strategic locations in collaboration with local collectors and aarotdars that helped the

producers sell their product at a competitive price, which is higher from the regular price they get from selling to door-to-door aggregators.

In relation to outcome indicator 1, the project has initiated partnerships with 2 financial institutions – Bank Asia and iFarmer. The Bank Asia partnership will allow the expansion of A-card, a digital money based loan product for the poor and ultra-poor farmers in Shomoshti's geographic scope, through the bank's agent banking network. The partnership with iFarmer, a social business investor, will allow the bull fattening and milk producing farmers to gain loans to buy improved cattle as well as high quality feed and other inputs.

Under the partnership with CBHC project of the Ministry of Health, Shomoshti is working with around 403 community clinics under 28 Upazilas. As a result of the intervention, 114,169 (women 63,014) additional households are now taking treatment in the community clinics. Furthermore, cumulatively, 103,465 additional households (against the overall project target of 90,000 households) are using hygiene latrine as a result of the intervention on low cost durable hygiene latrine. Shomoshti also has taken capacity building initiatives for Social Change Agents (SCA) and last mile health workers through Department of Public Health and Engineering (DPHE) and CBHC for promoting hygiene practices which resulted in 143,326 of additional households using improved hygiene practices showing a 431% increase from the baseline against the log frame target of 50%. Previously, most of the community people were unaware of the range of services of Community Clinic. Facilitation of Community Groups (CGs) and Community Support Groups (CSGs) at community level unveiled the service information to the community people. This resulted enthusiastic response from the community people increasing access to this hygiene practice services. For details of the interventions on outcome 1 review Annex 2.

2.2.2 Outcome 2

OUTCOME 2: Private service provider are more inclusive and public service providers are more responsive to the business and social needs of the poor, disadvantaged and women										
Indicators	LF Target	Achieved against LF Target (%)	Total Cumulative Achievements (Mar.'16-Sep.'18)				Achievement in Reporting Semester (Apr.- Sep.'18)			
			Total	Women	Poor	Disadvantaged	Total	Women	Poor	Disadvantaged
2.1. Number of private companies which adopt inclusive business models (marketing strategies, product line and services) as a result of project support	10 companies	70%	7	-	-	-	2	-	-	-
2.2 Number of different types of innovative solutions provided by the private sector as a result of project interventions	3 per value chain	Achieved	20 interventions are being implemented, among which 16 are in market services, and 4 in social services.							
2.3 Number of households directly reached by the private sector with their innovative solutions as a result of project support	90,000 (of 180,000 households)	168%	151,619	72,016	82,784	51,856	19,473	10,472	10,632	6,660
2.4 Number of households who are satisfied with the quality of the inputs delivered by the private sector	60%	75.84%	113,102	66,017	65,443	40,684	14,526	9,600	8,405	5,225
2.5 Number of households who are satisfied with the knowledge on improved cultivation practices	70%	94.80%	135,844	64,455	68,496	39,087	17,447	9,373	8,797	5,020
2.6 Number of households who are satisfied with technical and market linkage services	70%	77.07%	65,636	31,516	51,185	16,950	8,430	4,583	6,574	2,177
2.7 Number of household who are satisfied on the quality of services provided by the community clinics	60%	80.00%	80,576	32,314	42,909	17,449	10,349	4,699	5,511	2,241
2.8 Number of households who are satisfied on the quality of hygiene latrine	80%	86.74%	51,869	25,084	36,780	11,369	6,662	3,648	4,724	1,460
2.9 Number of households who are satisfied on the information on hygiene practices	80%	93.18%	131,643	25,617	73,597	43,230	16,908	6,587	9,433	5,541
2.10 Number of Union Parishad (UP) allocated budget for Community Clinics	50	-	-	-	-	-	-	-	-	-

Under outcome 2 Shomoshti aims to ensure that the private service providers are more inclusive and public service providers are more responsive to the business and social needs of the poor, disadvantaged and women. In the reporting period, Shomoshti continued the partnerships with 5 private companies and initiated partnerships with 2 new companies related to the interventions on input, market services and output market side of the subsectors under Shomoshti's portfolio for the revised subsector. These companies include Lal Teer, ACI Animal Health, ACI Godrej, Bengal Meat and BRAC Dairy. All these companies adopted inclusive business models which includes new marketing strategies, enhancing

product line and quality inputs to expand their business and reaching out to the targeted poor and disadvantaged households in the remote working locations of Shomoshti with high quality inputs and services. To achieve the log frame target of 10 partnerships, Shomoshti initiated dialogue with several companies. This includes – Pragati LIC, Bank Asia, i-Farmer, Pran RFL, Pran Dairy, Ispahani and NGF Hatchery to design inclusive business models and signing partnership contracts. Shomoshti is currently undertaking 20 interventions in partnerships with public and private sector. Through these interventions, Shomoshti has already reached 151,619 households (72,016 women, 82,784 poor and 51,856 disadvantaged) with innovative solutions against a log frame target of 90,000 households.

The bi-annual study shows that 75.84% of the households are satisfied with the quality of the inputs delivered by the private sector, 94.8% with the knowledge on improved cultivation practices, and 77.07% with technical and market linkage services where the log frame targets are respectively 60%, 70% and 70%. Regarding the social services, 80% households have revealed their satisfaction on the quality of services provided by the community clinics, 86.74% households are satisfied on the quality of hygiene latrine and 93.18% households are satisfied on the information on hygiene practices against log frame targets of 60%, 80% and 80% respectively. There was a deep gap for the primary health care services that was bridged by Shomoshti’s collaboration with the right partners. Moreover, the general discontent of the community people regarding community clinics and other health and hygiene services could be attributed to increased responsiveness in the service delivery of community clinics. Lastly, till the end of the reporting period 33 out of 50 targeted UP have allocated budget for community clinics.

3. Overall Output Progress

Shomoshti’s achievements in the output indicators against the log frame target along with a comparative scenario showcasing the project progress through these indicators have been discussed in the section below. However, there was no defined semester targets.

