Final

Manusher Jonno Foundation

Midterm Evaluation of Partnership for Resilient Livelihoods in CHT Region (PRLC) Project







Faisal M Ahamed
Md Sazzadul Karim
Laila Begum
Prof. Rowshan Ara

Prepared for

Manusher Jonno Foundation
Plot # 3 & 4, Avenue # 3, Hazi Road,
Rupnagar, Mirpur-2, Dhaka, 1216

Dhaka: 10 December 2025

Prepared by:

HDRC **Human Development Research Centre**
humane development through research and action

+88 017 0074 3020 info@hdrc-bd.com www.hdrc-bd.com

PROJECT AND EVALUATION INFORMATION DETAILS	
Category	Details
Project Name	Partnership for Resilient Livelihoods in CHT Region (PRLC)
Country	Bangladesh
Geographical Locations	Bandarban, Khagrachari, and Rangamati Districts
Target Population	Extremely poor, persons with disabilities, vulnerable women, pregnant and lactating mothers, and youths
Direct Beneficiary Number	98,000
Project Purpose	The project's overall goal is to reduce poverty and build resilient livelihoods among diverse ethnic communities, particularly in extremely poor households, in the CHT areas of Bangladesh.
Outcomes	Outcome-1: Sustained livelihoods and income generation amongst the targeted households, Outcome-2: Improved nutritional well-being of the target households, particularly women and children, and Outcome-3: Increased investment of resources by the Government aimed at the most vulnerable regions and population segments in CHT districts
Implementing Organizations	9 Non-governmental Organizations ASHIKA Development Associates [ASHIKA], Hill Flower, Taungya, Progressive, Bolipara Nari Kalyan Somity (BNKS). [BNKS], Gram Unnayon Sangathon [GRAUS], Tahzingdong, Assistance for the Livelihood of the Origins (ALO), Trinamul Unnayan Sangstha [TUS]
Project Duration	January 2023 – December 2026
Project Cost	EURO 6,999,971 (BDT 829,097,560)
Funding Agency	European Union
Aligns with SDGs	SDG 1, 2, 3, 5, 6, 10, and 16
Aligns with MJF's Focused Thematic Issue	Promote and protect the rights and economic empowerment of ethnic people
EVALUATION INFORMATION	
Evaluation Type	Project Evaluation
Evaluation Name	Midterm evaluation of Partnership for Resilient Livelihoods in CHT Region (PRLC) Project
Evaluators	Faisal M. Ahamed (Team Leader), Fouzia Akter (Nutrition Expert), Shafiqul Islam, PhD (Agriculture Expert), Prof. Rowshan Ara, PhD (Women Empowerment & Gender Equity Expert), Md Sazzadul Karim (Disaster Management Expert), and Laila Begum (Statistician/Data Analyst)
Evaluation Period	June-August, 2025
Evaluators' Organisation	Human Development Research Centre (HDRC)

Contents

CHAPTER ONE: INTRODUCTION 1
1.1 Background of the Evaluation 1
1.2 Relevance to National and EU Priorities 1
1.3 Partnership for Resilient Livelihoods in CHT Region (PRLC) Project 2
1.4 The Midterm Evaluation of the PRLC 4
CHAPTER TWO: EVALUATION APPROACH AND METHODOLOGY 6
2.1 Evaluation Framework and Approach 6
2.2 Methodological Framework 7
2.2.1 Data Collection Methods 8
2.3 Data Management and Quality Control 9
2.4 Data Analysis 9
2.5 Data Collection Strategy and Data Quality 10
2.6 Data Management 11
2.7 Ethical Considerations 11
2.8 Limitations 12
CHAPTER THREE: EVALUATION FINDINGS 13
3.1 Project Progress and Effectiveness 13
3.2 Efficiency of Resource Use 18
a) Budget Absorption and Spending Pattern (Years 1–2) 19
b) Reallocation Drivers and Exchange Rate Impact 19
c) Component-Wise Efficiency 19
d) Financial Efficiency Risks 20
3.3 Management Arrangements 22
3.4 Effectiveness of Project Methodologies and Required Adaptation 23
3.5 Impact 24
3.6 Sustainability 25
3.7 Cross-cutting Issues 26
CHAPTER FOUR: PROJECT OUTCOMES 28
4.1 Homogeneity Analysis 28
4.2 Impact (overall objective) Indicator Analysis 29
4.3 Outcome Indicator Analysis 32
CHAPTER FIVE: BEST PRACTICE 41
5.1 Summary of Best Practices 41
5.2 Best Practices 41
5.3 Sustainability Outlook for Best Practices 43
5.3 Case Stories 43
CHAPTER SIX: CHALLENGES AND RECOMMENDATIONS 46
6.1 Challenges 46
6.2 Recommendations 47

6.3 Priority Recommendations 49
CHAPTER SEVEN: CONCLUSION 51
Annex 53

List of Table

Table 1.2: Evaluation Scopes ..... **Error! Bookmark not defined.**
Table 3. 1: Indicative progress and interpretation 13
Table 3.2: Poverty Reduction and Household Economic Security 13
Table 3.3: Outcome-Wise Progress Summary 14
Table 3. 4: Inclusion of marginalized community 15
Table 3. 5: Summary of Capacity Alignment 16
Table 3. 6: Gender-Disaggregated Participation in Key Activities (June 2025) 17
Table 3. 7: Explanation of time and deliveries 17
Table 3. 8: Budget Allocation, Reallocation, and Absorption Performance (Years 1–2) 19
Table 3. 9: Component-Wise Financial Efficiency Assessment (Midterm 2025 19
Table 3. 10: Financial Efficiency Risks and Implications (Midterm 2025) 20
Table 3. 11: Resource Areas-wise Efficiency Judgement 20
Table 3. 12: Coordination Roles, Mechanisms, and Results 22
Table 3. 13: Impact Indicators (changes from Baseline to Midline, June 2025) 24
Table 3. 14: Training outcome and needs for sustainability 26
Table 3. 15: Gender and Inclusion Evidence (June 2025) 27
Table 4.2: Wasting among children under five years according to districts and ethnicity 31
Table 4.3: Underweight among children under five years according to districts and ethnicity 31
Table 4.4: Full-Time Equivalent Employment 33
Table 4.5: Household Annual Expenditure (BDT) 34
Table 4.6: HFIAS Score by region and ethnicity 36
Table 4.7: HDD Score by region and ethnicity 37
Table 4.8: HDD Score by region and ethnicity 39

List of Figures

Figure 1. 1: Components of PRLC i
Figure 2. 1: Overall Evaluation Framework 7

List of Abbreviations

Abbrev	Full Form	Abbrev	Full Form
ANC	*Antenatal Care*	**MAM**	*Moderate Acute Malnutrition*
BDT	*Bangladeshi Taka*	**M&E**	*Monitoring and Evaluation*
CC	*Community Clinic*	**MJF**	*Manusher Jonno Foundation*
CDMC	*Community Disaster Management Committee*	**MIP**	*Multi-annual Indicative Programme*
CHT	*Chittagong Hill Tracts*	**MoCHTA**	*Ministry of Chittagong Hill Tracts Affairs*
CHTRC	*CHT Regional Council*	**MoDMR**	*Ministry of Disaster Management and Relief*
CNSP	*Community Nutrition Service Provider*	**MPI**	*Multidimensional Poverty Index*
DAE	*Department of Agricultural Extension*	**NGO**	*Non-Governmental Organisation*
DLS	*Department of Livestock Services*	**PNC**	*Postnatal Care*
DoF	*Department of Fisheries*	**PNGOs**	*Partner Non-Governmental Organisations*
DRR	*Disaster Risk Reduction*	**PPEPP**	*Pathways to Prosperity for Extremely Poor People*
DSW	*Department of Social Welfare*	**PRLC**	*Partnership for Resilient Livelihoods in the CHT Region*
EU	*European Union*	**PRA**	*Participatory Rural Appraisal*
FGD	*Focus Group Discussion*	**SAM**	*Severe Acute Malnutrition*
FFS	*Farmer Field School*	**SAT**	*Social Accountability Tools*
GoB	*Government of Bangladesh*	**SDG**	*Sustainable Development Goal*
HDDS	*Household Dietary Diversity Score*	**SSN**	*Social Safety Net*
HDRC	*Human Development Research Centre*	**SoP**	*Standard Operating Procedure*
HDC	*Hill District Council*	**SPSS**	*Statistical Package for the Social Sciences*
HFIAS	*Household Food Insecurity Access Scale*	**TTC**	*Technical Training Centre*
HVC	*High-Value Crop*	**ToC**	*Theory of Change*
IFM	*Integrated Farm Management*	**ToR**	*Terms of Reference*
IGA	*Income-Generating Activity*	**UDMC**	*Union Disaster Management Committee*
IP	*Implementing Partner*	**UP**	*Union Parishad*
KII	*Key Informant Interview*	**VET**	*Vocational Education and Training*
		WHO	*World Health Organization*

Executive Summary

Introduction

The Partnership for Resilient Livelihoods in the Chittagong Hill Tracts (PRLC) project, funded by the European Union, aims to reduce poverty and malnutrition and strengthen resilience among marginalized communities in Bangladesh's Chittagong Hill Tracts (CHT). It operates in Rangamati, Khagrachhari and Bandarban districts, targeting poor and extremely poor households, ethnic minorities and other vulnerable groups, and directly benefits around 20,000 households and approximately 98,000 people across eight upazilas and 26 unions. The midterm evaluation (June–August 2025) provides an independent assessment of progress towards three outcomes—(i) sustained livelihoods and income generation, (ii) improved nutritional well-being of target households, particularly women and children, and (iii) increased investment of resources by government and local communities in the most vulnerable areas and population groups of the CHT—by reviewing performance against the approved logframe and OECD-DAC criteria and identifying priority adjustments required before project completion in December 2026.

Methodology

The midterm evaluation used a mixed-methods approach, combining a household survey of 531 PRLC beneficiary households (baseline: 799) with anthropometric measurements for children under five and standard indicators (WHO Anthro, HFIAS, HDDS), and qualitative research. Qualitative data were collected through 39 KIIs, 15 FGDs and six case studies with government officials, project staff, partner NGOs and community groups, including women, ethnic minorities, youth and persons with disabilities. Field teams received three days of training and collected data over 14 days using tablets (Kobo), with close supervision, spot checks and systematic data cleaning. Quantitative data were analysed in SPSS and qualitative data through content analysis, and findings were triangulated to develop the evaluation's conclusions and recommendations.

Key Evaluation Findings

By mid-2025, PRLC has made strong but uneven progress. Many impact-level indicators already meet or exceed 2026 targets, especially on poverty reduction, food security and child nutrition, while several critical outputs—seed banks, producer–buyer linkages, VET/apprenticeships, maternal health services and social protection—remain seriously behind and pose risks for endline results.

The headcount poverty ratio fell from 99.6% to 74.4%, household income and expenditure increased, and 12,730 farmers completed IFM–FFS training, with 88.1% reporting higher agricultural production; youth full-time equivalent employment rose from 0.67 to 0.80, about 6,470 farmers received crop grants, and around 40 women-led small businesses were established.

Food security and nutrition improved sharply: HDDS rose from 3.90 to 6.13, HFIAS fell from 16.77 to 2.24, the share of under-five children with normal height-for-age increased from 36.8% to 64.1%, severe stunting declined from 40.0% to 16.0%, and reported exclusive breastfeeding for children 0–23 months increased from 43.5% to 91%. Access to primary health facilities rose from 77% to 96.6% of households and safety-net coverage from 16% to 21%, yet only just over 14% of women completed the full ANC/PNC package.

Resilience and DRR capacities have strengthened, but remote para remain highly exposed to shocks. PRLC has deliberately targeted women, ethnic minorities, ultra-poor households and youth; women's participation and decision-making have improved, and 146 selected women farmers received entrepreneurship training, although entrenched gender norms still limit their leadership and control over major financial decisions.

Efficiency, management, and coherence

Budget execution and reallocations have broadly followed implementation needs, but delays in Phase-2 cash transfers and VET/apprenticeships have slowed some livelihood results. Seed banks and formal producer–buyer linkages had recorded 0% progress by June 2025, only 12 of 15 collection points were operating regularly, and use of the digital farmer platform remained very low. Management arrangements between MJF, partners and local authorities are functional and have enabled rapid roll-out of community-based groups (FFS, mother groups, adolescent and DRR groups), with 95.9% of FFS graduates applying improved practices and strong uptake of homestead gardening and small livestock. Alignment with national policies and the EU MIP 2021–2027 is strong, but weak, disaggregated budget data limit assessment of changes in government allocations to the CHT; the evaluation therefore proposes refocusing Outcome 3 on beneficiaries' awareness and use of social protection schemes.

Sustainability

Prospects for sustainability at household and community level are good: most trained farmers continue to apply improved practices, gains in dietary diversity are substantial, and community groups, nutrition volunteers and DRR volunteers remain active. However, the long-term sustainability of market linkages, VET/apprenticeships, digital services and social protection outcomes depends on stronger anchoring within government systems and clear handover arrangements with Union Parishads and line departments.

Lessons Learned

Key lessons are that integrated livelihood–nutrition packages work better than stand-alone activities; community groups are critical but must be formally linked to local government; women and youth deliver quick gains when supported; system-dependent interventions need stronger risk management; and clear, consistent indicators are essential for credible tracking and course correction.

Challenges

Geographical, transport**,** and security barriers: Hilly terrain, poor infrastructure, high transport costs and periodic security/mobility restrictions slow implementation and limit access to markets, health facilities and project services, especially in remote Para.

Weak market and livelihood systems: Seed banks remain non-operational, formal producer–buyer linkages have not materialised, only part of the collection-point network is fully functional, and VET/apprenticeship opportunities for youth are still very limited.

Health and nutrition service gaps in remote areas: Maternal health service utilisation (ANC/PNC) is low, Community Clinics and hospitals are hard to reach, SAM treatment corners are unavailable at upazila level, and these constraints reduce the impact of improved nutrition practices.

Limited and uneven social protection and governance support: Access to safety nets has improved only modestly, joint SSN actions and Union Parishad engagement are uneven, disaggregated budget data are unavailable, and remote and ethnic minority households still face barriers to information and registration.

Capacity and behaviour constraints: Shortages of government staff (agriculture, livestock, health), low participation in some training sessions, and entrenched food habits in some indigenous communities continue to limit the uptake of new practices and the depth of behaviour change.

Recommendations

Accelerate lagging outputs and “red flag” indicators**:** Fast-track seed banks, producer–buyer linkages, the digital farmer platform, VET/apprenticeships and ANC/PNC completion with a clear acceleration plan, quarterly review and focused technical backstopping.

Consolidate integrated livelihood–nutrition packages**:** Maintain and deepen the combined IFM–FFS, cash grants, homestead gardening, small livestock and nutrition counselling package so that hard-won gains in income, food security and child nutrition are sustained and not diluted.

Strengthen health and nutrition services in hard-to-reach areas**:** Expand outreach (mobile clinics, community sessions), push for functional SAM treatment at upazila level and systematically promote full ANC/PNC coverage, prioritising remote para and high-risk unions.

Deepen market access and youth economic opportunities**:** Make collection points fully functional, broker concrete producer–buyer agreements, and scale up context-appropriate vocational training and apprenticeships so youth and farmers can translate higher production into stable income.

Improve access to social protection and adjust Outcome 3**:** Intensify support for poor and remote households to understand and apply for safety-net schemes, and revise Outcome 3 to focus on beneficiaries’ awareness and utilisation of social protection, rather than nominal government allocation figures.

Anchor community structures and DRR in local systems**:** Formally link FFS, mother groups, youth and DRR groups to Union Parishads and line departments, integrate community DRR plans into Union/Upazila disaster structures, and agree on light, affordable post-project support.

Tighten indicator design and use of monitoring data**:** Harmonise problematic indicators (HFIAS scale, breastfeeding age range, government-allocation proxy) and use routine monitoring and disaggregated data more systematically for mid-course correction, especially on gender, ethnicity and remoteness.

Conclusion

The midterm evaluation finds PRLC broadly on track, with several impact and outcome indicators on poverty, food security, child nutrition, and basic service access already meeting or exceeding 2026 targets. However, key system-dependent outputs—market linkages (seed banks, collection points, producer–buyer arrangements), VET/apprenticeships, completion of ANC/PNC packages and effective access to social protection—remain underachieved and threaten full results realisation. The remaining period should therefore focus on consolidating the integrated livelihood–nutrition model, implementing targeted acceleration plans for these lagging outputs, and securing institutional anchoring of community structures and DRR mechanisms within government and local governance systems to strengthen sustainability.

Infograph on Major Achievement

INDICATOR	Baseline (value & reference year)	Midterm Status (2025)
Population below the international poverty line	99.6%	74.4%
Stunting among children under five years	63.2%	38.5%
Households with increased resiliience	33.2%	39.8%
Households with increased agricultural	52.0%	64.0%
Food secured households	2.0%	30.3%
Exclusive breastfeeding	43.5%	91.0%
Access to primary healthcare	77.0%	96.6%
Empowerment and housedold decision-making authority among Women		
Purchasing food	8.9%	16.3%
Children's education	9.3%	14.4%
Marriage of family members	8.3%	13.7%
Control over family resources	13.9%	16.5%

PRLC Logframe Indicator Status at Midterm (2025)

This midterm review assesses the project's progress against its 2026 logframe targets, examining achievements across impact, outcome, and output levels. The analysis compares baseline values, midterm performance, and planned targets using the latest available data (June 2025) to determine project progress. The findings highlight significant successes in poverty reduction, nutrition, and healthcare access, alongside persistent challenges in market linkages, vocational training, and service delivery for vulnerable groups. The review also identifies indicators requiring recalibration, clarifies potential data issues, and provides targeted recommendations to guide implementation in the remaining project period.

By mid-2025, the proportion of the population living below the international poverty line dropped significantly to 74.4%**,** surpassing the 2026 target of 99% and showing major progress from the 99.6% baseline in 2024, indicating the project has already achieved this SDG 1.1.1-aligned indicator. The prevalence of stunting among children under five has reduced dramatically from 63.2% (2024) to 38.5% (2025), far exceeding the 2026 target of 62.2%. Wasting prevalence has also nearly met the endline target at 11.9%, against a goal of 11.7%. Resilience to climate change improved to 39.8%, surpassing the 35% target. These trends suggest that some targets were initially conservative and could be revised upwards to maintain ambition and reflect current progress trajectories.

The program should consider revisiting the target set for poverty reduction. A decrease to 99% from 99.6% (0.6% change) does not have any significance in terms of statistical or program perspective. The program should set a realistic end target for this impact indicator that would mean measurable changes for the target community and the program can attribute its work to the socio-economic changes for the targeted poor and ultra poor households in CHT.

In Outcome 1—focused on sustained livelihoods—several indicators have already exceeded expectations. The number of full-time equivalent jobs reached 0.80 compared to the 2026 target of 0.68, while the proportion of beneficiary households with increased agricultural production stands at 64%, surpassing the 60% target. Household expenditure has increased by 19.3% (BDT 7,599 average) towards the 25% target, indicating steady economic improvement. However, within the outputs, some areas lag significantly. While 12,730 farmers have been trained in Integrated Farm Management against a target of 12,000, only 6,473 farmers have received crop production grants, achieving 32.4% of the target. The cash grant support was planned in two phases. The first phase target is fulfilled, achieving 100% against its target. The project has a target to distribute the cash grants to 100% beneficiaries by December 2025. Similarly, community-managed seed banks and producer-market linkages have recorded 0% progress, and only 87 farmers (2.9%) have engaged with the networking digital platform, showing major implementation gaps.

Outcome 2—targeting nutritional well-being—presents a mixed picture. The mean Household Dietary Diversity Score is 6.13, surpassing the 2026 target of 4.5, and exclusive breastfeeding rates have risen to 91%, far above the 55% target. Women's empowerment indicators have improved, with decision-making on food purchasing increasing from 8.9% to 16.3%, though control over resources remains slightly below the final target. However, food security, according to HFIAS, shows a puzzling drop to 2.24%, far from the 17.2% target, suggesting a possible measurement or reporting issue that needs urgent review. On the output side, while nutrition and health knowledge reached 100% of the target, critical service delivery gaps remain—only 358 pregnant mothers have received full antenatal and postnatal care (16.3% of the target), and just 9.81% of households have adopted improved nutritious recipes.

The outcome indicator 2.3 "Percentage of children under two years of age who were exclusively breastfed in the target areas", does not follow the standard WHO indicator guidelines for such IYCF indicators. This indicator is not commonly defined in this manner, and there is hardly any comparable data available for this indicator that can be used to measure project performance in terms of nutrition improvements undertaken. This indicator needs to be re-articulated.

Outcome 3—focusing on government resource investment—has recorded impressive progress in healthcare access, with 96.6% of extremely poor households having access to primary health facilities, compared to an 83% target. Safety net programme access is 21%, close to the 22% target. However, the percentage of budgetary allocation for social safety nets remains unreported ("TBD"), indicating a need for stronger data tracking. Disaster preparedness outputs show that 112 volunteers were trained (64.4% of the target), and disaster management committees were functional in all targeted locations. Yet, only 4 joint social security actions have been implemented, reaching 33.3% of the goal.

