

A wide-angle photograph of a haor area in Bangladesh. The foreground is a vast, calm body of water. In the middle ground, there is a small, tree-covered island. In the background, more land and trees are visible under a blue sky with scattered white clouds. A small boat with two people is visible on the water to the right.

Lessons learned during implementing holistic interventions in haor areas in Bangladesh

This document outlines key lessons learned by BRAC's integrated development programme while providing services in haor areas from 2013-2018.

Programme overview: What is BRAC's integrated development programme (IDP)?

The integrated development programme is designed to get services to the most marginalised communities in Bangladesh, in line with the Sustainable Development Goals and BRAC's strategic priority 1: Eradicating extreme poverty.

The objective is to improve the socio-economic conditions and livelihoods of 1.1 million people from indigenous communities and people living in poverty and ultra-poverty from hard-to-reach areas such as haor areas and char (riverine island) regions.

The programme provides multifaceted support through a single platform to address challenges that include water, sanitation and hygiene, education, healthcare, legal aid, food security, financial access, market linkage and sustainable livelihoods, and interventions to advance women's empowerment and improve their reproductive health.

Programme objectives

Objective 1

Improve the condition, participation and influence of women in decision-making in households and communities.

Objective 2

Enhance access to basic services in education, health and WaSH.

Objective 3

Promote diversified and sustainable livelihoods and enhance financial inclusion for the poor, ultra-poor and marginalised farmers.

Objective 4

Pilot innovative initiatives and share lessons learned to contribute as a knowledge organisation to create an impact in reducing poverty and social inequality.

Specific interventions: Haor regions

29% of the people in Bangladesh's haor areas live below the lower poverty line, struggling with challenges such as distance, high costs, and a lack of infrastructure.

To overcome this, BRAC supports communities to build village development organisations (VDOs), which act as community-led service delivery mechanism tools. VDOs are one-stop service centres, providing access to services such as water, sanitation and hygiene, livelihood security, violence against women and children redressal, graduation from ultra poverty, education, legal services, financial services, leadership and empowerment activities.

A diverse group of people are covered by the programme, including people living in poverty and ultra-poverty, women, men, youth and adolescents. Haor areas in four districts are covered; Habiganj, Sunamganj, Kishoreganj and Netrokona. The initial programme period was 2013-2018. The programme has since been extended.

Key achievements: In numbers

Ten components were covered in target areas by the programme; health; education; microfinance; Ultra-Poor Graduation; migration; agriculture and food security; community empowerment; water sanitation and hygiene; human rights and legal aid services, and gender justice and diversity. A snapshot of key achievements include:

3,550 village development organisations formed to cover 131,200 households living in poverty and ultra-poverty.	75% of the population was covered through integrated services.	96% of households living in ultra-poverty graduated out of ultra-poverty (34,838 out of 36,200 households).
49,496 people received gender awareness and sensitisation training.	47,524 students enrolled in a total of 1,473 schools, including 863 pre-primary and 610 primary schools, including 119 boat schools.	Dependency on moneylenders reduced by 26%.
90% of population has access to basic healthcare services.	31,500 patients received treatment, safe delivery and pathological services from BRAC's health and delivery centre from 2016-2018.	88% of pregnant mothers received four or more antenatal care services and 90% of lactating mothers received three postnatal care services.
63% of eligible couples adopted modern contraceptive family planning methods.	72% of households were provided with sanitation , including 64,500 sanitary latrines installed in households.	112,104 households received seeds and 166,740 poultry and livestock were vaccinated.



What worked: Key insights

Programme activities

- All activities were logically connected to each other, facilitating the overall effectiveness of the programme
- The programme was implemented with a high degree of efficiency. A focused and systematic approach was maintained since inception, a uniform organisational structure was followed and an adequate number of qualified front line staff were recruited who carried out their responsibilities efficiently. Consequently, participants were highly motivated to create positive changes in their lives and livelihoods
- Regular meetings and annual operating plans energised the staff and developed a sense of ownership of the programme among the staff. A structured and uniform monitoring and evaluation system, action research, lesson learned studies, and success stories ensured progress and 360 degree learning by creating a logical ground for each activity.

Management

- An issue-based monitoring system ensured continual improvements in quality of programme delivery and equipped management with in-depth understanding and insights which allowed them to continually revise the programme approach and make key strategic decisions.
- Progress review meetings were introduced every month in field offices and the head office, as well as a progress-tracking template. This led to the achievement of component-based targets at the end of each year. The field staff were effective in tracking the progress of each component.
- The consistent production of annual progress reports and plans allowed the entire team, from field staff to higher management, to exchange ideas and share thoughts and opinions.

Lessons learned: Snapshot

The following is a summary of key lessons from the programme which can be used or replicated in other similar programmes:

1. The programme demonstrated the importance of a holistic approach to service delivery and the crucial role of communities, through village development organisations and development

support groups (DSGs), in rural development and poverty alleviation.

2. The collective agency of the community was seen as effective in the overall programme. Members of the community voiced their concerns and identified solutions through participating in VDOs and DSGs. VDOs served as the common platform for community members, especially those living in marginalised situations and extreme poverty, to find solutions to their most pressing concerns.
3. A significant positive change in social status was seen in the participants, particularly in members of the VDOs. Their level of motivation, confidence, mobility and awareness of their rights and entitlements significantly increased after becoming members.
4. The programme provided opportunities to empower women and youth in economic, social and political spheres. Members of VDOs, village organisations (VOs), DSGs, and adolescent clubs showed self-confidence, were active in the programme's activities and also became more active overall in their daily lives.
5. Strong relationships with other INGOs, NGOs and CBOs working to improve the condition of people in haor areas are essential. Local CBOs, such as panchayet, (village councils) are important stakeholders and facilitate the achievement of programme objectives.
6. Given the challenges in haor areas, programmes in haor areas must focus on less households and on more specific, tailored solutions.
7. Income-generating activities significantly improved participants' economic conditions, boosting their confidence to step up the economic ladder. These included asset transfers, improved seeds and microcredit.
8. Homestead gardening and new varieties of crops resulted in improved food security and offered scope for long-term sustainability after/if the programme ends.





Development organisations and partners should collaborate with the Government of Bangladesh to ensure resource advocacy to continue integrated service delivery in hoar regions.

Development organisations and partners should collaborate with the Government of Bangladesh to increase the reach of social safety net services so that people in the most vulnerable and marginalised areas, such as hard-to-reach areas, are covered.

The impacts of integrated service delivery in hoar regions should be shared between media, academia and development partners to generate awareness and interest, as well as to inform programmes

working in similar contexts.

Technical guidance and resources should be provided to the VDOs to enable them to be self-reliant.

The government's efforts to invest more heavily in disaster risk reduction, job creation, and capacity-building of public service providers at the local level should be facilitated and supported.

Efforts to reach people in hard-to-reach areas need to be geographically expanded, so that services get to the last mile in those areas.

This is a summary version of the lessons learned. For the full version, please contact:

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