3.1 Status of Achievements against Output 1.1 indicators

Output 1.1 Rural producer households access market development services (gender & poverty disaggregated)										
Indicators	LF Target	Achieved against LF Target (%)	Total Cumulative Achievements (Mar.'16-Sep.'18)				Achievement in Reporting Semester (Apr.- Sep.'18)			
			Total	Women	Poor	Disadvantaged	Total	Women	Poor	Disadvantaged
1.1.1. Number of households having access to better quality inputs offered by the market actors	80% increase from the baseline	170%	149,133	72,016	82,163	50,085	19,154	10,472	10,553	6,433
1.1.2. Number of households having access to information on better cultivation methods from market actors	80% increase from the baseline	369%	143,295	68,048	75,946	42,868	18,404	9,895	9,754	5,506
1.1.3. Number of households having access to traders/ buyers in the higher value markets	80% increase from the baseline	239%	85,164	35,018	57,576	21,116	10,938	5,092	7,395	2,712
1.1.4. Number of households who have received financial services (credit facilities) from formal financial institutions, particularly banks.	90,000 households	75%	73,202	38,406	33,635	8,965	9,402	5,585	4,320	1,151
1.1.5. Number of households with increased savings through community based savings	140,940 households (78.3% households)	48%	67,046	37,167	32,741	8,727	8,611	5,405	4,205	1,121

In this reporting period, under Output 1.1, Shomoshti focused on the capacity building of rural producer households through relevant market actors to increase their readiness to access market services. As a result, 149,133 producer households (includes 72,016 women headed HHs) are having better quality inputs. Moreover, 143,295 producer households (includes 68,048 women headed HHs) have received information from market actors on better cultivation methods and production practices. It should be noted that we counted any household having access to at least one input promoted by the project partners. At the end of the reporting semester, 85,164 producer households (35,018 women HHs) have accessed higher value markets.

Shomoshti facilitates problem prioritization exercise in every community it works, where the households are engaged in discussion on resilience against shocks. These discussions brought forward the importance of savings as one of the solutions for becoming more resilient against shocks. Up to this reporting period, 67,046 (women 37,167) people have been involved with the community-based savings

against the log frame target of 140,940 showing a 48% achievement. On the other hand, 73,202 (women 38,406) households have access to financial services from formal financial institutions against the log frame target of 97,200 showing a 75% achievement. The project is on track for both the indicators and is in the process of agreement with Bank Asia on agent banking facilities for the producer households, which will ultimately ease the liquidity crisis of the producers during the cultivation season ensuring the project is able to achieve its targets.

3.2 Status of Achievements against Output 1.2 indicators

OUTPUT 1.2: Rural households gain access to social services (gender & poverty disaggregated)										
Indicators	LF Target	Achieved against LF Target (%)	Total Cumulative Achievements (Mar.'16-Sep.'18)				Achievement in Reporting Semester (Apr.- Sep.'18)			
			Total	Women	Poor	Disadvantaged	Total	Women	Poor	Disadvantaged
1.2.1. Number of households who received service provision messages on health services offered by the community clinics	90,000	112%	100,721	41,546	55,366	12,936	12,936	6,041	7,111	2,784
1.2.2. Number of households received improved latrine products	100,000	60%	59,799	34,208	42,534	7,680	7,680	4,974	5,463	1,698
1.2.3 Number of households who received messages on improved hygiene practices	100,000	141%	141,279	32,300	78,137	18,145	18,145	8,305	10,015	5,895

Under Output 1.2, the project has already achieved the log frame targets for 2 out of 3 indicators. The project facilitated access to social services through Social Change Agents (SCA). These community volunteers are mostly leading the community in accessing public services and partially supporting private sector led social service delivery.

The indicator for the number of households who received service provision messages on health services offered by the community clinics had a log frame target of 90,000 households. The project has already achieved this target. So far the project has created access to healthcare, sanitation services for 100,721 households (of them 41,546 are women headed HHs) through the community clinics.

The MoU with CBHC Project facilitated SCAs to have formal training on supporting community clinics in referral process and providing health and hygiene messages to communities. Up to the reporting period, 141,279 (of them 32,300 are women headed) households have received messages on improved health and hygiene practices. As of reporting period, 59,799 (of them 34,208 are women headed) households have accessed sanitation service. This represents 59.80% of the targeted 100,000 households. The project has initiated partnership with PRAN RFL, a national level latrine producing private sector actor, to promote better quality affordable sanitary latrines as well as to develop capacity of latrine producers and retailers. This will further strengthen the project's activities.

In the reporting period Shomoshti revised the intervention strategy so that the interventions are owned and led by selected private sector partners. Because of delayed approval of the new project document and Intervention Guide (IG), the MoU with private sector partner has not been signed in the reporting period. The activities and results under the intervention with the private sector partner will be reported in the next semester.

3.3 Status of Achievements against Output 2.1 indicators

OUTPUT 2.1: Market actors supported to expand pro-poor, gender responsive and value-added inputs and services for producer households							
Indicators	LF Target	Achieved against LF Target (%)	Total Cumulative Achievements (Mar.'16-Sep.'18)		Achievement in Reporting Semester (Apr.- Sep.'18)		
			Total	Women	Total	Women	
2.1.1 Number of LSPs who have received trainings on new products and services from DAE	200 (20% Women)	152%	303	55	-	-	
2.1.2 Number of LSPs who have received training on new products/ services from DoF	50 (20% women)	228%	114	16	-	-	
2.1.3 Number of LSPs who have received trainings on new products and services from DLS	250 (20% women)	220%	549	53	-	-	
2.1.4 Number of LSPs who have received training on new products/ services from the private sector companies	200 (20% women)	298%	595	140	-	-	
2.1.5 Number of local service providers who have modified their existing services to cater the needs of producer groups	500 LSP (20% women)	126%	631	17	328	8	
2.1.6 Additional business generated for the LSPs by introducing new products and services in BDT (Lac)	BDT 2000/month (40% additional)	BDT 10,000/month	63.1	17	32.8	0.8	

	income from baseline)					
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Shomoshti focused on developing partnerships with private sector market actors through the interventions initiated under eight agricultural subsectors (bull fattening, dairy, duck, crab, lemon, brinjal, country bean and tomato) and financial inclusion subsector under Output 2.1. As a result of the interventions Shomoshti's private sector partners built capacity of local service providers (LSPs). These local service providers comprise of input retailers, veterinary service providers, bank agents, crab nursery owners, and duck nursery owners. There were no new LSPs trained within this reporting period. The project have already surpassed the overall log frame target of trained LSPs and reached 595 LSPs (of them 140 are women) trained by the private sector. However, a good number of these trained LSPs are not involved with Shomoshti's efforts anymore because of reduced number of subsectors and services the project is working with under the new approach. The current number of LSPs working with Shomoshti is 631 (of them 17 are women). This includes 328 LSPs (includes 8 women LSPs) who were involved through the interventions in the reporting semester.

These 328 LSPs who got involved with the private sector partners of the project during the semester include only 8 female LSPs. This ratio of female LSP is much lower than previously achieved. In the previous approach, the project directly trained the LSPs through local implementing partners. In the new approach, the private sector partners were entrusted to train and engage the female LSPs. The experience suggests that the private sector partners are not engaging the female LSPs as planned. The project will further review the underlying barriers restricting the engagement of the female LSPs and undertake interventions to remove these barriers. The increment in income shows that the LSPs achieved BDT 10,000 as additional income per year on average resulting from their added services. This is much lower than the log frame target of BDT 2,000 per month. Hence, the project is planning to increase the interaction between LSPs and producers via private sector through the revised interventions explained in Annex 2.

