Outcome Assessment Report

Young Power in Social Action (YPSA)

Message from Founder and Chief Executive of YPSA

For nearly four decades, YPSA has walked alongside Bangladesh's most marginalized and resilient communities, a journey of shared struggle, learning, and collective hope. This Outcome Assessment Report is a tribute to the voices, tenacity, and small victories of the people we serve, not just a gauge of progress. The results show that our community-centered, rights-based strategy is bringing about significant change. The comparative data with control groups, which clearly illustrate the observable impact of structured intervention where none previously existed, particularly touches me.

I would especially like to express my gratitude to the entire YPSA family, including our hardworking staff and volunteers, whose unwavering dedication keeps our mission going. Additionally, I would like to express my gratitude to the managing editor of this report, the editorial board, the field research team members, and the research coordination team, whose diligence and hard work made this publication possible.

My sincere gratitude is extended to our invaluable partners, government agencies, civil society organizations, foreign allies, and local leaders for their unwavering cooperation and trust. Above all, I am grateful to the communities that have shared their knowledge, opened their lives to us, and fueled this movement with their dreams. You are the core of YPSA's mission, not just its beneficiaries.

Dr. Md. Arifur Rahman
Founder and Chief Executive
Young Power in Social Action (YPSA)

Contents

List of Tables

Outcome Assessment Report

Executive Summary

Young Power in Social Action (YPSA) has been a key player in sustainable development in Bangladesh since 1985. The organization focuses on empowering marginalized groups through rights-based approaches. YPSA works in six main areas: Health, Education, Human Rights and Good Governance (HR&GG), Economic Empowerment, Environment and Climate Change, and Disaster Risk Reduction and Humanitarian Response. This report shares the results of an outcome assessment. It aims to assess progress toward strategic goals, identify challenges, and guide future programming. The assessment used a thorough mixed-methods approach. This included quantitative surveys and qualitative insights from Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and staff consultations. A total of 777 beneficiary surveys were completed, along with 12 community FGDs, 6 staff FGDs, and 18 KIIs. An important part of the study was including a control group survey from non-intervention areas. This provided a solid comparison to measure YPSA's unique impact.

In the health sector, YPSA's efforts have clearly improved access to services. In intervention areas, 88.3% of females and 94.6% of males reported regular access to general healthcare, while the control group showed more irregular use. However, significant barriers still exist, especially for women: 26.4% of females in intervention areas had limited access compared to 5.7% of males. Financial problems were the main obstacle. Sexual and reproductive health (SRH) services saw good uptake; 63.3% reported full access to maternal and child healthcare. Youth awareness of sexual and reproductive health rights (SRHR) was also high at 95.9%. In sharp contrast, only 11.1% of the control group received full SRH services. Access to safe water improved (from 78.1%), and 82.4% received nutrition training, but serious inequalities remain. Confidence in managing health issues was high in intervention areas at 97.9%, but only 40% in the control group. Critically marginalized groups, like sex workers, faced alarmingly low access at 11.5%, highlighting the need for targeted outreach.

The Education theme shows YPSA's role in filling gaps, but systemic challenges remain. Full school enrollment in intervention areas was 36.0%, with a gender gap favoring girls (42.9% female vs. 27.1% male). Completion rates were very low at 11.7%. The control group had 100% enrollment among females, but only one-third of males enrolled, and the completion rate was 30%. The poorer results in intervention areas are partly due to YPSA's focus on hard-to-reach regions and Rohingya camps, where NGO schools dominate. Participation in non-formal education was higher at 66.4%. However, vocational training reached only a small number of youth (6.4%) with a weak conversion to jobs (0.9% secured

employment). Awareness of inclusive education was inconsistent, and teacher preparedness was rated poorly in both groups. This underscores the need for investment in quality and inclusion.

For Human Rights and Good Governance, YPSA enhanced awareness but faced a stark implementation gap. Awareness of political rights was high (91.2%), yet active participation was moderate. Human rights violations remained pervasive, with 82% of intervention respondents reporting incidents. Resolution mechanisms had limited success; only 8% saw all cases resolved, though 67% reported some resolution through local systems. In the case of the people of the control group, 70% showed the occurrence of human rights violations, with 85.7% showing the cases were never resolved, showing the impact of YPSA. The confidence level of people to raise the issue of human rights was high among the people of the YPSA-covered areas, with 95.8% showing confidence level, though the success rate of people in solving human rights cases was only 36.8%. In the case of the people of the control group, satisfaction with the services of the government was less when compared to the YPSA results, with 70% of the people showing dissatisfaction with the services of the government.

The interventions in Economic Empowerment provided better financial inclusion and livelihood engagement. In intervention areas, 66.4% regularly use more than one financial service. There was a gender gap in the usage of financial services. A high level of respondents engaged in income-generating activities (90.8%), and 90.1% reported an increase in income. In contrast, only 33.3% of the control group were currently involved in income-generating activities, and two-thirds of the control respondents reported no change in income, showing clearly the economic impact created by YPSA. Perception of financial inclusiveness was higher for intervention respondents (85.2%), while awareness of YPSA social enterprises was also found to be very high at 83.6%. No engagement with or experience of similar initiatives was found to be reported by the control group, indicating a significant programmatic gap outside the reach of YPSA.

In its Environment and Climate Change, YPSA programs directly enhanced resilience and incomes at the community level. As such, 82.3% of intervention households reported an increase in income from climate-resilient livelihoods, with no households showing an increase in the control group, where 50% declined. Most of the intervention communities adopted adaptation to climate impacts, either partially or fully, while community participation in mitigation was also reasonably good. Similarly, awareness of biodiversity conservation stands at 85.6%. On the other hand, the control group reported that 60% adopted no strategy, and none of them participated in any formal climate change program; thus, the need for a structured intervention has been at a premium.

In the case of disaster risk reduction and humanitarian response, YPSA has laid the foundation for awareness. However, gaps exist in ensuring preparedness. Although community members were moderate in areas concerning interventions, evacuation preparedness was the most recognized skill at 61.2%. First aid knowledge was drastically low at only 7.1%. In all intervention areas, 99% felt the need for further training. For disaster response activities, participation levels were low. In the control group, 80% had no DRR skills, 90% desired training, and none were part of response committees. While 61.2% of the intervention areas were identified for humanitarian aid, timeliness and adequacy were concerned, with only 25.8% strongly agreeing that aid arrived promptly.

On the basis of these observations, certain pertinent recommendations have been derived for future strategies under each theme. For the theme on Health, more mobile clinics need to be deployed, SRH services must include engagement with males, and targeting high-risk communities is a must. In Education, addressing financial barriers, enhancing vocational training with job linkages, and promoting inclusive infrastructure are key. For Human Rights and Good Governance, more programs must focus on providing support to individuals through law clinics, civic engagement must be enhanced and establish robust accountability systems. Economic Empowerment requires increased financial product diversity, strengthened entrepreneurial ecosystems, and support for women and youth. Environment and Climate Change initiatives must scale climate-resilient livelihoods, promote climate literacy, and advocate supportive policies. Finally, Disaster Risk Reduction and Humanitarian Response efforts need expanded hands-on training, strengthened local emergency committees, and more inclusive aid distribution mechanisms.

Overall, the assessment confirms YPSA's substantial contribution to improving the well-being, resilience, and agency of marginalized communities across Bangladesh. The comparative data clearly demonstrates that communities engaged with YPSA's programs show markedly better outcomes across health, economic, educational, and environmental indicators than those without such support. Still, issues like financial constraints, inequality, institutional linkage, and resource limitations have to be dealt with through adaptive, comprehensive, and integrated practices. By deepening community ownership, forging stronger institutional partnerships, and advocating for inclusive policies, YPSA can enhance the sustainability and scale of its impactful work, steadfastly advancing its mission towards equitable and resilient development.

Introduction

Young Power in Social Action (YPSA), an organization in Special Consultative Status with the United Nations Economic and Social Council (UN-ECOSOC), is a voluntary, non-profit making organization working for sustainable development in the country since its incorporation in 1985. The focuses of YPSA include sustainable development, social justice, and human rights. YPSA mainly works towards the empowerment of marginalized and disadvantaged groups through people-centered, rights-based approaches. YPSA's main areas of work include Health, Education, Economic Empowerment, Human Rights and Good Governance, Environment and Climate Change, Disaster Risk Reduction, and Humanitarian Response. Over the years, YPSA has developed strong partnerships with various Government Institutions, CSOs, and United Nations agencies at local, national, and international levels.

With extensive experience in project implementation, research, advocacy, and community mobilization, YPSA has established a strong presence in 22 districts of Bangladesh, including the Chattogram Hill Tracts. The organization values accountability, community participation, and learning to improve the effectiveness and sustainability of its work. This outcome-focused assessment is part of YPSA's broader commitment to evidence-based programming, transparency, and ongoing improvement. The goal is to assess progress, identify challenges, and inform strategic adjustments to achieve intended outcomes.

Vision of YPSA

YPSA envisions a society without poverty where everyone's basic needs and rights are ensured.

Mission of YPSA

YPSA exists to participate with the poor and vulnerable population with all commitment to bring about their own and society's sustainable development.

Major Program Themes of YPSA

There are six program themes of YPSA, based on which all projects and programs are implemented, as mentioned below:

Theme 1: HEALTH

Goal: Improve the health care service system to reduce health risks and vulnerability in the community

Objectives:

- Improve access to health care services and support systems
- Strengthen the sexual and reproductive health care services including family planning, maternal and child health care system.
- Strengthen quality and equitable access to water, sanitation and hygiene
- Strengthen nutrition specific interventions
- Empower poor and vulnerable people to deal with different health related problems through capacity development initiative

Theme 2: EDUCATION

Goal: Promote inclusive and equitable quality education for all.

Objectives:

- Increase coverage of the children's school enrolment and completion rate of pre-primary and primary education in both rural and urban settings
- Increase literacy rate among marginalized groups
- Increase relevant skills including technical and vocational skills for employment, decent jobs and entrepreneurship for youth, adults and vulnerable groups.
- Ensure inclusive education for the persons with disabilities and other vulnerable groups

Theme 3: HUMAN RIGHTS AND GOOD GOVERNANCE

Goal: Promote peaceful society, access to justice for all and responsive, effective and accountable institutions that promote the social cohesion.

Objectives:

- Strengthen people's voices and capacity to uphold human rights
- Promote active citizenship and access to justice
- Ensure inclusive public services to the poor and disadvantaged population
- Promote enabling and equitable environment for all
- Improve accountable, justice and transparent governance system.

Theme 4: ECONOMIC EMPOWERMENT

Goal: Promote sustainable and inclusive economic empowerment for target communities as a means of poverty alleviation

Objectives:

- Enhance easily accessible, cost effective and sustainable financial services to the poor and vulnerable people

- Promote inclusive financing
- Increase the income level of people involving them in income generating activities.
- Uphold sustainability of interventions through initiating different social business enterprises.

Theme 5: *ENVIRONMENT AND CLIMATE CHANGE*

Goal: Promote appropriate resilient mechanisms and environment management systems for mitigation and adaptation to climate change.

Objectives:
- Reduce the vulnerability of the population to the impact of climate change.
- Enhance the innovative and sustainable adaptation strategies and methods to protect people and the environment from hazards caused by climate change.
- Strengthen integrated initiatives for environmental restoration and conservation

Theme 6: *DISASTER RISK REDUCTION AND HUMANITARIAN RESPONSE*

Goal: Reduce the vulnerability and risk of people to the effects of natural, environmental and human-induced hazards and promote an efficient humanitarian response management system

Objectives:
- Increase preparedness, response capabilities and resilience of the communities to cope with shocks and stresses of disaster and humanitarian crises situation
- Promote the efficient mechanism and system for minimizing the effects of the disaster
- Response to high humanitarian needs, including in food assistance, health, nutrition, WASH, shelter, education in emergencies, and response to suddenly arising needs

Monitoring and Evaluation (M&E) plays a crucial role for YPSA in tracking the achievement against these set objectives. Through regular monitoring, the organization can determine whether strategic adjustments are necessary and respond accordingly. By reviewing key milestones and final outcomes across various interventions, M&E enables YPSA to assess progress and demonstrate accountability to stakeholders, which can help foster future partnerships.

While closely related, monitoring and evaluation serve distinct functions in assessing YPSA's overall performance. Monitoring is viewed as a continuous, systematic process focused on collecting information to track the progress of ongoing interventions. In contrast, evaluation is conducted at specific points in time to assess whether a project has

met its goals and delivered the intended results as outlined in the original plan. This report is all about presenting the findings of the outcome assessment of YPSA programs, which have been running for several years, based on six themes, and evaluating where YPSA is standing, considering the organizational Monitoring and Evaluation Plan (July 2021 – June 2026).

METHODOLOGY

Objective: To assess the progress made to date and pinpoint areas where the organization is either meeting or falling short of its strategic objectives

Key Strategies:

- Beneficiary Questionnaire Survey
- Field Level Consultation with the Community
- Staff Consultation (especially with the program key person)
- Program or Project Completion Reports Review

This methodology was followed for conducting the survey, Key Informant Interviews and Focus Group Discussions during the outcome assessment.

Table 1: Methodological Details

Activity	Method	Technique	Document Availability
Beneficiary Survey	Field Survey	Questionnaire Survey	A total of **777 samples** were conducted considering the project or program in line with the assessment years, Geographical Coverage, thematic areas, and coverage population.
Field Level Consultation with the Community	FGD (Consultation)	FGD Checklist as per theme	A total of **12 FGDs**, typically called consultation meetings with the community. Considering the geographical location (i.e., Hill, Plain, and Island), community (i.e., minority or Tribal, LGBTQI, Rohingya, Ageing, Children, youth, Women, and Men).
Staff Consultation	FGD (Consultation)	Checklist	A total of **06 FGDs**, typically called consultation meetings with staff of YPSA. ● FGD/CM with key field staff – in a regional meeting (CTG-1, Cox's-1, Sitakund-1, Feni-1, CHTs-1, Island-1, and Ukhiya & Teknaf (Rohingya Camp-1)).
Opinion of State Key Actors	Interview Method (Key Informant Interview)	Checklist	A total of 18 **KIIs** were conducted with Representatives of RRRC in Cox's Bazar; DRRO in Cox's Bazar and CTG; Civil Surgeons, Youth organizations, Civil Society, and so on.
Impact Assessment Report, Annual Report, Program or	Desk Review	Thematic Reviews and Analysis	The completion reports were collected of the projects which was implemented during the period.

project completion reports review			

Survey Population

For this mid-term assessment survey, two population groups were considered:

1. **Program/Project Beneficiaries –** individuals who have directly or indirectly benefited from YPSA's programs or projects.
2. **Control Population –** individuals who have not been involved in or impacted by YPSA's implemented programs or projects.

Research Design

The study employed a **mixed-method** research design, integrating both qualitative and quantitative approaches. This design allowed for the exploration of nuanced experiences and perceptions while also providing quantifiable data to understand broader trends and patterns.

Study Population

- **Primary Population (Quantitative Survey)**: Program or project beneficiary and target people, including men and women residing in the YPSA program or project covering areas in Bangladesh.
- **Secondary Population or Expert Population (Qualitative Survey)**: Key informants, including representatives of donors who funded these programs or projects that were accomplished or ongoing on the assessment timeline, state and non-state actors, community leaders, key actors of local administrative bodies,

Sampling Techniques

- **Qualitative Sampling**
  - o **Purposive Sampling**: Selected for Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), In-depth Interviews, and Case Studies to ensure a diverse representation of women and men who have received service and support from YPSA.
  - o **Snowball Sampling**: Used to identify vulnerable or socioeconomically excluded people, like Persons with Disabilities (PwDs), LGBTQI, Sex workers, house servants, aging people, minorities, fishermen, religiously excluded communities, and migrants – Rohingya, refugees,
- **Quantitative Sampling**
  - o **Stratified Random Sampling**: Applied to select a representative sample of program or project beneficiaries, including men and women from different demographic strata (age, marital status, length of stay in project areas) and geographical areas for the survey. This ensures that various subgroups within the population are adequately represented.

Sample Size Calculation

- **Qualitative Sample Size**
    - ○ **Key Informant Interviews (KIIs)**: Approximately **18 KIIs** were conducted with different select experts or individuals who have significant knowledge, experience, or influence over the implementation or completion of the program or project in the assessment period. The key informants will include:
        - ▪ RRRC in Cox's Bazar.
        - ▪ DRRO in Cox's Bazar and CTG.
        - ▪ Civil Surgeons.
        - ▪ Youth organizations
        - ▪ Civil Society

- **Focus Group Discussions (FGDs)**: For the Focus Group Discussions (FGDs) in this study, participants were selected to represent a diverse range of perspectives and experiences related to the implementation or completion program or project in the assessment period. A total of **12 FGDs**, typically called consultation meetings with the community. Considering Geographical location (i.e., Hill, Haor, Plain, and Island), community (i.e., minority or Tribal, LGBTQI, Rohingya, Ageing, Children, youth, Women, and Men).

- **Quantitative Sample Size**
    - ○ **Survey**: A larger sample (e.g., **770 program or project beneficiaries including men and women**) for surveys to gather broad-based data on the implementation or completion program or project in the assessment period. The sample size for the quantitative survey was determined using Cochran's formula, which is widely used for calculating sample sizes in surveys involving large populations (Cochran, 1977; Islam, 2014; BBS, 2011). The formula is as follows

Formula,

$$\text{With, } n_0 = \frac{p\,(1\text{-}p)\,Z^2}{d^2} = \text{deff. (Design effect).}$$

Where,

- n_0 is the denoted desired sample size?
- p is a proportion of the required characteristics in the population. Theoretically, when p is unknown, p=0.5 gives the safest sample size since *p (1-p)* takes the highest value for p=0.5.

    z^2, the value of the standard normal deviate is usually set at 1.96 out of 95% confidence level.

- d is the allowing margin of error. The allowable margin of error is *d* =0.05 will be used. d is the margin of error (level of accuracy) to be tolerated at the 95 percent level of confidence which is considered as 5% margin of error (d=0.05) in our study.
- *Deff.* is the design effect used for complex surveying using multistage cluster sampling. *deff* can be taken as 1.5 - 2.0. In the current study as, multistage sampling will be done, here the *deff* is considered as 2.

Plugging the values:

$$\text{So, } n_0 = \frac{(0.5) \times (0.5) \times (1.96)^2}{} = 384 \times 2$$

$$\overline{\hspace{3cm}}$$
(0.05)²

$$= 768$$
$$= \sim 770, \text{ convenience for sample distribution}$$

Table 2: Sample Size distribution as per thematic areas

Thematic Area	Beneficiary			Proportion of the population	Total Percentage	Desired Sample Size
	Male	Female	Total			
Health	192,594	144768	337,362	5.8	14%	105
DRR & Humanitarian Response	10590	22410	33,000	0.6	12%	100
Environment & Climate Change	152305	100156	252,461	4.3	14%	105
Education	18889	23523	42,412	0.7	14%	105
Economic Empowerment	3942429	164735	4,107,164	70.8	20%	155
Human Rights & Governance	2497406	2534196	5,031,602	17.8	26%	200
Total	6,814,213	2989788	9,804,001	100.0	100%	770

Control Group Survey

Moreover, the target group was selected for the general comparison with the reference group. Here, the control or target group has been chosen from a community who do not receive any help from YPSA's implemented programs or projects. But it has also been taken care of as their gap presentation should not be too small (> 20) (Hackshaw, 2008). However, the control group survey was conducted in Amuchia, Karaldenga, and Kadurkhil unions under Boalkhali Upazila.

Thematic Area 1: Health

Health Program Outcome: Summary Results from Intervention and Control Group Analysis

Outcome 1.1: Access to Healthcare

In the intervention groups, access to healthcare was relatively good (88.3% among females, 94.6% among males). However, there were barriers, specifically financial issues and differences in access for the two groups, among which 26.4% of the females cited limited access compared to just 5.7% of the men. The control group's results showed more frequent access among the women (60%) than the men (80% occasional use). The main barrier cited was poor service quality for the women (60% of the sample compared with 40% of the men). Yet, in the intervention groups, most cited having access to multiple support systems (56%), while in the control group, none cited having access, but only a minority (40%) of the sample cited having access to a support system.

