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## Message from Jamie Terzi

### New Country Director, CARE Bangladesh

Dear All,

I am delighted to welcome you to the first issue of our newsletter "Action & Reflection" for 2013. Though this is the first edition for a few months, we intend for this to be again a monthly publication. We are making some changes to the format and content based on feedback and you will see some changes in the February edition.

I would also like to take this opportunity to thank you all for your warm welcome and continued cooperation in my transition to the role of Country Director. I am excited to be CD as I feel very comfortable with the team and with the work of CARE Bangladesh. I see this as an opportunity to continue working on the agendas and priorities that we have already been working on for a number of years now.

As part of my new role, I will be visiting all offices. Recently I visited our Cox's Bazar office and a number of our projects: MYCNSI, SHOUHARDO and the just starting emergency recovery project. Thank you to the teams who hosted my visit – it was great to learn more about our work and meet CARE staff. I am looking forward to visiting the South-west of Bangladesh later this month.

The year 2013 is a very special year for us as a Country Office. We are starting with nine new projects this year in different areas. This is an opportunity for us to take our programming to a new level which we have been developing for the last few years. This year, I also hope that we will work to strengthen our organizational culture, our code of conduct and our commitment to GED, cohesive leadership and supportive management. I look forward to everyone's contribution to deepen and extend our work to achieve our program goals and bring about long- lasting impact.

A handwritten signature in blue ink, appearing to read "Jamie Terzi".

## 2012-13 Initiatives of CARE Bangladesh

Years of involvement in development work of Bangladesh have given CARE the opportunity to understand and learn from its experiences, and simultaneously, comprehend the intricacies that surrounded various sectors. Based on this context, **in 2012, CARE BD has initiated 9 new projects**, with a greater focus more on bringing in positive

transformations and providing service facilitation for access to land; health; food security; disaster risk reduction; value chain improvement and capacity development. 2012-13 thus brings all the organizational stimulation from new strategies and implementations, related to project start-ups. Additionally, it brings

challenging roles for CARE BD to undertake for the very first time, by involving in diverse and pioneering collaborations. For instance, we will be working in two new projects where both the principal leads are national NGO's.

The major expansion this year has been in the South West of Bangladesh, prominently focusing on establishment of sustainable market linkages and empowering women.

**Sustainable Agriculture, Food Security and Linkages (SaFaL)** is one of the most unique, multifold initiatives undertaken with funding from the Dutch Government. The aim of the project is to ensure food-nutrition security and developing marketplace links to raise the productivity, quality and income for 250,000 smallholder farmers, landless workers and women in the rural communities of Bagherhat, Khulna, Satkhira and Narail districts. Solidaridad Network Asia will lead the implementation of the project, with CARE as the technical partner.

CARE is also the technical partner in **Agriculture Extension Capacity Building Activity Project**, managed by Dhaka Ahsania Mission, to strengthen the existing agricultural extension system in 20 districts in southwest and central Bangladesh in order to sustainably improve food security for 200,000 vulnerable women and smallholder farmers. This project is funded by USAID.

Similar to these two projects, CARE Bangladesh, in collaboration with UNDP's Urban Partnerships for Poverty Reduction (UPPR) project, is implementing the **Stimulating Change through Access and Livelihoods Enhancement of Urban Poor (SCALE-UP)** project in 7 districts of Dhaka, Rangpur and Khulna divisions. It will be targeting 10,000 poor and extreme poor people (at least 70% women). The collaboration builds on one year of learning from a pilot partnership, and has an overall objective to improve the lives and livelihoods of the urban

poor and extreme poor people, especially women and girls, through value-enhancing participation in high potential economic sectors.

Another similar project is **SWITCH-Asia**, an EC funded project, which plans to assist approximately 60,000 jute farmers and 4 million people engaged in the jute subsector by developing a value-chain based market engagement strategy to improve productivity and income. This aims to increased consumption of jute diversified products in Asia and Europe, which in turn will benefit the jute industry.