In the course of the field survey, the team faced many challenges in accessing necessary disaggregated information for the Outcome indicator 3.3 "Percentage of budgetary allocation for the social safety net services for marginalized and ethnic people in the target areas". Hence, the evaluation team proposes the following indicator for assessment: "Percentage of marginalised and ethnic households in the target areas that can name at least one social protection scheme they are eligible for and know how to apply," considering the project's ongoing activity to raise awareness among people on accessing Social Safety Net programmes. This shifts the focus from government budget allocations (which can be politically sensitive and difficult to obtain accurately) to actual service accessibility knowledge of beneficiaries and directly reflects the project's contribution to improving access and coverage, and is easier for field teams to verify.

Given these findings, several recommendations emerge. First, indicators where progress has already exceeded or is close to exceeding endline targets—such as poverty reduction, stunting, agricultural production, dietary diversity, and breastfeeding—should continue to sustain the achievements. Second, severely underachieved outputs, including seed bank beneficiaries, producer-market linkages, digital farmer networking, VET apprenticeships (currently at 0%), and social security actions, require targeted interventions and possibly phased or adjusted targets. Third, ambiguous or problematic indicators, such as the HFIAS food security score, should be clarified or redefined, ensuring accurate measurement and interpretation. Lastly, introducing quarterly monitoring of lagging indicators and adding qualitative measures of sustainability would help maintain focus on both the pace and quality of impact.

Furthermore, due to challenges in obtaining disaggregated budget data, the evaluation team proposes replacing the original 3.3 indicator with: "Percentage of marginalized and ethnic households that can name at least one social protection scheme they are eligible for and know how to apply." This focuses on beneficiaries' awareness and access to knowledge, directly reflecting the project's contribution and aligning with ongoing community awareness activities.

The MIS system for the project needs updating beneficiary profile information to maintain the records based on the disaggregation level proposed in the logframe. The age or household head-based disaggregated data were not available in the MIS system to report on the mid-term Evaluation. The MIS system needs to design its data management system based on the approved logframe.

Matrix 1: Status of PRLC Project Logframe Indicators at Midterm (2024)

Indicator	Baseline (value & reference year)	Target (value & reference year)	Midterm Status (2025)	Remarks
Legends Achieved / Highly likely to achieve / Challenging to Achieve / Lagging/ Unlikely to achieve				
Impact (Overall objective): To contribute to poverty reduction and resilient livelihoods of extremely poor households in the three Chittagong Hill Tracts (CHT) districts of Bangladesh				
1. Proportion of population below the international poverty line (disaggregated by sex, age, employment status, and urban/rural) (Aligned with SDG 1.1.1)	99.6% (2024)	99% (2026)	74.4% (2025)	Achieved
2. Prevalence of stunting among children under five years (Aligned with SDG 2.2.1)	63.2% (2024)	62.2% (2026)	38.5% (2025)	Achieved
3. Prevalence of wasting among children under five years (Aligned with SDG 2.2.1)	12.2% (2024)	11.7% (2026)	11.9% (2025)	Achieved
4. Proportion of beneficiary households with increased resilience to climate change and other shocks (Aligned with SDG 13)	33.2% (2024)	35% (2026)	39.8% (2025)	Achieved
Outcome 1. Sustained livelihoods and income generation amongst the target households in the CHT districts				
1.1. Number of full-time equivalent (FTE) jobs created/sustained through the intervention, supported producers, businesses and Vocational Education and Training (VET) graduates (Aligned with GERF 2.13a)[1]	0.67 (2024)	0.68 (2026)	0.80 (2025)	Achieved

[1] The baseline survey considered youth (18-34 years) who work at least 8 hours per day for this indicator. The midterm survey adopted the same approach based on the understanding from the baseline report.

Indicator	Baseline (value & reference year)	Target (value & reference year)	Midterm Status (2025)	Remarks
Legends Achieved | Highly likely to achieve | Challenging to Achieve | Lagging/ Unlikely to achieve				
1.2 Percentage of beneficiary households in target communities with increased agricultural production (disaggregated by sex of household head)	52% (2024)	60% (2026)	64% (2025)	Achieved
1.3. Percentage of beneficiary households in target communities whose mean monthly expenditure has increased (disaggregated by sex of household head)	0% (2024) BDT 6371 (average expenditure of the HH)	25% (2026)	19.3% (2025) BDT 7599 (average expenditure of the HH)	Achieved
Outcome 2. Improved nutritional well-being of the target households, particularly women and children, in the CHT districts				
2.1 Percentage of participant households food secured according to the Household Food Insecurity Access Scale (HFIAS)[2]	16.77 (2024)	17.2% (2026)	2.2 (2025)	Achieved
2.2 Mean Household Dietary Diversity Score (HDDS) in the target areas	3.70 (2024)	4.5% (2026)	6.13% (2025)	Achieved
2.3 Percentage of children under two years of age who were exclusively breastfed in the target areas (disaggregated by sex and district)	43.5 % (2024)	55% (2026)	91.0% (2025)	Achieved

[2] Within the text in the baseline report, 2% of households are food secure (page 77), which is 30.3% at the mid-term. However, the tabulated value at baseline refers to the average HFIAS score of 16.77 (page 76), which is 2.2 (86.9% decrease) according to the adopted scoring mechanism. It is worth noting that, based on the existing assessment system, a decrease in HFIAS score may indicate a shift towards increased food security.

Indicator	Baseline (value & reference year)	Target (value & reference year)	Midterm Status (2025)	Remarks
Legends Achieved | Highly likely to achieve | Challenging to Achieve | Lagging/ Unlikely to achieve				
2.4. Proportion of programme participant women demonstrating increased empowerment and household decision-making authority (food purchasing, children's education and marriage, control over resources)	Purchasing food: 8.9% Children's education: 9.3% Marriage of family members: 8.3% Control over family resources: 13.9% (2024)	Purchasing food: 12% Children's education: 15% Marriage of family members: 10% Control over family resources: 18% (2026)	Purchasing food: 16.3% Children's education: 14.4% Marriage of family members: 13.7% Control over family resources: 16.5% (2025)	Achieved
Outcome 3. Increased investment of resources by the Government aimed at the most vulnerable regions and population segments in the CHT districts				
3.1. Percentage of extremely poor households in the target communities that have access to the safety net programme	16% (2024)	22% (2026)	21.0% (2025)	Achieved
3.2. Percentage of extremely poor households in the target communities that have access to primary level healthcare facilities	77% (2024)	83% (2026)	96.6% (2025)	Achieved
3.3. Percentage of budgetary allocation for the social safety net services for marginalized and ethnic people in the target areas	1.2% (2024)	1.33% (2026)	TBD	-
Output 1.1. Strengthened capacities of targeted extremely poor households/farmers in improved agricultural practices and high-value crop production				
1.1.1. Number of Integrated Farm Management- Farmer Field School (IFM-FFS) trained farmers with increased knowledge and skills of agricultural practices (disaggregated by sex, age and district)	0 (2024)	12,000 (2026)	12730 (2025)	Achieved 100%
1.1.2. Number of farmers trained on high value crop production, with increased knowledge and skills in the subject area (disaggregated by sex, age and district)	0 (2024)	250 (2026)	229 (2025)	Achieved 91.6%; 8.4% yet to achieve

Indicator	Baseline (value & reference year)	Target (value & reference year)	Midterm Status (2025)	Remarks
Legends Achieved | Highly likely to achieve | Challenging to Achieve | Lagging/ Unlikely to achieve				
1.1.3. Number of farmers that have received cash grants to get involved in crop production, (disaggregated by sex, age, district and type of grant)	0 (2024)	20,000	6473 (2025)	Achieved 32.4%; 67.6% yet to achieve
1.1.4. Number of farmers that have benefitted from the community managed seed banks (Disaggregated by sex, age and district)	0 (2024)	2000 (2026)	0 (2025)	Challenging to achieve. However, the seed bank establishment is in progress.
Output 1.2. Improved market linkages of targeted farmers				
1.2.1 Number of collection points operated (bulking and trading) through the community (on average twice in a week, with at least 30% percent women in leadership roles), with the intervention support (disaggregated by district)	0 (2024)	15 (2026)	12 (2025)	Achieved 80%; 20% yet to achieve.
1.2.2. Number of producers who have established linkages with market actors through the community-operated collection points (Aligned with GERF 2.1)[3]	0 (2024)	1300 (2026)	0 (2025)	Lagging
Output 1.3. Increased networking and knowledge dissemination within the targeted farmers				
1.3.1. Number of farmers who received support from the farmers' networking digital platform (disaggregated by sex, age and district)	0 (2024)	3,000 (2026)	87 (2025)	Achieved 2.9%; 97.1% yet to achieve
Output 1.4. Enhanced capacities of selected women farmers on entrepreneurship Development – both individual and collective				

[3] Out of 531 households surveyed during the midterm evaluation, 64% were accociated with crop cultivarion (#340). Out of these 340 households, 49 (14.4%) reported having access to collection point and 36 (10.6%) were benefited form the collection points.

Indicator	Baseline (value & reference year)	Target (value & reference year)	Midterm Status (2025)	Remarks
Legends Achieved | Highly likely to achieve | Challenging to Achieve | Lagging/ Unlikely to achieve				
1.4.1. Number of selected women farmers trained on entrepreneurship development and having increased knowledge of the subject area (disaggregated by age, district and type of business)	TBD (2024)	150 (2026)	146 (2024)	Achieved 97.3%; 2.7% yet to achieve
1.4.2. Number of small businesses established by the trained farmers with the intervention support (disaggregated by district and type of business)	0 (2024)	105 (2026)	40 (2025)	Achieved 38.1%; 61.9% yet to achieve
Output 1.5. Strengthened the capacities of the line departments on technical services				
1.5.1. Number of staff of line departments with increased knowledge on climate-smart IFM-FFS implementation and their role in monitoring and backstopping as a result of training (disaggregated by sex, age, department, and district)	0 (2024)	90 (2026)	90 (2024)	Achieved 100%
1.5.2. Number of monitoring visits (DAE, DLS, DoF) and follow-up support visits made to communities by the line department members, with the intervention support	0 (2024)	800 (2026)	130 (2025)	Lagging
Output 1.6. Enhanced vocational skills of youth in the CHT districts				
1.6.1. Number of targeted youths graduated in VET from (accredited) partner institutions (disaggregated by sex, age, district, and trade) (Aligned with GERF 2.14a)	0 (2024)	120 (2026)	44 (2025)	Achieved 36.7%; 63.3% yet to achieve
1.6.2. Number of VET graduates placed with relevant enterprises/businesses for apprenticeships (disaggregated by sex, age, district, and trade)	0 (2024)	30 (2026)	0 (2025)	Lagging
Output 2.1. Improved nutrition governance system in the CHT areas				

Indicator	Baseline (value & reference year)	Target (value & reference year)	Midterm Status (2025)	Remarks
Legends Achieved / Highly likely to achieve / Challenging to Achieve / Lagging/ Unlikely to achieve				
2.1.1. Number of comprehensive plans developed to improve nutrition-focused governance system in the targeted areas	TBD (2024)	8 (2026)	1 (2025)	Lagging
2.1.2. Number of community groups supported to monitor community clinics in the targeted areas (disaggregated by district)	TBD (2024)	26 (2026)	26 (2025	Achieved 100%
Output 2.2. Increased awareness and knowledge of communities on behavioral change and primary health care services in the CHT districts				
2.2.1. Number of households with improved knowledge on nutrition and primary health care services (disaggregated by sex of head and district)	0 (2024)	4,080 (2026)	4160 (2025)	Achieved 100%
Output 2.3. Improved nutritional care of children under five, and women of childbearing age				
2.3.1. Number of pregnant mothers who received antenatal care at least three times and post-natal care at least one time by the intervention-supported health care workers (disaggregated age and district)	TBD 2024)	2200 (2026)	358 (2025)	Achieved 16.3%; 83.7% yet to achieve
2.3.2. Percentage of targeted households that are supported to adopt at least one improved nutritious recipe in their daily cooking (disaggregated by sex of head and district)	0 (2024)	20% (2026)	9.81% (2025)	10.2% yet to achieve
Output 2.4. Enhanced access to homestead farming for the targeted households				
2.4.1. Number of households engaged in homestead gardening and poultry rearing following awareness raising and provision of inputs (disaggregated by sex of head and district)	0 (2024)	4000 (2026)	1165 (2024)	Achieved 29.1%; 70.9% yet to achieve
Output 3.1. Strengthened capacities of communities on disaster preparedness in the CHT districts				

Indicator	Baseline (value & reference year)	Target (value & reference year)	Midterm Status (2025)	Remarks
Legends Achieved | Highly likely to achieve | Challenging to Achieve | Lagging/ Unlikely to achieve				
3.1.1. Number of community volunteers with increased disaster preparedness knowledge and expertise as a result of orientations and training (Disaggregated by sex, age and district)	0 (2024)	180 (2026)	112 (2025)	Achieved 64.4%; 35.6% yet to achieve
3.1.2. Number of local level disaster management committees made functional at union and upzaila level through orientations	TBD 2024)	12 (2026)	12 (2025)	Achieved 100%
Output 3.2. Increased access to social security services for the most vulnerable households				
3.2.1. Number of actions focusing on social security services jointly planned and implemented by the targeted social protection actors, with the intervention support	TBD 2024)	12 (2026)	4 (2025)	Achieved 33.3%; 66.7% yet to achieve

CHAPTER ONE: INTRODUCTION

1.1 Background of the Evaluation

Bangladesh has made steady progress in reducing poverty, yet pockets of extreme deprivation remain, particularly in the Chittagong Hill Tracts (CHT). The region faces intertwined challenges of remoteness, ethnic diversity, fragile governance, and limited market access that hinder inclusive development. According to the PRLC Baseline Study (2024), 99.6 percent of sampled households lived below the international poverty line (USD 2.15 per day), and 99.1 percent were multidimensionally poor. These figures highlight the structural disadvantage and vulnerability of CHT households compared with national averages.

Several projects are running in the Chittagong Hill Tracts (CHT) to improve community life and protect the environment. UNDP's SID-CHT works on local development, basic services, and livelihoods. ICIMOD's GRACE project focuses on climate adaptation and water management. ADB is improving safe water and sanitation in towns like Lama. UNICEF and the government also support education, culture, and child wellbeing. Together, these programs aim to bring sustainable development and peace to the CHT.

The Partnership for Resilient Livelihoods in the CHT Region (PRLC) project was designed to respond to these inequalities. Building on lessons from the EU-supported Pathways to Prosperity for Extremely Poor People (PPEPP) Programme, it aims to strengthen livelihoods, improve nutrition, and enhance resilience among extreme-poor and marginalized communities across Bandarban, Khagrachari and Rangamati districts. Its integrated approach—linking climate-smart agriculture, market development, nutrition promotion, and social protection—directly contributes to Sustainable Development Goals 1 (No Poverty), 2 (Zero Hunger) and 5 (Gender Equality).

To address these challenges, the Manusher Jonno Foundation (MJF) has been implementing a comprehensive and multidimensional project called the *"Partnership for Resilient Livelihoods in the CHT Region (PRLC)*" with the funding support of the European Union.

1.2 Relevance to National and EU Priorities

The PRLC Action aligns closely with the European Union's Multi-Annual Indicative Programme (MIP) for Bangladesh (2021 – 2027), notably:

- **Priority Area 2**: *Food and Nutrition Security and Sustainable Development, and*
- **Priority Area 3**: *Education and Human Development.*

It also supports the **EU Gender Action Plan III**, **Thematic Area 4** – *Promoting Equal Participation and Leadership, by advancing women's economic empowerment and leadership in local markets and farming systems.*

At the national level, the project complements the Government of Bangladesh's Vision 2041 and the 8th Five-Year Plan (2021 – 2026), both of which emphasize equitable growth, decentralization, and regional parity. The Ministry of CHT Affairs (MoCHTA) recognizes the CHT as one of the most disadvantaged regions in income, health, education, infrastructure, and social cohesion. The PRLC intervention directly responds to the 8th plan's targets for expanding cottage industries, livestock, beekeeping, fruit and medicinal-plant cultivation, and non-farm employment in the hills. By promoting climate-smart livelihoods, entrepreneurship, and skill development, the project contributes to inclusive rural transformation and social cohesion in line with both the EU and GoB strategic frameworks.

1.3 Partnership for Resilient Livelihoods in CHT Region (PRLC) Project

The PRLC is a 4-year project spanning from January 2023 to December 2026. The project focuses on improving livelihood, nutrition, market linkages, and social protection for the marginalized communities in these districts. By strengthening local capacities, the project aims to create sustainable livelihoods, enhance food security, and increase resilience to climate shocks. By the end, the project will reach 20,000 households and approximately 98,000 people across 8 Upazilas and 26 districts in the three hill districts of Rangamati, Bandarban, and Khagrachari.

Aligned with Bangladesh's 8th Five-Year Plan, Vision 2041, and the EU Multi-annual Indicative Programme (2021-2027), PRLC directly contributes to SDG 1 (No Poverty), SDG 2 (Zero Hunger), and SDG 5 (Gender Equality). By integrating livelihoods, nutrition, and governance, the project seeks to create resilient, self-reliant communities and sustainable pathways out of extreme poverty in the Chittagong Hill Tracts.

PRLC Project Goal: The project's overall goal is to reduce poverty and build resilient livelihoods among diverse ethnic communities, particularly in extremely poor households, in the CHT areas of Bangladesh.

i) The PRLC Project's Target Outcomes

Outcome-1: Sustained livelihoods and income generation amongst the targeted households,

Outcome-2: Improved nutritional well-being of the target households, particularly women and children, and

Outcome-3: Increased investment of resources by the Government aimed at the most vulnerable regions and population segments in CHT districts

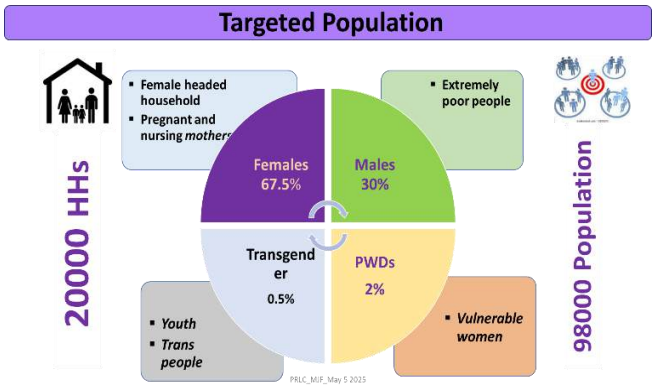
ii) PRLC Implementation Strategy toward Outcomes

PRLC adopts an integrated approach linking livelihoods, nutrition, and social protection to reduce extreme poverty in the CHT. The strategy builds household capacity in climate-smart agriculture, high-value crop production, and market linkage development, enabling farmers to increase productivity and income. It empowers women through entrepreneurship training and strengthens youth employability through vocational skills development. The project enhances government line departments' technical capacity to deliver tailored agricultural and livelihood services. It improves community awareness of nutrition, maternal and child health, and supports homestead farming to diversify diets.

iii) PRLC Project participants and Location

PRLC directly supports 20,000 extremely poor households (around 98,000 people) in Bandarban, Khagrachari, and Rangamati. Women constitute 67.5 % of beneficiaries, men 30 %, transgender 0.5 %, and persons with disabilities 2 %; 10 % are youth. Implementation through nine local partners covers eight upazilas and 26 unions using a community-based approach in coordination with MoCHTA, CHTRC, HDCs, and line departments.

Figure 1.1: Target Population



iv) Theory of Change of the PRLC



The PRLC Theory of Change assumes that extreme-poor households in the CHT face simultaneous barriers—low agricultural productivity, weak market access, poor nutrition practices, limited health and social protection services, and high vulnerability to shocks. PRLC therefore combines three intervention pathways: (i) strengthening household livelihood capacities through IFM–FFS training, high-value crop support, entrepreneurship development and cash grants; (ii) improving nutrition and health behaviours through mother and adolescent groups, homestead food production, counselling, and community clinic outreach; and (iii) enhancing access to public services through DRR committees, social accountability tools, and linkage to safety-net and primary healthcare systems. These actions are expected to build the intermediate capacities needed for change—improved farming practices, better diets and care practices, stronger community structures, and increased agency of women—leading to sustained income gains, improved nutrition, and greater access to essential services. When these outcomes reinforce one another, they collectively contribute to the project's overall goal of reducing poverty and strengthening household resilience in the CHT.

v) Major activities under the PRLC's outcomes

Table 1. 1: Project's Key Activities under the Outcomes

Outcome	Project's Key Activities
1. Sustained livelihoods and income generation amongst the target households in the CHT districts	• Formation of Climate-smart Integrated Farm Management Farmer Field School (IFM-FFS) groups and conduct FFS sessions. • Skill development training and input support for selected participants on entrepreneurship, high-value crops • Provide support for community-managed market collection points and improvement of the marketplace. • Capacity building support for line departments and skill development training for youth, and job placement for them
2. Improved and sustained nutrition practices for a better and healthier lifestyle for the extremely poor households in the CHT region	• Formation of the mother and children (Maa Ebong Shishu) forum, an adolescent club with boys and girls, and conducting awareness sessions • Demonstration on preparing quality food, home visits, supporting SAM and MMM children, and training on homestead gardening and poultry. • Organise health camps and provide food packages for MAM children. • National Seminar on Implementation of the National food and nutrition security policy plan of Action
3. Increased investment of resources by local communities and the Government aimed at the most vulnerable regions and population segments in the CHT districts	• Developing community volunteer groups on disaster preparedness and management • Installing rainwater harvesting systems in the water crisis areas • National/district-level dialogue/sensitization workshops with government institutions/traditional leaders to promote awareness of the Government's social safety net programs and other services. • Introduction to Social Accountability Tools (SAT)

1.4 The Midterm Evaluation of the PRLC

The midterm evaluation of the Partnership for Resilient Livelihoods in the Chittagong Hill Tracts (PRLC) project aimed to assess the project's progress, effectiveness, and impact. This evaluation was expected to help understand whether the project is achieving its objectives and identify any challenges or barriers hindering its success. The findings of this study will guide the project team in making necessary adjustments to ensure the project remains on track, is responsive to evolving beneficiary needs, and achieves long-term sustainability.

