



Shombhob
**CONDITIONAL CASH
TRANSFER PROJECT**
**Small Ethnic Communities
Plan**
August 2014



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List of Abbreviations

ANC	Ante-Natal Care
BPO	Bangladesh Post Office
CC	Community Clinic
CCT	Conditional Cash Transfer
CND	Child Nutrition and Development
CHT	Chittagong Hill Tracts
DC	District Commissioner
DGHS	Directorate General of Health Services
FY	Fiscal Year
GMP	Growth Monitoring and Promotion
GOB	Government of Bangladesh
G2P	Government to Person
LGD	Local Government Division
MEU	Monitoring and Evaluation Unit
MoLGRD&C	Ministry of Local Government, Rural Development and Cooperatives
MIS	Management Information System
NGO	Non-Governmental Organization
OP	Operational Policy
PCC	Postal Cash Card
PMU	Project Management Unit
SNC	Safety Net Cell Beneficiary Cell
SPA	Safety Net Program Assistant
SPS	Safety Net Program Supervisor
SSN	Social Safety Net
UNO	Upazila Nirbahi Officer
UP	Union Parishad
UPO	Union Post Office
UZP	Upazila Parishad

1. PROJECT BACKGROUND

Despite remarkable progress in poverty reduction, extreme poverty and vulnerability in Bangladesh remain stubborn problems. Poverty fell from 48.9 percent in 2000 to 40 percent in 2005 to 31.5 percent in 2010. Nevertheless an estimated 26 million people still remain in extreme poverty. About 52 million people live just above the poverty line¹ which implies that a small shock can push a large number of individuals into poverty, and many who are already poor, into extreme poverty. For instance, extreme poor households experienced a 22 percent decline in consumption in the wake of the food price shock of 2007-08.²

The prevalence of under-nutrition in Bangladesh is among the highest in the world. Whilst there has been significant progress in reducing the incidence of underweight children below 5 years (from 60 in 1990 to 36 percent in 2011), progress in reducing wasting and stunting³ has been less encouraging. Among countries with the highest prevalence of stunting, Bangladesh ranks 6th in the world. The incidence of low birth weight in Bangladesh is also among the highest in the world at 22 percent, and maternal under nutrition is at about 24 percent.⁴ Further, poor dietary diversity and insufficient minerals in the average diet cause major diseases. The interaction between under nutrition and common infections creates a potentially lethal cycle of worsening illness and deteriorating nutritional status with severe long term adverse impacts.⁵

Poverty is associated with intergenerational transmission of poor child nutrition and other human development outcomes. There is global evidence that a shortage of income and resources restricts the supply of sufficient food and thus leads to under nutrition of both mothers and children.⁶ Bangladesh is no exception in that. Poverty also results in chronic stress for children and families that hamper successful developmental and school achievements.⁷ Recent evidence suggests poor children in Bangladesh exhibit worse health outcomes and educational attainment compared to their non-poor counterparts.⁸ Improving the nutritional status of poor children is a key human development challenge for Bangladesh.

Social protection spending in Bangladesh is among the highest relative to other South Asian countries. The Government provided an average of 12 percent of total annual public expenditures (about 1.8 percent of GDP) for social protection during 1996-2008. Since then the allocation was increased in response to recent global food and energy price crises to about on average 14 percent of the total budget over 2009-2012, and reached as high as 2.64 percent of GDP in FY13. There are only two SSNs focused on maternal and child health - the Ministry of Women and Children Affairs offers the Maternity Allowance for the Poor Lactating Mothers and the Ministry of Health offers the Maternal Health Vouchers, which together constituted 0.05 percent of the total social protection budget in FY 13.

¹World Bank. 2013. "Bangladesh Poverty Assessment: Assessing a Decade of Progress in Reducing Poverty 2000-2010," Bangladesh Development Series No. 31 for a detailed analysis.

²Ibid. While this impact was largely diminished over the medium term, the short term effect can have an irreversible negative impact on the growth and development of young children.

³i.e. children do not have the required height for age.

⁴NIPORT. 2013. Bangladesh Demographic Health Survey 2011.

⁵UNICEF. 2013. "Improving Child Nutrition: The achievable imperative for global progress." Unicef: New York

⁶Wagstaff, A. 2000. "Socioeconomic inequalities in Child Mortality: Comparison across none developing countries." Bulletin of the World Health Organization, 78(1):19-29.

⁷Engle PL, Black MM. "The effect of poverty on child development and educational outcomes." Ann N Y Academy Sci. 2008;1136:243-56.

⁸Chapter 2 in World Bank. 2013. "Bangladesh Poverty Assessment: Assessing a Decade of Progress in Reducing Poverty 2000-2010," Bangladesh Development Series No. 31.

In addition to addressing poverty, safety net programs can be effective delivery platforms for interventions to help improve child nutrition and development outcomes. For instance, cash transfer programs whose main goal is to augment income of poorest households can also include interventions targeted to pregnant mothers and young children within beneficiary households to positively affect child development. The ability of safety net (SSNs) programs to reach a large number of poor and vulnerable populations with income support and education on child nutrition and development suggest substantial gains in cost, efficiency and effectiveness in fighting both current and future poverty. Harnessing the potential of such comprehensive safety nets thus represents a smart use of scarce government resources that are currently channeled to poor households in Bangladesh.

The World Bank has been supporting the Government of Bangladesh (GoB), through the Local Government Division (LGD), in implementing the *Shombhob* Conditional Cash Transfer pilot project since 2011 with the objective of testing the mechanisms for better delivery of social protection services to the poorest households to promote human development outcomes, specifically children's nutrition and education. The pilot covered 14,000 families in two rural upazilas (Jaldhaka and Hatibandha) and Narayanganj City Corporation. With positive results emerging from the pilot, the GoB has now requested a nationwide rollout.

