Corporate Community Involvement in Bangladesh: An Empirical Study

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Abstract

This paper empirically examines a Corporate Community Involvement initiative in Bangladesh. Drawing on a conceptual framework of 'collaborative betterment' and 'collaborative empowerment' and by using focus group discussions and interviews, this paper assesses the initiative to examine the extent to which it meets expectations of the community where it operates. Some of the key findings of the paper include: (i) although the initiative provides for vital healthcare services to some of the most vulnerable and desperately poor communities, the level of actual engagement of the local people - the main stakeholders has been marginal; (ii) when the principles of collaborative betterment and empowerment are considered, it can be concluded that the initiative struggles even as a 'betterment' process; and (iii) notwithstanding the rhetoric and high-blown statements, corporate role in terms of practical efforts in the field has been mostly superficial and limited.

Key words: Corporate Social Responsibility (CSR); Corporate Community Involvement (CCI); Collaborative Betterment and Empowerment; Stakeholder engagement; Bangladesh

1. Introduction

The main aim of this paper is to undertake a critical assessment of a widely publicised CCI initiative - the Lifebuoy Friendship Hospital (LFH) - a floating medical facility supported by a major multinational corporation (Unilever Bangladesh Limited, UBL hereafter) in collaboration with a local NGO called Friendship - in a riverine poor locality in the Northern Bangladesh. Both organisational actors – UBL and Friendship – made lofty claims about the achievement of this project as a manifestation of their corporate social responsibility (CSR). Against these claims we provide empirical evidence on how the project was perceived by the relevant stakeholders, community in particular, in terms of (i) where do the initiative and ideas generate or originate from? (ii) who is involved in the subsequent rolling out of the initiative and why? (iii) What is the extent of community involvement (stakeholder engagement)? and (iv) who dominates the power and resource allocation issues?

CSR towards the community 'is a theme that has long been a focus of attention and interest on the part of business practitioners and academics' (Gorte, 2005, p.140; Stites & Michael, 2011). Today the focus is even more pronounced, and 'community' has increasingly been recognized as a high-priority stakeholder in business (Boehm, 2005). van der Voort, Glac, & Meijs (2009) define CCI 'as the donation of funds, contribution of goods and services, and the volunteering of time by company employees that is aimed toward non-profit and civic organizations' (p.312). CCI remains a popular approach employed by corporations towards sustainable community development, and more importantly, to demonstrate companies' CSR credentials (Moon & Muthuri, 2006). Notwithstanding the enthusiasm and popularity of CCI, however, the extent of actual delivery on CCI projects' 'development' agenda, and their role in poverty reduction and community level sustainability remain

a serious question (Leisinger, 2007). Thus, as community development and poverty reduction agendas move from the periphery to the heart of strategic business thinking (WBCSD & SNV, 2008), there is an increasing need to critically examine corporate social actions, especially the role of business in the local communities that goes beyond philanthropy (Lakin & Scheubel, 2010). Hamil (1999) argued that CCI initiatives are not neutral activities and can have negative impacts. In a similar vein, Muthuri (2008) cautioned that in the absence of issues related to 'community participation' (Muthuri, Chapple, & Moon, 2009) and accountability of such initiatives it can raise 'fears of exploitation rather than community empowerment' (p. 177). Such concerns demand relevant research which motivates the present study.

The study contributes to the relevant literature on the subject in several ways. Firstly, it provides a much needed community perspective to the assessment of this initiative. Secondly, as opposed to the business case adopted by most of the previous CCI studies this study focuses on the decision making and operational processes of CCI activities particularly in the context of developing countries like Bangladesh. Finally, it endeavours to operationalize some well-known concepts – such as 'collaborative betterment' and 'collaborative empowerment' (Himmelman, 1996) to fit into the culture and context of Bangladesh, which may benefit future studies on the subject especially in relation to developing countries.

2. Prior research
Of late, there seems to be a degree of agreement among scholars about the need and expectations of a greater societal role of corporations (Belal, 2002). As Muthuri and Mwaura (2006) argue, corporations are faced with heightened societal expectations of the role they play in the community, for instance, those operating in developing countries are expected to play a significant role in the attainment of the Millennium Development Goals.

