

PROSHAR

Program for Strengthening Household Access to Resources



**Reflecting on Five Years of Food Security
and Nutrition Programming in Bangladesh**

Goals and Objectives

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Goal: <i>Food insecurity reduced among vulnerable populations</i>	Reduce Food Insecurity Among Vulnerable Rural Population Division by targeting 96,000 rural households living in 3 of the most marginalized upazilas in Khulna Division for livelihoods, H/N and DRR activities
Objective: <i>Increasing the incomes of poor and extremely poor households</i>	Incomes and access to food of poor and ultra poor households improved – households directly supported: approximately 43,000
<i>Reducing chronic malnutrition among children < 5</i>	Health of pregnant and lactating women (PLW) and children under 5 (with particular attention to children under 2) improved – households directly supported: served approximately 29,000 households
<i>Disaster Climatic Risk Management)</i>	Institutions and households prepared to respond effectively to shocks – served approximately - trained 17,000 households in DRR, and provided disaster management infrastructure improvements (rehabilitation) which benefited xxxx
<i>Duration & Value</i>	5 year project – 2010 to 2015; Value \$45,000,000

MYAP Strategy - Agriculture and livelihoods

- Capacity building
 - Access to information
- Access to new technology & improved management practices
- Asset transfer
- Technical support
- Linkage with local Government
- Linkage with private Sector

Indicator	IPTT 2011 - 2012	IPTT 2013-2014
#s Trained in ag technologies: Female/Male	2.34:1	1.54:1
% Technology application & new management practices: Female:Males	1:1	1.99:1
% of beneficiaries who cultivate a new crop/product as a result of PROSHAR intervention Ratio – Female:Males	.657:1	1.99:1

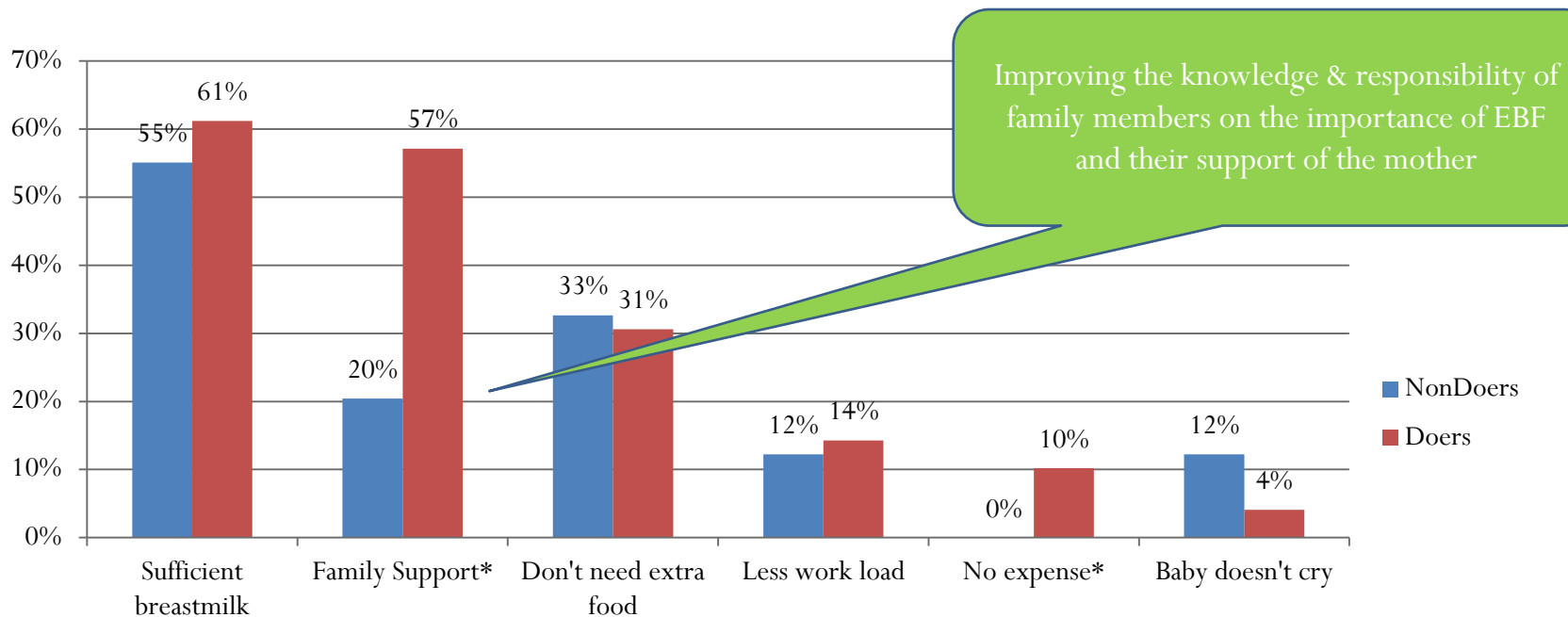
MYAP Strategy – Household Health/Nutrition