The proposed *SCCT* project is expected to be implemented in up to 28 upazilas with the highest poverty rates and poor nutritional outcomes. The objective of the proposed project is to increase the ability of poor households to improve practices for better child nutrition and development by providing cash transfers to pregnant women and mothers linked to the utilization of specific services. These services include monthly nutrition and childhood development information sessions for pregnant women and mothers and growth monitoring of young children up to the age of 24 months. The project will further incentivize pregnant women to utilize ante-natal care (ANC) services provided at the Union and Upazila Health Complex.

1.1. Project Objectives:

Recent evidence suggests improvements in both poverty and nutrition-related outcomes are possible when cash transfers are conditioned upon nutrition-sensitive interventions. Child nutrition and development (CND) interventions are most effective in the early years of life. For example the results of the *Shombhob* pilot finds a significant reduction of 40 percent in the prevalence of wasting among children aged below two years of age at baseline. An efficient strategy for strengthening the future workforce and their earning capacity therefore is to invest in the environments of poor and disadvantaged children during their early childhood years.⁹ Harnessing the potential of safety nets to reach large numbers of poor children thus represents an effective investment of scarce government resources.¹⁰

Positive impacts of conditional cash transfers on poverty and CND outcomes is the efficiency of safety net service delivery mechanisms. Thus a second objective of the *Shombhob* pilot project was to identify effective service delivery mechanisms at the local level. The project set up an administrative system that was based on information technology for targeting the poorest households, beneficiary database management, payments, compliance monitoring, and benefit delivery – making it a particularly important initiative to help improve the design and strengthen the implementation of the country's social protection programs. Results of the process evaluation of *Shombhob* show that the targeting system based on Proxy

⁹Nudsen et al. 2006. "Economic, Neurobiological and Behavioral Perspectives on Building America's Future Workforce," World Economics, July-September 2006: and Proceedings of the National Academy of Sciences (PNAS, July 2006, vol 103).

¹⁰Britto, P. 2013. "Social Protection Programs and Early Childhood Development: Unexplored Potential." Yale University & Plan

Means Testing worked well, Regular cash transfers made directly to beneficiary mothers using electronic cash cards proved extremely successful: 95 percent of beneficiary mothers reported to have received their regular payments in full amounts without incurring any additional costs. Encouraged by these results the Ministry of Local Government, Rural Development and Cooperatives (MoLGRD&C) via its Local Government Division (LGD) has requested for IDA support to implement a new project similar to the *Shombhob* Pilot Project nationally as part of the country's overall social protection system.

The *Shombhob* Conditional Cash Transfer (SCCT) Project offers an important additional entry point to connect with these various national platforms, and thereby complement the Bank's existing support for important policy reforms to help build a well-targeted and coordinated social protection system to better serve the needs of the poorest households. The project helps to fulfill two of the main elements of Bangladesh's poverty reduction strategy laid out in the Sixth Five Year Plan (SYFP) which aims to "improve poor households' access to and quality of education, health and nutrition services" and "strengthen the coordination, targeting and coverage of social protection programs." The need to improve nutritional outcomes is also documented in the "*Country Investment Plan: A roadmap towards investment in agriculture, food security and nutrition*," as well as the National Social Protection Strategy which is currently being drafted.

The Project Development Objective is to benefit the poorest households with a coordinated safety net delivery at the local level to improve their access to basic child nutrition and development services. The project beneficiaries would include poor households, specifically poor mothers and their young children below the age of 5 years. It is expected that the proposed project will directly benefit approximately 500,000 beneficiary households which would reach about 2.3 million people. Beneficiary households will receive cash benefits if they fulfill co-responsibilities that involve regular utilization of the following services: (i) GMP services, and (ii) awareness sessions on child nutrition and development (CND). These are a one-time investment in human capital that would enhance poor households' prospects to increase their long-term earnings capacity, thereby preventing the inter-generational transmission of poverty.

CCTs are shown to be more likely to be effective in (i) strengthening human capital when supply-side constraints are addressed simultaneously; (ii) providing transfers to women ensures that the money is spent to benefit children, as well as has a positive impact on women's empowerment; (iii) clear and transparent rules, and beneficiary awareness of them help to ensure program credibility; (iv) a system of control and accountability mechanisms is important to provide transparent, timely and adequate information to management; and (iv) that the right incentives for local governments can help improve local level service delivery.

1.2. Project Description:

Component 1: Cash transfers for beneficiary households. This component will finance quarterly cash transfers to eligible households. Eligibility will be determined by the following two characteristics: (a) household will have to belong to the bottom two expenditure quintiles, and (b) such households must have pregnant women and/or mothers of children below the age of 60 months. There would be four types of co-responsibilities depending on the household demographic composition (see Table 3 below). Cash transfers will be given conditional on utilizing the following services: (i) up to 3 antenatal care visits by pregnant beneficiaries; (ii) monthly growth monitoring and promotion (GMP) of children from 0-24 months; (iii) quarterly GMP for children from 2 to 5 years of age; (iv) monthly attendance at CND awareness sessions by all eligible women. The incentives emphasize the importance of GMP among 0 to 24 month old children, and that of CND awareness among all children below 5. There is a natural exit mechanism whereby the maternal benefit will end once the mother gives birth, and the child cash transfer

will cease once the child reaches 5 five years of age. Further details regarding program rules including possible exceptions will be described in the Shombhob Operations Manual.

To remain consistent with the Government family panning policy, each household will be entitled to benefit payments for only the first and second born child. This implies the average size of the monthly benefit would be about BDT 1000 or about USD 15, which would be around 3% of the estimated 2013 monthly per capita income in Bangladesh and about 10% of the national poverty line. The benefit amount will be revised annually to account for inflation adjustments.

Component 2: Strengthening local level capacity and coordination. This component would provide the necessary inputs to LGD to facilitate the implementation of the proposed cash transfers. This will include strengthening the capacity of: (i) Union Parishads (i.e. union level elected councils) to supervise beneficiary enrolment and administer grievance redress mechanisms; (ii) Community Clinics (CCs) to deliver the ANC and GMP services, and the CND awareness sessions; and (iii) Union Post Offices (UPOs) to make electronic payments to beneficiaries using the Postal Cash Cards (PCCs) upon compliance with co-responsibilities. To facilitate the Union Parishad activities, a “Safety Net Beneficiary Cell” (SNC) will be established at the existing Union Parishad Offices, staffed by one Safety Net Program Assistant (SPA). An enrolment agency will be hired to support in managing the initial large volumes of enrolments in Shombhob in the first two years of implementation. The SNC will mainly liaise with the elected members of the Union Parishad and will report to the local level administration officials (namely the Upazila Nirbahi Office (UNO). Training of the relevant government officials to implement a grievance redress system through the office of the UNO and District Commissioner (DC) will also be financed.