3.4 Status of Achievements against Output 2.2 indicators

OUTPUT 2.2: Citizen feedback mechanism in place to inclusive and improve service delivery at Union Parishad (UP) for pro-poor, gender responsive social services						
Indicators	LF Target	Achieved against LF Target (%)	Total Cumulative Achievements (Mar.'16-Sep.'18)		Achievement in Reporting Semester (Apr.- Sep.'18)	
			Total	Women	Total	Women
2.2.1 Number of Union Parishads which have introduced citizen feedback system on community clinic	50 Union Parishads	80%	40		40	
2.2.2 Number of SCAs and LSPs coopted in Union Parishad and other Local Level decision making committees	10% of targeted 7200 SCA	66%	284	193	284	193
	5% of targeted 500 LSPs	68%	17	1	17	1
2.2.3 Number of Union Parishad where targeted Standing committee are holding meeting regularly as per regulation.	100 Union Parishad	80%	80		80	

Under Output 2.2, Shomoshti has introduced community feedback system for Community Clinic services through using Community Score Cards (CSC) for promoting accountability of the service providers. In the reporting period, 40 CSC sessions were held in 40 UPs. This process is enabling community people to place their demand to the Community Clinics for better services and to the UPs for management and for budget allocation for community clinics. Up to the reporting period, 284 SCAs and 17 LSPs from different communities have been coopted in Union Parishad and other local Level decision making committees. Shomoshti has facilitated the process of regularizing different standing committee meetings at Union Parishad, who provide public services. Accordingly, 80 Union Parishads have started regularizing different standing committee meetings.

4. Gender Integration and Women Economic Empowerment

Engagement of men on household chores and support to women on decision making roles: The project organizes docudrama screening and couple workshops in the communities to facilitate engagement of men on household chores and to influence them on supporting women in household decision making roles. The project has so far organized 125 docudramas in 47 unions; the screenings were participated by 9,540 men and 11,731 women. Besides, 148 couple workshops have been undertaken in 70 unions;

these were participated by 2316 couples. In the reporting period the project did not organize screening of docudramas. However 24 couple workshops were undertaken; this involved participation of 600 couples.

Field investigation shows that the events have had positive impact on women's role in decision making process. Women are increasingly spending income as per their choice, at the same time they are taking decision related to business and household purpose individually as well as jointly with their husband. Men have become more responsive and acknowledge the work load of women. Men are participating more on household chores. They are also engaging women in business activities. Focus Group Discussion (FGDs) with participating households show that there is reduction in domestic conflict and violence against women as men increasingly acknowledge the contribution of women in household income and household chores.

Women-Safe Market: Currently, 10 Women-safe Market (WSM) are in operations (4 in Khulna, 2 in Sylhet, 2 in Rajshahi and 2 in Rangpur). In the reporting period the project did not develop new WSMs. It continued to monitor the outcomes being achieved through the WSMs with the goal to define the scale up strategy. During the reporting period, the project facilitated engagement of women in 10 Market Committees (related with WSM). A female member from UP is working with the market committee to initiate different safety measures for the women. The following visible steps were implemented by the market committee in coordination with UP, UNO, DWA – 1) Appointed security guard/provided additional responsibility to ensure safety of women; 2) Installed solar panel for adequate light; 3) Installed Separate toilet, Complain Response Mechanism (CRM) box, selling space etc.

Currently the concerned Government officials are discussing about women-safe market in other forums and some of the officers wished to replicate this concept in other market. Community people are being aware about the environment of the markets. As a result number of women sellers, buyers and shop owner are increasing gradually. Even though, CRM box has been installed in most of the market, the rate of complain/comment being dropped is still low. As per market committee, the rate of complain/comment is low as they resolve the issues quickly. The project will probe further and create awareness on the CRM boxes.

Fair wage: In Khulna region, the project organized 2 wage campaigns which involved employers, UP Chairman, Women Affairs Officer, Youth Development Officer, Social Welfare Officer. Due to this campaign, wage rate has increased from TK 270 to 388 on average benefiting 190 women handicraft's producers. The project plans to organize 2 wage campaigns during the peak period of agriculture harvesting season (January to February).

Women friendly collection point: In Sylhet, Khulna and Rajshahi all of the collection points (total 70) have taken special measure for the female, like – engaging women member of UP in the committees of collection point, dialogue with them to ensuring safe environment, etc. Women entrepreneurs/ lead farmer/workers applied for Government Joyeeta award: In Khunla around 30 potential women entrepreneurs from the different subb-sectors of six workig upazila were selected for Joyeeta Award.

5. Do-no-harm with regards to Market Actors and the Environment

During implementation of sub-sector based interventions, Shomoshti runs periodical context and market system analysis to ensure that the project's intervention activities do not lead to any negative effect on the households and the communities. The project undertakes due diligence procedure in selecting private sector partners and gives priority to the nationally reputed private sector organizations. As most of the interventions are related to agriculture and livestock sector, different levels of market actors like paravets, nursurers, collectors, wholesalers, dealers and agents are being involved with the system through the private sector partners. As a part of 'do-no-harm' process, Shomoshti undertakes a review on compliance issues before signing MoU or any partnership activity. In addition, while promoting product and services like seeds, livestock medicine, pesticides, the project involves government line departments to ensure health and environmental compliances. For example,

- Sub Assistant Agricultural Officers (SAAOs) of DAE provide special attention to misuse of pesticides in vegetable cultivation. For specific vegetables, Shomoshti introduced Pheromone Traps for pest control. This initiative is led by GME Agro Ltd.
- Shomoshti is also under partnership with ACI Animal health and ACI Godrej to provide harmless feed and medicine to the Dairy and Beef fattening farmers.

- Under the agreement with Community Based Health Care (CBHC) Project of the Ministry of Health, Shomoshti have taken the initiative to build capacity of last mile health workers, who are providing health services through community clinics and satellite clinics. The capacity building initiative includes promotion of quality health services, hygiene practice and nutrition messaging to the remote rural communities through the last mile services providers.
- Special measures are taken to address violence against women due to increase mobility of women. CRM (Complain Response Mechanism) box are installed in WSM (Women-safe Market). MMC (Market Management Committee) has formed a team (comprising 3 members) to oversee the safety issue in the market.

6. Conflict Sensitive Program Management

Shomoshti has continued Participatory Poverty Analysis (PPA) to ensure that poor, disadvantaged and marginalized population are targeted as project participants. For each Union, the project's implementing partners develop a social and resource map with participating of the UP members. This provides information on local power dynamics and in turn helps to establish and maintain close working relation with local government and existing market systems to ensure the required social and political support to targeted producer groups. In terms of partnership, Shomoshti used due diligence process before engaging any partner. The due diligence process involves assessment of the motif, practice, social responsibility, accountability and transparency standards and reputation of the partners.