- Adoption of HHN behavior and caring practices
- Linkage and access to GoB services
- Supplementation of nutrition need
- Antenatal and Post natal care
- Exclusive Breastfeeding, washing, , immunization, deworming
- Growth Monitoring and Promotion
- Follow up home visit and counseling
- Community Case Management

Key MCHN Indicators	ACDI/VOCA 2011-12	ACDI/VOCA 2013-14
Prevalence of exclusive breast feeding (EBF) of Children under six months	56% (no gender disaggregation)	Boys: 90.8% Girls: 71.0%
% of children 6-23 months of age with 3 appropriate infant and young child feeding practices (IYCF)	31% (no gender disaggregation)	Boys: 69.1%; Girls: 70.4%
% of underweight (weight for age < -2 Z-score) children 0-24 months	Boys: 20.5% Girls: 22.7%	Boys: 11.9% Girls: 13.7%
% of households with soap and water at a hand washing station commonly used by family members among PM2A households	37.8% (n=368)	84% (n=407)

What Influences Nutrition Practices (e.g. EBF)?

Perceived Self-efficacy: What made it easier for you to exclusively breastfeed

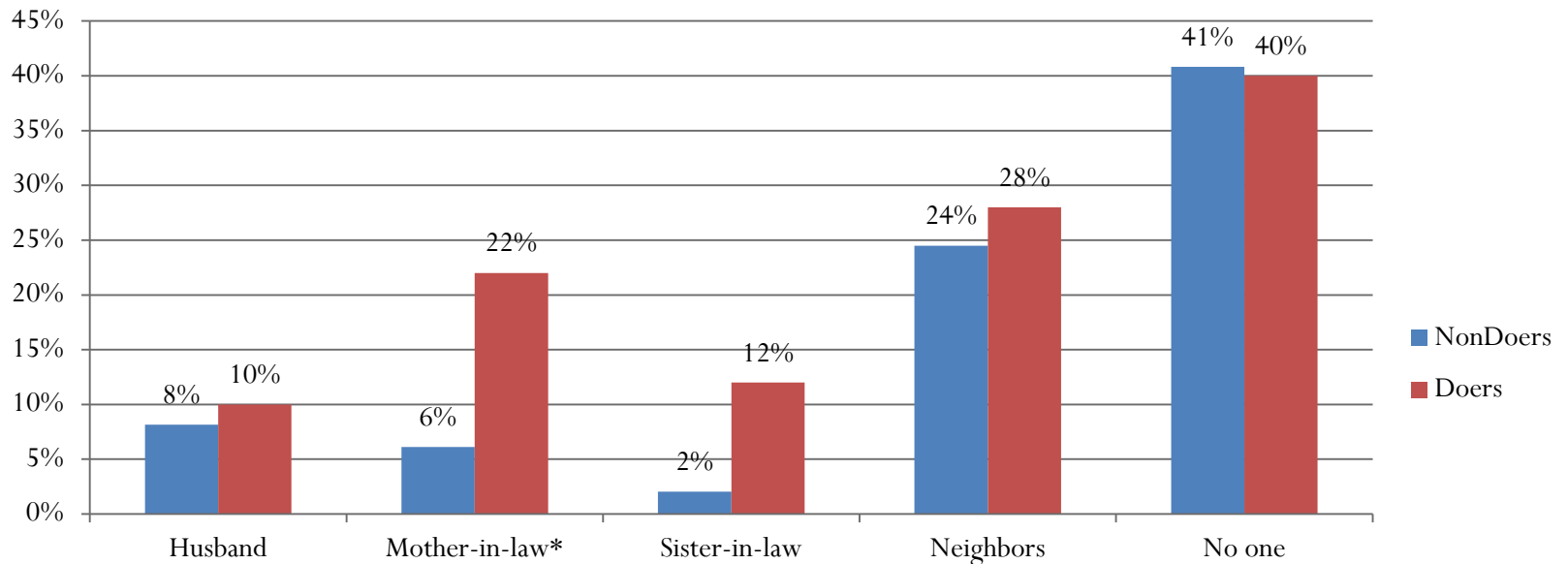


Government Contribution and Ownership

- **Host Country Agreement**
- **National Steering committee**
 - Ensure that the program is implemented as per the HCA
 - Support local level cooperation and coordination with related departments (Health, Ag, DRR, Livestock and Fisheries)
- **Direct Contribution**
 - Support to Upazila and union level DRRAP prioritized projects
 - Cyclone shelter rehabilitation/construction
 - Tax exemption over food aid commodity importation
 - Warehouse facilities for storage of commodities
 - Quality assurance of programs supported by the GoB

Who Influences Behaviors?

Support of pregnant women consuming extra food during pregnancy
Doer (who approved)/ Non-Doer (did not approve)



Targeting Influential people