Outcome 1.2: SRH Services

In intervention areas, 63.3% reported full access to maternal/child health services, with high satisfaction (63.5% satisfied, 22.4% very satisfied). Awareness among youth was strong (95.9% combined). In the control group, only 11.1% received full services, though satisfaction was relatively high (77.8%). SRHR awareness was lower: 30% very aware, 20% unaware. The media was the main information source (44.4%), with notable gender differences in trusted channels.

Outcome 1.3: WASH

Interventions had high access to WASH: 78.1% had access to safe water and 82.5% to hygienic latrines. Still, satisfaction and access were disparate between genders. The control group presented a high percentage of basic infrastructure but lacked hygiene promotion sessions, which means that there was a gap in the health and infrastructure nexus.

Outcome 1.4: Nutrition

In intervention areas, 82.4% received nutrition training and 91.2% were aware of nutrition programs. Only 18.7% could afford a balanced diet on a consistent basis. Among the control group, none received nutrition training, and economic barriers were similarly acute.

Outcome 1.5: Capacity & Vulnerable Groups

Most in intervention areas were confident in their ability to handle health issues, with 97.9% combined versus 40% in the control group. Access gaps for marginalized groups were

extremely high in both intervention and control areas, with only 11.5% of sex workers and 60% of IDUs accessing health care in the intervention areas, similar to that of the control areas.

Details Findings (Health)

Outcome 1.1: Improved access to health care services and support systems

Table 3: Community Poor People Getting Access to Health Care Services

Poor People Getting Access to Healthcare Services in the Last Three Years	Female	Male	Total
Yes, occasionally (Only once or twice in three years, not always)	11.7	5.4	9.3
Yes, regularly (Whenever you were sick or needed help, you received it)	88.3	94.6	90.7
Total	100.0	100.0	100.0

In the last three years, a significant majority of both male and female respondents from community poor households reported having accessed healthcare services regularly when needed, with 88.3% of females and 94.6% of males indicating that they sought medical assistance whenever they were sick or required help. Despite regular access to healthcare, several barriers hindered full access for poor individuals. Financial constraints were the most commonly reported obstacle illustrating the heavy burden that the cost of healthcare places on low-income families. Additionally, a considerable portion of respondents faced issues such as long distances to healthcare facilities and lack of awareness and information about available services, and poor service quality or discrimination.

Table 4: Vulnerable Groups of Community People (youth, women, elderly, adolescents, PwDs, ethnic community, LGBTQ+) Access to Healthcare Services

Status of Accessing Healthcare Services in the Last Three Years	Female	Male	Total
No, not at all	1.8	0.0	1.1
Yes, occasionally (Only once or twice in three years, not always)	24.6	5.7	17.4
Yes, regularly (Whenever you were sick or needed help, you received it)	73.7	94.3	81.5
Total	100.0	100.0	100.0

The data reveals notable gender disparities in healthcare access among vulnerable community groups over the past three years. A significantly higher proportion of females (24.6%), compared to males (5.7%), indicating that women face greater barriers in receiving

consistent care. While 94.3% of males reported regular access to healthcare services, only 73.7% of females did. In terms of service types accessed, males predominantly utilized general healthcare (71.4%) compared to females (50.9%), whereas access to sexual and reproductive health services was exclusive to females, reflecting gendered health needs. Barriers to access also varied slightly by gender, with financial constraints and lack of awareness being the most common for both groups, though women reported higher levels of discrimination and distance-related challenges than men.

Table 5: Healthcare Support Systems Developed for the Poor and Vulnerable Group of Community People

Healthcare Support Systems Developed to Assist Poor and Vulnerable Groups in the Last Three Years	Female	Male	Total
I don't know	5.4	2.9	4.4
No, there are no systems	10.7	11.4	11.0
Yes, but only one or two systems	30.4	25.7	28.6
Yes, multiple systems, more than two	53.6	60.0	56.0
Total	**100.0**	**100.0**	**100.0**

The findings reveal that over half of the respondents (56%) from poor and vulnerable groups acknowledged the presence of multiple healthcare support systems in their communities over the past three years, with a slightly higher proportion among males (60%) compared to females (53.6%). An additional 28.6% recognized the existence of one or two systems, while only 11% reported a complete absence of such support, and 4.4% were unaware of any systems. Among those who identified existing healthcare supports, the most commonly cited system was community health clinics, followed by health education programs and mobile health services. These findings suggest a relatively positive trend in healthcare infrastructure development targeted at the poor, although there is still room for expansion and awareness to ensure access.

Outcome 1.2: Strengthened sexual and reproductive health care services including family planning, maternal and child health care system

Table 6: Women and Children Received Maternal and Child Healthcare

Family Members Received Maternal or Child Healthcare Services in the Last Three Years	Female	Male	Total
No, no services were received	5.4	0.0	3.3
Not applicable	5.4	8.8	6.7
Yes, all necessary services were received	62.5	64.7	63.3
Yes, but only some services were received	26.8	26.5	26.7
Total	**100.0**	**100.0**	**100.0**

The data indicates that a significant majority of respondents (63.3%) reported that their families received all necessary maternal and child healthcare services over the past three years, while 26.7% accessed only some services. Notably, a small fraction (3.3%) did not receive any such services, suggesting relatively widespread service coverage among the poor. In terms of specific services accessed, prenatal care, immunizations for children, and nutritional support for mothers and children were common. Counselling services stood out with the highest uptake, indicating growing recognition of its value. However, gender differences were evident in certain areas, for instance, males were more likely to report child immunization services than females. The range of services accessed reflects a moderately robust maternal and child healthcare system, but some gaps remain in comprehensive service delivery.

Table 7: Community People's Knowledge about the Importance of Family Planning and Maternal & Child Healthcare

Community People's Awareness about the Importance of Family Planning and Maternal and Child Healthcare	Female	Male	Total
No, not aware	0.0	5.7	2.2
Yes, somewhat aware	45.5	54.3	48.9
Yes, very aware	54.5	40.0	48.9
Total	100.0	100.0	100.0

Awareness about the importance of family planning and maternal and child healthcare is relatively high among both males and females, though with slight variations—54.5% of females reported being "very aware" compared to 40% of males. However, 5.7% of males were completely unaware, indicating the need for targeted awareness efforts among men. Health campaigns (48.4%) and community health workers (27.5%) were the primary sources of information, followed by media (8.8%). The strong role of campaigns and local health workers highlights the effectiveness of grassroots outreach in increasing knowledge. Despite this, the data suggests that further engagement – especially through media and peer communication – could enhance awareness, particularly among men and younger populations.

Table 8: Community People Received Family Planning Healthcare Services

Respondent and/or respondents' Child Received Maternal and Child Healthcare Services in the Last Three Years	Female	Male	Total
Limited (Didn't always get it)	3.7	6.5	4.7
No	3.7	6.5	4.7
Not applicable	5.6	16.1	9.4
Yes (When you went for service, you received)	87.0	71.0	81.2
Total	**100.0**	**100.0**	**100.0**
Quality of Maternal and Child Healthcare Services Provided	**Female**	**Male**	**Total**
Dissatisfied	0.0	10.3	3.5
Neutral	12.5	6.9	10.6
Satisfied	64.3	62.1	63.5
Very satisfied	23.2	20.7	22.4
Total	**100.0**	**100.0**	**100.0**

The majority of respondents (81.2%) stated that they were able to receive family planning and maternal-child healthcare services whenever they sought them, indicating good service availability. However, satisfaction levels varied: while 63.5% were satisfied and 22.4% very satisfied, 10.6% remained neutral and 3.5% (mostly male) expressed dissatisfaction. Female respondents generally expressed higher satisfaction and more consistent access to care. The most accessed services included nutrition counseling and vaccinations, with antenatal and postnatal care trailing behind. This suggests a need to improve delivery and communication regarding the importance of full-spectrum maternal health services, particularly among male beneficiaries. Despite positive service utilization trends, numerous challenges hinder access. The most commonly cited barriers were lack of information and insufficient health facilities, followed by distance to health centers and poor transportation. Financial cost and cultural norms also posed significant hurdles, particularly for female respondents. Interestingly, males reported greater concern with infrastructure inadequacies and distance, while females highlighted communication barriers and cultural constraints. These findings indicate the importance of addressing both logistical and socio-cultural obstacles through infrastructure improvements and culturally sensitive community engagement.

Table 9: Youth and Adolescents' Awareness on Sexual and Reproductive Health

Participants' Awareness Level about the Sexual and Reproductive Health Rights (SRHR) as a Youth/ Adolescent	Female	Male	Total
No, not aware	2.2	7.4	4.1
Yes, somewhat aware	47.8	63.0	53.4
Yes, very aware	50.0	29.6	42.5
Total	100.0	100.0	100.0
Participant/ Participants' Family Members/Friends Received any Sexual and Reproductive Healthcare Services in the Last Three Years	Female	Male	Total
Don't know	6.3	7.7	6.8
No	4.2	7.7	5.4
Yes, but rarely (Once or twice in three years)	8.3	23.1	13.5
Yes, regularly (Whenever you go, you get it)	56.3	30.8	47.3
Yes, sometimes (Three or four times in three years)	25.0	30.8	27.0
Total	100.0	100.0	100.0

Awareness of sexual and reproductive health rights (SRHR) among youth and adolescents is moderate to high, with 42.5% reporting being "very aware" and another 53.4% "somewhat aware." Females demonstrated higher awareness levels than males. Most youth learned about SRHR through health campaigns, followed by community health workers and media. However, males were more reliant on health workers than females, who benefited more from campaign-based outreach. Only 47.3% accessed SRHR services regularly, and 27% did so occasionally, while a concerning 6.8% were unaware of any services. The most accessed SRHR service was counselling, which was notably more utilized by males (72%) than females (55.3%). Menstrual hygiene services were accessed by a higher proportion of female users, while STI-related services and treatment for reproductive infections were less frequently reported.

Outcome 1.3: Strengthened quality and equitable access to water, sanitation and hygiene

Table 10: Availability of Safe Drinking Water by the Respondents

Access to Drinking Water	Female	Male	Total
No, not at all	1.7	0.0	1.0
Yes, always	76.3	81.1	78.1
Yes, but not regularly	22.0	18.9	20.8
Total	100.0	100.0	100.0
Primary Sources of Drinking Water in the Household	Female	Male	Total
Other (Pond water)	5.0	0.0	3.1

River/pond/lake	1.7	2.7	2.1
Tap water	35.0	43.2	38.1
Tube well	58.3	54.1	56.7
Total	**100.0**	**100.0**	**100.0**
Satisfaction with the Quality of Drinking Water	**Female**	**Male**	**Total**
Dissatisfied	6.7	5.4	6.2
Neutral	3.3	0.0	2.1
Satisfied	61.7	40.5	53.6
Very satisfied	28.3	54.1	38.1
Total	**100.0**	**100.0**	**100.0**

The data reveal that the majority of respondents (78.1% overall) reported consistent access to safe drinking water, with male respondents (81.1%) slightly more likely than females (76.3%) to always have access. However, 20.8% respondents noted irregular access. In terms of sources, tube wells remain the primary source of drinking water for most households (56.7%), followed by tap water (38.1%). Interestingly, a small percentage of female respondents still rely on pond water (5.0%) or other surface water sources (1.7%), which may expose them to health risks, underscoring existing rural-urban or gender-based disparities in water access.

Satisfaction with drinking water quality reflects a generally positive perception, though it varies notably between genders. A significant 54.1% of males reported being very satisfied, compared to only 28.3% of females. While 53.6% of all respondents were satisfied, and only 6.2% expressed dissatisfaction, the lower satisfaction rates among women may reflect issues related to water safety, reliability, or taste that disproportionately affect them, especially if they bear the primary responsibility for collecting or managing household water.

Table 11: Respondents' Use of Hygienic Latrines

Access to Hygienic Latrines	Female	Male	Total
No, we do not have a hygienic latrine	0.0	2.7	1.0
Yes, always accessible	76.7	91.9	82.5
Yes, but not always accessible	23.3	5.4	16.5
Total	**100.0**	**100.0**	**100.0**
All Household Members of the Respondents Using Hygienic Latrines	**Female**	**Male**	**Total**
Always	79.7	81.1	80.2
Rarely	1.7	8.1	4.2
Sometimes	18.6	10.8	15.6
Total	**100.0**	**100.0**	**100.0**
Satisfaction with the Latrine Quality	**Female**	**Male**	**Total**

Dissatisfied	8.3	8.1	8.2
Neutral	6.7	2.7	5.2
Satisfied	61.7	45.9	55.7
Very satisfied	23.3	43.2	30.9
Total	**100.0**	**100.0**	**100.0**

The data shows that access to hygienic latrines is generally high among respondents, with 82.5% reporting they always have access. However, gender disparity is evident. About 91.9% of males reported consistent access compared to 76.7% of females, and 23.3% of females indicated their access was inconsistent, compared to just 5.4% of males. Despite this, 80.2% of all respondents said that all household members always use hygienic latrines, suggesting strong hygiene practices overall. However, usage is less consistent among females, with 18.6% reporting that hygienic latrines are used only "sometimes," compared to 10.8% of males. Satisfaction levels also reflect a gender gap: 43.2% of males reported being "very satisfied" with latrine quality, compared to 23.3% of females.

Table 12: Respondents' Adaptation to Hygienic Practices

Respondents' Households Having a Designated Place for Hand-washing with Soap and Water	Female	Male	Total
No	23.3	13.9	19.8
Yes	76.7	86.1	80.2
Total	**100.0**	**100.0**	**100.0**
Frequence of Hand-washing Practices with Soap	**Female**	**Male**	**Total**
Always (before eating, after using the toilet, etc.)	70.0	91.9	78.4
Rarely or never	8.3	2.7	6.2
Sometimes	21.7	5.4	15.5
Total	**100.0**	**100.0**	**100.0**
Respondents' Time to Wash Hands	**Female**	**Male**	**Total**
After using the toilet	31.7	35.1	33.0
Before eating	56.7	56.8	56.7
Before preparing food	1.7	2.7	2.1
Others (As per need)	10.0	5.4	8.2
Total	**100.0**	**100.0**	**100.0**
Respondents' Participation in any Awareness Sessions/Campaigns on Hygienic Practices in the Last Three Years	**Female**	**Male**	**Total**
No	8.3	8.1	8.2
Yes	91.7	91.9	91.8
Total	**100.0**	**100.0**	**100.0**
Respondents' Agreement Status on "Hygienic Practices Prevent Illnesses like Diarrhea and Other Infections"	**Female**	**Male**	**Total**

Agree	70.0	62.2	67.0
Neutral	3.3	2.7	3.1
Strongly agree	26.7	35.1	29.9
Total	100.0	100.0	100.0

The majority of respondents have adapted to hygienic practices, with 80.2% reporting a designated place for handwashing with soap and water in their households, indicating strong structural support for hygiene. Male respondents were slightly more equipped (86.1%) compared to females (76.7%). Regular hand-washing behavior is significantly higher among men (91.9%) than women (70.0%), although a combined 78.4% of all respondents reported consistent hygiene practices before meals and after using the toilet. Most respondents wash hands before eating (56.7%) and after using the toilet (33.0%), while fewer wash before food preparation (2.1%) or as needed (8.2%). Encouragingly, 91.8% of respondents participated in hygiene awareness campaigns in the past three years, which may have contributed to the widespread belief – shared by 96.9% of participants – that hygienic practices help prevent illnesses like diarrhea and other infections. Nonetheless, several barriers persist: 44.1% of respondents cited lack of awareness as a challenge, followed by insufficient resources (26%) and limited access to facilities (20.5%), highlighting the need for continued education and infrastructure support to sustain and expand hygienic behaviors.

Outcome 1.4: Strengthened nutrition-specific interventions

Table 13: School Women Leading Healthy Life

Respondents Considering Themselves Leading a Healthy Life in the Last Three Years	Female	Male	Total
No, not healthy	3.4	5.4	4.2
Somewhat healthy	53.4	51.4	52.6
Yes, very healthy	43.1	43.2	43.2
Total	100.0	100.0	100.0
Respondents Received Antenatal Care Services during Pregnancy	Female	Male	Total
No	10.2	19.4	13.8
Not applicable	22.4	58.1	36.3
Yes, rarely (Didn't always get it, got it once or twice in three years)	2.0	0.0	1.3
Yes, regularly (Whenever you need it)	44.9	9.7	31.3
Yes, sometimes (I haven't always had it, but I've only had it three or four times in the last three years)	20.4	12.9	17.5
Total	100.0	100.0	100.0

Respondents Received Advice on Proper Nutrition during Pregnancy	Female	Male	Total
No	8.2	16.1	11.3
Not applicable	18.4	54.8	32.5
Yes, rarely (Didn't always get it, got it once or twice in three years)	2.0	0.0	1.3
Yes, regularly (Whenever you need it)	49.0	12.9	35.0
Yes, sometimes (I haven't always had it, but I've only had it three or four times in the last three years)	22.4	16.1	20.0
Total	100.0	100.0	100.0

The majority of respondents reported about school women maintaining a relatively healthy lifestyle over the past three years, with 43.2% considering themselves "very healthy" and an additional 52.6% rating themselves as "somewhat healthy." There is little gender disparity, with both female (43.1%) and male (43.2%) respondents equally identifying as very healthy. Factors contributing to this self-assessed health status include knowledge about nutrition, balanced diet, access to health services, and regular exercise, indicating that both behavioral and systemic components play important roles in overall well-being. Interestingly, men more frequently cited nutrition knowledge as a contributing factor compared to women, whereas women slightly led in reporting access to health services and exercise. A small percentage also mentioned financial factors, such as cash, pointing to the role of economic security in maintaining health. Overall, these findings suggest that improvements in health education, service accessibility, and promotion of healthy lifestyles can further enhance the well-being of both women and men in school communities.

The data reveals notable gender differences in access to and utilization of antenatal care (ANC) services and pregnancy-related health advice, likely reflecting differing levels of direct involvement in maternal care decisions and experiences. Among female respondents, 44.9% reported receiving antenatal care regularly, compared to only 9.7% of males, with 20.4% of females receiving ANC sometimes. In contrast, a significant portion of male respondents (58.1%) marked ANC as "not applicable," suggesting that many male participants may not have been directly involved or aware of the antenatal care their partners received. Regarding nutritional advice during pregnancy, 49.0% of females received it regularly, while only 12.9% of males reported the same about their female partners. About 56.5% of respondents who received nutrition advice reported always following the recommendations, and 36.0% followed them sometimes, showing a fairly high compliance level indicating that how much importance these initiatives carry.

Table 14: School Children Having Standard Nutrition Based Diet

Respondents' Opinions about Their Children's Consumption of a Nutrition-based Diet	Female	Male	Total
Not applicable	9.1	22.9	14.4
Yes, always	34.5	31.4	33.3
Yes, sometimes	56.4	45.7	52.2
Total	100.0	100.0	100.0

The data illustrates that while a significant proportion of respondents reported their school-aged children consume a nutrition-based diet, consistency remains a challenge. Overall, 33.3% of respondents stated their children *always* follow a nutritious diet, while a larger portion (52.2%) indicated they do so *sometimes*. Female respondents were more likely than males to report consistent nutritional intake among children (34.5% vs. 31.4%). However, 22.9% of male respondents noted that the question was "not applicable" – possibly reflecting their limited involvement in or awareness of children's dietary habits.

