

What works at the last mile?

An impact study and cost-benefit analysis of BRAC's development programming in Bangladesh's haor (wetlands) regions

Context

Bangladesh has witnessed significant growth over the past decade, both economically and in terms of human development, but that growth has not been geographically uniform.



As long as there is water on *haor*, the boat is the only way of transport

People living in hard-to-reach areas, such as the remote, waterlogged haor basins in eastern and north-eastern Bangladesh, continue to face challenges. This can be attributed to a number of linked factors, including awareness, communication, transportation, market linkage, and inaccessibility of essential services i.e. health, education, livelihoods. Gender equality is still a distant goal in many of these areas, with women facing disproportionately higher inequality, discrimination, and with minimal scope to contribute to household decisions.

People living in haor areas are trapped in a vicious cycle of multidimensional poverty, which mainstream development interventions struggle to break. As an example, while people are surrounded by water, most water bodies are leased and controlled by local influential people, limiting access to water for everyone else for everyday purposes. The challenges are interlinked, and exacerbated by regular flash flooding and river erosion.

Background: Integrated and non-integrated development programming

BRAC operates both integrated and non-integrated development programmes in *haor* regions, in Sylhet and Mymensingh divisions.

The integrated development programme offers multi-faceted, holistic development services, including water, sanitation and hygiene, education, livelihood, financial inclusion, legal support, climate-adaptive technologies and healthcare. Services are delivered through village development organisations, made up of women from those communities, who act as a ‘one-stop service centre’ for the community.

The goal of the programming is to mitigate multidimensional poverty by appointing women as managers of development in their own communities. Over one million people from five haor upazilas (sub-districts) made up the project’s treatment areas: Baniachong and Ajmiriganj (Habiganj), Derai (Sunamganj), Itna (Kishoreganj), and Khaliajuri (Netrokona) have been reached through the programme, as of 2020, with the programme pursuing the following broad objectives:



Community-driven empowerment: Improving socio-economic conditions by providing multiple development services through a common platform, formed by local women.



Awareness of rights: Increasing knowledge of legal and social rights to reduce exploitation, injustice, and discrimination.



Greater resilience: Building resilience to tackle vulnerabilities and shocks.



Access to resources: Increasing awareness and access to resources from public institutions.

BRAC’s different development programmes provide similar services, but not in a holistic approach through village development organisations. The areas where the integrated development programme operates are different from where BRAC’s other development programmes operate.

Objective of the research



Village development organisation meeting

The research had two components:



Impact study: Measuring the impact of integrated development programme interventions between 2016-2020.



Cost-benefit analysis: Calculating the net benefit per unit cost of each integrated development programme service compared to each non-integrated programme service.



Participants of focus group discussion

Methodology

Data was collected in three ways: surveys, focus group discussions and key informant interviews.

Surveys: Data from 1,400 households was collected. This comprised three groups: 700 households who had received services through the integrated development programme, 400 households who had received services through non-integrated development programmes and 300 households from a control group who had received neither.

Focus group discussions: 12 discussions were held. Eight were with people who had received services through the integrated development programme and four were with people who had received services through non-integrated development programmes.

Key informant interviews: Over 50 stakeholders were interviewed, including government officials, people who had received services, BRAC field staff and BRAC management staff.

Findings: Impact study

Development services were provided in ten key areas through the integrated development programme;

- | | |
|--------------------------|---------------------------------------|
| 1 Healthcare | 6 Agriculture and food security |
| 2 Education | 7 Gender justice and diversity |
| 3 Water supply | 8 Ultra-poor graduation |
| 4 Sanitation and hygiene | 9 Human rights and legal aid services |
| 5 Community empowerment | 10 Safe migration |

15% of households were receiving at least one service at the beginning of the research period. This increased by 58% throughout the research period, and reached 73% by the end of the research period.



Hand wash corners for the *Boro* paddy harvesters



Homeschooling maintaining social distance

Key impact numbers are highlighted below:

All numbers refer to treatment areas, and all comparisons are to baseline figures, unless indicated otherwise.

1

Household annual income doubled

Average household annual income was initially 86,000 BDT (1,007 USD), which increased by an average of 90,000 BDT (1,054 USD) which is more than the national income rate. Annual household income in the control group increased by an average of 50,000 BDT (586 USD).

2

97% of households access different financial services, including savings

40% of households initially had savings, which increased by 57%. An increase of 15% was also observed in the control group.

3

92% of school-aged girls are attending school

63% of school-aged girls were initially attending school, which increased by 29%. 83% of school-aged girls are attending school in the control group.

4

89% of households access proper sanitation services

12% of households initially had access to sanitation services, which increased by 77%. An increase of 28% was also observed in the control group.

5

80% of mothers accessed antenatal care services during pregnancy

62% of mothers initially had access to antenatal care services, which rose by 18%. 58% of mothers have access to antenatal care services in the control group.

6

Over two-thirds of households own livestock

77% of households own chickens, 69% of households own a cow and 34% of households own ducks. In the control group, 32% of households own chickens, 38% of households own a cow and 21% of households own ducks.