Purpose and Objectives of the Midterm Evaluation: This evaluation aimed to provide an independent, data-driven assessment of the PRLC project's overall performance and impact thus far. The mid-term evaluation primarily focused on assessing how well the project has achieved its intended outcomes and on addressing the evolving needs of the target population.

Specific Objectives of the evaluation were to

- Evaluate Alignment with Beneficiaries' Needs
- Assess Project Design, Activities, and Implementation
- Analyse Crosscutting Themes Integrated
- Evaluate Coordination, Communication, and Management
- Provide Clear, Practical Recommendations

Scope of the Evaluation

The evaluation was conducted to assess project progress, emerging issues, and the midterm impacts of the activities. The midterm evaluation assessed whether the project is on track to achieve its intended outcomes, such as improvements in livelihood, nutrition, and social protection for very low-income families in Chittagong Hill Tracts (CHT) districts. Again, it evaluated the extent to which the project's activities align with the changing needs and externalities of the beneficiaries in the project areas.

Table 1. 2: Evaluation Scopes

Areas	Scope of evaluation
Project Design and Implementation	Evaluate the project's implementation in terms of resources, time, and planned activities.
Project Outcomes	Analyze the project's contribution to poverty reduction, increased resilience, food security, and improved livelihoods.
Beneficiary Needs and Satisfaction	Assess whether the project's activities are aligned with the evolving needs and expectations of the beneficiaries, particularly vulnerable groups.
Stakeholder Engagement and Partnerships	Evaluate the effectiveness of collaboration with local organizations and government bodies.
Gender and Social Inclusion	Examine how the project addresses gender and inclusion challenges, particularly in empowering women and marginalized groups.
Approach and techniques	Assessing post-training knowledge and capacity, institutional capacity assessment, beneficiary livelihood, poverty and nutrition outcome, Anthropometric assessment, project activity track and management, etc.
Methodology	Mixed method Approach (Desk review, Household Survey, KII, FGD, Case studies, institutional and training assessment)

1.4.1 Structure of the Report

Chapter 1 presents the project's introduction and background, while Chapter 2 outlines the evaluation methodology, including the design, sampling, and data analysis procedures. Chapter 3 presents findings organized by the DAC criteria, while Chapter 4 analyzes project outcomes and impact indicators. Chapter 5 documents best practices; Chapter 6 outlines challenges and recommendations; and Chapter 7 provides conclusions and lessons learned.

CHAPTER TWO: EVALUATION APPROACH AND METHODOLOGY

The PRLC project evaluation followed a mixed-method approach, combining qualitative and quantitative methods. The evaluation employed a combination of desk reviews, household surveys, key informant interviews (KIIs), focus group discussions (FGDs), and case studies to triangulate findings and provide an in-depth understanding of the project's implementation in relation to the outcomes.

2.1 Evaluation Framework and Approach

The midterm evaluation of the Partnership for Resilient Livelihoods in the Chittagong Hill Tracts (PRLC) project followed the OECD-DAC evaluation criteria, focusing on Relevance, Effectiveness, Efficiency, Impact, Sustainability, and Coherence. These criteria guided both the formulation of evaluation questions and the design of data collection and analysis methods. The approach combined quantitative and qualitative tools to ensure a balanced and evidence-based assessment of project performance. The evaluation sought to determine whether PRLC interventions were appropriate to the local context, effectively implemented, and likely to achieve sustainable results. It assessed the project's alignment with national and EU priorities, its efficiency in resource utilization, and its contribution to resilience-building and social inclusion across the three hill districts.

Table below presents the *Evaluation Matrix*, linking each DAC criterion to corresponding evaluation questions, data sources, and analytical tools. This matrix structured both field inquiry and report analysis to ensure methodological coherence and traceability between evidence and findings.

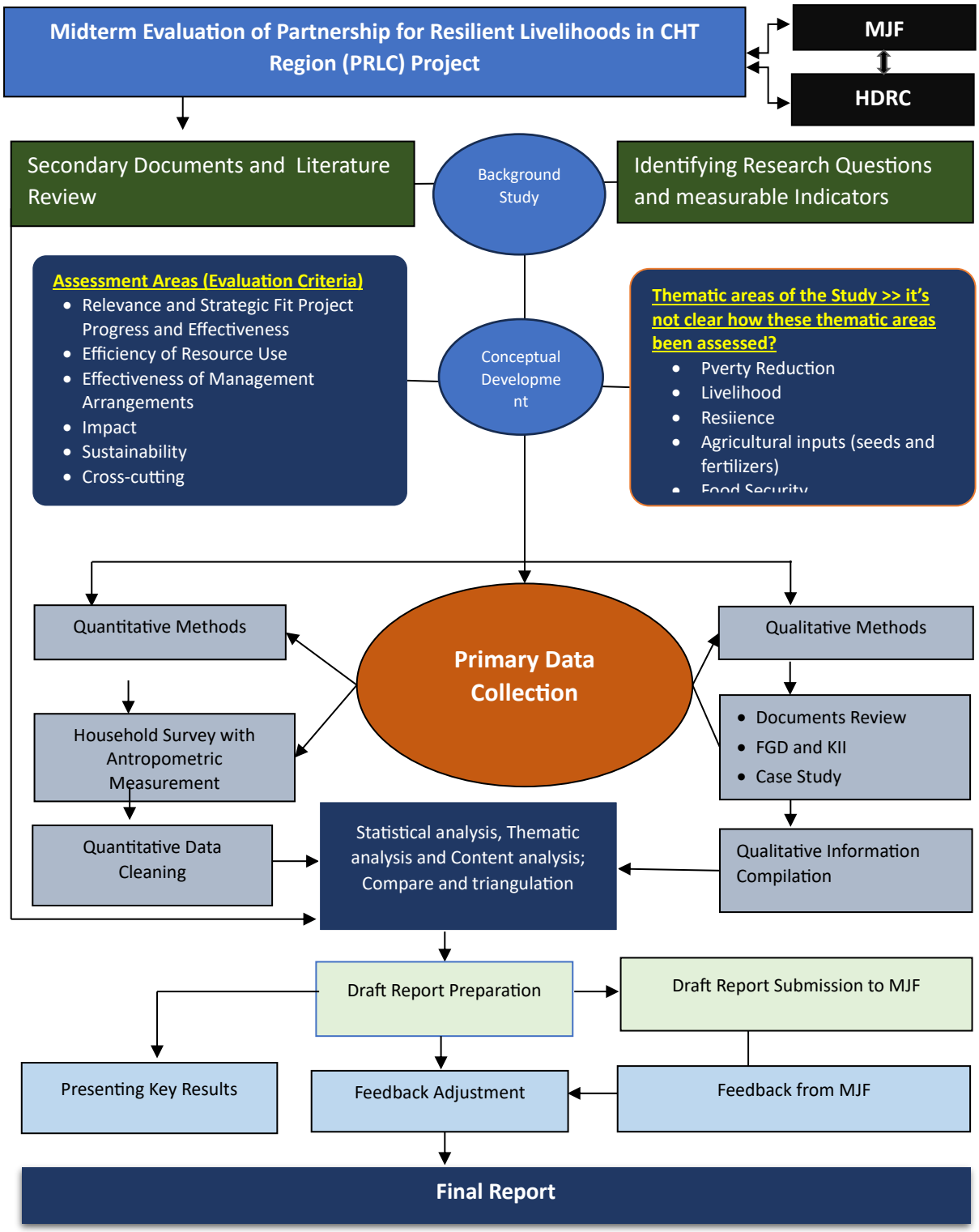
Table 2. 1: presents the Evaluation Matrix

DAC Criterion	Key Evaluation Question	Data Source	Methods / Tools
Relevance	How well does PRLC align with EU and Government of Bangladesh priorities and address the development needs of CHT communities?	ToR, policy documents (EU MIP 2021–2027, GoB 8th FYP), project design papers, KIIs with MJF, MoCHTA, and CHTRC	Desk review, Key Informant Interviews (KIIs)
Effectiveness	To what extent have the planned outcomes and outputs been achieved by midterm?	Household survey, FFS data, annual and partner progress reports, FGDs	Quantitative analysis, FGDs, triangulation
Efficiency	How efficiently are resources and inputs being converted into tangible results?	Budget and expenditure reports, MJF financial and progress documents, partner NGO interviews	Financial analysis, document review, KIIs
Impact	What measurable changes have occurred in poverty, income, nutrition, and resilience among target households?	Household survey, baseline and midterm datasets, case studies	Comparative analysis, SPSS data processing, qualitative validation
Sustainability	Are project results likely to be sustained beyond project completion, and what mechanisms support this continuity?	FGDs with beneficiaries, KIIs with line departments, project staff interviews	Qualitative synthesis, thematic analysis
Coherence	How well do PRLC interventions complement or align with other national and donor-funded initiatives in the CHT?	Policy and project documents, coordination meeting minutes, KIIs with stakeholders	Desk review, stakeholder mapping

This evaluation matrix provided a structured analytical foundation, ensuring that findings in subsequent chapters directly respond to the DAC criteria and the specific learning objectives outlined in the Terms of Reference.

2.2 Methodological Framework

Figure 2. 1: Overall Evaluation Framework



2.2.1 Data Collection Methods

A. Quantitative Data Collection Methods

Stratified sampling was employed to ensure that the survey sample was representative of different demographic groups, including variations based on the sex of the household head, district, and household characteristics. By collecting socioeconomic and anthropometric data with a single visit, this approach streamlines the data collection process, making it efficient and cost-effective. This method also enhanced the sampling effectiveness by ensuring that the households with children (the primary focus for anthropometric data) are sampled to reflect their socioeconomic status, livelihood, and nutrition outcomes.

2.2.1.1 Household Survey

The evaluation employed a quantitative data collection method, utilizing household surveys incorporating anthropometric measurements as part of the tools and analysis. The quantitative data were collected using a structured questionnaire through face-to-face interviews in the sampled households.

2.2.1.2 Sample Size for HH Survey

The determination of the sample size for the evaluation considered the logframe indicators and the target groups associated with those indicators. Among the target groups extracted from the logframe, households with under-5 children appeared to be a balanced target group, providing adequate samples for the other target groups and ensuring a robust analysis. While the under-2 children are the rarest group, locating such households within the area can be challenging and inefficient. Meanwhile, this strategy ensured that around two-fifths of the households with under-2 children were included, providing a reliable estimate of the relevant indicator for the project area.

The sample size for households has been determined using the well-known statistical formula for binomial probability, assuming a two-tailed hypothesis with a confidence interval greater than 95% and a 5% level of precision.

$n = \frac{Z^2 PQ}{e^2} \times deff$	Where n = Estimated Sample Size, P=0.5 (proportion of target indicator), Q = 1-P, Z= 1.96 (Standard normal variate value at 95% confidence level), e =0.05

The sample size of 531 households was determined using the baseline design parameters (n=799, design effect 1.25, confidence level 95%, margin of error ±5%). Stratified random sampling was applied across the three districts to ensure representativeness by geography and ethnicity, mirroring the baseline structure. *See* Annex Table 2.3 for district-wise sample distribution.

In each selected Para, households were randomly selected from the beneficiaries list. Each selected para consisted of 10 households, which were referred to as a secondary sampling unit or ultimate sampling unit (SSU). HDRC considered female-headed households and those with vulnerable women when selecting eligible households.

2.2.1.3 Anthropometric Measurement

Information on children and other household members, as well as household characteristics, was collected from the mother/caregiver of the children and the household head or responsible person of the selected households. The survey population comprised adult men, adult women of reproductive age, mothers/caregivers of children under 5 (0-59 months), mothers/caregivers of children under 2 (0-23 months), and youth (18-35 years).

2.2.1.4 Post-Training Assessment

This assessment involved comparing participants' understanding and competencies before and after the training to determine the extent of learning and behavioural change. Through surveys, the study evaluated how well participants absorbed the content and how they applied it in real-world contexts. Moreover, by conducting post-training assessments, the evaluation assessed to what extent the training has effectively met its objectives, identified areas for improvement, and how the newly acquired skills could contribute to the project's overall goals, such as improving livelihoods or enhancing technical capacities.

B. Qualitative Data Collection Methods

For the Qualitative data, the study conducted a rational number of Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and Case Studies that captured beneficiaries' and stakeholders' experiences, challenges, and perspectives.

Key Informant Interviews (KIIs): A total of 39 KIIs were conducted with officials from MoCHTA, CHT Regional Council, Hill District Councils, DAE, DLS, project staff, and partner NGOs. These interviews provided insights into institutional coordination, service delivery, policy alignment, and implementation efficiency.

Focus Group Discussions (FGDs): 15 FGDs were held across the three districts with men, women, youth, and community leaders. Discussions explored behavioural, gender, and social inclusion dimensions while triangulating quantitative findings.

Case Studies: Six case studies were documented to illustrate livelihood diversification, women's empowerment, and nutrition-sensitive practices among PRLC participants.

Details of the qualitative interviews—including 39 KIIs, 15 FGDs, and 6 case studies—are provided in *Annex Tables 2.4–2.6* of the Annex.

Document Review: A systematic review of project and policy documents, including the baseline report, logframe, annual and interim narrative reports, and partner submissions, was carried out to cross-verify progress data and ensure consistency with secondary evidence.

2.3 Data Management and Quality Control

Data were collected digitally using Kobo Toolbox, allowing real-time validation by field supervisors and minimizing transcription errors. Quantitative data were analyzed using SPSS for descriptive and comparative analysis, while anthropometric data were processed using WHO Anthro software to maintain consistency with international nutrition measurement standards.

Daily supervision, spot checks, and feedback loops ensured data completeness and quality. Triangulation between quantitative and qualitative evidence strengthened the validity and credibility of the findings. This robust and systematic data collection process provided a reliable basis for assessing PRLC's progress toward its logframe indicators and DAC evaluation criteria.

2.4 Data Analysis

The evaluation applied both quantitative and qualitative analytical methods to ensure a comprehensive assessment of PRLC's outcomes and to validate findings through triangulation. The analysis framework was designed to answer the evaluation questions structured around the OECD-DAC criteria — Relevance, Effectiveness, Efficiency, Impact, Sustainability, and Coherence.

Quantitative Data Analysis: Quantitative data from the 531-household survey were analyzed using SPSS to generate descriptive and comparative statistics. Indicators on income, livelihood diversification, poverty, food security, and nutrition were compared against baseline (2024) values and log frame (2024) targets. Cross-tabulations and mean difference tests were used to identify statistically significant changes between the baseline and midterm datasets. Anthropometric data were processed through WHO Anthro to compute stunting, wasting, and underweight prevalence for children under five.

Qualitative Analysis: Qualitative data from 39 KIIs, 15 FGDs, and 6 case studies were analyzed thematically using a content-analysis approach. The evaluation matrix guided coding and synthesis to identify recurring patterns, explanatory factors, and contextual nuances behind observed quantitative trends. Special emphasis was given to gender relations, social inclusion, and institutional linkages to understand *how and why* outcomes occurred.

Triangulation of Findings: To ensure validity and reliability, the evaluation team systematically triangulated data from multiple sources. Quantitative trends were cross-checked against qualitative insights, project reports, and field observations to verify consistency and explain causality. For example, improvements in household dietary diversity and exclusive breastfeeding practices recorded in the survey were confirmed through FGD narratives with mothers' groups and validation by KIIs with health staff. Similarly, progress in livelihood and income outcomes was corroborated through case studies and financial tracking data from partner NGOs.

Integration and Synthesis: The integration of mixed data streams allowed the evaluation to move beyond descriptive statistics toward an evidence-based causal interpretation of PRLC's results. Findings from household surveys quantified progress, while KIIs and FGDs explained the contextual and behavioural factors driving those results. This methodological rigor ensured that all conclusions presented in the report are grounded in verifiable, triangulated evidence.

2.5 Data Collection Strategy and Data Quality

HDRC organized a 3-day structured training (29 June–1 July 2025, Rangamati) for the field data collectors covering household survey tools, anthropometric measurement protocols, HFIAS/MDD-W scoring, and qualitative guides (KII, FGD, IDI). Mock interviews, daily recap sessions, and enumerator feedback were conducted to ensure comprehension and consistency. MJF officials and experts participated in the training sessions.

The evaluation opted for face-to-face interviews and discussions at the community level (structured interviews, FGDs, and IDIs)—the key informant interviews with stakeholders employed a combination of face-to-face and online platforms. The FGD and IDI guidelines included modules for beneficiary groups and community-level stakeholders. The data collection tools were tailored to each stakeholder's context.

To ensure data quality, the HDRC deployed three district-based field teams (engaging experienced enumerators living in the CHT districts to minimize language barriers), each led by a supervisor, who collected data over 14 days using tablets and the Kobo platform. The moderators and note-takers for qualitative interviews and group discussions were divided into three teams as well. The note-takers prepared scripts daily and shared the scanned versions online. The core team members read the scripts and provided feedback for necessary improvements. HDRC researchers conducted spot checks and daily reviews of uploaded data and provided immediate feedback to address anomalies. Real-time communication was maintained via a WhatsApp group and mobile calls.
The full enumerator training schedule, pre-testing notes, and field supervision checklist are available in *Annex 3*

The data collection quality assurance process comprised:

- Recruiting qualified interviewers through a rigorous selection protocol.
- Providing comprehensive training for 3 days at Rangamati Sadar to assessors on research ethics, data collection procedures, ethical standards, and facilitation techniques.
- Data collection was done for 14 consecutive days over 3 study districts by three separate field teams led by three supervisors
- Implementing a time-bound, target-specific plan, shared with the client to enable random audits.
- Interviews and discussions were recorded only after obtaining participant consent; these were transcribed and documented. Upon fieldwork completion, interviewers submitted detailed summary reports reflecting their overall experience.
- Documenting and reporting all unique challenges encountered during fieldwork.

As a result of these measures, except for a few variables, missing values were minimal. The missing values appeared to be missing at random as there were no patterns between the missing data and location or socio-demographic traits (household size, household headship, poverty, asset ownership).

2.6 Data Management

All quantitative data were collected digitally and automatically uploaded to a centralized, password-protected server. HDRC applied a two-phase data-cleaning process in SPSS and Excel to address inconsistencies, missing values, and outliers. Validation was performed through range and frequency tests, followed by cross-tabulation to detect anomalies. Qualitative data from 39 KIIs, 15 FGDs, and 6 case studies were recorded (with consent), transcribed verbatim, and coded using thematic content analysis. The coding matrix was aligned with DAC criteria to link field insights to evaluation questions. Anthropometric data from 408 under-five children, 369 adolescents, and 286 lactating women were processed using the WHO Anthro software to calculate HFA, WFH, and BMI-for-age scores, following the global nutrition protocol.

All datasets were securely stored with restricted access and backed up on encrypted drives. Confidentiality was ensured by removing personal identifiers before analysis. HDRC followed GDPR-compliant data governance, ensuring ethical and legal protection of respondent information.

2.7 Ethical Considerations

The evaluation adhered to international research ethics standards emphasizing informed consent, confidentiality, and respect for cultural diversity. Before interviews, all respondents were briefed in their local language about the study's objectives, voluntary participation, and confidentiality protocols. Verbal or written consent was obtained from each participant, and parental consent was secured for children. Enumerators were trained on ethical conduct and gender-sensitive facilitation, ensuring full participation from women, youth, and persons with disabilities. Interviews and anthropometric assessments were conducted privately to maintain confidentiality and comfort. Special care was taken to respect local customs, languages, and gender norms in CHT's ethnically diverse setting. No identifying data was shared externally, and team members signed confidentiality declarations. These measures ensured that the evaluation process was technically sound, ethically compliant, and culturally sensitive, safeguarding the rights and dignity of all PRLC participants.