The nature, dimensions, and various experiences of the 'societal role' of corporations have been considerably explored. It is worth noting here that most research on CSR and CCI comes from the developed countries (Muthuri, 2008). The realities and contexts of the developing countries are captured by a relatively small number of studies (Muthuri et al., 2009). The necessity of empirical research to establish such understanding is asserted by many scholars in this area (Griffin & Mahon, 1997; Margolis & Walsh, 2003).

There have been attempts to legitimize CCI activities mainly by demonstrating a business case for it (van der Voort et al., 2009) and relatively little attention has been paid to examine the decision making and operational processes of CCI activities particularly in the context of developing countries. The centrality of participation, role of power and the social partnership in various CCI processes and practices are significant (Newell, 2002). These considerations, however, are often missing or downplayed in CCI initiatives. Such initiatives in the developing countries are criticized for 'being paternalistic, insensitive to local priorities and lacking the required development orientation (Idemudia & Ite, 2006; Muthuri, 2008; Newell, 2005). Some argue that, corporate philanthropy – the predominant practice in developing countries – is often characterized by a donor-recipient relationship and low levels of corporate–community interactions (Austin, 2000). In this context, CCI initiatives' ability to deal with community 'voicelessness' and 'powerlessness' has

been questioned (Muthuri, 2008; Newell, 2005). Muthuri (2008) further noted that CCI impact (Tsang, Welford, & Brown, 2009) was often measured based on 'outcomes', and more important aspect of the underlying 'process' of community development (Kemp, 2010) receives relatively little attention (Melé & Mammoser, 2011). For Muthuri (2008, p.186) an account of 'who participates', 'who identifies those to participate' and 'whether the local community participates independently or is dependent' on external organisations as proxies - are important points to consider in order to understand the broader governance and accountability issues surrounding CCI (Blowfield & Frynas, 2005).

The collaboration between corporations and NGOs has attracted a good deal of academic attention (Austin, 2000; Dahan, Doh, Oetzel, & Yaziji, 2010; Eweje & Palakshappa, 2009; Hansen, Sextl, & Reichwald, 2010). In this connection, the challenges and constraints in pursuing such collaborative efforts have also been revealed (Muthuri, 2008). Based on the experience of a collaborative learning program between BHP Billiton and Oxfam Community Aid Abroad, Kemp (2003) identified such constraints as lack of a significant investment in time and revenue; lack of a clear set of outcomes; insignificant number of targeted beneficiaries and limited scope of operation to affect 'real change'; and inadequate support services and follow up to translate the learning into practical action. Ashman (2001) studied 10 cases of NGO-business partnership and noted that NGOs' dependence on a single source of income and difficulty in 'adapting to dynamic environments' render the organisations and the partnership vulnerable.

Referring to the specific context of Bangladesh, Mamun and Ahmed (2009), among others, argue that research on CSR performance and associated problems and prospects of Bangladeshi enterprises is 'scarce' and at a 'nascent' state. CSR research in Bangladesh has focussed mainly on analyses of CSR reporting and its contents (Sobhani, Amran, & Zainuddin, 2009). There has been practically no academic research on CCI projects in Bangladesh. In a comparative study of CSR in Bangladesh and Pakistan Naeem & Welford (2009) identified a number of deficiencies in the current CSR practices including community aspects.

The above review of selected literature alludes to a number of observations that are important for the purpose of this study. It highlights the crucial role of community embeddedness and collaboration for meaningful CCI projects. One may also note that prior research on the subject is generally limited especially in the developing country context; relevant studies specifically on Bangladesh is strikingly rare. In responding to the above observations revealed from the review of literature, this study contributes to the relative gap in the literature, and investigates a case of CCI initiative by looking into the crucial dimensions such as community embeddedness and collaboration.

3. The Conceptual Framework

In an attempt to develop a conceptual framework for empirical investigation and the subsequent analysis, this section attempts to review the conceptual connotations of 'collaboration' as the case, the CCI initiative of LFH, is a collaborative partnership initiative between Friendship and UBL. Himmelman(1996) proposed two basic 'models': 'collaborative betterment' and 'collaborative empowerment' to design and implement

collaborative initiatives (Himmelman, 1996). The proposed framework for this study primarily draws on these models for two reasons. First, this framework with its two associated models addresses the issue of transformed power relations in community development projects with a view to achieve social justice as opposed to mere delivery of social services in the community areas. Second, the framework, as discussed below, provides an appropriate analytical reference point for critical examination of the widely publicized collaborative CCI initiative of LFH.