Table 15: Community People Having Standard Nutrition-based Diet

Respondents' Affordability of Having a Balanced Diet Regularly	Female	Male	Total
Always	16.1	22.9	18.7
Never	3.6	0.0	2.2
Often (Three to four times a week)	16.1	28.6	20.9
Rarely (Once a week)	26.8	25.7	26.4
Sometimes (Twice a week)	37.5	22.9	31.9
Total	100.0	100.0	100.0
Respondents Received Training/Awareness Campaigns on Standard Nutrition Practices in the Last Three Years	Female	Male	Total
Don't know	1.8	2.9	2.2
No	10.7	22.9	15.4
Yes	87.5	74.3	82.4
Total	100.0	100.0	100.0
Respondents' Opinions about Having Overall Nutrition Status Improved in the Community in the Last Three Years	Female	Male	Total
Agree	71.4	68.6	70.3
Disagree	1.8	0.0	1.1
Don't know	5.4	11.4	7.7
Neutral	8.9	8.6	8.8
Strongly agree	12.5	8.6	11.0
Strongly disagree	0.0	2.9	1.1

Total	100.0	100.0	100.0
Respondents' Awareness in the Last Three Years about the Community Programs by YPSA Supporting Better Nutrition	Female	Male	Total
No	5.4	14.3	8.8
Yes	94.6	85.7	91.2
Total	100.0	100.0	100.0

The analysis reveals that while some community members were able to regularly afford a balanced diet, many still struggle with consistency. Only 18.7% of respondents reported they could *always* afford a nutritious diet, with males (22.9%) slightly more likely than females (16.1%) to do so. The majority fell into the *sometimes* (31.9%) and *rarely* (26.4%) categories, highlighting inconsistent access to balanced meals. Key barriers include cost, lack of knowledge, and limited availability of nutritious food. Cultural practices and other financial limitations were also noted.

Despite these challenges, a strong majority (82.4%) reported receiving training or awareness campaigns on nutrition in the last three years, particularly among females (87.5%). This may explain why 70.3% of respondents agreed that the community's overall nutrition status has improved, although a notable portion either remained neutral or unsure. Additionally, 91.2% of participants were found aware of community nutrition programs run by YPSA, indicating strong outreach. Majority of the respondents (70.3%) stated that their community's nutritional status has been improved in the last three years. Still, disparities in affordability and consistent dietary habits suggest a need for more targeted interventions combining economic support, nutrition education, and food accessibility measures to bridge the remaining gaps in community nutrition.

Outcome 1.5: Enhanced capacity of the poor and vulnerable people to deal with different health related problems

Table 16: Poor and Vulnerable People Dealing with Different Health-related Problems

Respondents' Confidence in Addressing Health-related Issues in their Household	Female	Male	Total
No, not confident	0.0	5.6	2.1
Somewhat confident	55.9	41.7	50.5
Yes, very confident	44.1	52.8	47.4
Total	100.0	100.0	100.0

The analysis reveals that a majority of poor and vulnerable respondents felt confident in managing health-related issues within their households, with 47.4% reporting they were

"very confident" and 50.5% "somewhat confident." Interestingly, male respondents demonstrated slightly higher confidence, with 52.8% feeling "very confident" compared to 44.1% of females. However, a small portion of males (5.6%) expressed no confidence at all, while no female respondents reported complete lack of confidence.

In terms of resources that aided them in dealing with health problems, both female and male respondents identified community health services and awareness programs as the most helpful. A notable share also highlighted accessible health facilities and financial support for healthcare as supportive mechanisms. Female respondents slightly favored awareness programs, while males leaned more on community health services.

Table 17: Tobacco Farmers Engaged with Alternative Income Generation

Receiving Support/Training for Transitioning from Tobacco Farming to Alternative Income-generating Activities in the Last Three Years	Female	Male	Total
No	83.0	89.7	85.5
Yes	17.0	10.3	14.5
Total	100.0	100.0	100.0
Respondents Engaged in Alternative Income-generating Activities in the Last Three Years	Female	Male	Total
No	76.1	82.8	78.7
Yes	23.9	17.2	21.3
Total	100.0	100.0	100.0

The data reveal that a significant majority (85.5%) of tobacco farmers, especially males (89.7%), have not received any support or training in the past three years to transition to alternative income-generating activities. Consequently, only 21.3% of respondents – more females (23.9%) than males (17.2%) – have engaged in alternative livelihoods during that period. Despite the low engagement rate, those who did shift reported generally positive perceptions of their new income sources: 32.4% found their income to be better or much better than tobacco farming, while only 4.1% (combined for worse and much worse) found it less favorable.

Table 18: Health Services Receiving Status of the Sex Workers

Health-services Access for the Sex Workers in the Last Three Years	Female	Male	Total
No	48.9	35.5	43.6
Not applicable	29.8	54.8	39.7
Yes, rarely (Once or twice every three years)	2.1	3.2	2.6

Yes, regularly (I got it whenever I needed it)	17.0	3.2	11.5
Yes, sometimes (Three to four times in three years)	2.1	3.2	2.6
Total	**100.0**	**100.0**	**100.0**

The data reveals that a significant portion of sex workers did not receive any health services in the last three years, with female sex workers (48.9%) reporting higher non-access than males (35.5%). Only 11.5% reported accessing services regularly, and 2.6% accessed services occasionally or rarely. Among those who did receive services, the most commonly reported were counseling and general health checkups, while essential services such as STI treatment and HIV testing were notably low, especially among females. The primary challenges faced included stigma and service inaccessibility due to distance or lack of provider willingness. Despite these barriers, over half of respondents expressed satisfaction with the quality of health services, though satisfaction was higher among females compared to males, suggesting gendered experiences and perceptions of care that warrant targeted improvements in accessibility, stigma reduction, and provider sensitivity.

Table 19: Health Services Received by the Injection Drug Users (IDU)

Healthcare Services Received by the IDUs in the Last Three Years	Female	Male	Total
I don't know	26.1	25.9	26.0
No, none of them	4.3	22.2	11.0
Yes, most of them	2.2	3.7	2.7
Yes, some of them	67.4	48.1	60.3
Total	**100.0**	**100.0**	**100.0**

The data shows that about 60% respondents said that a majority of injection drug users (IDUs) received at least some healthcare services in the past three years, with a notably higher proportion of female IDUs (67.4%) accessing services compared to males (48.1%). However, a concerning 26% of all respondents were unsure whether they had received any services, particularly males (22.2%) reported receiving none at all. Regarding the types of available services, addiction counseling and treatment and general healthcare services were most commonly cited, followed by harm reduction services such as needle exchanges. Notably, majority of the male respondents indicated they were unaware of the services available, pointing to significant gaps in outreach and information. The lower reporting of access to rehabilitation also signals a need for expanded support structures tailored to IDUs, with a particular focus on awareness-building and gender-responsive approaches.

Analysis of the Quantitative Findings (Health)

Outcome 1.1: Improved Access to Healthcare Services and Support Systems

The survey findings reflect a generally positive trend in healthcare access among poor and vulnerable populations over the last three years. A large majority of respondents - 88.3% of females and 94.6% of males - reported regular access to healthcare services when needed, particularly for general treatment of illnesses and injuries. However, fewer respondents accessed preventive care or sexual and reproductive health (SRH) services, the latter being almost exclusively used by females. While healthcare utilization appears relatively high, the data also point to critical systemic and gender-specific barriers. Financial constraints emerged as the most prevalent obstacle, reinforcing the economic vulnerability of the surveyed groups. In addition, geographical distance to health facilities and lack of awareness about available services further inhibited access, particularly among women. Notably, 26.4% of females either had no access or accessed care only occasionally, compared to 5.7% of males, indicating significant gender disparity in healthcare accessibility.

The availability of healthcare support systems also improved over the past three years, with 56% of respondents acknowledging multiple support Systems in their communities such as community clinics, health education programs, and mobile health services being the most cited. While this indicates enhanced service infrastructure, female respondents reported lower awareness and utilization than males, suggesting a need for more inclusive outreach. Despite the progress, service quality, discrimination, and insufficient information continue to marginalize the poorest, especially women. The data reflects that improving physical infrastructure alone is not enough; tailored interventions addressing socio-economic and gender-specific barriers are essential to ensure equitable healthcare access.

Outcome 1.2: Strengthened Sexual and Reproductive Health (SRH) Services

There has been notable improvement in maternal and child healthcare service utilization, with 63.3% of respondents reporting full access and 26.7% partial access to these services. Prenatal care, immunization, and nutrition support were among the most commonly accessed services, with counseling showing particularly high uptake. However, gendered differences in reporting where males more frequently noted child immunization which suggests varied perceptions and involvement in SRH care. Awareness around family planning and maternal health was generally strong, though females reported higher levels of understanding than males. Health campaigns and community health workers were instrumental in disseminating information, while media and peer engagement remained underutilized, especially for male and adolescent audiences.

Despite high service availability (81.2% received care when sought), satisfaction levels varied, having 63.5% satisfied to 22.4% of the participants were 'very satisfied' with 10.6%

neutral and 3.5% dissatisfied. Women reported greater satisfaction and consistency in access, highlighting a possible gender divide in service experience. While key services like nutrition counseling and vaccinations were widely used, antenatal and postnatal care lagged, pointing to service delivery gaps. Barriers such as inadequate facilities, poor transportation, financial constraints, and cultural norms continue to impede access affecting women more acutely. Males highlighted infrastructure and logistical challenges, while women noted communication issues and societal restrictions, suggesting the need for gender-responsive planning in SRH interventions.

Among youth and adolescents, awareness of SRHR was relatively high, with 42.5% being "very aware" and 53.4% "somewhat aware," though females demonstrated higher awareness. Counseling was the most accessed service, with males reporting greater use than females. Menstrual hygiene services were primarily accessed by females, while critical services such as STI treatment remained underutilized possibly due to stigma or limited availability. Approximately 47.3% of youth accessed SRHR services regularly, while 6.8% were unaware of any services, indicating outreach gaps. The findings call for more inclusive, youth-friendly SRHR programming that overcomes stigma, expands service coverage, and integrates males more effectively in awareness and service utilization efforts.

Outcome 1.3: Strengthened quality and equitable access to water, sanitation, and hygiene (WASH)

The survey findings reflect overall positive trends in WASH service delivery among poor and vulnerable communities, though gender disparities and gaps in quality persist. A significant majority (78.1%) reported consistent access to safe drinking water, with slightly higher access among males (81.1%) compared to females (76.3%). Tube wells (56.7%) and tap water (38.1%) were the primary sources, but reliance on unsafe sources such as ponds remains, particularly among female respondents. Satisfaction with water quality shows a notable gender difference, with over half of the males (54.1%) "very satisfied," versus just 28.3% of females, potentially reflecting their greater exposure to water collection and use challenges.

Sanitation access is high, with 82.5% of respondents reporting consistent use of hygienic latrines. However, the gender divide is stark—only 76.7% of females reported regular access compared to 91.9% of males. Satisfaction with latrine quality is also lower among women (23.3% very satisfied vs. 43.2% of men), signaling a need for gender-sensitive improvements in sanitation infrastructure. Hand-washing practices are widely adopted, with 80.2% of households having a designated facility. While 91.9% of men reported regular handwashing, only 70% of women did, despite widespread participation (91.8%) in hygiene awareness programs. Barriers such as lack of awareness, insufficient resources, and poor facility access

highlight the continued need for targeted hygiene promotion and infrastructure development, especially for women and underserved areas.

Outcome 1.4: Strengthened nutrition-specific interventions

Overall, respondents reported moderate to high levels of health and nutrition awareness, with 43.2% identifying as "very healthy" and 52.6% as "somewhat healthy." Both genders reported similar health statuses, though contributing factors varied: men emphasized nutrition knowledge, while women pointed to service access and exercise. Gender disparities were particularly visible in antenatal care (ANC) access 44.9% of females received ANC regularly, compared to only 9.7% of males reporting on their partners' access indicating a gap in male involvement and awareness in maternal healthcare system. Similarly, 49% of females received nutritional advice during pregnancy, with more than half following it consistently, suggesting that these services are well-regarded and impactful when accessed.

Children's nutrition also showed a mixed picture: only 33.3% of respondents reported consistent nutritious diets for school-aged children, and while 52.2% indicated occasional adherence, economic and informational barriers hinder widespread compliance. Females were slightly more likely to report consistent intake. Notably, only 18.7% of households could consistently afford a balanced diet, with affordability issues disproportionately affecting women. Still, 82.4% of respondents received nutrition training, and 70.3% believed community nutrition had improved in the last three years. High awareness of YPSA-led nutrition programs (91.2%) suggests strong outreach, though affordability and availability remain key constraints requiring integrated support measures.

Outcome 1.5: Enhanced capacity of poor and vulnerable people to deal with health-related problems

Encouragingly, most respondents expressed confidence in managing household health issues - 47.4% "very confident" and 50.5% "somewhat confident." Males reported slightly higher confidence levels (52.8%) than females (44.1%). Community health services and awareness programs were cited as primary enablers, though females placed more emphasis on awareness programs and males on facility access.

Despite these positive indicators, highly vulnerable groups still face substantial service gaps. Among tobacco farmers, 85.5% had not received training or support for alternative livelihoods, particularly males (89.7%). Only 21.3% had transitioned, though a third of these found their new income better than tobacco farming. For sex workers, access to healthcare services was critically low in the last three years, only 11.5% accessed services regularly,

with counseling and checkups the most cited. Stigma and provider reluctance were major barriers, especially for female sex workers. Yet, over half expressed satisfaction with the care received, indicating room for improvement in coverage rather than quality.

Among injection drug users (IDUs), 60% were reported to have accessed healthcare, with higher access among female IDUs (67.4%) than males (48.1%). However, a significant proportion, especially males, were unaware of available services, highlighting a gap in communication and outreach. Addiction counseling and harm reduction services were reported but access to rehabilitation remains limited.

Findings from the Control Group

The analysis of the control group's access to health care services over the last three years reveals gendered patterns in usage frequency and the types of services accessed. Among females, 60% reported accessing health care regularly when needed, whereas 80% of males accessed services only occasionally, indicating females were more consistent health care users. The type of services accessed also varied significantly; 40% of females utilized general health care and preventive services equally.

Barriers to accessing health services included poor quality of services, which was the most commonly reported obstacle by both females (60%) and males (40%). Financial constraints and long distances to health facilities were reported primarily by males, highlighting some practical obstacles in health access.

Community health support systems appear limited for this group, with no participants acknowledging the presence of multiple systems to assist vulnerable groups, and only 40% noting the existence of one or two support systems. Awareness of maternal and child health care was moderate, but full receipt of necessary services was low (11.1%), with many receiving partial services (66.7%). Satisfaction with maternal and child health care was relatively high (77.8%), though challenges such as insufficient facilities persisted. Overall, while access to basic hygiene infrastructure like water and latrines is high, awareness sessions on hygiene were reportedly nonexistent, showing a gap between infrastructure availability and health promotion activities in the community.

The awareness of sexual and reproductive health rights (SRHR) among youth and adolescents in the control group shows a mixed but relatively balanced understanding across genders. Overall, 20% of participants reported having no awareness of their SRHR, while half were somewhat aware and 30% were very aware. Notably, females were more likely to be very aware (40%) compared to males (20%), whereas males had a higher

proportion of somewhat aware respondents (60%) than females (40%). This indicates that while a majority have at least some understanding of SRHR, there is room to enhance full awareness, especially among male youth.

Regarding the sources of SRHR knowledge, media (including TV, radio, and social media) was the most prominent channel, especially among males (50%) and overall (44.4%). Community health workers played a significant role for males (50%) but were not reported as a learning source by females. Females mostly cited family or peers alongside media, suggesting gender differences in preferred or trusted information avenues. When it comes to accessing sexual and reproductive health care services, females reported receiving such services rarely (60%), while males reported a more consistent receipt but at lower rates. This pattern suggests partial utilization of SRHR services and highlights the need for targeted interventions to improve both awareness channels and service delivery tailored by gender.

None of the participants reported to receive any training or awareness campaigns on standard nutritional practices. About 60% of the participants said they are not confident enough addressing health related issues. There is a major gap in the services exist for the sex workers and IDUs stated by the control group participants in this survey.

Consolidated Qualitative Findings (FGD, KII & Staff Consultation) on Health Program Outcome

1. Significant Improvements in Health Outcomes and Service Accessibility
There was a noticeable development in overall health and well-being as reported by the Focus Group Discussions (FGDs), Key Informant Interviews (KIID), and Staff Interviews, and all of them experienced a positive impact due to the work of YPSA. FGD respondents, especially those coming from the Panchari region, reported a major change due to access to specialized services such as cataract surgeries, physiotherapy, and alternative pain management, whose needs were met for the first time. KIIs also reported increased behaviors among women, adolescents, older people, and persons with disabilities to access healthcare due to awareness activities, training sessions, and the development of youth-friendly health facilities to improve their overall health and wellness services.

2. Persistent Barriers in Healthcare Access and Utilization
Despite improvements recorded, fairness and standardization in accessing health care are still a challenge, especially for the social groups that are most at risk. Critically, the outreach approach through satellite health care infrastructure and home-based care was received.

Concatenating appreciation for increased convenience, deficits still remain. From the Focus Group Discussions, lack of proper ambulance services stands out as a serious challenge that results in delayed health care during emergencies, as well as costs that are unbearable for the poor. Staff Consultations have reinforced that the young, disabled, and elderly still lack health care inclusion because of a lack of finances, geographical distance, or cultural beliefs. Prior reliance on untrained health care providers also remains a health care utilization challenge in rural areas.

3. Progress and Continued Challenges in Sexual & Reproductive Health (SRH)

The SRH aspect of the project also proved a success. This is especially the case when it comes to the rates of institutional deliveries (98%) and the rates of acceptance of family planning programs (over 80%). According to the personnel, the use of contextual information, education, and Communication materials, male engagement sessions, health clubs for schools, and e-health information and communication technology tools are some of the effective interventions put in place to raise levels of knowledge and uptake of services among youth and adolescents. However, the deeply ingrained cultural and behavioral norms continue to hamper women's autonomy and participation in health decision-making. This is because women's participation in health programs is hampered by household responsibilities and the privacy of clients during service delivery.

4. Modest Gains and Structural Gaps in Water, Sanitation, and Hygiene (WASH)

YPSA's WASH activities have contributed to improved access to clean water through the installation of tube wells and the distribution of water purification tablets, as well as hygiene awareness through community-led total sanitation activities. However, these outcomes have been achieved only partially. Access remains markedly low in remote and hilly areas, with structural problems like falling water tables and long distances to sources hampering consistent access. There are clear gender inequalities at play, too: women report their satisfaction with, and the reliability of, sanitation facilities as much lower compared to men. According to staff, continued advocacy should take place with local level government authorities to improve WASH infrastructure in hard-to-reach areas, while ongoing hygiene promotion is recommended, coupled with training on local infrastructure maintenance.

5. Nutrition Awareness Hindered by Economic and Social Constraints

Nutrient-specific interventions, for example, the school feeding program and community education sessions, have served to raise awareness and promote positive dietary behaviors among children and pregnant and lactating women. The staff reported a high level of community awareness regarding YPSA-directed nutrition programs, and FGD also appreciated the provision of supplementary foods. Yet, economic conditions remain the main hindrance to obtaining regular and balanced diets. A majority of families cannot afford

healthful food, and the unhygienic sanitation facilities in educational institutions have significantly diminished the wellness of children. Moreover, social issues, such as child and girl child labor and domestic work, also reduce participation rates for activities in the domain of nutrition.

6. Empowerment Within the Context of Exclusion of Highly Vulnerable Groups

YPSA's interventions have increased the capacity of poor and marginalized groups to deal with health-related matters through awareness campaigns, as well as through economic empowerment initiatives. It has been noticed by YPSA's staff members that the communities are taking the lead regarding health matters, while healthcare providers are adequately equipped to deal with the needs of those communities. Yet, the largely vulnerable groups of women engaging in prostitution, tobacco farmers, as well as people who inject drugs, have been struggling with unaddressed gaps in health services due to a lack of access, social exclusion, and inadequate support services for rehabilitation. Only 11.5% of women engaging in prostitution showed regular access to healthcare, while tobacco farmers received very limited training on adapting to a new livelihood.