(Consent forms, ethical approval notes, and enumerator instructions are presented in *Annex 4* of the Annex Report)

2.8 Limitations

While the evaluation followed a rigorous design and supervision protocol, several contextual and operational constraints influenced data collection and analysis outcomes.

Security and accessibility: Difficult terrain, poor road networks, and sporadic security concerns in remote unions of Bandarban and Rangamati limited access to some villages, reducing the number of focus group discussions conducted on schedule. This may have slightly constrained the diversity of qualitative perspectives, particularly from isolated ethnic communities.

Seasonal timing: The fieldwork coincided with the peak agricultural season (June–July 2025), when many beneficiaries were engaged in farm work. As a result, direct measurement of agricultural yield outcomes could not be fully validated in all sites, and some households were unavailable for interviews.

Gender-disaggregated and sensitive data gaps: In several households, women respondents were unavailable or uncomfortable discussing income and decision-making topics in mixed-gender settings, leading to partial gaps in gender-disaggregated data.

Sample distribution differences: Deviations between the baseline (799 HHs) and midterm (531 HHs) samples—caused by migration and attrition—may slightly affect comparability of quantitative results. However, sampling ratios were maintained across districts.

Age and Sex disaggregated data not maintained by project MIS: Due unavailability of age and sex (especially of household head) disaggregated data, some disaggregation of logframe indicators was not possible.

These limitations may have introduced minor variations in data interpretation, but did not compromise the overall reliability of findings. Mitigation measures, including triangulation of household survey results with KIIs, FGDs, and secondary sources, ensured analytical robustness and confidence in the midterm conclusions.

CHAPTER THREE: EVALUATION FINDINGS

(according to Evaluation Criteria, Questions, and Indicator)

3.1 Project Progress and Effectiveness

✓ *To what extent has the project effectively progressed toward its intended objectives, compared to the baseline data?*

3.1.1 Progressed Toward Its Intended Objectives and Outcomes

The PRLC project has made strong progress toward its intended objectives by mid-2025. Evidence from the household survey, qualitative interviews, and Annex tables shows clear improvement in poverty reduction, agricultural production, nutrition, and access to government services. However, several key output areas—seed banks, market linkages, VET apprenticeship, ANC/PNC services, and digital networking—are far behind schedule and require urgent attention.

Table 3. 1: Indicative progress and interpretation

Area	Progress	Interpretation
Impact Indicators	Very strong	Poverty, stunting, and HDDS improved significantly
Outcome 1 (Livelihoods)	Strong	Production and FFS improved, but cash grants were delayed
Outcome 2 (Nutrition)	Mixed	HDDS, breastfeeding improved, but ANC coverage is very low
Outcome 3 (Social Protection)	Good	Healthcare access and SSN access increased; the budget data are missing
Outputs (Agriculture, Market, VET)	Weak	Seed bank 0%, market linkage low, VET apprenticeship 0%

The summary table shows that the PRLC project has made very strong progress at the impact level, with major improvements in poverty reduction, child nutrition, and household dietary diversity. Outcome 1 on livelihoods is also performing well, supported by increased agricultural production and strong uptake of FFS and high-value crop training. However, delays in cash grants remain a key gap. Outcome 2 shows mixed progress: nutrition and breastfeeding indicators improved sharply, but antenatal care coverage is still very low. Outcome 3 on social protection shows good progress, especially in healthcare access and safety net enrolment, although government budget allocation data is still missing. Finally, several output areas remain weak, particularly seed banks, market linkage activities, and VET apprenticeships, which are far behind schedule and need urgent attention to support long-term results.

3.1.1.1 Poverty Reduction and Household Economic Security

Table 3.2: Poverty Reduction and Household Economic Security

Indicator	Baseline	Midline	Target	Interpretation
Monetary Poverty	99.6%	74.4%	99%	Strong reduction; target unrealistic
MPI Score	0.351	0.31	—	Households improved access to services.
Non-poor Households	0.84%	48.6%	—	Large improvement in welfare
Annual Household Expenditure (BDT)	76,446	91,187	25%	19.3% increase, but inflation is not adjusted

Poverty fell from 99.6% to 74.4%**,** and MPI improved from 0.351 to 0.31**.** The share of non-poor households rose sharply, indicating better access to services and reduced deprivation. Household expenditure increased by 19.3%, although an inflation adjustment is needed. These changes confirm that PRLC's income-generation and agricultural support activities helped households strengthen their economic condition.

Table 3.3: Outcome-Wise Progress Summary

Outcome Area	Progress (Quantitative Evidence)	What Worked Well	What Did Not Work / Gaps	Interpretation
Outcome 1 — Sustained Livelihoods	• 88.1% households increased production (target 60%) • 12,730 farmers trained (target 12,000) • 91.2% adopted HVC techniques • Expenditure rose to 19.3%	• High participation in FFS/IFM • • Strong adoption of new farming methods • Women's entrepreneurship training progressing well	• Cash grants only 2.1% • Seed banks 0% • Collection points only 11.5%	Strong livelihood progress, but delays in cash grants, seed banks, and market linkage limit long-term resilience.
Outcome 2 — Nutrition & Food Security	• HDDS: 3.90 to 6.13 (target 4.5) • Breastfeeding: 43.5% to 91% • HFIAS reduced (definition issue) • Stunting: 63.2% to 38.5%	• Strong nutrition awareness • • Effective mother/adolescent groups • Food demos improved diet	• ANC/PNC at only 16.3% • Breastfeeding indicator mis-defined • HFIAS was incorrectly treated as %	Nutrition improved significantly, but maternal health services remain the largest gap. Indicator definitions need correction.
Outcome 3 — Social Protection & Services	• SSN access: 16% to 21% • Healthcare access: 77% to 96.6% • DRR volunteers: 112 (64.4%)	• Strong coordination with clinics/UDCC • Paramedics improved reach	• Budget allocation data is missing • Joint SSN actions only 33.3% • Many eligible households are still unlinked	Good progress in service access, but limited progress in budget tracking and social security actions.

The outcome-wise analysis shows that the project is making strong progress in livelihoods, nutrition, and access to services, but several critical output areas are still lagging. Outcome 1 on livelihoods is performing well, with high adoption of improved farming techniques and increased agricultural production. However, slow progress in cash grants, seed banks, and market linkage activities limits long-term economic resilience**.** Outcome 2 shows very positive nutrition improvements, especially in dietary diversity and breastfeeding, supported by strong community-based awareness work. At the same time, ANC/PNC services remain very low, and some nutrition indicators require correction due to definition issues noted by the EU. Outcome 3 shows good progress in service access, with improved healthcare and safety net enrolment, supported by strong coordination between project partners and government institutions. However, data gaps on government budget allocation and limited progress in joint SSN actions indicate areas that need attention. Overall, outcomes are moving in the right direction, but gaps in key outputs must be addressed to sustain these results.

How does the project ensure inclusive participation, partner capacity alignment, and the promotion of gender equality and nondiscrimination?

3.1.2 Targeting Marginalized Groups

Table 3. 4: Inclusion of marginalized community

Group	Inclusion Status	Evidence
Ethnic minorities (EM)	Strong inclusion	458 of 531 surveyed HHs (86.2%). Majority EM inclusion.
Bangalee settlers	Adequate inclusion	12.5% of the sample; strong ANC and breastfeeding outcomes
Women	Strong inclusion	75% in trainings; leadership in groups; improved decision-making
Ultra-poor households	Strong targeting	38–40% of cash-grant recipients are ultra-poor; 40–45% of FFS trainees are ultra-poor; ~45–50% of nutrition group members are ultra-poor
Youth	Moderate inclusion	44 youth enrolled in VET training (Indicator 1.6.1); 0 apprenticeships placed (1.6.2); youth represent a large share of DRR volunteers (18–25 age group).
Persons with disabilities	Limited inclusion	PWDs represent ~2% of total beneficiaries, aligned with population share; participation recorded mainly in cash grants and nutrition groups, but remains low across skills and training components.

The project shows strong inclusion of marginalized groups, consistent with the PRLC targeting strategy and EU requirements. Segregated progress data confirms that project benefits are reaching ethnic minorities, women, youth, and poor households across all districts.

Ethnic Inclusion: Most beneficiaries are Ethnic Minority (EM) households. For example, among cash-grant recipients, 4,646 EM vs. 1,825 Bangalee beneficiaries were recorded. Digital platform users (87) and most DRR volunteers (85 of 112) are also EM participants. This reflects appropriate prioritization of underserved communities.

Gender Inclusion: Women participate in high numbers across all livelihood and nutrition activities—9,709 of 12,730 IFM–FFS trainees, 168 of 229 high-value crop trainees, and 4,646 of 6,473 cash-grant recipients. Women also form the majority in DRR and nutrition groups. However, women's access to VET remains low due to institutional and mobility constraints.

Participation is well distributed under the District Coverage. This reflects balanced targeting across the three CHT districts.

- Bandarban: 4,430 IFM–FFS; 2,344 cash grants
- Khagrachari: 4,125 IFM–FFS; 1,543 cash grants
- Rangamati: 4,175 IFM–FFS; 2,586 cash grants

Youth and Vulnerable Households: Youth are included mainly through VET (44 enrolled) and DRR groups (majority aged 18–25). Poor and ultra-poor households are prioritized through PRA and Union Parishad validation, reflected in strong participation in cash grants (6,473 households) and nutrition

To sustain inclusive practices, PRLC aligns its interventions with the existing capacity of local government institutions, civil society organizations, and technical departments. The project provides targeted capacity-building on integrated farming, climate-resilient agriculture, high-value crop production, entrepreneurship, and community mobilization. This strengthens both partner organizations and community structures to operate with consistent technical standards. Evidence of this alignment is reflected in the high application rate of improved farming practices—95.9% of FFS

participants and 91.2% of high-value crop trainees report using improved techniques (Annex 1, Tables 4.17–4.18).

Partner capacity alignment is ensured by matching activities with the operational strengths of PNGOs (e.g., community mobilization, agriculture extension support, nutrition behaviour change) and by providing structured capacity-building to line departments—81 climate-smart agriculture staff trained; 130 monitoring visits facilitated. Coordination platforms (UDCC, community clinic groups, disaster committees) anchor implementation within existing government systems, reducing dependency on project-only structures.

The project also pays attention to cultural sensitivity and conflict-sensitive approaches. By recognising the distinct social norms of the hill districts and engaging traditional leaders alongside formal institutions, PRLC ensures that activities respect local customs while promoting universal principles of equality. Training on rights awareness, prevention of gender-based violence, and nondiscrimination is integrated for staff, partners, and community groups to reinforce these values.

Overall, PRLC's combination of inclusive participation systems, targeted capacity strengthening, gender-responsive design, and rights-based safeguards supports equitable access to project benefits and reinforces local institutional capacity. These measures have directly contributed to midterm gains in livelihoods, nutrition, poverty reduction, and community resilience, consistent with EU evaluation criteria for effectiveness, gender equality, and nondiscrimination.

Key Gaps:

- Women's access to VET/apprenticeships is minimal.
- ANC/PNC service uptake is lower among EM communities.

Targeting is strong and technically sound, with high participation of EM groups, women, youth, and poor households. Remaining gaps require focused action but do not undermine overall inclusion performance.

3.1.3 Partner Capacity Alignment

The project maintains good alignment between partner capacities and implementation needs. Government departments, partner NGOs, and community groups receive targeted training to ensure consistent technical delivery across districts.

Table 3. 5: Summary of Capacity Alignment

Capacity Area	Key Support Provided	Outcomes
Government line departments	• Training for 81 staff on climate-smart agriculture and field monitoring	• Improved technical backstopping and field supervision
Partner NGOs	• Financial management (27 staff) and M&E training (25 staff)	• Better reporting, monitoring, and internal control
Community groups	• 146 women trained in entrepreneurship • Nutrition refresher sessions	• Increased adoption of practices and group functionality
Coordination	• Quarterly coordination meetings; • Joint field visits	• Partners follow common workplans and standards

In 2025, 81 line-department staff received training on climate-smart agriculture and field monitoring, strengthening extension and supervision. Partner NGOs received focused support through financial management training (27 staff) and M&E training (25 staff), improving reporting quality and internal controls.

Community-level capacity is reinforced through entrepreneurship training for 146 women, refresher sessions for nutrition volunteers, and structured support to producer and adolescent groups.

Coordination mechanisms—including quarterly coordination meetings, joint reviews, and routine field monitoring—ensure partners follow common standards and remain aligned with project plans.

Overall, partner capacity is adequate for ongoing implementation, with systems in place for technical support, supervision, and coordination.

3.1.4 Promotion of Gender Equality and Nondiscrimination

In PRLC, women actively participate in agricultural training, cash-based support, nutrition sessions, and small-enterprise development, reflecting strong inclusion at the community level. Delivery mechanisms—such as localised training, flexible schedules, and women-focused groups—support regular engagement. Youth and other vulnerable groups are also included through need-based selection and community validation. These approaches help ensure equitable access to opportunities and benefits.

Table 3. 6: Gender-Disaggregated Participation in Key Activities (June 2025)

Activity	Male	Female
IFM–FFS trained farmers	3,017	9,709
High-value crop trainees	61	168
Cash-grant recipients	1,825	4,646
Digital platform users	34	53
Disaster volunteers	31	85
Entrepreneurship trainees (women farmers)	—	146

The project demonstrates strong gender inclusion, with women representing the majority across key activities. Out of 12,730 IFM–FFS trainees, 9,709 were women, and 168 of 229 high-value crop trainees were women. Cash-grant support also prioritised women, with 4,646 of 6,473 recipients being female. Women participate actively in digital platforms (53 of 87 users) and community disaster preparedness (85 of 112 volunteers). The inclusion of 146 women entrepreneurs further strengthens women's economic roles and supports nondiscriminatory access to opportunities.

✓ *How do partners explain on time (or delay, if there is any) targeting and completion of intended deliveries?*

3.1.5 Explanation on time and deliveries

Most project activities were delivered on time, including beneficiary selection, group formation, FFS sessions, nutrition awareness, DRR training, and coordination with local institutions. Partners reported that regular monitoring, monthly reporting, and field visits helped maintain timely delivery across districts.

Table 3. 7: Explanation of time and deliveries

Activity / Output	Status	Explanation
FFS, group formation (675 clusters)	On time	• All clusters formed through PRA and UP validation; consistent with the achievement of 12,730 FFS trainees in 2025.
HVC, entrepreneurship, livestock, nutrition, DRR training	On time	• Training delivered as planned; 229 HVC trainees, 146 women entrepreneurs, and • 112 DRR volunteers completed sessions.

Cash grants (1st phase: 6,473 recipients)	Partially delayed	• First phase completed; second phase delayed due to difficult terrain. • Limited mobile banking in Tindu/Remakri. • Adopted the cash distribution method.
Seed banks (Target: 15; Achieved: 0)	Delayed	• 90% of preparatory work has been completed in parts of Bandarban, but sessions have been postponed due to conflicts and facilitator unavailability.
Collection points (Target: 15; Achieved: 12)	Partially on time	• New construction has been slowed by procurement and transportation constraints. • Repairs are ongoing.
Market linkages (Target: 1,300; Achieved: 0)	Delayed	• No producers linked yet; partners cite the need for improved access roads and negotiations with private actors.
VET enrolment (44 youth) and apprenticeship (0)	Delayed	• TTC staffing shortages and the inability to finalise MoUs stalled apprenticeship placements.
Social protection and health linkage activities	On time	• Committees are functional. • 21% households are linked to safety nets and 96.6% to primary healthcare, • Delivered as scheduled.

Delays occurred mainly in activities dependent on external approvals, specialised government staff, or remote-area logistics. These included cash-grant second-phase distribution, seed bank establishment, VET/apprenticeships, and some market-linkage activities. Access restrictions in parts of Bandarban, unavailability of government facilitators, weak mobile network coverage, and monsoon-related travel disruptions contributed to these delays. Partners documented these issues through progress reports and coordination meetings, and adjusted work plans accordingly.

Explanation on Time and Deliveries

- ✓ Most core activities—beneficiary selection, FFS sessions, HVC training, nutrition sessions, and DRR training—were completed on time, supported by regular monitoring and monthly reporting.
- ✓ 12,730 farmers completed IFM–FFS training, and 229 farmers completed high-value crop training within the planned period.
- ✓ Cash-grant Phase 1 was completed for 6,473 households, but Phase 2 was delayed due to terrain, weak mobile network, and manual disbursement needs in remote areas such as Tindu and Remakri.
- ✓ Seed banks remained delayed (0% operational) due to conflict-related access issues and the unavailability of government facilitators.
- ✓ Collection points progressed partially, with 12 of 15 sites functioning; procurement and transport constraints slowed completion.
- ✓ Market linkages and digital networking lagged significantly, with zero producers linked and 87 users accessing the digital platform.
- ✓ VET training and apprenticeships were delayed because of TTC staffing shortages and the inability to finalise MoUs; 44 youth enrolled, and zero were placed.
- ✓ Social protection and health linkage activities proceeded on time, with 21% households accessing safety nets and 96.6% accessing primary healthcare.

3.2 Efficiency of Resource Use

✓ *To what extent have time, funding, personnel, and expertise been effectively allocated to support the achievement of project outcomes?*

3.2.1 Financial Efficiency Analysis

The PRLC project demonstrates overall efficient and adaptive use of financial resources across the first two years of implementation. Actual expenditures from Year 1 (2023) and Year 2 (2024)—as reflected in the 2025 Reallocated Budget—show that funds were used in line with activity intensity, district-specific demands, and inflationary pressures in the CHT.

a) Budget Absorption and Spending Pattern (Years 1–2)

Based on the approved 2025 Reallocation:

Table 3. 8: Budget Allocation, Reallocation, and Absorption Performance (Years 1–2)

Budget Holder	Original Budget (EUR)	Reallocation Total (EUR)	Actual Spend Yr1–Yr2 (EUR)	Absorption (Yr1–2)
MJF	1,804,112	1,804,112	574,672	31.8%
PNGOs (9)	4,677,343	4,677,343	1,311,976	28.0%
Indirect Cost	453,702	453,702	132,066	29.1%
Contingency	64,815	64,815	7,295	11.2%
Total	6,999,971	6,999,971	2,025,989	28.9%

The project has so far spent a little more than one-fourth (28.9%) of its allocation in the first 2 years, consistent with the fact that it had a delayed start (3-month approval delay) and front-loaded planning, recruitment, and group formation. Spending increased sharply in 2024 due to community mobilisation, FFS start-up, and cash-grant Phase-1 disbursement.

b) Reallocation Drivers and Exchange Rate Impact

The 2025 Reallocated Budget shows:

- *Exchange rate rising from BDT 100 to BDT 118, increasing BDT values without increasing euro ceilings.*
- *MJF's BDT budget increased from BDT 186.7 million to BDT 213.7 million due to inflation and expanded field supervision needs.*
- *PNGOs' allocation increased from BDT 477.5 million to BDT 554.0 million, reflecting heavy implementation roles and higher operational costs in remote unions.*

The reallocation reflects adaptive financial management in response to inflation, rising transport costs, and expanded field activity volume.

c) Component-Wise Efficiency

Table 3. 9: Component-Wise Financial Efficiency Assessment (Midterm 2025

Component	Efficiency Observation	Evidence
Livelihoods (FFS, HVC, grants)	High efficiency	• High-volume outputs: 12,684 FFS trainees; 6,473 cash-grant recipients
Nutrition	Good efficiency	• HH survey shows strong HDDS and breastfeeding improvements
DRR & Governance	Cost-efficient	• Low-cost volunteer model; • 112 volunteers trained

Seed Banks, Market Linkage, VET	Low efficiency	• no seed banks, no apprenticeships, no producer linkages

Funds for high-volume activities (training, awareness, community sessions, cash grants) were used efficiently. Under-spending occurred in components that required external institutions (DAE seed bank support, TTC apprenticeships, private buyers).

d) Financial Efficiency Risks

Table 3. 10: Financial Efficiency Risks and Implications (Midterm 2025)

Risk	Evidence	Implication
Seed banks unspent budget	0% achievement	Risk of funds remaining unutilised
TTC/VET-related unspent funds	No apprenticeships	Reallocation may be needed
High inflation	The exchange rate went up to BDT 118, which is higher than expected during the budget allocation.	Reduces purchasing power
Remote area operation costs	Between 500 and 1000 BDT per movement, depending on the remoteness and mode of transportation available.	Increases PNGO cost burden

The PRLC project demonstrates efficient and adaptive use of financial resources**,** with spending patterns aligned to outcome achievement and contextual challenges of the CHT. Remaining efficiency gaps relate to externally dependent outputs rather than internal management issues.