In order to operationalize the models for a conceptual framework, their fundamental attributes are compared, matched and reconciled with the key research questions of the study in Table 1.

<div align="center">INSERT TABLE 1 HERE</div>

In line with this conceptual framework, the study aims to examine the extent to which the collaborative CCI initiative of LFH meets expectations of the community where it operates.

4. Methodology

This is an exploratory study of LFH which hitherto has not been examined critically. The exploratory nature of this study required a case study approach (Yin, 2008) adopted in this paper. LFH is a collaborative partnership between Friendship and UBL where UBL provided bulk of the necessary funding and Friendship provided the ship where the hospital is housed. Friendship acts as the implementation agency of the project. LFH provides both primary and secondary health care services to the local communities which is a key aspect of community development in countries like Bangladesh. Its primary health care service is provided by two male medical doctors. As part of secondary health care services, free surgical camps are organized. Additionally, satellite clinics are arranged by LFH twice a month in four remote island locations. With the aim to provide basic healthcare to those who have none, UBL has borne the lion share of all expenses since the transformation of the ship to a hospital. LFH's yearly budget is about 13 million Taka (USD 185,700; 1 USD=70 Bangladesh Taka approx.), out of which UBL provides for some 8.6 million Taka (USD 122,850) (66%) and the rest is arranged from individual donations.

The LFH's catchment areas spread over the *char* (island bars are locally called *char*) dwellers of 7 *upazilas* (sub-district) in three northern *zilas* (districts) of Bangladesh - Gaibandha, Jamalpur and Kurigram. The floating hospital sails covering more than 90 *chars* for primary and secondary health services.

The case of LFH, for the purpose of this study, has been selected purposively and the selection was influenced by the following considerations: (i) LFH is widely acclaimed to be a pioneering CCI initiative in Bangladesh (Karim, 2006, 16th June); (ii) it focuses on and serves one of the most disaster prone, inaccessible and extremely poor riverine island (*char*) locality in the country; (iii) there are some personal advantages (e.g. links and access to the concerned organisations and previous research exposure to the locality) for the research team in choosing this case.

The research tools used in this study include focus group discussions (FGDs) and key informant interviews (KII). Four FGDs were conducted in four *char* communities of Gaibandha district by undertaking field visit. The FGDs were conducted between October 2009 and January 2010. The length of the FGD sessions varied from 40 minutes to 2 hours. Through discussion of different direct and proxy issues, the FGDs addressed various issues related to the research questions in Table 1. Most of the KIIs were conducted immediately after the FGDs. Key informants provided information through face to face interviews, over telephone discussions and through e-mails. Who participated in the KIIs and FGDs and the codes used for them hereafter are summarized in Table 2.

INSERT TABLE 2 HERE

5. LFH as a CCI Initiative: Views from the Field

In following our conceptual framework and the related research questions, in this section, we present the main findings and observations of the study.

Where do the initiative and ideas generate or originate from?

Key informant interviews (KII) revealed that the ship, which is now being used as the LFH, was actually an oil barge used in France and brought down from France by a Frenchman named Yves Marre. Mr. Marre secured an old barge under a French government scheme to recycle boats that were no longer economically viable. In 1994 he decided to sail the barge from France to Dhaka (Bangladesh) with a plan to donate the boat to a worthy cause. He then contacted a friend who was a Rotarian, and the barge was donated to the Rotary Club of Ramna, Dhaka. The Club found it impossible to make the necessary changes to convert the ship into a hospital. On an expression of interest from Friendship, the ship was handed over to them in the year of 2000. Friendship subsequently negotiated necessary funding with UBL for transforming the ship into a hospital.

Thus, the idea of the floating hospital came from a Frenchman and was furthered by Friendship with the funding from UBL. As Friendship had been working in the locality since 1998, they were well placed to identify the need of the *char* dwellers, but the idea of a floating hospital was not generated from within the community, rather began outside the grass-roots community, and had little direct involvement of the local people.

Who is involved in the rolling out of the initiative and why?