7. Sustainability and Scalability Require Systemic Support and Investment

Qualitative findings repeatedly showed that sustainability was a key issue. FGD and KII respondents indicated that long-term impact would require sustainable funding of emergency medicines, financial support to the most vulnerable, and stronger coordination with public healthcare systems. Staff suggested upgrading infrastructure, controlling over-the-counter medications, and increasing training for health workers to ensure that services are of high quality and can be scaled up. In addition, if the program is to be replicated or scaled up, it is important that beneficiary targeting be inclusive, that emerging health challenges such as non-communicable diseases and mental health be addressed, and that WASH and nutrition be integrated into health programming.

8. Recommendations for Future Health Programming

All stakeholders, using whatever consultation method, called for an integrated and scaled-up health program that better meets the needs of wider communities. Key recommendations include increasing the cadre of skilled health workers, improving awareness on maternal and child health, and linking nutrition with food security. Additionally, future programming should address emerging health issues like chronic diseases, mental health, and substance abuse through community-based awareness campaigns, mobile health teams, and integration of physical wellness support for conditions such as diabetes and hypertension. Community ownership and collaboration among various stakeholders are also expected to play a vital role in building resilient and equitable health systems.

Thematic Area 2: Education

Education Program Outcome: Summary Results from Intervention and Control Group Analysis

Outcome 2.1: School Enrollment and Completion

In the intervention area, full enrollment for pre-primary/primary education was low at 36.0%. However, it was relatively higher for females (42.9%) compared to males (27.1%). NGO school utilization was the highest. Full completion was very low at 11.7%. In the control group, full enrollment was reported by all females. However, this was the situation for only one-third of males. Slightly better full completion was reported compared to the intervention group (30%), while 30% was very low. Financial and distance barriers were the major barriers for the two groups. Other barriers for the intervention group were child labor and early marriage. This low outcome in the intervention area may be attributed to its location in hard-to-reach regions and Rohingya camps, where YPSA primarily operates. Notably, most families in this area enroll their children in NGO-run schools.

Outcome 2.2: Non-Formal Education

In terms of non-formal education, participation was relatively higher in intervention areas at 66.4%, with 26.4% completing it fully. In addition, females were slightly higher in non-formal education compared to males. The same trends were seen in the control group, where non-formal primary and secondary education were accessible, yet inaccessibility to basic literacy and skill education was noted. Lack of awareness was noted as a barrier among both groups.

Outcome 2.3: Vocational Training and Livelihoods

Participation in training was critically low in intervention areas, with only 6.4% of the youth and 9.1% of vulnerable individuals participating. Conversion to livelihoods was weak, with 0.9% of the youth gaining jobs and 3.6% starting businesses. There were zero uptakes of vocational training in the control group, with none of the participants reporting any jobs or business developed after the training. The constraints identified include limited capital, poor access to jobs, and lack of mentorship.

Outcome 2.4: Inclusive Education

The level of awareness of inclusive education varied in intervention schools. While 22.7% believed that most of these schools have included systems, 28.2% of these respondents lacked clear awareness. Only 10% of these respondents believed that most persons with disabilities are enrolled. Among individuals in the control group, 80% of them argued that no system of inclusion exists. The level of preparedness of the teacher staff in these groups was very poor.

Details Findings (Education)

Outcome 2.1: Increased coverage of the children's school enrolment and completion rate of pre-primary and primary education in both rural and urban settings.

Table 20: Community Children Enrolled into the Pre-primary and Primary Education in Both Rural and Urban Settings

Children's Enrollment in Pre-primary or Primary Education	Female	Male	Total
No, none of the children are enrolled	3.2	16.7	9.0
Not applicable	23.8	39.6	30.6
Yes, all eligible children are enrolled	42.9	27.1	36.0
Yes, some children are enrolled	30.2	16.7	24.3
Total	100.0	100.0	100.0

The analysis of children's enrollment in pre-primary and primary education shows that a majority of respondents reported positive engagement with early education, although notable disparities exist between genders. Overall, 36.0% of respondents stated that *all eligible children* in their households are enrolled in school, with higher rates among females (42.9%) compared to males (27.1%). Additionally, 24.3% of respondents reported that *some* children are enrolled, suggesting partial but incomplete participation. However, 9.0% stated that *none* of the children are enrolled, and a significant 30.6% marked *not applicable*, possibly indicating households without eligible children or uncertainty about enrollment status.

Table 21: Community Children Completed Pre-primary Education

Respondents' Opinions about the Community Children's Pre-primary Education Completion in the Last Three Years	Female	Male	Total
No, none of the children completed	28.6	27.1	27.9
Not applicable	28.6	41.7	34.2
Yes, all children completed	12.7	10.4	11.7
Yes, some children completed	30.2	20.8	26.1
Total	100.0	100.0	100.0

The findings reveal that a significant portion of children in the surveyed communities did not complete their pre-primary or primary education in the last three years. Only 11.7% of respondents indicated that all eligible children completed their education, while 26.1% reported that some children did. Alarmingly, 27.9% said that none of their children

completed their education, and 34.2% marked the question as not applicable, possibly reflecting households without school-age children. Gender-wise, females were slightly more likely to report partial or full completion than males. Among households where children did complete their education, key enabling factors included free or affordable school fees, quality of teaching, and availability of learning materials, pointing to the importance of accessible and quality-driven educational services.

Table 22: Community Children's Primary Education Completion Status in the Last Three Years

	Female	Male	Total
No, none of the children completed	27.0	27.1	27.0
Yes, all children completed	11.1	12.5	11.7
Yes, some children completed	30.2	18.8	25.2
Not Applicable	31.7	41.7	36.0
Total	100.0	100.0	100.0

The data shows that the completion rate of pre-primary or primary education among children in the last three years remains low. Only 11.7% of respondents reported that all children in their households completed primary education, while 25.2% said that some children completed it. A concerning 27.0% indicated that none of their children completed their education, and a significant 36.0% considered the question not applicable, likely reflecting households without school-age children. Gender differences were minimal, though female respondents reported a slightly higher rate of partial completion (30.2%) compared to males (18.8%). The main motivating factors for completion were free or affordable school fees and quality of teaching, followed by the availability of learning materials and community or parental support. These findings highlight that financial relief and quality educational infrastructure significantly influence educational continuity.

Outcome 2.2: Increased literacy rate of marginalized groups through non-formal education

Table 23: Marginalized People's Access Status to Education

Respondents' Opinion about the Marginalized People's Participation in non-formal Education Programs in the Last Three Years	Female	Male	Total
No, did not participate	30.2	38.3	33.6
Yes, participated fully	30.2	21.3	26.4
Yes, participated partially	39.7	40.4	40.0
Total	100.0	100.0	100.0

The data reveals that 66.4% of respondents or their community members had participated in non-formal education programs in the last three years – 26.4% fully and 40.0% partially. Participation was slightly higher among females than males. This suggests a strong level of community engagement with alternative education pathways, which could be attributed to the relevance of such programs for skill development and literacy among populations with limited access to formal education. Among the types of programs accessed, non-formal primary education was the most common, followed by basic literacy and numeracy, and skills development training. Notably, access to non-formal secondary education was minimal, highlighting a potential gap in program availability or uptake at higher education levels.

Outcome 2.3: Capacity developed of youth, adults and vulnerable groups through providing relevant technical and vocational skills for alternative and decent livelihood

Table 24: Community Youths' Relevant Technical and Vocational Skills Receiving Status

Respondents Participation in Any Technical/Vocational Training Programs in the Last Three Years Arranged by YPSA	Female	Male	Total
No, I did not participate	30.6	52.1	40.0
Not applicable	58.1	25.0	43.6
Yes, as a vulnerable group member	6.5	12.5	9.1
Yes, as a youth participant	4.8	8.3	6.4
Yes, as an adult participant	0.0	2.1	0.9
Total	100.0	100.0	100.0

A substantial proportion of community youths, especially males (52.1%), did not participate in any vocational training offered by YPSA in the past three years. Female non-participation stood at 30.6%, with 58.1% indicating non-applicability. Youth participation was notably low, with only 6.4% joining as youth participants and 9.1% as vulnerable group members. Training types were mostly entrepreneurship and technical skills, but overall uptake was minimal, especially among females. Mostly they received entrepreneurship and business skills based, ICT and digital skill based or technical skills based (e.g. carpentry, tailoring, electrical work) training.

Table 25: Community Adults' Relevant Technical and Vocational Skills Receiving Status

Respondents' Participation in Any Technical/Vocational Training Programs in the Last Three Years Arranged by YPSA	Female	Male	Total
No, I did not participate	34.9	41.7	37.8
Not applicable	60.3	45.8	54.1

Yes, as a vulnerable group member	0.0	4.2	1.8
Yes, as a youth participant	4.8	8.3	6.3
Total	100.0	100.0	100.0

Adults also showed low engagement, with 54.1% indicating non-applicability and 37.8% reporting non-participation. Only 6.3% joined as youth participants and a mere 1.8% as vulnerable group members. Males showed slightly more engagement than females. Training types again leaned towards entrepreneurship and technical skills, but participation remained limited.

Table 26 Vulnerable Group Members' Receiving Status of Technical and Vocational Skills

Respondents' Participation in Any Technical/Vocational Programs in the Last Three years Arranged by YPSA	Female	Male	Total
No, I did not participate	35.5	47.9	40.9
Not applicable	56.5	41.7	50.0
Yes, as a vulnerable group member	1.6	2.1	1.8
Yes, as a youth participant	6.5	8.3	7.3
Total	100.0	100.0	100.0

Among vulnerable groups, non-participation was high (40.9%), and only 1.8% joined as vulnerable members. Male engagement in technical training was slightly better, while females mainly received entrepreneurship training. This points to access and awareness barriers among the most marginalized.

Table 27: Community Youths Got Employment, Decent Job or Became Entrepreneur

Respondents' Opinions about Vocational Trainings Helping Them to Secure Employment or Start a Business	Female	Male	Total
No, it did not help	12.9	29.2	20.0
Not applicable	83.9	64.6	75.5
Yes, secured a decent job	0.0	2.1	0.9
Yes, started a business	3.2	4.2	3.6
Total	100.0	100.0	100.0

Very few youths reported employment outcomes. Only 0.9% secured jobs and 3.6% started businesses, while 75.5% marked the question as not applicable. Challenges in applying training included lack of job opportunities (10%), resources (7.3%), and mentorship (5.5%). This reveals a weak transition from training to livelihood.

Table 28: Community Adults Got Employment, Decent Job or Became Entrepreneur

Respondents' Opinions about Vocational Training Helping Them to Secure Employment or Start a Business	Female	Male	Total
No, it did not help	12.9	29.2	20.0
Not applicable	83.9	62.5	74.5
Yes, secured a decent job	0.0	2.1	0.9
Yes, started a business	3.2	6.3	4.5
Total	**100.0**	**100.0**	**100.0**

Adults showed slightly better results, with 4.5% starting businesses and 0.9% securing jobs. Still, 74.5% reported the program did not help. Key barriers were lack of job access, startup resources, and post-training support. This highlights the need for stronger job linkage mechanisms. The challenges the respondents reported were lack of job opportunities, lack of resources to start a business and lack of support or mentorship.

Table 29: Vulnerable Group Members Got Employment, Decent Job or Became Entrepreneur

Respondents' Opinions about Vocational Trainings Helping them To Secure Employment or Start a Business	Female	Male	Total
No, it did not help	26.8	33.3	29.8
Not applicable	62.5	47.9	55.8
Yes, secured a decent job	3.6	8.3	5.8
Yes, started a business	7.1	10.4	8.7
Total	**100.0**	**100.0**	**100.0**

Only 5.8% of vulnerable group members secured jobs and 8.7% started businesses. Around 30% said training did not help. Barriers included lack of capital, job access, and support. Supportive ecosystems and financial inclusion are necessary to enhance impact.

Outcome 2.4: Enhanced inclusive education for all, especially for persons with disabilities

Table 30: Educational Institutes Established for Inclusive Education System

Inclusive Education Systems Established in Schools in the Respondents' Community in the Last Three Years	Female	Male	Total
I don't know	33.9	20.8	28.2
No, none have inclusive systems	19.4	25.0	21.8
Yes, but only a few schools	24.2	31.3	27.3
Yes, most schools have inclusive systems	22.6	22.9	22.7
Total	**100.0**	**100.0**	**100.0**

Respondents' awareness of inclusive systems was mixed. While 22.7% said most schools have inclusive systems, 28.2% were unaware. Facilities like ramps and special educators were available in some places, but gaps remain. Greater visibility and advocacy for inclusive infrastructure are needed.

Table 31: Persons with Disability in the Community Got Entry to Inclusive Educational Institutions

Enrollment Status of the People with Disabilities in the Respondents' Community in the Inclusive Educational Institutions	Female	Male	Total
I don't know	33.9	35.4	34.5
No, none are enrolled	24.2	33.3	28.2
Yes, but only a few are enrolled	27.4	27.1	27.3
Yes, most are enrolled	14.5	4.2	10.0
Total	**100.0**	**100.0**	**100.0**
Respondents' Rating on the Preparedness of Teachers to Support Inclusive Education	Female	Male	Total
I don't know	26.2	20.8	23.9
Neutral	21.3	12.5	17.4
Somewhat prepared	34.4	52.1	42.2
Unprepared	3.3	6.3	4.6
Very prepared	14.8	8.3	11.9
Total	**100.0**	**100.0**	**100.0**
Respondents' Opinions about the Types of Additional Trainings or Resources Helping to Improve Inclusive Education	Female	Male	Total
Assistive devices for students with disabilities	34.9	33.3	34.2
Awareness campaigns to reduce stigma	23.8	18.8	21.6
I don't know	22.2	27.1	24.3
Other	4.8	4.2	4.5
Specialized teacher training programs	14.3	16.7	15.3
Total	**100.0**	**100.0**	**100.0**

The data reveals significant gaps in awareness and access to inclusive education for persons with disabilities in the respondents' communities. Over one-third of respondents (34.5%) were unaware of any enrollment, and only 10% believed that most persons with disabilities are enrolled in inclusive institutions. A gender disparity is noted, with fewer males reporting high enrollment. Perceptions of teacher preparedness are mixed – 42.2% rated them as "somewhat prepared," but only 11.9% considered them "very prepared." This suggests a need for enhanced teacher training and confidence-building.

Table 32: Vulnerable Group Members Got Entry to the Inclusive Educational Institutions

Enrollment Status of the People from Vulnerable Groups in the Respondents' Community in the Inclusive Educational Institutions	Female	Male	Total
I don't know	36.1	35.4	35.8
No, none are enrolled	27.9	25.0	26.6
Yes, but only a few are enrolled	23.0	35.4	28.4
Yes, most are enrolled	13.1	4.2	9.2
Total	**100.0**	**100.0**	**100.0**
Respondents' Opinions about the Preparedness of the Teachers to Support Inclusive Education for the Vulnerable Group Members	**Female**	**Male**	**Total**
I don't know	26.2	20.8	23.9
Neutral	11.5	14.6	12.8
Somewhat prepared	47.5	47.9	47.7
Unprepared	3.3	8.3	5.5
Very prepared	11.5	8.3	10.1
Total	**100.0**	**100.0**	**100.0**

Only 9.2% said most vulnerable individuals are enrolled. Preparedness of teachers was mostly "somewhat prepared" (47.7%). Respondents emphasized the need for assistive devices, stigma reduction campaigns, and specialized training.

Analysis of the Quantitative Findings (Education)

Outcome 2.1: Increased Coverage of Children's School Enrolment and Completion Rate of Pre-Primary and Primary Education in Both Rural and Urban Settings

The data finds moderate progress in children's enrolment in pre-primary and primary education, though significant gaps persist in terms of gender equity, type of school attended, and completion rates. Only 36.0% of respondents reported full enrolment of all eligible children in their households, with female respondents reporting better enrolment (42.9%) compared to male ones (27.1%). A substantial 30.6% of the participants responded with "not applicable," suggesting either a lack of eligible children or uncertainty about enrolment status. NGO-run schools appear to be the most utilized educational institutions, particularly among female respondents, while attendance at government and private schools remains limited, highlighting a reliance on non-state actors for early education in marginalized areas.

Completion of pre-primary or primary education in the last three years remains low. Only 11.7% of respondents indicated full completion by all eligible children, while 27.9% stated

that no children completed school. While female respondents were marginally more likely to report completion than males, the difference is not substantial. Key enabling factors for school completion included free or low-cost fees, quality teaching, and the availability of learning materials. However, financial constraints were the most prominent barrier, followed by distance to schools, lack of motivation, child labor, and early marriage. These barriers reveal a complex interplay of economic hardship, inadequate infrastructure, and socio-cultural factors that impede children's educational journeys. Addressing these issues requires multi-faceted solutions, including subsidized education, school proximity in rural areas, and community-based campaigns to reduce harmful traditional practices.

Outcome 2.2: Increased Literacy Rate of Marginalized Groups Through Non-Formal Education

Non-formal education programs have shown notable uptake among the marginalized people in the areas YPSA projects are implemented, with 66.4% of respondents or their community members having participated in such initiatives in the past three years. Of these, 26.4% completed programs fully, and 40.0% participated partially, with female participation slightly surpassing that of males. These findings suggest non-formal education plays a critical role in reaching marginalized populations, especially where formal education pathways are inaccessible or insufficient. The most accessed programs were non-formal primary education, basic literacy and numeracy classes, and skills development training. However, access to non-formal secondary education remains limited, pointing to a critical service gap for adolescents and young adults who wish to continue their education.

Despite encouraging participation levels, key barriers persist. Lack of awareness about available programs was the most commonly cited challenge, followed by financial difficulties and logistical issues such as long distances to learning centers. Cultural stigma, poor infrastructure, and limited availability of accessible learning materials further restrict participation. These findings underscore the need for targeted interventions to enhance outreach, affordability, and inclusivity in non-formal education. Investment in awareness-raising, community mobilization, and support services (such as stipends or mobile learning units) can significantly boost the impact and sustainability of non-formal education for marginalized groups.

Outcome 2.3: Capacity Development of Youth, Adults, and Vulnerable Groups Through Providing Relevant Technical and Vocational Skills for Alternative and Decent Livelihood

The analysis reveals the limited reach and effectiveness of technical and vocational training programs aimed at empowering youth, adults, and vulnerable groups. Among youth, particularly males (52.1%), non-participation in YPSA-facilitated training programs over the past three years was significant. Only 6.4% of youth and 9.1% of vulnerable individuals

participated in training, primarily focused on entrepreneurship, ICT, and technical trades such as carpentry and tailoring. Despite the relevance of the training content, uptake remained critically low, pointing to access barriers, especially for females and marginalized groups. Adult engagement in training programs was similarly constrained, with 54.1% citing non-applicability and 37.8% reporting non-participation. Very few participated as youth (6.3%) or vulnerable group members (1.8%). Although slightly more males engaged than females, overall participation was marginal. Males were more likely to receive technical training, while females predominantly accessed entrepreneurship support. The low engagement across all segments reflects structural limitations in program outreach, inclusivity, and contextual relevance.

More critically, training-to-livelihood conversion was notably weak. Among youth, only 0.9% secured jobs and 3.6% started small businesses. Adults showed slightly better outcomes - 4.5% initiated businesses and 0.9% found employment. Vulnerable groups had slightly higher success, with 5.8% securing jobs and 8.7% launching businesses, yet barriers like limited capital, poor job access, and absence of mentorship were consistently reported. These findings indicate that without job linkage mechanisms, access to finance, and ongoing post-training support, vocational skill-building programs will have limited impact. Strengthening ecosystem-level interventions such as job placement partnerships, microfinance access, and mentorship structures is essential for meaningful livelihood transformation.