The project has introduced community feedback system on community clinic services using community score card as a tool to determine the service quality. As part of the process, Shomoshti has facilitated tri-party interface meeting between community people as service receiver, CHCP and Community Health workers as service providers and Union Parishad as authority to manage the service environment. This enabled all the parties to place their complaints and demands and come to a resolution. Shomoshti from the very beginning, remained vigilant about the political involvement of the social change agents (SCA) and local service providers (LSP). Though there are no reported incidents of conflicts in the project area during the reporting period, the project has taken initiatives to defuse the local political agitation for the upcoming election season, through clarifying their non-political and non-profit position in all levels of coordination and consultation meetings at UP and Upazila level. Moreover, since the beginning of the project, inception meetings were conducted in every Upazila and district, where the project deliberately shared its non-political position with the local stakeholders.

7. Finance and Management

The overall expenditure of the project for the reporting period (April 2018 – September 2018) is CHF (995,199) against the project's annual approved budget of (April 2018 - March 2019) CHF (2,651,819); Overall Burn rate for the reporting period (April 2018 – September 2018) is 38% of the annual budget in CHF. The local expenditure of the project for the reporting period is BDT (83,777,867) against the annual budget for Part 3C and Part 4 of BDT (205,477,223) The Semester local expenditure is 41% of the annual amount budgeted for Part 3C and Part 4 in BDT. The CHF budget monitoring report for the reporting period and the project phase is shown in Annex 4, while the local currency (BDT) part is shown in Annex 5. Shomoshti, in consultation with SDC, started log frame and project document revision process from April 2018, which was approved in September 2018. The revisions were reflected in the project's Annual Plan of Operation as well as in its Annual Activity Based Detailed Budget for April 2019 to March 2020.

In the reporting period, four key staffs of Shomoshti project attended an overseas training on Monitoring and Result Measurement for the Private Sector Development project. Shomoshti organized several planning and coordination meetings with project staff, Partner NGOs and private sector enterprises. During this reporting period, the project has revised its project approaches and strategies based on the donor suggestions and lessons for last two year experience. Based on the revised approaches, it has developed 20 Interventions Guides (IGs) that explain the intended systemic changes, and monitoring and results measurement plan. Besides, the project has also started upgrading its eMRM data collection system. The new system will be implemented from December 2018. The project has conducted its bi-annual impact assessment for measuring its progress through external consultant. The project conducted internal audits at CARE regional offices and PNGOs. SDC commissioned an external audit at its project offices and PNGOs.

8. Lessons Learnt

The following key lessons can be drawn from the experience of managing the field activities in the reporting period:

- Engagement with the private sector partners facilitate field data collection for monitoring and results measurement as the data can be collected through the field resources of the partners; joint data collection also helps the private sector understand the impact in the field which in turn increases their buy-in and commitment for investment in the interventions.
- The sub-sectors are at varying stages of growth and the prospect for engaging the private sector varies. In some sub-sectors there are no organized and formal private sector organizations which can be partnered with. This means that the project cannot apply a standard partnership policy (for example, partnership with only national and large scale private sector organization) for its interventions. For instance, in the crab sub-sector the project worked with the social business wing of Nawabenki Ganamukhi Foundation, a local NGO, to strengthen market system for commercially bred crablets. In case of Lemon, Shomoshti is working with a small horticultural nursery to disseminate inputs and information to cultivate a high yielding variety of Lemon.
- Shomoshti's efforts on social services show that community feedback system is an effective mechanism to make the communities more engaged and to influence service provision. After introducing the Community Feedback System through Community Score Card at Community Clinics, the CGs and CSGs were able to place their demand for better allocations from the local government. CHCP and other Community Clinic staffs have become more responsive towards the community people and are trying to minimize the service gaps.
- Shomoshti's effort on Women-safe Market were appreciated by the stakeholders it involved. The local administration and Market Management Committees are responding positively on the topic which is evident from their increased contribution through establishing tube wells, separate toilets for women, allocating space for women's stall, arranging solar electricity system, employing security guards.

Annex-1: Summary of Outcome Monitoring up to September 2018

OUTCOME MONITORING SUMMARY REPORT Shomosthi- Prosperity for the Poor and Disadvantaged Project

CARE Bangladesh is implementing “Shomoshti - Prosperity for the Poor and Disadvantaged” project in 28 Upazilas in 14 districts, clustered in 4 regions (Northwest, mid North West, Southwest and Northeast) of Bangladesh. Shomoshti is a Swiss Agency for Development and Cooperation (SDC) mandated project implemented with 5 partner NGOs. Main approaches of the project include Making Market Work for poor (M4P) and Social development approaches for addressing the root causes of poverty. Utilizing these two approaches, the project will help to diagnose the problems and inefficiencies within the 8 agricultural sub-sectors and design interventions that facilitate systemic change. The issues related health and hygiene (in particularly strengthen the health service delivery mechanism of Community Clinic and promoting micro-health insurance), sanitation, women economic empowerment and inclusive governance will be addressed in the project. Consiglieri Private limited (www.consiglieri.com.bd) has conducted an advanced analysis following the field data collection. The project will work to build local capacities and change market incentives so that the sector addresses the long-term needs of the poor, including women across the project areas. Being a Market and Social services development project, Shomoshti has decided to follow the Donor Committee for Enterprise Development (DCED) (www.enterprise-development.org) Standards for Bi-annual assessment report of Shomoshti project. For this bi annual survey, a representative sample size of 1090 has been calculated using statistical formula. (Detailed sample distribution can be found at methodology part of the report) It was estimated based on the intervention as well as the working area/ region. Both quantitative and qualitative approaches were used for the study. Data were collected during 22nd October to 2nd November 2018 in four regions (Rangpur, Rajshahi, Khulna, and Sylhet) of Bangladesh.

Key study findings are discussed below:

The number of people living below USD 2.00 (PPP) per day has been reduced by 54.6% which is 22.4% percent lower from the baseline result (76.98%) (February 2017). The study finds reveal that, 54.6 % of women headed HH living on less than USD 2.00 day. 65.2% poor HH and disadvantage HH living on less than USD 2.00 day.

About half of the Households (50.85%) financially benefited from the project interventions in the last six months, nearly half of the disadvantage household benefited from the project intervention (51.06%). While 56.49% poor HH and 32.14% HH benefited from the project intervention. Increased income in comparison with control group considered as the financially benefited household.