In the rolling out and consolidation of the initiative, UBL's role still remained predominant. The scheme fitted well into their stated vision ('slogan'), and thereby, got the necessary support and momentum. From this point onwards, a degree of consultation with the local people started through the work of Friendship. The community involvement was limited to rapport building, information sharing about the project and soliciting the local communities' cooperation. Let us examine the following two interview excerpts:

> Lifebuoy brand is around in this country since1964 promoting health and hygiene of the rural people of Bangladesh. There was a brand synergy between Lifebuoy and LFH. We found that in the slogan 'Lifebuoy and health go together' lifebuoy is synonymous to health and it fits well with the project. Our aim is to provide health care services to people who have no health care facilities .... (KI 1)

After the hospital started providing primary and secondary health care services, Friendship conducted meeting with local people, local government and other service providers to assess the need of the community. This exercise is carried out once in every five years. In addition, the staff members of LFH are responsible to let the head office of Friendship know the regular activities and the community's suggestions every year. (KI 4)

As noted by KI 4, Friendship consults the local communities mainly to elicit their needs and requirements through meetings and visits. Although well intentioned, this practice, as we found during the FGDs, also has its challenges. It results in raising high expectations. Much of these local demands remain unmet leading to a degree of frustration among the communities. Here is an excerpt from FGD 2:

As this char is a permanent char and is here for the last 20/25 years without erosion, we believe a permanent hospital here can save us from going to the LFH which is quite far away. We need to hire a boat for at least Taka 200 to reach there. We usually go in groups to share the boat fare but when it is an emergency we try to go as soon as possible and money becomes a big obstacle. We have requested the sisters of the satellite clinic for blankets as relief in winter and better medication facility in the char. These issues are yet to be addressed by the satellite clinic sisters.

UBL, as our fieldwork suggests, focuses more on the financial and auditing aspects of the project. The company's direct interactions with the communities remain very limited. They also have little involvement in the programme dimensions of the initiative:

UBL does not take part in the decision making processes of LFH. As a financial partner in the collaborative effort of LFH, they only monitor financial expenditures and audit service quality. They do these themselves or by engaging a third party. (KI 4)

What is the extent of community involvement (stakeholder engagement)?
The interviews with the senior managers of UBL and Friendship reveal a sense of complacency and philanthropy regarding the project. Some managers admit that the community engagement is little in the key decisions regarding the initiative, but emphasize the altruistic contribution of the initiative, especially when one considers the fact that the project benefits these desperately poor communities who had practically no access to health care services in the locality:

No, there was no need assessment done by UBL and the communities never participate in the decision making process or the activities of LFH. This is our initiative to ensure some ***social development*** of the targeted communities. (KI 1) [Emphasis added]

The people are really very happy with the services being provided at the satellite clinics. So we don't think they need anything else. (KI 7)

As noted in the preceding section, field level staff (paramedics and C*har Shastha Kormi (CSK)* (*Char* health workers) periodically listen to the demand and needs of the communities and provide some feedback to the senior management. Thus they serve as an intermediary between the local people and the project. Often these demands remain unfulfilled, but there are few cases where selected demands are met which provide high visibility to UBL and Friendship. One such example is when the project supplied a 'water ambulance' as a 'token of goodwill' to respond to emergencies in the remote *char* areas.

Again, considering community demand, Friendship arranges eye camps at LFH as a secondary health care service. UBL bears the total cost of hospital management and maintenance along with primary health care and medicine costs. Four satellite clinics are arranged by UBL every month in four different *char* villages where no other NGO health coverage is available.

There are other constraints and problems regarding community participation in the project. Firstly, some of the learning and information that the local people get from the staff cannot be put to practical use or translated into action for such reasons as lack of support services, inadequate follow up and lack of resources.

> Through the sessions we have learnt that we must drink safe drinking water and use latrine for hygienic sanitation, but many of us don't have tube-well and latrines. It is time for them to support us with these. (Excerpts from FGD 3)

Secondly, respondents of FGD 3 noted that the venue and timing of some of the project activities are arbitrarily decided by the project staff without adequate consultation with them. This results in practical problems for the people and serves as a disincentive:

> These conversations during the satellite clinic take time and hamper our household works. Our husbands don't like us to spend half a day in those meetings. We already follow what is communicated to us. Sometimes medicine is a crisis. We need to go to Gaibandha to buy medicine and consult doctor. Transportation cost to Gaibandha and the doctor's fee are higher than the total cost of getting treatment at LFH, but LFH does not have all different medical services and necessary medicines. (Excerpt from FGD 3)

Thirdly, some respondents of FGD 1 noted that local people's convenience and suggestions are not adequately considered and addressed. These include the communities' choice of location of the ship, gender sensitivity and preference of a particular service. The satellite clinics are run by female staff, while the LFH is manned by male doctors. Women from the communities do not feel comfortable to be attended by male doctors, and for similar reasons, some male members of the community express reservation to visit the satellite clinics. Some respondents of FGD 4 reported about the difficulty to access the ship (LFH), as it is anchored off the usual route of service boats (one needs to access the ship by privately hiring smaller boats, which becomes an expensive exercise). Besides, relevant information (e.g. regarding LFH location and services and secondary health camps) are not always well disseminated.