Given the legal mandate of Union Parishads to support the implementation of all SSNs, the SNCs will function as a safety net “one stop shop” for providing citizens with information on these programs, their eligibility criteria, etc. The SPA will be responsible for facilitating this information, and for compiling the beneficiary lists (and their updates through new enrolments) of major SSNs that operate nationally (e.g. EGPP, FFW, TR, Vulnerable Group Feeding, Gratuitous Relief, Old Age Allowance, Widow Allowance, etc.) in addition to managing the Shombhob beneficiary lists.

To ensure regularity in service provision by the CCs that allow the fulfillment of beneficiary co-responsibility, and to avoid over-burdening the CC staff, a NGO will be hired to support each CC with delivering ANC and GMP services to Shombhob beneficiaries. This NGO will also be responsible for offering the CND awareness sessions. The coordination between these local entities will be supervised by the UNO (as per the rules of business) who will be assisted by a Safety Net Program Supervisor (SPS). The SPS will liaise with: (i) Regional Statistics Officers (RSOs) of the Bangladesh Bureau of Statistics (BBS) to determine the beneficiary lists from the Bangladesh Poverty Database (BPD), (ii) the Bangladesh Election Commission (BEC) to ensure all beneficiaries possess the unique National Identification (NID) number; (iii) the Bangladesh Post Office (BPO). All of these activities will be underpinned by an Operations Manual, as well as MOUs signed by LGD with BBS, BEC, and Ministry of Health & Family Welfare (MoHFW), and a service agreement signed with Ministry of Post and Telecommunications (MoPT).

Component 3: Monitoring and evaluation. A robust monitoring and evaluation (M&E) framework will be critical to assess progress in achieving the project’s objectives, and the impact of cash transfers on household poverty and on CND outcomes. This component will thus provide the necessary inputs to set up a project level Monitoring and Evaluation Unit (MEU) at LGD to monitor beneficiary selection, enrolment, compliance with co-responsibilities, payments, case management as well as any grievances or appeals. To facilitate these activities, this component will develop an automated Management Information System (MIS).

To ensure that the project activities are being carried out effectively, this component will also support third party monitoring which will cover: (i) an annual evaluation of the project cycle processes to assess administrative issues and constraints for a sample of locations; and (ii) bi-annual KAP assessments on a random sample of beneficiaries to track project outcomes. These assessments will help to assess and identify areas that require remedial measures and course correction, and thus will be used to inform necessary changes and updates needed to the Operations Manual. Additionally both qualitative and quantitative evaluations will be conducted to assess the impact of the project activities on household poverty and CND outcomes based on household level surveys.

1.3 Potential Effects of SCCT Project on *Small Ethnic Communities*

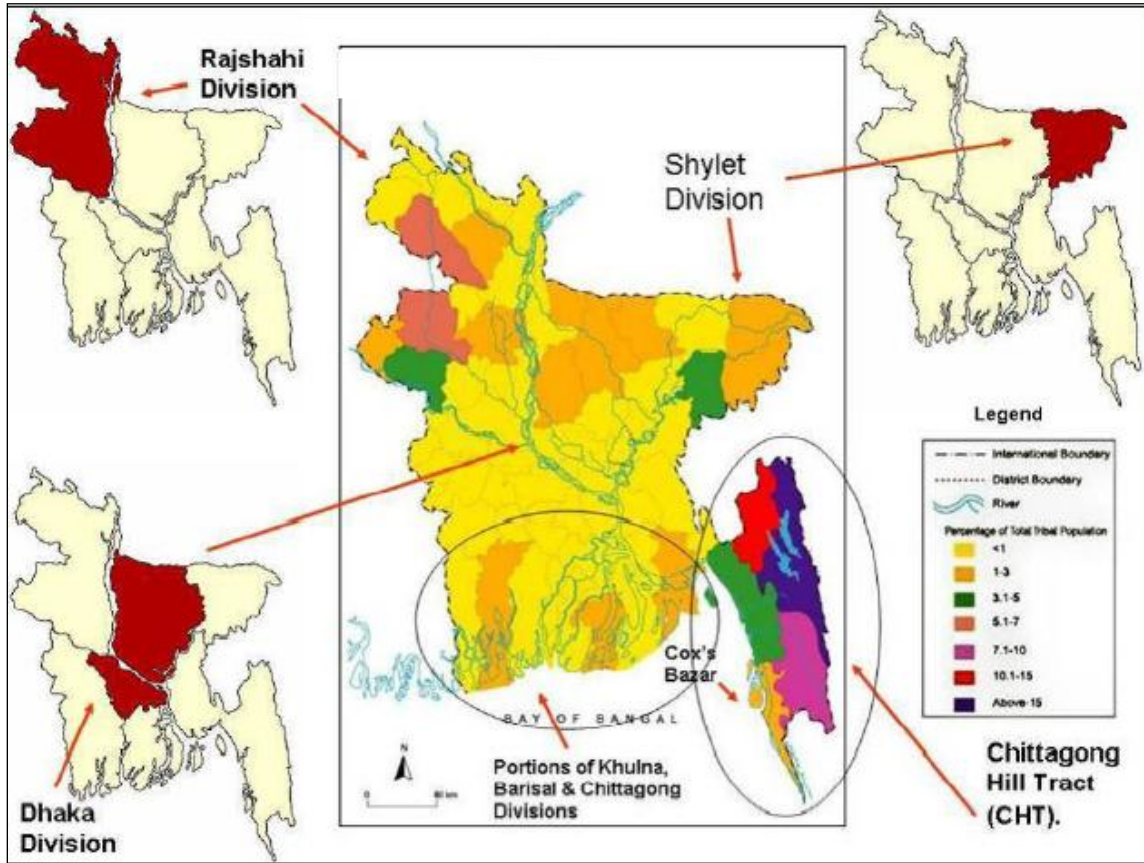
Project activities will not have any adverse social impacts on *small ethnic communities* or other social groups. Instead the Project is expected to provide benefits to *small ethnic communities* through better maternity and child health care through an enhanced understanding of, and participation in, the Conditional Cash transfer project.