Regarding the net Income from project interventions, the yearly increase average net household income from project interventions was BDT 1, 33,250 in 2018. The amount was 16% lower than the national mean income of BDT 159,096 per household per year. The male headed household had BDT 153,311 average net household income (from project interventions) while the women led household had BDT 87,595 income per household annually which is 43% lower compared to overall average net household income from project interventions. The net income obtained from individual project interventions also. Dairy (input, output and market system), lemon and bull fattening are among the topmost income-generating intervention. Highest additional income generated from the dairy farm for poor HH is BDT 24,909. (In last six months). On the other hand, low income generating intervention is crab fattening. (BDT 3,327)

The study finds depicted about half of the households (47.13%) where earning members experience reduced loss of work days due to sickness. The percentage is higher (compared to overall results) for disadvantage HH (50.99%) followed by poor HH (48.97%). Women HH experiences the lowest loss of workdays due to sickness among all the groups (30%). On an average earning members experienced reduced loss of six workdays. About one fifth (21 %) earning members experienced 1-3 days reduced loss of workdays. Followed by 50% experienced 4-6 days reduced loss of workdays and 28% experienced more than 7 days of reduced loss of workdays.

As a result of Shomoshti project intervention, in 87.62% of the household's women entrepreneurs and women in savings groups can participate in financial decision making. The percentage is highest in women led HH (92.11%) and relatively lower in poor HH (86.41%) and disadvantage HH (88.16%). In contrary, only 8% able to participate in joint financial decision making among the control group respondents.

According to the survey findings, 87.9% of the household's utilizing better quality Inputs as a result of Shomoshti project intervention, The percentage is highest in women led HH (88.89%) and relatively lower in poor HH (85%) and disadvantage HH (87.17%). Quality inputs including compost fertilizer, high yield variety seed, hybrid seed, quality feed, medicine etc.

The project has an incredible impact in terms of households utilizing better cultivation methods. Overall 92.99% of HH using better cultivation methods. The percentage is highest in women led HH (95.23%) and relatively lower in disadvantage HH (92.76%) and poor HH (93.82%). Land preparation, intercultural operation (de weeding, irrigation, basal dose of fertilizer application, mulching), disease control (canker) are among the better cultivation methods.

When asked about the households who are satisfied with the quality of the inputs delivered by the private sector, three fourth (76%) of the households are satisfied with the quality of the inputs delivered by the private sector. (The answers are based on the perception of the respondents.) Women HH (92%) have the highest satisfaction rate followed by disadvantage HH (81%) and poor HH (80%). Among the satisfied HH, 36% is very satisfied, 60% is satisfied, and 4.25% is average. Only 0.37% is disappointed and 0.18% is very disappointed.

Concerning households selling to high value markets (as a result of project interventions), about two third of the household selling to high value markets compared to only 11% of the households selling to high value markets during baseline. 70% of poor HH selling to high value market followed by 61% for disadvantage HH and 51.79% women HH. High value market includes selling at collection points, large-scale meat processors etc.

On the subject of households satisfaction level with the knowledge on improved cultivation practices, overall, the households are highly satisfied (95%) with the knowledge on improved cultivation practices (The answers regarding satisfaction is based on the perception of the respondents) Women HH (95%) have highest satisfaction rate followed by disadvantage HH (91%) and poor HH (90%) Overall, 77% of the households are satisfied with the technical and market linkage services. Women HH (90%) have the highest satisfaction rate followed by poor HH (89%) and disadvantage HH (80%).

Households taking treatment in the community clinics are increased. About three fourth (75%) of the household taking the community clinics compared to only 16% of the households during baseline. 88% of women HH taking treatment in community clinic followed by 75% disadvantage HH and 70% poor household. Emergency services, vaccination according to the schedule, medical services to the night blindness children, oral saline and zinc tablets registration of pregnant women, birth and death registration, advice related to mother & child health and nutrition, emergency services to the new born babies, referral arrangements, general medical services on the basis of the health issues are among the services availed by the respondents from community clinics.

As a result of project intervention, Two third of the HH (66%) received service provision messages from community clinics compared to 18% of the households during baseline. 67% of the poor HH received service provision messages from community clinics followed by disadvantage HH (63%) and women HH (58%).

Regarding households using hygiene latrine, 68% of the household using hygiene latrine compared to 51% of the households during baseline. 80% of poor HH using hygiene latrine, which is highest among all the groups. 73% of disadvantage HH and 64% of women HH using hygiene latrine.

In terms of savings, 44% of the households with increased savings through community based savings associated to 39% of the households during baseline. 52% of the women HH with increased savings through community based savings followed by disadvantage HH (43%) and poor HH (40%).

Local Service Providers plays a significant role to cater the needs of producer groups. All of the local service providers have modified their existing services to support the needs of producer groups. Among the LSPs, the total number of females are 08 and male are 328. Total project target is 500 LSPs modified their existing services to cater the needs of producer groups, considering this, the project has already reached 66% of the target. Provide information and advice, training on modern production technique, promote improved seeds/Al linkage building between producer are among the services modified by the LSPs.

From the bi-annual survey, it has been found that, overall additional income was BDT 10,000/month generated by per LSPs by serving the producers group which is 101% higher in compared to the baseline figure BDT 4975.

Local service providers (LSP) have reached total access outreach of 123,592 producer group members during this semester. Among them 56,105 are women which are 45% of the total access outreach. LSPs have reached total usage outreach of 114,846 producer group member's. Among them 52,034 are women which are 45% of total usage outreach. In terms of benefit outreach, Local service providers (LSP) have reached total benefit outreach of 78,100 producer group members till the bi-annual survey among them 35,917 are women which are 45% of total benefit outreach. It is also found that, incremental access outreach was 19,473 producer households (10,472 women) during this semester. According to the survey results, half of the women respondents (50%) are within the moderate level (index value between 0.5 and 0.79) of women empowerment, which is nearly 30% higher compared to the control group households. 3% of the women are highly empowered with an index value higher than 0.8. 38% of the women fall within the low level of women empowerment.

Annex-2: Accomplishments of planned activities from April 2018 to September 2018

Output 1.1: Rural producer households access market development services (gender & poverty disaggregated)				
Name of activity	Unit of measures	Planned units for this period	Achievement units during this period	Remarks
Shomoshti signs MoU with Private Companies and Public Organizations	# of MoUs	5	3	MoUs were signed with Khulna University, GME Agro, and Pragati LIC; and MoUs with Bank Asia, i-Farmer, Pran RFL, Pran Dairy, Ispahani Agro and NGF Hatchery have been initiated
SCAs orients the savings groups/management committee on formal banking procedures and motivating them to be bank users	# of committee	60	236	As this is a non-financial activity, the SCAs were self-motivated to conduct the orientations generating greater social value.
Shomoshti facilitates the groups for community based savings	# of savings groups	137	122	
Capacity building of SCAs on savings management	# of SCAs	140	137	
Six monthly progress review meeting with MMC, UP	# of Events	1	2	
Six monthly progress sharing meeting with WSM to the concern, UP, DWA officer, UNO/DC	# of Events	1	-	This has been shifted to the following semester.
Dialogue with UP/UNO/DWA to replicate WSM to the other markets	# of Events	1	7	All of these have taken place in the Sylhet region.
Display docu-drama and interact with men through specific questions on hh work sharing, decision making and income control	# of Events	12	-	It has been shifted to the following semester. However, 24 couple workshops took place.