There are some equity issues that one may note. A sense of resentment was manifested during the FGDs (2 and 4) on the part of the 'non-beneficiaries' (local residents who are not registered as formal members of the project groups) that they need to pay (Taka 10) for the services of the satellite clinics, although they are equally poor and deserving.

It was also found that the extreme poor groups find it difficult to avail the service at LFH as they simply cannot afford the cost of transportation. The focus of the secondary health services is on specialized medical cases (e.g. specialized surgery). This limit is considered to be a hindrance for opening up the secondary services to a broader audience in the communities as reflected in the following excerpt from FGD 2:

> We have heard about LFH. But it is not for us, it is for surgery patients - those who need eye surgery. We usually do not need to go to a doctor as we do not suffer from severe diseases. If any of us suffer from severe unknown disease, we go to Gaibandha. We do not even know where the LFH is anchored at present.

One can argue from the above observations that the organizers of the initiative do not fully recognize the urgency and rationale for community participation or stakeholder engagement. Much of the work has an altruist orientation. Local people's priorities, preferences and views on constraints are not adequately attended too. They are often found to be passive and grateful recipients of the LFH services and have practically played no role in the implementation, decision making and governance of the project.

Who dominates on power and resource allocation issues?
Power and resource allocation decisions and issues almost exclusively pivot around Friendship as the implementing agency and UBL as the funder. Here is an observation from one key informant:

> The community has no control over resources allocated to the collaboration. These people never had any formal health care services available to them. Through the provision of free treatment and medicine we are helping them save money. Using our high quality medications the patients get cured soon and as the cost is very low, Taka 10, for the total treatment and medicine, the poor families can escape falling into poverty trap. Our aim is to .... ensure continuous **development** of these poor families. People need service and service only at those remote char areas. (KI 4) [Emphasis added]

UBL as the collaborative partner is content with just funding the project which they see as a worthwhile initiative:

> This CSR initiative is a pioneering one; no other corporation has undertaken such a challenging **social development** initiative. We have trust in Friendship and believe the service provided through LFH is worth contributing to. (KI 1) [Emphasis added]

In any of the above, communities are not to be seen except as 'targeted beneficiaries'. The power and resources are externally determined, without any major stake of the

community in the process. This service providing strategy by the collaborating partners does not result in any significant participation of the community, except being mere recipients of health care service. As a result, no long-term increase in community ownership or control over the LFH is likely to happen.

6. Discussion and Conclusion

Drawing on a conceptual framework involving the ideas of 'collaborative betterment' and 'collaborative empowerment', this paper has examined the CCI initiative of LFH with a view to assess the extent to which it meets expectations of the community where it operates. We conclude that although the initiative has clearly brought in vital healthcare services to some of the most vulnerable and desperately poor communities, the level of actual engagement of the local people has been marginal.

UBL's commitment in this case was limited to financial resources only. If UBL withdraws financial support then the sustainability of the entire project will be jeopardized. The LFH project is associated with a single product of UBL – *Lifebouy*. For any reason, if the product line is discontinued or UBL withdraws financial support, the sustainability of the entire project will be jeopardized. We cannot discount the possibility of such event in the future and the continuity of the project remains uncertain in the absence of any alternative financial plan. The vulnerability of the project noted above points to the limits of voluntary CCI initiatives undertaken by the profit maximising corporations to create a 'win-win' situation or a situation characterized as 'doing well by doing good' by Karnani (2007).

LFH initiative has raised great expectations amongst the local villagers but their increasing demands are yet to be met. Notwithstanding the rhetoric and high-blown statements, corporate role in terms of practical efforts in the field has been mostly superficial and limited. There are two reasons for this. First, UBL feels complacent about this which was demonstrated from the interviewees' quotes provided earlier. It has achieved synergy of one of its premier brand *Lifebuoy* by getting involved in this project. It has also provided access to one of the remotest areas of Bangladesh. As a commercial organisation it is unwilling to commit further as it has served their purpose already. Second, stakeholder engagement and community ownership of this initiative remains questionable and this further undermines the sustainability of this initiative.