Table 3. 11: Resource Areas-wise Efficiency Judgement

Resource Area	Efficiency Judgement	Verified Evidence (June 2025)
Time	Mostly efficient, with delays in externally dependent outputs	FFS, HVC, nutrition, DRR on time; delays in seed banks (0%), VET apprenticeships (0), CP completion
Funding	Efficient and adaptive allocation	Reallocated budget rose to BDT 829.1m; high use in core outputs; slow use in seed bank/VET components.
Personnel	Efficient deployment across districts	12,730 FFS trainees; 229 HVC trainees; 6,473 cash-grant recipients; 112 DRR volunteers—delivered by field teams
Technical Expertise	Strong, effective, high adoption	95.9% FFS and 91.2% HVC trainees applying skills; structured training to departments & PNGOs

**Analysis is based on budget reallocations (2023–2025), verified output achievements up to June 2025, and segregated figures from Annex 1.*

The project has used time, funding, personnel, and technical expertise efficiently, as shown by the timely completion of high-volume activities—12,730 IFM–FFS trainees, 229 HVC trainees, 6,473 cash-grant recipients, and 112 DRR volunteers—supported by reallocated resources totalling BDT 829.1 million. Personnel and technical specialists were deployed effectively across districts, contributing to high adoption rates: 95.9% of applications of FFS practices and 91.2% uptake of HVC techniques. Efficiency gaps were primarily confined to seed banks, VET/apprenticeships, and certain market-linkage activities, where delays were attributable to external institutional and access constraints rather than to internal inefficiency. Overall, the project demonstrates efficient and adaptive resource use, with

financial, human, and technical inputs aligned to the achievement of planned outcomes.[4]

1. Timeliness and Use of Time

- Project start was delayed by three months due to the CHT-specific government approval process (2023), but partners adjusted timelines and recovered implementation speed.
- Despite the start-up delay, core activities—beneficiary selection, FFS formation, training, DRR sessions, collection points, and nutrition activities—were completed as planned (2023–2024).
- High-volume delivery by midterm confirms effective use of time: 12,730 IFM–FFS trainees, 229 HVC trainees, 6,473 cash-grant recipients, 112 DRR volunteers (June 2025).

3. Personnel Allocation

Over 100 field staff were trained and deployed by December 2023, including FFs, community mobilisers, nutrition volunteers, M&E staff, and technical officers. Additional staffing or reassignment was used to address temporary gaps in hard-to-reach areas. Delays linked to government trainer shortages at TTCs and security restrictions were mitigated through schedule revisions and alternative site arrangements.

4. Expertise and Technical Support

Regular technical training covered climate-smart agriculture, nutrition counselling, financial management, M&E, and entrepreneurship (2023–2025). Skilled facilitation translated into high practice adoption: 95.9% of FFS trainees and 91.2% of HVC trainees applied improved techniques (Annex 1, Tables 4.17 & 4.18). Technical backstopping from agriculture, livestock, health, and DRR departments strengthened implementation quality and reduced duplication. Bottlenecks in seed banks and VET/apprenticeships were due to external institutional factors, not gaps in technical expertise.

✓ *How was the cash transfer process carried out following the Standard Operating Procedures (SoPs)? What challenges arose during its execution, and how were those resolved?*

3.2.2 Cash Transfer Process and Standard Operating Procedures

The Cash Transfer process strictly followed the Standard Operating Procedures (SOPs). As directed in the SoP, the implementers first identified potential beneficiaries through social mapping and PRA. They sought guidance from the Union Parishad Chairman and the community leader to validate the list. The beneficiaries were predominantly low-income and ultra-poor. The Cash grant amounts were as follows: BDT 7,210 for poor households and BDT 10,100 for Ultra-Poor households. Once local committees approve the list, funds are transferred through mobile banking systems (Rocket) for areas with good network coverage. In areas with poor network access, manual cash distribution was conducted in accordance with security protocols, with community leaders and MJF representatives present to ensure fairness and security.

3.2.3 Challenges in Cash Transfer

The cash grant distribution has gone through several challenges. The major challenge is poor network coverage, which hinders beneficiaries' access to mobile banking. Therefore, the implementing partners opted for manual cash distribution instead of digital transfers. However, manual distribution faced a transportation challenge, with transport costs ranging from 500 to 1000 BDT per village visit.

[4] *Data sources: Interim Narrative Report 2023, Annual Narrative Report 2024, Progress Indicators v-2 (June 2025), Annex 1*

Moreover, a full day is required to visit a village, making the target unattainable on time. Overall, mobile network coverage and transportation issues caused the distribution delay.

Again, beneficiaries who received cash via mobile banking must visit mobile banking agent points to cash out. In reality, a single beneficiary must bear a transportation cost of 500 to 1000 Taka. They now prefer to receive cash manually. However, the PRLC has not established a dedicated collection point for cash. Therefore, the beneficiaries were scattered and collected at various locations.

3.2.4 The Cash Transfer Challenges' Resolutions Adopted

- Manual cash distribution (hand-to-hand)
- MJF has started practising cash distribution from the most convenient place where a group of beneficiaries gathers on a scheduled day. The Partners NGO provides the target beneficiaries with advance notice so they can ensure their attendance while maintaining their daily schedules.
- Some beneficiaries intended to declare themselves ultra-poor to receive 10,100 Taka, but they belong to the poor category. In this case, the issue was resolved through community engagement and revalidation.

3.3 Management Arrangements

✓ *How well do the MJF Head Office, MJF Project Office, and PNGOs communicate and collaborate to ensure smooth project implementation?*

The management arrangements among the MJF Head Office, MJF Project Office, and PNGOs are coordinated and structured, enabling activities to be implemented smoothly across the three districts. Monthly coordination meetings, weekly follow-ups, routine reporting, and joint field visits facilitate communication. These systems help partners align work plans, address field challenges quickly, and maintain consistent standards in agriculture, nutrition, DRR, and cash-transfer activities.

The MJF Project Office provides daily technical support to PNGOs, while the MJF Head Office oversees financial management, compliance, and strategic decisions. PNGOs coordinate closely with community actors and local institutions to ensure continuity of field operations. Some variations in reporting quality and delays in remote unions (e.g., VET approvals, seed-bank facilitation) were noted, but these did not disrupt overall implementation.

Several interview insights illustrate how coordination supports smooth delivery:

"When any issue arises in the field, we inform the MJF Project Office and receive guidance the same day. This helps us adjust our plan without losing time." — PNGO field officer (2025)

"Joint visits with MJF and Union Parishad members help us solve problems on the spot and keep activities on schedule." — Local implementer (2025)

Table 3. 12: Coordination Roles, Mechanisms, and Results

Actor	Core Functions	Coordination Mechanisms	Outcome / Result for Project Implementation

MJF Head Office	• Strategic oversight; financial control; • compliance	• Quarterly reviews, financial monitoring, and approval of plans	• Unified standards across partners • timely budget decisions • consistent compliance
MJF Project Office	• Technical guidance; field supervision; • planning & M&E	• Monthly coordination meetings; • weekly check-ins; joint field visits	• Quick problem-solving; • aligned workplans • timely delivery of FFS, HVC, nutrition, and DRR activities
PNGOs	• Field implementation; • beneficiary engagement; • reporting	• Monthly reporting, community coordination, and • Real-time communication	• Timely training delivery; • smooth beneficiary selection; • operational responsiveness
Local Institutions (UP, clinic committees, DRR committees)	• Local facilitation; service alignment	• Joint meetings; site-level coordination; issue escalation	• Improved access to health, SSN, and DRR support; • Reduced delays in community mobilisation

The table demonstrates that coordination mechanisms between the MJF Head Office, the Project Office, and PNGOs operate efficiently and directly support smooth implementation. Clear role division, routine communication, and joint field supervision enable timely problem-solving, consistent work plans, and uninterrupted delivery of core activities. Engagement with local institutions further strengthens service linkages and reduces operational delays. Overall, the coordination system is structured, functional, and practical in maintaining implementation quality across districts.

3.4 Effectiveness of Project Methodologies and Required Adaptation

✓ *Were the project's methodologies effective in improving beneficiaries' livelihoods and nutrition, and should they be adapted to enhance relevance and impact for the remainder of the project?*

The project's methodologies have been effective in improving beneficiaries' livelihoods and nutrition, as confirmed by midterm data. The IFM–FFS model led to strong behaviour change, with 95.9% of trainees adopting improved agricultural practices and 88.1% of households reporting increased production (Annex 1, Tables 4.14 & 4.17). High-value crop training also performed well, with 91.2% adoption of improved techniques. Cash grants supported income recovery for 6,473 households, though delays in Phase 2 limit further gains.

Nutrition methodologies—community groups, counselling, behavior-change sessions, and home-food production—were effective. Household Dietary Diversity improved from 3.90 to 6.13, exclusive breastfeeding reached 91%, and food insecurity reduced sharply (Annex 1 Tables 4.27 & 4.33). However, ANC/PNC uptake remains low, indicating that the current approach is insufficient to influence maternal health behaviors.

Several adaptations are necessary for the remainder of the project:

- Strengthen market linkage support, as no producers have been connected so far.
- Adapt nutrition methodology to address low ANC/PNC usage by increasing clinic outreach and engaging male household members.

- Replace or redesign methodologies that have not progressed, such as seed banks (0%) and VET apprenticeships (0 placements), which depend on external institutions.
- Expand digital extension only in areas with adequate connectivity; otherwise, prioritise in-person support.
- Accelerate cash-grant Phase 2 to maximize livelihood recovery.

In summary, methodologies for training, behavior change, and household-level support have been highly effective. In contrast, methodologies that require institutional partners, specialized facilities, or stable connectivity need adaptation to enhance relevance and impact for the remainder of the project.

3.5 Impact

✓ *How significantly has the project impacted the well-being and quality of life of its beneficiaries?*

The project has produced meaningful improvements in the well-being and quality of life of beneficiary households. Midterm results show a substantial reduction in poverty, improved household food consumption, better child nutrition, and higher use of essential health and safety-net services.

Monetary poverty decreased from 99.6% to 74.4%, and the proportion of non-poor households increased to 48.6%, indicating strengthened economic resilience. Household dietary diversity improved markedly, and under-five stunting fell from 63.2% to 38.5%, reflecting better nutrition and care practices. Access to primary healthcare increased to 96.6%, and more households are now connected to government safety-net schemes.

Table 3. 13: Impact Indicators (changes from Baseline to Midline, June 2025)

Impact Indicator	Baseline	Midline (June 2025)	Observation
Monetary Poverty (Headcount Rate)	99.6%	74.4%	Large reduction in extreme poverty across all districts
Multidimensional Poverty Index (MPI)	0.351	0.31	Reduction in multidimensional deprivation
Proportion of Non-Poor Households	0.84%	48.6%	Major expansion of households moving out of poverty
Household Resilience to Climate Shocks	33.2%	40.5%	Increased ability to cope with shocks
Under-5 Stunting (Normal Growth)	36.8%	64.1%	Significant improvement in long-term child nutrition
Under-5 Severe Stunting	40.0%	16.0%	Sharp reduction in chronic malnutrition
Household Food Insecurity (HFIAS Score)	16.77	2.24	Strong reduction in food insecurity events
Household Dietary Diversity (HDDS Mean)	3.90	6.13	Better quality and diversity in diets
Annual Household Expenditure (BDT)	76,446	91,186	Higher economic capacity (not inflation-adjusted)
Access to Primary Healthcare	77%	96.6%	Improved service utilisation and health-seeking
Access to Government Safety-Net Schemes	16%	21%	Wider coverage of social protection programmes

The table shows clear and significant improvements in household well-being by mid-2025. Monetary poverty declined from 99.6% at baseline to 74.4%, and the share of non-poor households increased to 48.6%, indicating broad gains in living conditions. Child nutrition improved markedly: severe stunting

reduced from 40% to 16%, while normal growth rose to 64.1%. Food insecurity fell substantially, with HFIAS decreasing from 16.77 to 2.24, and household dietary diversity increased from 3.90 to 6.13, showing better food consumption. Access to primary healthcare reached 96.6%, and safety-net coverage increased to 21%, reflecting stronger use of essential services. Overall, these results demonstrate a strong and measurable impact on poverty reduction, nutrition, food security, and service access across the project area.

Community feedback reinforces these findings:

"Our food situation and income are better than before." — Beneficiary, Rangamati (2025)
"We feel more secure because we can manage shocks better." — DRR Group Member, Khagrachhari (2025)

"*Many of our women are receiving training in the nursery. Many have already taken the initiative and started an income activity on their own. Again, some of our women are receiving training on beekeeping and mushroom farming. Apart from that, PRLC is providing training on vermi composting and high-value crop cultivation to those who want to cultivate resilient and improved agriculture.*" FGD participants, Rangamati

The PRLC project has significantly improved the well-being and quality of life of its beneficiaries by delivering tangible progress on livelihoods, food security, nutrition, healthcare, and climate resilience. Its integrated design—linking outputs such as Integrated Farm Management (IFM) and Farmer Field Schools (FFS) training, cash grants with business planning, market linkages, and community health services—has enabled many indicators to meet or exceed 2026 targets well ahead of schedule.

3.6 Sustainability

✓ How *effectively* has the project enhanced the skills and capacities of the beneficiaries? What improvements are needed to ensure a lasting impact on beneficiaries?

The project shows good prospects for sustainability, with strong adoption of skills and behaviours at the household level. By June 2025, 12,730 farmers had completed IFM–FFS training; 95.9% were applying improved practices, and 91.2% of high-value crop trainees continued to use enhanced techniques. Nutrition behaviours also show continuity, with dietary diversity increasing from 3.90 to 6.13 and community groups maintaining regular sessions. Women's economic participation demonstrates further potential, with 146 women trained and 40 small businesses established.

Institutional sustainability is supported by the involvement of Union Parishads, community clinic committees, DRR committees, and line departments, with 81 officers trained and 130 monitoring visits completed. Community structures—FFS groups, mother groups, adolescent groups, and DRR volunteers—remain active and capable of continuing core practices with minimal external assistance.

However, sustainability gaps remain. Seed banks show no progress, VET pathways are weak with no apprenticeships, and market linkages are limited, with only 12 of 15 collection points functional and no producer linkages recorded. Persistently low ANC/PNC uptake (16.3%) and remote-area connectivity constraints also pose risks to sustaining long-term nutrition and service outcomes.

However, to ensure a lasting impact, several gaps must be addressed. Farmers still face limited access to quality seeds, improved varieties, and affordable credit to reinvest in their farms. Without regular refresher courses and field-level mentoring, the uptake of new farming and business practices could

plateau. Certain high-value crops and small enterprises remain vulnerable to market volatility and inadequate transport or storage infrastructure. Youth vocational training has not reached its full potential; some Technical Training Centre (TTC) programmes were delayed due to trainer shortages. Community health camps require stronger institutional linkages with government systems to maintain services beyond the project period. And women's gains in leadership and decision-making will need reinforcement through community sensitisation, including active engagement of men and traditional leaders.

Table 3. 14: Training outcome and needs for sustainability

Capacity Area	Verified Midline Outcome	Sustainability Risk / Gap	Required Action for Lasting Impact
Agricultural Skills (IFM–FFS)	• 12,730 farmers trained; • 95.9% applying improved practices; • 88.1% households increased production	Limited technical backstopping beyond the project; weak market linkage	Formalise FFS follow-up with DAE; strengthen buyer–producer linkage models
High-Value Crops	91.2% trainees adopting improved techniques	Seed banks are non-functional (0%); limited quality input access	Prioritise seed bank operationalisation; link farmers to private input suppliers
Women's Entrepreneurship	• 146 women trained; • 40 businesses established	Limited access to finance; weak business advisory services	Connect with MFIs, UWCs, cooperatives; facilitate market access and refresher training
Youth Skills (VET)	44 trained youths	No apprenticeships placed; TTC coordination constraints	Secure MoUs with TTCs and employers; introduce local apprenticeship incentives
Nutrition and Care Practices	• HDDS improved from 3.90 to 6.13; • breastfeeding practices at 91%	Low ANC/PNC use (16.3%); remote clinic access	Strengthen community–clinic referral pathways; reduce physical access barriers
DRR Preparedness	• 112 volunteers trained; • 12 committees functional	Dependence on project-led refreshers	Integrate DRR roles into UP and UDMC plans and budgets
Social Protection Linkage	21% households accessing safety nets	Some unions lack consistent follow-up	Embed SSN monitoring into UP standing committees

Overall, PRLC demonstrates strong sustainability prospects in skill-based and behaviour-change components, while areas requiring system-level coordination or infrastructure need targeted action in the remaining period.

3.7 Cross-cutting Issues

✓ How has *the* project incorporated gender and inclusivity considerations into its overall design and implementation processes?

Gender equality and inclusivity were integrated throughout the project's design and implementation. Targeting criteria prioritised women, female-headed households, ultra-poor groups, ethnic minorities, and remote communities, supported by PRA and social-mapping processes. Local facilitators delivered activities in community languages, ensuring participation of ethnic groups across the three CHT districts.

By June 2025, participation data confirm strong gender inclusion in core components. Women represented 76% of all IFM–FFS trainees (9,709 of 12,730), 72% of cash-grant recipients (4,646 of 6,473), 72% of HVC trainees (168 of 229), and nearly 74% of DRR volunteers (85 of 112). Digital platform use also included women (53 women vs 34 men), although uptake remains modest. Entrepreneurship support engaged 146 women, resulting in 40 women-led businesses. These figures show that women not only participated but held a majority in most capacity-building and economic activities.

Inclusivity extended to youth and ethnic groups, with 44 CHT youth enrolled in VET programs and all beneficiary groups drawn from mixed ethnic communities across Bandarban, Khagrachhari, and Rangamati. Village-level structures—mother groups, adolescent groups, producer groups, and DRR teams—reflect inclusive membership and continue active roles in community mobilisation.

Table 3. 15: Gender and Inclusion Evidence (June 2025)

Area	Verified Data	Interpretation
IFM–FFS participation	9,709 women and 3,017 men	Strong female inclusion in agricultural training
Cash-grant recipients	4,646 women and 1,825 men	Women prioritised in livelihood recovery
High-value crop trainees	168 women and 61 men	Women engaged in improved production systems
DRR volunteers	85 women and 31 men	Women play key roles in community resilience
VET trainees	44 youth (mixed gender)	Youth inclusion is present, but no apprenticeship transition
Entrepreneurship	• 146 women trained • 40 businesses	Women's economic leadership is emerging
Ethnic inclusion	Beneficiaries from all CHT ethnic groups	Inclusive targeting, culturally appropriate delivery

Remaining gaps include limited inclusion in market linkages (0 producers formally linked), lack of VET apprenticeships (0 placements), and persistent barriers in maternal health service uptake (ANC/PNC at 16.3%). Women in remote areas also face mobility and connectivity constraints, limiting access to digital and market-based opportunities.

The project has effectively mainstreamed gender and inclusivity across its interventions, with women and marginalised groups consistently achieving high levels of participation and skill acquisition. However, sustained inclusive impact will require improvements in market linkages, VET transitions, and maternal health service access, particularly in remote areas.

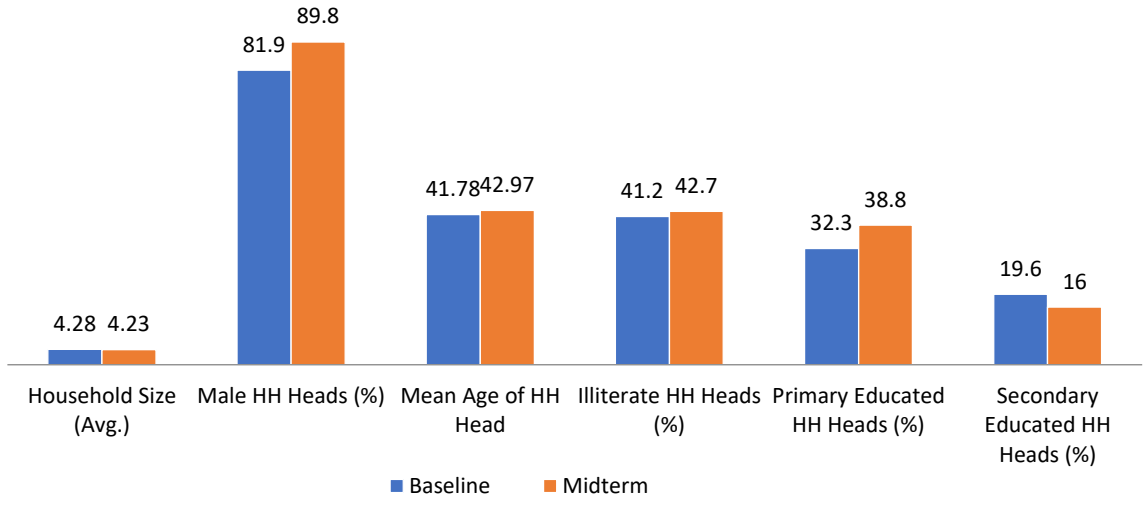
CHAPTER FOUR: PROJECT OUTCOMES

4.1 Homogeneity Analysis

The comparison of baseline and midterm data shows consistent patterns across key household-level characteristics, including household size, gender composition, household heads' age, and educational attainment. The average household size showed remarkable stability, shifting only slightly from 4.28 at baseline to 4.23 during the midterm (P-value=0.805021), indicating that family structures remained largely unchanged. Similarly, the gender distribution of household heads remained predominantly male, with a modest increase from 81.9% to 89.8%, indicating a steady patriarchal structure and no significant demographic disruption.