2. OVERVIEW OF *Small Ethnic Communities*

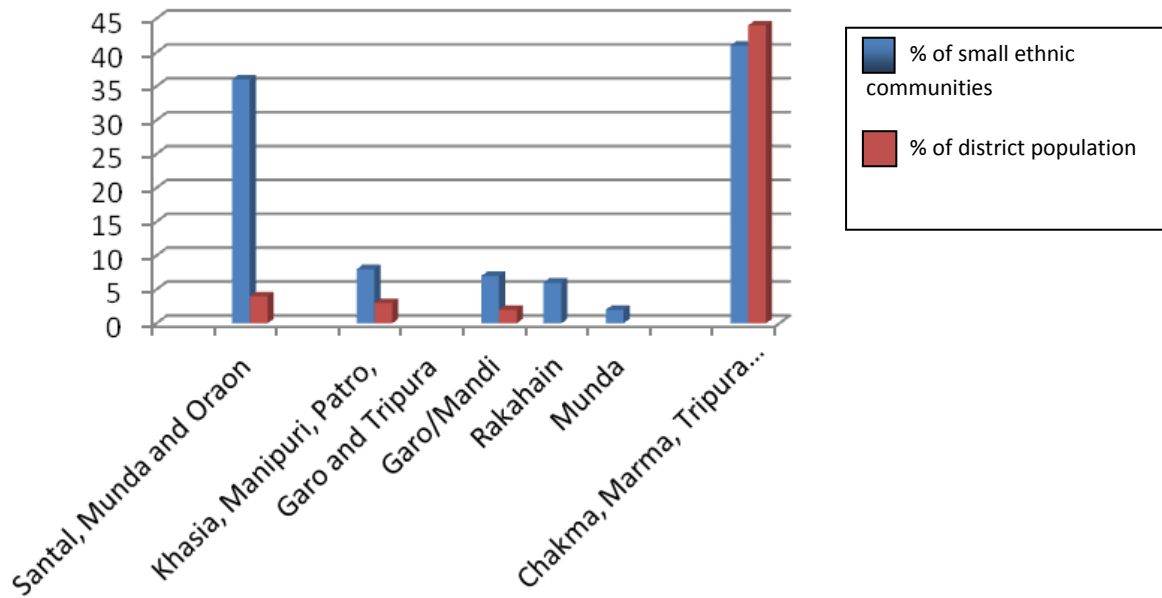
Bangladesh is by and large religiously, ethnically and linguistically homogeneous. Its population is nearly 160 million (estimated 2010); it is roughly 85 percent Muslim, others are mainly Hindu, Buddhist and Christian. More than 99 percent speak Bengali. Bangladesh is rich in cultural diversity due to presence of different small ethnic groups, who are also known and addressed as the *tribes, minor races, ethnic sects and communities*. They are diverse in their culture, language, religion, traditions and patterns of social, economic and cultural life.

The largest concentration is in the Chittagong Hill Tracts but other areas in which these communities live include Chittagong, greater Mymensingh, greater Rajshahi, greater Sylhet, Patuakhali and Barguna. Chakma, Garo, Manipuri, Marma, Munda, Oraon, Santal, Khasi, Kuki, Tripura, Mro, Hajong and Rakhain are some of the well-known *small ethnic communities* of Bangladesh. In the census of 1991 Bangladesh government identifies 29 *small ethnic communities* of population 1,205,978. Different reports provide different numbers of small ethnic population and it is estimated to be around 2 million. As now government documents identify them as *tribes, minor races, ethnic sects and communities*, this document will also refer them as "*small ethnic communities*". The constitution of Bangladesh recognizes the presence of the *tribes, minor races, ethnic sects and communities*. The Articles 28 & 29 of its Constitution make provision of equal rights for its citizens and also stipulates affirmative measures for "disadvantaged sections" of the society. There are also a number of national legal documents (such as the Chittagong Hill Tracts Regulations 1900, Chittagong Hill Tracts Regional Council and Hill District Councils Acts, or the Bengal Tenancy Act, 1950) that have specific legal provisions for "*tribes, minor races, ethnic sects and communities*."

Figure 1: Distribution of small, ethnic communities in Bangladesh



Source: ADB Second Rural Development Project IP Plan, March 2011



The World Bank's Operational Policy on Small ethnic community Peoples (OP 4.10) is triggered because small, ethnic communities are present in the target geographical areas. While no single definition can capture their diversity, in particular geographical areas, small ethnic community people are identified in the policy as distinct, vulnerable, social and cultural group possessing in varying degrees the following characteristics:

- A close attachment to their ancestral territories and the natural resources in these areas;
- Self-identification and identification by others as members of a distinct cultural group;
- An small ethnic community language, often different from the national language; and
- Presence of customary social and political institutions

2.1 Identifying the *small ethnic communities*

Although the *small ethnic communities* in Bangladesh are well recognized locally, the institutions will follow characteristics to make formal identification:

- Self-identification as members of a distinct *small ethnic* cultural group and recognition of this identity by others;
- Collective attachment to geographically distinct habitats or ancestral territories in the subproject area and to the natural resources in these habitats and territories;
- Customary cultural, economic, social or political institutions that are separate from those of the dominant society and culture; and
- A language, often different from the official language of the country or region.

2.2 *Small ethnic communities* in Project Locations

The project covers *small ethnic* people in the plains of Mymensingh and Jamalpur districts. The *small ethnic communities* in these districts are mostly Garo. Garos have own language and are largely part of the mixed with mainstream Bengali communities. Their medium of communication is Bangla although they have their own dialects as well.