Outcome 2.4: Enhanced Inclusive Education for All, Especially for Persons With Disabilities

Despite ongoing efforts, awareness and implementation of inclusive education remain inconsistent across communities. While 22.7% of respondents reported that most schools have inclusive systems, a larger proportion (28.2%) lacked any awareness, highlighting a major information gap. Physical infrastructure such as ramps and access to special educators is present in some areas but far from widespread. Enrollment of persons with disabilities (PwDs) in inclusive institutions remains low, only 10% of respondents believed most PwDs are enrolled, and over one-third (34.5%) were unaware of any such enrollment. Male respondents were less likely to report high enrollment, suggesting gendered perceptions or access gaps in disability inclusion.

Teacher preparedness also remains a critical issue. Only 11.9% rated teachers as "very prepared" to educate children with disabilities, while 42.2% said they were "somewhat prepared," indicating a need for intensive professional development. Respondents identified several key areas for intervention: provision of assistive devices (34.2%), awareness and stigma reduction campaigns (21.6%), and specialized teacher training (15.3%). Barriers

hindering access to inclusive education include inaccessible infrastructure, lack of trained educators, social stigma, and general lack of awareness about inclusive education practices. Additionally, only 9.2% believed that most vulnerable individuals are enrolled, reinforcing concerns about systemic exclusion.

To advance inclusive education, a comprehensive approach is required that combines physical accessibility with social and institutional readiness. This includes equipping schools with necessary infrastructure, training teachers in inclusive pedagogy, supporting families through community-based sensitization, and ensuring policy-level commitment to disability-inclusive education.

Findings from the Control Group

The control group analysis on education highlights both progress and persistent inequalities in formal and non-formal learning. While all female respondents reported that their children were fully enrolled in pre-primary or primary education, only one-third of male respondents reported the same, with the rest noting only partial enrollment. Most children attended either government (40%) or private (50%) schools, with females more reliant on government institutions and males favoring private ones. Completion rates for primary education were modest, with only 30% of children completing their education in the past three years. Free or affordable school fees were the dominant enabling factor, followed by some recognition of quality teaching and learning materials. However, financial barriers, distance to schools, and a lack of motivation (particularly among boys) were key reasons for school dropout.

In non-formal education, participation was relatively high. Most participants accessed non-formal primary and secondary education, though engagement with basic literacy or skills development programs remained limited. Challenges for marginalized groups centered on financial barriers and limited program awareness. Despite growing interest, vocational training uptake was non-existent. Even where listed, the training did not translate into employment or business opportunities, largely due to a lack of resources, support, or job access. Regarding inclusive education, 80% said no such systems were established in local schools, and awareness of inclusive practices and enrollment of people with disabilities was very low. Only 40% believed teachers were very prepared to handle inclusive education, and 90% highlighted the need for specialized training programs. These findings suggest that while education access has improved for some, structural gaps in affordability, inclusivity, and vocational linkage remain substantial.

1. Transformative Educational and Societal Impact

From all the qualitative sources of data, the YPSA Education Program is identified to have brought about change at the individual, family, and community levels. FGD participants shared that the program equipped adults with basic literacy and numeracy skills, enhancing daily functioning by making them more capable of supporting their children's education. This has ensured that deeply entrenched attitudes are slowly being confronted, especially in terms of girl child education, thereby reducing resistance from within the communities and creating an enabling environment that embraces the culture of learning. KII respondents reported improvements in children's hygiene behavior, moral development, and regular school attendance, showing wide-ranging behavioral and attitudinal changes.

2. Practical Outcomes and Empowerment Beyond the Classroom

Participants shared tangible examples of how education translated into real-world applications. FGDs listed such competencies as reading food and medicine labels, managing household budgets, reducing excessive mobile gaming, and improving time management. The program also supported the reintegration of school dropouts and created employment pathways for some graduates, showing its role in livelihood enhancement and community resilience. Staff consultations reinforced that vocational training indeed has successfully led to self- or wage-employment, although social norms continue to hinder female participation.

3. High Regard for Teaching Quality and Supportive Learning Environment

The quality of education was always commended by the respondents in the FGDs for its flexible timing, modes of teaching, quality of materials provided, and the support provided by the teachers. The mode of education provided was successful in ensuring that the learners were able to pursue their education alongside their income-generating activities. The process was enjoyable, successful, and efficient. KIIs commended the process of teaching in YPSA centers, claiming that their process of teaching encourages the consistent involvement of the students. The teachers acknowledged that the provision of accessible learning materials and facilities helped in the enrollment of marginalized children and children with disabilities (CWDs).

4. Persistent Challenges: Social Norms, Infrastructure, and Teacher Quality

Despite these successes, some underlying issues remain. KIIs and Staff Consultation revealed that the teacher quality, both in terms of Bangladeshi and Rohingya, is lacking. Communities that are more interested in religious education than in school success are another issue. Child labor, superstition, and infrastructure are some of the underlying issues

that the staff mentioned, and these affect girls and CWDs in particular. According to the FGD, the underlying issues that must be resolved are the provision of sufficient benches and the length of time that must be allocated to classes.

5. Stakeholder Engagement and Community Involvement

YPSA's engagement with all the stakeholders, which includes inception meetings, parenting sessions, and coordination forum engagement, was viewed as successful but has areas for expansion. From the KIIs, more daylong meetings were recommended to enhance progress updates. Another area that needs expansion is to engage the community to promote more openness. Additionally, more engagement is required to improve perception about female involvement in skills enhancement.

6. Recommendations for Future Development and Sustainability

Participants across the groups emphasized the need for more practical, life skills, and vocational training that improves their livelihood situations. The FGDs proposed the integration of annual culture activities in the groups to improve their spirit, while the staff emphasized the need for the safety of the training environments, gender-sensitive training environments, upgraded infrastructural facilities, and technical support for CWDs. The KIIs emphasized the need for more awareness among the members, indicating that the importance of strategic planning in its scalability is underdeveloped.

Thematic Area 3: Human Rights and Good Governance

Human Rights and Good Governance Program Outcome: Summary Results from Intervention and Control Group Analysis

Outcome 3.1: Prevalence and Resolution of Human Rights Violations

The human rights abuses persisted in the intervention region. In fact, a majority of the respondents stated that there were 82% human rights violations. On the average, the violations recorded included domestic violence, eviction with impunity, and child marriage. On the other hand, a majority of the affected parties felt that the cases could only be resolved by a mere 8% success rate. However, 67% recorded some form of resolution with the intervention of Village Courts and the government. In the opposite case, the human rights violations affected 70% of the control group; however, 85.7% felt that their cases could not be resolved.

Outcome 3.2: Awareness vs. Participation in Rights and Governance

Levels of awareness about the existence and nature of political rights were also very high— you could tell this in the intervention group, with 91.2% either very aware or somewhat aware, though the participation was only moderate, with only 70.1% attending meetings and only half actually voting. For women, the participation was marred by numerous barriers. For the control group, all were somewhat aware, though the participation was low, marred by fear and poor institutional backing.

Outcome 3.3: Access and Satisfaction with Public Services

Most respondents in the intervention group used the services frequently/occasionally: 58.6% occasionally and 37.2% frequently. All the respondents frequently/occasionally used the services regarding healthcare and safety-net systems. Despite the identified infrastructure pitfalls, i.e., waiting times and the quality of communication, 77.2% said they were satisfied with the quality of the services. In the control group, 70% were dissatisfied with services, citing unresponsive behavior and inaccessibility as key challenges.

Outcome 3.4: Capacity and Success in Claiming Rights

Confidence in making rights claims was very high in the zone where we intervened (95.8% confidence overall). While we also found that overall, these attempts to claim rights hadn't been successful (only 36.8% of cases succeeded), women were overrepresented in attempting to claim these rights. In the control group, confidence was low (30% somewhat confident), and most attempts to claim rights were unsuccessful, with limited legal or material support available.

Details Findings (Human Rights and Good Governance)

Outcome 3.1: Strengthened people's voices and capacity to uphold human rights

Table 33: Cases of Human Rights Violation and Resolved

Respondent/Respondent's Families Experienced Any Human Rights Violation in the Last Three Years	Female	Male	Total
No, no cases	14.7	6.7	11.5
Not sure / Don't know	6.0	6.7	6.3
Yes, a single case	16.4	21.3	18.3
Yes, multiple cases	62.9	65.3	63.9
Total	100.0	100.0	100.0
Human Rights Violation Cases Resolved or Addressed by Relevant Authorities	Female	Male	Total
I don't know/not sure	10.5	9.9	10.2
No, none of the cases were resolved	14.3	15.5	14.8
Yes, all cases were resolved	5.7	11.3	8.0
Yes, some cases were resolved	69.5	63.4	67.0
Total	100.0	100.0	100.0

Human rights violations are alarmingly high, with 63.9% of respondents experiencing multiple incidents and another 18.3% reporting at least one case in the past three years. Only 11.5% had not encountered any violations, while 6.3% were uncertain. Resolution of these cases remains inconsistent where 67% of the participants reported partial resolution, while only 8% saw all cases resolved and 14.8% saw none. Female respondents showed slightly higher involvement with NGOs and community-based mechanisms like Village Courts, suggesting reliance on non-state actors to address violations.

Outcome 3.2: Increased participation of poor and marginalized people exercising their right to political participation, freedom of expression and information, freedom of assembly and access to justice. [Enhanced active citizenship and access to justice]

Table 34: Poor and Marginalized Respondents' Status Exercising the Freedom of Political Participation/ Expression and Information/Assembly and Access to Justice

Respondents' Awareness of the Rights to Political Participation, Freedom of Expression, Freedom of Assembly, and Access to Justice	Female	Male	Total
No, not aware	6.0	5.3	5.7
Not interested to share	2.6	3.9	3.1
Yes, fully aware	40.2	47.4	43.0
Yes, somewhat aware	51.3	43.4	48.2
Total	100.0	100.0	100.0

Awareness of rights is relatively strong, with 43% fully and 48.2% somewhat aware of their rights to political participation, expression, assembly, and justice. Men reported slightly higher full awareness than women, though women were more likely to learn about rights through NGOs. Despite this awareness, actual engagement was moderate, and fewer participated in protests or accessed legal avenues. Key barriers include lack of support from authorities, fear of discrimination, and limited accessibility, indicating a disconnect between awareness and practice.

Outcome 3.3: Enhanced inclusive public services to the poor and disadvantaged population

Table 35: Respondents' Access to Services of Government and Private Sectors

	Female	Male	Total
Can't remember	0.9	1.3	1.0
No, not at all	0.9	6.6	3.1
Yes, frequently (taking it whenever needed)	34.8	40.8	37.2
Yes, occasionally (once or twice)	63.5	51.3	58.6
Total	**100.0**	**100.0**	**100.0**

Most respondents had accessed government or private services, with 58.6% using them occasionally and 37.2% using them whenever needed. Women more often reported occasional access, while men reported more frequent use. Health services and social safety nets were reported the most accessed, especially by women. However, education, employment, and legal support services saw lower engagement, pointing to gaps in service delivery or outreach.

Table 36: Respondents Reported about Getting Responsive Behavior from the Service Providers

	Female	Male	Total
I am not interested to say	0.0	3.9	1.6
Neutral	6.0	15.8	9.8
Somewhat responsive	61.5	57.9	60.1
Unresponsive or dismissive	2.6	1.3	2.1
Very responsive and helpful	29.9	19.7	25.9
Very unresponsive	0.0	1.3	0.5
Total	**100.0**	**100.0**	**100.0**

Regarding service experience, the majority of respondents (60.1%) found service providers to be somewhat responsive, while 25.9% reported very responsive and helpful interactions. Male respondents, however, were more likely to express neutrality or dissatisfaction with responsiveness. Major challenges faced by the respondents regarding this were long waiting

time, inaccessibility, limited communication or support, lack of respect and dignity, corruption and bribes etc.

Table 37: Respondents' Satisfaction Status Regarding Services Received

	Female	Male	Total
Dissatisfied	4.3	3.9	4.1
Neutral	17.9	18.4	18.1
Satisfied	71.8	68.4	70.5
Very dissatisfied	0.0	1.3	0.5
Very satisfied	6.0	7.9	6.7
Total	100.0	100.0	100.0

A high level of satisfaction was observed, with 70.5% satisfied and 6.7% very satisfied, though a small group of the respondents reported dissatisfaction. Despite satisfaction, several issues were raised such as long wait times, poor communication, and inaccessibility being the most common. Women more often cited lack of dignity and respect.

Outcome 3.4: Strengthened capacities of the marginalized people to claim their rights [Promote enabling and equitable environment for all]

Table 38: Community People's Capability to Claim Their Rights

Respondents' Confidence in the Ability to Claim Their Rights	Female	Male	Total
No, not confident	4.3	3.9	4.2
Yes, somewhat confident	59.1	50.0	55.5
Yes, very confident	36.5	46.1	40.3
Total	100.0	100.0	100.0

The findings indicate a generally high level of confidence among community members in their ability to claim their rights, with 40.3% expressing strong confidence and another 55.5% feeling somewhat confident. Notably, male respondents reported a higher level of strong confidence (46.1%) compared to females (36.5%), suggesting a gender gap in perceived empowerment. Among those who felt confident, support systems played a crucial role: the most commonly cited form of assistance was awareness program support, followed by legal aid or counseling, and advocacy training. Female respondents reported greater access to awareness programs and legal support than males, highlighting the importance of targeted outreach and rights education for women. Financial or material support was also mentioned by a quarter of the respondents, indicating that practical resources complement informational or legal assistance in building rights-claiming capacity.

Table 39: Community People Claimed Their Rights

	Female	Male	Total
Can't remember	11.1	6.6	9.3
No, did not take action	22.2	22.4	22.3
Yes, but was unsuccessful	32.5	30.3	31.6
Yes, successfully claimed rights	34.2	40.8	36.8
Total	100.0	100.0	100.0

Despite this confidence, actual attempts to claim rights were mixed in outcome. While 36.8% of respondents reported successfully claiming their rights, a significant proportion (31.6%) said their efforts were unsuccessful, and 22.3% did not attempt to take any action. Females were slightly less likely than males to achieve success but were more likely to report attempting and failing to claim their rights. The types of rights claimed reveal important trends: the most frequently pursued were access to public services, followed by workplace rights, land or property rights, and freedoms of expression or assembly.

Analysis of the Quantitative Findings (Human Rights and Good Governance)

Outcome 3.1: Strengthened People's Voices and Capacity to Uphold Human Rights
The findings indicate a persistent prevalence of human rights violations within the community. Nearly 82% of respondents reported experiencing at least one violation in the past three years, with domestic violence, forced eviction, and child marriage being the most common. Female respondents reported a higher incidence of these violations, underscoring their vulnerability. Other concerns included workplace exploitation and denial of basic services. Resolution mechanisms were inconsistently effective where only 8% saw all cases resolved, while 14.8% saw none. However, about 67% of the respondents reported having some cases resolved. Community-level interventions, primarily through Village Courts, NGOs, and local government bodies, played pivotal roles in resolution, particularly for women. However, limited enforcement, lack of systemic support, and insufficient institutional capacity continue to hinder the full realization of human rights.

Outcome 3.2: Increased Participation in Rights and Governance

Awareness of political rights and civil liberties was relatively high among respondents, with 91.2% being fully or somewhat aware. Men were slightly more aware than women, but women attributed their knowledge more to NGOs and education programs like YPSA. Despite strong awareness levels, active political engagement was moderate. While 70.1% participated in community meetings, only about half voted, and fewer accessed government platforms, protested, or pursued legal justice. Participation was lower among women,

primarily due to systemic barriers such as fear of discrimination, lack of institutional support, and poor accessibility. These gaps between awareness and practice suggest the need for inclusive civic platforms, stronger legal support, and trust-building interventions to empower marginalized groups.

Outcome 3.3: Enhanced Inclusive Public Services

Access to public services was generally widespread, though frequency varied. A majority (58.6%) accessed services occasionally, while 37.2% did so frequently. Healthcare and social safety nets were the most utilized services, especially by women. Despite higher female engagement across services, structural issues such as long wait times, poor communication, and perceived corruption were commonly cited, with women particularly noting a lack of dignity and respect. Nonetheless, 77.2% expressed satisfaction with services received. These findings highlight the importance of improving responsiveness, transparency, and dignity in service provision, while simultaneously expanding outreach to underutilized services like legal aid and education.

Outcome 3.4: Strengthened Capacities to Claim Rights

Community members reported a high level of confidence in claiming their rights (95.8% combined strong and moderate confidence), with men feeling more empowered than women. Confidence was bolstered by exposure to awareness programs, legal aid, and advocacy training. However, the outcomes of rights-claiming efforts were uneven: only 36.8% succeeded, while 31.6% failed, and over one-fifth never attempted. Women were more likely to try and fail, indicating persistent gender-based barriers. Rights most frequently pursued included access to services and workplace and land rights. While awareness and confidence are improving, the disconnect between intention and successful realization underscores the need for systemic reforms, capacity strengthening, and gender-responsive support systems to enable equitable rights enforcement.

Findings from the Control Group

The control group analysis reveals significant human rights challenges and systemic barriers to justice and services over the past three years. A large majority (70%) of respondents reported multiple human rights violations. The most frequent violations included forced eviction, domestic violence, political threats, and kidnapping. Despite this, 85.7% said that these cases were never resolved by authorities, indicating a lack of institutional accountability. While some action was taken by local authorities or mediators, resolution remained rare. Although all respondents were somewhat aware of their rights to political participation and freedom of expression - mainly through media exposure - actual

engagement in civic or justice-seeking activities was limited, and barriers such as lack of access, fear of retaliation, and limited support from local institutions were common.

In the control group participants, most interactions with service providers were marked by dissatisfaction, with 60% describing behavior as unresponsive and 70% expressing overall dissatisfaction. Respondents cited long wait times and inaccessible services as key challenges. Confidence in claiming rights was low (only 30% felt somewhat confident), and most attempts to claim rights were unsuccessful. Limited support, mainly legal aid or minimal material support, contributed to this lack of success. These findings in the control group reflect an urgent need for greater legal empowerment, institutional responsiveness, and inclusive awareness programs to enhance rights realization and access to justice.

Consolidated Qualitative Findings (FGD, KII & Staff Consultation) on Human Rights and Governance Program Outcome

1. Heightened Legal and Rights Awareness Through Community Engagement

All participants in FGDs, KIIs, and staff interviews indicated that legal awareness was significantly promoted through YPSA's program, emphasizing increased community involvement in human rights issues. Additionally, beneficiaries were drawn through civic projects and were given training in life skills, child protection, and legal rights, which altered participants' perceptions about social issues like preventing child marriage or curtailing drug abuse. KIIs highlighted an increased public reliance on Union Parishads and Village Courts for dispute resolution, indicating a growing institutional trust. Staff also noted that communities are now more informed and proactive in addressing rights violations, though foundational awareness among the most marginalized remains inconsistent.

2. Empowerment in Accessing Justice, Yet Systemic Barriers Persist

The program has helped improve access to justice through legal aid, referrals, and access directly through community-based approaches. The KIIs have documented successes, e.g., fund retrieval for victims of migration fraud and reductions in illegal actions due to fear of legal reprisals. However, FGD participants and staff identified persistent systemic barriers: inefficiencies in legal aid, political interference, fear of retaliation, and untrained mediators limit meaningful access. Staff emphasized that while mechanisms like Village Courts are active, their sustainability depends on continued training, advocacy, and institutional reforms.

3. Improved Service Awareness Amidst Dissatisfaction with Public Systems

On one hand, qualitative data show that service providers had mixed experiences, where FGD participants indicated satisfaction with response support through YPSA, rated at 8.5/10, while showing a lack of satisfaction with government service support, especially due to low service quality, lack of integrity, and low response rates. On the other hand, private service support was seen to be inaccessible due to costs, where KIIs illustrated that access to public service support is improving through training, feedback, and technology integration, but faces low service quality due to the lack of professionalism, integrity, and response to marginalized populations.