The mean age of household heads was consistent, changing only slightly from 41.78 years to 42.97 years, likely due to the natural aging of the original respondents rather than a shift in household leadership. Regarding educational background, the proportion of illiterate household heads remained nearly the same (41.2% to 42.7%; P-value=0.5892), and fluctuations in primary and secondary education levels were minimal, suggesting no significant educational mobility among adults. These consistent patterns across multiple variables confirm a high degree of homogeneity between the baseline and midterm assessments, indicating that the surveyed households' core demographic and socioeconomic structure has remained largely constant.

Figure 4.1: Comparison between the households of baseline and midterm



4.2 Impact (overall objective) Indicator Analysis

Impact (overall objective): To contribute to poverty reduction and resilient livelihoods of extremely poor households in the three Chittagong Hill Tracts (CHT)districts of Bangladesh

The impact of the project was analyzed based on four key indicators: (1) monetary and multidimensional poverty, (2) stunting, (3) wasting and underweight in children under five, and (4) household resilience to climate shocks. These indicators collectively measure progress toward the project's overarching goal of poverty reduction and livelihood resilience in the Chittagong Hill Tracts (CHT).

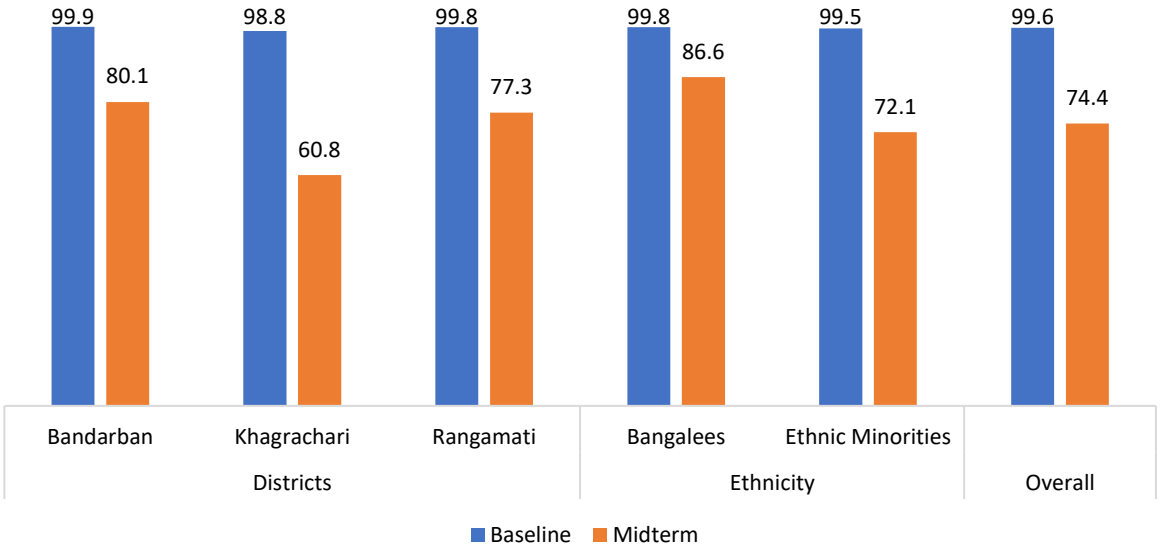
The assessment of Indicators 1 to 4 confirms clear progress toward the project's overall goal of reducing poverty and building resilient livelihoods among the extremely poor in the CHT. The proportion of the population living below the international poverty line decreased from 99.6% at baseline to 74.4% at midterm, reflecting a major improvement in household economic conditions. Similarly, the Multidimensional Poverty Index (MPI) score dropped from 0.351 at baseline to 0.31 at midterm. At the same time, the share of non-poor households increased from 0.84% to 48.6%, indicating broader gains across health, education, and living standards. Regarding child nutrition, the proportion of children under five with normal nutritional status improved significantly across all categories — stunting, wasting, and underweight. Finally, household resilience to climate change and shocks improved, with the share of resilient households rising from 33.2% at baseline to 40.5% at midterm, while those at risk fell from 1.5% to 0.9%.

4.2.1: Poverty Reduction

Indicator 1: Proportion of population below the international poverty line

The headcount poverty ratio fell sharply from 99.6% at baseline to 74.4% at midterm ($p<0.00001$). District-level improvements were highest in Khagrachari, dropping from 98.8% to 60.8% at midterm; Bandarban fell from 99.9% at baseline to 80.1% at midterm, and Rangamati from 99.8% at baseline to 77.3% at midterm. Among ethnic groups, poverty among Bangalees declined from 99.8% at baseline to 86.6% at midterm, and among Ethnic Minorities (EM) from 99.5% at baseline to 72.1% at midterm (see Annex-1, Tables 4.8–4.9). Regarding multidimensional poverty, the MPI score fell from 0.351 at baseline to 0.31 at midterm, and the share of poor households declined from 99.16% at baseline to 51.4% at midterm, indicating improved access to essential services and reduced deprivation. According to respondents during the midterm, the major causes of persistent poverty included lack of capital for income-generating activities (91.0%), limited scope for such activities (87.2%), insufficient training on business or IGAs (79.8%), and unemployment (26.7%).

Figure 4. 2: Headcount Poverty Ratio (following international poverty line) (%)



4.2.2: Nutritional Status of Children under 5 years

Indicator 2: Prevalence of stunting among children under 5 years

Stunting

Stunting, which shows long-term malnutrition and poor growth in children, got much better between the baseline and midterm surveys. At the baseline, 40.0% of children under five were severely stunted, 23.2% were moderately stunted, and only 36.8% had normal height for their age. By the midterm, severe stunting dropped to 16.0% ($p<0.05$), moderate stunting to 19.8%, and the number of children with normal growth increased to 64.1%.

After analyzing boys and girls separately, both groups showed improvement. For boys, severe stunting decreased from 45.8% at baseline to 29.3% at midterm, and normal growth increased from 34.0% at baseline to 58.5% at midterm. For girls, severe stunting dropped from 33.7% at baseline to 22.4% at midterm, and normal height increased from 39.9% at baseline to 61.4% at midterm. Although boys had worse stunting initially, they showed more progress over time. (see Annex-1, Tables 4.11–4.13)

Table 4. 1: Stunting among children under five years according to districts and ethnicity

Characteristics		Baseline				Midterm			
		Severe	Moderate	Normal	n	Severe	Moderate	Normal	n
		%	%	%		%	%	%	
Districts	Bandarban	-	-	-	-	22.9	16.9	60.2	118
	Khagrachari	-	-	-	-	19.6	23.5	56.9	51
	Rangamati	-	-	-	-	23.3	10.5	66.3	86
Ethnicity	Bangalees	34.1	28.6	37.3	126	23.9	10.9	65.2	46
	EM	42.7	20.8	36.6	279	22.0	17.2	60.8	209
	Overall	40.0	23.2	36.8	405	16.0	19.8	64.1	131
Sex	Boys	45.8	20.3	34.0	212	29.3	12.2	58.5	123
	Girls	33.7	26.4	39.9	193	22.4	16.1	61.4	254

Indicator 3: Prevalence of wasting among children under 5 years

Wasting

Wasting, a marker of acute malnutrition, showed a slight but meaningful improvement from baseline to midterm. At the baseline, the prevalence of severe wasting was 6.5%, and moderate wasting stood

at 5.7%, with 87.8% of children classified as having normal weight-for-height. By the midterm, severe wasting had reduced to 4.3% (p>0.05), while moderate wasting increased slightly to 7.6%. The proportion of children in the normal category improved marginally to 88.0%.

By gender, boys experienced a reduction in severe wasting from 7.5% to 3.8% and an increase in normal weight from 86.4% to 88.3%. Among girls, severe wasting declined from 5.4% to 4.9%, and the proportion in the normal range fell slightly from 89.2% to 87.8%. These figures suggest modest overall gains in managing acute malnutrition, particularly among boys, likely due to improved dietary practices and timely health interventions.

Table 4.2: Wasting among children under five years according to districts and ethnicity

Characteristics		Baseline				Midterm			
		Severe	Moderate	Normal	n	Severe	Moderate	Normal	n
		%	%	%		%	%	%	
Districts	Bandarban	-	-	-	-	5.1	6.5	88.4	118
	Khagrachari	-	-	-	-	5.4	5.9	88.7	51
	Rangamati	-	-	-	-	4.9	7.9	87.2	86
Ethnicity	Bangalees	10.5	4.8	84.7	124	5.6	6.6	87.8	46
	EM	4.6	6.1	89.3	261	5.3	7.0	87.7	209
	Overall	6.5	5.7	87.8	385	4.3	7.6	88.0	254
Sex	Boys	7.5	6.0	86.4	199	3.8	7.9	88.3	131
	Girls	5.4	5.4	89.2	186	4.9	7.3	87.8	123

Underweight

Prevalence of underweight, which reflects both chronic and acute malnutrition, also improved. At the baseline, 16.5% of children were classified as severely underweight, 14.8% as moderately underweight, and 68.6% as having normal weight-for-age. By the midterm, the proportion of severely underweight children declined to 12.6% (p>0.05), and those in the normal weight category increased to 72.4%.

By sex, boys showed a decrease in severe underweight cases from 19.8% to 8.4%, with normal weight improving from 67.5% to 77.1%. In contrast, girls slightly reduced severe underweight from 13.0% to 12.1%, but a larger increase in moderate underweight (17.1% to 20.4%) kept the overall normal-weight percentage steady at 67.5%. These improvements reflect better food security, nutritional awareness, and maternal care practices in the project areas.

Table 4.3: Underweight among children under five years according to districts and ethnicity

Characteristics	Type	Baseline				Midterm			
		Severe	Moderate	Normal	n	Severe	Moderate	Normal	n
		%	%	%		%	%	%	
Districts	Bandarban	-	-	-	-	14.4	14.4	71.2	118
	Khagrachari	-	-	-	-	11.8	17.6	70.6	51
	Rangamati	-	-	-	-	10.5	14.0	75.6	86
Ethnicity	Bangalees	20.6	18.3	61.1	126	6.5	19.6	73.9	46
	EM	14.7	13.3	72.0	279	13.9	13.9	72.2	209
	Overall	16.5	14.8	68.6	405	12.6	15.0	72.4	254
Sex	Boys	19.8	12.7	67.5	212	8.4	14.5	77.1	131
	Girls	13.0	17.1	69.9	193	12.1	20.4	67.5	123

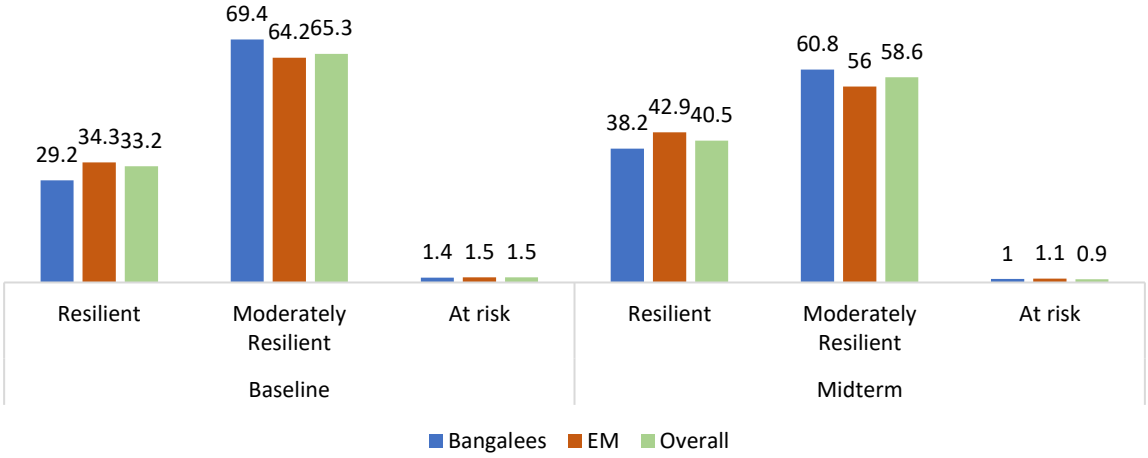
4.2.3 Household Resilience to Climate Shocks

Indicator 4: Proportion of beneficiary households with increased resilience to climate change and other shocks

At midterm, 8.5% of households experienced shocks in the last two years, with Rangamati (11.6%) and Bandarban (8.8%) reporting higher incidences than Khagrachhari (2.5%). Among the shocks, households mostly reported facing health-related issues such as chronic diseases or epidemic outbreaks (68.9% at baseline to 91.1% at midterm), and loss of earning members due to accidents (11.1%). A few households also mentioned being displaced from land (2.2%). These insights help explain why building resilience remains critical in the region.

Resilience to climate change and shocks improved notably between baseline and midterm. At baseline, only 33.2% of households were considered resilient, while the rest were moderately resilient (65.3%) or at risk (1.5%). By the midterm, the number of resilient households increased to 40.5%, and those at risk decreased to just 0.9%, showing progress in households' ability to cope with climate-related and other external shocks.
When looking at different groups, Bangalee households improved from 29.2% resilient at baseline to 38.2% at midterm, and Ethnic Minority (EM) households improved from 34.3% to 42.9%. This indicates a clear positive trend in resilience across all ethnic groups. Meanwhile, the share of moderately resilient households declined slightly in both groups, which reflects that more households moved toward full resilience.

Figure 4.3: Households with increased resilience to climate change (%)



4.3 Outcome Indicator Analysis

Outcome 1. Sustained livelihoods and income generation amongst the target households in the CHT districts

Baseline and midterm data reflect advancements in livelihood sustainability and income generation among PRLC beneficiary households in the Chittagong Hill Tracts (CHT). Involvement in full-time equivalent (FTE) jobs increased from 0.67 to 0.80, indicating more stable and formal employment among target groups. Additionally, a significant rise in the proportion of households reported increased agricultural production from 76.0% at baseline to 88.1% at midterm. This includes substantial progress for female-headed households, from 52.0% to 88.8%, highlighting enhanced inclusion and productivity among women. However, household annual expenditure rose from BDT

76,446 to BDT 91,187, with both male and female-headed households reporting marked improvement. These gains collectively underscore the project's role in promoting economic empowerment and livelihood resilience across diverse communities.

4.3.1 Full-time equivalent (FTE)

Indicator 1.1: Number of full-time equivalent (FTE) jobs created/sustained through the intervention, supported producers, businesses, and Vocational Education and Training (VET) graduates

At midterm, 28.4% of young people aged 18-34 in the household were engaged in some form of earning activity, and among male youths, this rate was higher at 33.1% (Annex Table ??). Among youth engaged in income-generating activities, the average FTE increased from 0.67 at baseline to 0.80 (9>0.05) at midterm, indicating a shift toward more stable, sustained employment. On average, youth were engaged in work equivalent to 67% of full-time hours at baseline, rising to 80% by midterm.

When comparing ethnic groups, Bangalee youth had an average FTE of 0.73 at baseline, which increased to 1.00 at midterm, indicating they reached full-time employment levels. Ethnic Minority (EM) youth started at an average of 0.63 and increased to 0.78 at midterm, a significant gain but still slightly below the full-time threshold.

Across districts, Rangamati consistently performed well, with FTE increasing from 0.77 to 0.74 (a minor drop, but still high). Khagrachari improved from 0.64 to 1.00, marking a major leap to full-time equivalent levels. Bandarban, which had the lowest baseline FTE (0.55), saw an encouraging increase to 0.77 at midterm. (see Annex-1, Table 4.26)

Table 4.4: Full-Time Equivalent Employment

Characteristics		Baseline		Midterm	
		%	n	%	n
Districts	Bandarban	0.55	3	0.77	13
	Khagrachari	0.64	11	1.00	10
	Rangamati	0.77	6	0.74	27
Ethnicity	Bangalees	0.73	8	1.00	4
	EM	0.63	12	0.78	46
	Overall	0.67	20	0.80	50

4.3.2 Agricultural Production

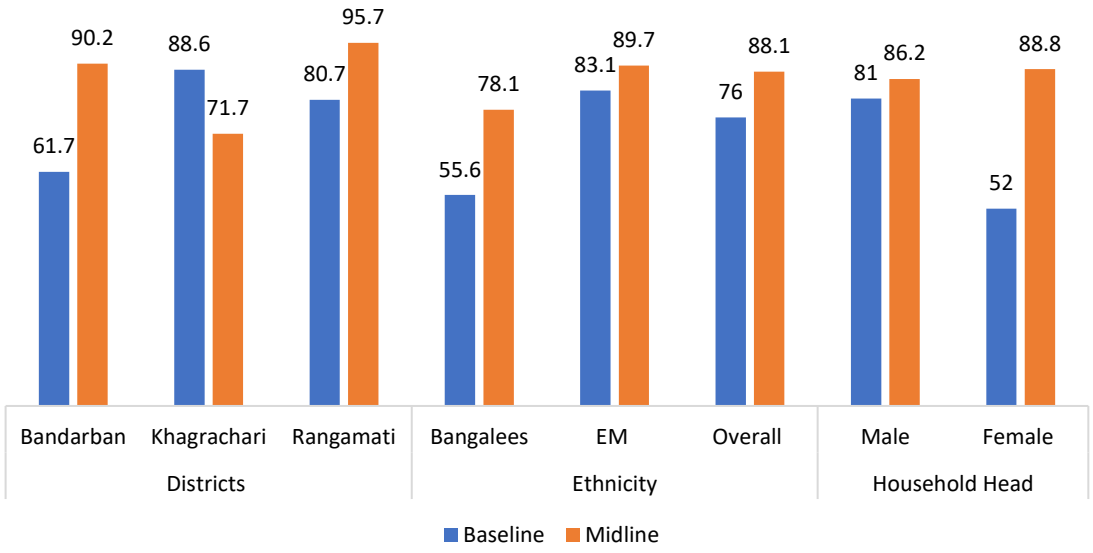
Indicator 1.2: Percentage of beneficiary households in target communities with increased agricultural production (disaggregated by sex of household head)

Agricultural production, a key livelihood source for rural households, improved significantly between the baseline and midterm surveys. At the baseline, 76.0% of households reported increased agricultural production. By the midterm, this number rose to 88.1%, showing that more households could grow crops or raise more livestock. District-wise, Rangamati saw the largest increase, from 80.7% to 95.7%, followed by Bandarban, which rose from 61.7% to 90.2%. Among ethnic groups, Bangalee households improved from 55.6% to 78.1%, and Ethnic Minority (EM) households from 83.1% to 89.7%. Notably, female-headed households made the biggest leap, from 52.0% to 88.8%, closing the gender gap in agricultural engagement. Although female-headed households initially had lower agricultural engagement, they showed the greatest improvement over time.

Households became more diversified and productive. For crop production, the proportion increased from 51.7% at baseline to 64.7% at midterm, showing stronger farming activity. In livestock,

participation rose from 16.8% to 24.7%, and day labour dropped significantly as a source of income, from 64.7% of households at baseline to 24.7% at midterm. Additionally, small business involvement increased from 6.4% to 9.4%, reflecting a growing shift toward entrepreneurship and self-employment. (see Annex-1, Table 4.14).

Figure 4.4: Households in target communities with involvement in agricultural production



4.3.3 Household Expenditure and Income

Indicator 1.3: Percentage of beneficiary households in target communities whose mean monthly expenditure has increased (disaggregated by sex of household head)

Household expenditure increased in all areas. On average, yearly expenditure increased from BDT 76,446 at baseline to BDT 91,187 at midterm ($p>0.05$). Male-headed households spent between BDT 77,756 and BDT 99,258. Female-headed households also increased, rising from BDT 70,538 to BDT 88,353. The largest increase was in Khagrachari, where expenditure on female-headed households rose from BDT 67,371 to BDT 112,913. Overall, household expenditure increased by 19.3 percentage points, with 27.7 percentage points in male-headed households and 25.3 percentage points in female-headed households.