CARE Bangladesh is also implementing, along with Uttaran, **Sustainable Access to Land Equality (SALE)**, a 3-year project funded by the European Commission. This project aims to strengthen access to land and property rights for all citizens through promotion of effective, transparent and accountable land governance practices in Kalapara, Monirampur and Narasingdi Sadar Upazillas.

Another exciting project for CARE is **Bangladesh National Health Service Delivery Project (BNHSDP)**, a part of US President Obama's Global Health Initiative (GHI) to support the delivery of essential service packages to 20 million people in poor and underserved communities. Pathfinder International is the lead of the consortium and CARE Bangladesh is leading in program quality; strategic and technical support in nutrition, maternal and child health. This 5-year project is funded by USAID.

As a dual -mandate organization, emergency response and preparedness are major priorities. This is reflected in the 3 new projects undertaken:

**HIF Early Warning System** will work to complement the existing early warning system for Cox's Bazaar's fishing communities, through digitization and awareness raising

amongst local government and the private sector. The project is funded by Humanitarian Innovation Fund (HIF).

CARE Bangladesh also has assumed the lead role in managing the implementation of a DFID-funded, NAARI consortium project to rehabilitate the recently flood-affected people in South-East of Bangladesh. **Food Security and Livelihood Recovery for flood affected people in South-East of Bangladesh – LIFE** will provide cash grants to severely affected population, dependent on agriculture, fishing and casual labor. This project will also support the most vulnerable including female headed households, disabled people, the elderly and ethnic minority groups of Cox’s Bazar, Bandarban and

Chittagong to establish nutrition gardens; restart farmland cultivation and revive small businesses. **LIFE** is also in collaboration with another **ECHO-funded project- Recovery from Floods** - undertaken to restore livelihoods, water infrastructure and good hygiene practices.

With all these projects undertaken and expansion in newer project areas, the future seems very promising for CARE BD. However, this growth and development also requires greater commitment and coordinated efforts across units to achieve the desired objectives and work towards our program approach.

## Changing Gender Norms in North-east Bangladesh



EKATA group members and husbands in Johurabad

In Northeast Bangladesh, CARE and its partners are working to reduce inequality by working with women, men, girls and boys across 645 villages to empower the most vulnerable women. The area is characterized by annual flooding that inundates huge areas of land and leaves villages isolated and surrounded by water for up to eight months of the year. This backdrop contributes to the entrenched gender inequality and negative social norms that prevail in the region leaving the poorest women marginalized. CARE’s considerable experience in the

region has shown that in order to overcome these inequalities and empower women the attitude and behavior of men and boys must change.

In 2010, the Engaging Men and Boys Initiative funded by CARE Norway began work in Johurabad village. The initiative was designed to increase the involvement of men and boys in women empowerment activities taking place in a CARE implemented project in the region. Through the project, an Empowerment Knowledge and

Transformative Action (EKATA) group was established to teach extremely poor women basic literacy and numeracy as well as raising awareness on negative social norms such as early marriage, dowry payments and violence against women. The women learn about their rights and encouraged to share their thoughts in the group as well as at home with their husbands and family members.

Since the project began, the EKATA group has achieved some admirable successes. Previously illiterate, the EKATA group members can now write their own names and addresses as well as being able to count and carry out basic mathematics. The women have used their increased awareness of their rights to access government services that are available and accessible in their area. Additionally they have acted as a group to stop cases of

This change in attitude of some men has helped to make the lives of the whole family easier. In the past many husbands restricted their wives from moving around openly in the village but now many women are visiting the market and undertaking their small businesses set up by

domestic violence by negotiating with husbands and wives.

Perhaps the most intriguing aspect of the success of Johurabad EKATA group is how the men in the community have begun to change their behavior and attitude towards to the women. It is this change in the men's behavior that has been the key to many of the EKATA group's successes. As Bachu Miah the husband of an EKATA member explained, "when our wives return from the group meeting they share what they discussed with us and we are keen to listen. Now we encourage our wives to participate in the EKATA group's work and we take care of the children". An EKATA group member went on to explain, "we are encouraged when our husbands listen to what we have to say".