4. Increased Civic Participation Hindered by Social and Political Constraints

It remarkably improved the participation of marginalized groups in civic and political processes, backed by advocacy, community campaigns, and digital outreach. FGDs and KIIs have mentioned, however, that deep-seated social barriers like cultural stigma, political conflicts, discrimination, and fear of reprisal continue to hold complete engagement back, particularly for women, youth, and ethnic minorities. Consultations with staff emphasized that without more supportive legal frameworks and inclusive forums, participation remains fragmented and open to manipulation on the part of political parties.

5. Capacity Building with Gaps in Rights Realization

Training and awareness have indeed helped in making communities claim their rights, and many feel more confident. This was achieved through social audits, digital tools, and legal literacy campaigns. FGDs on the other hand highlighted that awareness does not translate into realization of rights, as many lack the confidence or means to act when their rights are violated. Furthermore, staff described how a variety of factors hinder the making successful claims, from the expense and difficulty of pursuing cases through the courts to knowledge deficits and weak referral systems. These findings signal that effective support requires an integrated approach that includes survivor funds, community paralegals, and policy advocacy.

6. Sustainability Through Local Systems and Continuous Engagement

Sustainability initiatives through the reactivation and training of local legal aid committees and the strengthening of Village Courts had the potential of working beyond the project closure. KIIs warned that such work required sustained awareness sessions, integration into local government, and eventually youth participation to be able to keep the momentum. Long-term rights-based programming, media campaigns, and the use of technology were recommended by staff for sustaining gains at an institutional level. Set against these is the fact that such interventions face serious scalability and sustainability threats due to issues like political nepotism, discrimination at the community level, and resource constraints.

Thematic Area 4: Economic Empowerment

Economic Empowerment Program Outcome: Summary Results from Intervention and Control Group Analysis

Outcome 4.1: Access to Financial Services

In intervention areas, 66.4% regularly utilized more than one type of financial service. There was higher accessibility among men (71.7%) than women (63.6%), but microfinance was more accessible for women. Complexity in procedures and document issues hindered women. Among them, 1.3% reported no access. In the control group, access to more than two financial services was noted for all women and half of the men, reaching 80%. Yet, 25% of males had limited or no access, and women faced high charges and poor proximity. Affordability perceptions were mixed in both groups, with low-interest loans being the most used service.

Outcome 4.2: Inclusivity of Financial Services

Most intervention respondents, 85.2%, perceived financial services to be inclusive; women, 88.8%, perceived higher inclusivity than men, 78.4%. However, only 61% felt that they had significantly benefited, with men, 69.4%, reporting higher benefit than women, 56.7%. These perceptions were lower in the control group, where 66.7% of the women reported that inclusiveness applied to only some groups, and 80% reported not benefiting from the inclusive financing schemes.

Outcome 4.3: Engagement in Income-Generating Activities

Income generation in intervention areas stood at 90.8%; 56.6% were engaged full-time. Gender gaps were clear: 82.7% of the men worked full-time, while 43% of women did. About 90.1% reported an increase in income, while 37.1% had a large increase, which was more pronounced for men at 49.1%, compared to 30.6% for women. Only 33.3% in the control group were found to be engaged in income activities, and two-thirds reported that their incomes remained unchanged, suggesting a weak translation of financial access into economic improvement.

Outcome 4.4: Social Business Awareness and Benefit

Among the intervention areas, the awareness of YPSA social enterprise was as high as 83.6%, while 72.2% benefited from it. Also, the majority perceived them to be sustainable at 86.4%. The comparison group had no engagement in or benefit from similar social enterprises, indicating a programmatic gap in the non-intervention areas.

Details Findings (Economic Empowerment)

Outcome 4.1: Enhanced accessible, cost effective and sustainable financial services to the poor and vulnerable people

Table 40: Community People's Access to Financial Services

Access to any formal financial services (e.g., bank accounts, mobile banking, microfinance institutions) in the last three years	Female	Male	Total
No, respondents did not have access to formal financial services	1.0	1.9	1.3
Yes, respondents had limited access but used some services (One to two services)	35.4	26.4	32.2
Yes, respondents used multiple financial services regularly (More than two services)	63.6	71.7	66.4
Total	100.0	100.0	100.0

A large majority (66.4%) of respondents reported regular use of multiple formal financial services, with men (71.7%) having slightly higher access than women (63.6%). Limited access was reported by 32.2% of respondents, and only 1.3% had no access at all. Microfinance institutions were the most frequently used service, especially among women. However, barriers such as lack of documents, distant providers, and service conditions continue to restrict access especially more acutely for women.

Table 41: Cost-effective Financial Services Status for the Community People

Affordability Status of the Financial Services in the Last Three years	Female	Male	Total
No, Complexity of procedures	1.0	0.0	0.7
No, the costs are the same	8.1	3.8	6.6
No, the costs have increased	7.1	3.8	6.0
Yes, significantly more affordable	27.3	40.4	31.8
Yes, somewhat more affordable	56.6	51.9	55.0
Total	100.0	100.0	100.0
Types of Cost-effective Services Used by the Respondents	Female	Male	Total
Affordable mobile banking services	3.1	3.8	3.3
Low-interest loans	86.7	80.8	84.7
No-cost or low-cost savings accounts	6.1	7.7	6.7
Nothing	4.1	7.7	5.3
Total	100.0	100.0	100.0

Nearly 87% of respondents perceived financial services as more affordable in recent years, with males (40.4%) more likely than females (27.3%) to say services became significantly more affordable. Cost-related issues and procedural complexities were reported by a

minority, indicating broad satisfaction. The most used cost-effective service was low-interest loans (84.7%), followed by low-cost savings accounts and mobile banking. Women were slightly more engaged in these services, while a small number of men reported not using any cost-effective service at all.

Outcome 4.2: Increased access to inclusive financing

Table 42: Respondents' Access to the Inclusive Financial Services

Respondents' Opinions about the Inclusiveness and availability in the Financial Services (women, youth and marginalized groups)	Female	Male	Total
No, they are not inclusive	1.0	0.0	0.7
Yes, but only for some groups	10.2	21.6	14.1
Yes, they are inclusive for all	88.8	78.4	85.2
Total	100.0	100.0	100.0
Respondents' Opinions about Getting Benefited from Any Inclusive Financial Service Programs	Female	Male	Total
No, I have not benefited	23.7	20.4	22.6
Yes, but minimally	19.6	10.2	16.4
Yes, significantly	56.7	69.4	61.0
Total	100.0	100.0	100.0

Most respondents (85.2%) believed that financial services are inclusive for all, though women (88.8%) were more confident in this than men (78.4%). About 14.1% felt that inclusiveness applied only to certain groups, and 0.7% felt services were not inclusive at all. When asked about the benefits received, 61% reported significant gains, though 22.6% had not benefited and 16.4% gained minimally. Men reported slightly higher benefit levels, suggesting gender gaps in program impact or accessibility.

Outcome 4.3: Increased income level of people through involvement in income generating activities

Table 43: Community People Engaged in Income Generating Activities

Respondents' Engaged in Any Income-generating Activities	Female	Male	Total
No, not involved	13.0	1.9	9.2
Yes, full-time	43.0	82.7	56.6
Yes, part-time	44.0	15.4	34.2
Total	100.0	100.0	100.0
Respondents' Opinions about Income Level Increase in the Last Three Years	Female	Male	Total

No, it has decreased	3.1	3.8	3.3
No, it has remained the same	10.2	0.0	6.6
Yes, moderately increased	56.1	47.2	53.0
Yes, significantly increased	30.6	49.1	37.1
Total	**100.0**	**100.0**	**100.0**

The majority (90.8%) of respondents were engaged in income-generating activities, with men more likely to work full-time (82.7%) and women more often part-time (44.0%). Around 90.1% experienced income growth over the last three years, including 37.1% who reported significant increases, more common among men (49.1%) than women (30.6%). Common activities included small businesses, agriculture, and livestock, with gendered preferences in engagement. Factors such as financial access and skills training contributed notably to income growth, especially for women.

Outcome 4.4: Established different social business enterprises

Table 44: Sustainable Social Business Enterprises by YPSA

Respondents' Awareness of Any Social Business Enterprises Established in their Community by YPSA	Female	Male	Total
Yes, a single enterprise	46.0	37.7	43.1
No, none	21.0	7.5	16.3
Yes, multiple enterprises	33.0	54.7	40.5
Total	**100.0**	**100.0**	**100.0**
Beneficiaries Covered by Organizational Own Social Development Initiatives	**Female**	**Male**	**Total**
Yes, occasionally (Once or twice every three years)	42.9	37.7	41.1
No, never	26.5	30.2	27.8
Yes, frequently (More than three times in three years)	30.6	32.1	31.1
Total	**100.0**	**100.0**	**100.0**
Respondents' Rating the Sustainability of These Social Business Enterprises	**Female**	**Male**	**Total**
Sustainable	67.8	64.0	66.4
Neutral	13.3	8.0	11.4
Unsustainable	3.3	0.0	2.1
Very sustainable	15.6	28.0	20.0
Total	**100.0**	**100.0**	**100.0**
Community People Utilizing Local Resources for Their Own Community Development	**Female**	**Male**	**Total**
No, I have not utilized resources	30.3	21.2	27.2
Yes, moderately utilized	36.4	36.5	36.4

Yes, significantly utilized	33.3	42.3	36.4
Total	**100.0**	**100.0**	**100.0**

A large portion (83.6%) of respondents were aware of at least one YPSA-supported social business, with more men (54.7%) aware of multiple initiatives than women (33.0%). Regarding sustainability, 86.4% rated these enterprises as sustainable or very sustainable. Around 72.2% of respondents noted being benefited from related social initiatives occasionally or frequently. In terms of community-driven development, 72.8% reported utilizing local resources where significant engagement was higher among men, while women contributed more to agriculture and infrastructure development.

Analysis of the Quantitative Findings (Economic Empowerment)

Outcome 4.1: Enhanced Accessible, Cost-effective, and Sustainable Financial Services for the Poor and Vulnerable

The data shows a high level of financial inclusion within the community, with 66.4% of respondents regularly using multiple formal financial services, such as bank accounts, mobile banking, and microfinance institutions. While male access (71.7%) surpasses female access (63.6%), women were more reliant on microfinance, reflecting their stronger engagement with community-based lending systems. Only 1.3% lacked any financial access, demonstrating widespread service reach.

Barriers persist, especially for women, including bureaucratic procedures, lack of necessary documentation, and inaccessible financial institutions, pointing to underlying structural limitations. Although 86.8% of respondents felt financial services had become more affordable 'somewhat or significantly', women (56.6%) were more likely than men (51.9%) to describe them as only "somewhat affordable." This may stem from income disparities, lower financial literacy, and fewer digital engagement opportunities among women. Low-interest loans emerged as the most accessible and widely used service (84.7%), with women again leading usage (86.7%). In contrast, mobile banking (3.3%) and low-cost savings accounts (6.7%) had notably low adoption rates, underscoring the need for diversification of services and financial literacy promotion. About 7.7% of the male respondents reported using no cost-effective financial services at all, perhaps reflecting either over-reliance on informal systems or disengagement from structured financial inclusion programs.

Outcome 4.2: Increased Access to Inclusive Financing

While 85.2% of respondents believed financial services were inclusive, perceptions varied by gender. Women (88.8%) were more likely than men (78.4%) to perceive the system as

universally inclusive, although men (21.6%) more frequently felt inclusiveness applied only to specific groups. These differences suggest men may be more attuned to visible inequities or systemic gaps in service delivery.

Despite these generally optimistic views, only 61% felt they had significantly benefited from inclusive financial programs. Men (69.4%) were more likely to report substantial benefit than women (56.7%), highlighting a gender gap in access to or impact from these initiatives. This disparity could reflect differences in program targeting, barriers to women's full participation, or the need for more tailored financial products. Women reported higher access to targeted loan schemes for women and people with disabilities, while men reported lower access across categories. Though the reach of inclusive financial services is evident, there is room for enhancing effectiveness and ensuring meaningful, equitable benefit across all demographic groups, including youth, persons with disabilities, and minority communities.

Outcome 4.3: Increased Income Through Income-Generating Activities

A strong majority (90.8%) of respondents were engaged in income-generating activities, either full-time (56.6%) or part-time (34.2%). However, clear gender disparities persist: 82.7% of men were involved full-time, compared to only 43% of women, while 44% of women participated part-time likely due to household responsibilities, mobility constraints, or lack of child care options.

In terms of income change, 90.1% experienced an increase over the past three years, with 37.1% reporting significant growth, again more commonly among men (49.1%) than women (30.6%). Women were more likely to credit their income gains to access to financial services and skill-building programs, suggesting these interventions are critical to supporting their economic participation. Women were more active in livestock, agriculture, and handicrafts, while men dominated skilled trades, transport, and informal services.

Outcome 4.4: Established Social Business Enterprises

Awareness of YPSA's social business enterprises is high (83.6%), with 40.5% aware of multiple enterprises, though men (54.7%) reported higher awareness than women (33.0%), indicating communication or visibility gaps. About 31.1% had benefited frequently, and another 41.1% occasionally, showing these initiatives are making tangible contributions to community development. Most respondents (86.4%) rated these enterprises as sustainable or very sustainable, with men (28%) more likely than women (15.6%) to describe them as "very sustainable." These perceptions reflect confidence in the long-term viability of social enterprises but also hint at gendered differences in roles, visibility, or ownership in these ventures.

In terms of local resource utilization, 72.8% reported some level of involvement. While men had slightly higher significant utilization (42.3% vs. 33.3%), women were more involved in community infrastructure, agriculture, and livestock. Men had more engagement in aquaculture, waste management, and environmental services, suggesting a division of roles by sector and opportunity.

Findings from the Control Group

In the control group, 80% of respondents reported using multiple formal financial services in the past three years, with all females and half of the males accessing more than two services regularly. Despite this, 25% of males had either no access or only limited access to formal financial services, highlighting a gender disparity in access. Commonly used services included loans, mobile banking, and microfinance, with female respondents showing a higher rate of engagement overall. However, significant barriers were reported, especially among women, including high service charges, complex conditions, lack of nearby providers, and the absence of necessary documents. These challenges indicate that while financial services are available to some extent, systemic obstacles still hinder equitable access, particularly for women and marginalized populations.

Perceptions of affordability were mixed within the control group: 50% felt that financial services had become somewhat more affordable, while 40% saw no change, and 10% pointed to procedural complexities as a barrier. Low-interest loans were the most accessed cost-effective service (70%), followed by limited use of savings accounts and mobile banking. However, 20% of respondents reported not using any affordable service at all. Most participants felt financial services were only partially inclusive, especially women, 66.7% of whom believed inclusiveness applied to only some groups. Although inclusive financing schemes were known in the community (e.g., loans for women, youth, and persons with disabilities), 80% of respondents reported not benefiting from such programs. Moreover, income-generating activity involvement was low (33.3%), and two-thirds stated their income had remained stagnant, revealing that access to financial services alone has not translated into significant economic upliftment in the absence of broader support mechanisms and inclusive program implementation.

Consolidated Qualitative Findings (FGD, KII & Staff Consultation) on Economic Empowerment Program Outcome

1. Increased Financial Access with Simplified Service Models

In all groups, participants reported that YPSA's program enhanced access to financial services through easy loan terms, nominal charges, and doorstep collection. FGD

participants liked the easy communication with the officers and the removal of traditional banking barriers. In turn, both KIIs and staff listed ongoing challenges along the lines of high service fees, excessive documentation, and low loan ceilings that still limit wider reach. Finally, stakeholders expressed the need for reducing administrative burdens and enhancing the loan flexibility towards better accessibility, particularly for the marginalized.

2. Skill Development and Livelihood Diversification

From the program, beneficiaries were able to acquire skills on how to effectively engage in modern farming, livestock, fish farming, and business operations, thereby improving their adoption of technology to advance these practices, resulting in economic diversification of their sources of income. According to FGDs, examples of best practices included the adoption of practices like vermicomposting, milk processing, biogas generation, and associated economic benefits of saving money and maximization of productivity, with KIIs showing improvements in women's economic participation, resulting in stability at individual and community development levels, with project staff stating that the project was effective in increasing incomes of households through skills and material support, like provision of seeds, livestock, and equipment.

3. Tangible Economic Impact and Market Integration

For example, the benefits derived were demonstrated through measurable improvements in income levels and expanding businesses as a result of capital support, market linkage, and product certification offered through YPSA's support programs. As revealed through discussions in FGDs, participants appreciated loan benefits for agriculture development and education, while grants were used to support machinery purchases and investments in electricity-saving devices. From the KIIs, improved benefits were revealed, with participants seeing improvements in social status through modernized techniques used. Even with these improvements, however, as revealed by the staff, natural calamities or improper planning remain major sustainability risks, underscoring the need for mentorship support to address such challenges.

4. Persistent Structural and Social Barriers

In terms of actual data, it showed that administrative barriers, savings deposits, and requirements for guarantors have created major barriers, particularly among women, as well as persons with disabilities. In terms of loan disbursement, results from FGDs showed that loan disbursement took 10 to 15 days, including requirements for banking checks. Staff consultations highlighted cultural resistance to formal borrowing, stigma, and lack of documentation as barriers to inclusive financing. Recommendations included simplifying procedures, removing guarantor mandates, and enhancing disability-friendly resources to ensure equitable access.

5. Social Business Initiatives with Limited Scalability

Recognition of YPSA's social enterprises (Yes Center and HRDC) was extended for skills development and therapeutic services, which gave life to youth and vulnerable groups. The KIIs and staff indicated that these centres played a part in boosting local knowledge and building economic pathways. However, funding shortages, staff shortages, and low visibility among the public were some factors that constrained growth and potential impact. Scaling these models effectively and long-term viability required increased investment, capacity building, and strengthening monitoring, as recommended by stakeholders.

6. Stakeholder Collaboration and Sustainability Pathways

This program continued to enjoy good working relations with the local authorities to a great extent, which enabled effective implementation. Additionally, the program included the role of the authorities in the verification of loans to ensure increased transparency. Staff emphasized that ongoing follow-up, community mobilization, and partnerships with government bodies are critical for sustainability. To scale the model, stakeholders advocated seasonal loan products, expanded field presence, and integrated support systems linking financial access with training and market opportunities.

Thematic Area 5: Environment and Climate Change

Environment and Climate Change Program Outcome: Summary Results from Intervention and Control Group Analysis

Outcome 5.1: Vulnerability Reduction and Income Impact

In intervention areas, 82.3% of households reported that their income had increased over three years, with moderate increases - defined as between 40 and 59% - being the most common form of growth (43.1%). Women reported more significant gains (10%) than men (1.9%). Access to livelihood support, hygiene, shelter, and healthcare contributed to resilience. Satisfaction was high (55.8% were very satisfied). However, 47.1% received no post-disaster rehabilitation. In the control group, no respondents reported income growth; half experienced decline, with 80% of females seeing income loss. Very few had any access to basic services, and no programmatic livelihood support was reported.

Outcome 5.2: Adoption of Climate Adaptation Strategies

Most intervention respondents adapted to climate impacts: 70% partially, 17.5% fully. Strategies were viewed positively (38.9% very effectively). Community participation was strong, with 30% active and 49% occasional involvement. Women engaged more in awareness and tree planting, men in waste management. 61.8% knew of climate-resilient innovations, and 95.2% contributed to their implementation. In the control group, 60% adopted no strategies; only 40% of males reported partial adaptation. None participated in climate awareness programs, and adaptation efforts were minimal and rated slightly effective.

Outcome 5.3: Environmental Restoration and Biodiversity

In the intervention areas, there was a high level of awareness about biodiversity conservation, combining 85.6%, and female respondents showing greater awareness. Awareness of local restoration projects stood at 55.4%. In the control group, all reported some awareness of conservation and stated that they had done tree planting, though none of the respondents had participated in formal programs or had any idea about restoration projects, indicating a gap between basic awareness and structured engagement.