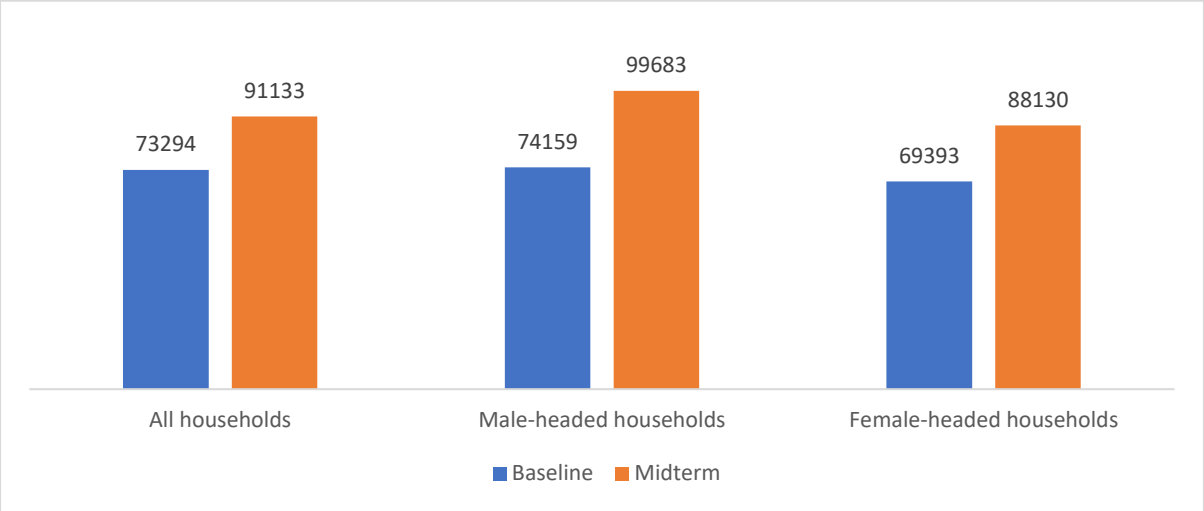
Table 4.5: Household Annual Expenditure (BDT)

Characteristics		Baseline						Midterm					
		All households		Male-Headed Households		Female-headed households		All households		Male-Headed Households		Female-headed households	
		N	Mean	N	Mean	N	Mean	N	Mean	N	Mean	N	Mean
District	Bandarban	290	67548.28	206	63951.5	84	76369.05	204	89333.95	29	98779.31	175	87768.71
	Khagrachari	219	88922.37	184	93021.7	35	67371.43	120	108601.67	50	102566.00	70	112912.86
	Rangamati	290	75922.41	264	77888.3	26	55961.54	207	90860.37	59	96689.66	148	87427.09
Ethnicity	Bangalees	207	82603.86	137	86518.2	70	74942.86	73	99990.41	5	153400.00	68	96063.24
	EM	592	74293.07	517	75434.2	75	66426.67	458	89783.68	133	97222.48	325	86739.49
	Total	799	76446.18	654	77756.1	145	70537.93	531	91186.86	138	99257.90	393	88352.76

Household average yearly income increased in all areas. On average, yearly household income increased from BDT 73,294 at baseline to BDT 91,133 at midterm ($p>0.05$). Male-headed households

reported the largest income increase compared to female-headed households, rising from BDT 74,159 to BDT 99,683. The average income of Female-headed households also increased noticeably, from BDT 69,393 to BDT 88,130. Overall, this represents a 24.3 percentage points increase in average household income, with 34.5 percentage points in male-headed households and 27.0 percentage points in female-headed households.

Figure 4. 5: Household's average yearly income



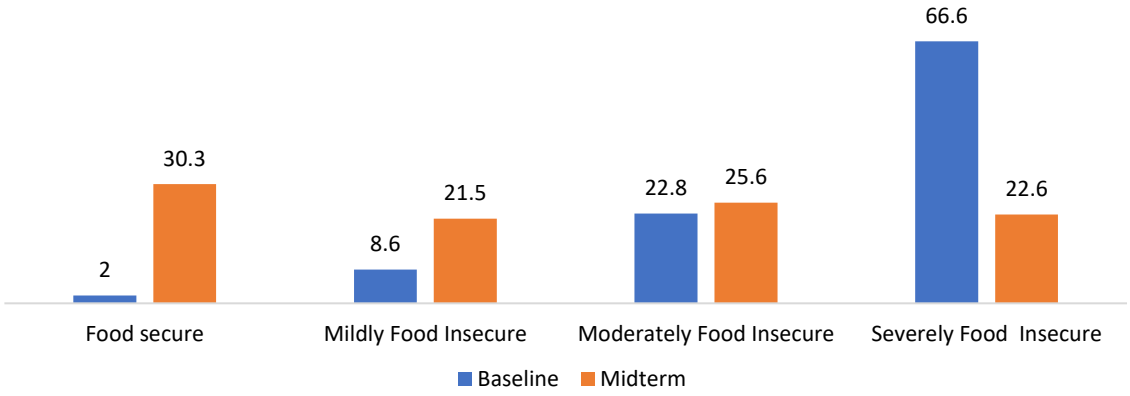
Outcome 2. Improved nutritional well-being of the target households, particularly women and children, in the CHT districts

4.3.4 Household Food Insecurity Access Scale (HFIAS) Score

Indicator 2.1: Percentage of participant households' food secure according to the Household Food Insecurity Access Scale (HFIAS)

The Household Food Insecurity Access Scale (HFIAS) categories show a significant improvement in food security among PRLC households between baseline and midterm. At baseline, only 2% of households were classified as food-secure, while 66.6% were severely food-insecure. By the midterm, the share of food-secure households rose sharply to 30.3%, indicating a significant shift in concern about food security. At the same time, the share of severely food-insecure households fell from 66.6% to 22.6%, indicating a substantial reduction in extreme food insecurity.

Figure 4.6: Household Food Insecurity Access Prevalence



The Household Food Insecurity Access Scale (HFIAS) score measures how much difficulty households face in accessing food. A higher score means more food insecurity, while a lower score means better food access[5]. At the baseline, households had an average HFIAS score of 16.77. By the midterm, the score dropped sharply to 2.24 ($p<0.0001$), reflecting a significant improvement in food access across the Chittagong Hill Tracts (CHT). Across the three CHT districts, Khagrachari had the highest baseline food insecurity score (19.34), followed by Rangamati (17.19) and Bandarban (14.41). However, all districts improved greatly by midterm; Khagrachari dropped to 1.75, Rangamati to 1.89, and Bandarban to 2.90. A similar pattern is seen when comparing ethnic groups. Bangalee households had a slightly higher baseline HFIAS score (17.10) than Ethnic Minority (EM) households (16.66), indicating they were slightly more food insecure. By midterm, Bangalee households' score improved to 2.00, while EM households improved to 2.28.

Table 4.6: HFIAS Score by region and ethnicity

Characteristics		Baseline		Midterm	
		Average Score	n	Average Score	n
Districts	Bandarban	14.41	290	2.90	204
	Khagrachari	19.34	219	1.75	120
	Rangamati	17.19	290	1.89	207
Ethnicity	Bangalees	17.10	207	2.00	73
	EM	16.66	592	2.28	458
	Overall	16.77	799	2.24	531

4.3.5 Household Dietary Diversity Score (HDDS)

Indicator 2.2: Mean Household Dietary Diversity Score (HDDS) in the target areas

The Household Dietary Diversity Score (HDDS) reflects the number of different food groups a household consumed in the previous 24 hours; a higher score indicates a more varied and nutritious diet. Between the baseline and midterm, there was a noticeable improvement in dietary diversity among PRLC beneficiary households. At baseline, the average HDDS was 3.90, suggesting limited food

[5] As baseline, the Household Food Insecurity Access Scale (HFIAS) score is calculated for each household by adding up the responses to nine questions that ask how often the household faced food-related problems over the past 30 days. Each question has a follow-up asking how often the problem occurred — rarely (1), sometimes (2), or often (3). If a household answered "no" to a main question (meaning the issue did not happen), then the frequency question was skipped and automatically scored as 0. For example, if the response to question 9.1 was "no" (coded as 0), then question 9.1.1 was also scored 0. The minimum possible HFIAS score is 0, which means the household experienced no food insecurity at all. The maximum score is 27, which would mean the household experienced all nine problems often. A higher HFIAS score indicates more severe food insecurity, while a lower score reflects better food access.

variety and possible nutritional gaps. By the midterm, this average increased to 6.13, showing that households consumed food from more diverse groups, which is important for balanced nutrition and health.

By district, Rangamati recorded the largest improvement, increasing from 3.57 to 7.00. Khagrachari followed with a rise from 4.33 to 6.44, and Bandarban improved from 3.90 to 5.07. Among ethnic groups, Bangalee households improved from 3.99 at baseline to 6.66 at midterm, while Ethnic Minority (EM) households increased from 3.87 to 6.05. The rise in HDDS complements improvements in food security (HFIAS), indicating better nutrition and well-being for the target population.

Table 4.7: HDD Score by region and ethnicity

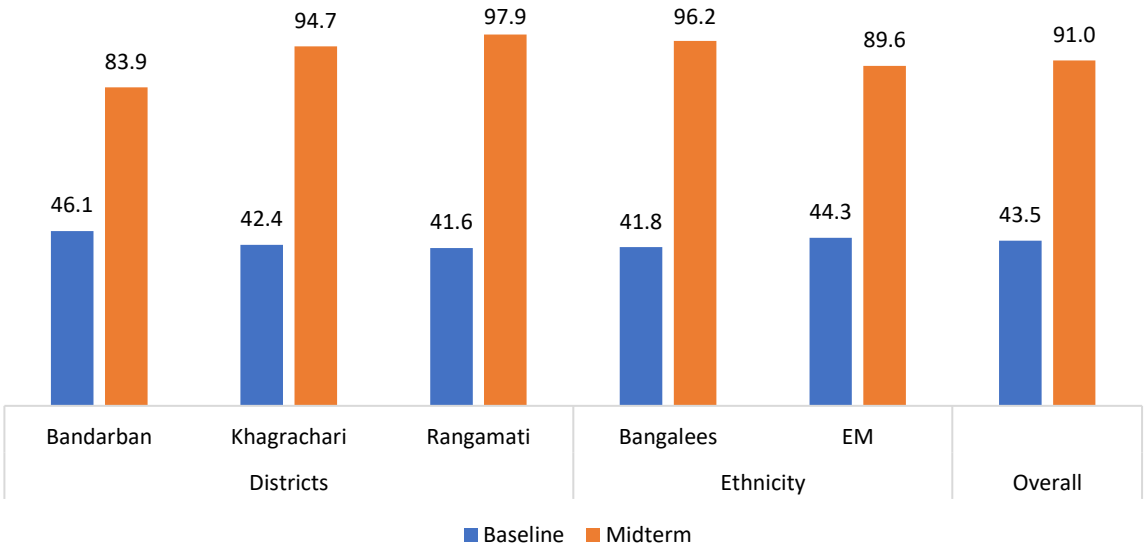
Characteristics		Baseline		Midterm	
		Average Score	n	Average Score	n
Districts	Bandarban	3.90	290	5.07	204
	Khagrachari	4.33	219	6.44	120
	Rangamati	3.57	290	7.00	207
Ethnicity	Bangalees	3.99	207	6.66	73
	EM	3.87	592	6.05	458
	Overall	3.90	799	6.13	531

4.3.6 Exclusive Breastfeeding

Indicator 2.3: Percentage of children under two years of age who were exclusively breastfed in the target areas

Exclusive breastfeeding among children under two years of age showed remarkable improvement between baseline and mid-term. At the baseline, only 43.5% of children were exclusively breastfed. By the midterm, this number had increased significantly to 91.0% ($p<0.0001$), indicating strong progress in maternal and child health practices. Across the three districts, Rangamati had the highest midterm rate at 97.9%, followed by Khagrachari (94.7%) and Bandarban (83.9%). Improvements were also seen across ethnic groups, with Bangalee households increasing from 41.8% to 96.2%, and Ethnic Minority (EM) households from 44.3% to 89.6%. These improvements likely reflect successful awareness campaigns, nutritional counseling, and support to mothers, emphasizing the benefits of breastfeeding for child immunity and growth.

Figure 4.7: Exclusive Breastfeeding Practice in Households

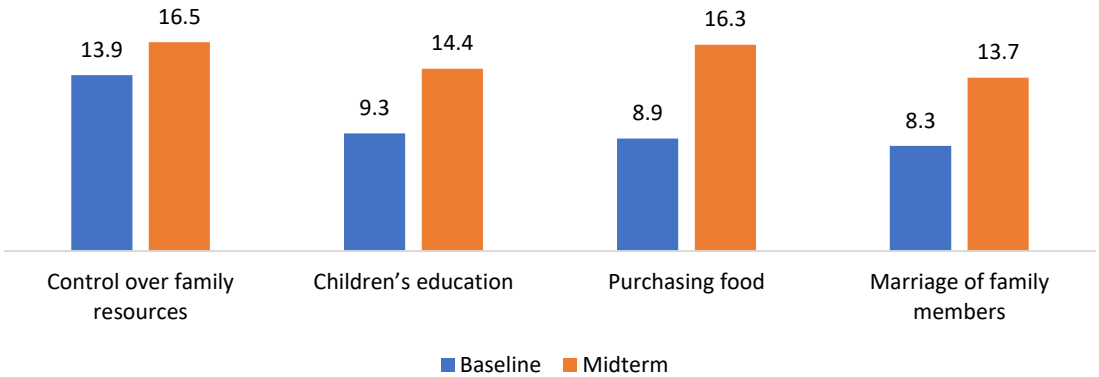


4.3.7 Women's Empowerment in Household Decision-Making

Indicator 2.4: Proportion of programme participant women demonstrating increased empowerment and household decision-making authority (food purchasing, children's education and marriage, control over resources)

Women's roles in household decision-making have strengthened over the programme period, especially in areas like food purchasing, children's education, marriage, and control over household resources. Women involved in deciding on food purchases rose from 8.9% at baseline to 16.3% at midterm, indicating greater influence over household nutrition and daily needs. Similarly, participation in decisions regarding children's education increased from 9.3% to 14.4%, reflecting a growing role in shaping their children's future. Control over household resources also improved, with women's involvement rising from 13.9% to 16.5%, suggesting enhanced economic influence and ability to direct resources according to family priorities. Other areas of household decision-making also saw positive change: participation in decisions on productive activities and asset purchases increased from 10.3% to 17.1%, the decision to take credit rose from 9.0% to 16.3%, and control over income and expenditure improved from 10.1% to 17.8%.

Figure 4.8: Women's Empowerment in Household Decision-Making (food purchasing, children's education and marriage, control over resources)



Outcome 3. Increased investment of resources by the Government aimed at the most vulnerable regions and population segments in the CHT districts

Outcome 3 focuses on increasing government investment in resources for the CHT district's most vulnerable regions and communities, and the results show clear progress. Overall, more extremely poor households in the target areas are now getting support through government safety net programmes and primary healthcare services. Resource distribution and service outreach to disadvantaged groups have improved over time. Access to the safety net programme rose from 16.0% at baseline to 21.0% at midterm, while access to primary healthcare services increased from 77.0% to 96.6%. These changes show a strong improvement in coverage and support, helping ensure that more vulnerable families receive the assistance they need.

4.3.8 Access to the Safety Net Programme

Indicator 3.1: Percentage of extremely poor households in the target communities that have access to the safety net programme

The percentage of extremely poor households in the target communities with access to the government safety net programme increased from 16.0% at baseline to 21.0% at midterm, representing a 5 percentage-point increase. Among Bangalee households, access increased from 15.5% to 20.8%, whereas among ethnic minority households it rose from 16.2% to 21.1%. Most beneficiaries have TCB and Fare Price cards; they have not received any other allowances.

> ***"If someone does not get the benefit of the social safety net, we try to help them get linked to the right process to receive it."* - PRLC project Staff, Bandarban.**

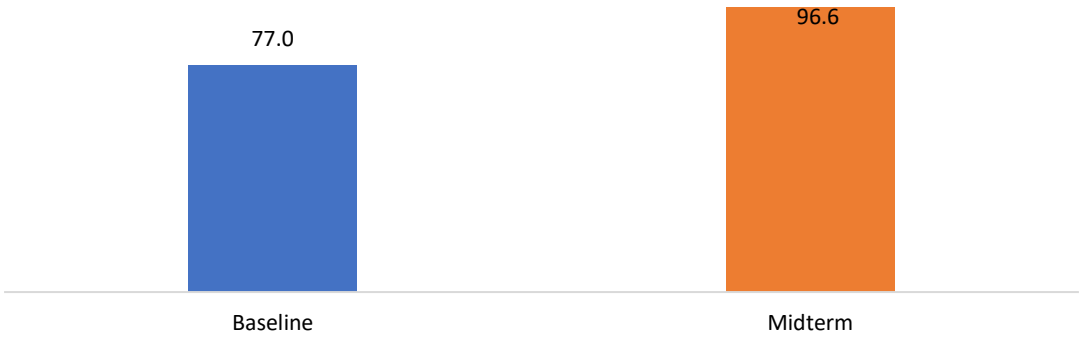
Table 4.8: HDD Score by region and ethnicity

Characteristics		Baseline		Midterm	
		N.	%	N.	%
Ethnicity	Bangalees	32	15.5	24	20.8
	EM	96	16.2	133	21.1
	Total	128	16.0	157	21.0

Indicator 3.2: Percentage of extremely poor households in the target communities that have access to primary-level healthcare facilities

The percentage of extremely poor households with access to primary-level healthcare facilities increased significantly, rising from 77.0% at baseline to 96.6% at midterm, a gain of nearly 20 percentage points. For Bangalee households, access rose from 98.6% to 100%, while for ethnic minority households it increased slightly from 96.3% to 96.6%. Midterm data also indicate that households use a wider range of healthcare facilities, including Union Health and Family Welfare Centres, Community Clinics, and NGO/private clinics, thereby increasing access to healthcare, even in remote areas. Additionally, PRLC paramedics (18.1%) played an important role in expanding healthcare reach, especially in remote and hard-to-reach areas, by providing basic medical care, health advice, and referrals.

Figure 4.9: Households had access to primary-level healthcare facilities


77.0
96.6
Baseline
Midterm

CHAPTER FIVE: BEST PRACTICE

This chapter presents the practices that contributed most strongly to positive outcomes in livelihoods, nutrition, social protection, and community resilience. Best practices were identified using three criteria: (i) demonstrated effectiveness based on midterm data, (ii) relevance to the CHT context, and (iii) potential for replication or integration into local systems. The practices are concise, evidence-based, and aligned with the pathways of the project's Theory of Change.

5.1 Summary of Best Practices

Table 5. 1: Overview of Best Practices Identified (Midterm 2025)

Best Practice	Description	Midterm Evidence (Source & Time)	Why is Effective in CHT	Replication Potential
Community Groups (FFS, Mother Groups, Adolescent Groups, DRR Volunteers)	Peer groups delivering agriculture, nutrition, and resilience support at the village level.	12,730 IFM–FFS trainees; 95.9% applying improved practices; 88.1% households increased production (Annex 1, Tables 4.14; 4.17–4.18, 2025).	Local language learning, trust, and easy coordination.	High – can be continued through Union Parishads and line departments.
Peer Nutrition Learning & Homestead Food Production	Nutrition sessions, food demos, and homestead gardening.	HDDS improved from 3.90 to 6.13 (Annex 1, Table 4.33, 2025).	Low cost, culturally appropriate, strong for remote areas.	High – can be integrated with Community Clinics.
Mobile Health Outreach	Joint outreach by CC staff, CNSPs, and paramedics.	Access to primary healthcare increased from 77% to 96.6% (Annex 1, Figure 4.9, 2025).	Overcomes transport challenges.	High – can be taken over by the local health system.
Flexible Cash Transfer Modality	Mix of mobile transfers and manual distribution.	6,473 farmers reached (Indicator 1.1.3, 2025).	Ensures inclusion in network-poor areas.	Medium – needs planning and secure handling.
Homestead Gardening & Small Livestock	Women-led production for food and income.	Regular vegetable/livestock consumption reported; contribution to production gains (Annex 1, Tables 4.23 and 4.34).	Fits limited land availability and supports women.	High – can be scaled widely.
DRR Volunteer Model	Local volunteers linked to UDMC/CDMC.	112 volunteers trained; 12 disaster management committees functional (Indicators 3.1.1–3.1.2, 2025).	Builds local emergency capacity.	High – can be institutionalised under MoDMR.

5.2 Best Practices

5.2.1 Community-Based Groups

Community-based groups (FFS, mother groups, adolescent groups, DRR volunteers) are one of the strongest practices observed. They support local learning, help people apply new skills, and provide a platform for continuous engagement.

Why effective: Training and follow-up happened in local languages, and members learn from each other and stayed motivated. Practices are easy to continue after the project ends.

Limitation: Market access and advanced technical support need stronger institutional involvement.

5.2.2 Nutrition Peer Learning and Homestead Food Production

Peer learning combined with homestead gardening significantly improved diets and household food availability. Women-led cooking demonstrations, home visits, and small gardens helped families diversify food intake. As of midline 2025, household dietary diversity improved from 3.90 to 6.13.
Limitation: ANC/PNC uptake remains low due to mobility barriers and distance from services.

5.2.3 Mobile Health Outreach

Mobile health camps allow families in remote areas to receive check-ups, counselling, and referrals without long travel.

Why effective: This practice is effective because it brings services closer to families, is trusted by communities, and operates through a strong partnership between the project and Community Clinics.

Limitation: For sustainability, outreach must be included in Community Clinic management plans.

5.2.4 Flexible Cash Transfer Mechanism

The project successfully used mobile payments where possible and manual payments where network coverage is weak. This ensured that excluded groups—especially in Bandarban and Khagrachhari—received support.

Limitation: Manual distribution is time-consuming and needs careful security management.

5.2.5 Homestead Gardening and Livestock

This practice helped women produce vegetables and small livestock for daily use. Families reported improved diets and small but regular income from selling extra produce.

Why effective: This practice is effective because it works well in hilly terrain, requires low investment, and is managed directly by women, who also benefit from the outcomes.

