Contents

1. Repurposing SAJIDA’s goals to address evolving challenges ................................................................. 1
   1.1 Strategic approach........................................................................................................................................ 2
2. Data driven and community centric programmatic focus ............................................................................ 7
   2.1 Urban extreme poor .................................................................................................................................... 8
   2.2 Healthcare leveraging digital solutions.................................................................................................... 9
   2.3 Mental Health ........................................................................................................................................... 10
   2.4 Water, sanitation, and hygiene (WASH) ............................................................................................... 12
   2.5 Education ............................................................................................................................................... 12
   2.6 Climate change and disaster management .......................................................................................... 13
   2.7 Challenge Fund and Investment: Promoting innovation .................................................................. 13
3 Expand ethical microfinance operation........................................................................................................ 15
4 International expansion and capacity building.......................................................................................... 17
5 Annex I - Target group definition ............................................................................................................. 19
1. Repurposing SAJIDA’s goals to address evolving challenges

The coronavirus pandemic has compelled all wheels of the economy to evaluate how it operates and serves the nation. It has highlighted the gaps in quality and service delivery, mismatch between service provision and community requirements, and exacerbated inequities in accessing critical services amongst population segments.

On the flipside, such market failures have highlighted how cause driven organisations can play a critical role in addressing these gap. The crisis has shown how digital solutions can complement physical resources to deliver effective and cost-efficient services. It has reinforced the need for collaboration and partnerships between market actors to reach vulnerable target groups.

SAJIDA Foundation is a value-driven non-government organisation that embodies the principle of corporate philanthropy, with 51% shareholding at Renata Ltd.1 The organisation was founded by Syed Humayun Kabir in 1993, with a vision of bringing health, happiness, and dignity for people from all strata (details in Annex I). SAJIDA’s portfolio comprises of:

- Long term community centric and evidence-based programs with a focus on:
  
  i. Healthcare leveraging digital solutions
  ii. Mental health
  iii. Urban extreme poor graduation
  iv. Education
  v. WASH
  vi. Climate change and disaster management

- One of the largest financial services portfolios which serves over 400,000 clients through 220 branches.

- Extending healthcare service through specialised social enterprises and health delivery institutions:
  
  i. Psychological Health and Wellness Clinic – A mental health clinic which provides psychiatric assessment, psychological counselling, wellness activities and more.

---

1 Renata Limited, formerly Pfizer Limited, is the fourth largest pharmaceutical company in Bangladesh. In December 2020 it has been named in Forbes Asia’s 200 Best Under A Billion
ii. **Inner Circle** – Inner Circle has been setup with support from Autism Recovery Network (ARN) to provide Applied Behaviour Analysis-Verbal Behaviour (ABA-VB), Speech and Language Therapy (SLT) and Occupational Therapy (OT) services to children.

iii. **Home & Community Care Limited** – cater to the needs of the elderly and chronically-ill, through in-home caregivers, nurses, and doctors.

iv. **SAJIDA Hospital, Keraniganj** – A 50 bed multidisciplinary hospital with an additional 28 bed COVID-19 treatment unit. The hospital provides patients the full spectrum of in-patient, out-patient, emergency, surgical, diagnostic, lab, and pathology services. The hospital takes a deliberate approach to ensure that 20-30% of the patients served are from low-income families and receive free treatment.

1.1 **Strategic approach**

Over the last one year, SAJIDA analysed segment specific field data and emerging trends to develop a new strategic approach. Our key realisations include:

**Strengthening programmatic intervention focus** – The pandemic has shown to be not only a healthcare crisis but also an education, economic, livelihood and labour market crisis. To respond to such rapidly evolving challenges, SAJIDA will:

- **Pilot community centric interventions** across its focus areas on its own, evaluate market impact and revise its approach when required. Results from successful initiatives will be shared with relevant market actors to scale interventions.

- Strengthen the **data driven culture** in intervention design, pilot and scale up phase. A dedicated research unit comprising of technical experts from relevant program areas has been established in Q3 2020.

- Bolster its field operations to nurture communities and become a part of daily conversation. A **new field operations management unit** has been setup in Q1 2021 to implement SAJIDA’s program-based models. The team is operationalising an approach employing onsite resources and digital solutions and will be responsible for implementing all activities at the field level.
✓ Collaborate with early-stage NGOs / social enterprises / start-ups to expand cause driven initiatives and business model. SAJIDA has established a challenge fund and investment unit to extend a blended financial package and business development service to eligible organisations, harness innovation and catalyse social impact across SAJIDA programmatic focus areas. 5 deals are expected to be structured by Q4 FY21.