Details Findings (Environment and Climate Change)

Outcome 5.1: Reduced the vulnerability of the climate change victims

Table 45: Community People Having Increased Income

Household Income Increased in the Last Three Years Resulted as Climate Adaptation Activities or Programs by YPSA	Female	Male	Total
No, it decreased	2.0	1.9	2.0
No, it remained the same	10.0	21.2	15.7
Yes, moderately (Income Increased 40 to 59%)	44.0	42.3	43.1
Yes, significantly (Income increased 60 to 100%)	10.0	1.9	5.9
Yes, slightly (Income increased below 20 to 39%)	34.0	32.7	33.3
Total	**100.0**	**100.0**	**100.0**

A majority (43.1%) of respondents reported a moderate increase in household income due to YPSA's climate adaptation interventions, while 33.3% noted a slight increase. A notable 5.9% experienced a significant rise in income, with women benefiting more than men in this category (10% vs. 1.9%). Only a small portion of the participants reported income decreases, citing lack of program access or work capacity. Input support like rickshaw vans, sewing machines, livestock, and crop seeds were major contributors to income growth, particularly among women.

Table 46: Climate Change Victims Availing Basic Facilities

Basic Facilities Accessed by the Climate Change Victims Participants	Female (N=53)	Male (N=51)	Total (N=104)
Safe drinking water	12.5	5.8	18.3
Shelter or housing support	10.6	13.5	24.0
Healthcare services	13.5	6.7	20.2
Livelihood support (e.g., Rickshaw Van, Sewing machine, domestic animals, fishing net, crops, feed meal, crop seeds, dry fish machine, fish fry /seed)	15.4	14.4	29.8
Solar panel	2.9	2.9	5.8
Hygiene Sanitation	13.5	12.5	26.0
Food Support	2.9	2.9	5.8
Non-food Support / Kitchen Kits	1.0	1.0	1.9
Multipurpose Cash	5.8	2.9	8.7
Cash for Shelter	1.0	1.9	2.9
Other	7.7	15.4	23.1

Total (N.B: Multiple Answer Considered)	86.8	79.9	166.5
Participants' Satisfaction Regarding Accessibility of the Basic Facilities	Female	Male	Total
Satisfied	49.0	39.6	44.2
Very satisfied	51.0	60.4	55.8
Total	100.0	100.0	100.0

Livelihood support was the most accessed service (29.8%), followed by hygiene and sanitation (26%) and shelter assistance (24%). Women accessed more healthcare and hygiene services, while men slightly led in housing support. Overall, satisfaction was very high – 55.8% were very satisfied and 44.2% satisfied. This reflects both the accessibility and perceived value of the basic services provided under climate support programs.

Table 47: Community People Rehabilitated as a Victim of Climate Change

Whether Participants/ Participants' Families Received any support for Rehabilitation after Experiencing Climate-related Impacts (e.g., floods, cyclones, droughts) in the Last Three Years	Female	Male	Total
No, not rehabilitated	44.9	49.1	47.1
Yes, fully rehabilitated (Full Packages – Land, house, tubewell, latrine, solar panel/electricity panel)	14.3	20.8	17.6
Yes, partially rehabilitated (Partially Package-Housing materials, latrine, tubewell)	40.8	30.2	35.3
Total	100.0	100.0	100.0

However, despite these successes, a considerable number of participants (47.1%) reported not receiving any rehabilitation support following climate-induced events such as floods, cyclones, or droughts. Only 17.6% were fully rehabilitated with comprehensive packages including land, housing, clean water, sanitation, and solar energy facilities. Another 35.3% received partial rehabilitation, typically involving materials for shelter and sanitation.

Outcome 5.2: Promoted innovative and sustainable adaptation strategies to protect people and the environment in the climate risk prone areas

Table 48: Community People's Adaptation to Climate Change Effect

Strategies Adopted Coping with the Effects of Climate Change	Female	Male	Total
No, I have not adapted	12.0	13.2	12.6
Yes, I have fully adapted (Above 50 to 100 %)	18.0	17.0	17.5
Yes, I have partially adapted (Below 50)	70.0	69.8	69.9
Total	100.0	100.0	100.0
Effectiveness of These Adaptation Strategies to the Participants	Female	Male	Total
Moderately effective	44.7	41.7	43.2
Slightly effective	17.0	18.8	17.9
Very effective	38.3	39.6	38.9
Total	100.0	100.0	100.0

Most respondents (69.9%) reported partial adaptation to climate change impacts, with 17.5% fully adapted and 12.6% not adapted at all. Adaptation strategies were generally perceived as effective – 38.9% found them very effective and 43.2% moderately effective. Women and men responded similarly across categories, indicating broad-based progress in coping mechanisms. These figures reflect growing but uneven adaptation across vulnerable communities.

Table 49: Community People's Initiatives Taken on Climate Change Mitigation Awareness

Participants' Participated in any Climate Change Awareness or Mitigation Programs in the Community in the Last Three Years	Female	Male	Total
Actively participated	31.4	30.2	30.8
No, never participated	21.6	18.9	20.2
Yes, occasionally participated	47.1	50.9	49.0
Total	100.0	100.0	100.0

Nearly half (49%) of respondents occasionally participated in climate change related awareness or mitigation activities, while 30.8% were actively involved. Only 20.2% had never participated. Women favored courtyard meetings and tree plantation, while men were more involved in waste management and cleanup campaigns.

Table 50: Climate Resilient Ideas Innovated & Implemented by the Community People

Awareness of Any New Ideas or Technologies Introduced in the Last Three Years to Make Community Climate-resilient	Female	Male	Total
Many (Three or more than three)	22.4	15.1	18.6

No, none	20.4	18.9	19.6
Yes, a few (One to two)	57.1	66.0	61.8
Total	**100.0**	**100.0**	**100.0**
Contributing to Developing or Implementing Any Such Ideas	**Female**	**Male**	**Total**
No, not at all	3.6	0.0	1.6
Yes, significantly	3.6	2.9	3.2
Yes, somewhat	92.9	97.1	95.2
Total	**100.0**	**100.0**	**100.0**

About 61.8% of participants were aware of one or two new climate-resilient technologies, while 18.6% knew of three or more. Common innovations included tree planting, waste management, and the use of eco-friendly products. A striking 95.2% of respondents contributed in some way to developing or applying these ideas. This high involvement underscores a strong sense of community ownership in climate resilience innovation.

Outcome 5.3: Strengthened integrated initiatives for environmental restoration and conservation of biodiversity

Table 51: Relevant Personnel, Stakeholder and Community People Aware of Their Duty and Biodiversity Conservation and Restoration

Participants Awareness Regarding the Roles in Conserving Biodiversity in the Community	**Female**	**Male**	**Total**
No, not aware	17.6	11.3	14.4
Yes, somewhat aware	58.8	69.8	64.4
Yes, very aware	23.5	18.9	21.2
Total	**100.0**	**100.0**	**100.0**
Respondents' Participation Status in Any Training or Awareness Programs on Biodiversity Conservation	**Female**	**Male**	**Total**
No	54.9	45.3	50.0
Yes	45.1	54.7	50.0
Total	**100.0**	**100.0**	**100.0**

Most respondents (64.4%) were somewhat aware of their role in conserving biodiversity, and 21.2% were very aware. Women reported slightly higher awareness, but men participated more in formal training programs (54.7% vs. 45.1%). Despite the split, both groups engaged in practical biodiversity-friendly actions like planting native trees and avoiding harmful practices.

Table 52: Areas Covered by Restoration and Conserved Bio-diversity

Participants' Awareness Regarding any Biodiversity Restoration Projects in the Community	Female	Male	Total
No, none	27.5	30.0	28.7
Yes, a single area	52.9	58.0	55.4
Yes, multiple areas	19.6	12.0	15.8
Total	100.0	100.0	100.0

Over half (55.4%) of the respondents were aware of at least one biodiversity restoration area, while 15.8% were informed about multiple zones. However, 28.7% had no awareness of any initiative, pointing to communication shortfalls. Direct involvement in restoration was limited, though general awareness was relatively high. Effectiveness perception was strong; majority of the participants found the activities effective and nearly 28% rated them very effective.

Analysis of the Quantitative Findings (Environment and Climate Change)

Outcome 5.1: Reduced the Vulnerability of Climate Change Victims

YPSA's climate adaptation programs have had a notable impact on household incomes in climate-vulnerable communities. A combined 82.3% of respondents reported income growth over the past three years, largely attributed to livelihood inputs such as rickshaw vans, livestock, sewing machines, fishing equipment, and crop seeds. Moderate income growth (40–59%) was the most commonly reported (43.1%), followed by slight increases (33.3%). Women reported greater gains in significant income increases (10%) compared to men (1.9%), suggesting better outreach or program effectiveness for women in specific interventions.

Despite the successes, about 17.7% of households saw no change or a decline in income, often due to the absence of programs, physical limitations, or lack of job opportunities. This highlights the need for more inclusive targeting of vulnerable subgroups. Income gains were largely linked to input support and training, with women gravitating more towards agricultural and home-based income-generating activities, while men favored informal labor and recycling work.

Access to basic facilities played a crucial role in improving climate resilience. Nearly 30% of participants accessed livelihood support, while others benefited from hygiene services (26%), shelter (24%), and healthcare (20.2%). Women reported higher use of health and hygiene services, while men accessed more shelter and housing assistance. Overall satisfaction was high – 55.8% were very satisfied and 44.2% satisfied – indicating both the

relevance and quality of these services provided by YPSA. In terms of rehabilitation support following climate disasters, only 17.6% were fully rehabilitated with comprehensive packages, while 35.3% received partial support. Alarmingly, 47.1% did not receive any rehabilitation assistance. Men were slightly more likely to have received full support, which may reflect gendered differences in program outreach or vulnerability prioritization.

Outcome 5.2: Promoted Innovative and Sustainable Adaptation Strategies

Adaptation to climate change was reported by the vast majority of respondents. Around 70% indicated they had partially adapted to climate impacts, and 17.5% claimed full adaptation. Only 12.6% had not taken any adaptive measures. These adaptations included diversified agriculture, livelihood adjustments, and improved resource management. Perceived effectiveness of these strategies was largely positive. About 38.9% found them very effective, and 43.2% considered them moderately effective. This suggests a growing capacity among communities to manage environmental stressors, though further investment is needed to convert partial adaptation into more robust and sustainable strategies.

Community awareness and involvement in climate change mitigation activities were also strong. Over 30% of respondents had actively participated in awareness or mitigation programs, and 49% participated occasionally. Women were more involved in awareness sessions and tree plantation drives, while men contributed to beach cleaning and waste management. These gender roles show both the breadth and division of climate action engagement. Community-driven innovation is also evident. About 61.8% of participants were aware of at least one or two climate-resilient innovations introduced in recent years, such as climate-smart seeds, eco-friendly products, jute bags, and waste segregation. A significant 95.2% reported having contributed to developing or implementing these ideas. This high level of grassroots ownership indicates strong community involvement in resilience-building efforts.

Outcome 5.3: Strengthened Integrated Initiatives for Environment Restoration and Biodiversity Conservation

Community awareness of biodiversity conservation is growing, with 64.4% being somewhat aware and 21.2% very aware of their roles in preservation. Women showed slightly higher levels of strong awareness compared to men. Participation in training programs was evenly split (50%), though men had marginally higher involvement. Conservation activities included tree plantation, protection of local species, sustainable farming, and native aquaculture. While these practices indicate an encouraging trend, engagement in formal biodiversity training remains uneven, with potential for expansion.

Awareness of biodiversity restoration projects was widespread – 55.4% knew of at least one project in their community, and 15.8% were aware of multiple initiatives. However, 28.7% remained unaware, suggesting room to enhance communication and visibility of ongoing restoration efforts. While hands-on involvement varied, a majority expressed positive views on project effectiveness indicating the value of such initiatives in enhancing ecological resilience.

Findings from the Control Group

In the control group, which did not benefit from YPSA's climate adaptation interventions, no respondents reported an increase in household income over the past three years. Half of the participants noted that their income had decreased, with a significant gender disparity - 80% of females versus 20% of males experienced income loss. Conversely, income remained the same for 80% of males and only 20% of females, reflecting a disproportionate economic stagnation among women. Regarding income sources, 33.3% of respondents indicated "Not Applicable," reaffirming the lack of income growth. Those who did report sources of income cited improved agricultural practices (33.3%), diversified livelihoods (16.7%), and other informal activities such as CNG driving and daily labor (16.7%). Notably, financial support, input-based income generation, and formal programmatic assistance were entirely absent in this group.

The lack of income improvement correlates with low access to basic climate-related support services. Among the basic facilities accessed, only 40% of males received healthcare or food aid, while 50% of females cited "other" support, indicating limited and inconsistent aid. Although 80% of males and none of the females adopted partial adaptation strategies, 60% of all respondents had not adopted any. Adaptation efforts like homestead plantations and tree planting were minimal, and none reported using renewable energy or building climate-resilient structures. Effectiveness was modest, with 60% rating strategies as only slightly effective. Furthermore, none of the participants had been part of climate awareness or biodiversity restoration programs, though all claimed some awareness of their role in conservation. While 100% reported planting native trees as an action taken, overall engagement in biodiversity-related initiatives remained superficial, and awareness of restoration projects was nonexistent highlighting critical gaps in climate and environmental resilience in the control group.

1. Heightened Climate Awareness and Proactive Community Engagement

Participants across FGDs, KIIs, and staff consultations consistently reported that the implementation of the YPSA program significantly improved environmental as well as climate change awareness. However, all FGDs emphasized that community awareness regarding climate adaptation caused by the intervention was critical, which resulted in taking commendable steps towards it. From all Key Informal Interviewees, it emerged that programs including waste segregation, tree planting, as well as door-to-door campaigns, particularly encouraged behavior change, particularly among youth as well as waste collectors, through implementation.

2. Adoption of Climate-Resilient Livelihoods and Adaptation Practices

The program successfully introduced and scaled climate-resilient livelihood practices. FGD participants cited specific adaptations: salt-tolerant vegetable cultivation, trellis-based goat farming, crab farming on saline lands, and climate-resilient housing. KIIs observed increased homestead gardening, tree plantation, and improved waste management in urban areas. Staff added that skills training in tailoring, animal rearing, and mobile repair enhanced income security for climate-affected groups, particularly women and youth, though market linkages and land insecurity remain barriers.

3. Strengthened Multi-Stakeholder Collaboration and Local Systems

The involvement of various stakeholders like local government, schools, private organizations, etc., was also an important strength of the program. The KIIs also highlighted the formation of Waste Management Committees for each ward, volunteers for youth, and plastic waste management committees. The campaigns conducted in schools and orientation for teachers also extended the scope for younger generations. Staff consultations reinforced the value of local forums and participatory consultations in need-based beneficiary selection and capacity building, though more consistent involvement of Union Parishad representatives was recommended.

4. Persistent Environmental and Socio-Economic Challenges

Despite progress, several structural and behavioral challenges persist. KIIs identified issues such as canal siltation causing urban flooding, illegal waste dumping, lack of e-waste management, and weak enforcement of environmental laws. FGDs noted initial barriers like lack of national IDs for beneficiary selection, though these were later addressed. Staff emphasized that natural disasters, economic shocks, and limited resources undermine sustainability, while low awareness and reluctance to adopt new practices hinder widespread change.

5. Recommendations for Sustainable Scaling and Resilience Building

Stakeholders provided clear recommendations to enhance impact. FGDs called for practical support including tube wells, embankments, sanitary latrines, disaster relief, and low-interest loans. KIIs suggested dredging urban canals, stricter enforcement against illegal dumping, and launching e-waste programs. Staff advocated scaling climate-resilient training, strengthening market linkages, and integrating livelihood support with conservation goals. All groups emphasized the need for long-term ecological restoration, expanded afforestation, and inclusive community-based models to ensure sustainability and equity.

Thematic Area 6: Disaster Risk Reduction and Humanitarian Response

Disaster Risk Reduction and Humanitarian Response Program Outcome: Summary Results from Intervention and Control Group Analysis

Outcome 6.1: Disaster Preparedness and Community Resilience

In intervention areas, community confidence in responding to the disaster is considered moderate, where 34.7% felt confident and 18.4% very confident. Evacuation planning was considered the most well-known skill for the general population at 61.2%, while the level of knowledge about first aid was considered very low at only 7.1%. 99% expressed a need for further training. Participation in response activities was limited (15.2% regularly, 37.4% occasionally), with women more engaged in communication and relief roles. In the control group, 80% reported having no DRR skills, 90% desired training, and participation was low (30%). None were part of any disaster response committees.

Outcome 6.2: Awareness and Access to DRR Mechanisms

Knowledge levels regarding disaster preparedness measures among respondents in intervention areas were relatively high, at 71.4%. Male knowledge levels (79.5%) far exceeded those among female counterparts (64.8%), but levels of practice and drills varied. Annual drills, for instance, only reached 18.2%, and 81.6% reported having seen disaster tools practiced. However, out of these, only 17.3% reported consistency. Access to DRR support was reported by 67%, though 42.4% found systems inaccessible. In the control group, 90% were unaware of any DRR support programs, and none knew when response mechanisms were tested or practiced.

Outcome 6.3: Humanitarian Response and Aid Delivery

In intervention areas, 61.2% were identified for humanitarian support, with the process perceived as fair by 82.1%. However, timeliness and adequacy were concerned, only 25.8% strongly agreed aid arrived promptly, and 44.8% felt immediate needs were met. Men benefited from food support, while women benefited from WASH. In the control group, 90% had not received support or DRR-related aid from being identified, while 80% disagreed that identification was done fairly and inclusively.

Details Findings (Disaster Risk Reduction and Humanitarian Response)

Outcome 6.1: Increased disaster preparedness, response capabilities and resilience of the communities to cope with shocks and stresses of disaster and humanitarian crises situations

Table 53: Community People's Capacity of Coping with Shocks and Stresses of Disaster and Humanitarian Crises Situations

Participants' Confidence Level about Taking Appropriate Actions During a Disaster	Female	Male	Total
Confident	34.5	34.9	34.7
Not confident	3.6	2.3	3.1
Somewhat confident	45.5	41.9	43.9
Very confident	16.4	20.9	18.4
Total	100.0	100.0	100.0
Specific Skills or Knowledge Gained to Cope with Disasters	Female	Male	Total
Evacuation planning	64.8	56.8	61.2
First aid	9.3	4.5	7.1
I don't have any skill	11.1	9.1	10.2
Others, specify	0.0	4.5	2.0
Resource Management	14.8	25.0	19.4
Total	100.0	100.0	100.0
Participants' Opinions about Their Need of Any Capacity Build-up Training or Awareness Programs to Response in Disaster	Female	Male	Total
No	1.8	0.0	1.0
Yes	98.2	100.0	99.0
Total	100.0	100.0	100.0

A majority of respondents expressed moderate to high confidence in managing disasters, with 34.7% confident and 18.4% very confident. However, 43.9% were only somewhat confident, indicating partial readiness. Female confidence levels were slightly lower than males, signaling gendered differences in perceived capacity. Evacuation planning was the most acquired skill (61.2%), especially among women (64.8%). Resource management skills were more common in men (25%). Notably, 10.2% reported lacking any disaster-related skills, highlighting gaps in outreach and training efforts. An overwhelming 99% of respondents expressed a need for further training to respond to disasters effectively. This demonstrates a strong community interest in capacity-building, with a particular emphasis on practical and locally relevant preparedness programs.

Table 54: Community People's Engagement in Response Activities

Whether Participants Participated in any Disaster Response Activity in the Last Three Years	Female	Male	Total
No	50.9	43.2	47.5
Yes, regularly	20.0	9.1	15.2
Yes, sometimes	29.1	47.7	37.4
Total	100.0	100.0	100.0
Participants' Membership Status in any Community Disaster Response Groups or Committees	**Female**	**Male**	**Total**
No	69.1	77.3	72.7
Yes	30.9	22.7	27.3
Total	100.0	100.0	100.0

Only 15.2% of respondents were regularly involved in disaster response over the last three years, while 37.4% participated occasionally. Males were more active in occasional roles, while women showed higher engagement in structured communication and relief tasks. Despite this, only 27.3% were part of any formal response group, with women participating more than men (30.9% vs 22.7%).