Shomoshti focused on the capacity building of rural producer households to increase their readiness to access market and social services. In Shomoshti working area, every community prioritized their problems, where, the issues regarding resilience to different kind of shocks are discussed. From those discussion, the importance of savings came into focus. In this period, 2285 (women 2142) people have newly involved with the savings groups, 137 Social Change Agents (SCA) was capacitated to manage saving groups, who have oriented 236 savings management committees on community based group savings mechanism. Consequently, 109 new savings groups were formed by the social change agents.

The whole process was coordinated through 2 quarterly meetings with respective Market Management Committees and Union Parishads. Aside from all these, there were 2 six-monthly progress review meeting with Market Management Committee at UP level.

Besides, Shomoshti initiated 7 dialogues sessions and consultation meetings with Market Management Committees, Union Parishad representatives, Upazila Nirbahi Officers, Deputy Commissioners in the respective geographic areas to ensure a safe market place to be attended by women producers and other community members. During this reporting period a total 125 of docudramas has implemented in 47 unions through covering 9540 number of men and 11731 number of women.

Output 1.2: Rural households gain access to social services (gender & poverty disaggregated)				
Name of activity	Unit of measures	Planned units for this period	Achievement units during this period	Remarks
Shomoshti facilitates the company to Identify potential local Latrine Producer (LP)	# of LP	100	282	Shomoshti had identified these LPs. These are planned to be involved with PRAN RFL in the following semester.
Shomoshti facilitates the capacity building training for LPs with support from DPHE	# of Events	7	-	This has been shifted to the following semester.
Shomoshti facilitates the company to arrange orientation for retailers/dealers/LPs on low cost quality latrine production	# of Events	2	-	This has been shifted to the following semester to be done after the partnership with PRAN RFL..
Company arranges demonstration quality low cost latrine and sanitation practices sessions at community through the LPs	# of Demo session	113	174	This was done by DPHE under partnership with Shomoshti.
SCAs assists CHCP to organize regular meeting of CG and CSG	# of Events	90	214	Regular meetings with CHCP motivated SCAs to continue the effort generating social value.
Shomoshti facilitates SCAs to be included in CG/ CSG by form or reform process.	# of SCA	107	126	
SCAs attend quarterly health coordination meeting at UP level	# of Events	62	68	
Shomoshti arranges capacity building sessions for the CC bodies (representative CGs)	# of CG	52	29	
DoH provides training to the SCAs on hygiene practices	# of Events	7	-	This has been shifted to the following semester.
SCAs arrange awareness sessions	# of Events	400	796	

at community level to promote use of community clinics and hygiene practices				
SCAs assist the HHs in installation smart taps and other hand washing solutions	# of HHs	4022	5,808	
SCAs arrange quarterly coordination meetings	# of Events	228	216	
Conduct couple workshop and interact through specific question on decision making and household work-sharing	# of Events	24	24	

The project facilitated access to social services through Social Change Agents³ (SCA). These community volunteers are mostly leading the community in accessing public services and partially supporting private sector led social service delivery. The project has primarily determined to create access to healthcare, Sanitation and Micro Health Insurance services.

Health & Hygiene intervention: During the reporting period, 11620 (female 7951) households received health services from community clinics. The MoU with CBHC Project⁴ privileged SCAs to have formal training on supporting community clinics in referral and providing information to communities. In this period, SCAs supported CHCP⁵s in organizing CG and CSG⁶ meeting. A number of 214 meetings were arranged in this reporting time frame. In the process of reformation 126 SCAs were newly included in CG and CSGs. For promoting better health and hygiene practice, SCAs have arranged 715 community sessions and supported 6786 households in installing smart tap⁷ for hand washing.

In addition, Shomoshti has plan to introduce Micro Health Insurance for working communities in collaboration with Pragati Insurance Company Ltd. CARE has already piloted this initiative and through this insurance coverage, members of selective Shomoshti communities will get both indoor and outdoor health services from specific health service providers with minimum yearly premium.

Sanitation: In this period, Shomoshti brought changes in the intervention as now on, this initiative will be led by private sector partner. Because of delayed approval of the new project document and IG, the MoU with private sector partner has not been signed in the reporting period and new activities under this intervention will be reported in the next semester. But, Shomoshti achieved good progress in the Sanitation initiatives with the previous activity plan. As of that plan, 2903 HHs newly accessed to the sanitation service among them 2024 are female headed households. The project have facilitated Local sanitary latrine producers to demonstrate 106 low cost quality latrine during this period.

Micro Health Insurance: Shomoshti has signed MoU with Pragati Insurance Company Ltd. to provide health insurance support of the rural households. The initiative will be rolling on from October 2018, and will be reported in due course in the next reporting semester. As part of the initiative, Pragati Insurance have already started working in the Rangpur region and will gradually start in other regions. The initial works are mostly private service provider selection, beneficiary selection, volunteer selection and inaugural meeting with community people. Through this initiative and through this insurance coverage, members of selective Shomoshti communities will get both indoor and outdoor health services from

³ Social change agents (SCA) are emerged from the community during the Participatory Poverty Analysis process as enthusiastic person with leadership capability, who have already channelled social services for him and possess intention to work for the community voluntarily.

⁴ CBHC, Community Based Health Care Project of Ministry of Health and Family Planning of the Peoples' Republic of Bangladesh, is running community clinics all around the country. CARE has signed an MoU with CBHC to support 'Quality roll out of community clinic activities through activating CG and CSG'.

⁵ Community Health Care Provider, person who lead the community clinic.

⁶ CG – Community Group, the main body of the community clinic; CSG stands for community support group, who support the functionality of CC at community level. There 3 CSG in each community clinic dividing the casement area in to three part for better service delivery.

⁷ Smart Tap (Tippy tap) is an innovative device for handwashing using recycle/used plastic water bottles as source of running water

specific health service providers with minimum yearly premium. Around 3400 beneficiary HHs have been primarily selected for initiating this intervention.