5.2.6 DRR Volunteer System

Local volunteers trained by the project support early warning, preparedness, and emergency response. DRR committees in 12 unions are now functional with active community participation.

Why effective: This practice is effective because volunteers know the terrain and local hazards very well, and the model builds strong local readiness at a very low cost.

Limitation: Volunteers need refresher training and recognition under formal UDMC structures.

5.3 Sustainability Outlook for Best Practices

Practices embedded in local structures—such as FFS groups, mother groups, adolescent groups and DRR committees—have the strongest sustainability prospects. Mobile health outreach can continue if formally integrated into Community Clinic plans. Practices requiring higher institutional coordination—such as VET pathways, market linkages and seed banks—need additional support and resource commitment in the remaining project period.

Table 5. 2: Sustainability Outlook for PRLC Interventions (Beyond 2026)

Intervention Area	Midterm Evidence (2024–2025)	Sustainability Outlook	What Is Needed for Continuity
Community Seed Banks	No beneficiaries supported; seed banks not operational (Indicator 1.1.4).	**Low** – System not yet established.	Clear management model, initial stock support, linkage with DAE and FFS groups.
Nutrition & Health Services (CNSP, Mother Groups, Outreach)	HDDS improved from 3.90 to 6.13; strong breastfeeding and recipe adoption; PHC access increased to 96.6%.	**Moderate–High** – Community groups and outreach mechanisms already functioning.	Integration of CNSPs and nutrition groups into CC committees; planned outreach through DGHS/CCMG.
Social Protection & Social Accountability	SSN access improved from 16% to 21%; 4 of 12 joint SSN actions were completed.	**Moderate** – Community awareness is strong, but institutional anchoring is uneven.	Embedding social audit tools in UP plans; stronger coordination with DSW and CHT Affairs.
Disaster Preparedness (DRR Volunteers, Committees)	112 volunteers trained; 12 UDMC/CDMC committees functional (Indicators 3.1.1–3.1.2).	**High** – Low-cost model with strong local ownership.	Formal recognition of volunteers by UDMC; regular refreshers via MoDMR/Red Crescent.
Vocational Training & Youth Employment (VET)	44 youths trained, but no apprenticeships established (Indicators 1.6.1–1.6.2).	**Low–Moderate** – Training delivered, but employment link absent.	Apprenticeship agreements with TTCs/private sector; job placement support; start-up credit options.
Cash Grants for Livelihoods	6,473 farmers received production grants, linked to increased production (Annex Tables 4.14, 4.23).	**Moderate** – Grants boost short-term gains; long-term effect depends on market access.	Combine future grants with business planning, savings groups, and stronger value-chain linkages.

5.3 Case Stories

Story: ***"The Story of a Courageous Woman's Journey to Self-Reliance"***

Peyara Begum is 47 years old. She lives with her husband, Moktar Gazi, in Hakimtila Para, Ward No. 5 of Bajbila Union, Bandarban. Peyara Begum is a farmer, and her husband works as a day laborer. Since March 2024, Peyara has regularly attended monthly awareness sessions under the Hakimtila PRLC project.

Before participating in these sessions, she had little knowledge about breastfeeding. However, after receiving the awareness training, she attended regular monthly ANC (Antenatal Care) and PNC (Postnatal Care) checkups.

Later, in June 2024, she received seeds and fertilizers to expand her home vegetable garden. Currently, she cultivates various vegetables and fruits on previously uncultivated land, fulfilling her family's nutritional and vitamin needs. Additionally, she earns extra income by selling the surplus produce in the market, which she uses to buy non-vegetable and carbohydrate-rich foods to supplement her family's diet.

Peyara Begum shared that this project has greatly increased her and her family's awareness of nutritious food and health. She grows red spinach, sweet pumpkins, carrots, and various other vegetables on fallow land, producing diverse vegetables in her homestead garden. This meets her family's nutritional requirements and allows her to generate income by selling the surplus in the market.

In the future, Peyara Begum hopes to expand her homestead vegetable garden further, ensuring her family's health and improving their livelihood.

Story: *"Athui Marma's Inspiring Journey to Self-Reliance"*

Athui Marma is a 52-year-old resilient woman residing in Notun Para, Hafchari Union. A divorcee and mother of four children, she also cares for her 80-year-old elderly mother. Though married young, Athui's early married life was marked by hardship and emotional struggle. Despite the difficulties, her family never went hungry. However, early pregnancies took a toll on her health, adding to the challenges she faced at home.

In the initial years of her marriage, financial strain and frequent disagreements with her husband escalated, fueled by ongoing scarcity and mental stress. While she hoped for improvement over time, reality was unforgiving. Ultimately, Athui made the courageous decision to return to her father's home, taking her three daughters and son with her, where she faced the daunting task of raising her children single-handedly.

In 2024, Athui was selected as a beneficiary of the "Alo" PRLC project and began attending regular training sessions. These sessions empowered her with valuable knowledge on farm management, constructing chicken coops, and vegetable cultivation around her home. Recognized as a promising female entrepreneur through the project's initiative, Athui's passion for goat rearing emerged as a natural fit, given the abundant green pastures surrounding her home and the established market demand for goat products.

On April 21, 2025, at the "Alo" project office in Guimara, in the presence of the District Commissioner, Athui was among four beneficiaries who received financial support totaling 20,043 taka. Within a week, she invested 7,000 taka to purchase two pregnant goats and 5,000 taka for a young male goat, initiating her journey into livestock farming.

The two pregnant goats gave birth to four healthy kids in just under a month, bringing her herd to six goats. Through dedication and hard work, Athui envisions building a thriving goat farming enterprise that will sustain her family and provide a steady income. Moreover, she is motivated to support her daughter's college education through the earnings from her farm.

Despite the many challenges life has thrown at her, Athui's unwavering determination and perseverance have paved the way for her success. She expresses profound gratitude to the Alo organization, acknowledging that her dream of financial independence would have remained out of reach without their support.

Athui Marma's story stands as a powerful testament to how the PRLC project is transforming the lives of marginalized communities, fostering empowerment, and creating pathways to sustainable livelihoods.

Story –***"The Journey of Satyabrata Chakma: From Small Farmer to Community Field Facilitator"***

Satyabrata Chakma, a modestly educated farmer from Juraichhari in Ward 3 of Maidung Union, Panchhari, is the father of one child. He cultivated crops on a small piece of land, and in between farming seasons, he worked as a daily wage laborer to support his family.

One day, he came across a recruitment announcement from the NGO Tongya for a Farmer Facilitator (FF) position under the PRLC project. Although initially hesitant, he decided to apply. At first, he feared he might not succeed, but to his delight, he passed the recruitment test and joined the project as a Farmer Facilitator.

Initially, Satyabrata was uncertain about the nature of the project's work. However, after receiving training under the PRLC project, his doubts disappeared. The training provided him with hands-on knowledge about what it takes to be a successful farmer and how to achieve optimum yields. He learned about various aspects of agriculture and livestock, including poultry, cattle, goats, ducks, quails, and fish farming. "Had I not joined the PRLC project implemented by Tongya, I would never have gained such valuable knowledge," he says.

Currently, Satyabrata is responsible for three FFS under Cluster 1:

1. *Shilchhari Maun and Shilchhari Talukdar Para*
2. *Panchhari Mukh Para*
3. *Bababanya Para*

Across these three locations, there are 86 beneficiaries—68 women and 18 men. Through structured sessions, Satyabrata provides training, technical knowledge, and services following the project's curriculum and modules.

According to the beneficiaries, before participating in the PRLC training, they had little or no knowledge about modern agricultural practices such as paddy transplantation, proper fertilizer application, pest control, safe pesticide use, and modern poultry and livestock rearing methods. They also learned to produce and store compost, vegetables, fruits, and other agricultural products. The project's assistance in these areas has been transformative, and the beneficiaries expressed deep appreciation for PRLC's support.

Satyabrata has also applied the project's techniques to his farm, achieving greater success than before. His progress has not only improved his family's living standard but has also contributed to uplifting the lives of other farmers in the community.

CHAPTER SIX: CHALLENGES AND RECOMMENDATIONS

6.1 Challenges

"Personal economy is the core of all conflict. If a person is economically empowered, he does not get involved in any conflicts."
— Chairman, Union Parishad, Bandarban

The midterm evaluation identified several structural, geographic and institutional challenges that continue to limit the full achievement of project outcomes. These challenges require focused action in the remaining implementation period.

I. Livelihoods and Market Systems Challenges: Seed banks remained non-operational, with 0% progress by June 2025 (Indicator 1.1.4), limiting farmers' access to reliable seeds and reducing agricultural resilience. Market linkages have not materialised, as no producers were formally connected to buyers (Indicator 1.2.2), and only 12 of 15 collection points operate regularly. Delays in Phase 2 cash transfers slowed the expansion of crop production and small enterprises. Remoteness, high transport costs, and limited extension coverage further restrict access to markets, training, and inputs.

II. Nutrition and Health Challenges: Despite improved dietary diversity, maternal health service utilisation remains low, with ANC/PNC coverage at only 14.1% (Annex 4.29–4.32). Households in hard-to-reach settlements have limited access to Community Clinics, reducing the impact of counselling and follow-up. Indicator definition issues—such as breastfeeding and HFIAS—also affect data accuracy. CNSPs and mother groups require stronger coordination with clinic staff to sustain nutrition behaviour change.

III. Social Protection and Governance Challenges: Safety-net access increased from 16% to 19%, but joint SSN actions remain low (33.3% completion; Indicator 3.2.1). Government budget allocation data is still unavailable, limiting the assessment of institutional commitment. Union Parishad committees show uneven engagement, and referral pathways for extremely poor households are inconsistent. Remote and ethnic minority households continue to face barriers in accessing information and registration processes.

IV. Youth Employment and VET Challenges: Although 44 youths completed or enrolled in VET, no apprenticeships were established by June 2025 (Indicator 1.6.2). Coordination with TTCs is weak, and private-sector involvement remains limited. Youth in high-altitude para face mobility constraints, making it difficult to attend training and secure employment opportunities.

V. Disaster Preparedness and Community Resilience Challenges: DRR volunteers and disaster management committees are active, but coverage remains limited in the most remote and hazard-prone areas. Committees require refresher training, updated hazard maps and stronger linkage with Upazila and Union disaster systems. Volunteer motivation may decline without clear institutional anchoring.

VI. Indigenous Food Habits: Some indigenous communities traditionally consume plain or boiled foods and rarely eat lentils or mixed dishes such as khichuri. Although the hills are rich in fruits and

vegetables, many households sell homegrown produce instead of consuming it. These habits limit dietary diversity and contribute to persistent nutrient gaps (Annex 1 Tables 4.27 & 4.34; Chapter 4 Nutrition Findings).

VII. Limited Access to Healthcare Services in Remote Hilly Regions: Many beneficiaries must travel long distances through difficult terrain to reach healthcare services. In unions such as Moidhang and Dumdum, Community Clinics exist but remain physically hard to reach. Staff shortages further reduce service availability. Pregnant women face particular difficulty visiting Sadar Upazila hospitals (Annex 1 Tables 4.29–4.32).
"In areas like Moidh and Dumdum unions, though there are community clinics, many people still struggle to reach them easily because of the distance and tough terrain." — PRLC Project Staff.

VIII. Unavailability of SAM Treatment Corners: Upazila Health Complexes lack dedicated SAM (Severe Acute Malnutrition) treatment corners. Only MAM (Moderate Acute Malnutrition) support is provided, while SAM cases require referral to distant district hospitals. This reduces timely treatment for severely malnourished children (Annex 1 Tables 4.13 & 4.27).

IX. High Cost and Difficult Eligibility for Training Centres: TTCs and the Youth Development Department face staff shortages, leading to the closure of key courses such as driving and sewing. Private institutes charge fees beyond the reach of low-income youth. Residential eligibility requirements further exclude many from enrolling (Annex 1 Tables 4.17 & 4.18; Section 3.1.5).

X. Transportation Barriers: High transport costs limit access to project services and markets. Boat travel costs between 500–1,000 BDT per person, and long trips can reach 1,200–2,000 BDT. Such expenses also constrain project staff mobility (Section 3.2.5; Annex 1 Table 4.35).

XI. Low Participation and Interest in Sessions: Women often struggle to attend training and awareness sessions due to heavy domestic responsibilities. Many prioritise receiving grants over participating in capacity-building activities. Without stronger financial literacy and leadership support, some women may not fully benefit from grants (Annex 1 Tables 4.23 & 4.25; Section 3.1.4).

6.2 Recommendations

I. Livelihoods and Market Systems

- Operationalise seed banks in coordination with DAE by finalising management roles, initial stock supply, and community contribution arrangements.
- Facilitate structured producer–buyer linkage events in all three districts, led jointly by PNGOs and DAE, to initiate formal market relationships.
- Strengthen collection point operations by assigning leadership roles within producer groups, ensuring weekly functionality, and monitoring utilisation.
- Complete the pending Phase 2 cash transfers and provide simple business-planning guidance to help beneficiaries expand production and income streams.
- Increase follow-up extension visits in remote areas by deploying locally based facilitators and scheduling cluster-based sessions to reduce travel barriers.

II. Nutrition and Health

- Integrate ANC/PNC promotion into mother groups, adolescent groups and DRR volunteer sessions to improve maternal service uptake.

- Expand mobile health camps in hard-to-reach para through Community Clinics on scheduled days to reduce transport difficulties.
- Standardise nutrition indicators (breastfeeding, HFIAS) in line with WHO definitions and reorient field staff accordingly.
- Strengthen CNSP–Clinic coordination, including referral tracking and joint household follow-up for malnutrition and maternal health cases.

III. Social Protection and Governance

- Institutionalise social audit tools and public hearings within Union Parishad annual planning to enhance community accountability.
- Conduct mobile SSN registration support in remote areas with the involvement of DSW and UP to ensure inclusion of extremely poor households.
- Activate UP Standing Committees on social protection through quarterly review meetings and role clarification.
- Improve referral pathways for extremely poor and ethnic minority households through simplified case-tracking tools.

IV. Youth Employment and VET

- Establish apprenticeship partnerships between TTCs, UNDP, local workshops, agro-input dealers, and private firms, starting with trades showing strong market demand.
- Provide job counselling and placement support to VET graduates, including information on local employers and safe migration options.
- Introduce flexible training options—short courses, non-residential formats, and modular packages—to accommodate low-income youth and women.
- Negotiate subsidised seats for vulnerable youth in private vocational institutes.

V. Disaster Preparedness and Community Resilience

- Formally register DRR volunteers under the UDMC/CDMC frameworks to anchor their role and ensure continuity after the project.
- Provide refresher training and simulation drills twice annually to strengthen preparedness and early warning capacity.
- Update hazard maps and reporting tools for high-risk para and ensure committees use them in planning and response.
- Strengthen linkages between community volunteers and Upazila Disaster Management Committees for coordinated alerts and response.

VI. Indigenous Food Habits and Nutrition Behaviour

- Develop culturally tailored nutrition messaging, using indigenous cooking methods and familiar ingredients to promote dietary diversity.
- Promote consumption of locally available fruits and vegetables through recipe demonstrations, not only production support.
- Engage community leaders, women cooks, and youth groups to influence food habits and reduce preference for selling rather than consuming homegrown foods.

VII. Access to Healthcare in Remote Hilly Regions

- Schedule fixed outreach clinic days in remote areas to ensure the predictability of services.

- Advocate for increased staffing at Community Clinics and Upazila Health Complexes located in difficult terrain.
- Support group transport arrangements for pregnant women, facilitated by para-level volunteers.
- Improve referral coordination between CNSPs, Community Clinics and Upazila Health Complexes.

VIII. Severe Acute Malnutrition (SAM) Management

- Advocate for establishing SAM corners at Upazila Health Complexes to provide accessible treatment.
- Train CNSPs and Community Clinic staff to correctly identify SAM cases and ensure follow-up until referral is completed.
- Develop a simple SAM referral protocol, including transport support for the poorest families.

IX. VET Centre Accessibility and Affordability

- Address staff shortages at TTCs by engaging visiting trainers or partnering with NGOs for technical sessions.
- Reduce or subsidise course fees for vulnerable youth through partnership agreements with private institutions.
- Promote non-residential training options, especially for women and low-income families.

X. Transportation Barriers

- Decentralise training and meeting locations to reduce travel burden for beneficiaries.
- Promote cluster-based service delivery, grouping nearby para into shared meeting points.
- Support cost-sharing models for group travel, especially for ANC/PNC visits and key trainings.

XI. Participation and Motivation in Sessions

- Integrate financial literacy, leadership skills and simple bookkeeping into women's training to increase engagement and benefits.
- Adjust training schedules to match women's domestic workloads and seasonal farming periods.
- Use peer leaders and motivators to encourage attendance and strengthen follow-up within women's groups.

6.3 Priority Recommendations

Table 6. 1: High-Priority Actions for the Remaining Implementation Period

Priority Area	Key Action Required	Lead Actor	Timeline
Market Linkages	Establish producer–buyer linkage events	PNGOs & DAE	Within 6 months
Maternal Health	Increase mobile health camps in remote para	Community Clinics & DGHS	Quarterly
VET Employment	Formalise apprenticeship partnerships	TTCs & UNDP	Next 3 months

DRR	Register DRR volunteers within UDMC/CDMC	MoDMR & UP	Next 6 months
SSN Access	Conduct mobile SSN registration	UP & DSW	Next planning cycle

CHAPTER SEVEN: CONCLUSION

The midterm evaluation of the Partnership for Resilient Livelihoods in the Chittagong Hill Tracts (PRLC) confirms that the initiative has brought tangible improvements in livelihoods, food security, and nutrition during the first half of implementation. Poverty levels have fallen from nearly 100% of households at baseline to about 74% at midterm, while the multidimensional poverty index has declined from 0.35 to 0.31. Household incomes and expenditures have grown accordingly, for example, in Bandarban, rising from around BDT 67,500 to nearly BDT 89,000 and in Rangamati from around BDT 76,000 to about BDT 91,000. Food security indicators show similar progress: the Household Food Insecurity Access score decreased from around 17 to just over 2, and dietary diversity improved from about 4 to more than six food groups.

Agricultural production and diversification underpin these results. The proportion of households with increased agricultural output grew from 76% to 88%, with Rangamati reaching almost 96%. Farmer field school training has been effective, with over 95% of trained farmers reporting improved knowledge and practices, and over 90% adopting high-value or climate-resilient crop production techniques. Livestock rearing and small businesses are becoming more common: about 58% of households now rear poultry, and home-based enterprises such as vegetable cultivation and tea stalls are providing supplementary income. Women's participation in economic activities is also widening, with about 44% of selected women farmers trained on entrepreneurship and over 40% of households adopting homestead gardening.

Nutrition and health outcomes reflect these combined efforts. Exclusive breastfeeding among children under two years rose sharply from around 43% to 91%, and severe stunting among under-five children declined from about 40% to 16%. The proportion of underweight children also reduced from about 17% to 12%. Maternal care has improved, with nearly 59% of pregnant mothers receiving antenatal care and about two-thirds completing at least three visits, though postnatal care coverage remains low at around 45%. These gains suggest that better food availability, health services and nutrition awareness are contributing to healthier mothers and children.

Several lessons emerge from the midterm review. Integrated programming—linking agriculture, market access and nutrition—has produced stronger outcomes than isolated interventions. Community-based approaches, including farmer field schools and producer groups, have supported market linkages and helped stabilize farm incomes. Targeted work with women has shown benefits in household decision-making and income generation: women's control over household resources has risen from around 14% to over 16%, and their role in family income decisions from around 10% to nearly 18%. The experience highlights the importance of multi-sectoral coordination and sustained community engagement.

However, important challenges remain. Many households are still vulnerable to environmental shocks: around 31% have experienced excessive rain and almost half report income or asset losses in recent years. Limited capital and lack of business training remain major obstacles, with over 90% of households reporting inadequate capital and nearly 80% citing insufficient training for income-generating activities. Gender gaps in leadership and decision-making persist, with women still underrepresented in key household and community-level economic decisions. Access to quality health services, especially postnatal care in remote areas, continues to be limited.

The evaluation points to several areas for action during the remaining period. Strengthening market integration through community-operated collection points and digital platforms can help farmers secure better prices and reduce post-harvest losses. Expanding low-interest credit and small grants will allow households to invest in small businesses and climate-resilient agriculture. Promoting soil and water conservation and climate-adaptive crops, together with community-managed disaster funds, can help reduce the impact of heavy rains, landslides and other shocks. To sustain gender gains, the project can intensify leadership and entrepreneurship training for women and engage men to support

shared decision-making. Improving postnatal care and continuing to promote homestead gardening and nutrition education will be important for consolidating health and nutrition achievements.

Overall, the PRLC midterm findings present a picture of steady but uneven progress. Poverty reduction, stronger livelihoods and improved nutrition are evident, but economic vulnerability, climate risks and gender disparities require continued and focused attention. The remaining period offers an opportunity to deepen these gains and address the structural challenges so that households in the Chittagong Hill Tracts can build a more secure and resilient future.

Annex