



SHOUHARDO II

About SHOUHARDO II

Home to over 150 million people, Bangladesh is the world's most densely populated country. It consists almost entirely of low-lying shoreline formed by a delta plain and is extremely vulnerable to flooding, drought and climate change. Among Bangladesh's most persistent challenges is child malnutrition – a chronic condition often passed from malnourished mothers to their children.

Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO) is an innovative USAID-funded program that links food aid with building long-term food and nutrition security in Bangladesh. SHOUHARDO was designed to tackle food and nutrition security in vulnerable, ultra-poor communities. By combining livelihoods, health, nutrition, climate change adaptation and women's empowerment interventions, program participants receive comprehensive tools to lead healthy, dignified lives. Building skills, confidence and integrating social acceptance of women's leadership is a core component in achieving more food secure communities with lower rates of child malnutrition.

STRATEGY

SHOUHARDO's innovative approaches are apparent in each stage of planning and implementation. The approaches range from the targeting of beneficiaries, to integrating multiple aspects of food and nutrition security to build resilience, to learning from program successes and shortcomings to help ensure post program sustainability.

Design and Targeting - In order to ensure that the most vulnerable people benefit from SHOUHARDO's interventions, the program is specifically designed to target those living in remote and hard to reach areas with a less established NGO presence. Areas such as Char, Haor and Coastal are usually poorly prepared for any type of shocks. This leaves the communities severely food insecure with high levels of malnourishment, particularly in children.

Direct interventions, such as feeding and nutritional support, have had mixed results in addressing childhood malnutrition. CARE sees food insecurity and malnutrition through the larger lens of community development, addressing multiple issues that hold a society back, both economically and socially.

Program Name: SHOUHARDO II

Program Country: Bangladesh

Timeframe: June 2010 – Sept. 2015

Budget: \$127,500,000

Donor: USAID

Beneficiaries:

50% of children from 6 to 23 months had an adequate diet in the SHOUHARDO II program, up from 8 percent.

85% Growth in families' incomes in SHOUHARDO II, 25 percentage points higher than the national average in the same time frame.

The average number of months per year that families spend without enough food dropped from **6.1 to 1.**



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Women are now three times more involved in income generating activities and 15 percent more likely to have control over their earnings.



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The number of stunted children dropped 13 percentage points, more than double the national average.

- **Agriculture and Livelihoods** – As of 2013, 280,210 people received technical assistance to increase agriculture productivity. Some elements that build resilient agricultural livelihoods are: linkages with local government and private sector actors, access to information and new technology, technical support and capacity building.
- **Health, Hygiene and Nutrition** – The main priority was significant reductions in malnourishment, with a focus on pregnant women and children under two. By promoting more food during pregnancy, exclusive breastfeeding in the first six months and increases in immunizations, SHOUHARDO ensured reduction of malnourishment and negative health impacts among the most vulnerable.
- **Disaster and Climate Risk Management** – Building awareness and capacity through community-based adaptation and emergency response was vital to prevent the reversal of other development gains.

Gender Empowerment - CARE seeks to empower women and girls as individuals, in relation with others and vis-à-vis social and political structures. The combination of indirect nutrition interventions, such as Empowerment, Knowledge and Transformative Action (EKATA) groups, with direct nutrition interventions such as child feeding, generated significant decreases in child malnutrition. Among women participating in the program, average incomes more than doubled; through village savings and loan associations, many women began pooling their money, gaining access to loans and to expertise needed to start small businesses. Women were linked to women's groups not only in their own communities, but also on regional and national levels. Capacity building trained women in leadership and decision-making skills. The program also places priority on engagement with men, to ensure sustainability.

Impact

1. The number of stunted children dropped **13 percentage** points, more than double the national average.
2. Families' dietary diversity nearly doubled, and the number of children ages 6-23 months who had an adequate diet rose from 8 percent to 50 percent.
3. The number of months per year that families spend without enough food dropped from 6.1 to 1.
4. Families' income grew **85 percent**, compared to the national average of 60 percent in the same time frame.
5. Women are three times more involved in income generating activities and **15 percent** more likely to have control over their earnings.
6. Women are 2.5 times more likely to access ante-natal care.
7. SHOUHARDO II participants had consistently higher rates of adopting improved agricultural techniques than the national average or peer programs.

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