In locations where *small ethnic communities* cross administrative boundaries, the whole *small ethnic communities* will be eligible for inclusion under the project. For example, the Shantal community is present in Fulpur upazila in Mymensingh district, and Madhupur upazila in Tangail district, which is not covered under the project – however, the entire Shantal community will be eligible for inclusion provided they meet the poverty and demographic criteria.

3. OBJECTIVES AND PRINCIPLES OF THE *Small Ethnic Communities*

The objective of the *Small Ethnic Communities* Plan is to ensure that *small ethnic communities* are not adversely affected by, or excluded from, the project, and that they receive culturally appropriate benefits from the project. It describes the principles, procedures and organizational arrangements to be applied to *small ethnic communities* for the Project to fully meet the objectives of OP 4.10 and facilitate the active participation of these communities.

The project will take necessary action for awareness raising, mobilization and training campaigns tailored to the needs of Small Ethnic Communities in the relevant locations so that the statutory rights and privileges are not hampered and their customs and norms are not disturbed, rather adequately complied with. For this purpose proper screening of the Small Ethnic Communities in mainstream population areas is needed for identification.

The nature of this project is such that it will positively impact the people belonging to small ethnic communities through measures described in this *Small Ethnic Communities Plan* to ensure their participation. The key principle for ensuring that people of small ethnic communities are able to participate and benefit from the Project is to follow the OP 4.10 provisions for free, prior and informed consultations leading to broad community support concerning small ethnic communities.

The Plan will form an integral part of the project's Operations Manual which will clearly lay out and detail the specific roles and responsibilities at each level of administration.

3.1 Strategic objectives of the *Small Ethnic Communities Plan*

- Identify project interventions and determine their scopes to avoid impacts on small ethnic community peoples.
- Ensure free, prior and informed consultation with the small ethnic community peoples where the project identifies small ethnic community peoples among the beneficiaries. The social assessment carried out for the project has already identified the project areas where there is presence of *Small Ethnic Communities*. Self-identification for the project is encouraged through the registration in the local Union Parishads (UP). Initial consultation with the Small ethnic community mothers, children and community people was done in preparing the *Small Ethnic Communities Plan*. The consultation will be continued prior to registration in all the UPs, utilizing women-members of the relevant UPs, small ethnic community leaders, health workers, and school teachers. Workshops at UP levels, consultation with the government officials and ethnic community leaders and representatives of ethnic community mothers at UNO office, discussions in the primary schools to reach potential children and mothers through peer information dissemination will be used. Posters and leaflets will be posted at common places for public awareness. For the registration, self-identification and information dissemination of the project benefits, cultural activities using popular media and artists will be done before project implementation. Small ethnic community leaders will be included in the process of identification of small ethnic community people for all areas to ensure participation at maximum levels.
- Ensure project benefits are accessible to the small ethnic communities living in the project areas.
- Ensure small ethnic community peoples' participation in the entire process of identification, planning, and implementation of the project.
- Bangladesh Post Office cash cards will be provided to all project beneficiaries including women in small ethnic community areas.

3.2 Social Assessment for the Project:

OP 4.10 requires the undertaking of a social assessment for projects, or sub-projects, affecting small ethnic community peoples, whether positively or adversely. A social assessment was carried out in March-April 2014 in a random sample of 28 unions within the proposed project upazilas.

The assessment covered the following issues:

- Is there a small ethnic community population located in the area?
- Are there any significant social and cultural features that differentiate social groups in the project area?
- If so, are there any specific communication and implementation arrangements that will be required to address their needs?
- Are there specific arrangements or strategies to influence the behaviour of and outcomes for such groups?

3.3 Presence of *Small Ethnic Communities*

On the basis of the Social Assessment and Focus Group Discussions, the following information was collected:

- There are no small ethnic community populations living in Narayanganj and Rangpur Sadar or Hatibandha and Jaldhaka Upazila. There are social and cultural differences in terms of religious practices.
- Under Jamalpur district, Jamalpur Sadar and Bakshiganj upazila have small ethnic community inhabitants; some of them have different languages. However, they speak and understand Bangla.
- Under Mymensingh district, Dhobaura, Gauripur, Haluaghat, Mymensingh Sadar and Phulpur has small ethnic community residents. In Dhobaura, about 7.5% of the total people living in the upazila are part of ethnic communities. They mainly belong to the Garo community. Missionary schools and hospitals are run for them. They speak in Bangla and understand Bangla although Garos have their own language.
- In Gauripur, the small ethnic community population is different in their social and cultural norms and it is proposed that there should be emphasis on their language and educational development. In Haluaghat, there is a settlement of the Garo community and there is a difference in language and the socio economic condition from the rest of the community. People from ethnic communities living in Phulpur have differences in the languages they speak. The ethnic communities have their own social and cultural beliefs and practices.
- Under the Gaibandha District, Gobindaganj and Sadullapur are reported to have residents belonging to an ethnic community. In Gobindaganj, they number 4,000-5,000. Although a different educational system is available to them, their children attend village school following the national curriculum. In Sadullapur, some people from the Santal community live in the Dhaperhat union. Although they have their own language, they also understand Bangla language.

3.4 Consultation and Participation

As per OP 4.10 free, prior and informed consultation with small ethnic community populations must be held. Extensive consultation with small ethnic community people including women and community leaders and relevant UP Chairmen, UNOs and other government officers took place in areas where the Social Assessment demonstrated presence of small ethnic community people, in order to prepare this *Small Ethnic Communities Plan*. The consultations will continue throughout the life of the project. To facilitate consultations, the UP will

- Prepare a timetable for consultations preceding enrolment, and consult them in manners so that the ethnic communities can express their views and preferences freely.
- In addition to the communities in general, consult organizations working with ethnic communities, elders/leaders and others with adequate gender and generational representation; and civil society organizations like NGOs and groups knowledgeable of ethnic communities issues.