CARE. The reason for this change was made clear by the women's group, "now we negotiate openly with men if we need to go to the market. We show them it benefits them too".



**Bachu Miah (left) and Ratan Miah (right) in Johurabad explain how their attitude towards women in the community is changing.**



Anowarul Haq introducing the Textiles of Bangladesh

## Living Blue Celebrates its first opening at the 2012 Textiles Symposium

The Living Blue Exhibition celebrated its first event of the 2012 Textile Symposium, on the 11th of September in Granville Island, Canada. 'Living Blue' is the brand name for the textiles produced by Nijera Cottage and Village Industries (NCVI), a social enterprise in collaboration with CARE Bangladesh and CARE B's Social and Economic Transformation of the Ultra-Poor (SETU) project.

CARE's Anowarul Haq, Director of NCVI/SETU presented the textiles of Bangladesh at the exhibition and described how the project has been a vehicle for the empowerment of both agricultural workers and artisans.

A wall of quilts: Living Blue Exhibition



Door prize from Living Blue was put up for MAIWA Foundation fundraising, which supports traditional textile skill in developing countries

Photo credits: MAIWA

## WHEEL Shares Mid-term Report

Readymade Garment (RMG) sector plays a vital role in Bangladesh's overall economy. Garment workers constitute a lion share of the total labor force in the country which brings most of the country's foreign currency. Women represent 85 percent of the total employees working in the RMG industry. Generally women workers are young, come from rural areas and from poor families with no prior work experience and little or no education and training. As a result of their lack of education, skill and knowledge, they get easily exploited by the fast paced RMG industry.

Women's Health and Education through Effective Learning (WHEEL), a Wal-Mart funded project started in 2009, with the goal to improve the economic and social security of women factory workers in Bangladesh. At the end of second year, a consultancy has been undertaken to find out an overall view of the activities, progress, challenges and achievements of WHEEL in its first two years.

A total of 370 garment workers were surveyed for this report with a statistic of 71.31 percent respondents under the age of 20. Findings show their improved knowledge in reading Bengali, numeric understanding and basic health information through the learning center. The training has enabled the female workers to write a leave application, calculate their overtime hours and wages. These findings indicate that now the learners (women garments worker) are more capable to negotiate with their employer than before. Error rate has decreased significantly with the mean error rate of 6.32 prior learning and 1.78 after receiving the training. As a result the mean of production target has also increased from 706.60 to 921.34. Within the 2 years of learning program of WHEEL, 62.81 percent of the helpers have been promoted by their employers.

It has been found during the study that respondents understand the importance of good health and protection measures against diseases in order to avoid working hours or day loss. They can properly identify nutritious foods and maintain an ideal diet. All learners are found to have a clear understanding on menstruation management. They are aware of different types of reproductive health issues including health care access during pregnancy and delivery. 98.65% respondents showed awareness about HIV/AIDS although 96.22% knew about the ways in which HIV/AIDS could transmit.

The report shows that health awareness and behavior changes amongst the garments workers have brought positive business impacts. Results of two years learning show women garment workers to be capable to read, write and calculate which led to lower error rate and increased their capacity as a valued human resource for the employer. Again, the training on health and hygienic way of living taught the female workers to know when to seek for medical advices and how to avoid illness by practicing a healthy lifestyle. The study also shows that capacity building activities and learning have enabled the workers to maintain efficient working relationship with the management.

The mid-term report highlights and recommends the inclusion of strengthened awareness messages on legal rights, legislative measures to combat violence against women and topics related to the labor law. The WHEEL project completed its second year in February 29, 2012. The third year of the project aims to include 2500 new beneficiaries and the existing beneficiaries will advance to a higher level of training.

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# **GSK - CARE Community Healthcare Initiative:**

## **A New Initiative through a Public Private Partnership**

GSK-CARE Community Health Worker initiative will ensure consistent, high quality and sustainable MNCH services to a population of 1.4 million people in a very remote area through a public-private partnership by mobilizing 2,000 community health volunteers, 700 local government members, 470 public and private health providers and development of 150 Private Community Skilled Birth Attendants.