Chart a balanced roadmap to drive financial service operation - The pandemic has impacted the flow of credit from the banking industry to SAJIDA Microfinance which in turn impacts its clients: small medium enterprises, migrant workers, agriculture entrepreneurs etc. To tackle such liquidity situations, SAJIDA will rebalance its fund composition and drive future operations leveraging member savings, alternative financial instruments such as bonds and by expanding partnerships with international development financial institutions. SAJIDA will additionally cap loan exposure to protect clients and ensure that loss burden is distributed fairly.

SAJIDA’s microfinance operation will continue to evolve and ensure that physical resource and infrastructure is complimented by efficient, transparent, and effective technological innovation. Utilisation of the newly established credit information bureau by Microcredit Regulatory Authority (MRA), deploying a field force management software, mobile collection apps and client protection tools are some of the key innovations which will be piloted in FY 21-22.

International expansion and capacity building – To gain access to market development & insights, resource pool, new partnerships, and fundraising, it is imperative for SAJIDA to expand internationally. In FY 21-22 SAJIDA will expand operations in two countries.

To keep up with the fast-evolving working environment, SAJIDA will refresh its technical resource pool by bringing in young recruits through an annual ‘Young Professional Program’ and by bringing cross sectoral subject matter experts in project management and advisory roles.
<table>
<thead>
<tr>
<th>Focus area</th>
<th>Component</th>
<th>Component Details</th>
<th>Status</th>
<th>SDG relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban extreme poor graduation</td>
<td>Centre based ECD, livelihood and social support</td>
<td>Ongoing</td>
<td>1.1, 1.2, 1.4, 8.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tailored financial product to support small business setup</td>
<td>Pilot - Q3 FY 21</td>
<td>1.4, 3.8, 9.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urban extreme poor program to offer tailored economic, social, and spatial support to individual households</td>
<td>Pilot - Q2 FY 21</td>
<td>1.1, 1.2, 1.4, 3.7, 3.8, 4.2, 4.3, 4.5, 4.7, 8.5</td>
<td></td>
</tr>
<tr>
<td>Healthcare leveraging digital solutions</td>
<td>Results based health financing program for the urban poor</td>
<td>Ongoing</td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Remote doctor consultation through telehealth platform</td>
<td>Pilot - Q3 FY 21</td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase access to clinical service by establishing a small clinic network and low-cost ambulance</td>
<td>Pilot - Q3 FY 21</td>
<td>3.1, 3.2, 3.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Serve COVID-19 and non-COVID patients through a multidisciplinary hospital</td>
<td>Ongoing</td>
<td>3.1, 3.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Awareness programs, partnerships, and technology innovation to address NCDs</td>
<td>Pilot - Q4 FY 21</td>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td>Clinical service - Mental health counselling helpline</td>
<td>Pilot started</td>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical service - Suicide prevention helpline</td>
<td>Ongoing expansion</td>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical service - Rural residential mental health facility</td>
<td>Pilot - Q4 FY 21</td>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adapt an international standard para counselling training module</td>
<td>Pilot - Q4 FY 21</td>
<td>3.4, 3.c</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>Finalise low-cost formal school model</td>
<td>Ongoing</td>
<td>4.2, 4.3, 4.5, 4.7, 4.a, 4.c</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Early childhood development program</td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus area</td>
<td>Component</td>
<td>Component Details</td>
<td>Status</td>
<td>SDG relevance</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------</td>
</tr>
</tbody>
</table>
| **WASH**                          | Infrastructure setup and management | - Setup WASH facilities in slums and schools  
  - Renewable technology solutions  
  - Community led pipe water supply system in rural and coastal areas | Ongoing        | 6.1, 6.2, 6.4, |
|                                   | Affordable WASH financing product |                                                                                  | Ongoing        | 6.b           |
| **Climate change and disaster management** | Utilise framework to address and pilot: | - risk reduction activities  
  - preparedness activities  
  - partnership modality with market actors | Q4 FY 21       | 13            |
<p>|                                   | Finalise climate change strategy |                                                                                  | Ongoing        |               |
| <strong>Challenge Fund and Investment</strong> | Extend blended finance package and business development service to early-stage NGOs / Social enterprises / start-ups |                                                                                  | Pilot - Q1 FY 21 | 8.3, 9       |
| <strong>Microfinance</strong>                  | Rebalance fund portfolio composition |                                                                                  | Ongoing        | 8.3, 8.10, 9 |
|                                   | Cap loan exposure          |                                                                                  |                |               |
|                                   | Technology innovation - Credit information bureau to assess credit worthiness |                                                                                  | Pilot Q3 FY 21 | 8.3, 8.10, 9 |
|                                   | Technology innovation - Field force management |                                                                                  | Ongoing        | 8.3, 8.10, 9 |
|                                   | Technology innovation - Mobile app for loan collection |                                                                                  | Pilot Q3 FY 21 | 8.3, 8.10, 9 |
|                                   | Technology innovation - Client protection tools |                                                                                  | Pilot Q3 FY 21 | 8.3, 8.10, 9 |</p>
<table>
<thead>
<tr>
<th>Focus area</th>
<th>Component</th>
<th>Component Details</th>
<th>Status</th>
<th>SDG relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional capacity expansion and workplace adaptation</td>
<td>International expansion</td>
<td>Start registration process for expanding in two countries</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refresh technical resource pool</td>
<td>Onboard young professional and cross sector subject matter experts &amp; advisors</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>
2. Data driven and community centric programmatic focus