During preparation of this Plan, free, prior, and informed consultations were held with Small Ethnic Communities. Consultations were conducted in a culturally appropriate manner and included local traditional structures and small ethnic community peoples' representatives, UNO, relevant government officials, Upazila Parishad chairman, Union Parishad chairman and women members, representatives of the local civil society, leaders of the *Small Ethnic Communities* association regarding the identification of the best possible ways of disseminating the information to the broader community including ethnic mothers and children during the implementation of the project.

Issues Discussed and Feedback

During the consultation, the issues discussed were current socio-economic conditions of the Small ethnic community population, their social and cultural practices, current maternity and child health related practices and availing services including the government and non-government (NGOs) services for maternal and child health, children's schooling and parent-teacher interaction, interaction with health workers. UP members and NGO field workers were also consulted and the issues discussed with them, were focused on women's mobility pattern of small ethnic community women outside their localities to understand access to local community clinics which will be used as the service delivery point for the project.

Possible impact of the CCT services such as the cash transfer itself, child nutrition and development information sessions and growth monitoring services; encouragement provided to pregnant beneficiaries to visit local health clinics for antenatal service on them as perceived by the stakeholders were:

- Women were encouraged by the proposed activities and benefits as these would obviously facilitate and finance better health and nutrition practices for themselves and their children.
- In select project areas where other NGOs such as BRAC and World Vision are active in providing information and advocacy provision were very enthusiastic about the project as it would provide the financial backing required to bring to fruition the efforts of their campaigns
- In areas where there were no existing activities such as described above, women were seen as desperate for project activities to start immediately
- During the consultation with the small ethnic community mothers and children, it came out that in most places Small ethnic community communities are mixed with Bengali communities in the same neighborhood and all of them speak Bangla and understand Bangla. Small ethnic community children are studying in Bangla medium primary schools with other Bengali students. Thus, language is not a barrier for most. However, villages having only Small ethnic community population or isolated geographically from Bengali communities, may need translation of pertinent information in their language.
- Small ethnic community leaders in these communities will be consulted and utilized in awareness raising and motivation for mothers and children to be included as the project beneficiaries. If any portion of Small ethnic community population is not able to access the relevant information due to language barrier, summary will be provided in their local languages and Small ethnic community leaders will be utilized to arrange a discussion with them on these document.

3.5 Consultation Strategy

The following steps will be taken to ensure maximum coverage and dissemination of project information in a participatory manner. At the national level the implementing agency will hire a reputed media firm to design, develop and implement a public information campaign which will cover program objectives, eligibility criteria, benefits and grievance redress mechanisms as part of the project design itself. The firm will be responsible for adopting and incorporating all the elements of this Plan for all project areas where the screening done by the Union Parishad and coordinated by the UNOs shows the presence of small ethnic community people. The UNO will coordinate with the firm regarding all consultation activities and information dissemination for the annual registration process using the steps described below:

- Workshop will be done at the Upazila Parishad and Union Parishad including mothers and children from several unions with small ethnic community leaders, community organizations, civil society, journalists, and school teachers for wider dissemination of the project activities and benefit.
- Cultural activities in the Upazila and Union levels will be arranged by using popular folk media and singers to perform for awareness of the project benefits.
- Rally, posters, billboards will be used for wider dissemination.

- Family Welfare Assistants (FWA) will discuss project benefits while providing services to their clients.
- Campaigns in the local primary schools and ROSC schools will be conducted.
- The firm and the UNO will work with the small ethnic community welfare association members who will participate in the campaign to build trust with local people.
- The campaign will target men in order to gain their partnership in facilitating access and mobility by using local forums such as market places and places of worship.
- Union Parishad meetings will be arranged with women members, health workers, volunteers, representatives of community organizations, welfare associations, NGOs and mothers before registration.
- In remote villages and areas with concentrated ethnic communities, ethnic leaders will be utilized for better communication in the local language with a participatory approach

During the implementation of the project, the approaches described here will be applied in all Union Parishads with small ethnic communities' presence.

3.6 Disclosure of Information, Public Awareness and Access to Information

Consultation has been done with the various stakeholders including small ethnic community mothers in the preparation of the *Small Ethnic Communities Plan*.

- Public Awareness and Campaign in the mentioned approaches will be done to ensure that stakeholders and beneficiaries are aware of their rights and responsibilities under the project, especially the targeted beneficiaries such as small ethnic people and women.
- The project will sensitize and encourage UPs to actively disclose the information to small ethnic communities in culturally sensitive manner and using appropriate tools. Training of UNOs, UP members and Government officials will be arranged by PMU under supervisory roles of a World Bank specialist.
- The *Small Ethnic Communities Plan* will be disclosed on the LGD website. The Bangla translation will be made available at the UP offices of the project areas where small ethnic community people have been identified. An advertisement to that effect will be put in an English and a Bangla newspaper so that people can access the document and comment on it. The English version will be disclosed on the Bank's Infoshop after all clearances have been received.

3.7 Institutional arrangements for *Small Ethnic Communities Plan* implementation

Local governments are formal institutions, officially mandated to deliver a variety of public goods and services at the local level. The assignment of service delivery responsibilities to local governments suggests that government functions should be assigned to the lowest level of government that is capable of efficiently undertaking this function. Because local governments are proximate to the people, they can be expected to deliver services that reflect local priorities and in manners that meet local needs. Moreover, local governments are institutionally sustainable. It is these two key features of local governments – their proximity and institutional viability – that make them so well suited to appropriate and pro-poor service delivery. In addition, using local governments to implement the proposed program

will improve coordination, capacity and accountability of various safety net programs at the local level while not adding any additional fiscal burden.

The following table presents actions with the responsible agencies or persons with timeline.