As the principles of collaborative betterment and empowerment are considered, it can be concluded that the initiative struggles even as a 'betterment' process. Collaborative empowerment could not be achieved as the initiative did not generate within the target communities, their participation in the process is minimal and they have practically no control over the power and resource allocation issues. Instead they became subservient recipients of the limited services provided by LFH. We have observed that LFH devoted more attention on providing information to Friendship head office and UBL on number of peoples served which was considered as an indicator of their performance. The impact of the initiative was measured more on the basis of 'outcome' (e.g. number of patients served) while neglecting the essential underlying 'processes' of the community development (Muthuri, 2008). In this process, community stakeholders' engagement was marginal which further undermined the governance and accountability mechanisms of the initiative (Blowfield & Frynas, 2005). While such negative consequences could be unintentional, it might have significant implications for the very communities being

served. This conclusion is consistent with Hamil (1999) who questions the neutrality of CCI initiatives and warns us about their potential negative impacts.

This study contributes to our knowledge on CCIs in Bangladesh and beyond by examining a business-NGO collaboration and its ability to promote community development. The study also allows future opportunities for similar research in developing countries to evaluate and compare the CCIs and business-NGO collaborations in terms of their implications for community development. This interesting area of study calls for immediate attention by the academia and practitioners of CSR.

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Table 1: The key elements of the conceptual framework

Attributes	Collaborative betterment	Collaborative empowerment	Questions for assessing the studied CCI initiative
Idea generation	Begins within public, private, or non-profit institutions Begins outside the grass-roots community with the community's minimal involvement	Begins within the grassroots community initiatives/ ideas are generated/ begins within the community	Where do the initiative and ideas generate or originate from?
Rolling out of the initiative	Brought into the community at a later stage	Brought to public, private, or non-profit institutions at a later stage for help with resources and skills	Who is involved in the rolling out of the initiative and why?
Extent of community involvement	Community involvement is invited into a process designed and controlled by larger institutions Community's participation is minimal in decision making and governance of the partnership	Community sets priorities and control resources that are essential for increasing community self-determination Community stakeholders are involved significantly throughout decision making and governance of the partnership	What is the extent of community involvement (stakeholder engagement)?
Power and resource allocation	Power and resource allocation issues are dominated by the outside institutions	The community controls resources allocated to the collaboration	Who dominates the power and resource allocation issues?

Source: Based on Himmelman (1996, 2002) and reconciled by the authors.

Table 2: Summary information of KIIs and FGDs

Who	Code	When	Where/ how	How long
Product Group Manager, UBL	KI 1	On 9th February 2010	UBL, head office in Dhaka	1 hour
Brand Manager (Lifebuoy) of UBL	KI 2	On 9th February 2010	UBL, head office in Dhaka	1 hour
Assistant Director (Programme) of Friendship	KI 3	On 27th January 2010	Over Telephone	30 minutes
Project Coordinator of Friendship	KI 4	On 4th February 2010	Friendship, head office in Dhaka over telephone and through e-mails	1 hour and 30 minutes
Radiation Officer, LFH	KI 5	On 27th January 2010	LFH, at Gaibandha	2 hours
Administrator, LFH	KI 6	On 27th January 2010	LFH, at Gaibandha	2 hours
Health Supervisor (Paramedic), Friendship	KI 7	On 26th October 2009	Friendship Office Gaibandha	2 hours
Health Supervisor, Char Livelihood Programme	KI 8	On 26th October 2009 and 25th January 2010	At Friendship Office Gaibandha and SKS Office Bharatkhali	2 hours
LFH administrators, doctors and staffs (Total 8 only male)	FGD 1	25th January 2010	Kauabandhar char of Fulchhari Upazila,	1 hour
Community people not the registered members of the project groups (Total 16, 10 males and 6 females)	FGD 2	26th January 2010	Tangrakandi of Fulchhari Upazila	2 hours
Beneficiaries of Friendship (Total 16, all females)	FGD 3	27th October 2009	Pardiara of Gaibandha Sadar Upazila	2 hours
Community people not the registered members of the project groups (Total 18, 12 males and 6 females)	FGD 4	24th January 2010	Dokkhin Pipulia of Fulchhari Upazila	40 minutes