Every organisation understands how important and valuable data is to their business and clients. SAJIDA Foundation has gained extensive understanding of the communities it serves over the last 27 years. To further refine this experience, SAJIDA has established a research department comprising of technical leads in the area of general healthcare, mental health, urban poor development and more.

The research department which is envisaged to evolve over the years, will initially work with external consultants (as required) to undertake needs assessment, baseline studies and impact evaluation to support program design and enable effective implementation.

In the medium term, SAJIDA will partner with academic and international research institutes to:

- Share critical insights and develop actionable roadmap on priority issues for relevant stakeholders.
- Share SAJIDA’s thought leadership in research journals and portals as part of knowledge management activities.
- Design and pilot community centric programs.

SAJIDA’s research team has recently signed an MOU with ICDDR B Bangladesh to generate critical insights into the lives of the urban extreme poor. Similar partnerships with leading international universities from the UK and think tanks are also being explored.

In the next five years, SAJIDA Foundation will launch data driven and community centred programs to maximise opportunities, safety, and resilience of vulnerable population segments. SAJIDA has earmarked BDT 100 crore / USD 12 million from its own balance sheet to design and
pilot programs over the next 5 years. The investment amount will be allocated from SAJIDA’s expected dividend income from its holding in Renata Limited\(^2\).

While SAJIDA has set itself a target of supporting 2 million individuals in the coming five years, the targets will be reviewed and adjusted based on the evolving operating environment and implementation results.

### 2.1 Urban extreme poor

The urban extreme poor (UEP) are not a homogenous population. Whilst conventional development literature and practice overwhelmingly spatialises urban poverty to ‘informal settlements’ (called bustee’s or slums in Bangladesh), the reality is far from this simplistic view. This definition does not consider the spectrum of access to basic services, living conditions and socio-political economies between informal settlements.

SAJIDA Foundation through its ‘Amrao Manush’ program has been supporting the rehabilitation of over 21,000 urban poor households in Dhaka and Chittagong City Corporation through a centre-based model. The seven centres provide early childhood development services, livelihood training, small business start-up grant, healthcare service and more. SAJIDA will continue to operate these centres over the next five years.

Recent studies on the UEP show that food security, healthcare and livelihood are three key concerns. Graduating UEP households is only possible through a period of sustained support. SAJIDA UEP program will take a phased approach to support 2000-3000 households over a 3–4-year period. In the first phase, program will initially provide food vouchers to eligible program participants to address issues around food security for 3-6 months.

In the second phase SAJIDA will extend a blended finance product comprising of grant, interest free loan, and business development services to support the establishment of small businesses. The 18-month blended financial package will be complemented by extensive livelihood advisory services and will be launched from August 2021. The UEP team will additionally address healthcare issues by introducing a telehealth service, medicine package and micro health insurance scheme.

\(^2\) Renata Limited, formerly Pfizer Limited, is the fourth largest pharmaceutical company in Bangladesh. In December 2020 it has been named in Forbes Asia’s 200 Best Under A Billion.
In this third phase, SAJIDA’s urban program team will offer tailored solutions to respective UEP households. The evidence-based approach will ensure that program participants:

- can improve their economic and social security.
- engage in educational and community activities without discrimination.
- have improved physical and psychosocial health status.
- have access to adequate and secure housing and improved living conditions.