Output 2.1: Market actors supported to expand pro-poor, gender responsive and value-added inputs and services for producer households

Name of activity	Unit of measures	Planned units for this period	Achievement units during this period	Remarks
IGCrab_I				
Market Actor Engagement	# of Events	21	21	Training sessions conducted by DoF, FRI, and NGF Hatchery.
Market Actor Identification	Number	10	10	These are crab nurseries.
Number of FFDs arranged	# of Events	1	1	
IGCrab_O				
Market Actor Identification	Number	15	68	These are crab collectors.
Producer Training Program	# of Events	0	25	Aarotdars and collectors have conducted the training events.
Producers Engaged	Number	0	500	These are engaged through the training events.
IGCrab_R				
Farmer Engagement	# of Events	0	120	These were conducted by Khulna University as a part of research trial.
Market Actor Engagement	# of Events	1	7	Khulna University conducted orientation for the hatchery, nurseries and collectors.
MoU	# of MoU	1	1	MoU signed with Khulna University
IGDuck_O				
Campaign	# of Events	0	4	Conducted by local traders with assistance of DLS in Sylhet region under informal collaboration with Shomoshti.
Established collection point	Number	10	4	Established by the local traders. Formal partnerships could not be formed with local trader associations in some of the targeted locations as due to lack of formal documents on their behalf. The project is searching for formal traders associations, and the rest of the targeted number has been shifted to the following semester.
Market actor identification(farias and beparies)	Number	30	13	The deviation is being shifted to the following semester.
Market actor identification(Traders)	Number	3	3	
Potential strategic point explored for collection point	Number	10	4	The deviation is being shifted to the following semester.

Producer engaged	Number	0	530	Local traders engaged these producers through collection points.
IGDuck_V				
Market Actor identification (Egg supplier)	Number	0	3	A partnership has been formed with ACI Animal Health to identify egg suppliers, hatcheries, and nurseries to promote their commercial incubators in order to popularize high yield varieties of duck and increase duck population.
Market Actor identification (Hatchery)	Number	0	3	
Market Actor identification (Nurserer)	Number	0	12	
MoU	# of MoU	1	1	
IGLemon_I				
Arrange orientation for LSP	# of Events	1	-	This being shifted to the following semester.
Demo	Number	3	2	Conducted by lemon sapling selling nurseries.
Engage LSP	Number	0	8	These LSPs are lemon sapling selling nurseries.
Identified Lemon producer	Number	400	414	Identified by lemon sapling selling nurseries to sell the saplings.
Identified Nurser and LSP	Number	1	5	
Market actor oriented	Number	8	-	This being shifted to the following semester.
Producer engaged	Number	600	100	These producers were engaged by lemon sapling selling nurseries.
IGLemon_O				
Established collection point	Number	0	3	Conducted through informal partnerships with local lemon output traders.
Formed collection point management committee	# of committee	0	3	
Identified producer	Number	400	414	
IGVeg_I				
Demo	Number	4	63	Conducted by Lal Teer and DAE
Mapped Retailers, traders and lead farmers	Number	0	22	
Market Actor Engagement	# of Events	0	2	
Market Actor Identification	Number	60	49	
Market Actor Oriented	Number	40	26	
Potential producer identified	Number	0	9,533	Identified by Lal Teer through retailers against project wide target of 10,500.
Producer Training Program	# of Events	18	165	

Quarterly Meeting	Meeting	24	24	
IGVeg_MS				
Market Actor Identification	Number	60	44	
Market Actor Oriented	Number	30	10	
Producer Training Program		10	1,888	
IGVeg_O				
Collection point location identified	Number	15	12	Shomoshti had formed pnerships with local traders' associations to locate and establish the collection points engaging local collectors and farias.
Formation of collection point management committee	Number	0	4	
Market Actor Engagement	# of Events	28	18	
Potential producer identified	Number	9670	1,217	The work is in process and the deviation is shifted to the following semester.
IGBull_DairyI				
Demo	Number	0	4	These were done through partnership with ACI Godrej.
Market Actor Identification	Number	122	167	
Market Actor Oriented	number	20	31	
IGBull_Dairy_MS				
Market Actor Identification	Number	20	97	Shomoshti's partnership with ACI Animal Health enabled the identification and engagement of paravets and medicine sellers as well as producers.
Market Actor Oriented	Number	20	56	
Producer Training Program	Number	0	213	
Producers Engaged	Number	0	4,720	
Market Actor Engagement	# of Events	0	751	
Producers Engaged	Number	0	325	
IGDairy_O				
Collection Points Established	Number	4	4	All four in Rangpur region.
Market Actor Identification	Number	4	19	These actors are local milk collectors.
Market Actor Engagement	# of Events	4	20	Discussion sessions for milk collectors.
Producer Training Program	# of Events	30	-	Formal training programs have been shifted to the following semester after formalizing partnership with an institutional milk processor.
Producers Engaged	Number	1060	600	These producers were engaged directly through milk collectors
IGBull_O1				

Collection Points Established	Number	2	2	
Market Actor Engagement	# of Events	2	-	
Market Actor Oriented	Number	30	10	This was conducted by Bengal Meat under the collaboration at place with Shomoshti.
IGBull_O2				
Collection Points Established	Number	0	10	
Market Actor Engagement	# of Events	0	2	
Market Actor Oriented	Number	0	10	
Producers Identification	Number	3152	7,039	This was done by the local traders under the collaboration at place with Shomoshti.

The project focused on eight subsectors with 17 interventions over 4 regions. The detail of the activities by subsectors covered is discussed below:

Crab: Crab fattening subsector has been catered through three interventions. The input intervention worked with a crab hatchery to help the subsector with commercially bred baby crabs instead of extracting from the nature. In this intervention, the project helped Nawabenki Ganamukhi Foundation Hatchery situated in Kaliganj union under Syamnagar upazila of Satkhira district to train 10 nursery owners on taking care of crablets and to grow adolescent crabs for the crab fattening farmers. Aside from this, the hatchery engaged 21 service providers who provide variety of services for the crab fattening farmers starting from pond preparation to crab disease management, and feeding. The hatchery also demonstrated model crab farm through field days. A quarterly meeting among the nursery owners and service providers also has taken place, led by the hatchery, to coordinate among themselves.

The output intervention has just started in the quarter to engage output market actors for the crab subsector such as aarotdars and traders. The project identified 68 (women 2) aarotdars and helped them to disseminate crab harvesting and post-harvest management techniques to 500 crab fattening farmers. The information package included procedures to be followed at the farm level at the time of harvesting to acquire crabs of higher grades.

Apart from the input and output interventions, the project has undertaken an action research intervention joining hands with the faculty board of Khulna University's FMRT discipline. The action research aims to identify ideal natural crablet extraction seasons. Besides, the action research is comparing the growth performance of natural crablets against hatchery bred commercial crablets to produce a guideline on a proper low cost high yield commercial crab fattening procedure for poor and ultra-poor farmers.

Duck: Shomoshti worked through the private sector duck medicine companies (ACI Animal Health) as well as local private duck hatcheries to introduce high yielding variety of duck such as Khaki Campbell and Xinding. ACI Animal Health as a private sector partner trained the local hatcheries and equipped them with industrial gas powered incubators. The hatcheries then disseminated information among the farmers on high quality duck rearing. As a result, 306 (women 157) producers received information on improved variety of duck rearing.