7

22% increase in gross revenue from agricultural activities

Gross income was initially 48,532 BDT, which increased by 59,252 BDT. An increase of 19,944 BDT was also observed in the control group.

Findings: Cost-benefit-analysis

Services delivered through the integrated development programme had a significantly higher net benefit per unit cost than services delivered through non-integrated programme services. Highlights:

- ❑ Microfinance services returned 4.8 in terms of net benefit per unit cost through an integrated approach, compared to 2.6 through a non-integrated approach.
- ❑ Health, nutrition and population services returned 3.6 in terms of net benefit per unit cost through an integrated approach, compared to 3.1 through a non-integrated approach.
- ❑ Education services returned 1.5 in terms of net benefit per unit cost through an integrated approach, compared to 1.1 through a non-integrated approach.

The integrated approach costs less because of a number of reasons. Key among those is that a single staff member oversees the delivery of multiple services, reducing staff overheads and maintaining same management. Cost effectiveness will increase even further with expansion of working areas.

The integrated approach delivers higher benefits because of the spillover effect of different services contributing to improving holistic wellbeing. For example, a higher household income often leads to better hygiene practices, health and education. Similarly when women get involved in income generating activities and have improved understanding of their rights, they often have more involvement in household decisions and access to different services.



BRAC shakti project participants putting stickers on passbook



Frontline staff is checking the meeting register

Lessons learned

Multidimensional approaches tackle the multifaceted nature of poverty: The ten services delivered by the integrated development programme work in synergy, with programme participants demonstrating significant improvement in multiple socio-economic indicators. This multifaceted improvement helps to build resilience and reduce vulnerability to shocks, which can harm progress.

Strong networks ensure positive behaviour change across multiple facets: The strong network of village development organisation members, technical staff and field operation staff have led to significant changes in behaviour, in a multitude of ways. For example, programme participants not only experienced income growth, but are also aware of the importance of investing the income for education, nutrition or savings.

Village development organisations support gender equality: Women programme participants have increased representation in local power structures, the labour force, and are more aware of their legal rights. They also have greater decision-making power in their families. The psychological support offered by village development organisations is a significant contributor to the rise in women's confidence and awareness.

Integrated services improve social inclusion, particularly for women: Programme participants experienced an increase in social standing, in addition to a growth in income and ownership of productive assets. Over half the women programme participants were invited to participate in salish (village court), which was uncommon earlier.

Literacy rates for women can improve through sustained effort: An increased emphasis on the empowerment of women, and expanding access to education through primary and pre-primary schools, led to higher literacy rates for school-aged girls.

Expansion of access to financial services can reduce dependency on informal lenders: The availability of BRAC's microfinance programme improved savings practices among participants and reduced opportunities for participants to be exploited by informal lenders, who charge much higher interest rates.

Increased awareness and access to healthcare and hygiene services led to improved public health outcomes: Public health communication through village development organisation meetings and community health workers, in combination with increased access to water, sanitation and hygiene facilities and healthcare services, including vaccination, resulted in higher dietary diversity of children and lower diseases and neonatal deaths.

Improved awareness on safe migration can result in a reduction in dependency on middlemen: People willing to migrate to other countries, who are equipped with information at the pre-migration stage, are more informed of proper migration procedures and can avoid bearing the high cost of paying informal migration agents.

A customised teaching-learning method can ensure continued education during a pandemic: A survey with over a quarter of households found that the customising of the teaching-learning methods, through a combination of phone schooling, home visits and project-based learning home schooling, was effective in continuing learning during COVID-19.

Recommendations

Digitising development: The benefits of the integrated development programme can be accelerated by incorporating digital components. For example, since schooling through phones and radio was effective during COVID-19, school lessons or mentoring for homework can also be deployed using phones and radio on an ongoing basis. Forms of telemedicine, such as giving medical advice through phone, can also be incorporated.

Diversifying employment options for women: Strategies to diversify occupations for women may also reap socio-economic benefits. Most of the women in the haor area are primarily involved in agriculture or micro entrepreneurship. As the areas have a high proportion of working age people, technical training programmes may encourage more women to opt for different occupations, which could support in building their resilience to future shocks.

Collaboration with the Government of Bangladesh: Development of the haor areas has been emphasised in several strategies of the Government of Bangladesh's eight fifth year plan, with one of the key pillars of this strategy being reduction of agricultural output damage in haor and flash flood areas. Closer alignment and collaboration with the government could result in higher impact.

This is a summary version of the impact study and cost-benefit analysis conducted by LightCastle Partner and Sylhet Agricultural University, published in August 2021. For the full version, please contact:

Integrated Development Programme
BRAC Centre, 75 Mohakhali
Dhaka 1212, Bangladesh
Phone: +88 02 2222 81265
Email: idp.info@brac.net
Website: www.brac.net/program/integrated-development/

Email : info@brac.net
Visit us : www.brac.net/idp
Follow us:



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