The new program will be initially rolled out in Dhaka, Gazipur and Chandpur City Corporation in FY 20/21. The program will evolve through rigorous evaluation and monitoring and scaled across other locations where majority of the UEP are located. An MOU between SAJIDA’s research department and ICDDR,B has been signed to this effect.

2.2 Healthcare leveraging digital solutions

SAJIDA roots are deeply entwined with the healthcare space. From the onset, SAJIDA has been implementing different primary healthcare programs, running hospitals which has been serving general and COVID-19 patients with ICU, NICU and dialysis facilities and extending specialised care through three social enterprises. SAJIDA will leverage this experience and introduce new initiatives to:

- Mitigate high levels of out-of-pocket healthcare expenditure and promote universal health coverage
• Increase access to healthcare facilities.
• Address non communicable disease.

Over the last three years SAJIDA has successfully implemented a smart card-based health voucher schemes to extend primary, maternal, and accidental healthcare service to 66,000 urban poor individuals in two municipalities through an empanelled network of clinics, hospitals and diagnostic centre. To address out of pocket expenditure, SAJIDA will expand its results-based health financing programs in three new municipalities in FY 21-22. This municipality led scheme will be supported by a ‘Smart Health Management System’ and micro health insurance schemes. The scheme is in line with Bangladesh’s ‘Urban Health Strategy 2020’ and SDG 3.8

The issue of access will be addressed through a combination of interventions. Firstly, SAJIDA will setup a network of small clinics across the country to provide primary healthcare and diagnostic service through smart portable equipment. Secondly low-cost ambulance will be deployed in hard-to-reach areas to address communication barriers. Lastly, SAJIDA will launch an integrated telehealth service which can be accessed by healthcare seekers from all parts of the country.

Over the last 10 years, SAJIDA has delivered meaningful results in tackling communicable disease such as malaria and tuberculosis. In the coming five years, SAJIDA will focus extensively on addressing non communicable diseases such as diabetes, hypertension, cancer and maternal & child mortality. Community based awareness programs, partnerships with healthcare providers and technology innovation will be used to address the NCD problem.

2.3 Mental Health

SAJIDA recognises that physical and mental health go hand in hand. Poor physical health can lead to an increased risk of developing mental health problems and vice versa. Psychosocial support
has been a cross cutting component across various projects over the last decade. In 2020, SAJIDA established a Mental Health team and drafted a strategy to specifically address:

- Access to quality clinical service
- Availability of qualified technical resource

In FY 20-21 SAJIDA Mental Health Program (SMHP) launched SHOJON, a low cost psychological and psychiatric tele consultation service to serve low-income population across Bangladesh. The three-tiered service is manned by trained para counsellors, trainee clinical & counselling psychologists and senior sector professionals. Launched in FY 20-21 will be scaled over the next five years to manage up to 300 calls per day.

Kaan Pete Roi (KPR), Bangladesh’s first suicide prevention helpline which is part of the Befrienders Worldwide Network, has received financial support from SAJIDA to expand their operating hours from six hours to 12 hours daily. Going forwards, SAJIDA will further invest in KPR to expand their operating hours to 24/7 and their capacity to manage over 1,000 calls per day.

While outpatient facilities with varying degree of service quality have mushroomed across urban centres, there is a serious dearth of quality inpatient facility to deal with critical patients. It is estimated that at least 100 50-bed residential facilities are needed to serve and reintegrate critical patients in Bangladesh. Over the next three years, SAJIDA will aim to establish at least 2 rural residential facility to serve this critical population segment.

SMHP is also engaging with mental health training institutions in South Africa and Nepal to adapt a three-to-six-month para counselling training module and use it to develop para counsellors who can support SMHP’s long term initiatives and SAJIDA’s development programs.
2.4 Water, sanitation, and hygiene (WASH)

While Bangladesh has made significant progress in access to water, access to safe drinking water is still low at 34.6%. Only 28% of the sanitation facilities are equipped with soap and water and 3% of rural households had piped water connection.

Going forwards SAJIDA will focus introduce WASH programs to target urban, rural, and coastal areas. Key interventions will include:

- establishing improved WASH facilities in slums and schools.
- adoption of renewable technology such as rainwater harvesting systems in commercial factories and communities.
- expanding affordable WASH financing products.
- establishing community led piped water supply systems in rural and coastal area.