To address the producers' constraint of not getting fair price for eggs, Shomoshti linked them with market actors from the nearest bazaars (wholesalers, arottdars, egg collectors and market management committee). As a result, instead of traditional practice of selling eggs at their doorsteps to the aggregator for a lower price, the producers are getting access to the markets to get better price. The joint collaboration between the market actors and producers helped establish 4 duck egg collection points in Mohadipur of Dharmopasha Uz, Purbo Sreepur of Tahirpur Uz, and Hazarigaon and Mannargaon Notunpara in Dowarabazar Uz in Sunamganj district under Sylhet region. As a result, 530 (women 88) producers learned about the collection points potentially generating an additional sale of BDT 0.5 per egg. The management committees in these 4 collection points comprised of egg aggregators, traders, arottdars, and producers ensured smooth operation of the points.

Lemon: Shomoshti has been working on two interventions in the lemon subsector; one each on the input and the output sides. The input side works with developing the variety of lemon cultivated locally in the Sylhet region. To introduce the new variety, Colombo, the project identified 3 horticultural nurseries in Norshingdi, Gowainghat and Sreemangal, among which a commercial nursery expressed their interest to promote the variety by establishing 10 cultivation demonstrations in Sreemangal containing 215 graftings. A collaboration between the commercial nursery and DAE was formed, and through this collaboration 2 local service providers were trained on the cultivation method of Colombo lemon. These local service providers then disseminated the knowledge on intercultural operations among 79 (women 9) producers.

Through the output intervention, the project identified 2 regional level traders' associations in Sylhet and Molavibazaar and linked them with 63 (women 6) local lemon farmers. This linkage is aimed at providing access to output market for the lemon farmers through 3 collection points strategically located at Sreemangal and Gowainghat upazilas. Consequently, through these collection points the traders are communicating market demand related information.

Vegetables: Shomoshti has been working with 3 varieties of vegetables such as brinjal, country bean and tomato. There are three interventions targeted towards this subsector in the avenues of input, out and market services. The input intervention is targeted towards promoting high quality inputs among the poor and ultra-poor vegetables cultivators in Shomoshti's working locations. As a part of this effort, Shomoshti formed a partnership with Lal Teer and guided the company to promote high quality vegetables seeds through providing training to 108 (women 2) local retailers and service providers. These retailers and service providers in turn reached out to 9,533 cultivators and got concentrated information on the benefits of high quality inputs and improved cultivation practices. In the output intervention, Shomoshti worked with 28 regional level traders to help them establish 29 collection points strategically located to optimize the transport cost. These collection points encouraged the cultivators to go to the market instead of selling off to door-to-door aggregators for an inferior price.

Apart from the input and output interventions, Shomoshti partnered with national level private companies dealing with crop protection and nurturing inputs such as GME Agro to promote low cost alternatives to vegetables growers. This included introduction of sex pheromone traps for vegetables that promises to significantly reduce usage, and therefore costs, of chemical pesticide. Under this initiative, 54 local service providers have been identified and 10 were intensely trained on usage, benefit, and advertising of sex pheromone traps. Consequently, these local service providers reached out to 2,383 (women 1,553) vegetables growing households with the information on improved vegetables cultivation and modern pest management tactics.

Bull Fattening and Dairy: Being one of the most important subsectors, the bull fattening and dairy subsectors have a lot of focus from Shomoshti. There are five interventions targeted towards these subsectors in input, market services and output sections. The input and market services interventions are jointly run on both bull fattening and dairy subsectors, while three output market interventions cover institutional linkage for bull fattening and local trader linkage for both bull fattening and dairy.

The input intervention focuses on cattle feed management that is imperative for higher production of both beef and milk. Under this intervention Shomoshti partnered with large national level companies, like ACI Godrej, selling packaged ready-feed for cattle. ACI Godrej identified 150 retailers and local service providers and trained them on benefits and usage of high quality cattle feed. These retailers and service providers directly reached out to 3,582 (women 2,273) bull fattener and dairy producers.

On the other hand, partnering with national level cattle medicine and treatment selling companies, like ACI Animal Health, the market services intervention focused on including paravets and other service providers serving the cattle health needs such as vaccination, treatment and deworming. There were 105 such root level actors (paravets, service providers and medicine sellers) oriented by ACI Animal Health. These actors then reached out to 9,215 (women 5,748) bull fattener and dairy producers with the information improved cattle health management along with health management services.

In the local trader linkage intervention for bull fattening subsector, partnerships were formed with 52 local traders and the project inspired them to establish 14 collection points. Whereas, in the institutional buyer linkage intervention for bull fattening subsector, Shomoshti partnered with large national level bull sourcing companies like Bengal Meat. Simultaneously, Bengal Meat engaged 10 bull collectors after orienting them with the quality parameters on demand. Consequently, these collectors oriented bull

producers in the respective areas on these parameters along with information on improved practices of bull fattening.

The dairy output market intervention worked with 20 local milk traders and inspired them to establish 4 collection points set in strategic locations. These collection points allowed 1,145 (women 685) poor and ultra-poor milk producers to sell directly to the traders at a higher price instead of traditional door-to-door aggregators at a lower than market price.

Output 2.2: Citizen feedback mechanism in place to inclusive and improve service delivery at Union Parishad (UP) for pro-poor, gender responsive social services				
Name of activity	Unit of measures	Planned units for this period	Achievement units during this period	Remarks
PPA Process Completion	# of PRA Processes	550	1,061	
Community action plan review	# of Action Plans	1174	691	

Participatory Poverty Analysis is Shomoshti's core initiative for engaging community in the development process and selecting probable beneficiaries. This empowering process includes Community Action Plan (CAP) and social resource mapping, which enables communities to demand rights and entitlements to the local government. It also strengthens strategies to work with local government, local business leaders as well as other market actors. During this reporting period 1,061 number of PPA process have been completed and 1,316 of community action plans are reviewed by the SCAs.

Shomosthi has introduced community feedback system for Community Clinic services through using Community Score Cards (CSC) for promoting accountability of the service providers. In this reporting period, 40 number CSC sessions held in 36 number of UPs. This process is enabling community people to place their demand on community clinic services to the service providers and UP as the authority for managing the facilities were being accountable for allocating resources for community clinics. A total of 68 (women 66) SCAs from different communities have already attended 14 quarterly health coordination meeting at UP level, which is symbolizes the emergence of bottom up leadership.

[Annex-3: Financial Report for the period of 01.04.2018 – 30.09.2018 in CHF \(Summary and detailed\) inserted as separate Excel file](#)

[Annex-4: Financial Report for the period of 01.04.2018 – 30.09.2018 in BDT \(Summary and detailed\) inserted as separate Excel file](#)

[Annex-5: Summary of Expenses and explanation of variance \(April –September 2018\) inserted as separate Excel file](#)

[Annex-6: Actual exchange rate from OANDA \(01.04.2018 – 30.09.2018\) inserted as separate Excel file](#)

[Annex-7: Case study and News Clip inserted as separate PDF file](#)