Outcome 6.2: Promoted enhanced efficient mechanism and system for minimizing the effects of the disaster

Table 55: Functioning Efficient Mechanism and System for Minimizing the Effects of the Disaster

Participants' Awareness of any Disaster Preparedness or Response Mechanisms Implemented in Their Area in the Last Three Years	Female	Male	Total
No	35.2	20.5	28.6
Yes	64.8	79.5	71.4
Total	100.0	100.0	100.0
Participants' Frequency Stated about Community Disaster Response Mechanisms Tested or Practiced in the Respective Areas	**Female**	**Male**	**Total**
Annually	14.5	22.7	18.2
I don't know	34.5	11.4	24.2
Monthly	7.3	6.8	7.1
Quarterly	18.2	4.5	12.1
Rarely	25.5	54.5	38.4
Total	100.0	100.0	100.0
Participants' Observation about the Use of Disaster Management Tools (e.g., early warning	**Female**	**Male**	**Total**

systems, emergency kits, evacuation centers) in Recent Disaster Situations			
No	20.0	16.3	18.4
Yes, always	16.4	18.6	17.3
Yes, sometimes	63.6	65.1	64.3
Total	100.0	100.0	100.0

About 71.4% of community members were aware of local disaster preparedness systems, with greater awareness among men (79.5%). Yet, practice remained irregular – 38.4% said drills were rarely held, and 24.2% didn't know if they were. While 64.3% observed the use of disaster tools during emergencies, only 17.3% said these were always used.

Table 56: Community People's Accessibility to Government Mechanisms and Systems for DRR Support

Participants' Awareness Regarding Government Programs/Systems or NGO Providing DRR support	Female	Male	Total
No	21.8	11.4	17.2
Yes	78.2	88.6	82.8
Total	100.0	100.0	100.0
Participants' Status Regarding Receiving any DRR-related Resources or Support from Government Systems or NGOs in the Last Three Years	Female	Male	Total
No	27.8	39.5	33.0
Yes	72.2	60.5	67.0
Total	100.0	100.0	100.0
Participants' Rating Regarding the Accessibility of Government DRR Systems in the Respective Areas	Female	Male	Total
Accessible	3.6	9.1	6.1
Not accessible	50.9	31.8	42.4
Not at all accessible	0.0	9.1	4.0
Somewhat accessible	41.8	45.5	43.4
Very accessible	3.6	4.5	4.0
Total	100.0	100.0	100.0

While 82.8% of participants knew of government or NGO DRR programs, only 67% had received support, with women reporting greater access (72.2%). Perceptions towards government system accessibility was mixed among the participants. About 43.4% of the participants found them somewhat accessible, but 42.4% found them inaccessible. Key barriers included lack of information and bureaucratic delays.

Outcome 6.3: Timely response to the high humanitarian needs including in food assistance, health, nutrition, WASH, shelter, education in emergencies, and response to suddenly arising needs

Table 57: Community People's Ability to Identify Humanitarian Response

Participants' Status about Being Identified or registered for Receiving Support during the Last Disaster or Humanitarian Crisis	Female	Male	Total
No	27.8	34.1	30.6
Not Applicable	1.9	15.9	8.2
Yes	70.4	50.0	61.2
Total	100.0	100.0	100.0
Participants' Opinions about the Identification Process being Fair and Inclusive	**Female**	**Male**	**Total**
Agree	56.4	45.0	51.6
Disagree	12.7	0.0	7.4
Somewhat agree	1.8	17.5	8.4
Strongly agree	29.1	32.5	30.5
Strongly disagree	0.0	5.0	2.1
Total	100.0	100.0	100.0

Most respondents (61.2%) said they had been identified or registered for aid during recent crises. However, 30.6% had not, and a higher proportion of men (15.9%) said the question was not applicable, possibly reflecting geographic or demographic gaps. The identification process was generally seen as fair and inclusive by 82.1% (combined 'agree' and 'strongly agree').

Table 58: Community People Receiving Emergency and Humanitarian Support

Participants' Receiving Status of Emergency or Humanitarian Support during the Disasters in the Last Three Years	Female	Male	Total
No	27.3	43.2	34.3
Yes	72.7	56.8	65.7
Total	100.0	100.0	100.0
Participants' Opinions about Getting the Support in a Timely Manner	**Female**	**Male**	**Total**
Agree	41.8	38.2	40.4
Disagree	9.1	8.8	9.0
Somewhat agree	27.3	14.7	22.5
Strongly agree	18.2	38.2	25.8
Strongly disagree	3.6	0.0	2.2

Total	100.0	100.0	100.0
Participants' Opinions about Meeting Immediate Needs during the Crisis	**Female**	**Male**	**Total**
No	40.0	40.6	40.2
Not Sure	20.0	6.3	14.9
Yes	40.0	53.1	44.8
Total	**100.0**	**100.0**	**100.0**

Two-thirds (65.7%) of participants received some form of emergency support during disasters. Food, shelter, and WASH (water, sanitation, and hygiene) were the most common types. Men reported higher receipt of food support, while women were more likely to receive WASH services. About two-thirds of respondents also felt that the aid arrived on time, with 25.8% strongly agreeing. Finally, only 44.8% believed their immediate needs were met during the crisis. A significant portion (40.2%) said no, and 14.9% were unsure pointing to a gap between aid received and actual needs during emergencies.

Analysis of the Quantitative Findings (DRR and Humanitarian Response)

Outcome 6.1: Increased Disaster Preparedness, Response Capabilities and Community Resilience

The data reflects a moderate level of community confidence in responding to disasters, with 34.7% reporting they are confident and 18.4% very confident. Most participants (43.9%) indicated they are "somewhat confident," revealing a need for deeper, practical preparedness. Encouragingly, confidence levels showed minimal gender disparity. In terms of disaster-related skills, evacuation planning was the most prevalent (61.2%), with women showing higher familiarity. However, only 7.1% had first aid knowledge, and 10.2% lacked any relevant skills, highlighting critical training gaps. Notably, 99% of respondents expressed the need for further capacity building, with demand highest for Community-Based Disaster Risk Management, followed by disaster planning and first aid.

Participation in disaster response activities over the past three years was modest, with only 15.2% regularly involved and 37.4% participating occasionally. Male participants were more involved occasionally (47.7%), while women had a stronger presence in communication and relief roles. Formal engagement in disaster response committees was low (27.3%), though women (30.9%) had higher representation than men, reflecting growing female involvement in structured disaster preparedness roles.

Outcome 6.2: Promoted Efficient Mechanisms and Systems for Minimizing Disaster Impact

Awareness of disaster preparedness mechanisms was relatively high (71.4%), though men (79.5%) were more informed than women (64.8%). Early warning systems were the most

recognized, and community-preferred communication methods included miking and courtyard meetings. However, only 18.2% reported annual practice of response mechanisms, and 38.4% said such mechanisms were rarely tested suggesting inconsistent institutional preparedness. Despite this, 81.6% had observed the use of disaster management tools in real scenarios, although only 17.3% reported their consistent usage.

Community awareness of government or NGO support for disaster risk reduction was substantial (82.8%), yet actual access to support (67%) showed a gendered disparity, favoring women. While 43.4% found DRR systems "somewhat accessible," 42.4% said they were not accessible at all. Common barriers included poor information flow, bureaucratic challenges, and geographic isolation, reflecting systemic weaknesses in equitable DRR service delivery.

Outcome 6.3: Timely Response to High Humanitarian Needs

About 61.2% of respondents were identified or registered for humanitarian support during recent disasters, with women more likely than men to be included. The identification process was widely perceived as fair and inclusive (82.1% positive response), though a small segment (7.4%) expressed dissatisfaction. Male participants reported to have received more food aid, while women accessed more WASH services.

Timeliness and adequacy of aid delivery remain concerns. Only 25.8% of the participants strongly agreed that support arrived promptly, while 31.5% were either dissatisfied or only partially satisfied. Moreover, only 44.8% of respondents felt their immediate needs were met during the crises, and 40.2% outright said they were not. This suggests significant gaps between humanitarian aid design and the actual on-ground needs of communities.

The findings under Thematic Area 6 indicate that while communities exhibit a foundational level of disaster awareness and confidence, major gaps persist in practical preparedness, formal engagement, and systemic delivery. Women show higher participation in some preparedness structures and skill uptake, yet men dominate operational roles and information access. Though awareness of DRR mechanisms and aid programs is relatively high, actual participation, consistent testing of response protocols, and equitable access to timely support remain limited.

Findings from the Control Group

In the control group participants, majority (80%) of the participants said that they do not have any skills regarding DRR, and about 90% of the participants expressed their need to have such skill training. Among them, the participation rate in disaster response is very low (30%). None of them are part of any community disaster response groups or committees.

None of the control group participants even know when the disaster response mechanisms tested or practiced. About 90% of the control group participants stated that they were neither aware of any government or non-government programs that provide DRR support, nor did they receive any DRR support or aid. About 80% of the participants were found disagreeing that the identification process for receiving support is 'fair and inclusive'.

Consolidated Qualitative Findings (FGD, KII & Staff Consultation) on DRR and Humanitarian Response Program Outcome

1. Improved Community Awareness and Proactive Preparedness

Participants across all consultation methods reported that YPSA's DRR and humanitarian program significantly increased community awareness of disaster risks and preparedness strategies. Focus Group Discussions (FGDs) highlighted that enhanced knowledge enabled communities to take proactive steps, such as developing household evacuation plans and recognizing early warning signs. The consultation meetings among staff emphasized the significance of forums and training among local stakeholders regarding strategies for disaster preparedness, whereas skills, e.g., first aid, remain quite poor.

2. Strengthened Multi-Stakeholder Coordination and Local Response Systems

It was effective in engendering collaboration among local government structures, NGOs, schools, and other community actors, thereby fostering a better-integrated approach. Key Informant Interview points highlight the development of Ward Disaster Management Committees and volunteer youth teams for their areas, engendering better coordination and resource availability. Staff emphasized that participatory needs assessments and inclusive planning enhanced the relevance and ownership of DRR activities. However, engagement with Union Parishad representatives was inconsistent, pointing to a need for more formalized and sustained institutional partnerships to ensure system durability.

3. Skill Gaps and Uneven Participation in Response Activities

While awareness improved, practical skill development lagged behind. FGDs and staff consultations identified critical gaps in first aid, search and rescue, and emergency communications skills essential during crises. Participation in formal disaster response activities remained modest, with women more active in communication and relief roles, while men dominated operational and decision-making spaces. KIIs observed that training programs were often theoretical and lacked frequent drills, reducing community confidence and operational readiness when disasters struck.

4. Challenges in Aid Delivery and Timeliness of Humanitarian Response

The findings derived through qualitative research exposed severe limitations in humanitarian response, which include delays, insufficiencies, and omissions. The FGD participants indicated that humanitarian response is usually provided late or fails to align with needs, e.g., temporary homes, clean drinking water, and medical supplies. Staff and KIIs highlighted that coordination breakdowns and bureaucratic barriers hampered efficient response. Additionally, perceptions of fairness in beneficiary identification varied, with marginalized groups often feeling overlooked. These gaps underscore the need for more agile, transparent, and needs-based humanitarian coordination mechanisms.

5. Recommendations for Building Resilient and Inclusive DRR Systems

These were clear recommendations from different stakeholders aimed at improving DRR and humanitarian efforts. FGDs encouraged measures such as conducting recurrent drills; skills-based training; and improving early warning communication, for instance, through preferred means such as holding courtyard meetings and miking. KIIs emphasized formalizing local committees, integrating DRR into school curricula, and enhancing government-NGO coordination. Staff advocated for gender-inclusive planning, scalable community-led models, and longer-term resilience programming that links disaster response with livelihood recovery. Together, these steps aim to transform ad-hoc reactions into systematic, equitable, and sustainable resilience.

Conclusion and Recommendations

In reviewing the midterm progress across YPSA's six thematic areas, it is evident that YPSA has made significant progress in empowering marginalized communities, improving access to essential services, and strengthening resilience to socio-economic and environmental vulnerabilities. Through integrated approaches combining rights awareness, education, health, livelihood support, climate adaptation, and disaster preparedness, YPSA has enhanced the voice, agency, and well-being of poor and vulnerable populations. The involvement of local institutions, inclusive strategies for women, youth, and persons with disabilities, and a commitment to rights-based programming have been central to these achievements.

However, persistent challenges such as limited financial access, service delivery gaps, weak legal aid systems, and political interference highlight the need for continued and adaptive interventions. The midterm findings suggest a clear direction for future program refinement: deepen community engagement, invest in inclusive infrastructure, strengthen institutional partnerships, and advocate for policy reforms. With focused efforts on sustainability, innovation, and inclusive governance, YPSA is well-positioned to expand its impact and contribute meaningfully to equitable development in Bangladesh. Based on the detailed analysis the following thematic recommendations are proposed for each of YPSA's six major program areas to improve effectiveness, sustainability, and inclusion:

Theme 1: Health

Expand Mobile and Home-Based Health Services:
> To bridge access gaps in remote and marginalized areas, YPSA should scale up mobile clinics and paramedic home visits. These models have proven effective in reaching elderly, PwDs, and people in hard-to-reach communities.

Strengthening Sexual and Reproductive Health (SRH) Services:
- SRHR services should integrate peer education, male involvement sessions, and privacy assurance for adolescent and maternal care.
- Establish more adolescent-friendly spaces and e-health services to engage youth effectively.

Improve WASH Infrastructure and Awareness:
- Prioritizing installation and maintenance of latrines and safe water sources in remote areas is vital.
- Complementing infrastructure with hygiene promotion campaigns tailored to women and girls, especially on menstrual hygiene is necessary.

Scale Up Nutrition Education and Support:

- Integrating nutrition programs into schools and community centers.
- Expanding school feeding programs and providing nutrition-specific counseling for pregnant and lactating women.

Target High-Risk and Marginalized Groups:
- Developing specialized health services and outreach for sex workers, injection drug users (IDUs), and tobacco farmers seeking alternative livelihoods.
- Reducing stigma through community sensitization.

Enhance Capacity and Infrastructure:
- Investing in training for community health workers and upgrading health facilities to handle non-communicable diseases (NCDs), emergencies, and disability-related care.

Theme 2: Education

Address Financial and Structural Barriers to Enrollment:
- Providing special stipends, school supplies, and transportation to children from poor and vulnerable households to reduce dropouts, especially among girls and ethnic minorities.

Strengthen Non-Formal Education Pathways:
- Increasing outreach about available adult literacy and second-chance education programs.
- Tailoring curriculum to local contexts, including life skills and literacy for women, ethnic groups, and PwDs.

Enhance Quality and Access to Vocational Training:
- Improving access to TVET for youth and adults by reducing entry barriers, expanding training types (e.g., digital, green skills), and improving follow-up with mentorship and job linkages.

Promote Inclusive Education Systems:
- Upgrading school infrastructure (e.g., ramps, accessible toilets), and conducting training for the teachers in inclusive education methods. Involve parents and communities to reduce stigma and improve school attendance of children with disabilities.

Reduce Socio-Cultural Barriers:
- Conducting awareness campaigns on the value of girls' education, prevention of early marriage, and inclusion of marginalized groups such as LGBTQI and indigenous children.

Monitor Learning Outcomes:
- Implementing community-based school monitoring committees to track dropout rates, teacher performance, and learning progress.

<u>**Theme 3: Human Rights and Good Governance**</u>

Expand and Institutionalize Legal Aid Services:
- Strengthening village courts and legal aid committees by providing training and linking them with national justice mechanisms.
- Promoting use of mobile legal clinics and digital legal apps for broader access.

Enhance Legal Literacy and Awareness:
- Run widespread community campaigns on rights, justice procedures, and anti-violence measures using accessible formats, community radios, and digital media.

Promote Civic Engagement and Participation:
- Empowering community groups (e.g., youth clubs, women's groups) to monitor public service delivery and advocate for their rights.
- Encouraging participation in local decision-making processes through more tailored initiatives.

Advocate for Justice Reforms:
- Working with national coalitions to push for gender-responsive and victim-centered legal frameworks.
- Supporting policies and collaborating that strengthen protection mechanisms for survivors of violence.

Establish Feedback and Accountability Systems:
- Developing robust Community Feedback and Response Mechanisms (CFRMs) for reporting service gaps and human rights violations.
- Using the findings for local-level policy advocacy.

Protect Marginalized Voices:
- Engaging civil society and media to highlight issues faced by marginalized groups and promote inclusive governance models.
- Protecting activists and community leaders from retaliation.

<u>**Theme 4: Economic Empowerment**</u>

Increase Financial Access and Product Diversity:
- Expanding loan sizes and adjusting grace periods based on business cycles.
- Developing flexible, demand-driven financing options (e.g., seasonal loans) for farmers and entrepreneurs.

Support Inclusive Financing for Marginalized Groups:
- Offering tailored loan products and services for PwDs, women, and ultra-poor households, including doorstep services, simplified documentation, and soft repayment terms.

Strengthening Entrepreneurial Ecosystems:
- Link trainees to markets, suppliers, and business mentors.
- Facilitating exhibitions and opportunities to grow microenterprises into sustainable ventures.

Provide Technical and Vocational Training:
- Enhancing the quality, reach, and practical relevance of TVET programs including digital, agro-based, and climate-resilient skills.

Foster Social Business Enterprises:
- Promoting inclusive social enterprises through seed capital, incubation support, and market access.
- Documenting and scaling up successful models like the YES Center and HRDC.

Support Women and Youth Entrepreneurs:
- Facilitating peer networks, training in digital literacy, and targeted awareness sessions to boost confidence and economic independence among women and youth.

Theme 5: Environment and Climate Change

Strengthen Climate-Resilient Livelihoods:
- Promoting adaptive practices like flood-resistant farming, salt-tolerant crops, and eco-friendly enterprises.
- Providing more comprehensive and pragmatic training and input support based on local climate risks.

Promote Climate Literacy:
- Raising awareness about climate change, disaster preparedness, and resource management.
- Using youth forums, local media, and school-based campaigns comprehensively for promoting climate literacy.

Expand Community-Based Adaptation Projects:
- Supporting co-management and community ownership in natural resource conservation.
- Establishing community forest and wetland restoration groups.

Enhance Access to Resources for Climate Victims:
- Ensuring financial and infrastructure support for climate-displaced families, including access to land, housing, and resettlement planning.

Strengthen Policy Advocacy and Partnerships:
- Collaborating with local government and national actors to ensure climate policies reflect community needs.
- Advocating for climate finance allocations for vulnerable populations.

Promote Green Enterprises:

- Encouraging youth-led and women-led businesses in eco-tourism, recycling, organic farming, and renewable energy sectors.

Theme 6: Disaster Risk Reduction and Humanitarian Response

Expand Disaster Preparedness Training:

- Providing hands-on training on early warning systems, emergency response, and first aid to community groups, including youth, women, and PwDs.

Strengthen Local Emergency Response Structures:

- Scaling up the formation and training of Union Disaster Management Committees (UDMCs), UCB, and RFSC teams.

Improve Infrastructure for Emergency Response:

- Investing in evacuation centers, storage facilities, and mobile response units, particularly in disaster-prone coastal and hill areas.

Ensure Inclusive Humanitarian Aid Distribution:

- Tailoring relief distribution methods to meet the needs of women, elderly, persons with disabilities, and linguistic minorities.

Enhance Early Warning and Communication Systems:

- Using community radios, SMS alerts, and multilingual IEC materials to ensure timely information reaches all populations.

Address Data Gaps and Beneficiary Selection:

- Improving data accuracy and transparency in vulnerability assessments.
- Using digital tools for tracking aid delivery and avoiding duplication.

For further Contact and more information

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