2.5 Education

Bangladesh has made remarkable progress in the field of education over the last few decades. A lot remains unaddressed though. Expansion of education in some areas assurance of quality and parity are key challenges. A recent study indicates that Bangladesh’s primary education system has become exam-centric rather than child-centric. The quality of teachers is also a major concern for the education sector. Thousands of teachers are recruited every year and sent straight to classrooms without prerequisite training. While NGOs have been successful in extending non formal education programs over the last few decades, the transition to formal education has proven challenging.
Going forwards, SAJIDA will focus on:

- Extending formal education to underprivileged children
- Introduce low-cost formal school model. SAJIDA is currently exploring the adoption of an international model which manages one of the largest privately owned network of low-cost formal schools. Q2 FY 22
- Early childhood development programs

2.6 Climate change and disaster management

The window of opportunity to address the climate crisis is shrinking daily. Addressing this issue will be one of SAJIDA’s core components in the next 5 years. SAJIDA has developed a framework to support climate friendly initiatives, address different components of disaster management and is currently charting a strategic paper with support from experts for SAJIDA’s Climate Change Program.

SAJIDA has also raised BDT 100 crore /$12 million by issuing the first ‘Green Bond’ in Bangladesh. The bond intends to mobilise climate aware investors and support climate friendly endeavours through investment in technology and business models.

2.7 Challenge Fund and Investment: Promoting innovation
Innovation has been a core principle in SAJIDA’s operation. It is evident that in the coming days, organisations must bring innovation in their product, processes, delivery channel and technology to deliver sustainable social good. SAJIDA will launch the challenge fund and investment (CFI) instrument to promote innovation within its focus areas.

SAJIDA CFI will play the role of an angel/seed investor and support early-stage NGOs, social businesses and start-up organisations which have crossed the ideation stage and before they hit the growth cycle. The CFI unit will undertake scoping exercises to identify market failures and opportunities and launch ‘windows’ against which proposals will sources from market actors in the areas of:

- Health (physical and mental)
- Agriculture
- Education
- Environment
- WASH
Proposals will be evaluated by an independent investment committee. Projects which will receive a positive nod will be supported by SAJIDA through grants, investments, mentorship, and market pilot support. SAJIDA expected to structure 5-6 deals in FY 21-22.

3. Expand ethical microfinance operation

SAJIDA’s high touch, relationship-based microfinance operation which originated from social development roots is omnipresent in the lives of its beneficiaries. The operation is an important source of financial and non-financial support for program participants especially during times of stress. To deliver greater value to small businesses, agriculture entrepreneurs, migrant workers and other vulnerable communities, SAJIDA will:

**Rebalance its fund portfolio** – Evolving regulatory guidance in conjunction with the COVID-19 crisis has increased credit supply volatility from commercial banks and government agencies such as Palli Karma-Sahayak Foundation (PKSF). Such volatility naturally makes it challenging for microfinance institutions to plan their operation which in turn impacts available liquidity with client groups. To increase insulation from future shocks SAJIDA microfinance will rebalance its fund composition and will aim to:

- Increase contribution of member savings to 40% of total portfolio
- Reduce exposure with financial institutions by up to 40%.
- Expand source of financing and use of alternative financial instruments. SAJIDA has recently agreed on $7.5 million facility from FMO, a Dutch Development Financial
Institutions and launched the first Green Bond in the Bangladesh market to mobilise financing through the capital market.

**Strengthen ethical microfinance service** – SAJIDA’s microfinance operation continues to be a socially, economically, and morally valuable undertaking. To further strengthen these dimensions, SAJIDA will:

- Place cap on surplus margin
- Introduce tailored products for vulnerable population segments
- Retain top tier benchmark in employee compensation
- Maintain good governance and operational transparency
- Reduce interest rates by increasing efficiency and through digitisation.

Over the next two years, SAJIDA’s microfinance team will conduct needs assessment exercise across different client segments to develop **new savings and loan products**. Cash flow-based financing and trade credit products will be explored for small businesses. Additionally, needs-based products for vulnerable segments such as the urban poor will be launched in Q3 FY 21.