Action	Responsibility	Timeline
Free, informed consultations with Small Ethnic Communities	UNO Along with Relevant government officials, small ethnic communities, civil societies	Onset of project implementation (first 1 month). The UNO office will be a permanent focal point for information regarding the project at any given time during project implementation.
Communications campaign (customized to local language where needed)	Firm hired by LGD in close coordination with the UNO	Prior to annual registration session
Registration	UP, Relevant government officials	After consultation with small ethnic communities plans is done
Service Delivery	UP, Relevant government officials	Continuous
Monitoring	UNO, LGD local officials	During registration, Continuous check
Reporting	Reporting from PMU to World Bank	Yearly
Evaluation	A Third party firm/NGO	Yearly

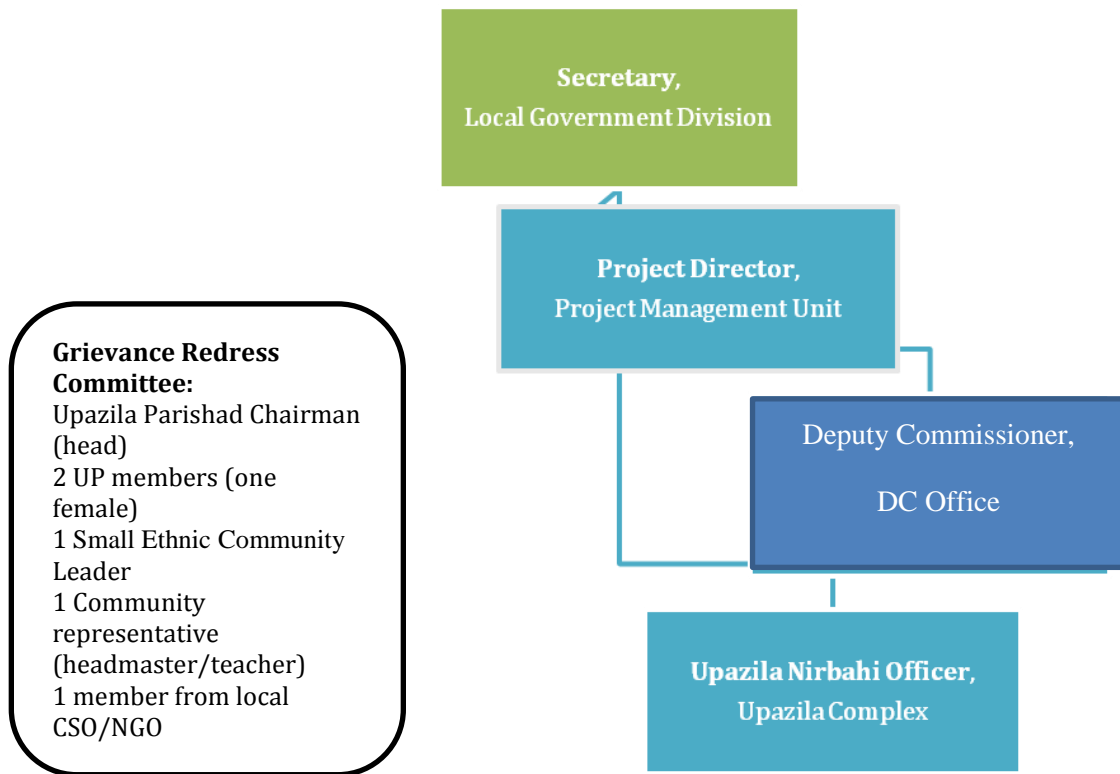
3.8 Orientation and capacity building

UNO, relevant government officials, UP chairman and members, existing CSOs, and small ethnic community associations at the local level will be provided adequate orientation and guidance (with relevant advisory support of WB specialists and experts on small ethnic communities issues) in the implementation of the *Small Ethnic Communities Plan*. Topics covered under the orientation program will include among others roles and responsibilities, cultural sensitive manners of consultation, dissemination and disclosure.