This Public private partnership is therefore crucial from national to local level to mobilize, develop capacity and link all private and public resources from short term to long term and ensure sustainability of the project and future scale up.

At national level, CARE has first learnt to work with a new private partner, a pharmaceutical company, GSK. GSK commitment is indeed to reinvest 20% of its profit made in the least developed countries back into healthcare infrastructure and act as a catalyst of change. CARE hugely values this partnership as it is a true collaborative partnership.

CARE has then met many times with public partners, Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare (MOHFW), Directorate General of Family Planning (DGFP) since 2011 when the early investment project was launched. Programme proposal has been described and discussed, comments from all partners have been taken into account and adjustments have been made into the programme design. All these meetings have been important to ensure that all stakeholders have ownership and commitment to the resulting GSK CARE Community Health Worker programme.

On November 31, 2012, a very important milestone was achieved with the signature of the Memorandum of Understanding (MOU) between Ministry of Health & Family Welfare and CARE Bangladesh. This MOU actually set the basis for sustainability. It describes roles and responsibilities of each partner, MOHFW for instance will provide MNCH referral services through Upazilla Health and Family Welfare Complex, Upazilla Health Complex or district hospital, supplies and logistics such as FP commodities, iron, and folic acid. It will also supervise the 150 Private Community Skilled Birth Attendants developed through this initiative via Family Welfare Visitors, SACMO or Medical Officer. CARE and GSK on the other hand will provide inputs support for trainings implemented by GoB accredited training institutions, establish Community Support System, facilitate linkage between PCSBA, communities, Union Polishers and health systems and develop a business plan training supporting PCSBA for financial sustainability.

This business plan training is a second reason for innovation within this initiative. Organised by JITA, this training will ensure indeed P-CSBA are able to develop their own business and become financially sustainable on their own over time.

At local level, CARE staff will continue to work with local governments and communities to create awareness around the project and ensure their involvement. Contacts with public and private health providers will now be the next steps to make sure all current available resources are mobilized to take care of pregnant women and children, now and in the future.



## Workshop on Emergency Preparedness Planning (EPP)

CARE International has a mandate to respond in emergencies in all over the world. When disaster strikes, CARE is one of the first to respond. To strengthen this ability, CARE international has adopted the "Humanitarian and Emergency Strategy 2013 – 2020" with a goal *"to be a leading humanitarian agency having lasting impacts on the needs of poor women, men, boys and girls affected by humanitarian crisis and known for our particular ability to reach and empower women and girls in emergencies."*

To materialize the strategy CARE Bangladesh has organized a Workshop on Emergency Preparedness Planning from November 04-08 2012 at Spectra Convention Center, Dhaka. The Workshop was inaugurated by Jamie Terzi, the then Acting Country Director, CARE Bangladesh. It was facilitated by Susannah Friedman, Regional Emergency Coordinator, CARE International and co-facilitated by *George Pereira*, DRD- PS, ARMU, CARE USA. Total 34 participants including Alexandra Maclean, ACD, CARE Bangladesh, Yasir Deafalla, ACD, CARE Bangladesh,

Emergency Response Team (ERT) members and focal persons from various program/department/units have attended the workshop.

In the workshop step by step group work and plenary discussion revealed the key emergency scenarios in which CARE Bangladesh should have an Emergency Preparedness Plan and accordingly an EPP development exercise has been done on that. A fruitful discussion and subsequent decisions and action plans have been drawn in the following key areas: the Emergency Response Team (ERT), CARE-B's emergency response strategy, scenario and need analysis, partnership arrangements, and management considerations for additional staff and other supports.

Throughout the workshop capacities and gaps of CARE Bangladesh in responding to emergencies have been identified. A number of action plans have been identified for our work in the coming months in developing Emergency Response and Preparedness Strategy and other operational mechanisms in coordination with internal and external actors.