Innovation and process improvement leveraging technology will be at the heart of SAJIDA’s microfinance operations in the coming years. Transitioning from a manual and traditional field

---

3 *SAJIDA Foundation has consistently been placed amongst the top 3 local non-profit organisations in terms of employee compensation and benefits.*

4 *SAJIDA has been consistently recognized by local and international accounting bodies over the last 10 years.*
service management model to a **technology-based operations management** model is another short-term goal. Training on the tab-based tool is expected to be completed by Q3 FY 21.

Digital transformation in the loan collection process is continuing to evolve. SAJIDA is now planning to deploy a core banking system integrated **mobile app-based collection system** in Q3 FY 21.

Microcredit Regulatory Authority has recently established a credit information bureau (CIB), a long-term demand of the microfinance sector in Bangladesh. The CIB will enable MFIs to access credit history of existing and potential borrowers and take informed decision regarding loan disbursement. SAJIDA is among 10 MFIs selected by MRA to **pilot CIB** usage in the loan underwriting process for during FY 21 and FY 22.

Protecting clients is a mandate SAJIDA’s microfinance operation and part of responsible financial inclusion. Between FY 21-22 SAJIDA will take steps to **digitise client passbooks** and **SMS transaction alerts**. SAJIDA’s **Customer Loyalty Program** will also be strengthened to ensure a client’s sustained growth. Over the next three years, SAJIDA will also look to engage the **The Smart Campaign** to acquire the **Client Protection Certification**.

Lastly, SAJIDA microfinance will continue to offer capacity building and advisory services to its clients. Innovative **financial literacy programs** will be developed by FY 22 and rolled out to enable responsible fund usage by households. **Advisory services with a special focus on agriculture and livelihood** will also be scaled in over the next 5 years.

### 4. International expansion and capacity building

**International expansion:** Even before the pandemic, SAJIDA had approved plans in place to expand internationally. The plan which was in pause due to the COVID pandemic will now be rolled out from Q2 FY 22. SAJIDA expects to expand to two countries within the next one year. The expansion is being undertaken to access new markets, resource pool, ease partnership process with international supporters.

**Refresh technical resource pool:** To keep up with the fast-evolving working environment, SAJIDA has taken a conscious decision to refresh and diversify human resource pool by bringing in young recruits and cross sectoral subject matter experts.
• **Young professionals** – SAJIDA’s Young Professional’s Program (YPP) is an intensive program which builds early-stage professionals through extensive field attachment and in-depth training on SAJIDA’s core interventions. SAJIDA aims to increase its staff under 30 years of age from 55% to 65% in the next 5 years. The third batch of young professionals will be recruited by Q4 21.

• **Professionals from different sectors** – SAJIDA has reconstituted its governing body by bringing in private sector, public sector, and development sector professionals in the last two years. Going forwards, SAJIDA will similarly rebalance its staff pool by recruiting experienced technical professionals from FMCGs, telcos, agri-business, venture capital and other sectors.

SAJIDA will sponsor capacity building training programs to enhance capacity of its existing and new recruits and offer structured career pathway across its microfinance, development programs and support service units. SAJIDA has committed to allocate 5% of its annual operational budget for capacity building of staff and 80% of the training will be based online. Local and international online platform such as Coursera, edX, Udemy along with technical content experts will be utilized to extend training programs.
SAJIDA Foundation has segregated its target population into four distinct groups based on their monthly household income. We have determined our own demarcation for these groups.

### Annex I - Target group definition

<table>
<thead>
<tr>
<th>Group</th>
<th>Income per individual per day</th>
<th>Household size</th>
<th>Monthly Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor/Very Poor</td>
<td>USD 1.28</td>
<td>4.06</td>
<td>~USD 156</td>
</tr>
<tr>
<td>Low-Income</td>
<td>USD 1.97</td>
<td>4.06</td>
<td>~USD 240</td>
</tr>
</tbody>
</table>

**Note:** Calculations based on the poverty limits of $1.28/day and of $1.97/day and average household size of 4.06.

<table>
<thead>
<tr>
<th>Group</th>
<th>Monthly Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor/Very Poor</td>
<td>&lt; BDT 13,000</td>
</tr>
<tr>
<td>Low-Income</td>
<td>BDT 13,000 - 20,000</td>
</tr>
<tr>
<td>Lower Middle-Income</td>
<td>BDT 20,000 - 48,000</td>
</tr>
<tr>
<td>Middle to High-Income</td>
<td>&gt; BDT 48,000</td>
</tr>
</tbody>
</table>

**Note:** USD 1 = BDT 83.1577 retrieved from oanda.com as at 11/05/2021