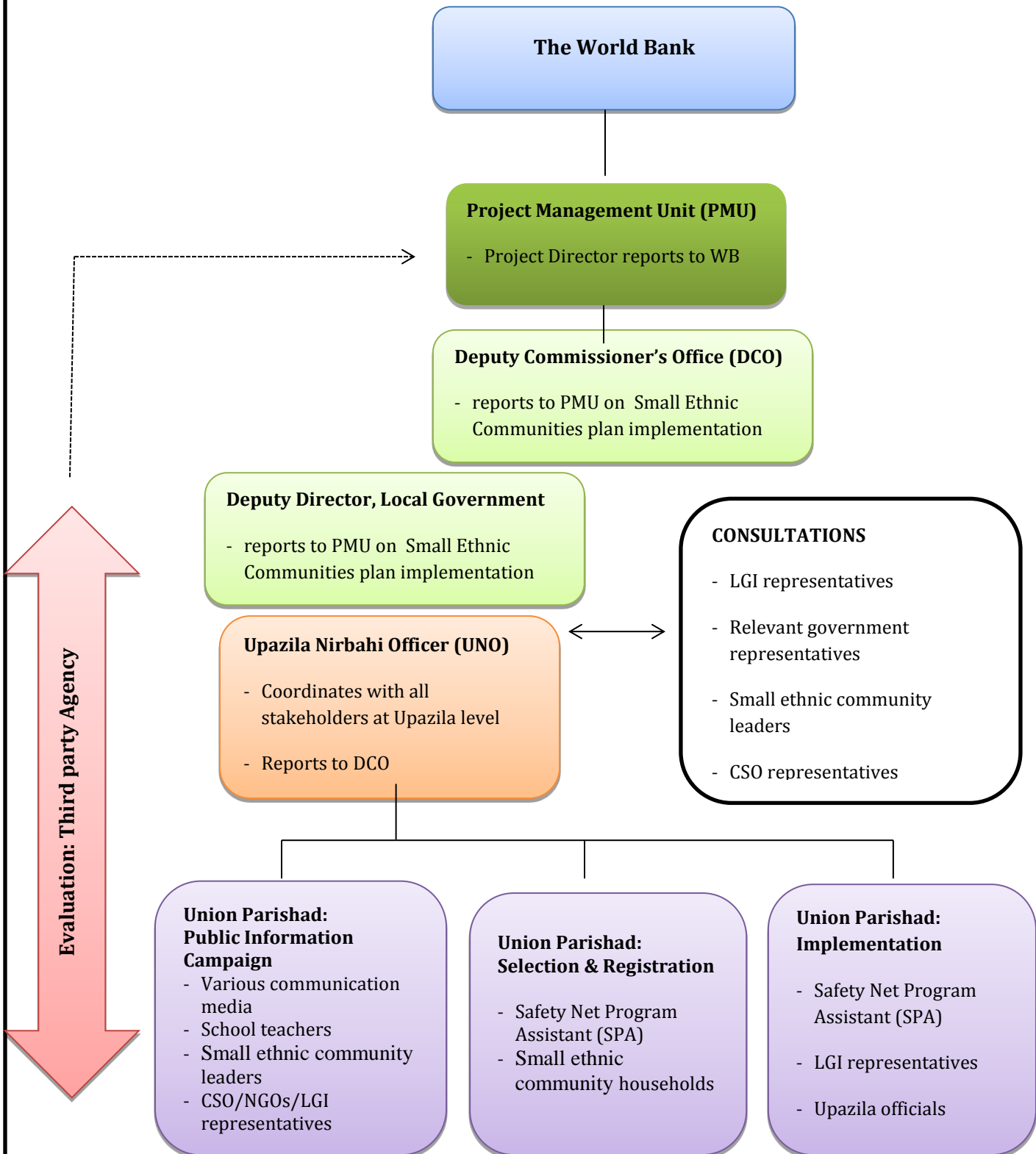
3.9 Grievance redress

The project will ensure that small ethnic community people are aware of and have easy access to grievance redress mechanisms at the local levels regarding their inclusion in the project. The project will develop and mainstream a grievance redress system which will be refined and incorporated within the Operations Manual. The same system will be applicable to Small Ethnic Communities too (in the interest of minimizing duplication and confusion). The first point of contact for any Small Ethnic Community with a complaint will be the UNO. The UNO will register the complaint and form a committee comprising the Upazila Parishad Chairman, two UP members (one female), one ethnic community leader, one member from the local community (school head master or imam) and one representative from a local NGO/CSO. The committee will hear the complaint and resolve it, ensuring that there is adequate documentation detailing the nature of the complaint and steps taken to resolve the issue. If no resolution is

possible at this level (and the records must show this), then the case will be transferred to the DC's office. The DC will sit with the UNO and resolve the issue (the UNO will keep all records to this effect). Failing a resolution, the final stage of the grievance process will then apply which is the intervention of the PMU. The decision taken by the Project Director will be final. If this is not acceptable to the complainant, he/she will be free to seek legal recourse following national laws.



Institutional and Reporting Structure



3.10 Monitoring and reporting arrangements

The UNO, along with UP chairmen and members, will monitor the implementation of the Small Ethnic Communities Plan. CSOs operating in areas with small ethnic communities may informally monitor the participation of small ethnic peoples in local activities. Project staff at the union and upazila levels will report to the Deputy Director, Local Government, who will report to the PMU. The PMU will submit an Annual Report to the Bank with activities and coverage of the project including information on the implementation of Small Ethnic Community Plan. Since the project is designed to have the enrollment/registration process carried out once a year, the PMU will provide its report soon after this process is complete on what activities were taken to ensure participation of small ethnic communities.

Regular monitoring and reporting is needed. An annual review on a random sample of upazilas will be carried out by a firm/NGO that will be responsible for conducting spot checks and assessments on service delivery and beneficiaries. Their scope of work will also include review of the implementation of the Small Ethnic Communities Plan. This will highlight coverage of ethnic mothers and children and the awareness raising activities for ensuring participation and inclusion of poorest ethnic mother and children

ANNEX 1: Consultation with *Small Ethnic Communities Plans* and relevant persons

July 11, 2014

Mymensingh Phulpur Upazila: Upazila office

1. Mr. ASM Ferdous, UNO, Phulpur Upazila
2. Mr. Abul Bashar Akand, UZP Chair, Phulpur Upazila
3. Mr. Ikramul Haque, No 7 Karmganj UP
4. Mr. Dr M A Jabbar, Cairman, Tarakanda 15 no UP, Phulpur Uazila
5. Mr. Raisul Huda, Health and Family Planning Officer
6. Mr. Dr Rana Miah, Upazila Livestock officer
7. Meherunnessa, Uazila Family Planning Officer
8. Mr. Rabindra Biswash, Small ethnic community Welfare Association, Secretary, Phulpur Upazila,
9. Mr. Prashanta Kumar Singh, Bangladesh Khatrio Kallayan Parishad
10. Ms. Monowara Khatun, UZP Vice chairman-woman, Phulpur Upazila
11. Ms. Rabeya Khatun, Chairman, 5 no UP, Phulpur Upazila
12. Ms. Ambia Khatun, Ansar VDP officer, Phulpur Upazila

Patilgaon village, Ruposhi Union, Fulpur Uazila:

Village visit and consultation with *Small Ethnic* Mothers and community people:

Talked to mothers having children below 5 years old, mothers having children older than 5 years, children of all age, community people.

Women Participants are: Ms Aroti, Ms Ashanti, Ms Nirupoma, Ms Sonali, Ms Promity, Ms Vhakti, Ms Bijli, Ms Amonti, Ms Shanti, Ms Chaity, Ms Bina, Ms Boishnobi, Ms Krishna, Ms Kabita, Koli, Kali, Ms Purnima, Ms Rekha, Ms Ritu, Ms Vishnu, Ms Renu, Ms Nidhi, Ms Nishi.

Male participants are: Mr Rabindra, Mr Kishore, Mr Prashanto, Mr Robi.

July 12, 2014

Jamalpur Sadar Upazila, Jamalpur

Mr Kibria, UNO

Mr Teresa Sangma, Small ethnic community Welfare A Jamalpur

Dhengar Gor Garo para:

1. Ms. Happy,
2. Ms Bhakti Sangma
3. Ms Pronali Sangma
4. Ms Bijli Sangma,
5. Ms Ashonti Sangma,
6. Ms Hena Marang,
7. Ms Promiti Sangma

8. Ms Kabita



